

March 16, 2016

The United States House of Representatives  
Committee on Energy and Commerce – Subcommittee on Health  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Re: **Medicare Access and CHIP Reauthorization Act of 2015: Examining Implementation of Medicare Payment Reforms**

Dear Honorable Members of the House Energy and Commerce Subcommittee on Health:

On behalf of the American Society of Plastic Surgeons (ASPS), I write regarding the upcoming Medicare Access and Chip Reauthorization Act of 2015 (MACRA) progress report hearing. ASPS greatly appreciates your efforts to continue to look seriously at problems related to the Medicare physician payment system, and to work to sustain access for Medicare beneficiaries to the physicians of their choice.

ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94 percent of all American Board of Plastic Surgery board-certified plastic surgeons in the United States. Plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients. These services include the treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, and cancer. ASPS promotes the highest quality patient care, professional and ethical standards, and supports education, research and the public service activities of plastic surgeons.

Above all, we believe that the Centers for Medicare and Medicaid Services (CMS) should ensure that the implementation of MACRA is transparent, straightforward, and provides a true opportunity for improvements in quality of care and resource use, rather than becoming a series of meaningless steps that do not result in improvement for patients and only serve to increase administrative burden. As a surgical specialty society, ASPS has unique concerns with MACRA implementation, and therefore respectfully request that the committee pose the following questions to CMS:

- Has CMS made progress on the development of the “low-volume threshold” exemption it requested input on as part of the Calendar Year 2016 Medicare Physician Fee Schedule Proposed Rule?
- Has CMS conducted projections for what percentage of physicians will be unable to successfully participate in one or more of the four MIPS performance categories because of a lack of high-quality, highly-relevant, and useful access points like quality measures or EHRs?
- Has a timeline been established for the release of the Section 102 funds included in MACRA for measures development?

- Approximately what percentage of MIPS will be comprised of structural elements that are carried forward from the programs it is meant to replace (Meaningful Use, Physician Quality Reporting System, and the Value Based Modifier)?
- Is CMS going to have adequate methodological structure in place to implement MIPS in the timeframe created by MACRA?
- What steps is CMS taking to ensure that adequate stakeholder input is being integrated into designing MIPS and its methodological underpinnings?
- Is CMS proposing possible methodologies, releasing them for external review and feedback, incorporating and/or addressing that feedback, and then releasing updated possible methodologies?
- What is CMS's contingency plan should it fall short of the timeline laid out in MACRA?

Once again, thank you for your efforts to repeal the SGR and your continued oversight of the MACRA implementation process. Please do not hesitate to contact Patrick Hermes, ASPS Senior Manager of Advocacy and Government Affairs, if you have any comments, questions, or concerns. He can be reached at [phermes@plasticsurgery.org](mailto:phermes@plasticsurgery.org) or (847) 228-3331.

Sincerely,



David H. Song, MD, MBA, FACS  
President, American Society of Plastic Surgeons

Cc:

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