

November 28, 2017

The Honorable Orrin Hatch
Chair
Senate Finance Committee
104 Hart Senate Office Building
Washington, DC 20510

The Honorable Greg Walden
Chair
House Energy & Commerce Committee
2185 Rayburn House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Chair
House Ways & Means Committee
1011 Longworth HOB
Washington, DC 20515

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Frank Pallone
Ranking Member
House Energy & Commerce Committee
237 Cannon House Office Building
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
House Ways & Means Committee
341 Cannon House Office Building
Washington, DC 20515

Dear Chairmen Hatch, Walden and Brady and Ranking Members Wyden, Pallone and Neal:

The undersigned physician specialty organizations are committed to working with Congress and the Centers for Medicare and Medicaid Services (CMS) on the successful implementation of Medicare Access and CHIP Reauthorization Act (MACRA). To that end, we are seeking your intervention this year with a technical correction to ensure the Merit-based Incentive Payment (MIPS) score adjustment is not applied to Part B drug payments.

MACRA was bi-partisan Congressional action meant to promote and incentivize both quality and value. Under MACRA, Congress clearly established a range of bonuses and penalties to which providers could be subjected through the MIPS adjustments.

Under the final Quality Payment Program rule released in November, CMS is applying MIPS adjustments to Part B drugs in addition to fee schedule services. As you know, this application of the adjustment is a significant departure from current policy.

We believe this policy is not consistent with Congressional goals in the bipartisan passage of MACRA. In the final rule, CMS states that the statute leaves them no flexibility in how to implement policy. If left as is, this policy will negatively impact patients' access to critical life and sight-saving treatments by putting specialties that provide high cost drugs at risk. It will significantly amplify the range of bonuses and penalties intended by MACRA, only for certain specialties.

While we had substantial Congressional support for a message to CMS to reevaluate their interpretation of the MACRA statute, CMS did not heed that request. We now need Congress to act immediately to curtail this policy and ensure patients have access to all the services and treatments they need.

We also would like to work with you in the future to address the weighting of the cost score category of MIPS. CMS has not outlined sound methodologies for risk adjustment for physicians with patient populations at risk for high resource use, and cost measures necessary under MIPS are still under development. Work remains to ensure that the new measures are developed and integrated in a way that accurately reflects the complexities of cost measurement and does not inadvertently discourage clinicians from caring for high-risk and medically complex patients. We believe that these methodologies and measures must be developed and validated before CMS moves forward with implementing this category.

Taken together, these two issues could create a perfect storm for specialties whose patients depend on physician-administered drugs. We stand ready to work with you on ensuring the implementation of MACRA is successful. Thank you for your consideration.

Sincerely,

American Academy of Allergy, Asthma and Immunology
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Physical Medicine and Rehabilitation
American College of Gastroenterology
American College of Rheumatology
American Gastroenterological Association
American Society of Clinical Oncology
American Society of Retina Specialists
American Urological Association
Infectious Diseases Society of America
The Macula Society
The Retina Society