

CLIENT ALERT

CMS Seeking Comments on the Future of Innovation Center

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The Centers for Medicare and Medicaid Services (CMS) [asked the public for feedback](#) on the future of its innovation arm, [Center for Medicare & Medicaid Innovation](#) (CMMI, also known as the CMS Innovation Center) through a request for information (RFI) issued yesterday.

In a [Wall Street Journal op-ed](#), CMS Administrator Seema Verma announced that CMS is looking to set “a new direction” for the office, which was created in 2010 under the Affordable Care Act (ACA) to fund experimental payment models that could both improve the quality of care and reduce costs.

Originally funded with \$10 billion from the ACA, CMMI created many alternative payment models to test new ways to furnish care to patients, including Accountable Care Organizations, Bundled Payment Arrangements, and Medical Home Models. CMMI also issued a variety of grants aimed at collecting real-world evidence with new approaches to paying for value and quality in health care. CMS funded several pilot projects experimenting with the use of technology to promote patient safety, reduce unnecessary in-office visits, and assist providers in care coordination. CMS has also [partnered with industry](#) to track adoption of alternative payment models, and aggregates the results of their grants [here](#).

Administration and the Hill Focus on Reducing Regulatory Burden, Use of Technology, and Cost Savings

Both [Secretary Price](#) and Administrator Verma have criticized the prior direction of CMMI, focusing on the need to eliminate mandatory models, or make them voluntary, to promote innovation and enhance market competition. In March 2017, CMS [delayed the expansion or implementation of several existing mandatory bundled payment initiatives](#), signaling that the Administration may eventually move toward voluntary adoption of these models rather than strengthening mandatory requirements. Additionally, CMS [issued a new proposed rule](#) over the summer to cancel or modify bundled payment programs, and is accepting comments on these proposals until October 15.

The Administration also has indicated interest in expanding reimbursement options for providers using technology to engage with their patients and to facilitate care coordination with other providers. In the Physician Fee Schedule proposed rule issued in July 2017, [CMS requested comment](#) specifically on ways to expand access to telehealth services and whether to reimburse for remote monitoring services through a separate CPT code.

Verma emphasizes that CMS remains committed to transitioning away from fee-for-service toward value-based care. She also notes, however, that providers “need the freedom to design and offer new approaches” to care delivery.

Republicans in Congress have also been quite vocal over the years regarding their concerns with the CMMI program’s direction. Specifically, House Ways and Means Committee Chairman Kevin Brady (R-TX) has voiced his opposition to “misguided, mandatory experiments in Medicare through CMMI that have allowed the federal government to make decisions behind closed doors that have impacted Americans’ healthcare and providers’ ability to deliver care.” Recently, the House Ways and Means

Health Subcommittee Chairman, Pat Tiberi (R-OH) announced an initiative where the Subcommittee will be doing outreach to health care providers, doctors, nurses, hospitals, clinicians on what “red tape” and regulations out of Washington are currently interfering with their doctor-patient relationship, driving up the cost of health care, or simply getting in the way of the highest quality health care possible. Similar to the Administration’s RFI, the Subcommittee’s ultimate goal is to promote better quality of care by eliminating unnecessary burdens for providers.

Eight Focus Areas for CMMI’s New Direction

This RFI is an opportunity to weigh in on a wide variety of topics, suggesting the Administration is open to new ideas about use of new payment models and technology to achieve national goals for value-based care and cost savings. The RFI specifies eight priority areas for further investment:

1. Increased participation in Advanced Alternative Payment Models (APMs)
2. Consumer-Directed Care & Market-Based Innovation Models
3. Physician Specialty Models
4. Prescription Drug Models
5. Medicare Advantage (MA) Innovation Models
6. State-Based and Local Innovation, including Medicaid-focused Models
7. Mental and Behavioral Health Models
8. Program Integrity

Verma writes that CMS will welcome comments both on existing payment models and on ideas for new models that have not yet been funded or tested by CMS.

Verma also suggests that CMS may look closely at patient-reported outcome measures, saying that “Patients can define value better than the federal government can.” She also mentions that getting patients better, easier access to health information can be a trigger for more cost-conscious consumers who could potentially shop around for the best deal when it comes to medical treatment.

Takeaways for Innovators

If your organization is creating a product or service that will help enable the future of value based care, or if you are a care provider who has experienced success with a particular payment model or has feedback on improvements that would make it work better, this is the opportunity to make your voice heard. This notice does not necessarily mark that CMMI will be walking away from existing payment models, like ACOs and bundled payments. Yet it leaves open the possibility that these models could undergo significant transformation. If you have invested or participated in these models, we recommend submitting comments to express your experiences and recommendations for the future.

Your feedback is most likely to have an impact if it contains on the ground, real-world evidence demonstrating better care and reduced costs—so be sure to include any studies or data that support your comments.

We have worked with many of you to engage with CMMI since its inception. Please let us know if we can provide any assistance in submitting comments or otherwise address these upcoming changes to CMMI.

You can view the original [Request for Information here](#). [Submit comments online](#) or email CMS directly at CMMI_NewDirection@cms.hhs.gov until midnight on November 20, 2017.

For more information, please contact the professional(s) listed below, or your regular Crowell & Moring contact.

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