May 4, 2026

The Honorable Mariannette Miller-Meeks, M.D.
504 Cannon House Office Building
Washington, D.C. 20515

The Honorable Herb Conaway Jr., M.D.
1022 Longworth House Office Building
Washington, D.C. 20515

Re: MGMA Letter of Support for the Medicare Physician Data-driven Performance Payment System Act of 2026

Dear Representatives Miller-Meeks and Conaway Jr.:

The Medical Group Management Association (MGMA) thanks you for your longstanding leadership in supporting medical groups' ability to offer high-quality, cost-effective care. With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical group practices ranging from small private medical practices to large national health systems, representing more than 350,000 physicians. We write to you today to express our support for the Medicare Physician Data-driven Performance Payment System Act of 2026. This piece of legislation would make important reforms to the Merit-based Incentive Payment System (MIPS).

Since its inception MIPS has been troubled with issues as it requires clinicians to report on quality measures that are not clinically relevant to their practice. Medical groups often do not know what cost measures they are being scored on and which patients have been attributed to them. The Centers for Medicare & Medicaid Services (CMS) does not provide timely and actionable feedback to allow clinicians to understand and improve their performance. Exacerbating these reporting concerns are the steep payment cuts that medical groups face often due to opaque scoring methodologies.

Many medical groups remain in MIPS due to a lack of clinically relevant Advanced Alternative Payment Models (APMs), and compliance is a time-consuming and laborious process as studies have shown the significant amount of staff time and money required for reporting.[1] Medical groups continue to share that MIPS requirements detract from patient care efforts due to significant program compliance costs that could be more efficiently allocated to clinical priorities. The reporting burden is substantial, as 86 percent of MGMA members surveyed who participate in MIPS found reporting to lead to increased administrative burden.[2] "MIPS is especially unworkable," as one member succinctly put it.

MGMA appreciates that this legislation would eliminate MIPS' tournament-style scoring approach that leads to punitive penalties and tie payment adjustments to annual payment updates. It would freeze the current performance threshold to promote stability in the program. Lastly, the bill would ensure CMS

[1] Dhruv Kullar, MD, MPP; Amelia M. Bond, PhD; Eloise May O'Donnell, MPH, "Time and Financial Costs for Physician Practices to Participate in the Medicare Merit-based Incentive Payment System," JAMA Network, May 14, 2021, https://jamanetwork.com/journals/jama-health-forum/fullarticle/2779947.
[2] MGMA 2026 Regulatory Burden Survey, April 9, 2026, https://www.mgma.com/federal-policy-resources/april-9-2026-regulatory-burden-report.

provides timely feedback reports and claims data during the performance year. These changes would help mitigate many of the current issues plaguing MIPS.

MGMA thanks you for the introduction of the Medicare Physician Data-driven Performance Payment System Act of 2026. We look forward to working with your offices to advance this vital legislation. If you have any questions, please contact James Haynes, Associate Director of Government Affairs, at jhaynes@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders M. Gilberg
Senior Vice President, Government Affairs