

January 21, 2019

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VIA ELECTRONIC SUBMISSION

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2408-P
P.O. Box 8016
Baltimore, Maryland 21244-8013

Dear Administrator Verma:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the *Medicaid Program; Medicaid and Children's Health Insurance Plan Managed Care* proposed rule.

The ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes, and ensuring that patients receive high-quality care.

Overall, as an organization our osteopathic family physicians practice in variety of settings, including in solo, small, group, rural, Native American Indian healthcare, and alternative payment models (APM). Generally, we are supportive of efforts to transition the health care system toward value-based care, which emphasizes holistic care, wellness, prevention, and avoiding unnecessary resource use. We also support proposals designed to leverage primary care to improve outcomes and reduce costs and to ensure vulnerable populations, including Medicaid and Children's Health Insurance Program enrollees, have sustained access to family physicians. Our members have witnessed firsthand how unnecessary and burdensome regulations can impact access to and quality of health care.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*
ACOFP President

ACOFP appreciates CMS' efforts to streamline Medicaid and CHIP managed care regulations and to provide states with more flexibility to ensure their programs are best-suited for their unique populations and the physicians who serve them. We strongly support the proposed changes that would provide greater flexibility and remove barriers to ensure patients have access to needed care, especially care delivered by primary care physicians.

Our members actively participate in value-based payment arrangements and other delivery system reform initiatives. We have found that innovation and successful care redesign occurs when there is an appropriate balance between flexibility and stability. Therefore, we support the agency's proposal to provide states with greater flexibility in terms of directed payments, which we believe will encourage states to pursue payment models that move away from a volume-driven system. As noted, family medicine physicians practice in a variety of settings and locations and there is no single arrangement or system that is ideal for every physician. The complexity and variation across the markets require sufficient flexibility to develop and modify payment systems that work for each setting.

Previous and ongoing value-based payment arrangements, APMs, and other demonstrations have illustrated the need for longer-term stability to ensure sustained redesign of our health care system. For example, the recent changes to the Medicare Shared Savings Program Accountable Care Organizations, as finalized in the *Pathways to Success* rule, highlighted the need for longer agreement periods (i.e., 5 instead of 3 years). ACOFP expressed support for this finalized change in the *Pathways to Success* rule. Furthermore, in the current proposed rule, we support CMS' proposal to allow states to pursue multi-year payment arrangements, instead of one-year terms. This will be critical for family medicine physicians in terms of stability and understanding what to expect in future years. Further, any investments made to redesign the health care delivery system will be done with the full understanding and certainty that the payment arrangement will be stable for more than one year.

ACOFP also supports the agency's proposal to address concerns related to network adequacy standards. We agree that the "time and distance" standard is no longer appropriate as health care delivery modernizes. Most importantly, the time and distance standard does not account for wait times or the actual availability and capacity of network providers. While we appreciate the transition to a "quantitative network adequacy" standard, we encourage the agency to place a greater and more explicit emphasis on the primary care physician shortage and the critical need to ensure all enrollees have timely access to family medicine physicians. ACOFP has previously commented on the importance of primary care services in reducing costs and improving outcomes and we reiterate those comments here. While we appreciate the flexibility CMS offers to states, we encourage the agency to consider explicitly supporting primary care services as a key component of network adequacy.

Finally, we support CMS' efforts to streamline and align various reporting requirements and the quality rating system (QRS) with other existing and developed systems, when feasible and appropriate. The growing number of demonstrations and initiatives has resulted in excessive reporting requirements that could and should be aligned in order to avoid redundant and/or conflicting reporting requirements. We also urge CMS (and the states) to solicit sufficient stakeholder feedback and involve physicians throughout this process.

ACOFP appreciates CMS' efforts and we welcome the opportunity to work with the agency on these and other issues to ensure Medicaid and CHIP patients have sustained access to primary care services.