MedPAC's primary concerns with the current form MIPS centered around the complexity of the regulation and the limited relevance of the scoring methodology.

- MedPAC recognized that CMS had attempted to reduce the burden participating in MIPS by introducing additional flexibilities; however, Commissioners were largely of the opinion that these changes only added to program complexity.
- Commissioners believe that the quality measures under MIPS are not accurate indicators of high value care. MedPAC found scoring inequities, score compression, and large payment swings associated with small quality differences to be inherent flaws within the current system.

**MedPAC Proposal:** Eliminate MIPS and all reporting requirements and create a new voluntary value program. All clinicians would receive a 2% payment withhold unless they participate in the voluntary program or are in an Advanced APM.

**Key considerations**

- No structural changes to the Advanced APM track.
- Voluntary value program would have a standardized group size, and all clinicians would be evaluated on the same population-based measures. Reporting would not be required and measures would be extracted from claims or survey data.
- Groups would have to contain diverse specialties to have influence on these measures.
- Measures would be highly aligned between the value program, Advanced APMs, and other APMs.
- Voluntary value program would use existing CMS infrastructure for reporting as virtual groups.

**Structure**

<table>
<thead>
<tr>
<th>Participation</th>
<th>Option 1: Join the voluntary value program</th>
<th>Option 2: Join an Advanced APM</th>
<th>Option 3: Choose not to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elect to be measured with a sufficiently large group of clinicians</td>
<td>Participate with the Advanced APM</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measures</th>
<th>Option 1: Join the voluntary value program</th>
<th>Option 2: Join an Advanced APM</th>
<th>Option 3: Choose not to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-based measures (clinical quality, patient experience, value/cost)</td>
<td>Measured on A-APM metrics</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment</th>
<th>Option 1: Join the voluntary value program</th>
<th>Option 2: Join an Advanced APM</th>
<th>Option 3: Choose not to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2% withhold goes into a value pool, redistributed based on performance</td>
<td>No withhold; 5% bonus payment still in place</td>
<td>Get a 2% reduction in reimbursements</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Discussion

Support for repealing MIPS was countered by mixed support for the replacement option.

- Though there was broad support for the notion of repealing MIPS, Commissioners recognized the replacement option still needed considerable work and left many unanswered questions.

- Many Commissioners felt 2% was not a large enough penalty for providers to incentivize voluntary participation, especially in a new, previously unencountered program.

- Commissioner’s expressed concerns over measure choice and believed workforce heterogeneity would result in specialty doctors having less control over population-based measures as compared primary care physicians.

Some Commissioners felt that the program might disadvantage certain types of physicians, and questioned CMS’s capacity to score across heterogenous, self-elected groups.

- Concerns that the virtual-group style reporting would be especially challenging for rural or otherwise isolated providers were discussed. Many felt that the program as structured would magnify scoring disparities.

- Other members took issue with the assumption that a transition to Advanced APMs would be frictionless and achievable for all clinicians, especially for those with historically low performance.

Key Takeaways for Leading Health Systems

- Only one of fifteen Commissioners believed that MIPS should be continued in its current form.

- Given that MedPAC is in a direct advisory role to Congress, the strength of their argument against MIPS could have significant impact depending on lawmaker’s receptivity.

- MedPAC plans to reconvene in December on this issue, presenting a more detailed proposal of a potential MIPS replacement that will address many of the Commissioner’s concerns.