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Rural Health Panel

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January 14th, 2019

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2408-P
P.O. Box 8016
Baltimore, MD 21244-8013
By electronic submission at <http://www.regulations.gov>

RE: 42 CFR Parts 438 and 457 – Medicaid Program; Medicaid and Children’s Health Insurance Plan (CHIP) Managed Care

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policymakers. The Panel welcomes the opportunity to submit comments on the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service, and Medicaid Managed Care Programs for years 2020 and 2021 proposed rule. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Overall, the Panel supports efforts to improve the Medicaid program and CHIP to provide more access to care. Medicaid represents a higher proportion of patients for most rural health care organizations and clinicians than in urban areas, so Medicaid policies may have a disproportionate impact on rural providers, hospitals, and beneficiaries. Therefore, we hope our comments below serve as valuable input during the proposed rule finalization.

The limited supply of health care workers and the considerable health care needs of rural America due to an older population, underscores the significance of ensuring continuous access to care in rural communities. One strategy that the government has employed to help guarantee that rural residents have access to care within insurance plans is through network adequacy regulations. Network adequacy is important for rural populations and providers due to issues such as travel time/distance to non-local providers, the limited availability of transportation options, and the inadequate number of health professionals in many rural communities. Although the Panel acknowledges that relying exclusively on time and distance incompletely describes access to health care, we suggest that CMS consider maintaining current network adequacy standards while studying how best to incorporate the positive impacts and unintended consequences of new technologies such as telehealth.

Sincerely,

The Rural Policy Research Institute Health Panel

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