



RURAL POLICY RESEARCH INSTITUTE

RUPRI Health Panel

Keith J. Mueller, PhD, Chair
Alva O. Ferdinand, DrPH, JD
Alana D. Knudson, PhD
Jennifer P. Lundblad, PhD, MBA
A. Clinton MacKinney, MD, MS
Timothy D. McBride, PhD
Nancy E. Schoenberg, PhD
<https://rupri.org/>

July 1, 2023

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-2439-P
By electronic submission at <http://www.regulations.gov>

[Dear Administrator Brooks-LaSure:](#)

RE: CMS-2439-P: Medicaid Program: Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal lawmakers. The Panel is pleased to offer comments in response to this proposed rule, focused on sections that fall within the scope of our expertise.

Enrollee Surveys – Section 438.66(b) and (c), pp 28095-7

The RUPRI Health Panel supports use of enrollee surveys as a means of monitoring managed care programs. We believe CMS should not mandate a particular survey, but that CMS should define characteristics of acceptable surveys. We applaud CMS for including among the elements of sufficient MCO capacity that preventive and primary care services be accessible to all beneficiaries and that the MCOs demonstrate geographic distribution of providers of those services (page 28096 column 3). We assume the survey is administered to all enrollees; we recommend CMS be explicit about that expectation so that all geographic areas served by the MCOs are included. If the surveys are of samples of enrollees, we recommend that CMS be clear that all geographic areas of the state must be represented in the sample.

Secret Shopper Surveys—Section 438.68(f), 457.1207, 457.1218, pp 28101-2.

The Panel supports the use of secret shopper surveys, especially as a means of verifying reasonable geographic access to preventive and primary care services for rural beneficiaries. The Panel applauds section 1.b.1.b of the proposed rule (described on page 28102, column 3); we agree that network adequacy standards should “accurately reflect the practical use of telehealth and in-person appointments.” Separately identifying telehealth visits in secret shoppers will enable further analysis of the impact of telehealth on local access, which could be positive in the absence of any local providers, but negative if it used as a substitute for existing providers.

Value-based Payments and Delivery System Reform Initiatives – Section 438.6(c)(2)(vi), pp 28134-38

The Panel supports continued development of value-based payment through SDPs requiring use of VBP initiatives. We support removing requirements that are unnecessary barriers to state initiatives implementing VBP through contracts with MCOs.

Respectfully submitted,



Keith J. Mueller, PhD
Chair, RUPRI Health Panel
University of Iowa
College of Public Health
145 N Riverside Drive
Iowa City, IA 52242
Keith-mueller@uiowa.edu
www.rupri.org