



September 16, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–5527-P
P.O. Box 8013
Baltimore, MD 21244–1850

Dear Administrator Verma:

The Healthcare Leadership Council (HLC) appreciates the opportunity to share our thoughts with you on the CMS Proposed Rule, “Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures.” Like you, we believe that affordability for beneficiaries and sustainability of the Medicare program are critically important priorities. While we are open to improvements to the program and strongly support CMS’ drive toward value, the Healthcare Leadership Council (HLC) has concerns about the proposed models and their potential impact.

HLC is a group of chief executives from all disciplines within American healthcare. HLC is the exclusive forum for the nation’s healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

While we do not have specific comments on these demonstration projects, we would like to express our perspective on the role of the Center for Medicare and Medicaid Innovation (CMMI), one that we have shared previously with you. HLC has long supported the concept of CMMI since its inception as part of the Affordable Care Act. Our members believe there needs to be an entity to test ideas and allow for flexibility in trying new concepts that can help lead to value-based care which is patient-focused and efficient. We do not, however, believe that CMMI should impose mandatory approaches as proposed in this demonstration or try to set Medicare or Medicaid policy through CMMI as has been the direction in the past.

Several years ago, the Healthcare Leadership Council came together with dozens of other organizations under the auspices of the *Healthcare Leaders for Accountable Innovation in Medicare and Medicaid (AIM)* to develop principles we believe should be the framework under which CMMI operates in order to be effective and support patient-centered care. In finalizing this rule, we believe CMS should consider these recommendations:

- **Foster strong scientifically valid testing prior to expansion.** Initial CMMI experiments of new payment and delivery models should have comprehensive, methodologically sound, transparent evaluation plans and occur via appropriately scaled, time-limited tests in order to protect beneficiaries and participants from unintended or adverse consequences. Participation in model tests must be voluntary and should be structured to ensure valid results.
- **Respect Congress's role in making health policy changes.** The legislative branch has a responsibility to oversee CMMI and must approve model expansions and relevant statutory changes to Medicare and Medicaid. CMMI's important work in testing new models that improve quality or reduce costs without harming beneficiary access or healthcare outcomes should inform congressional decisions on national health policy.
- **Consistently provide transparency and meaningful stakeholder engagement.** CMMI's process for developing, testing, and expanding models must be open, transparent, and predictable to provide meaningful opportunities for stakeholder input, ensure safeguards for patients and providers, and improve accountability. This includes: developing new models in close consultation with affected stakeholders, maintaining complete transparency in decision-making and program procedures, and fully evaluating data and seeking patient and stakeholder input prior to model expansions.
- **Improve sharing of data from CMMI testing.** Data from CMMI model tests should be made public on an ongoing basis to facilitate assessments of their impact on healthcare quality and spending, and to inform parallel efforts in the private sector.
- **Strengthen beneficiary safeguards.** Beneficiaries must not be compelled to participate in a demonstration project and must be adequately educated about the project as well as protected by safeguards to ensure continued access and care quality.
- **Collaborate with the private sector.** For CMMI to have an optimal impact on improving healthcare quality and cost-efficiency, it must work collaboratively with the private sector and harness market competition and innovation. In selecting demonstration projects, priority should be given to partnerships involving providers, payers, and other private sector entities throughout the healthcare continuum. CMMI models should support private sector organization efforts to advance healthcare value, rather than impeding such efforts by picking winners and losers in the market.

HLC appreciates the opportunity to share our thoughts on the Proposed Rule. We will continue to support market-based reforms that promote competition and lower costs, without harming our nation's innovation. We look forward to continuing to work with you on ensuring access to innovative and affordable care for our nation's Medicare beneficiaries. We offer our comments in support of the quality healthcare our members endeavor to deliver to better the lives of existing and future Medicare beneficiaries.

Sincerely,



Mary R. Grealy
President