

February 14, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Brooks-LaSure,

On behalf of the American Medical Association (AMA) and the undersigned national medical specialty societies, we write to urge the Centers for Medicare & Medicaid Services (CMS) to extend the timeline for field testing of five draft cost measures for potential use in the Merit-based Incentive Payment System (MIPS) for at minimum, a period of thirty days. As the nation continues to grapple with COVID-19 and its variants, we are concerned that physicians are not given sufficient time to adequately review, analyze, and provide detailed feedback about the draft cost measures due to the recent dramatic COVID-19 surge. We are hearing from physicians across the country that they and their staff are facing extreme hardship and staff shortages due to the current Omicron surge. While we recognize and strongly support the MIPS flexibilities adopted by CMS throughout the COVID-19 public health emergency (PHE) thus far, the COVID-19 pandemic continues to persist almost two years after the initial determination of the PHE leading to an alarming rate of infection. In response, we urge the Agency to recognize that more time is necessary to ensure field testing is successful.

Our organizations represent physicians that account for the top three most-attributed specialties for each of the five measures and have actively participated in the development of these draft measures by CMS and its contractor, Acumen, LLC. We want field testing to be a success but strongly believe more time is necessary to provide robust feedback about the five novel cost measures being tested including Emergency Medicine, Heart Failure, Low Back Pain, Major Depressive Disorder, and Psychoses/Related Conditions. These measures represent potentially sweeping expansions of the MIPS Cost Performance Category, and it is essential that CMS allow enough time for stakeholder engagement to prevent unintended consequences, such as unfair comparisons of costs for patients who have had surgery and those who have not or inaccurate attribution logic. The process and timeline should put more emphasis on accuracy than on meeting bureaucratic deadlines to rapidly expand the number of clinicians that can be scored on cost measures. We still think there will be plenty of time for CMS to thoughtfully incorporate these measures into the MIPS program.

The COVID-19 pandemic continues to stress our physicians and the health care system and MIPS eligible clinicians are working tirelessly to sustain their practices in order to continue to provide care to patients. **Therefore, we strongly urge CMS to extend the deadline to provide comments in response to field testing of the draft cost measures for potential use in MIPS by a minimum of thirty days. Physicians need this extension to review how the measures would apply to them and to provide feedback prior to the introduction of these measures into MIPS, particularly now that cost measures account for 30% of the final score.**

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Thank you for considering this request.

Sincerely,

American Medical Association
American Academy of Family Physicians
American Academy of Physical Medicine & Rehabilitation
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Physicians
American Psychiatric Association
Congress of Neurological Surgeons