March 30, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Washington, DC 20201

RE: Supporting Health Equity and Expanding Participation in Value-based Care Models

Dear Administrator Brooks-LaSure:

The Medical Group Management Association (MGMA) is pleased to provide the Centers for Medicare and Medicaid Services (CMS) with comments to supplement the roundtable on Safety Net Provider Participation in CMS Innovation Center Models on March 16, 2022.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups comprising more than 350,000 physicians. These groups range from small independent practices in remote and other underserved areas to large regional and national health systems that cover the full spectrum of physician specialties.

We appreciate the continued focus from CMS to advance health equity across all initiatives launched by the CMS Innovation Center. MGMA believes all beneficiaries, regardless of race, ethnicity, geographic location, or socioeconomic status deserve access to the highest quality care and every member of the healthcare community has a role to play to close care gaps and improve health equity. Not only does value-based care incentivize higher quality, more cost-effective care, but it plays an important role in supporting the financial stability of practices interested in investing in the transition to participation in value-based care arrangements.

MGMA has long supported the increased opportunities for group practices to voluntarily participate in alternative payment models (APMs) through the Innovation Center. MGMA appreciates the continued support from CMS to partner with healthcare stakeholders to improve health equity in value-based care and implement new model strategies to support continued model improvements to spur voluntary participation for group practices.

In response to the request for comment, MGMA provides three key recommendations and urges CMS to:

1. Expand the definition of "safety net" providers to include small and rural practices.
2. Provide enhanced upfront payments to safety net practices as well as practices participating in value-based care arrangements for the first time to expand the number of new entrant participants.
3. Increase transparency for participating practices to allow greater insights into agency actuarial analyses that support value-based care models.

1. **Given the range of providers who care for underserved populations, how should the CMS Innovation Center define "safety net providers" for purposes of model design and recruitment?**

   MGMA recognizes the crucial role that rural health clinics (RHCs), federally qualified health centers (FQHCs), and community behavioral health clinics play in ensuring adequate access to critical healthcare services for patients in underserved areas as specifically defined "safety net" providers. However, to ensure appropriate uptake of APMs and other value-based care arrangements, MGMA encourages CMS to expand the types of providers that are defined as safety net providers when designing value-based care arrangements. MGMA recommends CMS define "safety net" providers to also include providers furnishing care in rural areas, as well as small group practices, regardless of geographic location.

   To make significant progress toward achieving health equity, it is essential that providers across the care spectrum have the opportunities, tools, and resources to participate in value-based care arrangements. We believe it is appropriate to group all these provider types when considering models targeting vulnerable populations as each these practice types, RHCs, FQHCs, rural practices, and small practices, have similar defining characteristics.

   Small practices, rural practices, FQHCs, and RHCs all typically have lower patient volumes, operate on tight financial margins, and provide essential healthcare to vulnerable populations that tend to be older, sicker, and poorer. Success in a value-based payment model requires significant upfront investment to develop new clinical care, which many smaller and rural practices may lack. MGMA recommends CMS provide additional financial and technical support to these small and rural practices to spur additional participation in value-based care models from practices that have historically had lower rates of participation. A one size approach to value-based care will disadvantage small and rural practices.

2. **What financial incentives, structures, and support are necessary to recruit safety net providers to participate in CMS Innovation Center models?**

   Value-based care models reimburse practices differently compared to traditional fee-for-service (FFS) payment arrangements, and the U.S. healthcare system has been built on an FFS framework, making any significant shift to value-based care a major financial investment for medical groups. When designing future APMs, MGMA recommends CMS provide enhanced upfront payments available to smaller and rural practices, as well as to practices that have never participated in a payment model. Major upfront investments in the infrastructure necessary to advance in an APM require significant capital. In order to expand the number of practices that are participating in payment models, CMS must provide the additional financial support during the model initiation phase, as well as throughout the model in order to ensure retention of practices participating in APMs.

3. **What types of technical assistance, data, and workforce do safety net providers need to sustain safety net provider participation in CMS Innovation models? What are effective mechanisms for addressing these infrastructure needs?**

   Data analysis and real-time performance management are critical to participation in CMS Innovation Center models. CMS should provide all practices, not only safety net providers, with the data models the agency uses when determining performance. However, while essential that all practices have the data and information available, larger practices may be more likely to have the technology infrastructure to recreate some of the modeling that CMS produces and can, in turn, provide significant advantage for

these practices. Smaller and rural practices are less likely to have the upfront capital to invest in sophisticated data capabilities that could greatly improve their ability for real-time assessment of their performance under a value-based payment arrangement.

Additionally, MGMA group practices of all sizes are experiencing significant staffing shortages due to the pandemic, burnout, and increasing administrative burden. In September 2021, an MGMA *Stat* poll revealed that 73% of medical practices ranked staffing as their biggest pandemic challenge heading into 2022. These staffing challenges place additional pressures on practices that are engaged in value-based care arrangements as practices require additional staff implement new care coordination activities, monitor practice operations for areas of clinical improvement, and report the appropriate data and metrics under the appropriate model.

MGMA also recommends CMS continue to provide technical support for practices participating in models, as this additional support can be essential for many practices. As an example, one MGMA member participated in Comprehensive Primary Care Plus and heavily relied on the constant communication from CMS on the various reporting deadlines and worked closely with a coordinator to ensure model compliance. However, when transitioning to participate in Primary Care First, the same coordination was not present. This MGMA member practice had to hire an additional full-time employee to internally track all the model requirements and achieve similar levels of performance as previously achieved. This example highlights the importance of technical support throughout the lifecycle of model participation and demonstrates the impact this additional support from CMS can have on participation, especially when group practices across the country are experiencing significant staffing shortages.

MGMA appreciates the continued partnership with CMS to advance value-based care opportunities and to address health equity. If you have any additional questions, please do not hesitate to contact Kelsey Haag, Associate Director of Government Affairs, at khaag@mgma.org or (202) 887-0798.

Sincerely,

/s/

Anders Gilberg, MGA
Senior Vice President, Government Affairs
Medical Group Management Association