



AMERICAN COLLEGE OF GASTROENTEROLOGY

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September 25, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Administrator Verma,

On behalf of the American College of Gastroenterology (ACG), we write to express our appreciation for declaring public health emergencies in North Carolina, South Carolina, and Virginia. ACG fully supports CMS' policy of granting exceptions during such emergencies, particularly as they relate to the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP). We also write to urge you to announce waivers for MIPS-eligible clinicians in these states for the CY 2018 reporting year, to facilitate their complete recovery from the devastation of Hurricane Florence. This hurricane highlights the importance of granting providers increased flexibilities when working to meet emergency health needs of patients under challenging and demanding conditions.

The ACG is a physician organization representing gastroenterologists and other gastrointestinal (GI) specialists. Founded in 1932, our organization currently includes over 14,000 members providing gastroenterology specialty care. This includes hundreds of members in areas impacted by recent hurricanes. We focus on the issues confronting GI specialists in delivering high quality patient care. The primary activities of the ACG have been, and continue to be, promoting evidence-based medicine and optimizing the quality of patient care.

Recent Public Health Emergency Announced by HHS

Secretary Azar recently declared public health emergencies in North Carolina, South Carolina, and Virginia, in anticipation of the potential impacts of Hurricane Florence.¹ Pursuant to these declarations, CMS used its authority under Sections 1135 and 1812(f) of the Social Security Act (SSA) to grant exemptions for certain Medicare, Medicaid, and Children's Health Insurance

¹ Secretary Azar acted under his authority in the Public Health Service Act and Social Security Act in declaring the public health emergency (PHE) in North Carolina and South Carolina on September 11, 2018 and in Virginia on September 12, 2018, authorizing flexibilities to support CMS beneficiaries. These actions and flexibilities are retroactive to September 7, 2018 in North Carolina and September 8, 2018 in South Carolina and Virginia.

Program (CHIP) requirements. Specifically, CMS issued blanket waivers in all three states, meaning that providers do not have to apply for individual waivers to receive these exemptions.

Last year, CMS introduced a policy of granting exceptions during such emergencies, particularly as they relate to the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP).² These exceptions are a vital tool in ensuring that Medicare and Medicaid beneficiaries continue to have access to care in areas affected by natural disasters or public health emergencies. Accordingly, ACG respectfully asks CMS to continue this policy of exceptions for the CY 2018 MIPS reporting year as necessitated by emergencies such as the recent damage caused by Hurricane Florence.

ACG appreciates CMS' efforts to allow providers in these affected areas the ability to dedicate all resources to treating patients and repairing damages to their practices. ACG welcomes the opportunity to work with CMS in any way to achieve these goals. Please contact Brad Conway, Vice President of Public Policy, Coverage & Reimbursement, at 301.263.9000 or bconway@gi.org.

Sincerely,

² Medicare Program; CY 2018 Updates to the Quality Payment Program; and Quality Payment Program: Extreme and Uncontrollable Circumstance Policy for the Transition Year. "In order to account for Hurricanes Harvey, Irma, and Maria and other disasters that have occurred or might occur during the 2017 MIPS performance period, we are establishing in an interim final rule with comment period an automatic extreme and uncontrollable circumstance policy for the quality, improvement activities, and advancing care information performance categories for the 2017 MIPS performance period. We believe the automatic extreme and uncontrollable circumstance policy will reduce clinician burden during a catastrophic time and will also align with Medicare policies in other programs such as the Hospital IQR Program. Under this policy, we will apply the extreme and uncontrollable circumstance policies for the MIPS performance categories to individual MIPS eligible clinicians for the 2017 MIPS performance period without requiring a MIPS eligible clinician to submit an application when we determine a triggering event, such as a hurricane, has occurred and the clinician is in an affected area. We will automatically weight the quality, improvement activities, and advancing care information performance categories at zero percent of the final score, resulting in a final score equal to the performance threshold, unless the MIPS eligible clinician submits MIPS data which we would then score on a performance-category-by-performance-category-basis, like all other MIPS eligible clinicians." CMS-5522-FC.



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