National Organization of Rheumatology Management

December 20, 2023

Partnership or Quality Measurement (PQM)
Pre-Rulemaking Measure Review (PRMR)
Measures Under Consideration (MUC)

Submitted electronically via PRMR MUC List Commenting Form

RE: MUC2023-209: Rheumatoid Arthritis Episode-Based Cost Measure

The National Organization of Rheumatology Management (NORM) is a nonprofit organization that promotes education, expertise, and advocacy for rheumatology managers and their practices. We are focused on supporting our patients and pursuing excellence in medical practice management. From that perspective, we submit the following comments in response to the aforementioned measure under consideration.

Challenges with Cost Measures in Rheumatology

Our members lead the implementation of the Merit-based Incentive Payment System (MIPS) in rheumatology practices and routinely serve as an "early-warning system" when issues arise with the program. You are likely aware of the multiple challenges physicians face with MIPS participation, but the cost measurement aspect has been particularly problematic for rheumatology. In fact, many of our practices that performed well on the cost category in prior years are now facing penalties for a number of reasons, not the least of which is the measure holds rheumatologists – and other specialties – accountable for costs outside of their control.

Through its contractor, Acumen, the Centers for Medicare and Medicaid Services (CMS) has developed a new cost measure focused on a key rheumatologic disease – rheumatoid arthritis (RA). While our practices welcome the opportunity to be held accountable for a condition that we diagnose, treat and manage, the measure under consideration would make our practices responsible for medication costs that we cannot control and, worse, under a statutory and regulatory paradigm that limits our practices' ability to prescribe the drug that is best for the patient both clinically and financially. For example, a beneficiary may be subject to "step therapy" requirements in their Part D plan, thus limiting the prescribing options to a narrower set of "fail-first" medications on the plan's formulary. By design, such requirements will inevitably result in a subset of patients who do in fact fail the first-line treatment. That subset will be left without appropriate treatment for a longer time period and, thus, worse outcomes and potentially higher ancillary costs – all of which is outside the control of our practices. There is also the challenge with the Self-Administered Drug (SAD) Exclusion List, which makes certain medications that may be better suited for certain beneficiaries – including those with a disability – out of reach and force them onto another medication that is more costly and difficult – if not impossible – for them to administer themselves.

We believe this measure should be postponed until the above issues have been addressed, and urge you to not recommend this measure for purposes of the MIPS program in calendar year 2025.

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NORM stands ready to work with you to address the issues raised above. Thank you for your consideration of our feedback. Should you have any questions or would like to set a time to discuss these issues in more detail, please contact Andrea Zlatkus, CMPM, CRMS, CRHC, Executive Director, NORM, at andrea@normgroup.org.

Sincerely,

Nancy Ellis

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