

April 18, 2016

Andrew M. Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Washington, DC 20201

Dear Acting Administrator Slavitt:

With the upcoming release of the proposed rule regarding implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), we are writing to ensure that activities in the private sector continue, and have a defined pathway to meet the Alternative Payment Model (APM) criteria. The undersigned organizations reflect a wide breadth of companies and organizations that share your commitment to a strong Medicare payment system that better meets the healthcare needs of its beneficiaries through the adoption of a framework that rewards clinicians for value over volume, and streamlines other existing quality reporting programs into one new system.

Our collective goal is to ensure the implementation of MACRA does not create an overly prescriptive, time-consuming and complex federal approval process for clinical quality improvement and APMs as this could undermine existing programs that are already extraordinarily effective in improving care and containing costs. While each undersigned organization has unique perspectives and concerns regarding the rollout of MACRA, there are overarching topics on which we are unanimous and urge CMS to strongly consider adopting the following recommendations when developing policies for both the MIPS and APM tracks:

**First, it is important the implementation of MACRA does not disrupt the positive effect APMs are having on beneficiaries' health in both the public and private sectors.** As you know, APMs such as Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs) have shown great promise and proven potential in improving quality while maintaining or reducing costs to the healthcare system. There are diverse approaches being taken by physicians, private payers, and CMMI that have demonstrated that there is no one way to achieve the shared goals of building a health care delivery system that is better, smarter and healthier. CMS should allow for maximum flexibility on the public and private sector sides and not inadvertently create rules around participation that have a chilling effect on the ability to innovate—for both physicians and payers. Maximum flexibility would help enable both private sector and public sector APMs to work in concert, as opposed to the potential for confusion or conflicting requirements. Ensuring a broad variety of APMs that suit local markets and the diversity of physician practice – including both primary care and other specialties -- is essential to achieving the goals of this program.

**Second, there should be a clear, non-burdensome pathway for private sector models to meet the threshold for qualifying APMs under MACRA.** There has been a significant amount of success over the last decade in developing APMs in the private sector among health plans, employers and physicians – we fear that this work risks coming undone by creating stringent rules on APMs that make it impractical or untenable for clinicians to participate in both private sector and Medicare APMs. Having a clear pathway to become a qualified APM under the all-payer threshold as well as the Physician-Focused Payment Model Technical Advisory

Committee (PTAC) will be a significant step forward for creating synergies between public and private sector delivery system reform efforts.

**Third, CMS should ensure that virtual groups in MIPS are defined in such a way that helps small, independent physician practices remain viable (as independent practices) and supports the potential impact that virtual groups can have to improve patient care.**

The opportunity for physicians to form virtual groups and build organized systems of care is an essential piece that can help sustain their ability to remain independent while mitigating further consolidation under MACRA.

**Finally, physicians should have ample opportunity to receive credit for existing clinical quality improvement activities in the MIPS track.** Clinical improvement activities that physicians have worked on in the private sector should also earn them credit under MIPS. These successful collaborations between physicians and health plans can serve as a first step for physicians that are not able to be part of a larger APM, but do want to be part of a value-based care model.

Given that the proposed rule currently resides at The Office of Management and Budget for review (CMS-5517-P) and the rollout of MIPS begins in less than a year, maximum flexibility and timely, clear guidance is imperative to ensure a smooth transition for all stakeholders. We welcome the opportunity to discuss this with you in greater detail so we can jointly construct meaningful solutions to this complex, yet transformative law. We look forward to working with you to help meet the needs of current and future Medicare beneficiaries.

Sincerely,

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 & Immunology  
American Academy of Dermatology Association  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Family Physicians  
American Academy of Home Care Medicine  
American Academy of Neurology  
American Academy of Otolaryngic Allergy  
American Academy of Pediatrics  
American Academy of Physical Medicine and Rehabilitation  
American Association of Neurological Surgeons  
American College of Cardiology  
American College of Emergency Physicians  
American College of Osteopathic Internists  
American College of Physicians  
American College of Rheumatology  
American College of Surgeons  
American Congress of Obstetricians and Gynecologists  
American Gastroenterological Association  
American Medical Association  
American Osteopathic Association  
American Psychiatric Association  
American Society for Dermatologic Surgery Association  
American Society for Gastrointestinal Endoscopy

American Society of Anesthesiologists  
American Society of Clinical Oncology  
American Society of Nuclear Cardiology  
American Society of Plastic Surgery  
American Society of Radiation Oncology  
American Urological Association  
Association of American Medical Colleges  
BlueCross BlueShield Association  
College of American Pathologists  
Congress of Neurological Surgeons  
Endocrine Society  
Heart Rhythm Society  
Infectious Diseases Society of America  
Society for Cardiovascular Angiography and Interventions  
Society of Hospital Medicine  
The Society of Thoracic Surgeons