



September 8, 2015

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services,
Attention: CMS-1631-P
P.O. Box 8013
Baltimore, MD 21244-8013

Subject: CMS-1631-P Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016

Dear Mr. Slavitt:

The American Joint Replacement Registry (AJRR) appreciates the opportunity to review and comment on the Centers for Medicare & Medicaid (CMS) *Payment Policies under the Physician Fee Schedule and Other Revision to Part B for CY 2016*, published in the Federal Register on July 14, 2016.

The AJRR is the only national hip and knee arthroplasty registry with collection from all 50 states, and is the largest with over 300,000 procedures, 565 hospitals, and 4,200 surgeons. AJRR collects Level I (patient, hospital, surgeon, and procedure info) and 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. 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); this is our second year that we received this designation from CMS and the only national orthopaedic registry as such.

AJRR wishes to thank CMS for moving ahead rapidly to implement the QCDR program. AJRR believes that clinical data registries represent the future of quality measurement and performance improvement, so successful establishment and implementation of the QCDR program has the potential to encourage greater provider participation in meaningful quality improvement activities.

Changes to the Individual Eligible Professional (EP) and Group Practice QCDR Measure Reporting

AJRR agrees that CMS should continue to make available for public reporting on Physician Compare all individual EP level QCDR PQRS and non-PQRS measure data that have been collected for at least a full year. We also agree that group practice level QCDR PQRS and non-PQRS measure data that have been collected for at least a full year is available for public reporting.

Changes to the Individual Eligible Professional (EP) and Group Practice QCDR Measure Reporting

AJRR appreciates that CMS is focusing on aligning QCDR measure reporting across all eligible professionals and group practices. AJRR agrees that QCDRs shall publicly report data annually in the year following the year the measures are reported and that QCDR PQRS and non-PQRS measures that have been collected for less than a full year are not subject to public reporting.

Changes to the Requirements for Qualified Registries and the QCDR Program

AJRR is pleased to have been selected as a designated QCDR, and the experiences with CMS in moving ahead to implement this important program have been very positive. We appreciate this opportunity to provide our comments on the changes to the QCDR program found in the FY 2016 Physician Fee Schedule final rule.

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. Improvements and increased flexibilities should encourage more widespread physician participation in quality reporting and related Medicare quality measure improvement programs for years to come.

AJRR agrees that CMS should require that for an entity to become qualified for a given year, the entity must be in existence as of January 1 the year for which the entity seeks to become a QCDR. We also agree with the proposal of a web-based check box mechanism to attest during the data submission period that the quality measure results and any and all data including numerator and denominator are provided to CMS will be accurate.

In response to your solicitation for comment on validation requirements, AJRR agrees that CMS should require QCDRs to provide specified information to CMS at the time of self-nomination to ensure that QCDR data is valid. AJRR urges CMS to reevaluate the requirements for entities to become QCDRs. We are concerned about what entities can apply to be a QCDR, whether the requirements for self-nomination are sufficient and if this process is monitored by CMS. Our focus is patient safety and collecting accurate data. We want to ensure that there are no inappropriate organizations collecting data.

CMS is proposing that, starting next year, QCDRs will be required to submit considerable additional information at the time of self-nomination to ensure that data submitted is valid. AJRR is concerned that the quantity of additional data requirements may prove burdensome to many organizations. AJRR shares the CMS goal of having acceptable validation strategies to verify accuracy of data content and completeness of reporting and adherence to the required sampling methodology, but respectfully asks CMS to consider the administrative burden these extensive additions may place on QCDRs.

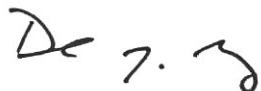
Submission of Quality Measures Data for Group Practice

We are pleased that CMS has responded to stakeholder feedback and has proposed to allow QCDRs the ability to submit quality measures data for group practices.

AJRR strongly supports the Medicare Access & CHIP Reauthorization Act (MACRA) legislation allowing Qualified Clinical Data Registries access to Medicare claims data granted upon request, and at no charge, for purposes of linking Medicare data with clinical outcomes data to perform risk-adjusted, scientifically valid analysis and research to support quality improvement, patient safety, and reduced costs to the Medicare program. We urge CMS to ensure that QCDRs be provided access to the Medicare claims data, as required by law, on July 1, 2016 and that the process for obtaining these data be convenient, timely, and affordable.

The AJRR appreciates this opportunity to provide comments to the *Revisions to Payment Policies under the Physician Fee Schedule and Other Revision to Part B for CY 2016*. 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.

Sincerely;



Daniel J. Berry, MD
Chair
American Joint Replacement Registry

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