

July 2, 2020

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Dear Dr. Giardina,

We the undersigned organizations first would like to share our appreciation for the Bundled Payment for Care Improvement – Advanced (BPCI-A) amendment options provided in your communication on June 3rd, as well as the subsequent Virtual meeting on June 4th regarding COVID-19 relief for the BPCI-A programs. We feel that these options are a great start towards a comprehensive and effective relief plan in response to this unprecedented pandemic. While we understand that COVID-19 continues to present many unknowns, we wanted to share several programmatic areas that CMMI can amend to provide additional relief to providers. With your help we can collectively act to ensure the continuation of robust participation in BPCI-A and protect the investments that our healthcare delivery system has made to support the programs.

As providers and conveners representing over 50 participating sites across the country, we continue to focus on value-based care as a key component of the future of high-quality healthcare. With our appreciation for the options that have been provided by CMMI thus far, we also believe that a few more adjustments are needed. In addition, appropriate decision-making timelines would provide optimal means to both protect and support the innovative care redesign that is happening across the country in our collective hospitals. Further modification of COVID-19 relief will maintain our ability to continue driving value-based care forward for the patients and communities we serve now and into the future. It will also help protect the Medicare trust fund.

While the options provided earlier this month reflect a creative approach to supporting BPCI-A programs as well as CMS, we believe that further assessment and development of the following actions would provide a more well-rounded and comprehensive approach:

- Provide Downside risk protection while still allowing programs to achieve up to 60% of their total NPRA earnings consistent other bundled programs (e.g., CJR). This will

support each program's ability to fund the clinical and administrative support required to participate in the BPCI-A program while protecting participants from the unknown impacts of the COVID-19 pandemic

- Option to remove Sepsis and Simple Pneumonia and other Respiratory Infections bundles to expand on "removal of COVID-19." This would allow participants to continue care redesign efforts that drive continued engagement of providers and beneficiaries to achieve the demonstrated clinical outcomes for other clinical episodes while eliminating exposure to the two bundles that will see the greatest impact from the COVID-19 pandemic. This is consistent with your goal to address COVID-19, while recognizing that much of the impact of COVID-19 has been on these two bundles. In addition, this supports the understanding that hospitals across the nation have varying effectiveness as it relates to clinical coding capabilities for COVID-19.
- Utilize the ICD-10 codes of B97.29 and U07.1 for the identification of qualified clinical episodes that would be excluded for MY3 if the participant were to select option 2. This would provide clear and direct support for participants to make confident decisions when it comes to protection related to the COVID-19 pandemic.
- Give participants the flexibility to forgo reconciliation for either Performance Period 3 or 4 separately, in addition to the ability to forgo episodes of care. The impact of COVID has varied widely among providers and patients; participants at risk in multiple bundles should be given flexibility to apply amendments at the bundle level.
- Promote greater stability and predictability for participants as well as for CMS by establishing and maintaining the baseline pricing for a multi-year period to reduce program uncertainty. Baseline prices should remain fixed for the initial five years, subject only to trending, to allow clinicians and hospitals to continue their investments in processes and people needed to deliver high-quality health care.
- Consider adjusting the prospective trend factor on an annual basis by employing a retrospective adjustment when actual trends vary a specific degree (e.g., +/- 0.02) from prospective estimates. The COVID pandemic is an extreme example of how this validation could retrospectively account for these dramatic changes in care patterns, which could not have been and were not contemplated in the methodology pre-COVID.
- Provide participants sufficient time to make informed decisions as it relates to options associated with impacted episodes initiated during the first few months of the pandemic which will end their clinical episode between June and August, therefore allowing participants to better analyze the impact of this unprecedented pandemic has had on their program volume through at minimum introductory claims information.
- Extend the program through CY 2024, therefore supporting the investments in infrastructure made by participants while also allowing participants to continue their long-term focus on innovative, value-based care redesign

These requests are consistent with the relief already provided by CMS to other alternative payment models. These important changes will both support the ongoing efforts participants have engaged in within the program, both clinically and financially, as well as support continued long term engagement.

We look forward to continued partnership with CMMI to provide a solution that supports high-quality care for our patients, continued clinical innovation, increased financial support, and ongoing protection of the CMS trust fund. Please feel free to reach out to us for any further conversation. You may contact HCTTF's Senior Director Clare Pierce-Wrobel (Clare.Wrobel@hcttf.org) with any questions about or follow up to this letter.

Thank you,

Archway Health

Cleveland Clinic

CommonSpirit Health

Connected Care

Geisinger Health System

Health Care Transformation Task Force

Houston Methodist Coordinated Care

MultiCare

NWMomentum Health Partners

Physicians of Southwest Washington

Post Acute Analytics

Quorum Health

Trinity Health Corporation

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