



AMT
American Medical Technologists
Certifying Excellence in Allied Health

June 27, 2016

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5517-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-5517-P
Merit-Based Incentive System (MIPS) and Alternative Payment Model (APM)
Incentive Under the Physician Fee Schedule

Dear Administrator:

American Medical Technologists (AMT), a national, nonprofit certification organization and membership association representing approximately 70,000 clinical laboratory professionals, medical assistants, and other allied health personnel, submits the following comments on CMS's proposed rule to implement key aspects of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).¹ AMT's comments are focused narrowly on certain provisions of the proposed Merit-Based Incentive Payment System (MIPS), which would consolidate and streamline components of three existing programs, the Physician Quality Reporting System (PQRS), the Physician Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program for eligible professionals (EPs).

¹ A substantial majority of AMT's active membership – approximately 55,000 – consists of Registered Medical Assistants (RMAs). All RMAs have taken and passed AMT's competency-based certification examination for medical assistants, and they qualified to take the exam via one of several eligibility routes, including graduation from an accredited medical assistant education program, completion of a military medic training program and subsequent work as a medic in one of the armed services, or five years of documented practice performing the functions of a medical assistant. All of AMT's exam-based certification programs are accredited by the National Commission for Certifying Agencies, the accrediting arm of the Institute for Credentialing Excellence.

Advancing Care Information and CPOE

AMT is particularly interested in changes to the existing EHR Meaningful Use incentive programs that would be phased into the proposed MIPS Advancing Care Information performance category. Under the MIPS Advancing Care Information program, Eligible Clinicians (ECs) can opt to earn a “base score” by reporting under a “primary alternative” that provides more options and flexibility than do the existing Stage 3 Meaningful Use performance objectives. Among the changes to Stage 3 objectives, the Advancing Care Information “primary proposal” would eliminate the obligation to report on the Computerized Provider Order Entry (CPOE) and Clinical Decision Support (CDS) objectives that were core objectives under the Stage 2 and Stage 3 meaningful use programs.

With regard to CPOE and CDS, the preamble explains that: “Given the consistently high performance on these two objectives in the EHR Incentive Program with EPs accomplishing a median score of over 90 percent for the last 3 years, we believe these objectives and measures are no longer an effective measure of EHR performance and use. In addition, we do not believe these objectives and associated measures contribute to the goals of patient engagement and interoperability, and thus believe these objectives can be removed in an effort to reduce reporting burden without negatively impacting the goals of the advancing care information performance category.” 81 Fed. Reg. at 28220.

Although ECs would no longer be required to attest to compliance with CPOE and CDS objectives, the proposed rule includes an “alternate proposal” under which ECs can earn the necessary base score under the advancing care information performance category. MIPS eligible clinicians who opt for the alternate proposal will have to report a numerator (of at least one) and denominator or yes/no statement (only a yes statement would qualify for credit under the base score) for all objectives and measures adopted for Stage 3 in the 2015 EHR Incentive Programs Final Rule to earn the base score portion of the advancing care information performance category. This would include reporting a yes/no statement for CDS and a numerator and denominator for CPOE objectives. *Id.* at 28221-23.

AMT strongly supports CMS’s proposal to offer an alternate proposal under which ECs can opt to continue reporting all of the Stage 3 objectives and measures in order to achieve a base score for the advancing care information category. As the agency observes, “MIPS eligible clinicians may feel the continued measurement of these objectives is valuable to the continued use of EHR technology as this would maintain the previously established objectives under the EHR Incentive Program.” *Id.* at 28221. AMT also supports maintaining the same personnel eligibility criteria for entering CPOE order as were adopted in the Stage 2 and Stage 3 EHR incentive programs. Specifically, orders for medication, laboratory, and diagnostic imaging orders must be “directly entered by any licensed healthcare professional, credentialed medical assistant, or a

medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.” *Id.* at 28227. As CMS emphasized and reiterated in the final Stage 3 rule, “In the Stage 2 final rule (77 FR 53986) and in subsequent guidance in FAQ 9058, we explained for Stage 2 that a licensed health care provider or a medical staff person who is a credentialed medical assistant or is credentialed to and performs the duties equivalent to a credentialed medical assistant may enter orders. We maintain our position that medical staff must have at least a certain level of medical training in order to execute the related CDS for a CPOE order entry . . . [and] that, in general, scribes are not included as medical staff that may enter orders for purposes of the CPOE objective.” 80 Fed. Reg. 62798.

AMT fully agrees that any computerized order entry for pharmacy, laboratory and imaging services should be performed by a licensed practitioner or a credentialed medical assistant (or equivalent). The benefits of CPOE are well recognized – among other things, helping to reduce errors related to poor handwriting or transcription of medication orders – and it only makes sense that the person entering the physician order on the electronic record have the requisite knowledge, skills, and aptitude to carry out that important task in a competent manner. One way to provide the assurance of adequate clinical competency is to continue to mandate that such function is limited to clinical staff who are appropriately certified or credentialed by an established certification body such as AMT. We urge CMS to clarify that even when reporting of CPOE and CDS measures is not required under the primary advancing care information initiative, clinicians who utilize CPOE are still expected to utilize appropriately credentialed clinical staff to enter the orders (similar to a condition of participation in the Medicare program).

Medicaid EHR Incentive Program and Advancing Care Information

In its regulatory preamble, CMS observes that MACRA did not alter the existing EHR meaningful use incentive program for EPs participating in the Medicaid EHR incentive program. 81 Fed. Reg. at 28233. Accordingly, CMS has not proposed any changes to the Medicaid meaningful use objectives and measures as part of the MIPS proposed rule.

As a result, EPs who continue to participate in the Medicaid incentive program will continue to be required to attest to meeting the following CPOE objective and measures through the year 2021:

Section 495.24 Stage 3 meaningful use objectives and measures for EPs, eligible hospitals, and CAHs for 2018 and subsequent years

.....

(d) *Stage 3 objectives and measures for EPs, eligible hospitals, and CAHs –*

.....

(4) *Computerized provide order entry (CPOE)—(i) EP CPOE—(A) Objective.* Use computerized provide order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

.....

(B) *Measures*

- (1) More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry;
- (2) More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry; and
- (3) More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

The regulatory preamble further states that “reporting on the measures specified for the advancing care information performance category under MIPS cannot be used as a demonstration of meaningful use for the Medicaid EHR Incentive Programs. Similarly, a demonstration of meaningful use in the Medicaid EHR Incentive Programs cannot be used for purposes of reporting under MIPS.” 81 Fed. Reg. at 28233. CMS goes on to solicit comments on alternative reporting or proxies for EPs who provide services to both Medicaid and Medicare patients and are eligible for both MIPS and the Medicaid EHR Incentive Payment. *Id.* at 28234.

In view of the complete overlap between the Medicaid EHR incentive program objectives and measures and the objectives and measures under the alternate proposal in the proposed MIPS Advancing Care Information performance category, AMT suggests that an EP’s more detailed attestation under the Medicaid program should be accepted as qualifying to earn a base score as an EC under the Advancing Care Information’s alternate proposal. While the Medicaid program continues to require attestation to specific numeric measures whereas the Advancing Care Information proposal would require only a minimum of “1” in the numerator (or a “Yes” answer, as appropriate), there is no logical reason why the more detailed reporting under the continued Medicaid requirements should not count toward the MIPS Advancing Care Information alternate proposal’s base score.

Additionally, AMT joins the American Association of Medical Assistants (AAMA) in urging CMS to *require* EPs who participate in both the Medicaid EHR incentive program

and as an EC in the MIPS program to report under the Advancing Care Information alternate proposal. (See AAMA comments dated June 21, 2016, at p. 4.) Such a requirement would minimize duplicative reporting and confusion for ECs/EPs, and would facilitate CMS's auditing of compliance with both programs.

In closing, American Medical Technologists appreciates this opportunity to provide comments on CMS's proposed implementation of the Merit-Based Incentive Payment System created by the Medicare Access and CHIP Reauthorization Act of 2015. We hope the agency will carefully consider our suggestions with regard to the Advancing Care Information performance category of MIPS. Please do not hesitate to contact me at cdamon@americanmedtech.org if you desire additional information about AMT or these comments.

Sincerely,



Christopher A. Damon
Executive Director

cc: Everett Bloodworth, MT(AMT), President
AMT Federal Government Affairs Committee