

June 25, 2020

THE AMERICAN GERIATRICS SOCIETY 40 FULTON STREET, 18TH FLOOR NEW YORK, NEW YORK 10038 212.308.1414 TEL 212.832.8646 FAX www.americangeriatrics.org

Seema Verma Administrator Centers for Medicare and Medicaid Services Department of Health and Human Services Via: Email

Dear Administrator Verma,

The American Geriatrics Society (AGS) is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners (NPPs) who are devoted to improving the health, independence and quality of life of all older adults. Our members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician assistants, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. We provide leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy.

We greatly appreciate the work that the Centers for Medicare & Medicaid Services (CMS) has undertaken to implement changes that protect clinicians and all Americans from the challenges to health and safety presented by an unprecedented public health emergency (PHE), COVID-19. We are writing today to express our support for the recommendations that the American College of Physicians (ACP) has made that are focused on the Quality Payment Program. The ACPs full letter can be found here: <u>ACP's letter</u>. The AGS supports all of the ACP recommendations which are summarized below:

- Automatically hold eligible clinicians harmless from 2020 Merit-based Incentive Payment System (MIPS) penalties;
- Delay mandatory implementation of the new MIPS Value Pathway until 2024 at the earliest;
- Freeze removal and introduction of new mandatory MIPS measures for PY 2021;
- Adjust measure specifications, benchmarks, MIPS performance thresholds, risk adjustment, patient attribution, financial benchmarking, and target pricing methodologies as necessary;
- Hold Alternative Payment Model (APM) participants harmless from downside risk for PY 2020;
- Not use flawed 2020 data to negatively adjust APM payments;
- Allow all APM participants to extend their current contracts by one year; and
- Expediently develop more APMs, particularly those that offer fixed, prospective payments.

Again, thank you for all that you and the CMS team are doing to support our frontline workforce and older Americans during this challenging time. We stand ready to support you and provide guidance as the COVID-19 PHE continues to evolve. For additional information or if you have questions, please contact Anna Kim by emailing <u>akim@americangeriatrics.org</u>.

Sincerely, annie Medina. Whence with

Annette Medina-Walpole, MD, AGSF President

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