



December 19, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

RE: CMS-5517-FC, Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician Focused Payment Models, November 4, 2016.

Dear Mr. Slavitt,

The Maryland Health Services Cost Review Commission (HSCRC), the Maryland Hospital Association, and MedChi, the Maryland State Medical Society, appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) final rule for the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Model.

Maryland All-Payer Model Already Meets CEHRT Requirements, and Should be Designated as an Advanced APM

To qualify as an Advanced APM, health care providers must:

- Require participants to use certified EHR technology (CEHRT)
- Provide payment for covered professional services based on quality measures comparable to those used in the quality performance category of the MIPS
- Either be a Medical Home Model expanded under CMS Innovation Center authority **OR** require participating APM entities to bear more than a nominal amount of financial risk for monetary losses

We appreciate CMS' recognition that the Maryland All-Payer Model meets the latter two of these criteria: quality measures and financial risk. The November 4 final rule indicates that the Maryland model does not meet the CEHRT criterion. However, the Maryland model does meet the CEHRT criterion. The global budget agreement between each hospital and the State requires hospitals and their care partners to meet CEHRT requirements (see attached). We request that CMS update the rules to reflect that the Maryland All-Payer Model meets the CEHRT criterion, and is therefore an Advanced APM.

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Furthermore, a Care Redesign Amendment to the Maryland model approved by CMMI in September demonstrates that the model has additional components that also meet the CEHRT criterion. CMS and Maryland currently launched two physician-hospital collaboration programs under the Care Redesign Amendment: the Hospital Care Improvement Program (HCIP) and the Complex and Chronic Care Improvement Program (CCIP). Providers participating in either of these programs will meet MACRA standards for participation in an Advanced APM, including the CEHRT criterion.

Maryland is Creating a Pathway for Physicians to Become Qualifying APM Participants

As previously noted in the rules, the Maryland All-Payer Model already meets the risk requirements for the Advanced APM criteria. In 2017, the HSCRC will be implementing an approach to assign hospital-specific responsibility for Medicare total cost of care, including physician services, in the global budgets. Incorporating this responsibility into the All-Payer Model and engaging physicians in the Care Redesign Program under the Amendment will align efforts of physicians with the goals of the All-Payer Model and give Maryland physicians a pathway to participate in an Advanced APM.

We encourage CMS to review the Maryland model's compliance with Advanced APM criteria in light of these initiatives.

Very truly yours,

Donna Kinzer

Donna Kinzer
Executive Director
Health Services Cost Review Commission

Carmela Coyle

Carmela Coyle
President & CEO
Maryland Hospital Association

Gene M. Ransom III

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MedChi

Appendix 1

Appendix: Excerpt from Maryland Hospital Global Budget Contracts

"i. Work with physicians with the goal of developing and enhancing value based approaches that are applied under MACRA (Medicare Access and CHIP Reauthorization Act of 2015).

a. Each Hospital and any care redesign participants must agree to use CEHRT (Certified Electronic Health Record Technology) to document and/or communicate clinical care to their patients or other health care providers."