



August 21, 2017

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATTN: CMS-5522-P
7500 Security Blvd, Mail Stop C4-26-05
Baltimore, MD 21244-1850

Via Electronic Submission: <http://www.regulations.gov>

Re: CY 2018 Updates to the Quality Payment Program (CMS-5522-P)

Dear Administrator Verma:

The American Society of Plastic Surgeons (ASPS) appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services (CMS) Proposed Rule on the 2018 Quality Payment Program (QPP), published in the June 30, 2017 *Federal Register*.

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 reconstruction. ASPS promotes the highest quality patient care, professional and ethical standards, and supports education, research, and public service activities of plastic surgeons.

We are pleased to see the Agency has taken steps to alleviate some of the many concerns ASPS and other societies have expressed about the Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) programs. Our specific comments about many of the proposed changes for 2018 are detailed below.

MIPS PROGRAM - Additional Accommodations for Small Practices

We applaud the Agency's proposal to significantly expand the low-volume threshold to \$90,000 or less in Medicare Part B allowed charges -OR- 200 or fewer Medicare Part B services. However, ASPS encourages the Agency to allow clinicians the ability to opt-in to participating in MIPS if they meet or exceed one, but not all, of the low-volume threshold determinations. This change would allow societies, as well as clinicians, additional time to prepare for, and successfully participate in future iterations of the Quality Payment Program.

As we have shared in previous comment letters, many ASPS members work in solo practices or in groups of less than five. ASPS strongly believes the “virtual group” reporting option could alleviate many of the systems and staffing concerns that have kept some solo providers from reporting quality metrics in past years. As such, we were pleased to see the Agency has introduced the concept of virtual groups to encourage small practices to participate in MIPS. In addition, we appreciate that the Agency does not intend to set a limit on the number of Tax Identification Numbers (TINs) that may form a virtual group.

We would be remiss however, to not point out that the proposed process of implementation and scoring for a virtual group may be a confusing and complicated process for those clinicians considering this option. Specifically, we are concerned this confusion will create a barrier for clinicians, making it difficult to complete all necessary steps and feedback loops given the December 1, 2017 deadline for 2018 participation.

Additionally, the fragmented nature of the MIPS scoring system is challenging for many clinicians. ASPS remains concerned that the limited exposure that many small practices might have gained under the 2017 “Pick your Pace” program may not translate into heightened institutional knowledge as quickly as one would need to fully participate as a Virtual Group in 2018. The need for a unique identifier for Virtual Groups may also be a game-ender for many clinicians. As such, ASPS asks the Agency to consider launching this participation option as a “pilot program” and extend the application deadline to mid-year 2018. Additionally, we’d encourage CMS to recognize the need for some scoring latitude for Virtual Groups in 2018, including no more than a 90-day reporting period for each of the three scored components of MIPS. We ask that the Agency provide timely educational opportunities for those clinicians interested in learning more about this new participation option prior to, and throughout the 2018 calendar year. Moreover, we gently remind the Agency that specialty societies are in a unique position to connect physicians with similar practices, regardless of geography. As such, we encourage CMS to utilize societies as partners in connecting interested clinicians into possible virtual groups, and in the development of educational materials.

Updates to the Quality Component of MIPS

In previous comments, ASPS has shared our concern that specialty providers often lack quality measures that are applicable to their practice. We acknowledge and appreciate the work the Agency has done to update the Plastic Surgery-specific measure set for 2018 and add more inclusive quality measures. However, we strongly oppose any proposal that includes a phased in special scoring for “topped out” measures that includes capping scores to 6 points for CY 2018. We fear this will only serve to introduce yet another complicated point-accumulation system to an already confusing scoring methodology. We ask the Agency to reconsider how “topped out” measures are not only scored, but are also identified.

Removing measures from MIPS can significantly impact a clinician’s ability to score well in this component of MIPS, leaving some specialists with a severely limited number of measures to choose from. We ask the Agency to be cognizant of the heavy burden this plan will transfer to specialty providers and their societies. While Qualified Clinical Data Registries (QCDRs) are a valid option for clinicians to report quality measures unique to their specialty, the creation of those measures using the CMS recommended evidence-based process typically takes longer than a time-limited “phase in” approach.

As such, we respectfully ask the Agency to delay its plans to “top out” measures in CY 2018, and instead monitor not just QCDR implementations, but successful participation and reporting through payment year

2021. This will support specialty society providers by allowing more time and understanding to successfully implement quality reporting in their practice.

Updates to the Cost Component of MIPS

We appreciate the Agency's willingness to continue scoring this component of MIPS at zero percent for the 2020 payment year. Our society wants to partner with the Agency to develop educational materials to ensure clinicians understand their role in reducing costs for their patients.

As the Agency develops informational materials on how clinicians would have scored under existing value-based measures, we'd ask for the option to form test groups, which would allow for feedback from providers as to how current formulas (including total cost per beneficiary and spending from 3 days prior to 30 days after hospital admission) can be accurately attributed to all clinicians providing care within that time span.

We remind the Agency that specialty providers, especially those in small practices, have little experience with the PQRS system and value-based measures. Based on our estimations of time necessary to accurately review and improve existing processes, we are concerned that the assignment of any weight to this component of MIPS prior to performance year 2020 may be unrealistic for the typical small practices. As such, we ask that the Agency significantly adjusts downward the proposed 30% value for this component of MIPS in performance year 2019.

Updates to the Advancing Care Information (ACI) Component of MIPS

We appreciate that CMS has agreed to continue to recognize electronic health records (EHRs) certified to either the 2014 or 2015 certification criteria. We also concur with the Agency's plan to not compare or score improvements in the ACI category based on differences from year to year.

However, we remain concerned that this component of the MIPS program too closely resembles the "all-or-nothing" approach that was problematic for many clinicians under the Meaningful Use program. The lack of applicable measures for specialty providers will continue to be viewed as a roadblock for wide-spread participation under ACI. While we are appreciative of the Agency's proposal to earn bonus points from each public health agency or clinical data registry that a clinician reports to, we respectfully request CMS reconsider the maximum number of bonus points a clinician might earn, considering the Agency's goal of incentivizing the use of Health IT during the 2018 performance year.

Additionally, because we do not believe vendors or providers will be prepared to transition all EHR products into the 2015 Edition of certified technology over the next 12 months, we ask the Agency to continue to work with ONC to monitor the deployment and implementation status of EHR technology. Based on those findings, we ask CMS to consider introducing additional flexibilities for meeting the ACI category requirements in 2019 and beyond.

Updates to the Improvement Activities (IAs) Component of MIPS

ASPS appreciates the Agency's work to create new IAs, and the proposal to continue to score this component of MIPS as only 15% of a clinician's final score. Allowing for simple attestation in 2018 will help reduce the administrative burden on physicians. We are hopeful these changes will encourage participation in this component of the program. There is also a need to expand the definition of IA's to include participation in clinical registries and continuing medical education (CME) to support physicians reporting

We would discourage the Agency from crafting minimum participation thresholds for groups until the Virtual Group concept has been implemented and deemed a successful participation option.

Posting of MIPS scores via Physician Compare

Because the MIPS program is just entering its second year, ASPS is concerned that public reporting of data may be premature, given the results from the first program year will not be available before April 2018. While the "Pick Your Pace" option was a creative way to encourage participation, flexible participation options need to be extended into future years to reduce the burden of quality reporting for office-based clinicians.

There is a need for CMS to share comparative data on quality performance with both providers and the public. However, due to confusing scoring methodologies, ASPS is concerned that the proposed preview period may not be long enough for clinicians to accurately validate the Agency's data against their own information. We respectfully request the Agency increase the transparency of their scoring process before results are shared with the public or reported through the Physician Compare website. We also ask that before publicizing any data, CMS provide educational opportunities for clinicians to further their comprehension of the purpose of, and the measures reported on the Physician Compare website.

APM PROGRAM

Given the intent of MACRA was to move physicians away from traditional fee-for-service and into payment models that better focus on cost and quality, Plastic Surgeons continue to be frustrated by the lack of APM participation options available for specialists. ASPS recognizes the time and resources necessary to validate proposed APMs as well as Advanced-APMs, but would encourage CMS to commit the additional staff and funding necessary to lessen the timeline currently in place for review and consideration of newly proposed APMs.

Conclusion

ASPS appreciates the flexibility the Agency has proposed to the 2018 QPP, and look forward to working with CMS to ensure future program requirements remain fair and adequate. There is a gap in clinician understanding of the quality scoring methodology. CMS should consider partnering with societies to increase transparency and cooperation in educating and supporting specialty physicians to implement quality reporting. There is also a need to further define "Virtual Groups," expand opportunities for Improvement Activities and increase quality measures for specialty surgical providers. Should you have any questions about our comments, please contact Catherine French, ASPS Health Policy Manager, at cfrench@plasticsurgery.org or at (847)981.5401.

Sincerely,



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ASPS Board Vice President, Health Policy & Advocacy

cc:

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