

June 24, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; Proposed Rule (CMS-5517-P)

Dear Acting Administrator Slavitt:

On behalf of the undersigned organizations, thank you for the opportunity to comment on the notice of proposed rulemaking (NPRM) regarding the implementation of MIPS and APMs under the Medicare Access and Chip Reauthorization Act (MACRA). The undersigned state, national, and specialty medical societies represent the vast majority of practicing and future physicians who provide medical services every day for millions of patients. We appreciate the administration's outreach to the physician community during the comment period on this important proposed rule, including listening sessions, briefings, and meetings with our organizations. We are especially thankful for the statements from the Centers for Medicare & Medicaid Services (CMS) about the importance of identifying NPRM policies that need to be modified to avoid adopting perverse incentives or creating barriers to successful participation. We remain hopeful that this ongoing dialogue with medicine will promote the effective implementation of MACRA. While some progress has been made in the regulation, the physician community remains very concerned about a number of the proposed rule provisions.

As you know, the physician community was deeply engaged with Congress as it drafted the MACRA legislation. With the potential for significant improvements over the incentive programs in prior law, including reduced penalties, more support for positive incentive payments, simpler requirements, and fewer administrative burdens, our organizations are strongly committed to a successful MACRA launch. If properly implemented, the new MIPS and APM framework will promote improvements in the delivery of care for Medicare patients. The following comments seek to:

- simplify the proposed MIPS program to ensure that it facilitates meaningful opportunities for performance improvement while decreasing administrative and compliance burdens;
- provide a more robust APM pathway that can support physicians who want to make the transition to new delivery and payment models; and
- accommodate the needs of physicians in rural, solo, or small practices in order to enhance their opportunities for success and avoid unintended consequences.

MIPS

The overall goal in MIPS should be to create a more unified reporting program with greater choice and fewer requirements. While we see several positive changes in the proposed rule, our main concern is that CMS continues to view the four components as separate programs, each with distinct measures, scoring