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January 21, 2020

The Honorable Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201
Submitted electronically

Re: Merit-based Incentive Payment System

Dear Administrator Verma,

The American Urological Association (AUA) appreciates the opportunity to provide input regarding measure specialty sets used in the Merit-based Incentive Payment System (MIPS). The AUA is a globally-engaged organization with more than 22,000 members practicing in more than 100 countries. Our members represent the world's largest collection of expertise and insight into the treatment of urologic disease. Of the total AUA membership, more than 15,000 are based in the United States and provide invaluable support to the urologic community by fostering the highest standards of urologic care through education, research and the formulation of health policy.

The AUA recommends adding Quality Measure #476 [International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6 -12 Months after Diagnosis of Benign Prostatic Hyperplasia] to the urology measure set. Currently, there are only four urology-based measures in MIPS (and thus in the urology measure set), and two of those are likely to be considered topped-out in the near future. The remaining measures in the urology measure set are general measures. Thus, adding a urology-specific measure increases meaningful participation in both a specialty measure set and MIPS in general. While the measure is not applicable to all urology subspecialties, the IPSS and AUA-SI are commonly used by a significant number of urologists. At the time of this letter the measure specifications for Measure #476 are not available, but barring anything unforeseen in those specifications, the AUA believes the measure will be of interest to those in urology.

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In addition, the AUA urges CMS to become more transparent concerning specialty measure set use. Specifically it would be helpful for the AUA to know how many urologists use the urology measure set, and if they do, what measures are they typically reporting. Periodically the AUA asks its members about MIPS participation. While many note they have selected measures within the urology measure set, no one states they are intentionally using the urology measure set as a whole. Therefore, it would be valuable to know if CMS considers these participants as measure set users. Having this data as well as learning which measures are typically used within the measure set would inform the MIPS education that the AUA provides to its members.

Again, the AUA appreciates the opportunity to provide input regarding MIPS measure specialty sets. If you have any questions or wish to discuss our comments further, please contact Keith Hawman or Suzanne Pope at khawman@auanet.org or spope@auanet.org.

Sincerely,

A handwritten signature in black ink, appearing to read "David F. Penson", enclosed in a thin black rectangular border.

David F. Penson, MD, MPH
Chair, Science & Quality Council