AMA
AMERICAN MEDICAL ASSOCIATION

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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

Re: File Code CMS–1784–P

Dear Administrator Brooks-LaSure:

On behalf of our physician and medical student members, the American Medical Association (AMA) strongly urges the Centers for Medicare & Medicaid Services (CMS) to improve the frequency and usefulness of the Merit-based Incentive Payment System (MIPS) data shared with physicians and to resolve discrepancies in the MIPS public use files. Physicians across the country are united in the need for timely data to improve care for patients and reduce avoidable costs. Though Congress took action to give physicians access to their data, they still do not receive timely, actionable feedback in Medicare. In addition, the aggregate program-level information about MIPS that has been made publicly available is incomplete and inconsistent. The AMA makes four specific recommendations below to remedy these problems.

Recommendation 1: Provide timely, actionable MIPS and Medicare data to physicians.

Value-based care relies on data. To be successful, physicians in MIPS need access to a wide range of information on a timely basis to understand gaps in care and identify opportunities to improve health outcomes, reduce variations in care delivery, or eliminate avoidable services—all steps that can improve quality and lower costs for patients and the Medicare program. For example, if physicians have access to claims data about patients who have repeat emergency department (ED) visits, they can reach out to those patients to educate them about contacting their practice before making a visit to the ED and to provide monthly care management services to proactively address any health concerns before they become urgent or emergent.

While Congress recognized the critical importance of data sharing with physicians in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) statute, which requires timely MIPS performance feedback, CMS has dragged its feet in meeting its statutory obligations to provide timely (e.g., quarterly) MIPS feedback reports and has never provided Medicare claims data to physicians despite this requirement going into effect in 2018. The lack of timely and actionable feedback contributes to physicians' frustration with MIPS, which they experience as another check-the-box exercise rather than an effort to meaningfully improve quality of care and reduce unnecessary costs. **We strongly urge CMS to make Medicare claims data and meaningful MIPS attribution, measure, and performance data available on a rolling basis or, at a minimum, on a quarterly basis during the actual performance period as required by MACRA.**

Currently, CMS provides physicians with an annual MIPS Feedback Report that includes information about their performance on MIPS metrics six to 18 months after they have provided a service to a Medicare patient. For example, the first MIPS Final Score Preview physicians received for services they provided anytime in 2022 was in June 2023. Taking cost measures as an example, CMS continues to increase the number of measures that physicians may be scored on based on their Medicare claims data. In 2023, there are 25 cost measures in the program. Unlike most other MIPS measures and activities, cost measure data is not reported by physicians but calculated by CMS on the back end using claims data. Physicians do not know either at the time they provide services or at any point during the performance year how they are performing on any of these measures that collectively account for 30 percent of their total MIPS score, including which cost measures they will be measured on, which patients are attributed to them, and for what costs or services provided by other health professionals or facilities outside of their own practices they will be held accountable. Without this information at any point during the actual performance year, physicians have no way to monitor their performance, identify opportunities for efficiencies in care delivery, and avoid unnecessary costs. This is not due to a lack of interest in the information. Physicians have repeatedly urged CMS to share more frequent and actionable data.

Recommendation 2: Resolve discrepancies in MIPS public files.

The AMA has analyzed the 2021 Quality Payment Program (QPP) results using the information that CMS has distributed in its Provider Data Catalog. Unfortunately, we have found that the files are incomplete and inconsistent and, as a result, it is difficult to drill down in the data to better understand how small practices and rural practices, for example, are performing in MIPS and why this might be the case. Ensuring this data is accurate is critically important to ongoing efforts to understand and improve this program, which should be a shared goal of interested parties and CMS.

Specifically, there is one file that contains the MIPS scores for each clinician but does not have any information about the clinician other than their name and national provider identifier (NPI). The National Downloadable File that accompanies this MIPS score file has information about clinicians, such as their specialties and the names of the group or groups with which they practice. However, we have found that there are almost 100,000 NPIs with a MIPS score that are not included in the National Downloadable File. We looked at the 2020 files, and the same problem exists there. In 2020, there were 180,000 NPIs that have a MIPS score that are not in the National Downloadable File. When we looked in the CMS Enrollment File data for that same time period, there were several thousand NPIs with MIPS scores that were not in the Enrollment File. **We strongly urge CMS to explain and correct these inconsistencies between data files, particularly regarding why so many NPIs are missing from the National Downloadable File, and to instruct physicians how to otherwise access this important data.**

Recommendation 3: Ensure the QPP Experience Report accurately reflects MIPS participation.

Another problem we have identified in the QPP Experience Report is that the same physician can be counted multiple times if that physician bills for services through multiple organizations. The same physician may be in the "individual," "group," and "APM" categories, and there are some in all three categories. A physician can have a low MIPS score for one practice and a high MIPS for another practice, resulting in multiple, different publicly reported scores. This information reinforces the fact that MIPS scores do not reflect the quality or cost of care delivered by an individual physician, which is confusing to patients and risks publishing conflicting and misleading information about quality and outcomes.
CMS reports that almost 700,000 clinicians were included in MIPS in 2021. However, only about 600,000 *different individuals* participated in MIPS in 2021. The vast majority (87 percent) of clinicians only received a single MIPS score for a single tax identification number (TIN) in 2021. However, over

65,000 clinicians received two different MIPS scores because they delivered services through two separate practices or groups that had separate TINs. An additional 14,700 clinicians received three or more different MIPS scores, over 1,600 of which received five or more different MIPS scores, and more than 100 received 10 or more different MIPS scores in 2021. **We strongly urge CMS to clarify the number of unique clinicians participating in MIPS in future QPP Experience Reports and to include a breakdown of the different scores unique clinicians receive through multiple groups or APMs.**

Recommendation 4: QPP Experience Reports should provide detailed data from both QPP and claims data sources to inform opportunities to improve quality, reduce costs, and develop MIPS Value Pathways (MVPs) and alternative payment models.

Unfortunately, CMS stopped providing any detailed breakdowns by state, specialty, or site of service in the QPP Experience Report after the first year of MIPS when it released an appendix to the 2017 QPP Experience Report, and the reason for doing so is not clear. Going even further back, CMS previously provided this information as part of the Quality and Resource Use Reports (QRURs) under legacy value-based reporting programs. However, since the second year of MIPS, the agency has only released public use files, which are nearly impossible for the average member of the public to understand and are plagued with inaccuracies as outlined above. **The AMA again urges CMS to provide detailed information in the QPP Experience Report about performance by specialty, region, site of service, and participation option.** More specialty-specific and condition-specific data from QPP and claims data sources will help specialty societies understand and target opportunities for high-quality, cost-effective care in MIPS, MVPs, and alternative payment models.

Moreover, these reports should display longitudinal trends about whether quality or cost is improving or declining and provide a more complete picture of what makes a particular physician, group practice, or APM successful in MIPS. This type of information would enable insights into associations between cost, quality, outcomes, as well as any unintended consequences or impacts on health equity to make value-based interventions more effective, which is MIPS' underlying goal. This type of granular data would also enable policy conversations about ways to consistently update and improve benchmarks over time, such as examining whether MIPS cost measures should move toward regional benchmarks similar to those used by accountable care organizations. The AMA has developed our own analysis of the QPP data, but it is limited due to the data shortcomings explained above. **CMS needs to remedy inconsistencies and provide a more detailed report as it did in the first year of the QPP.**

Conclusion

The need for timely, actionable data has never been greater. Unfortunately, data feedback to physicians has either receded or stalled completely under MIPS. We greatly appreciate your assistance in righting the data ship. Please do not hesitate to contact Jennifer Hananoki, Assistant Director of Federal Affairs, at jennifer.hananoki@ama-assn.org with any questions or to discuss further.

Sincerely,

James L. Madara, MD