



Sound Policy. Quality Care.

October 17, 2016

Chairman Francis J. Crosson, MD
Medicare Payment Advisory Commission
425 I Street, Suite 701
Washington, DC 20001

RE: Accountable Care Organizations

Dear Chairman Crosson,

The Alliance of Specialty Medicine and its member organizations thank you for the opportunity to provide input into the Commission's ongoing efforts to improve the Medicare Shared Savings Program (MSSP) and Accountable Care Organizations (ACOs). The Alliance is a coalition of 13 medical specialty societies representing more than 100,000 physicians and surgeons dedicated to the development of sound federal healthcare policy that fosters patient access to the highest quality specialty care.

Interest in the MSSP and ACOs is growing among specialty physicians as a way to improve quality, resource use, and better coordinate care for our patients, particularly those with complex health conditions. Noteworthy attributes of the Medicare ACO program are expanded access to meaningful and actionable patient data, and a robust infrastructure that fosters improved communication among providers of care. The forthcoming implementation of programs established under the Medicare Access and CHIP Reauthorization Act (MACRA) only furthers the desire for specialist engagement in such models.

As you know, CMS recently revised how certain physician specialties are considered in the beneficiary assignment process, a welcome change that allows most specialists to participate in multiple Medicare ACOs rather than be exclusive to one.

Despite some favorable changes in the Medicare ACO program, specialty physicians face unique challenges. As the Commission continues to study this alternative payment and delivery model, we encourage a closer look at the role of specialty physicians and how their engagement can be improved. We outline some of our most pressing concerns below.

“Narrow Networks”

While we appreciate CMS' revised exclusivity requirements, we remain concerned that ACOs may be functioning similar to managed care models, where incentives to reduce costs and improve quality prompt them to limit their “networks” – keeping specialty physicians from participating in ACOs. The Alliance and several of its representative organizations have been addressing network adequacy challenges in Medicare Advantage (MA) and Marketplace plans for several years, most notably in dermatology and ophthalmology, where entire subspecialties were completely eliminated from insurer panels in certain geographic areas.

Under the Medicare ACO program, there are no requirements that Medicare ACOs maintain an “adequate network of physicians” nor are they required to allow specialty physicians to participate.

The Alliance is very interested in obtaining participation rates of specialists in Medicare ACOs and has attempted to secure this data from CMS for more than a year. We believe this data is essential to assisting specialty physicians in developing a strategy for engaging in Medicare ACOs, especially as the Medicare Quality Payment Program (QPP) is implemented. While some Medicare ACOs may be Advanced APMs, many could be helpful to specialists in meeting quality and other reporting requirements under the Merit-Based Incentive Payment System (MIPS).

We urge MedPAC to study the participation rates of specialty medicine providers in Medicare ACOs, as well as the types of specialists in Medicare ACOs. We urge MedPAC to recommend requirements that would prohibit Medicare ACOs from restricting participation by specialty physicians.

Access to Specialty Care

On multiple occasions, our specialty society organizations have reported that their members view ACOs as the new “gatekeepers,” limiting referrals to specialty physicians. CMS monitors beneficiary access to specialists through an “Access to Specialists” module as part of the CAHPS Survey measures set that ACOs are required to report. Nevertheless, specialty physicians are concerned that this measure will not be enough to demonstrate whether beneficiaries are being referred for specialty care at the most clinically appropriate point in their disease progression. Early intervention and referral to specialists may help to limit the development or progression of certain chronic illnesses, ultimately resulting in financial savings for the ACO and the Medicare program. Also, it remains unclear whether results from the “Access to Specialists” module will be reliable, as respondents may be unaware that specialty medical care is necessary in order to properly manage a diagnosed health condition.

We urge MedPAC to examine the referral patterns of ACOs and recommend the establishment of benchmarks that will foster an appropriate level of access to care and care coordination with specialty medicine providers, particularly for beneficiaries with chronic health conditions where specialty medical care has been shown to improve patient outcomes.

The Alliance thanks MedPAC for its efforts to improve beneficiary access to specialty care through the Medicare ACO program. Should you have an interest in meeting with members of the Alliance to further discuss our comments or if you have any questions, please contact Emily L. Graham, RHIA, CCS-P, at 703-975-6395 or egramham@hhs.com.

Sincerely,

American Association of Neurological Surgeons
American College of Mohs Surgery
American Gastroenterological Association
American Society for Dermatologic Surgery Association
American Society of Cataract and Refractive Surgery
American Society of Echocardiography
American Society of Plastic Surgeons
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
North American Spine Society
Society for Cardiovascular Angiography and Interventions