



December 19, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via <http://www.regulations.gov>

RE: CMS-5517-FC, Medicare Program: Merit-Based Incentive Payment System and Alternative Payment Model Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

Dear Administrator Slavitt:

The Radiology Business Management Association (RBMA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) final rule for the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, published in the Federal Register on November 4, 2016.

Founded in 1968, the RBMA represents over 2,300 radiology practice managers and other radiology business professionals. In the aggregate, RBMA's influence extends to over 24,000 radiologic technologists and 26,000 administrative staff. RBMA is the leading professional organization for radiology business management, offering quality education, resources and solutions for its members and the health care community, and helping shape the profession's future.

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Hospital-Based MIPS Eligible Clinicians

The RBMA appreciates CMS' consideration of the comments submitted with respect to the definition of a hospital-based eligible clinician and CMS' finalizing the following:¹

After consideration of the public comments and the data we have available, we are finalizing our proposal for MIPS under § 414.1305 with the following modifications. Under the MIPS, a hospital-based MIPS eligible clinicians is defined as a MIPS eligible clinician who furnishes 75 percent or more of his or her covered professional services in sites of service identified by the Place of Service (POS) codes used in the HIPAA standard transaction as an inpatient hospital (POS 21), on campus outpatient hospital (POS 22), or emergency room (POS 23) setting, based on claims for a period prior to the performance period as specified by CMS. We intend to use claims with dates of service between September 1 of the calendar year 2 years preceding the performance period through August 31 of the calendar year preceding the performance period, but in the event it is not operationally feasible to use claims from this time period, we will use a 12-month period as close as practicable to this time period.

¹ The Federal Register, Vol. 81, No. 214, Friday, November 4, 2016, page 77240

We also note the following definition of a Hospital-based MIPS eligible clinician at 414.1305:

Hospital-based MIPS eligible clinician is a MIPS eligible clinician who furnishes 75 percent or more of his or her covered professional services in sites of service identified by the Place of Service codes used in the HIPAA standard transaction as an inpatient hospital, on-campus outpatient hospital or emergency room setting based on claims for a period prior to the performance period specified by CMS.

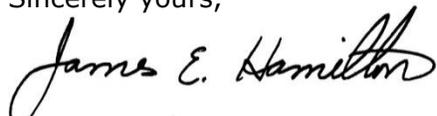
RBMA believes there are two technical omissions with respect to the revisions noted above:

- 1) According to the Medicare Claims Processing Manual, "the place of service (POS) code for 'Outpatient Hospital' has been expanded. The description of POS 22 has been revised from 'Outpatient Hospital' to 'On Campus-Outpatient Hospital' and POS 19 has been created for the 'Off Campus Outpatient Hospital' setting." Hospital-based eligible clinicians routinely provide services in both POS 22 (on-campus outpatient hospital) and POS 19 (off-campus outpatient hospital), and patients treated in POS 19 are hospital-registered patients where the hospital-based eligible clinicians typically rely upon the hospital's technology. Off campus facilities typically share the same systems with on-campus sites of service, and it would be rare for hospital-based clinicians such as radiologists to own or control CEHRT used in off-campus outpatient settings. The only real difference between POS 22 and POS 19 is the geographic location. **Therefore, POS code 19, off-campus hospital outpatient, is an expansion of POS code 22, and should be included in the calculation used to determine hospital-based MIPS eligible clinician status.**
- 2) Hospital-based MIPS eligible clinicians routinely perform their professional services in all hospital sites of service defined by the Place of Service (POS) codes used in the HIPAA standard transaction code set. As currently written with an "or" statement, the definition at 414.1305 can be interpreted to say that an EC must have 75 percent of covered professional services in a single POS code. We believe the intent is for the 75 percent of covered professional services threshold to be considered as a combination of the applicable POS codes. Therefore, the "or" statement should be replaced with an "and/or" statement, as follows:

*Hospital-based MIPS eligible clinician is a MIPS eligible clinician who furnishes 75 percent or more of his or her covered professional services in sites of service identified by the Place of Service codes used in the HIPAA standard transaction as an inpatient hospital, on-campus outpatient hospital, **off-campus outpatient hospital, and/or** emergency room setting based on claims for a period prior to the performance period specified by CMS.*

We appreciate CMS making these two technical corrections. Our organization and members stand ready to assist the agency as you move forward. Please contact either myself (jhamilton@mipimaging.com) or Liz Quam, RBMA Federal Affairs Committee Chair (lquam@cdirad.com) if you wish clarification of our comments or wish to discuss further.

Sincerely yours,



James Hamilton, MHA, CMM, FRBMA
President, RBMA Board of Directors