April 16, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

On behalf of the undersigned organizations, we urge the Centers for Medicare & Medicaid Services (CMS) to reduce the 2018 Merit-based Incentive Payment System (MIPS) quality measure reporting period from a calendar year to a minimum of 90 consecutive days due to the lack of timely and direct notification by CMS on whether a physician is considered MIPS eligible, as well as a severe delay by CMS in updating the Quality Payment Program (QPP) interactive website with 2018 information. It is our understanding that CMS does not plan to update the QPP website with 2018 information and measures until the summer, at the earliest. Furthermore, we request a reduced reporting period for future MIPS program years in order to reduce administrative burden and ensure physicians have sufficient time to report after receiving performance feedback from CMS.

While we recognize CMS posted eligibility information on the QPP website on April 6, 2018, we are concerned with physicians' ability to satisfactorily participate in the MIPS program due to the late notification. Several policy changes in 2018 from 2017 complicate physicians' ability to determine their MIPS eligibility status. For example, CMS expanded the 2018 low-volume threshold exemption. While the undersigned organizations strongly support the increased low-volume threshold and believe it will assist small practices and physicians who treat a small number of Medicare patients, it may create changes in physicians' eligibility status.

In addition, the recently enacted Bipartisan Budget Act of 2018 modified MACRA to exclude Medicare Part B drug costs from MIPS payment adjustments and from the low-volume threshold determination of MIPS eligibility. As a result, physicians cannot rely on historic estimates from CMS and had to wait on notifications from CMS to determine whether they are excluded under the expanded low-volume threshold.

Thus, despite being held accountable for data tracking and collection as of January 1, 2018, physicians were not informed of basic eligibility information until early April to determine whether they must participate in the MIPS program. Furthermore, in order to determine whether they are eligible for the MIPS program, a physician must actively go on to CMS' website. Previously, CMS has mailed letters to practices to inform them of their eligibility status, which many practices were waiting on this year. Without direct outreach by CMS to physicians and group practices, many physicians will be left in the dark on their status.

In addition, the CMS QPP interactive website has not been updated with 2018 information and still only includes 2017 information, despite the numerous changes to the MIPS program from 2017 to 2018. It is our understanding that CMS does not plan to update the website until the summer, at the earliest, which is half way through the reporting period. Given the QPP website is the primary means for educating physicians on the program, this severe delay would undermine physicians'

ability to meet the 2018 requirements to successfully avoid a penalty. For small practices and medical group practices that manage reporting for dozens or even hundreds of clinicians under the program, this information is vital to the complex clinical and administrative coordination necessary to participate in MIPS. For individual clinicians and small practices, the delays undercut the relief intended by the expanded low-volume exclusion. **Therefore, we urge CMS to alter the MIPS quality reporting period from 365 days to a minimum of 90 days**

While we acknowledge that certain reporting options, such as reporting certain outcome-based measures, may require a lengthier reporting period than 90 days to ensure statistical validity, we believe there is a substantial opportunity to reduce the cost and labor involved in reporting MIPS data to CMS by shortening the minimum data collection period to 90 consecutive days and allowing physicians to decide whether to report additional data. There is precedent for retroactively shortening a federal quality reporting program reporting period, as CMS did in 2015 and 2016 for eligible professionals in the Electronic Health Record (EHR) Meaningful Use program.[i] In addition, the 2017 MIPS program allowed for a reduced reporting period.

We also believe a minimum 90-day reporting period is consistent with CMS' efforts to reduce clinician burden and to put patients over paperwork. In fact, evidence of the burden of paperwork associated with full-year quality reporting is well documented. The 2018 QPP final rule estimates the burden of recordkeeping and data submission will total 7.6 million hours with a cost of nearly $700 million.[ii] This estimate may be low, as a 2016 *Health Affairs* study found that each year physician practices in four common specialties spend, on average, 785 hours per physician and more than $15.4 billion on quality measure reporting programs. As the study cites, the majority of time spent on quality reporting consists of "entering information into the medical record only for the purpose of reporting for quality measures from external entities."

Furthermore, we urge CMS to consider the timing of inaugural MIPS feedback reports, which are expected midway through 2018, at the earliest. Assuming CMS does not encounter delays in releasing feedback reports akin to its delay in releasing eligibility information, updating the website and that these reports are released in July, any necessary modifications will interrupt a 365-day reporting period. For instance, physician practices may need to conduct internal due diligence to identify quality performance variables, explore more clinically relevant reporting metrics and change data capture and input into the EHR, which would require action by third-party vendors who are not subject to the same payment penalties as physicians. If the reporting period were reduced to a 90-day minimum with the option to submit additional data, physicians and group practices would have greater flexibility to incorporate the first-year MIPS feedback into their 2018 performance and focus more of their attention on improving patient care as opposed to just reporting.

Our organizations are committed to working collaboratively with CMS to ensure MIPS recognizes the quality of care provided to Medicare beneficiaries rather than quantity of data reported. We appreciate your consideration of our recommendation to reduce the onerous MIPS documentation requirements by shortening the quality reporting period to a minimum of 90 days.

Sincerely,

American Medical Association
Advocacy Council of ACAAI
AMDA - The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology

American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Neurology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American College of Emergency Physicians
American College of Gastroenterology
American College of Obstetricians and Gynecologists
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Physicians
American College of Surgeons
American Gastroenterological Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American College of Cardiology
American Society for Radiation Oncology
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Hematology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Urogynecologic Society
American Urological Association
Association of American Medical Colleges
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Infectious Diseases Society of America
Medical Group Management Association
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of Gynecologic Oncology
Society of Hospital Medicine
Spine Intervention Society
The Society of Thoracic Surgeons

[i] See *Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 Through 2017; Final Rule* (CMS-3310-FC and CMS-3311-FC) and *Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs* (CMS-1656-FC and IFC).

[ii] 82 FR 53925, *Medicare Program; CY 2018 Updates to the Quality Payment Program; and Quality Payment Program: Extreme and Uncontrollable Circumstance Policy for the Transition Year*, CMS-5522-FC and IFC.