

May 22, 2018

**Re: CMS-2406-P**

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
PO Box 8013  
Baltimore, MD 21244-8016

**Re: Medicaid Program; Methods for Assuring Access to Covered Medicaid Services-Exemptions for States with High Managed Care Penetration Rates and Rate Reduction Threshold**

Dear Administrator Verma:

On behalf of more than 37,000 members, the American College of Emergency Physicians (ACEP) appreciates the opportunity to comment on the proposed rule that exempts certain States from the requirements around developing, submitting and updating access monitoring review plan (AMRPs) for Medicaid services provided through a fee-for-service (FFS) delivery system.

The proposed rule would provide an exemption to all the current AMRP requirements for States that have 85 percent or more of their Medicaid population enrolled in comprehensive, risk-based Medicaid managed care plans. The rule estimates that 17 States have a comprehensive, risk-based managed care enrollment rate of at least 85 percent and would therefore meet the threshold for the exemption. States that submit state plan amendments to reduce rates or restructure payments where the overall reduction is 4 percent or less of overall spending in one year and 6 percent or less over 2 consecutive years would also be exempt from some of the requirements.

Both Medicaid FFS and managed care organization patients have been particularly vulnerable to less than adequate networks and access to primary care. Unfortunately, emergency physicians have witnessed this trend for years. While the purpose of the proposed rule is to reduce burden for States with a low percentage of Medicaid FFS beneficiaries, it is still important for the FFS beneficiaries, no matter how many there are in a State, to have access to a full range of health care services. People who do not have access to care are more likely to defer seeking more routine care or visiting a primary care physician or specialist for more minor conditions or symptoms. Such

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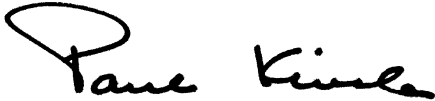
Dean Wilkerson, JD, MBA, CAE

deferral or delay will often result in their condition or symptoms becoming exacerbated, and eventually result in a trip to the emergency department. At this point, due to the progression of their condition, their care in emergency department will be much costlier and more complex than if they had earlier access to more routine care in a physician's office.

Therefore, as you consider finalizing this rule, we urge you to think about all possible alternatives beyond AMRPs for ensuring that Medicaid FFS beneficiaries in the exempted States have access to care, so that these beneficiaries are able to seek treatment early before having to possibly make an unavoidable visit to the emergency department.

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](mailto:jdavis@acep.org).

Sincerely,

A handwritten signature in black ink that reads "Paul D. Kivela". The signature is written in a cursive, flowing style.

Paul D. Kivela, MD, MBA, FACEP  
ACEP President