MedPAC Votes to Scrap MIPS

The Medicare Payment Advisory Commission (MedPAC) voted 14 to 2 on January 11th in favor of telling Congress to do away with Merit-based Incentive Payment System (MIPS) (1). Instead they favor moving to what the panel termed a voluntary value program (2). Lawmakers mandated MIPS as part of the bipartisan 2015 Medicare Access and CHIP Reauthorization Act (MACRA) ending the sustainable growth rate formula that had repeatedly threatened to cause deep cuts in Medicare payments to doctors.

On a slide presentation before the vote, the MedPAC staff said MIPS cannot succeed. The cited the following reasons for MIPS' probable failure (3):

- Replicates flaws of prior value-based purchasing programs
- Burdensome and complex
- Much of the reported information is not meaningful
- Scores not comparable across clinicians
- MIPS payment adjustments will be minimal in the first two years, large and arbitrary in later years
- MIPS will not succeed in helping beneficiaries choose clinicians, helping clinicians change practice patters to improve value, or helping the Medicare program to reward clinicians based on value

Supporters of the MedPAC approach argued for fast action. It will be difficult to dismantle MIPS if it becomes entrenched, said MedPAC panelist Rita Redberg MD (1).

One of the four physician members of the committee, Alice Coombs MD, an anesthesiologist and critical care specialist, dissented. "We have not seen one specialty physician group yet say, 'You know what, I like getting rid of MIPS and I like this [Voluntary Value Program], let's go with it.' " The American Medical Association (AMA) protested the MedPAC vote arguing to keep MIPS in place (1). "Where we are is that we'd like to fix it rather than kill it," Sharon McIlrath, assistant director of federal affairs at the AMA, told the MedPAC panelists during the public comment period. The AMA separately issued a statement from its president, David O. Barbe MD (1). "The best remedy is to fix MIPS rather than jumping into another sweeping change that has not been fleshed out and would have many of the same methodological issues as MIPS," Barbe said.

It's unclear how Congress and CMS will greet the MedPAC recommendation on MIPS. Congress in recent months has struggled with healthcare legislation, for example, reauthorization of the Children's Health Insurance Program. Routine appropriations have not yet been completed for fiscal 2018, The AMA's McIlrath told MedPAC that it doesn't appear "politically viable to think that you are going to go up there and think that you are going to get the Hill to kill MIPS (1)."

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References

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3. Bloniarz K, Winter A, Glass D. Assessing payment adequacy and updating payments. Available at: http://www.medpac.gov/docs/default-source/default-document-library/jan-2018-phys-mips-public.pdf?sfvrsn=0 (accessed 1/13/18).