



Physicians Caring for Texans

June 13, 2017

Administrator Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1677-P
PO Box 8011
Baltimore, MD 21244-1850

RE: FY 2018 IPPS and LTCH Proposed Rule

Dear Administrator Verma:

The Texas Medical Association (TMA) is a private, voluntary, nonprofit association of Texas physicians and medical students. TMA was founded in 1853 to serve the people of Texas in matters of medical care, prevention and cure of disease, and improvement of public health. Today, our maxim continues in the same direction: "Physicians Caring for Texans." TMA's diverse physician members practice in all fields of medical specialization.

On behalf of our 50,000+ members, TMA appreciates this opportunity to offer comments on the proposed rules relating to Medicare and Medicaid incentive programs that are part of the Hospital Inpatient and Long-Term Care Hospital prospective payment systems proposed rules, as published in the *Federal Register* on April 28, 2017.

IX.F.1. (pg. 20134) Proposed Modifications to the CQM Reporting Period for EPs in 2017.

Comment: TMA agrees with the Centers for Medicare & Medicaid Services' (CMS') approach to reduced physician burden by aligning reporting periods for the Medicare Merit-Based Incentive Payment System and the Medicaid quality reporting.

IX.F.2. (pg. 20134) Proposed Modifications to CQM Reporting Requirements for Medicaid EPs Under the Medicaid EHR Incentive Program.

Comment: Allow physicians to report clinical quality measures (CQMs) for one program yet earn credit for both Medicare and Medicaid incentive programs.

Rationale: TMA appreciates the approach CMS is considering to reduce eligible professional (EP) burden by eliminating the requirement to report on CQMs across three of the six National Quality Strategy domains. As CMS states, removing this requirement allows EPs to report on the six measures most relevant to their scope of practice. An even better approach for EPs participating in Medicare and Medicaid incentive programs would be to allow attesting to submitting quality measures for Medicare without having to duplicate efforts by additionally reporting to Medicaid. If states are interested in physician quality data, the data could be shared with the states through a CMS sharing agreement. Allow physicians to report once and receive credit for both.

IX.G.1 (pg. 20135) Proposed Revisions to the EHR Reporting Period in 2018.

Comment: TMA agrees that CMS should reduce the 2018 reporting period to any continuous 90-day period from Jan. 1, 2018, to Dec. 31, 2018. This allows EPs the necessary time to upgrade, test, and adjust workflows as they begin using the 2015 Edition Certified EHR Technology (CEHRT).

IX.G.2 (pg. 20136) Exception for Decertified EHR Technology for EPs, Eligible Hospitals and CAHs Seeking to Avoid the Medicare Payment Adjustment.

Comment: CMS should create a pathway for physicians to still receive CMS program incentives during EHR transition when the transition is caused by the vendor's decertification.

Rationale: Physicians rely on Office of the National Coordinator (ONC) certification for their electronic health record (EHR) products, as it validates that the EHR will perform the functions necessary for a physician to comply with CMS' various payment programs. Physicians have no control when an EHR vendor is decertified, and the implications to the physician users go far beyond the inability to attest. While TMA appreciates CMS allowing an extended exemption to prevent a Medicare penalty, it is not enough to make the physician whole. If an EHR vendor does not correct its deficiencies, physicians are forced to transition to a new EHR. This adds the costs of data migration, training, testing, workflow adjustments, and interface fees — to name just a few.

TMA additionally asks CMS and ONC to review the practice of ONC-authorized testing bodies publishing test scripts, which allowed eClinicalWorks to falsely represent product compliance to its certifying body. ONC should not permit authorized testing bodies to publish test scripts.

IX.G.4 (pg. 20139) Certification Requirements for 2018

Comment: TMA implores CMS to defer the requirement of 2015 Edition CEHRT in 2018 and asks for flexibility in making use of the 2015 Edition CEHRT voluntary in 2018.

Rationale: TMA is concerned that requiring the use of 2015 Edition CEHRT by 2018 will result in rushed upgrades, lack of testing, insufficient user training, and an overall disruption to physician practices, which threatens patient safety. Every time CMS imposes new EHR certification requirements there is the unintended consequence of focusing EHR vendor resources on those specific requirements rather than improving EHR usability, identifying and managing patient safety risks inherent to technology use, and developing innovative ways to improve patient care.

TMA appreciates the opportunity to provide the above comments. Should you have additional questions or need any further information, please do not hesitate to contact Shannon Vogel at TMA at (512) 370-1411 or shannon.vogel@texmed.org.

Sincerely,



Matthew M. Murray, MD
Chair, Ad Hoc Committee on Health Information Technology
Texas Medical Association