



American Hospital  
Association®

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June 21, 2018

Adam Boehler  
Director  
Center for Medicare & Medicaid Innovation  
Centers for Medicare & Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244

***RE: Bundled Payments for Care Improvement Advanced***

Dear Mr. Boehler:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) is writing to request additional start dates in 2019 for the Bundled Payments for Care Improvement (BPCI) Advanced model.

The AHA is deeply supportive of the Centers for Medicare & Medicaid Services' (CMS) efforts to shift the health care system toward the provision of more accountable, coordinated care. As detailed in our February 12, 2018 [letter](#), we agree with the principles underlying the BPCI Advanced model and believe the model could help further our members' efforts to transform care delivery.

**However, in order to make informed decisions as to participation in BPCI Advanced and to succeed in the model if they do participate, applicants need both a complete suite of data from CMS (including episode target prices, and summary and raw claims data) and sufficient time to analyze that data.** CMS initially indicated it would provide this data to applicants by the end of May and require applicants to select clinical episodes for which they will be held accountable and return their signed participant agreements by August 1, 2018. However, many applicants did not receive their data until well into June and many others still have yet to receive it. This leaves them fewer than two months before the August 1 deadline to conduct the complete and complex analyses that are required to decide whether to participate in the model and, if so, in which episodes to participate. **For hospitals, particularly large hospitals and health systems that operate several facilities and/or in multiple markets, this**



**truncated timeline makes it nearly impossible to make an informed decision about participation in BPCI Advanced, and may lead them to forgo participation altogether.**

To maximize the number of applicants that elect to participate in BPCI Advanced, we urge CMS to **offer two additional, optional Performance Year 1 start dates of January 1, 2019 and April 1, 2019.** These additional start dates would expand the opportunities for applicants to be part of the initial BPCI Advanced cohorts, enabling CMS to pilot the program with a greater number of well-informed participants. Further, by making these start dates optional, CMS can still allow applicants who feel ready to begin by the original program start date of October 1, 2018 to do so. We believe the additional April start date is important because some providers have not yet received their data and will need additional time beyond January 1, 2019 to analyze their data once they receive it.

Again, we thank you for your focus on improving value for patients and providers and for your consideration of our comments. If you have any questions, please feel free to contact me or have a member of your team contact Shira Hollander, senior associate director of payment policy, at (202) 626-2329 or [shollander@aha.org](mailto:shollander@aha.org).

Sincerely,

/s/

Ashley B. Thompson  
Senior Vice President  
Public Policy Analysis & Development