

June 11, 2018

Mr. Adam Boehler  
Director, Center for Medicare & Medicaid Innovation  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services

**Re: Bundled Payments for Care Improvement Advanced**

Dear Director Boehler:

As Facilitator Conveners in the Bundled Payment for Care Improvement (BPCI) initiative, the undersigned organizations have unique insights into the value-driven agenda occurring in the U.S. healthcare sector. We share CMMI's commitment to the transition from fee-for-service to value-based care through models such as Bundled Payment for Care Improvement Advanced (BPCIA). We are pleased that BPCIA is a voluntary model which will qualify as an Advanced Alternative Payment Model under the Quality Payment Program, and appreciate CMS' recent release of baseline data. However, we are concerned that the level of detail CMMI intends to provide in performance period data will be insufficient to enable meaningful participation in the model and potentially discourage applicants from joining.

In order to make the data actionable and enable participants to succeed in BPCIA, we urge CMS to:

1. Provide participants with a monthly episode file containing CMS assigned episode IDs;
2. Release a monthly beneficiary file indicating included/excluded beneficiaries and additional beneficiary identifiers;
3. Incorporate patient risk-adjustment flags into monthly performance period data;
4. Provide detailed information on the peer-adjusted trend factor used in the target price methodology;
5. Refresh past performance period claims data upon releasing the current monthly file; and
6. Provide an optional January 1, 2019 start date to account for delayed data release.

We appreciate your consideration of these six requests, which we detail below.

**Monthly Performance Period Episode Files Are Crucial To Program Success**

CMS has indicated the Agency intends to release an episodes file and beneficiary file only at reconciliation, rather than during monthly performance period data releases. While we appreciate CMS' inclusion of an episodes file in the baseline data, we are concerned that the omission of an

Mr. Adam Boehler

June 11, 2018

Page 2 of 4

episodes file during performance period data releases will create significant operational challenges for participants, prevent efficient care redesign and create added ambiguity regarding participants' financial performance.

Without receiving a file containing included and excluded episodes and episode IDs until reconciliation, participants will have to construct episodes from monthly performance period data using the episode specifications and assign episode IDs themselves. Additionally, their IDs will not match CMS' nomenclature, making it impossible for participants to identify an episode when sending questions or concerns to CMS. The ability to accurately identify episodes and communicate episode specific concerns to CMMI has been crucial to participants' success in BPCI and the Comprehensive Care for Joint Replacement (CJR) model, and BPCI Advanced participants deserve this opportunity as well. CMS should make accurate data readily available to BPCIA participants to enable this type of vital feedback and support success in the program.

### **Monthly Performance Period Beneficiary Files Support Targeted Interventions**

CMS currently provides episode and beneficiary files to BPCI and CJR participants as part of monthly data releases, and this has proven invaluable in participants' implementation of the models. It is imperative that CMS continue this practice to not only facilitate meaningful participation in BPCIA, but also to maximize adoption of the model. Given the complexity of the BPCIA target price methodology and immediate downside risk, it is key that CMS reduce ambiguity regarding which episodes (and ultimately, which fee-for-service (FFS) payments) will be reconciled against the target.

We are also concerned about the omission of the beneficiary file from monthly performance period data, including beneficiary characteristics and eligibility criteria during the performance period. This omission introduces two unnecessary program risks.

First, participants will not be able to improve patient care in real time by linking claims with clinical data. Providers participating in BPCI, CJR, and the Oncology Care Model (OCM) often utilize the medical record number (MRN) to link claims data to clinical data contained in the EHR. The omission of fields generally included in the beneficiary file, such as patient name, date of birth, and MRN will hinder participants' ability to conduct robust analyses including both claims and clinical data, such as root causes of readmissions.

Second, participants will not be able to accurately identify their eligible beneficiaries, resulting in increased uncertainty and financial risk. For example, a beneficiary may be eligible at the time of admission for BPCIA, but subsequently enroll in Medicare Advantage during the 90 days following discharge, resulting in CMS' exclusion of the beneficiary's episode at reconciliation. However, during the performance period, participants would assume that the beneficiary's episode would be included. When a large percentage of episodes are ultimately dropped at

reconciliation due to exclusion criteria, significantly reducing episode volume, participants are unable to accurately monitor financial and quality performance.

### **Inclusion of Patient Risk Adjustment Characteristics in Performance Period Data Enables Meaningful Analysis**

CMS has indicated the Agency intends to only include patient risk adjustment characteristics at reconciliation, rather than during monthly performance period data releases. While we appreciate CMS' inclusion of risk adjustment characteristics in baseline files, we encourage CMMI to also incorporate patient risk-adjustment flags into monthly performance period data to facilitate care redesign processes and improve model transparency.

Practices participating in the OCM group episodes by various beneficiary and episode characteristics included in performance period data to create similar cohorts of patients, which allows practices to identify opportunities for care redesign. Incorporating patient risk adjustment flags into monthly BPCIA data will similarly allow participants to more effectively identify opportunities for care redesign, enabling participants to succeed in the program.

### **Provide Information on Peer-Adjusted Trend Factor in the Target Price Methodology**

The Benchmark Price for an acute care hospital is calculated based on a combination of historical Medicare FFS spending, adjusted to reflect efficiency relative to peers over time, along with adjustments for patient characteristics and regional spending trends. However, it is unclear how CMS will calculate the peer-adjusted trend factor from the published target price methodology. CMS should provide participants detailed information on the peer-adjusted trend factor, including the specific coefficients for the supporting regression analyses. Participants require this information as changes in the participants' peer group characteristics will influence the calculation of the benchmark.

### **Refreshes of Past Performance Period Claims Data Facilitate Participation in APMs**

CMS currently provides full refreshes of past performance period claims data in BPCI, CJR, and OCM. Although full refreshes of OCM claims were not provided initially, the OCM team later acknowledged the importance of refreshes by modifying their policy, and now refresh three additional quarters upon the release of the most recent quarter of data. Building on the lessons of OCM, we encourage CMS to fully refresh past performance period claims data when releasing BPCIA monthly files (e.g. refreshing the files from October 2018 through February 2019 when releasing the March 2019 monthly file). This practice enables participants to analyze complete performance period data, accounting for claims lag.

Mr. Adam Boehler

June 11, 2018

Page 4 of 4

### **Provide an Optional January 1, 2019 Start Date**

CMS initially stated data would be available by the end of May to make decisions on participation in episodes by August 1. The timeline was quite truncated; however the release of data has been even later than the promised May timeline and is still ongoing. To provide enough analysis and decisions, we ask that CMS provide an optional January 1, 2019 start date. This will enable practices sufficient time to analyze data and make decisions on episode selection, encouraging greater participation.

### **Conclusion**

Ultimately, access to meaningful, accurate, and complete performance period data is crucial to participants' care redesign efforts and success in alternative payment models. We are committed to the transition from volume to value and believe that BPCIA will accelerate this change. We appreciate CMS' consideration of our suggestions for enhancing the Bundled Payment for Care Improvement Advanced model. If you have any questions, please feel free to contact any of the signers below.

Sincerely,

Association of American Medical Colleges

Premier healthcare alliance

xG Health Solutions