

October 22, 2020

Brad Smith
Deputy Administrator and Director of CMMI
Centers for Medicare & Medicaid Services
US Department of Health & Human Services

Re: Bundled Payment for Care Improvement Advanced Measurement Year 4 Changes

Dear Deputy Administrator Smith:

The undersigned organizations write to request the Centers for Medicare & Medicaid Innovation (CMMI) **delay recent changes made to the Bundled Payment for Care Improvement Advanced (BPCI Advanced) program for Model Year 4 (MY4) that would require participants to select clinical episode service line groups.** Participants in the model are committed to ensuring the success of this model; however, it will be difficult for participants to succeed in the model when they remain actively engaged in responding to the coronavirus pandemic.

We anticipate that many participants will have to participate in additional episodes in order to fully meet the service line group. Full care redesign, including partnership with other providers, is essential to reducing episode costs. Providers have little to no time to prepare for an expansion of clinical episodes on January 1. Moreover, there is a very short turnaround time for participants to review data and target pricing information prior to signing agreements, especially in light of the ongoing pandemic and new regulatory requirements in CY2021. Providers are currently engaged in revenue recoupment strategies due to the significant reduction in services as a result of COVID-19 and are preparing reports to document use of Provider Relief Funds. This is in addition to preparing to meet new requirements on January 1, including price transparency requirements, significant changes to evaluation and management coding, and new mandatory models addressing radiation oncology and ESRD models.

We believe the BPCI-A changes reflect a significant shift at a time when providers have fewer resources to devote to a voluntary program. To ensure current participants remain in the model **we request that CMS delay the changes for one year.** At a minimum, CMS should allow participants an opportunity to **remove service line groups or leave the program at the end of the first performance period in MY4** (that is episodes initiating after January 1, 2021 and concluding by June 30, 2021). In MY 1 and 2, CMS employed a similar approach for allowing participants to drop episodes after the start of the measurement year. This would allow participants additional time to assess the impact of the changes. CMS should also allow participants to make additional changes to the service line group selection in MY 5 and 6.

We understand that CMS sought to group clinically similar episodes together and to ensure that all episodes were included in a group. While some of the episode groups are complementary, some episode groups will require participants to expand care redesign to new teams at a time when all health care providers are significantly taxed. In particular, the Medical and Critical Care service line group combines episodes that are not clinically relevant. COPD and Simple Pneumonia may clinically present in a similar manner; however, the other episodes in the group (Renal Failure, Cellulitis, UTI and Sepsis) are clinically different. As a result, participants who must take on additional episodes in this service line group will have to engage a different set of care teams and post-acute providers. To avoid this undue

burden, **CMS should limit clinical service line groups to clinically similar episodes and allow episodes without a clinically relevant group to be selected individually.**

Finally, **we request CMS provide the COVID-19 mitigation policies to any performance period in which there is a designated public health emergency.** With the recent extension of the public health emergency through January 22, 2021, the options to eliminate upside and downside risk, exclude certain episodes with COVID-19 diagnoses, or continue in the program without changes should be extended through the first performance period of MY4 (episode initiating after January 1, 2021 and concluding before June 30, 2021). Providers face significant uncertainty as the pandemic continues. Providers need to better understand how CMMI intends to mitigate factors related to the ongoing pandemic, particularly given the changes for MY4 will require providers to engage in additional episodes.

If you have any questions, please contact Aisha Pittman, MPH, Vice President of Policy at Premier healthcare alliance at Aisha_Pittman@PremierInc.com.

Sincerely,

Beebe Healthcare
Cleveland Clinic
Health Care Transformation Task Force
Premier healthcare alliance
Sentara
Summa Health
Trinity Health
Valley Health