



Sound Policy. Quality Care.

October 4, 2017

The Honorable Kevin Brady
Chair, Ways & Means Committee

The Honorable Richard Neal
Ranking Member, Ways & Means Committee

The Honorable Greg Walden
Chair, Energy & Commerce Committee

The Honorable Frank Pallone
Ranking Member, Energy & Commerce

The Honorable Orrin Hatch
Chair, Senate Finance Committee

The Honorable Ron Wyden
Ranking Member, Senate Finance Committee

RE: Recommended changes to MACRA

Dear Chairman Brady, Ranking Member Neal, Chairman Walden, Ranking Member Pallone, Chairman Hatch, and Ranking Member Wyden:

As the Alliance of Specialty Medicine (Alliance), our mission is to advocate for sound federal health care policy that fosters patient access to the highest quality specialty care. The Alliance recognizes the importance of successful implementation of the Merit-based Incentive Payment System (MIPS), as established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), in order to create a single, more streamlined, and clinically relevant mechanism to evaluate clinician performance and to adjust payment. As such, our member organizations are working with their physicians to encourage participation in the program.

The Alliance, in agreement with the House of Medicine, has identified a few changes that would assist clinicians in preparing for and achieving full and successful implementation of MACRA's physician payment reform. We believe the following suggested changes would ensure clinicians have sufficient time and ability to digest, prepare for, and implement MIPS requirements, while also providing the Secretary of Health and Human Services the flexibility and time to more accurately and meaningfully assess clinician performance under this program. Additional changes would provide clarification that we believe would strengthen the MIPS program consistent with Congressional intent. These include:

- **Cost Category Weight:** Provide the Secretary flexibility to set the resource use, or "cost" category of MIPS, at a lower weight than the statutory requirement of 30 percent, but not more than 10 percent, through the 2021 performance year;

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American Academy of Facial Plastic and Reconstructive Surgery • American Association of Neurological Surgeons
American College of Mohs Surgery • American College of Osteopathic Surgeons • American Gastroenterological Association
American Society for Dermatologic Surgery Association • American Society of Cataract & Refractive Surgery • American Society of Echocardiography
American Society of Plastic Surgeons • American Urological Association • Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons • National Association of Spine Specialists

- **Performance Threshold:** Provide the Secretary the flexibility to continue setting the MIPS performance threshold at a level commensurate with clinician readiness, rather than the mean or median performance level required under current law, through the 2021 performance year;
- **Application of MIPS to Part B Drugs:** Clarify that MIPS payment adjustments should apply only to covered professional services under the Medicare Physician Fee Schedule; and
- **Definition of Small Practice:** Clarify the definition of “small practice” to only include MIPS eligible clinicians when determining whether a practice meets the size threshold, ensuring that other allied health care professionals are not inappropriately considered.

The Alliance of Specialty Medicine appreciates your consideration of our recommended changes. We look forward to working with you to facilitate successful implementation of MACRA’s physician payment reforms, enable more meaningful assessment of clinician performance on cost measures, provide relief necessary to allow clinicians to engage with MIPS, and ultimately increase access to high-quality specialty care for Medicare beneficiaries.

Sincerely,

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