Congress of the United States House of Representatives

Washington, DC 20515

February 24, 2022

The Honorable Xavier Becerra Secretary Department of Health and Human Services 200 Independence Ave SW Washington, DC 20201 The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services 200 Independence Ave SW Washington, DC 20201

Dear Secretary Becerra and Administrator Brooks-LaSure:

We are writing to express our support for the Center for Medicare and Medicaid Innovation (CMMI) Global and Professional Risk Direct Contracting model¹. This model, which began in 2020, is an extension of a long-held bi-partisan commitment to testing accountable care delivery models that improve care and lower costs. We encourage the agency to continue to test and update the model and to offer a new cohort for applicants to begin in 2023.

Since 2012, accountable care organizations (ACO) have been tested along two tracks – the Medicare Shared Savings Program, which is a permanent part of the Medicare program and through the Innovation Center, first with the Pioneer ACO, then Next Generation ACO, and now Global and Professional Risk Direct Contracting. These models are intended to address waste and fragmentation in a fee-for-service system and have made strides in improving patient outcomes and satisfaction. Innovation Center ACOs have a greater degree of flexibility to experiment with a move away from fee-for-service claims on a smaller scale. The Innovation Center also has the ability to experiment with new waivers that expand access to care for patients. For example, the Next Generation ACO model, a waiver enabled patients to receive visits in their home from a physician or other licensed clinician after an inpatient discharge, helping to create a smooth transition home and prevent avoidable hospital readmissions. Direct Contracting represents the next evolution of accountable care delivery – testing new models of payment and new waivers to improve care for seniors in traditional Medicare.

Direct Contracting shares key features with its predecessors and the Medicare Shared Savings Program. In all of these Medicare ACO models, providers are accountable for clinical outcomes and reducing costs. In addition, across all Medicare ACO models and Direct Contracting, beneficiaries remain in traditional Medicare and have access to any provider in traditional Medicare. Beneficiaries in these models are not subject to utilization management or denials of claims and they are not automatically enrolled in Medicare Advantage. Since the beginning, beneficiary protections have been at the center of delivery system reform. Monitoring quality of care and the incentives in the Direct Contracting models are vital to ensure beneficiaries have timely, patient-centered, and appropriate care. To the extent this model yields successful results, we hope CMMI will work to ensure any patient-centered gains are understood and more broadly replicable.

¹ For purposes of this letter we are not referring the Geographic Direct Contracting model, which we believe was different in key respects, but was never commenced and remains under review by the Administration.

The Direct Contracting model has potential to continue to drive delivery system reform forward. We are deeply concerned that prematurely ending this model would set back the value movement for years. This would be the wrong result for patients, physicians, and the Medicare Trust Fund. We urge you to continue the Direct Contracting Global and Professional risk models and to offer a new cohort for 2023. Please do not hesitate to contact us with any questions.

Thank you for your consideration,

Sincerely,

Ron Kind

Member of Congress

Brad R. Wenstrup, D.P.M Member of Congress

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Member of Congress

Cher Bustos

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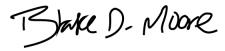
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Terri A. Sewell Member of Congress

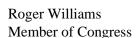


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