(3) Resource Use Criteria
CMS proposes that each individual MIPS-eligible clinician's and group's Resource Use performance be calculated using administrative claims data.

AAFP Response
We support the use of the administrative claims data for calculating Resource Use.

(a) Value Modifier Cost Measures Proposed for the MIPS Resource Use Performance Category
CMS proposes to include the total per-capita cost measure during the performance period and to adopt the Medicare Spending per Beneficiary (MSPB) by the beginning of the initial MIPS performance period in 2017.

AAFP Response
CMS states, "We anticipate that MIPS-eligible clinicians are familiar with the total per capita cost measures as the measure has been reported through the annual QRUR to all groups starting in 2014." This statement is in contradiction to information obtained from AAFP members. First, the report poses a challenge to access, let alone the time needed to interpret the data. It is the AAFP's recommendation that all clinicians have access to feedback reports personally rather than having to rely on an administrative security official to access and share reports. CMS also must simplify the process by which a clinician gains access since physicians indicate that the EIDM registration is cumbersome and time consuming to complete (often taking several weeks to receive approval). Required roles are not obvious, the current portal is not intuitive to navigate, reports take a significant time to download, and once downloaded, are difficult to interpret.

Secondly, since both total per capita cost and MSPB measures were created for hospital comparisons, the AAFP urges CMS to remove these measures from the MIPS Resource Use category.

The AAFP believes that CMS should use care episode group measures as the only measures to calculate Resource Use at this time. Episode-based groups will bring emphasis to high volume and high cost conditions and procedures giving providers the information they need to change their Resource Use.

The AAFP appreciates CMS using CMS-HCC to adjust for patient risk. We encourage CMS to continuously update and evaluate this model. Family physicians need to understand how ICD-10 coding will affect risk adjustment and payment. Enhanced education from CMS is needed for family physicians to understand the concepts in HCC and how it will impact quality and Resource Use comparisons, and ultimately, payment adjustments.

(i) Attribution
For the MSPB measure, CMS proposes to use attribution logic whereby MIPS-eligible clinicians with the plurality of claims for Medicare Part B services rendered during an inpatient hospitalization would be assigned the episode.

For the total per capita cost measure, CMS proposes to use a two-step attribution methodology that is similar to the methodology used in the 2017 and 2018 VM**.**