



October 16, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

RE: *CMS-5524-P, Cancellation of Advancing Care Coordination through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model (Vol. 82, No. 158), August 17, 2017.*

Dear Administrator Verma,

CHRISTUS Health ("CHRISTUS") appreciates the opportunity to submit the following comments to the Centers for Medicare and Medicaid Services (CMS) in response to the *Cancellation of Advancing Care Coordination through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model* as published in the Federal Register on August 17, 2017. CHRISTUS is an integrated, not-for-profit international health system that includes nearly 350 services and facilities, including more than 50 hospitals in seven U.S. states.

Overall, CHRISTUS supports the proposed cancellation of the cardiac and surgical hip and femur fracture treatment (SHFFT) bundled payment models and cardiac rehabilitation incentive program. We also support the partial conversion of the Comprehensive Care for Joint Replacement (CJR) program into a voluntary model.

We commend the ongoing efforts by CMS to improve how care is delivered and support moving toward more accountable, coordinated care that increases value and better serves patients. Several CHRISTUS markets in Texas, including Tyler, Corpus Christi, and Beaumont, remain mandatory communities participating in the CJR program under the proposed regulation. CHRISTUS has been an active participant in the mandatory bundled payment models, and we believe that these could help further efforts to transform the delivery system through improved care coordination and financial accountability.

As you know, hospitals in several regions of Texas and Louisiana have recently faced increased operational pressures due to the havoc wrecked by Hurricane Harvey. Therefore, we urge CMS to consider implementing a policy that offers CJR hospitals facing public health emergencies or natural disasters, such as the recent hurricanes, the option of obtaining a waiver to ensure that they are not unfairly penalized due to these circumstances. CHRISTUS is concerned that our hospitals may be unable to complete their quality reporting submissions required under the program due to unplanned circumstances that were beyond their control.



Additionally, we note that CMS is proposing to alter its policy for telemedicine care provided under the CJR model. Shifting from its previous approach that included a zero practice expense RVU, CMS proposes to use facility practice expense RVUs to account for the cost of providing a remote in-home visit for the follow-up care in the CJR model, as well as to waive the payment requirements under section 1834(m)(2)(B) to allow the distant site payment for telehealth home visit HCPCS codes unique to this model.

CHRISTUS is in favor of these changes to account for the use of remote technologies in the CJR model, and we strongly support further expansion of telemedicine opportunities within Medicare. CHRISTUS is committed to continually improving its systems and services, as increasing evidence shows that telemedicine and associated process changes can improve the quality of care and outcomes for patients. CHRISTUS is pleased that CMS recognizes the importance that remote technology can play in supporting the CJR program.

On behalf of CHRISTUS Health, we appreciate the opportunity to share our perspective on these issues. We are hopeful that CMS will consider an exception for CJR hospitals affected by the recent hurricanes, and we appreciate the Agency's willingness to allow for innovation in patient care that embraces emerging technologies.

Thank you for your leadership and your consideration of our comments and please feel free to reach out to our CHRISTUS Health Advocacy Team for further information at g.saenz@christushealth.org or (512) 658-4730.

Sincerely,

A handwritten signature in black ink, appearing to read "PG".

Paul Generale
EVP, Chief Strategy & Health Network Officer
CHRISTUS Health

A handwritten signature in black ink, appearing to read "SStansbury".

Shannon Stansbury
SVP Population Health and Health Plans
CHRISTUS Health