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Centers for Medicare & Medicaid Services  
U. S. Department of Health & Human Services  
Attention: CMS-5524-P  
P.O. Box 8013  
Baltimore, MD 21244-1850

**Re: Medicare Program; Cancellation of Advancing Care Coordination Through Episode Payment Model and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Model (CMS-5524-P)**

To Whom It May Concern:

On behalf of its 145 hospital members, the Missouri Hospital Association offers the following comments regarding the Centers for Medicare & Medicaid Services' proposal to cancel the Medicare episode payment and cardiac rehabilitation incentive payment models and narrow the scope of the comprehensive care for joint replacement model.

**PARTICIPATION REQUIREMENTS FOR PAYMENT MODEL EXPERIMENTS**

The Missouri Hospital Association strongly supports CMS' proposal to cancel two pending mandatory payment model experiments and revise the current comprehensive joint replacement model to make participation voluntary rather than mandatory for Missouri hospitals in the targeted metropolitan statistical areas. MHA previously has voiced concern to CMS about these emerging demonstration payment models in the Medicare program. They are designed as national "experiments" with multilayered "control" and "experimental" groups to enable a scientifically valid evaluation. Laudable as the concept may be, it treats the nation's hospitals as "lab rats" in the experimentation, with hospitals randomly assigned to implement components of a growing number of complex CMS initiatives. CMS' assignments and their unforeseen outcomes can affect a hospital's ability to survive or thrive. We believe that this is not an appropriate role for a governmental payer. Participation in these payment experiments should be voluntary.

The effects of mandatory participation, and its reversal by this proposed rule, go beyond the hospitals located in the targeted metropolitan areas. Some Missouri hospitals located outside those areas indicate that the demonstration models are disrupting or would disrupt patients' ability to receive post-discharge care in or near their local rural communities. In these cases, the projected "efficiencies" of the new mandatory models are achieved at the expense of less

convenience and longer travel times for patients and their families. These nonmetropolitan hospitals also express concern that, for them, the demonstration models place too much emphasis on cost and too little on the equally or more important metrics of patient outcomes and value. They concur with CMS' proposal to cancel and modify these mandatory demonstration projects.

### **WITHDRAWAL OPTIONS FOR VOLUNTARY PARTICIPANTS**

CMS proposes that “once a participation election for the CJR model is made and is effective, the participant hospital would be required to participate in all activities related to the CJR model for the remainder of the CRJ model unless the hospital’s participation is terminated sooner.” CMS is clear about the participation election process and duration absent a termination. However, the reference to termination of a hospital’s participation warrants clarification. The proposal can be read to refer to a unilateral termination of participation by CMS. Alternatively, this could be read to allow the hospital to choose to end participation. If so, the proposal is unclear about how, under what circumstances and when a hospital could do so. MHA recommends that CMS allow voluntary hospital participants wishing to withdraw from participation to do so effective in the next performance year with appropriate notice to CMS.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Landon", with a long horizontal flourish extending to the right.

Daniel Landon  
Senior Vice President of Governmental Relations

dl/djb