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November 20, 2017

Submitted electronically via email to CMMI_NewDirection@cms.hhs.gov

Seema Verma
Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS Request for Information: Innovation Center New Direction

Dear Administrator Verma,

Bi-State Primary Care Association appreciates the opportunity to provide comment on CMS' Request for Information (RFI) on a new direction for the Center for Medicare and Medicaid Innovation (CMMI).

Established in 1986, Bi-State is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State's combined Vermont and New Hampshire membership includes 29 Community Health Centers (CHCs) delivering primary care at 128 sites and serving over 301,000 patients.

CMS' RFI to ensure that the Medicare and Medicaid programs are promoting patient centered care while improving quality and patient outcomes is an important step in ensuring continued access for Medicare and Medicaid beneficiaries. Both programs are of critical importance to our CHC patients, providing them with health care coverage they may not otherwise be able to afford. Accordingly, Bi-State is writing to express our support for the comments submitted by the National Association of Community Health Centers and to provide our comments on a new direction for CMMI.

Role of Health Centers in Innovation

Health centers, through their mission, structure and programmatic focus, provide high quality and cost-effective preventative and primary care to their patients regardless of insurance status. CHCs have experience managing not only their patient's physical, oral, mental, and behavioral health, but also addressing the economic, social, and environmental factors that directly impact patients' health. These social determinants of health are key components of a patient's care, as they are often the root causes of increased costs and poor outcomes. Health centers' focus and experience make them valuable partners in transformation efforts and leaders in driving innovation for our most vulnerable populations.

Through the CMMI efforts to date, we are seeing a variety of innovative models take shape, and in many instances, these models recognize the value and experience that CHCs provide to the system by

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supporting and advancing their engagement in delivery system transformation. Our CHCs in NH and VT are engaged with many of the CMMI innovation modes such as working on transforming systems and implementing payment reform efforts through such initiatives as the State Innovation Model grants, Medicare Shared Savings Program, and Accountable Health Communities Model. In addition to engaging in these efforts, CHCs collaborate with state Medicaid agencies in broader value-based payment initiatives and in FQHC-specific payment reforms that allow for more transformative use of the medical home model. With these experiences in Medicare and Medicaid innovation and the health center mission to provide high quality, comprehensive care, health centers offer valuable lessons and best practices to engage the safety net and our most vulnerable patients, ensuring any transformation is appropriately capturing and positively impacting the whole population.

As CMS looks toward a new direction for CMMI, we believe it is important to highlight that in 2016 FQHCs served as the health home for over 26 million medically-underserved individuals, the majority of whom live below the federal poverty level and face multiple factors which impact their need for health care and their ability to access care appropriately. Accordingly, we believe the following are important considerations CMS should take into account:

There is no “one size fits all approach” to effective innovation. We believe that CMS should incorporate flexibility when developing and implementing new models or screening tools. We recommend that CMS and states fully engage stakeholders in the development process, as this will promote successful participation and implementation, especially among underserved populations who are sensitive to research and data collection efforts.

FQHCs need the appropriate infrastructure, timelines, and support to participate in innovation and should be included in any new innovation models. While many CHCs are engaged in various stages of payment reform, there are challenges that currently limit their ability to further engage in these efforts, including limited capacity, unrealistic timeframes, and a lack of alignment across efforts. We encourage CMS to ensure that all providers have the appropriate resources, timelines, and infrastructure they need to participate in these new models. We would also encourage CMS to consider the unique challenges often faced by rural providers. For example, difficulty affording an expensive internet connection can hinder practice transformation goals for health centers in rural areas. Without sound infrastructure, providers have difficulty fully engaging in these efforts at any level. We believe ensuring the infrastructure is in place should be a core component of any strategy moving forward.

Policy changes may be needed to ensure provider participation. We welcome the opportunity to work with CMS on policy changes to support health centers’ ability to deliver care in ways that best meet patient needs and contribute to quality and cost goals. For example, providing reimbursement for telehealth services or for multiple visits in the same day will help encourage providers to increase their use of cost-savings technology and further integrate patient care.

In closing, health centers have always provided continuity amidst changes in America’s health care system, serving as a safety net for the most vulnerable while continuing to innovate and drive savings for federal and state budgets. Bi-State appreciates the opportunity to submit comments on this important Request for Information and thanks you in advance for consideration. Please do not hesitate to contact me at (603) 228-2830 extension 112 or via email at tkuening@bistatepca.org if you would like additional information or require clarification on the comments presented above.

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Sincerely,

A handwritten signature in cursive script that reads "Tess Kuenning".

Tess Stack Kuenning, CNS, MS, RN
President and Chief Executive Officer
Bi-State Primary Care Association