**Medicare Red Tape Relief Project**

Submissions accepted by the Committee on Ways and Means, Subcommittee on Health

Date: August 25, 2017

Name of Submitting Organization: Physicians Advocacy Institute

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Statutory

Regulatory ✓

**Please describe the submitting organization’s interaction with the Medicare program:**

PAI is a not-for-profit advocacy organization focused on securing fair and transparent payment for physicians. PAI’s Board is comprised of CEOs/former CEOs of state medical associations from California, Connecticut, Georgia, Nebraska, New York, North Carolina, South Carolina, Tennessee and Texas and a Kentucky physician. A significant portion of the members of these and other states’ medical societies treat Medicare patients and submit claims to Medicare.

**Short Description:** Quality Payment Program (QPP) Implementation Timeline

**Summary:** A longer implementation timeline is needed to allow physicians and their staff to learn more about the QPP’s quality measures and prepare for enhanced reporting requirements. As part of the 2017 MIPS and APM Final Rule, the agency finalized several “transition year” policies to help physicians and other eligible clinicians (ECs) transition and become more familiar with MIPS. The policies included “pick your pace” options for the 2017 performance period, which allowed three participation options (not including non-participation), which was granted to physicians for the 2017 payment year to allow them to participate based on their readiness.

**Related Statute/Regulation:** CMS 2017/2018 MACRA Payment Year Regulations

**Proposed Solution:** The “Pick Your Pace” approach should be extended through at least the 2018 performance year. We believe it is important to continue the “pick your pace” policy as many physicians are still trying to understand the MIPS requirements and how their participation in the program will affect their practices. Alternatively, if the “pick your pace” options are not continued for the 2018 performance period, at a minimum, PAI recommends that the agency also offer a 90-day reporting period for the quality category, similar to the ACI and improvement activities categories. This would result in consistency across the performance categories instead of adding another level of complexity to the program, and requiring physicians to keep track of which performance period applies to which category.