



January 28, 2022

The Honorable Charles E. Schumer
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Republican Leader
United States Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, D.C. 20515

Re: Priorities for Funding Legislation

Dear Leader Schumer and Leader McConnell, Speaker Pelosi and Leader McCarthy:

On behalf of our member medical group practices, the Medical Group Management Association (MGMA) thanks Congress for their efforts to support medical group practices during the COVID-19 pandemic. As Congress negotiates the omnibus budget agreement, MGMA urges leadership to consider the following priorities that are critical to sustaining the viability of physician practices.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups in which more than 350,000 physicians practice. These groups range from small private practices in rural areas to large regional and national health systems and cover the full spectrum of physician specialties and organizational forms.

MGMA priorities

- **Medicare sequester relief:** MGMA appreciates Congress' willingness to suspend the 2% Medicare sequester while medical groups coped with challenges related to COVID-19. However, the sequester is set to take effect again in April 2022 at 1% and in October 2022 at the full 2%. Since group practices are still struggling to meet the demands associated with the pandemic, **MGMA urges Congress to extend the moratorium on the 2% Medicare sequester until the end of the COVID-19 public health emergency (PHE), or Dec. 31, 2022, whichever is later.**
- **Continuation of telehealth flexibilities:** MGMA greatly appreciates the steps Congress took early in the pandemic to expand telehealth for Medicare beneficiaries. However, every 90 days, our members face the uncertainty of whether they will be able to continue offering these services while they wait on the PHE to be renewed. Medical groups have invested in technology and staff as well as modified workflows to offer these much-needed services to patients. **To avoid a "telehealth cliff," MGMA asks that Congress authorize a continuation of all current**

telehealth waivers until Dec. 31, 2024, allowing Congress time to evaluate these waivers and gather the evidence needed to support permanent expansion.

- **Extend APM 5% Bonus:** MGMA is committed to providing practices with the opportunity to participate in advanced alternative payment models (APMs) and succeed in value-based payment arrangements. However, there are significant start-up costs for practices interested in participating in an advanced APM model. These costs are especially impactful for smaller practices and practices that do not have prior experience in value arrangements. **MGMA urges Congress to extend the 5% APM bonus for six additional years through the 2030 APM payment year.**
- **Update QP Threshold:** In order for practices to receive APM bonuses for participation in models, practices must meet certain criteria and qualify as a Qualifying Participant (QP) by receiving at least 50% of Medicare Part B payments through the APM. Congress previously froze QP thresholds at 50% for the payment threshold for the 2021 and 2022 APM performance years. Unless Congress takes action, the QP threshold will increase to 75% in 2023. **MGMA urges Congress to update the QP payment thresholds for 2023 to ensure they do not rise above 50% to ensure practices are eligible to qualify for value-based payment incentives.** A QP payment threshold above 50% is not feasible for many practices and will stifle progress in advancing value-based payment arrangements in Medicare.
- **Delay Implementation of Good Faith Estimate and AEOB Requirements:** The uninsured or self-pay good faith estimate (GFE) requirements, as passed as part of the No Surprises Act, took effect on Jan. 1, 2022. After only one month of implementation, 90% of surveyed MGMA members indicated that the new requirements increased administrative burden on their practice. The U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) need more than three months to implement appropriate policies related to the uninsured or self-pay GFE and the advanced explanation of benefits (AEOB). Further, practices and insurers will face significant implementation challenges as they will be required to invest in new technology, create new workflows, and hire and train new staff. **While MGMA appreciates the intent of the GFE and AEOB provisions to provide greater transparency to patients, MGMA urges Congress to delay the implementation of the uninsured or self-pay GFE mandate and AEOB requirements through 2023 to give practices enough time to understand and appropriately implement the requirements.**

Conclusion

As the voice for the country's medical group practices, MGMA remains committed to promoting policies that enhance the ability of our members to provide high-quality, cost-effective care to the millions of patients they serve routinely, and to the emergency services they are called upon to provide during this pandemic. Should you have any questions, please contact Claire Ernst at cernst@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg

Senior Vice President, Government Affairs