**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

Address for Submitting Organization: 1010 Mt. Pleasant Road, Winnetka, IL 60093

Name of Submitting Staff: Kelly Kenney, Executive Vice President/CEO

Submitting Staff Phone: (312) 543-7955

Submitting Staff E-mail: k2strategiesllc@gmail.com

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) Data & Audit Transparency

**Summary**: PAI has several concerns with the MIPS data validation, targeted review, and appeal processes. While PAI is actively monitoring the QPP and is aware that the agency has published some materials on the data validation criteria for different performance categories, there remains much uncertainty as to what is required to meet the data validation requirements. Specifically, it remains vague in the current materials available on the QPP website exactly what documentation is required to support an audit. Additionally, physicians who receive a request of an audit currently only have 10 days to respond.

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

**Proposed Solution:** PAI insists that the agency establish a fair and transparent auditing process, specifying the documentation necessary for audit purposes so there is no misinterpretation by the physician or group, and the agency should ensure that the data validation criteria be posted prior to the beginning of the performance period so physicians and groups have adequate notice of what is expected and required of them. Furthermore, physicians or groups should be granted additional time to respond to an audit request for a valid reason (e.g., patient care, no time/resources, email/letter overlooked, vacation, etc.).

In regard to the targeted review process for appealing a MIPS payment adjustment determination, this is currently a one level, asymmetrical review process. Physicians and groups must currently submit an online application and provide a summary of their position and reason for appealing the payment adjustment determination, to which CMS responds with a final determination via email, and the process is complete. PAI believes it is necessary to expand this process and transform it into a true appeal process. As part of its initial determination and in response to any appeal application, the agency should provide detailed information that clearly explains its rationale for the payment adjustment determination and/or appeal response. Additionally, physicians and groups should have the opportunity to further discuss the appeal after the agency’s email response to allow them to correct any misunderstanding or gain additional information that could help their performance in the subsequent performance period.