

September 27, 2024

Medicare Contractor Management Group Centers for Medicare & Medicaid Services U.S. Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

RE: Request for Information Concerning Consolidation of A/B Medicare Administrative Contractors (MACs) for Jurisdiction 5 (J5) and A/B HH+H MAC Jurisdiction 6 (J6) Into "Jurisdiction G"; for Consolidation of A/B MAC Jurisdiction 8 (J8) and A/B HH+H MAC Jurisdiction 15 (J15) Into "Jurisdiction Q"; and 10-Year MAC Contract Award Period of Performance

To Whom It May Concern:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write in response to the request for information regarding potential Medicare Administrative Contractor (MAC) consolidation.

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists and SLPs provide critical services to patients in a variety of health care settings and engage with MACs to perform many different administrative tasks, such as billing for services or enrolling as a provider. Therefore, we have a vested interest in ensuring that MAC awards comply with Medicare requirements to ensure clinicians and facilities maintain their provider status and support access to care for Medicare beneficiaries.

ASHA has some overarching concerns about the consolidation of MAC jurisdictions. Specifically, we seek clarity on:

1. If CMS proceeds with the consolidation, will the contract be automatically awarded to one of the existing contractors (e.g., Wisconsin Physician Services [WPS], CGS Administrators, LLC [CGS], or National Government Services [NGS]) or will it be released for competition?

ASHA believes it should be recompeted in an open fashion as opposed to assigned to an existing MAC to ensure transparency and accountability for the awardee.

2. Could CMS provide guidance on the process for removing a contractor before the end of the 10-year contract award period if the contractor has a track record of significant mistakes?

ASHA appreciates CMS' assertion that the length of the award provides various incentives for the MAC to invest and effectively engage in its obligations. But in instances when a MAC has a track record of failing to respond to provider or beneficiary inquiries in a timely fashion—such as making errors in claims processing that lead to inappropriate denials and high numbers of appeals ultimately found in favor of the provider or beneficiary—all stakeholders need assurance that there will be accountability

for the MAC. Various forms of egregious conduct on the part of the MAC can inappropriately create administrative burdens for providers or jeopardize access to care for Medicare beneficiaries. An understanding of the violation reporting process and accountability mechanisms will reinforce the trust CMS, patients, and providers have placed in the MAC.

As an overarching point, we agree with CMS that consolidation should be carefully considered. CMS has paused consolidation twice before due to concerns about competition and ensuring benefits are properly administered. Given recent Congressional and Agency interest in the impact of health care consolidation on patients, providers, and payers, ASHA would like to better understand CMS' rationale for considering MAC consolidation at this juncture. As we have pointed out in recent responses to requests for information, consolidation has the potential for significant negative impacts on patients and providers—such as narrow provider networks, unacceptable delays in care caused by inappropriate denials, and lower quality of care for patients.¹ These concerns could be realized if the MAC award was automatically given to an existing contractor rather than recompeted.

ASHA members are also concerned about some of the challenges associated with changes in contractors. For example, if MAC "A" is replaced by MAC "B," our members need assurances that the transition will be relatively seamless without problems with enrollment application and claims processing. Changes in MACs also lead to changes in local coverage determinations (LCDs) in which a service that may have been covered by MAC "A" is not covered by MAC "B." This could mean a loss in coverage and access to care for patients. Changes to LCDs also require providers to update their electronic health records and billing systems and learn new coverage policies. Any changes in MACs should weigh important considerations such as the amount of time and the financial investments providers will need to make to ensure compliance. Therefore, these transitions should include sufficient time and education for both patients and providers to minimize confusion.

Thank you for your consideration of our comments. If you have any questions, please contact Sarah Warren, MA, ASHA's director for health care policy for Medicare, at swarren@asha.org.

Sincerely,

Tena L. McNamara, AuD, CCC-A/SLP

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2024 ASHA President

¹ American Speech-Language-Hearing Association (ASHA). (2024, May 6). *Docket ATR 102; Request for Information on Consolidation in Health Care Markets*.

https://www.asha.org/siteassets/advocacy/comments/asha-comments-rfi-on-consolidation-in-health-care-markets-050624.pdf