June 27, 2016

Andrew M. Slavitt
Acting Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5517-P
Submitted electronically via http://www.regulations.gov

RE: Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

Dear Acting Administrator Slavitt:

Thank you for the opportunity to comment on the notice of proposed rulemaking (NPRM) regarding the implementation of MIPS and APMs under the Medicare Access and Chip Reauthorization Act (MACRA). Copies of this proposal are available at: https://www.gpo.gov/fdsys/pkg/FR-2016-05-09/pdf/2016-10032.pdf.

The Society for Cardiovascular Angiography and Interventions (SCAI) is a non-profit professional association with over 4,500 members representing the majority of practicing interventional cardiologists and cardiac cath teams in the United States. SCAI promotes excellence in interventional cardiovascular medicine through education, representation and the advancement of quality standards to enhance patient care.

SCAI has joined with three other groups in making comments on the proposed rule. They are the Alliance of Specialty Medicine, The American Medical Association and a group of cardiovascular societies.

Rather than reiterate those comments, our comments here will focus on several issues of unique concern to interventional cardiologists.

Interventional cardiologists have more training than general cardiologists and diagnose, treat and manage some of the sickest patients with coronary artery and structural heart disease, thus, they should be separately recognized in terms of their cost and quality. In 2014 the Centers for Medicare and Medicaid Services (CMS) recognized Interventional Cardiology as a separate specialty of medicine. CMS began allowing our members to register as interventional cardiologists in 2015 and began collecting data on their billing practices. The proposed rule however doesn’t seem to recognize
this new specialty, perhaps because most of the data it relied on was from 2014 or earlier.

We request that CMS develop its future estimates on 2015 and more current data because as it stands now, without being separately identified in Tables 62 and 63 we can’t tell how this rule may affect our members and it is difficult to provide constructive feedback to the agency. We request the opportunity to meet with CMS staff to discuss the appropriate quality measures for interventional cardiology from Tables A and E.

We recognize CMS’s desire to see a greater use of patient registries but CMS should understand that most registries are focused on patients with particular procedures or conditions. There are no useful one-size fits all patient registries available nor are they likely to be developed. Therefore we recommend that CMS not raise the required registry participation rate from 50% and that it recognize that most useful registries do not include all types of patients and the enrollement requirement should be limited to eligible patients only.

We supported the enactment of this law and recognize that implementing this law is a challenging task. If we can be of any assistance in helping your staff to implement the portions that are unique to interventional cardiology, we would be quite happy to assist. The contact person at SCAI is Wayne Powell, and he is available at 202.741.9869 or wpowell@scai.org

Sincerely,

Kenneth Rosenfield, MD, MHCDS, MSCAI
President