

November 16, 2015

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

Dear Acting Administrator Slavitt:

Thank you for the opportunity to provide input to the Request for Information (RFI) regarding the implementation of Alternative Payment Models (APMs) and Merit-Based Incentive Programs (MIPS) under the Medicare Access and Chip Reauthorization Act (MACRA). We appreciate the Administration's willingness to prioritize the issues in the RFI that need to be addressed and to extend the comment period. Both of these adjustments will allow the physician community to provide the administration with more thoughtful input. We also appreciate that the Administration held listening sessions on these topics. We are hopeful that an ongoing dialogue with medicine will promote smooth and successful implementation of MIPS and APMs.

The physician community was deeply engaged while Congress drafted MACRA. We believe that, if properly implemented, the new physician payment framework will promote improvements in the delivery of care for Medicare patients. To help physicians make the transition to new care and delivery models and assure access to high-quality care for all patients, the undersigned organizations urge the Administration to carefully consider and adopt principles that:

- **Support delivery system improvements.** Constraints and limitations of current payment systems that obstruct physician-identified improvements in care must be eliminated. In addition, requirements for new models should be flexible enough to support different organizational arrangements and patient population needs so that innovation can flourish.
- **Avoid administrative and cost burdens for patients.** Patients should not be unduly burdened with hidden costs, administrative requirements or other obstacles that discourage them from seeking care or fulfilling their treatment plans.
- **Reduce administrative burdens for physicians.** Administrative burdens must be limited and reporting tasks streamlined so that the delivery of patient-centered care is the principal focus in all clinical settings.
- **Improve current quality and reporting systems.** Medicare's existing reporting and quality measurement programs cannot simply be combined to create the new MIPS program. These currently separate programs must be carefully assessed, revised, aligned, and streamlined into a

coherent and flexible system that is truly relevant to high-value care. In particular, the regulatory framework of the Meaningful Use program for electronic medical records must be revised to eliminate obstacles to technological innovation, enable interoperability, and improve usability to meet the needs of patient care and reduce the burden of excessive data collection requirements.

- **Recognize patient diversity.** Risk adjustment—for factors related to health status, stage of disease, genetic factors, local demographics and socioeconomic status--must be reflected in performance assessments to accommodate variations in patient need and the costs of care and to assure broad access to high value care.
- **Provide choice of payment models.** Physicians in all specialties, practice settings, and geographic areas should have the opportunity to choose from among the payment models available, based on what best accommodates their practice and the needs of their patients.
- **Be equitable.** No specialty or payment model should confront disproportionate requirements in order to succeed, nor should any specialty experience hardship because insufficient resources have been devoted to developing quality measures or other delivery model components that are relevant to their patients.
- **Be relevant and actionable.** Physicians should be held accountable only for those aspects of cost and quality that they can reasonably influence or control, and patient attribution methods must reflect these concerns. Timelines and deadlines must be realistic, significant policy changes should be phased-in, and feedback on individual performance and benchmarks must be accurate, timely and actionable.
- **Provide stability and resources.** Payment systems must provide adequate and predictable resources, and ensure that physicians have access to new tools they will need to redesign their practices to support the delivery of high-value care to all patients.
- **Be transparent.** Methodologies and performance assessment systems should be valid, scientifically tested, and transparent so that physicians have access to timely, accurate and actionable data for managing patient care. Medicare must provide claims and other performance data to physicians on the patient population covered by the delivery and payment model used in their practice.

Medicine is committed to working collaboratively and constructively with the Centers for Medicare and Medicaid Services and others to develop and share meaningful recommendations as regulations are prepared that will shape the delivery of health care services for years to come.

Sincerely,

American Medical Association  
Advocacy Council of the American College of Allergy, Asthma and Immunology

AMDA – The Society for Post-Acute and Long-Term Care Medicine  
American Academy of Allergy, Asthma and Immunology  
American Academy of Dermatology Association  
American Academy of Emergency Medicine  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Family Physicians  
American Academy of Home Care Medicine  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Otolaryngic Allergy  
American Academy of Otolaryngology-Head and Neck Surgery  
American Academy of Pain Medicine  
American Academy of Pediatrics  
American Association of Clinical Endocrinologists  
American Association of Hip and Knee Surgeons  
American Association of Neurological Surgeons  
American Association of Neuromuscular & Electrodiagnostic Medicine  
American Clinical Neurophysiology Society  
American College of Allergy, Asthma and Immunology  
American College of Cardiology  
American College of Emergency Physicians  
American College of Mohs Surgery  
American College of Osteopathic Internists  
American College of Osteopathic Surgeons  
American College of Phlebology  
American College of Physicians  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Congress of Obstetricians and Gynecologists  
American Geriatrics Society  
American Medical Group Association  
American Osteopathic Association  
American Psychiatric Association  
American Society for Clinical Pathology  
American Society for Gastrointestinal Endoscopy  
American Society for Radiation Oncology  
American Society of Anesthesiologists  
American Society of Cataract and Refractive Surgery  
American Society of Clinical Oncology  
American Society of Dermatopathology  
American Society of Hematology  
American Society of Neuroradiology  
American Society of Nuclear Cardiology  
American Society of Plastic Surgeons  
American Society of Retina Specialists  
American Urogynecologic Society  
American Urological Association

College of American Pathologists  
Congress of Neurological Surgeons  
Endocrine Society  
Heart Rhythm Society  
International Society for the Advancement of Spine Surgery  
Medical Group Management Association  
North American Neuro-Ophthalmology Society  
North American Spine Society  
Society for Vascular Surgery  
Society of Critical Care Medicine  
Society of Gynecologic Oncology  
Spine Intervention Society  
The Society of Thoracic Surgeons

Medical Association of the State of Alabama  
Arkansas Medical Society  
California Medical Association  
Colorado Medical Society  
Connecticut State Medical Society  
Medical Society of Delaware  
Medical Society of the District of Columbia  
Medical Association of Georgia  
Hawaii Medical Association  
Idaho Medical Association  
Illinois State Medical Society  
Indiana State Medical Association  
Iowa Medical Society  
Kansas Medical Society  
Kentucky Medical Association  
Louisiana State Medical Society  
Maine Medical Association  
MedChi, The Maryland State Medical Society  
Massachusetts Medical Society  
Michigan State Medical Society  
Minnesota Medical Association  
Mississippi State Medical Association  
Missouri State Medical Association  
Nebraska Medical Association  
Nevada State Medical Association  
Medical Society of New Jersey  
New Mexico Medical Society  
North Carolina Medical Society  
North Dakota Medical Association  
Ohio State Medical Association  
Oklahoma State Medical Association  
Oregon Medical Association  
Pennsylvania Medical Society  
Rhode Island Medical Society  
South Carolina Medical Association

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South Dakota State Medical Association  
Tennessee Medical Association  
Utah Medical Association  
Vermont Medical Society  
Medical Society of Virginia  
Washington State Medical Association  
West Virginia State Medical Association  
Wisconsin Medical Society  
Wyoming Medical Society