



AAHD - Dedicated to better health for people with disabilities through health promotion and wellness

September 27, 2011

Donald M. Berwick, M.D., MPP
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-8010
www.regulations.gov

RE: Patient Protection and Affordable Care Act - Establishment of Exchanges and Qualified Health Plans: Proposed Rule CMS-9989-P

Dear Dr. Berwick:

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. We commend the Affordable Care Act and CMS efforts to transform service system delivery to improve the nation's health.

AAHD has joined the Consortium for Citizens with Disabilities (CCD), Coalition for Whole Health (CWH), and the National Health Council (NHC) comments on health exchanges. AAHD is a member of the three coalitions. We were part of the CCD comment drafting team.

AAHD's ACO comments focus on three related concerns – patient navigators, network adequacy, and essential community providers. All three areas are fundamentally important to persons with disabilities and persons with chronic diseases accessing health benefits and receiving the treatment and supports that they require.

Patient Navigators

Section 155.210 – Navigator Program Standards

AAHD joins our coalition partners advocating the objective to ensure that coverage is easily accessible for those eligible to receive coverage through the Exchange, and that the Navigator programs are sufficiently funded and staffed to facilitate the enrollment

process for those individuals for whom the process may be more burdensome and those transferring between Medicaid enrollment and the Exchanges.

CMS asked: "We seek comment as to whether we should require that at least one of the two types of entities serving as Navigators include a community and consumer-focused non-profit organization." AAHD and our sister coalitions affirmatively answer yes - Yes, the federal government should require that one of the two Navigator entities should be a community and consumer-focused non-profit organization.

The nation is blessed with thousands of community-based, consumer-focused non-profits with a history of being governed by and serving citizens with special health care needs, including persons with disabilities and persons with chronic health conditions. Exchanges must be required to take advantage of these resources and use their experiences. These are organizations already with reputations for credibility and consumer responsiveness.

Network Adequacy and Essential Community Providers

Section 155.1050 - Establishment of Exchange Network Adequacy Standards

Section 156.230 – Qualified Health Plan Network Adequacy Standards

Section 156.235 – Essential Community Providers

The rule proposes that Exchanges make health insurance and therefore health care available to a variety of consumers, including those who reside or work in rural or urban areas where it may be challenging to access health care providers, by requiring Exchanges to “ensure that the provider network of each QHP offers a sufficient choice of providers for enrollees.” We strongly support this goal. Similarly, the intent of the law is to provide full access to needed services by persons with disabilities and persons with chronic diseases. These persons require a wide variety of specialists and coordinated linkage with primary care providers (thus our endorsement of the patient-centered medical home approach).

The requirements of network adequacy and essential community providers are fundamental to ensuring that persons with disabilities receive all health related benefits that they require, in a timely, convenient, and appropriate delivery.

HHS asks for comments on what additional standards are necessary, particularly access to primary care and asks for comments on "sufficient" numbers of essential community providers (“sufficient” is a term that does not appear in the law). Community-based non-profit disability providers should be considered essential, whenever a person with disability is involved. AAHD recommendations follow:

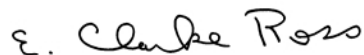
AAHD Recommendations (Consistent with our Sister Coalitions)

1. We believe that the final rule should establish national standards that will serve as a minimum level of protection for network adequacy across the country.
2. The final rule should require access to community-based non-profit providers with a documented experience in serving persons with disabilities.

3. The final rule should require access to community-based providers defined in Section 340 (B) (a) (4) of the Public Health Service Act, as required by Section 1311 (c) (1) (C) of the Affordable Care Act (ACA). Community-based non-profit disability providers should be considered essential, whenever a person with disability is involved. The Essential Community Provider section should specify: “Non-profit, state or county mental health or substance abuse organizations that are licensed or certified by the State.”
4. The final rule should require geographic access, so persons with disabilities are not burdened with great travelling distances.
5. The final rule should require Disability-specific specialization access, so the particular disability is effectively and appropriately treated and served.
6. The final rule should require enrollee choice – each health exchange and qualified health plan (QHP) enrollee should have a choice of primary and specialized provider.
7. The final rule must require access-nondiscrimination-accommodation – all exchange and QHP providers must fully comply with the Americans with Disabilities Act (ACT) and related civil rights requirements to ensure that persons with disabilities are appropriately serviced with respect and dignity.
8. The final rule should be Consistent with other HHS and ACA initiatives such as money follows the individual, home and community-based expansions, and medical/home.
9. HHS should adopt the NAIC (National Association of Insurance Commissioners) Managed Care Plan Network Adequacy Model Act as the minimum national network adequacy requirements for QHP certification and add provisions to require QHPs that are health indemnity plans to demonstrate that they have a sufficient choice of providers accepting their health plan to meet the minimum national network adequacy standards.
10. We support the requirement that a QHP issuer must make its health plan directory available to the Exchange electronically and to potential and current enrollees in hard copy upon request.

Thank you for considering our views.

Sincerely,



E. Clarke Ross, D.P.A.
Policy Associate
American Association on Health and Disability
1718 Reynolds Street
Crofton, MD 21114
clarkeross10@comcast.net
410-451-4295
Cell: 301-821-5410

Roberta S. Carlin, MS, JD

Executive Director
American Association on Health and Disability
110 N. Washington Street, Suite 328J
Rockville, MD 20850
301-545-6140 ext. 206
301 545-6144 (fax)
rcarlin@aahd.us