



October 10, 2017

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Administrator Verma,

On behalf of the nation's Medicaid Directors and the Medicaid managed care plans that support service delivery to Medicaid beneficiaries across the country, the National Association of Medicaid Directors (NAMD) and America's Health Insurance Plans (AHIP) are writing this joint letter to offer CMS a strategy for implementation of the Medicaid managed care provider enrollment requirements at 42 CFR §438.602 as modified by the 21st Century Cures Act.

The provider enrollment requirements for providers contracted with Medicaid managed care plans were initially set in regulation by CMS in its May 2016 update to the Medicaid managed care regulatory framework, with a compliance date of July 1, 2018. Congress accelerated the compliance date to January 1, 2018, in the 21st Century Cures Act. This accelerated compliance timeframe is aggressive, and we believe does not fully account or allow time for the systems changes and other operational measures states must take to implement this requirement.

Further, it is not yet clear the extent to which the enrollment requirement in the statute or regulation applies with respect to the wide range of individuals providing services and supplies to enrollees of Medicaid managed care plans, including individuals dually eligible for Medicare and Medicaid. These services and supplies vary from state to state, and may encompass non-traditional providers delivering home and community-based services, making home modifications, or performing other cost-effective services.

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To ensure a smooth implementation of the provider enrollment requirements, we propose that CMS consider the following three-part approach, which is more fully detailed in the attached document:

1. For the first year, adopt a “targeted enforcement discretion” approach, under which the state demonstrates that several elements of Medicaid managed care plan and provider notification are in place;
2. CMS partners with states to develop a comprehensive compliance plan, with specific milestones, for the year following the discretionary enforcement period; and
3. CMS develops implementation guidance for provider screening and enrollment, with a specific focus on applicability to both traditional and non-traditional Medicaid providers.

We believe a flexible approach that acknowledges the operational realities states and Medicaid managed care plans face will support successful compliance with the statutory deadline and ensure the effectiveness of the provider enrollment requirement as a program integrity and improvement tool going forward.

We thank you for your consideration of this compliance proposal, and we would be happy to meet with your staff to provide more details and answer any questions. Both NAMD and AHIP look forward to continuing to work with CMCS on developing successful implementation strategies for this and other provisions of the Medicaid managed care final rule. Please feel free to contact Jack Rollins of NAMD at jack.rollins@medicaiddirectors.org or Rhys Jones of AHIP at rjones@ahip.org for more information.

Sincerely,



Matt Salo
Executive Director
National Association of Medicaid Directors



Marilyn B. Tavenner
President and CEO
America's Health Insurance Plans

Cc: Jonathan Morse, Center for Program Integrity
Brian Neale, Center for Medicaid and CHIP Services