



March 18, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, NW
Washington, DC

Dear Administrator Verma,

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write to request that the Centers for Medicare & Medicaid Services (CMS) immediately take the following actions:

- Extend the 2019 Merit-based Incentive Payment System (MIPS) reporting period; and
- Apply the extreme and uncontrollable circumstances to all MIPS-eligible clinicians (ECs) and groups for the 2020 performance period.

The COVID-19 emergency will require significant time and effort from the nation's health care system. As the country braces for an escalation in the spread of the COVID-19 outbreak, practicing physicians must focus their time and efforts on treating their patients. Participating in MIPS distracts practices from patient care and the federal government should immediately ease agency-imposed deadlines. **The data submission window for the 2019 MIPS performance year closes on March 31, 2020 and the AAFP calls on CMS to extend this timeframe until the end of 2020.** Doing so will allow practices to focus on their patients during this particularly turbulent period.

A 2016 [study](#) published in the *Annals of Internal Medicine* found that primary care physicians spent 27 percent of their time on clinical activities and 49 percent on administrative activities. The authors concluded that primary care physicians spend nearly 50 percent of their time on cumbersome administrative tasks such as prior authorization, performance measurement and reporting, electronic health record documentation, and care management documentation. During the rapidly evolving COVID-19 situation, which has been declared a national emergency, CMS should take bold actions to address inefficiencies. Family physicians are on the frontlines of the COVID-19 pandemic. We need family physicians and other health care professionals to be able to focus on providing crucial patient care, and MIPS reporting requirements divert time patients and are clearly not acceptable.

CMS has already developed a policy to address such circumstances. In the 2018 Quality Payment Program Final Rule, CMS enacted a policy where it would automatically apply the extreme and uncontrollable circumstances exception in instances of major disasters and public health emergencies. In this policy, CMS will automatically reweight the performance categories to zero and assign a final score equal to the performance threshold. It is unclear how long the COVID-19 pandemic will last or how long physicians will be dealing with its residual effects.

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However, it is clear the pandemic will have a significant impact on patient outcomes and utilization. **As such, we call on CMS to automatically apply the extreme and uncontrollable circumstances to all MIPS-eligible clinicians (ECs) and groups for the 2020 performance period.** Thankfully, CMS has historically recognized exceptional circumstances for Medicare-participating physicians. These have included special circumstances for those individuals affected by a Federal Emergency Management Agency-Declared Weather-Related Emergency or Major Disaster such as wildfires and earthquakes. The AAFP calls on CMS to recognize pandemic events such as COVID-19.

Another way the agency should address the current strain on the healthcare system while reducing administrative concerns is to delay the Appropriate Use Criteria (AUC) education and operations testing year. The AAFP is unconvinced the Medicare AUC Program, including the 2020 education and operations year, can be implemented without significant disruption to physicians, hospitals and other health care providers.

Finally, the AAFP appreciates that in the 2020 Medicare physician fee schedule, CMS acknowledged the complexity within MIPS and discussed eventually creating a MIPS Value Pathway (MVP). For reasons outlined previously, the AAFP urges CMS to postpone MVP development efforts at this time.

We appreciate the opportunity to make these suggestions. Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 or rbennett@aafp.org with any questions or to engage the AAFP further.

Sincerely,

A handwritten signature in black ink, appearing to read "John S. Cullen". The signature is fluid and cursive, with a long horizontal stroke at the end.

John S. Cullen, MD, FAAFP
Board Chair