

November 30, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2022 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

Dear Administrator Verma:

On behalf of our 40,000 members, the American College of Emergency Physicians (ACEP) appreciates the opportunity to comment on the Calendar Year (CY) 2022 Advance Notice for the Medicare Advantage (MA) program and the Part D Prescription Drug Benefit program.

Medicare Advantage Star Ratings

The Centers for Medicare & Medicaid Services (CMS) seeks comment on a potential new Star Ratings measure on provider directory accuracy. CMS states that an example of a possible measure would be one that calculates the percent of plan information that is inaccurate. ACEP strongly supports the inclusion of such a measure in the Medicare Part C Star Ratings program going forward. We believe that it is essential for MA plans to have up-to-date and accurate provider directories. Inaccurate provider directories can bring into question the adequacy and validity of an MA plan's network. When individuals enroll in MA plans, they have every right to expect that network adequacy criteria and standards for clinical and institutional providers will be monitored and enforced. Maintaining adequate networks is absolutely necessary in order to ensure that patients have access to the care they need.

Including a measure in the Star Ratings program that measures how accurate MA provider networks are is a good first step to holding MA plans accountable. However, beyond Star Ratings measures, ACEP would also support imposing civil monetary penalties or taking other enforcement actions on MA plans that do not comply with provider directory requirements.

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Network Adequacy

Although CMS does not propose any changes to MA network adequacy requirements, it references the CY 2021 MA final rule¹ that requires health plans to maintain a network of contracted providers that is sufficient to provide adequate access to covered services to meet the needs of the population served. ACEP would like to reiterate our comments on the proposed rule² where we noted that that emergency medicine is not one of the specialty types that CMS has established as subject to its network adequacy standards. We believe that it is essential for all beneficiaries enrolled in MA to know from their MA plan in advance of an emergency (NOT during or after an emergency has occurred) if the physician treating them is in-network. The very nature of emergency conditions and emergency department care, more than any other type of specialty care, precludes the opportunity for patients to preferentially go to facilities with in-network emergency physicians. **Therefore, we would like to recommend again that CMS consider adding emergency physicians and other safety net providers in the list of specialty types that are subject to CMS network adequacy standards.**

We appreciate the opportunity to share our comments. If you have any questions, please contact Jeffrey Davis, ACEP's Director of Regulatory Affairs at jdavis@acep.org.

Sincerely,



Mark S. Rosenberg, DO, MBA, FACEP
ACEP President

¹ Medicare Program; Contract Year 2021 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program Final Rule, 85 Fed. Reg. 33858 (June 2, 2020).

² ACEP's comments on the CY 2021 and CY 2021 Policy and Technical Changes to the Medicare Advantage Program Proposed Rule can be found at: <https://www.acep.org/globalassets/acep-response-to-medicare-advantage-and-part-d-proposed-rule.pdf>.