



March 15, 2017

Seema Verma, MPH
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Submitted via email

Re: Merit-Based Incentive Payment System eligibility notifications

Dear Administrator Verma,

The Medical Group Management Association (MGMA) requests your immediate assistance implementing provider notification provisions related to the 2017 Merit-Based Incentive Payment System (MIPS). Contrary to the Agency's own regulatory provisions and commitment to providing notifications last December, it is now three months into the 2017 performance period and CMS has failed to notify clinicians and group practices regarding low volume threshold exemptions, status as hospital-based or non-patient-facing, as well as approved lists of registry vendors. This is generating considerable frustration and confusion.

Transitioning to MIPS is a challenge involving upgrades to electronic health record software, re-engineering clinical workflows to meet data capture and reporting requirements, contracting with data registries, and training clinical and administrative staff. Without basic information about eligibility, physicians and medical groups are significantly disadvantaged from positioning themselves for success in the program.

CMS recognized the importance of providing advanced notice of eligibility by making determinations about the low volume exemption based on historic data (81 FR 77065). The agency therefore finalized prior determination periods to "allow [it] to inform eligible clinicians and groups of their low-volume status during the month (December) prior to the start of the performance period" (81 FR 77065). By CMS' own estimate, 32.5 percent of Medicare providers are exempt from MIPS in 2017 under the low volume threshold and, as such, at least 32.5 percent of Medicare providers are currently unsure whether they qualify for participation in MIPS (81 FR 77012).

Further hindering group practices' success in MIPS is the absence of a final list of approved 2017 qualified registries and qualified clinical data registries. Group practices planning to utilize these reporting mechanisms must either delay engagement or partner with vendors without a guarantee they meet CMS' qualifications. In addition, CMS has not yet notified clinicians and group practices of their status as hospital-based or non-patient facing. Due to the nature of clinical practice, these clinicians and group practices are unable to comply with certain program

requirements and are afforded necessary flexibilities. To date however, they do not know their MIPS status and the pertinent rules under which they must comply.

To succeed in MIPS, clinicians and group practices require certainty as to their eligibility, as well as the eligibility of their vendor partners. We urge CMS to expeditiously release these long overdue MIPS eligibility notices and approved vendor lists.

MGMA and its 50 state affiliates comprise more than 33,000 administrators and executives in 18,000 healthcare organizations in which 385,000 physicians practice. MGMA represents physician groups of all sizes, types, structures and specialties. As the leading association for practice administrators and executives for nearly 90 years, MGMA produces the most credible medical practice economic data in the industry and provides the education, advocacy, data and resources that healthcare organizations need to deliver the highest-quality patient care.

Should you have any questions, please contact me at 202-293-3450 or agilberg@mgma.org.

Sincerely,

/s/

Anders M. Gilberg
Senior Vice President, Government Affairs