

## **HHS May Nix Reporting Requirements for Value-Based Care Program, Azar Says**

By Jon Reid • February 15, 2018

Health and Human Services Secretary Alex Azar told the Senate Finance Committee Thursday that he wants to reduce or possibly eliminate reporting requirements for physicians to participate in the Merit-based Incentive Payment System, also known as MIPS.

MIPS is one of two payment tracks established under the Medicare Access and CHIP Reauthorization Act of 2015, which lays out how Medicare, the largest payer in the United States, reimburses physicians.

“What we’re doing is taking a whole host of physicians who not only will have reduced reporting burdens but maybe none under the MIPS part of that program,” Azar said.

Many physicians have complained that the reporting requirements are burdensome and expensive — particularly for those in small practices, Paul Ginsburg, a professor of health policy at the University of Southern California, said in a Thursday phone interview.

The idea of eliminating MIPS reporting requirements to the Centers for Medicare and Medicaid Services was floated in President Donald Trump’s fiscal year 2019 budget proposal.

“Performance would be assessed by CMS without requiring any reporting from clinicians, thereby leaving more time for clinicians to focus on patient care,” the proposal, which was released Monday, states.

Under MIPS, participants who receive a high score are eligible for bonus payments from Medicare, while physicians who score poorly are penalized. Physicians who do not submit any data automatically receive the lowest score.

Instead of requiring physicians who participate in MIPS to submit patient data, the White House budget proposal suggests having the government use claims data and patient surveys to grade doctors in the program.

“We would be able to independently look at data ourselves to decide their compliance with the quality programs rather than their having to even report anything,” Azar said at Thursday’s hearing.

Ginsburg, who sits on the Medicare Payment Advisory Commission, contends that the reporting requirements under MIPS are ineffective at improving care because doctors can choose the quality measures to be graded on by the government.

MedPAC, a congressional advisory board that has 17 members, approved a proposal in January calling on Congress to replace MIPS with a voluntary value program in which physicians could be assessed in a group.

Nixing reporting requirements would ease the burden on physicians — but there could be drawbacks, according to Ginsburg.

“Even though claims data can accurately reflect some aspects of quality, attributing that beneficiary’s quality of care to any physician practice is problematic because so many different physicians and other providers may be involved in that person’s care,” Ginsburg said in a follow-up email.

The budget deal that Trump signed into law last week made changes to MIPS aimed at helping physicians ease into the program. A provision in the legislation maintains cost-reduction requirements of physicians at 10 percent annually through 2021. Previously, the cost-reduction percentage would have jumped to 30 percent next year.

The American Medical Association, the nation's largest trade group of physicians, and HHS did not immediately respond to requests for comment on Azar's remarks.