October 16, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

RE: CMS-5524-P, Cancellation of Advancing Care Coordination through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model (Vol. 82, No. 158), August 17, 2017.

Dear Ms. Verma:

On behalf of our more than 400 member hospitals, health systems, medical schools and post-acute care providers, the New Jersey Hospital Association (NJHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed cancellation of the cardiac and surgical hip and femur fracture treatment (SHFFT) bundling programs and changes to the Comprehensive Care for Joint Replacement (CJR) bundling program.

Our members support the health care system moving toward the provision of more accountable, coordinated care and are in the process of redesigning delivery systems to increase value and better serve patients. NJHA believes that bundled payment models could help further these efforts to transform care delivery through improved care coordination and financial accountability. However, we have been concerned about CMS's pace of change, given that, at the time it was unveiled, the cardiac bundling program represented the third mandatory payment model that the agency had proposed in 13 months. **As such, our members support the proposed cancellation of the cardiac and SHFFT bundled payment models and cardiac rehabilitation incentive program.**

However, New Jersey's hospitals are concerned that under this proposal they remain in one of the mandatory geographic areas for CJR. **We respectfully recommend that CMS permit hospitals in New Jersey to have the option of remaining in CJR or choosing to participate in an upcoming voluntary bundling opportunity.** To accomplish this, we urge CMS to expeditiously release the new, voluntary advanced APMs that would allow hospitals to not only capitalize on the work many of them already have done to prepare for such models, but also partner with clinicians to provide better quality, more efficient care. The "Advanced Bundled Payments for Care Improvement" (BPCI) program, which could include, among other conditions, cardiac and SHFFT tracks, is one such possibility. We also urge the agency to consider synchronizing the "opt-in"

period for CJR hospitals with the availability of details on new APMs (such as the new BPCI program referenced above). Doing so would allow hospitals to make more informed decisions about what is best for their patients and communities.

In addition, we wish to reiterate our concerns about the calendar year 2018 outpatient prospective payment system rule regarding the removal of TKA, or total knee replacement, from the inpatient-only list. We are concerned that its removal could put the success of CJR (as well as BPCI) at risk.

Thank you for the opportunity to offer our comments. Please feel free to contact us with any questions about our comments at tedelstein@njha.com or at 609-275-4102.

Sincerely,

Theresa Edelstein
Vice President
Post-Acute Care Policy & Special Initiatives