



266 West 37th Street, 3rd Floor
New York, NY 10018
212.869.3850/Fax: 212.869.3532

October 16, 2017

VIA ELECTRONIC SUBMISSION

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-5524-P
PO BOX 8013
Baltimore, MD 21244-1850

RE: Medicare Program: Cancellation of Advancing Care Coordination through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model (CMS-5524-P)

The Medicare Rights Center (Medicare Rights) appreciates the opportunity to comment on the proposed cancellation of the Episode Payment Models (EPMs) and Cardiac Rehabilitation (CR) Incentive Payment Model and proposed changes to the Comprehensive Care for Joint Replacement Model. Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Medicare Rights serves nearly three million people with Medicare, family caregivers, and professionals through its national helpline and educational programming annually.

In the January 3, 2017 final rule, CMS wrote that the agency intends to “establish an Alternative Payment Models Beneficiary Ombudsman [APMB Ombudsman] within CMS who will complement the Medicare Beneficiary Ombudsman in responding to beneficiary inquiries and concerns arising from care under the models addressed in this final rule, as well as other Innovation Center models.”¹ **We strongly support the creation of this APM Ombudsman program and urge CMS to move forward with this program whether or not the EPM and CR incentive payment model proceeds.** Beneficiaries whose care is provided through alternative payment models have unique questions and may face a variety of issues, and a centralized, expert resource with information about all of the APMs will support CMS’ existing information networks and allow for robust tracking of complaints and

¹ Centers for Medicare & Medicaid Services (CMS), “Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model,” [82 FR 180](#) at 430.

Washington, DC Office:
1444 I Street NW, Suite 1105
Washington, DC 20006
202.637.0961

problems.

The delay announced in the May 19, 2017 final delay rule (82 FR 22897) and the proposed cancellation here should not delay or prevent the establishment of this needed office. The APM Ombudsman will serve beneficiaries in existing alternative payment models, such as the Comprehensive Care for Joint Replacement Model, Accountable Care Organization models, and Medicare Advantage Value-Based Insurance Design model, among others, and it should be established as soon as possible to serve these, currently affected, beneficiaries. Further, we expect the APM Ombudsman will serve a critical role as the agency moves forward with the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) and approves additional alternative payment models.

We would welcome a dialogue with CMS on how the agency plans to staff the APM Ombudsman office and other key questions about its infrastructure and ongoing engagement with outside stakeholders, like Medicare Rights and other consumer and patient advocates. For any questions related to these comments, please contact Casey Schwarz, Senior Counsel for Education and Federal Policy, at cschwarz@medicarerights.org or 212-204-6271. Thank you for the opportunity to comment.