June 27, 2016

Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-5517-P
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via www.regulations.gov.

RE: CMS 5517-P: Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician Focused Payment Models

To Whom It May Concern:

AAPCHO is a national not-for-profit association of 35 community-based health care organizations, mostly federally qualified health centers, dedicated to promoting advocacy, collaboration, and leadership that improves the health status and access of medically underserved Asian Americans, Native Hawaiians, and Pacific Islanders (AA&NHPIs) in the U.S., its territories, and its freely associated states. As health care providers, AAPCHO members focus on providing services that are uniquely appropriate to their patient populations, including: culturally and linguistically appropriate health care services, comprehensive primary medical care, and wrap-around enabling services (ES) for the medically underserved throughout the country. For the approximately 500,000 patients our centers serve annually, AAPCHO advocates that the health care system provide access to comprehensive and linguistically and culturally competent care by our member community health center providers and for our patients.

Medicare beneficiaries, including those dually eligible for Medicare and Medicaid, represent a growing percent of our patient population. AAPCHO's health centers have on average, a higher percentage of patients in Medicare than other health centers (8.9% vs 8.6%). Our members also have a higher rate of beneficiaries with Limited English Proficiency (LEP) (50% vs. 23%) and a higher rate of beneficiaries at or below 200% of FPL (88%) than other health centers, and thus we provide more enabling services (9,159 vs 4,875 encounters) given the needs of our patients (HRSA Uniform Data System, 2014). A study on the enabling services of 4 of AAPCHO's health centers concluded that the provision of enabling services lead to better health outcomes, such as diabetes hemoglobin A1c under control and rates of childhood immunization[1]. The comprehensive model of care utilized by health centers allows AAPCHO members to appropriately treat Medicare patients and to ensure that their care is delivered in an effective, efficient and culturally appropriate way. AAPCHO members are on the cutting edge of system delivery and have developed systems of care that reward quality—not just quantity.

[1] Association of Asian Pacific Community Health Organizations (AAPCHO). *Impact on Enabling Services Utilization on Health Outcomes.* Accessed via http://www.aapcho.org/wp/wp-content/uploads/2012/03/Impact-of-Enabling-Services-Utilization-on-Health-Outcomes.pdf.

As the healthcare delivery system adapts to serve increasing numbers of Medicare patients, AAPCHO urges the administration to ensure that quality metrics are obtainable, translatable, and comparable across providers care AND that reimbursement for that quality strive to take into consideration the other factors impacting healthcare, such as Limited English Proficiency, access to housing and socioeconomic status. To accomplish this goal, AAPCHO urges the administration to allow for voluntary data reporting by community health centers, aligned with UDS, with steps made towards risk adjustment for patient complexity.

Federally-qualified health centers (FQHCs) are not paid under the Physician Fee Schedule (PFS); rather, payment for services provided to Medicare beneficiaries are made directly to the FQHC under a Prospective Payment System (PPS) established by the Affordable Care Act. This PPS provides an all-inclusive, per-encounter rate which health centers receive each time they provide care to a Medicare patient. Because of this unique payment structure, FQHCs and their providers are ineligible for many of CMS' quality payment initiatives, including the Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier Program (VBPMP.) These programs are designed for providers who paid under the PFS, and rely heavily on data collected directly from PFS claims, making FQHCs ineligible.

AAPCHO supports the comments made by the National Association of Community Health Centers (NACHC) in their comment letter on this NPRM. Specifically, AAPCHO supports CMS' proposal to permit FQHCs to voluntarily report MIPS data, as these efforts will make it more feasible to compare quality and value across FQHCs and PFS providers. AAPCHO also encourages CMS and HRSA to align the quality measurement sections of MIPS and UDS, such that FQHCs will be able to submit one set of quality data one time for both UDS and MIPS purposes.

However, we underscore that our support for FQHC participation in the QPP is conditioned on the expectation that the data collected and reported will be adjusted to reflect patients' Social Determinants of Health (SDOH). Health centers disproportionately serve more complex patients, both in terms of complex chronic conditions as well as socioeconomic level and other SDOH[2]. The Medicare patients that AAPCHO members serve come from diverse backgrounds and often need linguistically or culturally appropriate services. AAPCHO members provide these enabling services to all our beneficiaries to ensure appropriate delivery of care. These services provide real and life-saving value to our beneficiaries but do come at a cost greater than serving beneficiaries who do not need wrap-around services. AAPCHO wishes to emphasize the crucial importance of appropriate risk adjustment to reflect the SDOH affecting providers' patient populations. As decades of research has proven – and Congress has explicitly recognized -- LEP patients have greater needs and often less access to community resources. This can cause providers who care for them to score lower on measures of quality and resource use because of their limited capacity to serve larger and more complex patient panels.

For these reasons, AAPCHO's support for FQHCs voluntarily reporting on MIPS and being listed on Physician Compare is conditioned on the expectation that the data collected will be adjusted to reflect SDOH. Without such risk adjustment, it is inevitable that the value and quality of care that FQHCs provide will be understated relative to other providers. If this occurs, the benefits of having a consistent system to measure performance and publicizing this data would be more than

[2] National Association of Community Health Centers. *America's Health Centers.* Accessed via http://nachc.org/wp-content/uploads/2015/06/Americas-Health-Centers-March-2016.pdf

outweighed by the fact that the playing field would be uneven, with providers who serve the most challenging patients being at a clear disadvantage. It is essential that any system that seeks to measure and pay for quality and performance weigh that data on the challenges of providing care to complex patients and provide incentive for providers able to provide effective care to patients with diverse SDOH needs.

In providing care to patients with high LEP and low socioeconomic status, AAPCHO's research team and clinics have a great deal of data on the value of addressing the SDOH and the impact of providing linguistically and culturally competent care. We would like to offer to be of assistance as to determine how best to adjust measures and payments to reflect SDOH, particularly as many SDOH affect the provision of care (e.g. reduced computer utilization because of English language proficiency/technology awareness among AAPCHO patients may adversely impact use of improvements in telehealth services). AAPCHO, in partnership with NACHC, is currently engaged in an extensive study to create, test, and promote a national standardized patient risk assessment protocol to assess and address patients' social determinants of health.

AAPCHO supports the need to include FQHC data to compare quality and value with other providers, keeping the spectrum of patients that health centers serve in consideration. If you need any clarification to the above comments, please contact Isha Weerasinghe (isha@aapcho.org).