American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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November 17, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8016
Baltimore, MD, 21244-8016

Dear Acting Administrator Slavitt:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 64,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, we appreciate the opportunity to provide input on the U.S. Centers for Medicare and Medicaid Services' (CMS) Request for Comment on Medicaid Services "Received Through" an Indian Health Service/Tribal Facility.

The AAP is committed to improving the health and wellbeing of American Indian and Alaska Native (AI/AN) children. Policies that expand access to health services are a crucial component of that effort. AI/AN children face substantial health disparities, including disproportionate childhood overweight and obesity, preterm birth, infant mortality, motor-vehicle related morbidity and mortality, and alcohol and drug use and their sequelae. These disparities necessitate policy intervention to improve access to and the quality of health services available to AI/AN children. This is particularly important given the federal government's trust responsibility for providing health services to AI/AN individuals.

The AAP strongly supports CMS' proposed policy changes as means to further reduce barriers to AI/AN children accessing needed health services. This is an important proposal to better expand the tools available to pediatricians serving AI/AN children. The following comments outline particular aspects of this proposal of key importance to the AAP, including: 100% Federal Medical Assistance Percentage (FMAP) for transportation and related services; assurance that Urban Indian Health Programs can participate as contractual agents and receive 100% FMAP; flexibility to determine the best arrangement for billing Medicaid when an IHS or tribal facility works with a contractual agent; and the application of this policy to both fee-for-service and managed care.

Modifying the Second Condition of the 100% FMAP Policy: Transportation Services

The AAP strongly supports CMS' proposed modification to condition two of the 100% FMAP policy to expand allowable services to include transportation services. Payment for transportation services supports a critical linkage for children and their families to access needed health services. This is a critically important policy change for improving access to care for medically complex patients, and can be particularly important for accessing specialty care, which may not be available in a child's community.

For children living on reservations, the biggest impediment to traveling to obtain needed health services is the distance between their home and the provider. For example, a child living on the Navajo reservation might need to travel over 200 miles to access a specialist in Phoenix. Even for families who own a reliable motor-vehicle, traveling such a distance is a significant outlay in terms of gas and lodging, and can preclude a parent from having a means to get to work if the family owns one motor-vehicle.

For children living in urban areas, not having a motor-vehicle and being unable to use public transportation as a result of a medical condition are impediments to accessing needed health services. For children with motor, visual, or cognitive impairments, using and navigating public transportation can be prohibitively difficult. Transportation services are an important aspect of ensuring that this population of children have access to care within and outside their communities.

100% FMAP payment for transportation services is a policy that helps reduce the impact of geographic barriers on children's access to care. As CMS develops this proposal further, we suggest providing clarification on what constitutes an administrative expense as opposed to an optional medical service, so that the 100% FMAP supports all possible transportation services for children.

Modifying the Third Condition of the 100% FMAP Policy: Expanding the Definition of Contractual Agent

The AAP supports the component of the proposed policy update on expanding the definition of a contractual agent under the 100% FMAP policy. As part of this update, we strongly urge CMS to explicitly articulate that Urban Indian Health Programs are eligible for the 100% FMAP as contractual agents.

The IHS notes that approximately 70 percent of AI/AN individuals live in urban areas. In addition, Urban Indian children face additional and unique health disparities. Urban Indian children are at increased risk for serious mental health and substance abuse issues, suicide, gang activity, teen pregnancy, and maltreatment. Disrupted ties to familial and traditional cultural environments have an additional impact on the support structures available to children to mediate these health risks.[i]

The federal government's trust responsibility is the same regardless of geography, and federal funding should support the provision of health services to children in urban areas at parity with

that provided for children on reservations. Urban settings are a vital service location, and federal policy should recognize and reimburse them as such. Access to 100% FMAP for Urban Indian Health Program providers through the expanded definition of contractual agent is a critical means to meet the health needs of Urban Indian children and ensure that providers have a sustainable financing stream available to support the provision of quality health services. We strongly recommend that CMS clarify explicitly that this provision provides Urban Indian Health Programs access to 100% FMAP payment rates as contractual agents.

Modifying the Fourth Condition of the 100% FMAP Policy: Updating Who Bills Medicaid during Collaboration with a Contractual Agent

The AAP supports CMS' proposed modification to who may bill Medicaid during a collaboration with a contractual agent. IHS and tribal programs often establish contractual relationships to offer access to specialist providers. A clinic that cannot sustainably employ a specialist, such as a geneticist or pulmonologist, can contract with one who can travel to the clinic for a day at a time. Ensuring that the clinic may bill Medicaid ensures that they may bill at a global payment rate and provide a flat fee to the contracting specialist. This arrangement results in sufficient payment for both parties and expanded access to needed and otherwise expensive care for children.

Allowing the contracting entity and the contractual agent to decide between themselves who will bill Medicaid provides the ideal flexibility to ensure they may devise the most sustainable arrangement to ensure access to care. This update will prevent barriers to accessing important child health services. This could also enable providers who find effective and sustainable arrangements to share best practices throughout the system, enabling replication of successful models.

Application of the Rule to Fee-for-Service and Managed Care

As CMS considers the application of these proposed policy modification through fee-for-service and managed care, we urge you to ensure that this policy maximize access to all services eligible for 100% FMAP. Regardless of whether a child's Medicaid coverage is fee-for-service or managed care, it is crucial to ensure that they have unimpeded access to the important health services under consideration for 100% FMAP in this proposal.

Conclusion

The AAP strongly supports CMS' proposed policy updates to expand the applicability of the 100% FMAP for services to AI/AN individuals. We look forward to working with you as you further develop this policy. If you have any questions, please do not hesitate to contact Zach Laris in our Washington, D.C. office at 202/347-8600 or zlaris@aap.org.

Sincerely,

Sandra G. Hassink, MD, FAAP
President
SGH/zml

[i] U.S. Department of Health and Human Services Indian Health Service (2015). Urban Indian Health Program Fact Sheet. Retrieved from https://www.ihs.gov/newsroom/factsheets/uihp/