



AMERICAN COLLEGE OF GASTROENTEROLOGY

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January 25, 2018

The Honorable Kevin Brady
Chairman
Committee on Ways & Means
U.S. House of Representatives
Washington, DC 20515

The Honorable Orrin Hatch
Chairman
Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Richard Neal
Ranking Member
Committee on Ways & Means
U.S. House of Representatives
Washington, DC 20515

The Honorable Ron Wyden
Ranking Member
Committee on Finance
U.S. Senate
Washington, DC 20510

Dear Chairman Brady, Chairman Hatch, Ranking Member Neal, and Ranking Member Wyden,

The American College of Gastroenterology (ACG or College) appreciates your continued efforts in improving the health care delivery system for patients, and reducing the costs and burdens currently borne by practitioners. We share this vision, and believe that greater flexibility is crucial in order to achieve these goals and reinforce the long-term success of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and Quality Payment Program (QPP). We ultimately would like to stress the importance of and need for a more gradual transition into the QPP, in order to ensure that the relationship between cost and quality for providers is accurately reflected. As such, ACG urges you to consider modest but important changes to MACRA as outlined below, specifically limiting the Cost performance category within the Merit-based Incentive Payment System (MIPS).

Overview

The ACG is a physician organization representing gastroenterologists and other gastrointestinal (GI) specialists. Founded in 1932, our organization currently includes over 14,500 members providing gastrointestinal specialty care. We focus on the issues confronting GI specialists in delivering high quality patient care. The primary activities of the ACG have been, and continue to be, promoting evidence-based medicine and optimizing the quality of patient care.

The College supports bipartisan congressional efforts to reform the Medicare reimbursement system through MACRA and reduce regulatory burdens on Medicare providers. We also support and appreciate the Centers for Medicare & Medicaid Services' (CMS) efforts to continue the gradual transition in the second year of the QPP. It is becoming clear that greater regulatory flexibility is also necessary in year three of the QPP (2019 reporting year) and beyond. This requires legislative action, as CMS maintains that MACRA only provides flexibility in re-weighting the MIPS performance categories in the first two years (2017 and 2018 reporting years).

MIPS Cost Performance Category: 30 percent of score but with no finalized metrics or connection to quality

In April 2017, over forty-five representatives of ACG met with members of Congress and staff on Capitol Hill in Washington D.C., highlighting one example of the importance of addressing various issues with MACRA and stressing why a legislative change is necessary. ACG is also working collaboratively with CMS, identifying potential pitfalls with episode grouping, unintended consequences, patient attribution issues, and barriers to connecting resource use to quality outcomes. Through this process, ACG and CMS have identified and taken steps to address some significant issues with the QPP. Specifically, CMS is currently going through test trials of specialty-specific episode-based cost measures, including episodes within GI.

Unfortunately, MACRA directs CMS to weight the cost performance category at 30 percent of the total MIPS score for the 2019 performance year, prompting CMS to hasten the measure development and testing timeline without proper review and vetting from the provider community and advisory panels specially created from this process. The current statutory timeline imposes an unrealistic burden on all practitioners. If episodes of care are tested and finalized in 2018, this would mean that practitioners will have had little to no time to adjust before the Cost performance category accounts for the significant increase to 30 percent of their overall MIPS score. Additionally, CMS is only preparing to test eight episode-based cost measures in 2018, meaning that many practitioners are unlikely to have an applicable cost measure in 2018. The two current measures that CMS will use when determining how well ACG members score in the MIPS Cost category are derived from the legacy program, the a value-based modifier (VBM). According to CMS' recently released data on the VBM, this year 296,475 clinicians and 121,642 group practices are slated for a reimbursement cut due to the VBM. This is over 25% and 58% of clinicians and groups practices impacted by the VBM, respectively.

The College and many other stakeholders agree that, if implemented correctly, the Cost performance category can help to encourage more efficient care. Further, ACG continues to prepare for the statutorily required weight of 30 percent for this performance category. However, we are concerned that this abrupt and drastic increase will create barriers to the delivery of high quality care. Instead of achieving MACRA's intended goals, we are concerned that a one-year shift in weighting from 10 to 30 percent for the Cost performance category will drive the focus to resource management at the expense of patient care.

A phase-in period was intended and is needed

We believe that Congress intended to implement an adequate phase-in period to provide CMS the additional flexibility to gradually transition providers into the QPP. The College thanks Congress for the foresight to include this language in MACRA. We further believe, for example, that a rushed process to establish episode-based cost measures may result in reduced quality outcomes, as the measures are not likely to appropriately reflect the relationship between quality and resource use. Through our experience in working with CMS, we believe a deliberate and comprehensive process is needed to adequately review, establish, finalize, and test new evidence-based measures. To that end, we also respectfully request that Congress take legislative action to ensure that CMS has the flexibility to appropriately weight the MIPS performance categories until viable cost measures are established and tested.

ACG has worked closely with CMS, and offers to work closely with Congress in order to achieve the shared goal of providing high quality care to Medicare beneficiaries and other patients. Please contact Brad Conway, Vice President of Public Policy, Coverage & Reimbursement at 301-263-9000 or bconway@gi.org with any questions or to discuss further.

Sincerely,

A handwritten signature in black ink, appearing to read "Whitfield Knapple", written in a cursive style.

Whitfield Knapple, MD, FACP
Chair, ACG Legislative and Public Policy Council
American College of Gastroenterology