August 21, 2017

Seema Verma

Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-5522-P

P.O. Box 8013

Baltimore, MD 21244-8013.

Re: Comments on 2018 Proposed Quality Payment Program (CMS 5522-P, 82 CFR 414: 6/30/17)

Dear Administrator Verma,

The Society of Interventional Radiology (SIR) appreciates the opportunity to submit comments to the Centers for Medicare and Medicaid Services (CMS) regarding the Proposed Rules to the Quality Payment Program for 2018.

The Society of Interventional Radiology (SIR) is a professional medical association that represents approximately 7,500 members, including most US physicians who are practicing in the specialty of vascular and interventional radiology. The Society is dedicated to improving public health through pioneering advances in minimally-invasive, image-guided therapies across a range of disease conditions and patient-care settings.

We have reviewed the draft rule and offer the following comments:

1. **Appropriate Use Criteria and Performance Category Weighting**

While we appreciate the Agency's proposal to add AUC as a new improvement activity under MIPS for ordering and furnishing advanced diagnostic imaging services, we

encourage that this be able to be documented through a MIPs eligible clinician's use of a QCDR.

We would request that CMS consider that both users and creators/contributors of AUC should be provided pathways for MIPS credit.

We support CMS's proposal for the 2020 payment year to redistribute the weight of the ACI performance category to the quality and CPIA categories.

2. **Complex Patients Bonus**

We appreciate CMS's recognition of the importance of this, and support a Bonus for Complex Patients. We would hope that this complexity will be built into the new Patient Relationship Codes, with a field to document medical complexity, and patient attribution factored in by means of a Patient Relationship code.

3. **Cost Scoring**

While we understand the Agency's thinking not to measure cost at zero in 2018, we are concerned that cost is mandated to jump to 30% in 2019 for the 2021 payment adjustment period. Accordingly, we are supportive of some cost measurement in 2018 and ask the Agency to carefully consider pilot participation in the upcoming episode group pilots that are being developed by the MACRA clinical committee as a bonus for reporting cost in 2018.

4. **QCDR Measure Process**

SIR has concerns with the QCDR measure review process. We support the comments of the Physician Clinical Registry Coalition, and encourage CMS to assist specialties to alleviate the seemingly disorganized, and contradictory process during the 2017 QCDR measure review period. Overall, we request that CMS develop a standardized process for review of QCDR measures with structured timeframes for an initial review period, an appeals process, and a final review. It is our hope that these improvements will work towards streamlining the process, making it easier for our members to adequately report on these measures.

The SIR also encourages CMS to consult closely with content experts familiar with Interventional Radiology when considering IR related performance measures.

5. **Cost measures for non patient facing clinicians**

We support CMS' desire to seek input on developing alternative cost measures for non patient facing clinicians. Using the CMS designed NPI look-up tool, it remains unclear to us how many interventional radiologists have been deemed patient facing versus non patient facing, or have been deemed non-MIPS eligible clinicians. While CMS recognizes that is unlikely that cost measures will be attributed to non-patient facing clinicians in the current or upcoming performance period, there is room for better clarity and interpretation.

6. **Multiple submission mechanisms for MIPS categories**

We are supportive of and appreciate the CMS proposal to allow clinicians to submit measures and activities through different mechanisms.

We are concerned that for QCDR measures, CMS proposes removal after a measure has been identified as topped out for 3 consecutive years, but without going through the comment and rulemaking process. CMS' 3-year vetting of measures could reduce the ability of subspecialties to develop and strengthen new measures.

7. **Limit MIPS to the physician fee schedule**

In accordance with the AMA, the SIR continues to oppose including items or services beyond the physician fee schedule, especially Part B drugs, when determining MIPS eligibility and applying the MIPS payment adjustment. We believe that changing this policy would create significant inequities and also potential legal challenges in administering the MIPS program.

8. **Specialty Specific Measures for Interventional Radiology**

The SIR continues work to build out our measure set. We appreciate CMS's adding the 2018 measure on Uterine Artery Embolization Angiographic Endpoints. We thank CMS for modifying the IR measure set, and giving IRs the ability to report on a more appropriate measure set for 2018

In closing, our specialty thanks CMS for your consideration of our comments. If we can be of any future assistance, please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

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President, Society of Interventional Radiology