

December 15, 2015

Mr. Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services (CMS)  
Department of Health and Human Services,  
Attention: CMS-3310 & 3311-FC  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Subject: CMS-3310 & 3311-FC Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 3 and Modifications to Meaningful Use in 2015 through 2017**

Dear Mr. Slavitt:

The American Joint Replacement Registry (AJRR) appreciates the opportunity to review and comment on the Centers for Medicare & Medicaid (CMS) *Electronic Health Record Incentive Program – Stage 3 and Modifications to Meaningful Use in 2015 through 2017*, published in the Federal Register on October 16, 2015.

AJRR is the only national hip and knee arthroplasty registry collecting data in all 50 states, and is the largest orthopaedic registry with over 348,000 procedures, 602 hospitals, and 4,300 surgeons. AJRR collects Level I (patient, hospital, surgeon, and procedure info), some Level II (patient risk factors, co-morbidities, post-operative complications, and surgical approaches) data on patients, surgeons, medical devices, and revision complications reported under the procedural codes for primary hip and knee arthroplasty, and Level III (patient-reported outcome measures). AJRR also has a mechanism in place for orthopaedic professionals to submit their Physician Quality Reporting System (PQRS) data to CMS through our Qualified Clinical Data Registry (QCDR). AJRR initially was designated a QCDR in FY 2014, and was successfully re-designated this year.

AJRR believes that clinical data registries represent the future of quality measurement and performance improvement, so successful establishment of the QCDR program has the potential to encourage greater provider participation in meaningful quality improvement activities.

AJRR is appreciative of the CMS focus on aligning various physician payment, efficiency and quality improvement reporting programs to reduce the burden on eligible professionals and group practices that participate in those programs.

### **Public Health and Clinical Data Registry Reporting**

AJRR is pleased that CMS has modified the Public Health and Clinical Data Registry Reporting measure to reduce the requirement to successfully attest to any combination of two measures with providers being able to attest to measures 4 and 5 more than once. This will encourage more widespread provider participation in Public Health and Clinical Data Registry Reporting along with improved and increased flexibilities in quality reporting and related Medicare quality measure improvement programs for years to come.

AJRR respectfully requests that QCDRs be provided access to Medicare claims data, as required by law, promptly on July 1, 2016 and that the process for obtaining these data be convenient, timely, and affordable. In order to ensure that the CMS process to give access to Medicare claims data is appropriate, AJRR asks CMS to issue guidance on how the Medicare claims data will be accessed and to publish final rules for QCDR application well before the July 2016 time frame.

The AJRR appreciates this opportunity to provide comments on the *Electronic Health Record Incentive Program – Stage 3 and Modifications to Meaningful Use in 2015 through 2017*. We look forward to continuing to work with CMS to provide guidance and input on issues related to the Qualified Clinical Data Registry program. If you have questions regarding our comments, please do not hesitate to contact our Executive Director, Jeffrey P. Knezovich, CAE at (847) 430-5036 or at [knezovich@ajrr.net](mailto:knezovich@ajrr.net).

Sincerely;

Daniel J. Berry, MD  
Chair  
American Joint Replacement Registry

cc: Jeffrey P. Knezovich, CAE, Executive Director  
David G. Lewallen, MD, Medical Director