

Congress of the United States
House of Representatives
Washington, DC 20515

June 13, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

As Members of Congress dedicated to the goal of advancing value-driven health care, we are writing to urge the Centers for Medicare & Medicaid Services (CMS) to utilize the existing statutory authority granted to the Agency under the Medicare Access and CHIP Reauthorization Act (MACRA) to facilitate the transition to value-based care. Specifically, CMS should use the flexibility provided in the MACRA to ensure more meaningful and current quality data is utilized by physicians in their care of patients. Additionally, CMS should also test and advance alternative payment models (APMs) developed by the physician community and approved by the Physician-Focused Payment Model Technical Advisory Committee (PTAC).

Test APMS Approved by PTAC

Many physicians are left without meaningful options to participate in value-based payment arrangements through APMs, leaving them in a broken fee-for-service system. MACRA set up a process for physician organizations and other stakeholders to submit innovative APMs for consideration and review. The PTAC was to evaluate each model and make recommendations to the Secretary for which should be tested or implemented. However, the CMS Innovation Center has yet to test a single APM approved by the PTAC. Unfortunately, this means that no physicians will be able to participate in physician developed payment models prior to the expiration of the 5% lump sum payment incentive intended to help facilitate the transition to value-based care. CMS should immediately use its existing authority and the resources of the CMS Innovation Center to test APMs that were recommended by PTAC as intended under MACRA.

Adopt Evidence-Based Quality Measures for a Broader Set of Physicians

MACRA represented the culmination of Congressional efforts to replace a broken payment system with one that would increase the quality of care while reducing health spending. As physicians and CMS continue to implement the changes set forth in MACRA, it is our understanding that the law continues to depend on outdated quality measures that have not kept pace with the complex nature of modern care. The language within MACRA under section 101(c)(2)(D) allowed for flexibility in adoption of measures through alternative processes if they have an evidence-based focus. This was a key provision intended to encourage developing quality measures to ensure successful implementation of the law by providing participating physicians of all specialties with actionable information for improvement. More patient-centered quality measures could also provide patients with critical information on where they can access

safe, equitable, high-quality care. However, this flexibility has largely gone unused leaving few options for non-primary care physicians to utilize quality measures that are patient-centered and aligned with the conditions they treat. CMS should use its existing authority of MACRA to adopt evidence-based quality measures, including registry measures, or measures vetted and reviewed by consensus bodies other than the National Quality Forum (NQF) throughout the Quality Payment Program including in the Merit-based Incentive Payment System (MIPS), MIPS Value Pathways (MVPs) and APMs.

Physicians have a deep understanding of what is necessary to achieve quality and safety in the modern clinical context. These efforts may not always fit into the template envisioned by the typical measure vetting and adoption process and may differ from typical CMS payment models. MACRA Recognized these facts and provided broad flexibility and processes to allow for innovation from the physician community. We urge CMS to better utilize its statutory authority where possible to work with key stakeholders in order to advance the goals of achieving meaningful value-based care and better outcomes for all patients.

Sincerely,



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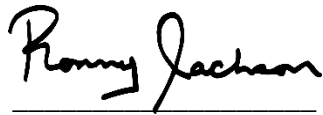
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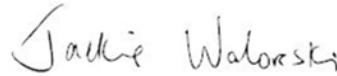
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