

November 19, 2018

Submitted electronically via <http://www.regulations.gov>

Seema Verma
Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-3346-P
P.O. Box 8010
Baltimore, MD 21244-1810

RE: CMS-1693-P: Medicare and Medicaid Programs: Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction

Dear Administrator Verma,

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to comment on CMS' proposed rule on Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction in the Medicare and Medicaid program. CHCANYS is New York State's Primary Care Association for federally qualified health centers (FQHCs). CHCANYS operates as an advocate and voice for health centers across New York State, with over 750 sites serving 2.2 million patients annually. FQHCs are non-profit, community run centers located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. Each FQHC is governed by a consumer-majority board of directors who seek to identify and prioritize the services most needed by their communities. In short, FQHCs are New York's primary care safety net providers - keeping people well in the community and out of higher cost institutional based settings.

The Medicare and Medicaid programs allow health center patients to access much needed primary and preventive care services. In New York State, 59% of our patients are Medicaid/Children's Health Insurance Program (CHIP) beneficiaries and 6% are Medicare beneficiaries. Over time as the population continues to age, New York health centers are beginning to see more Medicare beneficiaries.

We appreciate the CMS' desire to reduce burden and unnecessary paperwork in the Medicare and Medicaid programs. This allows providers to better focus on the care of patients and states to effectively manage their Medicaid programs. CHCANYS appreciates CMS' efforts to reduce the requirements for FQHCs to review the patient care policies and program evaluation from annually to biennially. Health centers believe that patient safety is of utmost importance. Changing these annual reviews, which are often costly and can place undue burden on a health center, to biennially does not remove the requirement for a health center to maintain the highest standard of care but allows them the opportunity to most appropriately use their staff time and resources on patient care.

CHCANYS looks forward to working with CMS and the health centers we serve to implement the provisions specific to health centers and provide their Medicare and Medicaid beneficiaries with the most comprehensive primary and preventive care.

CHCANYS appreciates the opportunity to submit comments on this rule, and both our staff and our member health centers would be happy to provide any further information that would be helpful.