



March 1, 2019

Demetrios Kouzoukas  
Principal Deputy Administrator, Centers for Medicare & Medicaid Services  
Director, Center for Medicare  
Department of Health and Human Services  
Attention: CMS-2018-0154  
Baltimore, MD 21244

RE: CMS-2018-0154– Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter.

*Submitted electronically via [www.regulations.gov](http://www.regulations.gov)*

Dear Mr. Kouzoukas,

UnityPoint Health (“UPH”) appreciates the time and effort of CMS in proposing continued enhancements for Medicare Advantage. UPH is one of the nation’s most integrated healthcare systems. Through more than 30,000 employees and our relationships with more than 290 physician clinics, 38 hospitals in metropolitan and rural communities and 15 home health agencies throughout our 9 regions, UPH provides care throughout Iowa, central Illinois and southern Wisconsin. On an annual basis, UPH hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 6.2 million patient visits.

In addition, UPH is committed to payment reform and is actively engaged in numerous initiatives which support population health and value-based care. UnityPoint Accountable Care (UAC) is the ACO affiliated with UPH and has value-based contracts with multiple payers, including Medicare. UAC is a current Next Generation ACO, and it contains providers that have participated in the Medicare Shared Savings Program (MSSP) as well as providers from the Pioneer ACO Model. UnityPoint Health also participates in a Medicare Advantage provider-sponsored health plan through HealthPartners UnityPoint Health.

Given our experience in both ACO and MA models, we believe that both models could be improved to provide better care for our beneficiaries and a more flexible service delivery model for our providers. **The purpose of this letter is to reiterate UPH’s interest in the evolution of ACOs beyond the ENHANCED track and to capture provider-driven improvements within a Medicare Advantage (MA) framework. We envision this new state as a model that combines features of both ACOs and MA.** Key features include:

- Eligibility limited to provider integrated MA plans, which require collaboration with a Medicare ACO and meaningful provider representation on the plan’s governing body.

- Attribution-based enrollment of beneficiaries related to their alignment with Medicare ACOs is utilized with affirmative election to remain in Fee-For-Service Medicare.
- Network adequacy requirements will allow alternative high-quality standards for telehealth and Center of Excellence designations.
- The MA program will serve as the chassis – current MA payment rates and regulatory structure, except as to enrollment methodology and as otherwise defined in the proposal.
- Tailored beneficiary communication strategy and outreach related to plan benefits, cost and enrollment process will be implemented. Marketing to non-attributed ACO beneficiaries is prohibited.
- ACO risk scores for enrolled members will be utilized for the MA Plus plan in initial years.
- Quality performance will be measured under the MA star measurement and rating system, with initial plans deemed as 3-star plans unless heightened ACO quality performance merits a 4-star rating.
- Regulatory flexibility and applicable fraud and abuse waivers will apply to enable benefit enhancements and other practice flexibility.
- A-APM status will be available for this Model – MA Plus plans will complete the All Payer Combination Option application and MA Plus revenue and patient count will be considered as part of the “Medicare Only” threshold needed to maintain A-APM status under MACRA.

Although the Value-Based Insurance Design demonstration has incorporated some of these features, many ACOs are not eligible to transition to this demonstration and would be at risk of losing A-APM status. We have attached an Executive Summary and Comparison Table.

We appreciate this opportunity to propose a newly envisioned future state for ACOs and MA and enhanced care delivery for beneficiaries. To discuss the MA Plus proposal, please contact Sabra Rosener, Vice President, Government & External Affairs at [sabra.rosener@unitypoint.org](mailto:sabra.rosener@unitypoint.org) or 515-205-1206. We look forward to working with you and your team.

Sincerely,



Sabra Rosener  
VP, Government & External Affairs  
UnityPoint Health