July 26, 2018

The Honorable Michael Burgess, MD
Chair, House Committee on Energy and
Commerce
Health Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable Gene Green
Ranking Member, House Committee on
Energy and Commerce
Health Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Burgess and Ranking Member Green:

On behalf of the American Academy of Family Physicians (AAFP) and the 131,400 family physicians and medical student members we represent, I write to express our continued support for the goals and objectives established by the *Medicare Access and CHIP Reauthorization Act (MACRA)*. We appreciate your efforts to evaluate the law and its implementation and thank you for seeking physician input as part of the Committee's hearing titled, "MACRA and MIPS: An Update on the Merit-based Incentive Payment System."

While the AAFP continues to support the underlying goals of the law, we do have concerns with the implementation of MACRA. As you know, MACRA placed a priority on the transition of physician practices from the legacy fee-for-service payment model towards alternative payment models (APM) that promote improved quality and efficiency. To date, the number of available APMs is not sufficient to achieve this goal. The AAFP has been actively engaged on the development of primary care focused APMs and is eager to work with the Centers for Medicare and Medicaid Services (CMS) and the Centers for Medicare and Medicaid Innovation (CMMI) to test these models. While we have concerns, we are encouraged by the new leadership at CMMI and the focus of their work.

Regarding the Merit-based Incentive Payment System (MIPS), we are concerned with the continued complexity of the scoring methodology, lack of timely and clinically actionable feedback, and terminology changes made by the agency. We recognize the administration's efforts to address this issue through proposals for 2019 and look forward to providing substantive feedback on those proposals and the new physician fee schedule's documentation guidelines.

To improve the Quality Payment Program (QPP), the AAFP advocates for the following policies:
- An opt-in pathway for those MIPS-eligible clinicians who find themselves below the low-volume threshold, which the agency proposes to add in 2019.
- Retention of cross-cutting measures in specialty sets with fewer than six measures to ensure parity in quality reporting across all eligible clinicians.
- New ways to hold harmless, for purposes of the cost category, physicians who cannot be reliably measured against at least one episode-based cost measure, until such time when CMS can create a more even and meaningful playing field for cost measurement.
- Decreased complexity of scoring in MIPS performance categories.

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- Support for the Physician-Focused Payment Model Technical Advisory Committee's role in evaluating physician-focused payment models (PFPMs). We see significant value in broadening the PFPM definition to include any public and private payment model.

For the past two decades, the AAFP has been a leading voice for reforms that move our delivery and payment systems away from the episodic, fee-for-service regime that has defined our health care system for much of the past 60 years. While fee-for-service will always have a role, we are convinced that it is, in most instances, not congruent with the delivery of patient-centered, comprehensive, and continuous advanced primary care.

Again, we appreciate the opportunity to offer our thoughts on this important issue and help set a specific, measurable, achievable, relevant, and time-bound goal to reduce administrative burden and focus on patients over paperwork. The AAFP stands ready to assist in achieving this important goal. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,

John Meigs, Jr., MD, FAAFP
Board Chair