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December 2, 2016

To: Scott R. Smith, Assistant Secretary for Planning and Evaluation

From: AMGA

Re: Public Comment: "Processes for Reviewing and Evaluating Proposed Physician-Focused Payment Models and Making Recommendations to the Secretary of the Department of Health and Human Services"

On behalf of AMGA we appreciate the opportunity to comment on the Physician-Focused Payment Model Technical Advisory Committee's (PTAC's) draft, "Processes for Reviewing and Evaluating Proposed Physician-Focused Payment Models and Making Recommendations to the Secretary of the Department of Health." AMGA, founded in 1950, represents more than 450 multi-specialty medical groups and integrated delivery systems representing about 177,000 physicians who care for one-in-three Americans. Our member medical groups participate in many if not all of the current Alternative Payment Models (APMs) including the Medicare Shared Savings Program (MSSP), the Pioneer and Next Generation Accountable Care Organization (ACO) demonstrations, the two, soon to be three, bundled payment demonstrations, as well as in several other Centers for Medicare and Medicaid (CMS) demonstrations including the Comprehensive Primary Care (CPC) demonstration and the soon-to-begin CPC+ demonstration. Therefore, AMGA has a strong interest in CMS continuing to develop additional APMs, particularly for specialty practices.

AMGA has several clarifying questions and comments in response to the draft document.

Preliminary Review Comments

I.A.3.a: The draft states, "in general 3 weeks will be allowed for submissions of public comments on a proposal." As noted on page 10 of the November 2016 "Request for Proposals: Medicare Physician-Focused Payment Models" (RFP) document, proposals are to be submitted at least 14 weeks in advance of a PTAC public meeting. Why, therefore, is the public comment period limited to three weeks and when does the three week period begin or end? Also, it appears stakeholders can neither comment on final proposals forwarded by the Preliminary Review Team (PRT) nor comment on recommendations the PTAC makes to the Secretary. Why not?

I.B.3: The draft states the PRT will determine if any additional analysis is needed and notes specifically "actuarial analysis." The RFP makes no mention of actuarial analysis. Although, for example, RFP criterion #1 asks, "what are the overall anticipated impacts on Medicare

spending?" Should organizations submitting proposals be, de facto, required to have this expertise?

I.B.3.a: The draft makes mention of "contractors." What role/s will these contractors serve and will their expertise be available to organizations submitting and/or revising their PTAC proposals?

I.B.4: The draft simply states, "PRT members will evaluate the submitted proposal based on each of the 10 criteria promulgated by the Secretary." The draft provides no information regarding how these evaluations will be conducted, such as what standards or specifications PRT members will use to guide or inform their evaluation. In addition, the draft is silent on how PRT members will determine whether proposals do not meet the criteria, "meet" the criteria or whether the proposal deserves "priority consideration." The final "Process for Reviewing and Evaluation" document should provide evaluation metrics for each criterion. Also, the final document should spell out what determines whether a proposal deserves "priority consideration" and what "priority consideration" means in practice.

I.B.6: The draft states the "PRT will reach consensus on a recommendation to the full PTAC." What is the process in instances when the PRT does not reach a consensus? Also, what determines a "high priority" proposed payment model recommendation?

I.B.7.a: What does a "qualitative rating" mean? Why would the PRT also draft a "recommendation to the Secretary" when its work is forwarded to the PTAC for formal review or prior to full PTAC review?

I.B.7.c: What kind of "analysis" might the PRT conduct?

<u>Full Committee Review and Deliberation Comments</u>

II.A.1: Will the PTAC review all PRT reviewed proposals or only those that "meets the criterion" or "meets the criterion and deserves priority consideration?"

II.A.3: The draft states "the PTAC will also receive all public comments on the proposal received prior to the public meeting." Per I.A.3.a, again, why are stakeholders precluded from providing comment on the final draft the PRT submits to the PTAC?

II.A.4.a: The draft states in scoring the proposal the full Committee will score each of the 10 criteria using a score between 0 and 5. AMGA recommends the PTAC use the NIH's adopted scoring range, or a score between 1 and 9 particularly since whole numbers must be used. Also, since criterion one through three are defined as "high priority criterion" are these weighed more heavily than criterion four through 10?

II.A.4.e: Can a proposal have a "0" score in one or more criterion, for example in any or all of the "high priority criterion" and still receive a "meets" or "meets the criterion and deserved priority consideration" recommendation?

II.B.1.a and b: What does "limited-scale testing mean?" If a proposal receives a 3.5 or higher score does it not automatically fall into the "implementation of the proposed payment model as

a high priority" category? If a proposal or proposals receive an average score of 1.5 or more and is not recommended to the Secretary will it be re-considered at a subsequent PTAC meeting? Also, per the RFP, since the PTAC will meet at least quarterly, how will the PTAC balance the Committee's scoring due to the varying number of proposals reviewed each quarter. Also, how, if at all, will the PTAC account for the Department's ability to field a presumably ever-increasing number of payment models.

II.B.1.3: Why is a two-thirds vote instead of a simple majority required to determine a recommendation to the Secretary? What does "further Committee deliberations will take place followed by additional rounds of voting until a two-thirds majority determination is reached" mean?

Production of Report to the Secretary Comments

III.B: What, for example, does "proposed changes" mean? For example, could individual PTAC members change their recommendation/s?

III.D: The draft states, "the Chair/Vice Chair will determine when the report is finished." AMGA recommends reports be finished in a timely manner or, for example, within four to six weeks.

Thank you for your consideration of our comments. If you have any questions please do not hesitate to contact David Introcaso, Ph.D., Senior Director of Regulatory and Public Policy, at dintrocaso@amga.org or at 703.842.0774.

Sincerely,

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