Maine Hospital Association

Representing community hospitals and the patients they serve.

June 27, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 445-G
Washington, DC 20201

RE: CMS-5517-PI, Medicare Program: Merit Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule and Criteria for Physician-Focused Payment Models, May 9, 2016.

Dear Mr. Slavitt:

On behalf of our 36 member hospitals and our 2,200 employed physicians, the Maine Hospital Association appreciates the opportunity to comment on **CMS-5517-PI**, the proposed regulation to implement the Merit Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive as called for by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Hospitals and health systems in Maine employ a larger percentage of physicians then in most other states so it is these hospitals and health systems that will be responsible for much of the cost of implementing the MIPS program in the state, the ongoing compliance with MIPS reporting requirements, and all of the financial risks and benefits associated with any MIPS related payment adjustments. Maine hospitals and health systems are also actively assessing their options under the various Medicare APM options including participating in the CPC+ program.

Streamlined Reporting

The Maine Hospital Association is encouraged by the fact that MACRA includes provisions allowing CMS to develop MIPS participation options for hospital based physicians. We believe that this is an important part of the proposed regulation because it will better allow hospitals and physicians to align and measure their joint quality goals. We support MACRAs approach of taking the existing PQRS, Value Modifier, and Medicare Electronic Health Record (EHR) programs and streamlining them into MIPS. We encourage CMS to continue to allow data reporting tools similar to what are used today by hospitals and physicians to report any necessary MIPS quality data to CMS. Hospitals

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have made significant financial investments in these reporting tools and shouldn't be required to reinvent the wheel when it comes to reporting the new, improved and streamlined measures that are part of MIPS.

We are also encouraged by the availability of the Single Reporting Mechanism option available under MIPS. Allowing clinicians and groups to submit information for the Quality, Advancing Care Information, and Clinical Practice Improvement Activities through a single reporting mechanism is a positive development and a likely option chosen by many groups of clinicians and hospitals.

APM Qualification and Implementation

A high percentage of Maine Hospitals and their employed physicians currently participate in Medicare Shared Savings Program ACOs and have made significant financial and other investments to establish these ACOs. The Maine Hospital Association is encouraged by CMS efforts to move more physicians into alternative payment models but we also believe that the APM provisions of MACRA should be implemented much more broadly and widely than is proposed. This would allow many more of these established ACOs to qualify as APMs and to receive the related financial bonuses and favorable payment updates.

The strict requirements and definitions of financial risk that CMS proposes in this regulation are simply too narrow to allow most of Maine's existing ACOs to qualify as APMs even though these ACOs have been providing high quality and cost effective care to Medicare patients for a number of years. All ACOs in Track One, Track Two, and Track Three of the Medicare Shared Savings Program should qualify as APMs and receive the related financial bonuses and favorable payment updates in the initial years of this new program.

Comprehensive Primary Care Plus Eligibility

Maine is already well along the path toward implementing Advanced Payment Methodologies with five ACOs participating in the Medicare Shared Savings Program. Maine's Medicaid program (MaineCare) has also implemented a large Primary Care Health Home Program, a Behavioral Health Home Program, and a MaineCare Accountable Communities Initiative which is modeled after Medicare's ACO program. Many Maine hospitals, health systems, and clinicians are already participating in one or more of these initiatives.

In addition to the initiatives that the two major government payers in Maine have advanced, most of the Private Health Insurance Carriers in the state have also created their own Advanced Payment Methodologies, many of which utilize the ACO model.

Maine hospitals and clinicians see great potential in participating in the CPC+ program but the MACRA regulation as proposed excludes all ACOs from participating in the CPC+ program. Maine has invested so much in creating these ACOs and uses them to participate in all of the

Advanced Payment Methodologies described above. It would be very difficult to dismantle these ACOs for the purpose of participating in the CPC+ program and prohibiting ACOs from participating will severely limit the number of Maine clinicians that are able to participate in CPC+.

Given how deeply the ACO model has taken hold in Maine over the past five years we request that CMS amend this proposal to allow all ACOs to participate in the Comprehensive Primary Care Plus Program and as an advanced APM.

Thank you for the opportunity to comment on this proposed rule. If you or your staff has any questions regarding these comments, please feel free to contact me at dwinslow@themha.org

Sincerely,

David S. Winslow
Vice President of Financial Policy