



Congress of the United States
House of Representatives
Washington, DC 20515

Re: Texas Medicaid Rate Cuts for Child Therapy

Date: 6/7/16

Dear Acting Administrator Slavitt,

We write to express our concern regarding the Texas Health and Human Services Commission (HHSC) cuts to Medicaid rates for pediatric therapy services. Thousands of children across Texas are expected to lose access to needed physical therapy, occupational therapy, and speech therapy as care providers are forced to leave the markets. The Centers for Medicare & Medicaid Services (CMS) has the ultimate responsibility to ensure that Medicaid rates are set at a level that preserves access to care, and HHSC has not done due diligence in evaluating the impact of these rate cuts on access to care for children.

We strongly urge CMS to review and analyze the impact of any proposed changes to Texas's Medicaid reimbursement methodology in light of federal requirements, including on access to care. The ongoing litigation surrounding the cuts to child therapy providers brought to light a number of concerns regarding the due diligence of HHSC in planning these rate reductions. HHSC does not have a review plan for monitoring access to care, a complaint process for network adequacy, or any studies on the impact of rate reductions on access.

The current review process allows States to implement rate changes before receiving CMS approval. Given the severity of the issues involved in Texas and the number of children whose treatment is at stake, we urge CMS to be proactive and request to review the rates proposed by the State of Texas before they are implemented. As the timeline currently stands, we are highly concerned that significant damage will be done before CMS is provided the State Plan Amendment.

In the Medicaid Access to Care Final Rule (80 FR 211 67582), CMS states that the final rule “does not provide for exceptions to this requirement to review access when there is a state legislative requirement.” The Texas State Legislature is not

only attempting to limit access to care through these cuts, but is also failing to discern the extent to which access to care will be affected. As a result, we encourage CMS to intervene and assess whether these cuts contravene federal requirements. An estimated 60,000 disabled children depend on this subsidized therapy, and they deserve thoughtful decisions about changes to their care.

Thank you for your attention to this matter, and we look forward to hearing your expedited plan to assess the impact of the Texas HHSC Medicaid rate cuts to child therapy providers.

Sincerely,


Lloyd Doggett


Gene Green