ASRS American Society of Retina Specialists

June 15, 2017

Timothy Jackson, MPP
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via electronic mail

Re: Merit-Based Incentive Payment System (MIPS) Clinically Related Measures Analysis Used in Eligible Measure Applicability (EMA)

Dear Mr. Jackson:

Thank you for the opportunity to provide comments on the Centers for Medicare and Medicaid Services (CMS) Merit-Based Incentive Payment System revised measure validation process, now called Eligible Measure Applicability (EMA). The American Society of Retina Specialists (ASRS) commends CMS for its outreach to the physician community via the June 14, 2017 conference call with the AMA and national medical specialty societies. ASRS is the largest retinal organization in the world, representing more than 3000 members in every state, the District of Columbia, Puerto Rico, and 59 countries.

ASRS greatly values the flexibility that CMS seeks to provide through its revised measure validation process. As was mentioned by several organizations on the conference call, ASRS believes that the EMAs for Claims Submissions of Individual Quality Measures should be more granular to better reflect subspecialty practices and suggests using the EMAs for Data Registry Submission as a model.

In particular, we request that the Eye Care (cluster 9) for claims submission be modified. The measures CMS assigned to the Eye Care cluster broadly reflect all measures applicable to ophthalmology, but all are not relevant to each physician's practice. While some ophthalmologists may provide clinical services for glaucoma and retina diseases, many do not perform both services. Therefore, we ask that you create two separate groups from cluster 9 – one for glaucoma care and one for retina care – and rename them accordingly. The resulting Glaucoma Care cluster would include: Quality ID 12, "Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation" and Quality ID 141, "Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% Or Documentation of a Plan of Care." The Retinal Care cluster would consist of the remaining measures: Quality ID 14 "Age-Related Macular Degeneration (AMD): Dilated Macular Examination," Quality ID 19 "Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care," and Quality ID 140, "Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement." In

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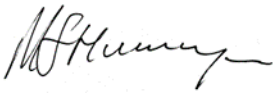
addition, we request that Quality ID Number 117, “Diabetes Eye Exam,” from Diabetic Care (cluster 2) also be assigned to the new Retinal Care cluster.

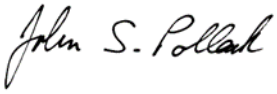
Finally, we ask that CMS use both primary and secondary taxonomy codes to determine the applicability of EMA cluster groups by specialty. Given the increasing sub-specialization of medicine, we believe the taxonomy codes are a better reflection of current clinical practice than the supplier/provider codes. By using the secondary taxonomy codes, we believe CMS will be better positioned to ensure accuracy in mapping EMA groupings.

Thank you again for the opportunity to provide CMS with our comments on EMA. If we may provide any additional information, please contact Monica Horton, ASRS, Director of Practice Management, at monica.horton@asrs.org.

Sincerely,



Mark S. Humayun, MD, PhD
President



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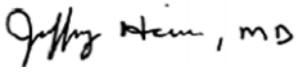

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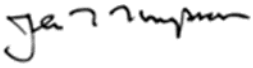

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