

Congress of the United States  
Washington, DC 20515

September 22, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Administrator Verma:

We appreciate the actions that the Centers for Medicare and Medicaid Services (CMS) has taken in response to the ongoing pandemic to ensure that providers have the necessary tools and flexibilities to combat COVID-19 and furnish much needed care to their patients. To further serve patients, we encourage you to consider additional policies to help safeguard the viability of value-based models in both the short and long term. Such policies are critical in recognizing and preserving the role these models play in moving health care from volume to value.

We applaud CMS for the steps it has taken to mitigate financial losses incurred due to the ongoing pandemic for providers who are participating in alternative payment models (APMs). However, some of these strategies have not fully addressed time sensitive concerns for participants, since the flexibilities are tied to the uncertain end of the public health emergency. Additionally, some flexibilities, such as those extended under the Bundled Payments for Care Improvement Advanced (BPCI-A) Model, require participants to be protected from downside risk. Losing the opportunity to achieve shared savings only compounds the financial hardship that many participants are experiencing due to COVID-19.

We encourage CMS to consider additional flexibilities to protect providers currently participating in APMs from the effects of the COVID-19 pandemic, such as allowing organizations to move to no downside financial risk with modified upside risk. We also encourage CMS to consider accelerating pending payments to health care providers, such as Accountable Care Organization (ACO) shared savings or the Advanced APM bonuses.

CMS recently announced several changes to the Medicare Shared Savings Program (MSSP) to mitigate the effects of the pandemic and to reduce burden on providers. This plan forgoes an application cycle for the MSSP in 2021. Many health care organizations have committed substantial investments and planning in preparation for entering MSSP in 2021. While some organizations may not be ready to commit to these initiatives due to the ongoing pandemic, those who are willing and able should be given the opportunity. We encourage CMS to reinstate the 2021 start date for MSSP. At a minimum, we ask that CMS consider implementing an abbreviated participation year, beginning no later than July 2021.

CMS also announced that ACOs in the BASIC Track will have the option of maintaining their current level in performance year 2021. These participants will then skip a level and move to a more advanced level in performance year 2022. Participants who were unable to take on more risk in 2021 are unlikely to be in a position to take on accelerated risk in 2022. In order to address this issue, we recommend that

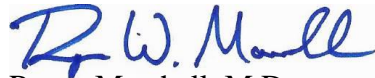
CMS consider maintaining the existing glide path and allow participants to advance to the next level in 2022.

The pandemic has caused significant shifts in service delivery and care practices, such as more services being delivered via telehealth and some beneficiaries opting to forgo non-emergency care. As a result, modifications may need to be made to how beneficiaries are assigned to ACOs, such as allowing for a longer beneficiary assignment window or potentially, assigning beneficiaries based on frequency and success of telehealth visits. No one knows how the pandemic will impact quality scores. We encourage you to evaluate the current quality measures and account for any anomalies that may be out of the control of the APM participants. This will allow providers to continue quality efforts when possible but hold participants harmless for performance changes.

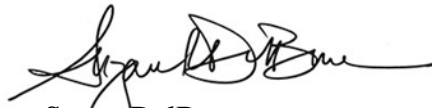
As you consider these policies, participating providers continue to assess the effects of the pandemic and the potential for a resurgence this fall. In the interim, we encourage CMS to consider providing ACOs with additional time to evaluate program changes and to make decisions about continued participation without penalty.

During this period of transition, we encourage you to collaborate with the health care organizations in our congressional districts in order to advance a shared vision of moving towards value-based care. We hope that CMS agrees with us that 2020 will be unlike any other year and that program modifications should be made with the goal of ensuring that these programs still have participants when the public health emergency ends. We thank you for your consideration of these proposals and look forward to our continued partnership on these important issues.

Sincerely,



Roger Marshall, M.D.  
Member of Congress



Suzan DelBene  
Member of Congress



Mike Kelly  
Member of Congress



Ami Bera, M.D.  
Member of Congress



Jodey Arrington  
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