General observations

• MACRA is complex
  – Law reflects the diversity of the profession and emphasis on choice
  – Regulations can add complications
• One goal of MACRA was to simplify administrative processes for physicians
  – Compared to recent past (SGR) and current framework (MU, PQRS), the proposed regulations did include significant improvements
  – Many more improvements are needed for successful implementation
• Medicine’s goal is to significantly reduce net regulatory burdens, while creating flexibility and choice
• AMA and other medical societies submitted lengthy, detailed comments with recommended solutions for key shortcomings of proposed rule
MACRA for Small, Rural and/or Independent Practices

- MIPS impact table predicting pay cuts for high percentage of clinicians in small practices, based on 2014 PQRS data, should be interpreted with caution
  - Many small practices did not do PQRS in 2014; VBM only for larger practices then
  - “Eligible clinician” pool larger for MACRA than PQRS; non-physicians who were not covered by PQRS could not “succeed” in 2014
  - MACRA policies, including small practice accommodations, not reflected in table
- Many small, independent practices deliver high-value care
- Important to ensure that MIPS does not harm patient access to this care
- Don’t give physicians with few Medicare FFS patients a reason to see even less by reducing Medicare patients, only taking MA, opting-out, going non-par

Solutions for Small, Rural and/or Independent Practices

- Increase low-volume threshold to exempt more physicians from MIPS
  - CMS proposed < $10K Medicare charges AND < 100 Medicare patients, which exempts 10% of physicians and < 1% of total Medicare allowed charges
  - AMA recommends < $30K OR < 100 patients (29% of physicians, <7% of charges)
- Compare peers to peers so group size is not determining factor in success
- Allow participation through virtual groups (no CMS proposal in NPRM)
- Maintain MU hardship exclusions in Advancing Care Information
- Further reduce Quality & Clinical Practice Improvement required reporting
- Provide technical assistance, help desks and staff ASAP
- Use consistent definition of small practices
**Recommended MIPS Solutions**

- **Quality**
  - Maintain existing 50% reporting threshold; do not increase to 80% - 90%
  - Further reduce required measures to 4 instead of 6 (currently 9)

- **Resource Use**
  - Move to episode measures, improve attribution and risk adjustment
  - Make resource use optional until these improvements are made and tested

- **Clinical Practice Improvement**
  - Reduce number of required CPI activities
  - Increase avenues for certifying Medical Homes
  - Increase CPI score for participation in alternative payment models (APMs)

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**Recommended MIPS Solutions**

- **Advancing Care Information**
  - Grant credit for each reported base measure to eliminate pass/fail approach
  - Encourage innovative uses of technology and alternative measures

- **Overall**
  - Start performance period in July 2017 to allow for successful MACRA launch
  - Provide timely, actionable feedback on performance
  - Synthesize requirements and scoring to unify MIPS (vs four separate programs)

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Recommended APM Solutions

Nominal Risk
- Define simply as small percentage of APM entity Part A and B revenues
- Allow all APMs to count loss of upfront payments as financial loss risks
- Allow APM operating costs to count as loss risks

Modify APMs
- Modify existing APM participation agreements so more existing APMs can qualify under MACRA, such as BPCI participants and Track 1 ACOs

Medical Homes
- Do not limit medical homes to < 50 clinicians
- Do not increase minimum financial risk after year 1
- Allow Medicaid PCMH to qualify without taking risk

APMs for Specialists
- Offer more opportunities for specialty societies to develop eligible APMs
- Provide a timeline and process for CMS review of new APM proposals

Overall
- Start performance period in July 2017 to allow for more APMs to be qualified as MIPS or Advanced APMs when performance period begins
- Develop pathways for MIPS participants to become APM participants