

July 29, 2024

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS–1799-P
P.O. Box 8016
Baltimore, MD 21244–8016

RE: CMS–1799-P - Medicare Program: Mitigating the Impact of Significant, Anomalous, and Highly Suspect Billing Activity on Medicare Shared Savings Program Financial Calculations in Calendar Year 2023; published at Vol. 89, No. 128 Federal Register 55168-55180 on July 3, 2024.

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

Dear Administrator Brooks-LaSure,

UnityPoint Health appreciates this opportunity to provide comments on this proposed rule related to Mitigating the Impact of Significant, Anomalous, and Highly Suspect Billing Activity on Medicare Shared Savings Program Financial Calculations in Calendar Year 2023. UnityPoint Health is one of the nation’s most integrated health care systems. Through more than 29,000 employees and our relationships with 375+ physician clinics, 36 hospitals in urban and rural communities, 5 inpatient rehabilitation facilities, and 13 home health agencies across our 8 regions, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin.

In addition, UnityPoint Health is committed to payment reform and is actively engaged in numerous initiatives which support population health and value-based care. UnityPoint Accountable Care is the accountable care organization (ACO) affiliated with UnityPoint Health and has value-based contracts with multiple payers, including Medicare. UnityPoint Accountable Care currently participates in the CMS Medicare Shared Savings Program (MSSP), and it contains providers that have participated in the Center for Medicare and Medicaid Innovation (CMMI) Global and Professional Direct Contracting Model, Next Generation ACO Model and the Pioneer ACO Model. UnityPoint Health also participates in a Medicare Advantage provider-sponsored health plan through HealthPartners UnityPoint Health.

UnityPoint Health appreciates the time and effort of CMS in developing this proposed rule and respectfully offers the following comments.

TOPIC

For Medicare Shared Savings Program participants, CMS proposes to adjust the benchmark to remove payments for specified catheter codes from the determination of benchmark expenditures for CY 2023 and

to apply this adjustment to certain other program calculations, including the determination of performance year expenditures.

Comment: As responsive to stakeholder input, UnityPoint Accountable Care (UAC) applauds and supports the CMS' CY 2023 proposal to remove all Medicare Parts A and B payments for catheter Healthcare Common Procedure Coding System (HCPCS) codes (A4352 and A4353) from expenditure and revenue calculations. For CY 2023, UAC identified significant, anomalous, and highly suspect billing activity associated with HCPCS A4352 and A4353, Intermittent Urinary Catheter supplies. In short, UAC analysis found that HCPCS A4352 and A4353 accounted for 64% of all durable medical equipment services billed for UAC beneficiaries, which is disproportionate to beneficiaries served. On February 9, 2024, UAC submitted a formal complaint with the Office of Inspector General (OIG) on this matter in compliance with an affirmative duty to report probable violations of law under 42 CFR §425.300. On February 19, 2024, UAC sent a memo to CMS detailing this issue with a request that "CMS remove any and all substantiated fraudulent claims from the benchmark and other calculations pertinent to the PY 2023 Final Settlement Report and to other applicable performance years."

Specific to this proposal, **UAC supports excluding all identified claims from both performance year and benchmark expenditures and applying this change retrospectively. UAC also implores CMS to finalize the proposed rule as expeditiously as it can within its legal authority to minimize the delay in shared savings distribution, calculation of final historical benchmarks, and delivery of related reports for ACOs that entered an agreement period beginning on January 1, 2024.** While this proposal only relates to CY 2023, UAC appreciates that CMS has proposed a long-term solution within the CY 2025 Physician Fee Schedule proposed rule (CMS-1807), and UAC intends to provide separate comments to that proposal.

We are pleased to provide input on this proposed rule and its impact on our hospitals, patients and communities. To discuss our comments or for additional information on any of the addressed topics, please contact Cathy Simmons, Government & External Affairs at Cathy.Simmons@unitypoint.org or 319-361-2336.

Sincerely,



Steve Palmersheim
Chief Executive Officer
UnityPoint Accountable Care



Cathy Simmons, JD, MPP
Executive Director, Government & External Affairs
UnityPoint Health