

- A description of the anticipated size and scope of the model in terms of eligible clinicians, beneficiaries, and services.
- A description of the burden of disease, illness or disability on the target patient population.
- An assessment of the financial opportunity for APM Entities, including a business case for how their participation in the model could be more beneficial to them than participation in traditional fee-for-service Medicare

In addition, CMS recommends that proposed PFPMs submitted to the PTAC include information about whether the stakeholder or individual submitting the proposal believes it would meet the criteria to be an Advanced APM.

AAFP Response

We believe that this is a reasonable list of additional pieces of information for which to ask and much shorter than the list that CMS included in its RFI. To the extent that we questioned many of the elements listed in the RFI, we support this succinct list of essential elements.

e. MIPS and APMs RFI Comments on PFPM Criteria

CMS responds to some of the comments on PFPM criteria that it received in response to the RFI last fall. Of note, CMS does not believe it should limit proposed PFPMs by adding specialty-specific criteria.

AAFP Response

We agree that CMS should not limit proposed PFPMs by adding specialty-specific criteria. We urged CMS to use a single set of criteria in our response to the RFI. We appreciate that they are proposing to go in this direction.

III. Collection of Information Requirements

A. Wage Estimates

To derive wage estimates, CMS used data from the U.S. Bureau of Labor Statistics' (BLS) May 2014 National Occupational Employment and Wage Estimates and the December 2015 Employer Costs for Employee Compensation.

AAFP Response

The AAFP concurs with the chosen wage estimate for physicians and urges CMS to update it to the [2015 figure](#) that is available plus an adjustment to account for inflation. We concur with the assumption of a 100 percent figure for fringe plus overhead and acknowledge that using BLS for wage estimates is appropriate and that we do not have other or better sources of data to offer.

B. A framework for Understanding the Burden of MIPS Data Submission

Eligible clinicians that are not in APMs will submit data either as individuals or groups to the quality, ACI and CPIA performance categories. For APMs, the entities submitting data on behalf of the model participants will vary across categories of data and APM model. As it is proposed, the SSP APM will submit ACI and CPIA performance category data on behalf of their participants. In other APMs, eligible clinicians will submit data as individuals to ACI and CPIA. For Advanced APMs, Partial QP elections will be submitted by the Advanced APM Entity on behalf of the participating eligible clinicians.