

June 24, 2016

Andy Slavitt, Acting Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Mail Stop C4-26-05

7500 Security Blvd

Baltimore, MD 21244-1850

RE: Medicare Program: Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; RIN 0938-AS69."

Dear Mr. Slavitt:

The National Organization of Rheumatology Managers is a 501(c) (6) organization representing over three hundred and seventy (370) rheumatology managers. Our mission statement proclaims we are a forum by which we promote and support education, expertise and advocacy for access to care for our rheumatology practices and their patients.

With the implementation date of January 1, 2017 fast approaching, there is not sufficient time for our staff and physicians to understand and implement the MACRA requirements. History shows short implementation periods set practices up for failure. Many practices needed to take the hardship exemption Congress passed in 2015 due to the short implementation timeframe and the fact many software vendors were not ready to capture necessary data to meet the 2015 Meaningful Use. New required measures necessitated participation in State registries. This task caught many practices off guard and left them scrambling to accomplish this measure. Even with a 90-day period to capture data for the MIPPS or APM program, practices need time to analyze and choose the appropriate path for their practice. A clear understanding of attribution is needed to set our practices up for success. Rheumatology is comprised of many small practices and they will be at a disadvantage to understand and implement changes within their practice while still struggling to retrieve their current QRUR reports and understand the impact of the Value Based Modifier on their practice. CMS programs are coming at the medical community at a fast and furious pace and placing hardships on practice managers who are key to implementing these programs successfully within their practice.

As we navigate the healthcare changes in support of our patients, physicians and payors, we constantly evaluate cost effectiveness. We implement imposed changes with facts after much research and education with the desire of positive patient outcomes. In order for us to adequately prepare for the implementation of MIPPS or APM through the MACRA legislation, we respectfully request a minimum of six (6) months delay in order to prepare while striving for overall meaningful improvement in collaboration with CMS.

Sincerely,

*Ethel Owen*

Ethel Owen,

President