Whereas, The Medicare Payment Advisory Commission (MedPAC) announced a proposal to drop the Merit-based Incentive Payment System (MIPS) program in its annual report to Congress on needed changes to Medicare payment policies (March 2018); and

Whereas, MedPAC commissioners have concluded that the Merit-Based Incentive Payment System (MIPS) will not fulfill its goals and therefore should be replaced with a voluntary value program (VVP) whereby clinicians would not have to report quality data themselves; and

Whereas, Our AMA has policy advocating for an exemption from the Merit-Based Incentive Payment System (MIPS) and Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) for small practices (AMA Policy H-390.838); and

Whereas, Our AMA has longstanding policy encouraging the Centers for Medicare and Medicaid Services to revise the Merit-Based Incentive Payment System to a simplified quality and payment system with significant input from practicing physicians, that focuses on easing regulatory burden on physicians, allowing physicians to focus on quality patient care (H-390.837); therefore be it

RESOLVED, That our American Medical Association work with the Medicare Payment Advisory Commission (MedPAC) and the Centers for Medicare and Medicaid Services (CMS) to advocate for a new replacement voluntary reporting system that has significant input from practicing physicians and reduces regulatory and paperwork burdens on physicians (Directive to Take Action); and be it further

RESOLVED, That, in the interim, our AMA work with CMS to shorten the yearly Merit-Based Incentive Payment System (MIPS) data reporting period from one-year to any 90-day interval within the calendar year (of the physician’s choosing). Directive to Take Action

REFERENCES
March 2018 MEDPAC Report to the Congress: Medicare Payment Policy; Chapter 15: Moving Beyond the Merit-Based Incentive Payment System http://www.medpac.gov/-documents-/reports

Fiscal Note: Not yet determined

Received: 05/02/18

RELEVANT AMA POLICY

Measurement of Drug Costs to Assess Resource Use Under MACRA H-385.911
1. Our AMA will work with Congress and the Centers for Medicare and Medicaid Services to exempt all Medicare Part B and Part D drug costs from any current and future resource use measurement mechanisms, including those that are implemented as part of the Merit-Based Incentive Payment System (MIPS) or resource use measurement used by an Alternative Payment Model to assess
payments or penalties based on the physician's performance and assumption of financial risk, unless a Physician Focused Alternative Payment Model (incorporating such costs) is proposed by a stakeholder organization and participation in the model is not mandatory.

2. Our AMA will continue work with impacted specialties to actively lobby the federal government to exclude Medicare Part B drug reimbursement from the MIPS Payment adjustment as part of the Quality Payment Program (QPP).

Citation: Res. 218, A-16; Appended: Res. 225, I-17;

**Physician Payment Reform H-390.849**

1. Our AMA will advocate for the development and adoption of physician payment reforms that adhere to the following principles:
   a) promote improved patient access to high-quality, cost-effective care;
   b) be designed with input from the physician community;
   c) ensure that physicians have an appropriate level of decision-making authority over bonus or shared-savings distributions;
   d) not require budget neutrality within Medicare Part B;
   e) be based on payment rates that are sufficient to cover the full cost of sustainable medical practice;
   f) ensure reasonable implementation timeframes, with adequate support available to assist physicians with the implementation process;
   g) make participation options available for varying practice sizes, patient mixes, specialties, and locales;
   h) use adequate risk adjustment methodologies;
   i) incorporate incentives large enough to merit additional investments by physicians;
   j) provide patients with information and incentives to encourage appropriate utilization of medical care, including the use of preventive services and self-management protocols;
   k) provide a mechanism to ensure that budget baselines are reevaluated at regular intervals and are reflective of trends in service utilization;
   l) attribution processes should emphasize voluntary agreements between patients and physicians, minimize the use of algorithms or formulas, provide attribution information to physicians in a timely manner, and include formal mechanisms to allow physicians to verify and correct attribution data as necessary; and
   m) include ongoing evaluation processes to monitor the success of the reforms in achieving the goals of improving patient care and increasing the value of health care services.

2. Our AMA opposes bundling of payments in ways that limit care or otherwise interfere with a physician's ability to provide high quality care to patients.

3. Our AMA supports payment methodologies that redistribute Medicare payments among providers based on outcomes, quality and risk-adjustment measures only if measures are scientifically valid, verifiable, accurate, and based on current data.

4. Our AMA will continue to monitor health care delivery and physician payment reform activities and provide resources to help physicians understand and participate in these initiatives.

5. Our AMA supports the development of a public-private partnership for the purpose of validating statistical models used for risk adjustment.

Citation: CMS Rep. 6, A-09; Reaffirmation A-10; Appended: Res. 829, I-10; Appended: CMS Rep. 1, A-11; Appended: CMS Rep. 4, A-11; Reaffirmed in lieu of Res. 119, A-12; Reaffirmed in lieu of Res. 122, A-12; Modified: CMS Rep. 6, A-13; Reaffirmation I-15; Reaffirmation: A-16; Reaffirmed in lieu of: Res. 712, A-17;

**Preserving a Period of Stability in Implementation of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) D-390.950**

1. Our AMA will advocate that Centers for Medicare and Medicaid Services (CMS) implement the Merit-Based Payment Incentive Payment System (MIPS) and Alternative Payment Models (APMs) as is consistent with congressional intent when the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) was enacted.

2. Our AMA will advocate that CMS provide for a stable transition period for the implementation of MACRA, which includes assurances that CMS has conducted appropriate testing, including physicians' ability to participate and validation of accuracy of scores or ratings, and has necessary resources to implement provisions regarding MIPS and APMs.

3. Our AMA will advocate that CMS provide for a stable transition period for the implementation of MACRA that includes a suitable reporting period.

Citation: Res. 242, A-16;

**MIPS and MACRA Exemption H-390.838**

Our AMA will advocate for an exemption from the Merit-Based Incentive Payment System (MIPS) and Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) for small practices.

Citation: Res. 208, I-16; Reaffirmation: A-17; Reaffirmation: I-17;

**Electronic Health Records and Meaningful Use D-478.971**

Our AMA: (1) will continue to work with the Centers for Medicare and Medicaid Services and other relevant stakeholders to allow for partial credit for eligible professionals in the Meaningful Use and Merit-Based Incentive payment programs; and (2) will compile and continue to educate physicians on the available guidance related to different types of EHRs, system downtime, and technology failures, including mitigation strategies, continuity training solutions, and contracting solutions.

Citation: BOT Rep. 10, A-16;

**Support for the Quadruple Aim H-405.955**

1. Our AMA supports that the "Triple Aim" be expanded to the Quadruple Aim, adding the goal of improving the work-life balance of physicians and other health care providers.

2. Our AMA will advocate that addressing physician satisfaction count as a Clinical Practice Improvement Activity under the Merit-Based Incentive Payment System (MIPS).

Citation: Res. 104, A-16;