January 6, 2026

Dear PRMR Clinician Committee:

On behalf of American College of Gastroenterology (ACG) and American Society for Gastrointestinal Endoscopy (ASGE), we appreciate the opportunity to submit comments in response to MUC2025-043, *Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection*.

Our societies support the intent of this measure; positive noninvasive tests for colorectal cancer detection require timely follow up to confirm or exclude the presence of colorectal cancer. However, for measurement to be meaningful and actionable it must be conducted at the appropriate level. We have many concerns with considering this measure for inclusion in the Merit-based Incentive Payment System (MIPS). The preliminary assessment bases its evaluation on the measure's endorsement; however, it was endorsed at the facility and integrated delivery system level using hospital outpatient and integrated delivery system data. On review of the additional testing provided at the individual clinician and group level, we do not believe that this measure should be considered appropriate for inclusion in MIPS for the following reasons:

- The submission does not address whether any of the gap in performance could be due to individuals receiving their follow-up colonoscopy with a different clinician or group. There are potential factors that are outside of the control of the clinician or group such as the possibility that patients receive their follow-up at another facility. Recognizing those who report all payer data via qualified clinical data registries, further complicating consistent evaluation of performance on this measure is patients receiving stool-based test kits directly from insurers without the knowledge of those clinicians who may be evaluated on the measure. These apparent measure failures are reflections of factors that are outside of the control of a given clinician or group and would unfairly impact performance results. A measure that does not account for all scenarios and does not reflect true performance should not be included in an accountability program.

- This measure will likely not achieve acceptable reliability rates at the individual clinician and group levels. Currently, the measure steward does not recommend that this measure be used at the individual clinician level due to very low sample sizes and while some of the signal-to-noise ratio (SNR) results at the facility group level were acceptable ($\geq$0.7), the minimum SNRs were very low and two years of the data (2022 and 2023) had "substantially larger sample sizes accounting for 56% of the data used for the analysis." It is not clear whether any of the individual clinicians and/or facility groups successfully met a minimum sample size of 20 patients, which is what MIPS requires to set a benchmark and it is very likely that denominator counts could vary significantly from year to year based on the rate of patients who choose to use a noninvasive screening test and subsequently test positive. We do not believe that this

measure will be able to produce performance scores that could be considered reliable at the individual clinician and group levels as a result.

- This measure will miss a portion of the population at risk because it currently only includes positive stool-based tests but does not capture other noninvasive tests, such as blood-based colorectal cancer screening (CRC) tests or Computed Tomography Colonography.
  - The U.S. Food and Drug Administration recently approved two blood-based tests.[1] Further, the Centers for Medicare and Medicaid Services (CMS) covers a blood-based biomarker screening test for colorectal cancer once every 3 years[2] and expanded its approach to a "Complete CRC Screening" by adding that either a positive Medicare-covered blood-based biomarker test or noninvasive stool-based test is part of the CRC screening continuum and the follow-on colonoscopy would not incur beneficiary cost-sharing.[3] While the U.S. Preventive Services Task Force does not currently include blood-based tests among its recommendations for methods for Screening for Colorectal Cancer, patients with positive blood-based CRC screening tests should be included in the measure as they require a follow-up colonoscopy.
  - Effective January 1, 2025, CMS expanded coverage for CRC screening to include Computed Tomography Colonography (CTC).[4]

Our societies support providing patients with multiple CRC screening options and agree that improving accountability for colonoscopy completion is critical to providing patients with timely access to care. Given the concerns noted above, we do not support inclusion of this measure as specified in MIPS.

Sincerely,

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[1] https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html#:~:text=The%202%20FDA%2Dapproved%2C%20blood,be%20different%20for%20each%20test.
[2] https://www.medicare.gov/coverage/colorectal-cancer-blood-based-biomarker-screening-tests#:~:text=Medicare%20covers%20a%20blood%2Dbased,available)%20once%20every%203%20years.
[3] https://www.federalregister.gov/d/2024-25382
[4] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cms.gov/files/document/r13248cp.pdf