



September 4, 2018

William N. Parham, III
Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attn: CMS-10673, Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-10673; Medicare Program; Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) Demonstration as published in Vol. 83, No. 128 Federal Register 31150-2 (Tuesday, July 3, 2018)

Submitted electronically via <http://www.regulations.gov>

Dear Mr. Parham:

UnityPoint Health (UPH) appreciates the opportunity to provide comments on CMS's proposed collection and comment request related to the MAQI Demonstration. UPH is an integrated, nonprofit health system that provides care throughout Iowa, Illinois and Wisconsin. On an annual basis, UPH hospitals, clinics and home health agencies provide a full range of coordinated care to patients and families through more than 6.2 million patient visits. In addition, UPH is actively engaged in numerous initiatives which support population health and value-based care.

UPH is an early adopter of innovative value-based models and has partnered in CMS Innovation Center demonstrations for seven years. UPH participates in Innovation Center contracts under the Bundled Payment for Care Improvement Model 2, the Home Health Value-Based Purchasing Model, and the Medicare Care Choices Model. In addition, UnityPoint Accountable Care (UAC) is the Accountable Care Organization (ACO) affiliated with UPH and has value-based contracts with multiple payers, including Medicare. UAC is one of the largest ACOs participating in the Next Generation ACO Model with more than 80,000 beneficiaries attributed to this program and has received first-year savings. In addition, UPH and HealthPartners, Inc. a Midwest-based health plan, formed a joint venture in 2015 to

establish a provider-sponsored health plan. HealthPartners UnityPoint Health (HPUPH), Inc. began offering coverage to large employer groups and Medicare Advantage in January 2017.

As a large integrated health system, UPH respectfully offers the following comments.

MAQI Demonstration

In general, ***UPH supports including clinician participation in certain Medicare Advantage (MA) value-based arrangements within the “Medicare-only” Quality Payment Program (QPP) thresholds and outside the thresholds of the All-Payer Combination Option.*** As developed, we believe that CMS has made the All-Payer Combination Option too complex and burdensome for individual clinicians. UPH will be offering comments related to the substance of the MAQI Demonstration within our response letter to *CMS-1693-P: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program*,¹ with a submission due date of September 10, 2018.

This notice (CMS–10673) relates to CMS’s proposed information collection activities in support of the MAQI Demonstration. New collections forms, a Qualifying Payment Arrangement Submission form and a Threshold Data Submission form, are proposed. CMS estimates a total hour burden for data collection per respondent for the MAQI Demonstration to be 15 hours. This burden is based on the existing Eligible Clinician-Initiated Other Payer Advanced APM Determination form and All-Payer QP Submission form used by the QPP.

Comment: While we support the inclusion of MA value-based arrangements within Medicare-only threshold calculations, UPH is concerned with the information collection process as proposed. In our opinion, this data collection process targets the wrong party, underestimates data collection time and effort requirements, and contains conflicting timeframes for the 2018 application versus the public notice and comment periods for CMS-10673 and CMS-1693-P.

- ***Eligible clinician-initiated process*** – It has been our observation that although CMS has established a payer-initiated process under the QPP, participation by payers has been lackluster. As an alternative, CMS created an eligible clinician-initiated process to allow clinicians to participate despite the fact that payers elected not to participate. For the MAQI Demonstration, CMS is limiting information collection to clinicians and shifts this responsibility entirely from payers. ***We believe that clinicians are the wrong target for this information collection*** as the payers are the primary holder of payment and patient count information. While clinicians could

¹ Vol 83, No 145 Federal Register 35704-36365, published July 27, 2018.

indicate their interest in wanting to participate in this Demonstration through a brief submission, CMS has chosen to model this submission process upon the untested and burdensome QPP eligible clinician-initiated process. We believe that payers should be the party responsible for submitting underlying data, including the arrangement, payments and patient count. This is particularly true in the context of MA, as MA plans contract directly with CMS to provide coverage under Part C. Given their status as a Medicare payer, CMS could require such data collection and reporting as part of the MA bid process and should require MA plans to be accountable and transparent with CMS regarding their value-based arrangements with providers.

- **Data collection burden** – CMS estimates data collection and reporting to be 15 hours for each clinician desiring to be exempt from MIPS reporting and who are already significantly participating in Medicare value-based arrangements. While we have questions related to this time and effort calculation, we are concerned that current CMS estimates are almost two full days per clinician in an attempt to avoid more onerous reporting. This burdensome submission process does not appear to align with the Executive Order that directs federal agencies to “cut the red tape” to reduce burdensome regulations or the CMS initiative to prioritize “Patients over Paperwork”, and we believe it establishes an unacceptable burden expectation. Instead of the proposed collection process, ***we encourage CMS to consider using a submission that relies more heavily upon attestations with documentation follow up provided by the MA plans.***

In addition, we believe CMS has underestimated time and effort required for this information collection and submission. The estimated number of applications is relatively large at 100,000 with a total response time of 1.5 million hours. The time and effort estimates are based on forms that have yet to be implemented and we believe that they do not adequately take into account that they require information for which clinicians are not the primary holder. Aside from clinician burden, we do not believe that this estimate includes the CMS time and effort needed to review and approve these 100,000 applications, and this sheer number of applications gives us pause as to the timeliness in which clinicians will be notified of application approval.

- **Public notice and comment periods** – On July 24, CMS notified all MA Organizations of the MAQI Demonstration announcement and encouraged MA Organizations “with these types of payment arrangements to contact their participating clinicians, and assist them in completing the Qualifying Arrangement forms for the MAQI

Demonstration.”² Subsequently, on August 5, 2018, CMS notified MA Organizations that MAQI Demonstration applications were to be accepted from August 6, 2018 through September 6, 2018.³ ***Since the application process is currently open, we are concerned that comment timelines will hamper CMS’s ability to carefully consider and potentially implement public input related to this process for 2018.***

We appreciate the opportunity to provide comments on the proposed information collection activities in support of the MAQI Demonstration. In addition, UPH will be offering comments related to the substance of the MAQI Demonstration within our response letter to CMS-1693-P. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President, Government and External Affairs at Sabra.Rosener@unitypoint.org or 515-205-1206.

Sincerely,



Sabra Rosener
VP, Government and External Affairs

² CMS, Memo to All MA Organizations from Pauline Lapin (Director, Seamless Care Models Group – Center for Medicare and Medicaid Innovation) titled “*Notification of Announcement of the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) Demonstration*” and dated July 24, 2018.

³ CMS, Memo to All MA Organizations from Pauline Lapin (Director, Seamless Care Models Group – Center for Medicare and Medicaid Innovation) titled “*Accepting Applications for the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) Demonstration*” and dated August 7, 2018.