

November 27, 2017

Ms. Seema Verma
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

RE: 2019 Notice of Benefit and Payment Parameters Proposed Rule—CMS-9930-P

Dear Ms. Verma,

The Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) greatly appreciates the opportunity to submit comment to the Centers for Medicare and Medicaid Services (CMS) regarding the recently proposed *2019 Notice of Benefit and Payment Parameters*.

AAAHC is a nationally recognized health care accrediting entity. It is one of three accreditors approved by CMS to accredit qualified health plans (QHPs) offered on health insurance Exchanges under the Affordable Care Act (ACA). AAAHC also accredits non-QHP health plans and is deemed by CMS to accredit Medicare Advantage organizations. In addition, CMS recognizes AAAHC as the largest non-hospital deeming organization for Medicare in the country.

In Part 156 E(3)(a) of the proposal, CMS recommends, with respect to network adequacy, “to rely on the States’ reviews in States which an FFE is operating, provided the State has a sufficient network adequacy review process.” In States that do not have the authority and means to conduct sufficient network adequacy reviews, CMS recommends “rely[ing] on an issuer’s accreditation...from an HHS-recognized accrediting entity, which...would include the three accrediting entities HHS has previously recognized for accreditation of QHPs,” and then identifies AAAHC as a recognized accreditor of QHPs.

AAAHC supports CMS efforts to reduce regulatory burden for issuers and to streamline the QHP certification process—efforts which will help our accredited facilities save time, decrease costs, and simplify processes. This proposal aims to achieve these goals by increasing deference to the States concerning network adequacy reviews.

AAAHC requests clarification regarding the recommended increase of deference to States for accreditation review requirements. Specifically, AAAHC requests that CMS clarify the role and authority of States to conduct accreditation reviews under 45 C.F.R. §156.276. It is unclear to AAAHC whether the proposal would require State review of the accreditation status, or whether the proposal would allow States to accept the accreditation status of a QHP and thereby maintain adherence to the broader oversight processes currently found within the Affordable Care Act.

Thank you for the opportunity to provide input into the proposed rule. As CMS finalizes this current proposal, AAAHC offers to CMS the assistance of our various staff and committee subject matter experts. We look forward to continuing to assist CMS in its mission to advance health care quality and value. Please do not hesitate to contact Ann Carrera, Senior Counsel, Legislative and Corporate Affairs, at (847)-324-7703 or acarrera@aaahc.org if we can be of further assistance.

Sincerely,



Noel Adachi
President & CEO