PEPC
PARTNERSHIP TO EMPOWER PHYSICIAN-LED CARE

September 27, 2019

Submitted via www.regulations.gov

Mrs. Seema Verma
Administrator
Center for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD ZIP

RE: CMS-1715-P; Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

Dear Administrator Verma:

Thank you for the opportunity to provide input into the proposed CY 2020 Medicare Physician Fee Schedule and Quality Payment Program rule.

The Partnership to Empower Physician-Led Care (PEPC) is a membership organization dedicated to supporting value-based care to reduce costs, improve quality, empower patients and physicians, and increase access to care for millions of Americans through a competitive health care provider market. We believe that it is impossible to achieve truly value-based care without a robust independent practice community. As an advocacy organization committed to advancing policies that enable and empower independent physicians and practices to flourish, we applaud your commitment to reducing physician burden and aligning incentives to enable a range of providers to move toward value-based care.

Transforming MIPS: MIPS Value Pathways Request for Information

In the proposed rule, CMS indicates that it is proposing to apply a new MVP framework to future proposals beginning with the 2021 MIPS performance period/2023 MIPS payment year. The MVP framework would connect measures and activities across the four MIPS performance categories, incorporate a set of administrative claims-based quality measures that focus on population health, provide data and feedback to clinicians, and enhance information provided to patients. CMS notes that it is targeting policies that remove APM participation barriers as clinicians and practices prepare to take on and successfully manage risk as practices build out their quality infrastructures with components that align with the MIPS performance categories.

PEPC supports the goals of reducing clinician burden and fostering greater alignment to make the transition from fee-for-service to APM participation as smooth as possible. While changes to MIPS may certainly be needed to ensure that the program truly does function as an "on ramp" to participation in an APM, we urge CMS not to lose sight of changes that may need to be made to the APMs themselves to encourage greater participation, particularly by small, independent practices and physicians.

CMS should consider the unique circumstances of physicians in independent practice when developing models, ensuring that there are options available for this cohort of the workforce and recognizing that certain models that are appropriate for large hospital-led groups and/or large physician practices may not be appropriate for all.

Guiding Principles

CMS outlines four guiding principles it proposes to use to define MVPs:

1. MVPs should consist of limited sets of measures and activities that are meaningful to clinicians, which will reduce or eliminate clinician burden related to selection of measures and activities, simplify scoring, and lead to sufficient comparative data.
2. MVPs should include measures and activities that would result in providing comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care.
3. MVPs should include measures that encourage performance improvements in high priority areas.
4. MVPs should reduce barriers to APM participation by including measures that are part of APMs where feasible, and by linking cost and quality measurement.

We strongly urge CMS to consider input from our member organizations as it works to identify the right guiding principles, as well as develop and implement MVPs. Furthermore, we PEPC generally supports the use of a parsimonious list of meaningful measures that reduce the burden of reporting. We encourage you to continue to seek out opportunities for greater harmonization and streamlining within fee-for-service Medicare and across programs. For example, CMS might consider requiring a smaller set of measures for APMs taking on two-sided risk. These APMs are by definition accountable for improving quality and reducing costs. Reporting for these APMs should focus on discouraging inappropriate behaviors such as "stinting" on care, "cherry picking" or "lemon dropping," for example.

Other Comments

One of the most impactful things CMS could do to encourage physicians to participate in APMs is to timely pay out bonuses and/or rewards due to clinicians as a result of their performance in these models. We urge CMS to expeditiously pay the 2019 Advanced APM bonuses and in future years commit to pay these bonuses no later than June 30th of each year going forward.

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Please do not hesitate to reach out to me if the Partnership to Empower Physician-Led Care can be a resource to you. I can be reached at kristen@physiciansforvalue.org or 202-640-5942.

Sincerely,

Kristen McGovern
Executive Director