



November 5, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: 2018 Advanced APM Payments

Dear Administrator Verma:

The Medical Group Management Association (MGMA) is writing regarding CMS' policy to establish a deadline of Nov. 13 for qualifying participants (QPs) in alternative payment models (APMs) to provide updated billing information if they are identified in CMS' QP Public Notice File as being unpaid. **We respectfully request that the agency revise its decision to implement a deadline to claim missing 2018 APM payments; instead, CMS should remove the deadline all together.** If CMS believes a cutoff date is necessary, then we urge the agency to establish a deadline of Dec. 31, 2020, at the earliest.

CMS began disbursing 2018 APM payments to QPs in September 2020 but was unable to pay bonuses to certain QPs. On Sept. 14, CMS published an advisory that clinicians who appear on the list of unpaid QPs must provide updated billing information by Nov. 13¹ or presumably forfeit the APM bonus they earned in 2018. The file of unpaid QPs, last updated Sept. 28, lists 25,648 clinicians that have not received APM bonuses. This is a significant number and represents nearly 14% of the 183,306 clinicians that achieved QP status in 2018.² Given that over a month has passed since this file was updated, we urge CMS to publish an updated list of QPs with outdated payment information so that the APM community, MGMA, and other stakeholder groups can assess how many clinicians remain impacted.

Numerous group practice leaders informed MGMA that certain clinicians within their APMs did not receive 2018 APM bonuses and were listed in CMS' QP Public Notice File. These groups only learned of this issue through MGMA alerts and were previously unaware that some clinicians were unpaid, since they received an earlier lump sum payment that they believed to be complete. We also learned that, in some cases, the only clinicians missing payments (and included on CMS' list) were physician assistants. The physician assistants in groups we spoke to participated with the APM during the 2018 performance year and did not otherwise change billing TINs in between the performance and payment year. Based on the information made available by CMS so far, it is unclear why physician assistants appear to be disproportionately impacted by this issue. It is also

¹ The original posting contained inconsistencies regarding the deadline, with one document listing Nov. 10 and another Nov. 13. Although CMS subsequently updated its records to reflect Nov. 13 as the deadline, this initial discrepancy created confusion among the APM and stakeholder communities.

² 2018 Quality Payment Program Experience [Report](#), Table 6.

unclear whether there is an identifiable reason for this, or if it is merely a coincidence. We urge CMS to evaluate this matter and share any pertinent findings with stakeholders so that we can offer recommendations to improve the APM payment process in the future.

We appreciate that CMS has undertaken efforts to make APM incentive payment process more efficient and timely, and we are encouraged that the timeline for issuing payments in 2020 was an improvement over 2019. However, we are concerned about the large number of QPs on the unpaid list and that group practices in APMs are unaware that their clinicians may be missing payments. For this reason, we urge CMS to avoid implementing a deadline for requesting payments and rescind the current deadline, or alternatively, extend the deadline beyond Nov. 13. CMS should use this extra time to engage in extensive outreach efforts, to include individually contacting group practices with QPs who still have outdated or incomplete billing information using contact information available through enrollment files. Meanwhile, MGMA will support CMS' efforts through continued alerts to our membership and the member group practice community.

Congress codified the APM bonus as an incentive for participation in value-based payment and delivery reform; these bonuses have been critical in covering investment costs and overcoming the revenue advantages of volume-based payment. Establishing a cutoff date, after which eligible clinicians can no longer receive payments they rightfully earned, is counter to this intent.

In summary, we recommend that CMS:

- **Remove the deadline for QPs to claim missing payments. Alternatively, CMS should extend the deadline to Dec. 31, at the earliest.**
- **Publish an updated list of QPs with outdated payment information so that stakeholders can assess how many clinicians remain impacted by this issue.**
- **Evaluate why so many physician assistants are missing payments and identify any trends or commonalities among physician assistants who are unpaid so that we can avoid the same problem in the future.**
- **Work with stakeholders on how to improve the APM payment process going forward.**

MGMA values the work CMS does to support the APM community and appreciates your consideration of our recommendations. Should you have any questions, please contact Mollie Gelburd at mgelburd@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg, MGA
Senior Vice President, Government Affairs