April 19, 2017

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-5519-IFC
P.O. Box 8013
Baltimore, MD 21244-8013

VIA ELECTRONIC SUBMISSION

RE: Medicare Program; Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model; Delay of Effective Date

Justice in Aging appreciates the opportunity to comment on the delay of the effective date for the above referenced rule.

Justice in Aging is an advocacy organization with the mission of improving the lives of low income older adults. Justice in Aging uses the power of law to fight senior poverty by securing access to affordable health care, economic security and the courts for older adults with limited resources. We have decades of experience with Medicare and Medicaid, with a focus on the needs of low-income beneficiaries, including those dually eligible for both programs.

Our comments are limited to the impact of the rule on the Alternative Payment Models (APM) Beneficiary Ombudsman, which CMS stated that it intends to establish within CMS to complement the Medicare Beneficiary Ombudsman in responding to beneficiary inquiries and concerns arising from care under the models addressed in this final rule, as well as other Innovation Center models.¹

We strongly urge that CMS move forward without delay in establishing an APM ombudsman program.

As beneficiary advocates, we have closely watched the implementation of a dedicated ombudsman program for the dual eligible financial alignment demonstration. We also have worked with the DME competitive bidding ombudsman. In both programs, the value of a dedicated ombudsman with

¹ Centers for Medicare & Medicaid Services (CMS), “Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model,” 82 Fed. Reg. 180, 430 (Jan. 3, 2017).
specialized expertise was clear. In the dual eligible financial alignment demonstration especially, having an ombudsman program in place prior to the start of implementation was critical in identifying issues at the start and addressing them quickly.

Focused ombudsman programs work well both in protecting beneficiaries and helping demonstrations stay on track by identifying issues early. Further, an ombudsman can help ensure consumer understanding, identify systemic issues with implementation, and solve many problems without the need to use formal appeals processes.

In sum, we strongly urge CMS to move forward with the establishment of an APM ombudsman regardless of any delay in the above-referenced rule, so that all APM programs can benefit from having an ombudsman in place.

Thank you again for the opportunity to comment. If you need additional information, please do not hesitate to contact me at JGoldberg@justiceinaging.org.

Sincerely,

Jennifer Goldberg
Directing Attorney
Justice in Aging