



AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

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July 23, 2018

Seema Verma, MPH
Administrator
CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10673
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via <http://www.regulations.gov>.

Subject: [CMS-10673] Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) Demonstration

Dear Administrator Verma:

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS) and the orthopaedic specialty societies that agreed to sign on, we are pleased to provide comments on the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) demonstration published in the Federal Register on July 3, 2018.

AAOS applauds the efforts by the Centers for Medicare and Medicaid Services (CMS), through its waiver authority, to increase the overall accessibility of the Quality Payment Program (QPP). CMS previously stated its intention for clinicians to move out of the Merit-based Incentive Payment System (MIPS) and increase participation in Advanced Alternative Payment Models (APMs). AAOS greatly appreciates any regulatory relief that addresses the inability of orthopaedic surgeons to participate in risk-bearing value-based models. Despite the desire to engage in these payment arrangements and escape the reporting burden of MIPS, our members have experienced two major obstacles: (1) a lack of Advanced APM opportunities for specialists and (2) an inability to satisfy the Qualifying Participant (QP) threshold. The MAQI demonstration offers greater flexibility for specialists, as well as small and solo practices, by creating a third pathway for participation in the QPP.

Lack of Advanced APM Opportunities for Specialists

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AAOS has previously shared concerns regarding a lack of opportunity for orthopaedic surgeons to participate in Advanced APMs. Although the majority of Advanced APMs (e.g., Medical Homes, Oncology Model) are well-suited for comprehensive care, particularly in terms of population health, the provision of care by surgeons and other specialists often addresses discrete conditions or procedures.

Medicare Advantage (MA) has elements of an Advanced APM (e.g., financial risk, aligned goals, robust quality metrics) and rewards innovation over reporting. AAOS has advocated for an alternative payment arrangement that would treat MA plans as Advanced APMs and has encouraged CMS to consider MA a vehicle for simplifying MIPS requirements. As an increasing number of Medicare beneficiaries enroll in MA plans, provider participation in MA becomes an ever more accessible entry to risk-bearing arrangements.

Inability to Reach QP Status

While it is possible to create an Advanced APM around a condition or procedure, the specificity of the model often precludes its full potential. For models based on a procedural episode, such as the Comprehensive Care for Joint Replacement (CJR) Certified Electronic Health Record Technology (CEHRT) Track, reaching QP status is exceedingly difficult. Currently, twenty-five percent of Medicare payments or twenty percent of Medicare beneficiaries on a provider's census must be paid through the APM to reach QP status. In other words, nearly 1 in 5 patients would need to receive a joint replacement for an orthopaedic surgeon to be a QP for CJR. When the Bundled Payment for Care Improvement (BPCI) Advanced begins, in 2019, the threshold will have increased to 50 percent of Part B payments or 35 percent of Medicare fee-for-service patients.

Given these requirements, an arthroplasty surgeon attempting to gain QP status would likely have to restrict his or her practice to surgical patients, specifically to lower extremity joint replacements. This hyper-specialization would lead to a decrease in non-surgical orthopaedic access and, ultimately, due to delayed intervention, a greater incidence of joint replacement procedures.

AAOS has requested in the past, specialist Advanced APMs should have a lower threshold for QP determination or alternate measure for participation. We commend CMS for the All-Payer Combination Option and Other Payer Advanced APMs announced in the QPP Year 2 Final Rule. Beginning in 2019, these will likely increase the number of specialists able to attain QP status. However, it does not address the lack of Advanced APM opportunities.

MAQI addresses both the lack of specialist Advanced APMs and the obstacle of meeting the QP threshold. The expansion of the Advanced APM definition to include eligible MA plans provides an incentive for clinicians to "opt in" to the QPP. Moreover, by rewarding the provision of care for the 19 million MA enrollees, this demonstration will hasten the transition to value-based care.

Thank you for your time and consideration of the American Association of Orthopaedic Surgeons' suggestions. We commend CMS on its continued efforts to improve care quality and access. If you have any questions on our comments, please do not hesitate to contact William Shaffer, MD, AAOS Medical Director by email at shaffer@aaos.org.

Sincerely,



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President, AAOS

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This letter has received sign-on from the following orthopaedic specialty societies:

American Association of Hip and Knee Surgeons (AAHKS)
American Orthopaedic Society for Sports Medicine (AOSSM)
American Shoulder and Elbow Surgeons (ASES)
American Spinal Injury Association (ASIA)
Arthroscopy Association of North America (AANA)
Cervical Spine Research Society (CSRS)
Limb Lengthening and Reconstruction Society (LLRS)
Musculoskeletal Infection Society (MSIS)
Ruth Jackson Orthopaedic Society (RJOS)
American Alliance of Orthopaedic Executives (AAOE)
OrthoForum