

Stakeholders Still Dissatisfied With MIPS, Call For Greater CMMI Transparency In Feedback To House MACRA RFI

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StakeholderOne of the key stakeholder responses to the House doctor caucuses' request for information (RFI) on modernizing the Medicare Access and CHIP Reauthorization Act (MACRA) is, unsurprisingly, that the Merit-based Incentive Payment System (MIPS) is falling short of its intended goals, according to a congressional staffer involved in reviewing the submissions, who also said another key theme is the need for better transparency at the CMS Innovation Center (CMMI).

Speaking during Accountable for Health's Health Care Value Week conference Tuesday (March 3), Amy Zhou, a senior legislative assistant for Democratic Doctors Caucus Chair Rep. Kim Schrier (D-WA), said that some respondents to the RFI are even suggesting that MIPS should be eliminated.

"One of the key things for us in the responses was that it's not working really great right now. On the MIPS side, no one wrote in saying that it's working great," Zhou told attendees Tuesday. "One suggested eliminating this. A lot of people suggested wholesale gutting."

The House RFI was issued earlier this year by both the GOP Doctors Caucus and the Democratic Doctors Caucus to gather stakeholder feedback on how Congress should reform the Medicare physician payment system created by MACRA. Lawmakers and provider groups have for a long time believed that MACRA isn't working as intended, with a major complaint being that the physician fee schedule has had years of cuts or flat updates and that inflation has eroded real physician reimbursement.

The initial feedback on the RFI reflects longstanding concerns from physician groups, hospitals and other stakeholders that MIPS -- the quality-reporting and payment adjustment program that most physicians participate in under Medicare's Quality Payment Program -- has become overly complex and administratively burdensome while providing relatively little financial incentive.

In addition to concerns about MIPS, Zhou said many responses raised questions about the transparency of CMMI, which develops and tests alternative payment models intended to move Medicare toward value-based care.

“A really key theme across responses was for transparency at CMMI [and] more secondary pathways for outside groups to have feedback considered by CMMI,” Zhou said.

According to Zhou, Democrats are particularly interested in exploring ways to increase transparency and stakeholder engagement in CMMI’s model development process, though not necessarily through reforms to the Physician-Focused Payment Model Technical Advisory Committee (PTAC), the MACRA-created body designed to evaluate external proposals for new physician payment models. PTAC was established under MACRA to allow physician groups and other stakeholders to submit proposals for new payment models, but CMS has implemented few of the models recommended by the committee, leading some policymakers and stakeholders to question its effectiveness.

“From the Dem side, we’re interested in looking at how to embrace transparency at CMMI in a way that maybe isn’t necessarily PTAC reform,” Zhou said. “That’s something that we’re still working on, [but] I can’t really go into details into what we’re negotiating.”