

December 19, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-5517-FC
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models Final Rule

Submitted electronically through www.regulations.gov

Dear Administrator Slavitt,

athenahealth, Inc. (“athenahealth”) appreciates the opportunity to respond to the Merit-Based Incentive Payment System (“MIPS”) and Alternative Payment Model (“APM”) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models Final Rule (“Final Rule”).

CMS has indicated that they want clinicians to succeed under the Quality Payment Program (“QPP”). However, additional time to prepare and “flexibilities” as included in the watered-down Final Rule can only do so much. CMS must consider what they can truly do to set up all clinicians for both immediate and long-term success under QPP and the move towards value-based care. Therefore, as QPP implementation begins, CMS must ensure that: 1) clinicians and their trusted third party partners, particularly technology vendors, have access to timely and usable performance data and other information to help clinicians succeed; and 2) clinicians can without delay take advantage of the virtual group performance option—a key component of helping small, independent practices succeed under MIPS.

I. Access to Performance Data and Other Information

QRUR and Other Performance Feedback

As we have noted in previous comments, CMS must improve physician performance feedback. Success under QPP depends on clinicians’ ability to become increasingly accountable for the cost and quality of the care they deliver. This level of accountability, in turn, depends on real-time access to data and clinicians can only improve outcomes if they know at all times where they stand.

CMS should recognize that the biggest barrier to successful Cost (formerly Resource Use) improvements is the lack of physician and vendor access to timely and usable performance feedback reports. In order to make impactful improvements in Cost, we make the following three recommendations regarding dissemination of the Quality and Resource Use Reports (“QRURs”) as they morph into MIPS performance feedback reports:

- Ideally, feedback on performance could be provided by CMS in real-time. However, recognizing that this may not be feasible in the foreseeable future, we suggest that CMS strive to give clinicians all feedback on at least a quarterly basis.
- Performance data, and the QRUR in particular, should be easily available not just to clinicians but also to their third-party partners, particularly technology vendors. The implementation of MIPS and APM will bring a new wave of change and administrative complexity for clinicians. They will need to increasingly rely on strong business partners to thrive through that change.
- Performance data should be disseminated in a format that is usable and scalable for both individual clinicians and group practices. For example, data that is provided in a downloadable format like .xls, .xlsx, .csv, or .xml is preferable to sending .pdf documents.

APM and PCMH Designations

In addition to sharing clinician performance data with third party partners, we also urge that CMS share APM and patient-centered medical home (PCMH) information that will enable vendors to set clinicians up for success. Accordingly, we request that CMS provide: 1) APM entity-level clinician participation lists; 2) Advanced APM entities granted QP/PQP status after each determination period during the performance year; and 3) certified PCMHs that qualify for full credit under the MIPS Improvement Activities performance category.

Without this information, technology vendors and other entities partnering with clinicians spend significant time and resources trying to determine which clinician clients participate in or are qualified for various APMs, and this process also takes clinician attention away from patient care. If armed with this information, vendors will be able to track clinician participation in various APMs and certified PCMHs from the outset and focus on optimizing clinicians for success by guiding them on the appropriate track, determining suitable measures, minimizing their reporting burden, aligning their workflows and submitting data appropriately.

II. MIPS Virtual Group Option Without Delay

CMS should not delay the recognition and implementation of the virtual group performance option due to the agency's own lack of readiness. Aside from being required by legislation, the option to participate in a virtual group will provide clinicians wishing to remain organizationally independent with a valuable and practical solution to take on more risk and alleviate some of the burden on their limited resources. CMS has given small, independent practices a lifeline in offering a "pick your pace" approach for 2017. The agency should not waste the opportunity of that additional year's time to figure out how to implement virtual groups in 2018. We stand ready to help CMS work through any challenges it faces in implementing virtual groups and would be happy to meet with your staff on this topic.

Additionally, in implementing virtual groups, we urge CMS to ensure that the option to participate in a virtual group provides all of those same benefits for clinicians wishing to remain organizationally independent and to not place any additional burdens on virtual groups that do not exist in other reporting options. We also urge CMS to take this opportunity to truly enable innovative care delivery models and not arbitrarily burden the virtual group performance option with unnecessary restrictions, including limitations related to size, geography and specialty.

We appreciate the opportunity to comment on QPP Implementation. We look forward to continued dialogue and would be happy to discuss any of our input with you or your staff.

Sincerely,

A handwritten signature in black ink, appearing to read 'SZ', with a long horizontal flourish extending to the right.

Stephanie Zaremba
Director, Government Affairs
athenahealth, Inc.