NAQC Board

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National Quality Forum

July 5, 2011

Donald M. Berwick
Administrator, Centers for Medicare and Medicaid Services

Secretary Sebelius,
Secretary

Department of Health and Human Services
Attention: CMS -2328-P
P.O. Box 8016,
Baltimore, MD, 21244-8016

Submitted electronically to Http://www.regulations.gov

Re: Medicare Program; Methods for Assuring Access to covered Medicaid Services
CMS-2328-P; RIN 0938-AQ54; 76 Fed. Reg. No. 88, May 6, 2011.

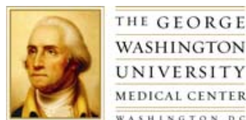
Dear Administrator Berwick, Secretary Sebelius:

The Nursing Alliance for Quality Care (NAQC) welcomes the opportunity to offer comments on this proposed rule. NAQC is a partnership among the nation's leading nursing organizations to advance the highest quality, safety and value of consumer-centered health care for all individuals-patients, their families, and their communities. NAQC works to ensure that: patients receive the right care at the right time by the right professional; nurses actively advocate and are accountable for consumer-centered, high quality health care; and that policy makers recognize the contributions of nurses in advancing consumer-centered, high quality health care.

NAQC applauds the efforts by the Centers for Medicare and Medicaid (CMS) to standardize methods and processes for States to follow to assure that payments are sufficient to enlist providers and support services that provide both efficiency and quality care to Medicaid recipients, as a worthy next step in the agenda to improve the quality of care. We strongly support the forward movement of this agenda.

Section II. Proposed State Level Review Strategy for compliance with Access Requirements:

NAQC is supportive of attempts through this proposed rule to create transparent methodology that broadly and definitively measures access to health care and health services. We request that such measures include access to all levels and settings of providers and services, as well as access to durable medical equipment



School of Nursing

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Support for this initiative was provided by a grant from the Robert Wood Johnson Foundation

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that may be required for Medicaid recipients of any age, from newborn to the elderly. We are aware of numerous instances of children across the age spectrum who, even with documented medical necessity, have been unduly limited by States' Medicaid programs to services or medical supplies, causing them to experience infections, exacerbations of chronic conditions, or other harm. Such situations have led to visits to emergency departments or hospital admissions which could have been prevented if enrollments and services had been efficiently administered or adequately provided in a timely fashion. We strongly support that the proposed States' reviews of sufficiency of beneficiary access include actual ongoing performance, not just focus on provider payment rate changes and States' planning processes. Performance outcomes are as important here as in all other aspects of health care review.

In the spirit of reinforcing the value of increasing patient engagement and family-centered care, we support the proposed mechanisms that allows for ongoing beneficiary feedback. We urge that all feedback mechanisms be required to be extremely user-friendly across the spectrum of age related services, and take into consideration the challenges often faced by Medicaid beneficiaries who struggle to be assertive about getting their needs met. Access to ombudsmen and like alternatives must not disadvantage those who would seek services outside of traditional work hours, and must include local community access, sensitivity to cultural barriers, and address literacy challenges.

Section II A. Data Measures to Demonstrate Sufficiency of Access: We support the various data elements proposed in the rule in this section. Additionally, we strongly recommend that data also be collected regarding the lengths of time between enrollment in and access Medicaid services, and the availability of and length of time to access various levels of providers, the quality of those providers, and durable medical equipment needed for effective treatment and prevention of exacerbations.

We are aware that in some states, it may take 90 days or longer for potential Medicaid recipients to be processed and eligible for services and equipment. In the meantime, many of these individuals and families have no other access to services or equipment, or are greatly restricted in their level of access. They may have insufficient resources to bridge this gap, and if they do spend their own limited resources, they are not able to be reimbursed.

Section II B. Public Process to Involve Stakeholders: NAQC is supportive of requiring and formalizing a public process in each state for meaningful feedback on the impact of proposed rate reductions from beneficiaries, providers and other interested parties. This opportunity for greater transparency and community engagement is important in ensuring that the services intended to meet the needs of otherwise uninsured are kept in the forefront and that state Medicaid programs are held accountable.

Section IIC. Monitoring Access and corrective Action to Address Access: We support these proposed changes to ensure greater accountability by States in the provision of Medicaid services. It is important for States to redress in a timely way

any unforeseen consequences, in order to keep Medicaid beneficiaries' services focused on meeting beneficiaries' health needs and providing greatly needed preventive services. While addressed later in the proposed revisions, we would want to be clear here that remediation plans would be expected to be rapidly put into place to address any access issues discovered. The lives of those being served are important and cannot be jeopardized by delays due to bureaucratic inefficiencies and competing priorities.

Section III. B. State Plan Review Process Changes: NAQC urges that the scope of services for which plans are scrutinized be thorough, including not only hospital and clinic services, but also long-term care, hospice, home health services, durable medical equipment, and other services that go to keep beneficiaries safe. A responsive review process will not depend upon only prolonged and persistent negative feedback in drawing attention to deficiencies. We support the issuance of guidance from Federal oversight processes in order to ensure responsible and reasonable state-level review practices.

Conclusion:

On behalf of the Nursing Alliance for Quality Care, we appreciate the opportunity to comment on this important rule. If we can be of any further assistance, or if you have questions or comments, please feel free to contact me at sonmjs@gwumc.edu or at 202-994-3484.

Sincerely,

Mary Jean Schumann, DNP, MBA, RN, CPNP
Executive Director
Nursing Alliance for Quality Care