



UnityPoint Health

February 6, 2015

Marilyn Tavenner  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1461-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

RE: CMS-1461-P - Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations; Proposed Rule (Vol. 79, No. 235), December 8, 2014

*Submitted electronically via [www.regulations.gov](http://www.regulations.gov)*

Dear Ms. Tavenner:

UnityPoint Clinics (“UPC”) is pleased to provide the following comments in response to the Centers for Medicare & Medicaid Services’ (CMS) Medicare Shared Savings Program (MSSP) proposed rule for calendar year 2016. UPC is the physician arm of the UnityPoint Health (formerly Iowa Health System), one of the nation’s largest integrated healthcare systems, and services 9 regions throughout Iowa, Illinois and Wisconsin. UPC is committed to payment reform and is actively engaged in numerous initiatives which support population health and value-based care. For example, UPC is an ACO Participant affiliated with UnityPoint Health Partners, which holds value-based contracts for more than 300,000 covered lives, including beneficiaries attributed under the Medicare Shared Savings Program since July 2012.

As an ACO Participant, we respectfully offer the following comment to the proposed MSSP regulatory framework.

#### **ACO ELIGIBILITY – ACO PARTICIPANTS**

Under the MSSP regulations, ACO Participant is defined as “an individual or group of ACO provider(s) / supplier(s), that is identified by a Medicare-enrolled TIN, that alone or together with one or more other ACO participants comprise(s) an ACO. . .”. UPC is a large multispecialty provider group comprised of more than 290 clinics in three states. UPC is legally organized under one TIN. Due to breadth of our organization and geographic dispersion, UnityPoint Health is divided regionally. These regions are often at different stages in piloting innovations, disseminating lessons learned, and implementing best practices. Because of this, the ACO infrastructure and maturity varies among regions and with our affiliated providers. This varying degree of readiness makes our choice of one Savings and Loss Track particularly difficult and, if forced to act as one entity, may likely result in a decision that is less risk adverse. To enable UPC to

appropriately match our readiness to risk-bearing status, we would request that CMS revise its definition of ACO Participant to allow TINs to be divided geographically so that one TIN may participate in multiple ACOs (assuming no regional overlap). Alternatively, we would request that CMS allow MSSP ACOs with disperse geographic service areas to submit multiple applications to reflect geographically distinct regions.

We appreciate the opportunity to provide comments to the proposed rules for calendar year 2016 and their impact on our integrated healthcare system and affiliated ACOs. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President and Government Relations Officer, Public Policy and Government Payors at [sabra.rosener@unitypoint.org](mailto:sabra.rosener@unitypoint.org) or 515-205-1206.

Sincerely,

A handwritten signature in blue ink that reads "Sabra Rosener".

Sabra Rosener  
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Public Policy and Government Payors  
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