

September 6, 2013

Marilyn B. Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2014; Proposed Rule CMS-1600-P

Dear Administrator Tavenner:

We are writing in response to the Calendar Year (CY) 2014 Medicare Physician Fee Schedule (MPFS) Proposed Rule, published July 19, 2013 *Federal Register* Vol. 78 No. 139 p. 43282. The Society of Nuclear Medicine and Molecular Imaging's (SNMMI) more than 19,000 members set the standard for molecular imaging and nuclear medicine practice by creating guidelines, sharing information through journals and meetings, and leading advocacy on key issues that affect molecular imaging and therapy research and practice. We appreciate the opportunity to provide comments to assist the Centers for Medicare & Medicaid Services (CMS) in further refining the MPFS.

We offer comments and recommendations on the following topics addressed in this proposed rule:

- Sustainable Growth Rate (SGR)
- Medicare Economic Index (MEI)
- New Equipment Inputs – SPECT/CT
- Physician Quality Reporting System (PQRS)
 - Increase the Number of PQRS Measures
 - Transitional Phase
 - Incentive Payments & Payment Adjustments
 - Minimum Threshold Criteria

Sustainable Growth Rate – SGR

In the CY 2014 Proposed Rule, CMS proposed a minus 24.4 percent update in payment rates for physician-related services. SNMMI is deeply concerned with implementation of such an action regarding its impact on patient access to care. SNMMI appreciate CMS's efforts to work on the administrative aspects of the SGR as well as their continued work to monitor Congress and implement any possible fixes quickly.

Medicare Economic Index (MEI)

In 2012, CMS convened a Technical Advisory Panel (MEI-TAP) to conduct a comprehensive review of the Medicare Economic Index (MEI). The panel made 13 recommendations to improve the accuracy of the index, ten of which are included in the proposed rule. Planned changes to the cost categories and weights are aimed at improving the accuracy of the MEI as a description of the cost structure of medical practice. SNMMI believes the changes proposed by the Technical Advisory Panel successfully bring the “market basket” of MEI inputs up to date and improve the accuracy of the index going forward. **SNMMI greatly appreciates the efforts of CMS to convene the MEI-TAP panel. We also strongly encourage CMS to continue work on the remaining issues identified by the MEI-TAP. SNMMI looks forward to continuing to work with CMS in the future to maintain and refine the MEI.**

New Equipment Inputs – SPECT/CT

In addendum B, CMS current lists CPT 78072 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization, as carrier priced. On July 19, 2013, SNMMI supplied four paid invoices as requested by CMS to assist in setting RVUs for these new services. **SNMMI urges CMS to use the supplied invoices along with the detailed practice expense information approved by the AMA RUC to set a practice expense RVU in the November Final Rule.**

Physician Quality Reporting System (PQRS)

SNMMI appreciates CMS’s efforts in the CY2014 Proposed Rule to establish a more cost-effective and high quality healthcare system. SNMMI acknowledges the positive role that assessing clinical quality measures (CQMs), reported on by eligible professionals (EP), will have on reaching this goal. **Accordingly, SNMMI supports the enhancement of the PQRS program.** Additionally, we would like to provide additional suggestions to help CMS reach its goal of increasing the level of participating EPs in the PQRS program.

Increase the Number of PQRS Measures

There are currently over 250 clinical quality measures (CQM) and 22 measures groups. Although these numbers will increase with the proposed 2014 rule, many EPs will still struggle to find measures applicable to their situations. Supporting organizations to develop CQMs boosts the number and variety of reportable measures. This will help CMS capture more data and produce a more effective, quality program. **Therefore, SNMMI respectfully requests that CMS provide specialty organizations with support to develop CQMs.**

Transitional Phase

Currently, individual EPs are required to report three CQMs for an incentive payment. However, the proposed rule results in a drastic shift to nine measures covering three quality domains. The proposed rule also excludes a transitional phase to avoid a payment adjustment. However, EPs have expressed their plans to report measures and raising the bar too high may derail their participation strategy as it does not allow them to adapt to the added responsibilities. Previously, EPs could report on one measure on one patient one time. Implementing a more gradual approach to measure reporting establishes an environment that will maintain the level of participants. CMS can convert EPs that are trying to avoid the payment adjustment into fully participating members by easing this transition. The flexibility to avoid the penalty adjustment by allowing them to report one measure on 25% of the EP's applicable patient population can help with achieving this goal. **SNMMI asks that CMS reduce the reportable measures threshold from nine to five, and allow EPs to report one measure on 25% of the applicable population to avoid payment adjustment.**

Incentive Payments & Payment Adjustments

SNMMI agrees that EPs who meet certain reporting criteria should receive an incentive payment. While it would be ideal to increase that payment, providing 0.5 percent of the total estimated Medicare Part B allowed charges helps EPs recover the cost of resources required to participate in the PQRS program. **As a result, SNMMI urges CMS to continue to provide incentive payments to qualifying EPs.**

Minimum Threshold Criteria

The CY 2014 proposed rule does not provide a minimum number of patients needed to be seen in order to qualify for reporting on a measure. If additional information is not provided, EPs who willingly participate in PQRS may find themselves facing a penalty. SNMMI suggests that the minimum threshold be 20. **Therefore, SNMMI respectfully requests that CMS specify a minimum number of Medicare Part B patients that an EP must see to qualify the EP to participate in the PQRS program.**

SNMMI appreciates the opportunity to comment on this CY2014 MPFS Proposed Rule to the CMS. As always, SNMMI is ready to discuss any of its comments or meet with CMS on the above issues. In this regard, please contact Susan Bunning, Vice President, Government Affairs, by email at sbunning@snmmi.org or by phone at 703-326-1182.

Respectfully Submitted,



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President, SNMMI