

Congress of the United States
Washington, DC 20515

July 3, 2018

Mrs. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW, Room 445-G
Washington, DC 20201

Dear Administrator Verma:

We appreciate the careful work you are doing to implement the Medicare Access and CHIP Reauthorization Act (MACRA). The House GOP Doctors Caucus strongly supported replacing the sustainable growth rate formula with the system envisioned under MACRA, in part to help shift Medicare's physician payments to a system based on the value of care provided rather than the volume of care provided. As we enter the third year of the program, we urge you to ensure the proposed Merit-Based Incentive Payment System (MIPS) rule for performance year 2019 provides adequate incentive to encourage providers to invest in the infrastructure needed to deliver care that achieves the quality and cost goals set forth in MACRA.

As you know, MACRA was written to provide a choice for clinicians and group practices to participate in a fee-for-service MIPS payment system, or in a value-based model. To incentivize reporting quality measures, use of electronic health records, and implementation of other care improvement activities, MACRA included a mechanism that adjusts Medicare Part B payments based on performance measured against a threshold score. To further incentivize participation, Congress authorized an additional \$500 million in the law to ensure positive payment adjustments for all providers that met the benchmark. However, the program relies in part on meaningful participation in the program and the current regulations have reduced these payment incentives by excluding many providers from participation.

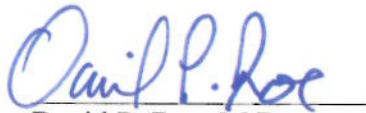
For the 2018 performance year, CMS estimated that about 60 percent of otherwise eligible clinicians are excluded from MIPS. While some clinicians are not subject to MIPS requirements due to participation in Advanced Alternative Payment Models, the majority are excluded based on the current participation threshold. The most notable ramification of the current threshold has been lower maximum positive updates on how MIPS ultimately adjusts Part B payments. For example, high performers are estimated to receive an aggregate payment adjustment in 2019 of 1.1 percent – based on their 2017 performance – even though adjustments of up to 4 percent are authorized. This trend of continued actual adjustments that are significantly less than authorized fails to incentivize meaningful participation in MIPS. In 2020, for example, CMS is projecting a 1.5 percent payment adjustment for high-performers, compared to a potential 5 percent adjustment level authorized under the law.

We greatly appreciate what CMS has done to be responsive to provider concerns, and that they have moved cautiously to implement MIPS and continue to strive to ensure providers have every opportunity to succeed under this reformed payment system. However, MIPS is a continuation of CMS programs that have existed for years, specifically the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier, and the Meaningful Use program, none of which had a mechanism to exclude providers from participation. Based on feedback received from provider groups, we are concerned that the low-volume thresholds are too high and effectively preclude providers from earning more than a nominal payment adjustment.

In establishing thresholds for participation in MIPS for the 2019 performance year, we urge CMS to ensure providers have a meaningful opportunity to earn a significantly higher payment adjustment, which was authorized by MACRA, up to 7 percent. We also hope CMS can incentivize more significant and meaningful participation in MIPS by adjusting low-volume thresholds adequately. If MIPS does not provide meaningful incentive and opportunity for providers to be rewarded for the quality and cost of care provided, we are concerned MIPS will not fulfill its potential to improve quality and control cost.

Moving Medicare onto a path of long-term sustainability was the goal of MACRA, and meaningful provider participation is one of the best ways to ensure program viability into the future. Promoting the system of maximum adjustments in a timely manner will ensure provider participation as well as the best possible care for our nation's seniors.

Sincerely,



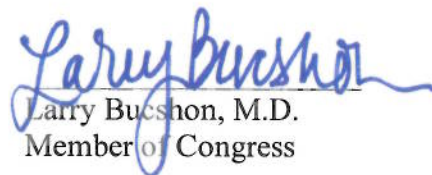
David P. Roe, M.D.
Member of Congress




Andy Harris, M.D.
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