



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

June 16, 2015

Sean Cavanaugh
Deputy Administrator & Director, Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Cavanaugh:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write to express concern about the possible negative consequences of ICD-10 implementation as it relates to claims-based reporting for the Physician Quality Reporting System (PQRS). I also write to request your assurance that the Medicare administrative contractors (MACs) will be able to handle the change in diagnosis codes as it relates to claims-based reporting of PQRS in 2015 and that no family physician will be penalized financially by a MAC's failure to do so.

ICD-10 implementation is scheduled to occur with dates of service on or after October 1, 2015. That date falls in the midst of the 2015 reporting period for PQRS. The most common method for physicians to report under PQRS is claims-based reporting, and many of the PQRS measures on which family physicians will report use diagnosis codes to help identify patients who are included in the measures' denominator. For such measures, that means the diagnosis codes used to identify patients who are included in the denominator will change during the course of the reporting period.

Given this mid-stream change in diagnosis codes as it relates to claims-based reporting for PQRS, we are concerned whether the MACs will be able to successfully aggregate claims with dates of services before and after October 1, 2015, to accurately capture and reflect the totality of a physician's PQRS performance on the measures he or she has chosen. Our concern is magnified by the fact that a MAC's failure to do so may result in a negative payment adjustment for the physician in 2017 with respect to both PQRS and the value-based payment modifier, which is largely dependent on PQRS. We ask for your assurance that the MACs will, in fact, be able to handle the change in diagnosis codes as it relates to claims-based reporting of PQRS in 2015 and that no family physician will be penalized financially by a MAC's failure to do so.

Thank you for your time and consideration of this matter. For any questions you might have, please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org. We look forward to your reply.

Sincerely,

Reid B. Blackwelder, MD, FFAFP
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