

CMS proposes to use a combination of billing TIN/NPI as the identifier to assess performance of an individual MIPS-eligible clinician.

*AAFP Response*

We support this proposal. In our response to the MACRA RFI, the AAFP recommended that CMS use a combination of the MIPS-eligible clinician's TIN and NPI, as the agency does in the PQRS. A combination of these existing identifiers will enable easier identification of MIPS-eligible clinicians for research purposes, as well as easier linkage of the MIPS program data to other data sets for research purposes. Additionally, most physician practices are accustomed to using the existing NPI and TIN identifier system. The TIN and NPI combination also allows for the identification of group practices.

b. Group Identifiers for Performance

CMS proposes to use a group's billing TIN to identify a group, which is the approach that has been used as a group identifier for both PQRS and VM. CMS further proposes (at §414.1305) to codify the definition of a group as a group that would consist of a single TIN with two or more MIPS-eligible clinicians (as identified by their individual NPI) who have reassigned their billing rights to the TIN.

*AAFP Response*

We support this proposal. It is consistent with the current CMS approach under PQRS and the VM, so physicians are already familiar with the concept. Further, if individual MIPS-eligible clinicians are to be identified by a combination of TIN and NPI, it makes sense that groups would be identified solely by the TIN. Finally, as noted, this is preferable to creating a new MIPS-specific identifier for groups.

c. APM Entity Group Identifier for Performance

CMS proposes that each eligible clinician who is a participant of an APM entity would be identified by a unique APM participant identifier, which would be a combination of four identifiers:

- (1) APM identifier (comprised of 6 alpha characters established by CMS; e.g., XXXXXX);
- (2) APM entity identifier (10 alphanumeric characters established under the APM by CMS; e.g., XX00001111);
- (3) TIN(s) (9 numeric characters; e.g., 000001111);
- (4) EP NPI (10 numeric characters; e.g., 0000011111).

CMS also proposes (at §414.1305) to codify the definition of an APM entity group as "the group of eligible clinicians participating in an APM entity, as identified by a combination of the APM identifier, APM entity identifier, Taxpayer Identification Number (TIN), and National Provider Identifier (NPI) for each participating eligible clinician."

*AAFP Response*

As noted above, we are unclear on CMS's proposal in this regard. The proposed identifier for individual APM participants appears to be an alphanumeric identifier of 35 characters, which is almost twice as long as the TIN/NPI combination we would recommend for MIPS-eligible clinicians. We are unclear why an eligible clinician participating of an APM entity could not simply be identified by a combination of TIN, EP NPI, and possibly a single character prefix or suffix to denote the eligible clinician is part of an APM entity. We do not understand why the individual clinician would have to use such a long and cumbersome identifier.