
MACRA Regulatory Reforms

ASCRS supports the goals of the Medicare Access and CHIP Reauthorization Act (MACRA) and continues to monitor CMS' implementation to ensure its intent is fully realized and preserved. ASCRS strongly opposes certain provisions of the 2020 Medicare Physician Fee Schedule (MPFS) final rule pertaining to the Quality Payment Program (QPP), including potentially making its new participation pathway for 2021, the Merit-Based Incentive Payment System (MIPS) Value Pathways (MVPs) mandatory, inclusion of FDA-approved pass-through drugs in the cataract surgery episode-based cost measure, and removing “topped-out” ophthalmology measures.

Background

2020 MPFS Final Rule – Quality Payment Program

In November 2019, CMS released the 2020 MPFS final rule, which includes the 2020 QPP. Specific issues ASCRS is concerned with include the following:

- **Potential for Mandatory MVPs:** CMS is creating a new participation pathway beginning in 2021 called MVPs that would require physicians to report on a specific set of measures and activities related to a particular condition or procedure identified by CMS. ASCRS strongly opposed making MVPs a mandatory requirement because it would eliminate a physician's ability to determine which measures are appropriate for his/her practice and patient population. In addition, the MVPs include problematic population-health measures, burdensome patient-reported outcome measures, and continues the separate scoring methodology for the four MIPS categories. In response to our comments—and those from others in the medical community—CMS indicated in the final rule that it had not yet determined whether the MVPs will be mandatory. We will continue to advocate that MVPs must be voluntary.
- **FDA-approved pass-through drugs in the cataract surgery episode-based cost measure:** Currently, CMS includes one FDA-approved pass-through drug in the cataract surgery episode-based cost measure (Omidria). No other pass-through drugs are included in the measure for 2020. ASCRS maintains that including any drug on pass-through defeats the purpose of pass-through to provide un-biased utilization data on the drug. When new, innovative higher-cost drugs come onto the market, CMS pays for them separately—once pass-through status is determined—for up to three years. This gives time for the drug to be introduced to the market, and when the pass-through status has expired, CMS uses the utilization data to include in the formula for the updated facility payment to account for the cost of the drug in the bundled facility payment. As a result of including the cost of pass-through drugs in the cataract cost measure, many surgeons have discontinued use of pass-through drugs so as not to negatively impact their Cost score. CMS did not respond to ASCRS comments on this issue in the final rule, but has indicated that it will be providing a response shortly.
- **Topped-out measures:** CMS removed two cataract surgery outcome measures (192 and 388) that track surgical complications that CMS deems “topped out”—meaning that overall performance is consistently high—and should no longer be reported. Removing these

measures limits ophthalmologists' ability to track their outcome rates relative to their peers. ASCRS urges CMS to reinstate these quality measures and continue to award credit for maintaining high quality. Continuing to measure even the most successful procedures, such as cataract surgery, ensures that surgeons are continuing to achieve positive outcomes.

- **Specialty-specific A-APMs:** We continue to advocate for the development of specialty-specific Advanced APMs, as current models are primary care-based and are not appropriate for specialists, such as ophthalmologists, nor encourage their participation.
- **“All-or-nothing” scoring:** ASCRS continues to oppose the all-or-nothing scoring methodology in the Promoting Interoperability category of MIPS. Participants should have the opportunity to earn points for focusing on the measures that are most relevant to their practice, rather than having to report on all measures.

ASCRS submitted comments to CMS on the 2020 MPFS proposed rule and final rule and is working with the surgical community to ensure successful participation in the QPP.

Next Steps

ASCRS will work with the medical community to advocate for additional changes in future rulemaking.