

*AAFP Response*

The AAFP supports a 90-day action period. We believe that less than 90 days would not be reasonable to make sustainable improvements.

4. Application of CPIA to Non-Patient Facing MIPS-Eligible Clinicians and Groups

CMS proposes non-patient facing MIPS-eligible clinicians and groups would receive 30 points for each CPIA regardless of the activity being medium or high. Several non-patient facing physician organizations suggested consideration for Appropriate Use Criteria (AUC) as a CPIA recognized under MIPS.

*AAFP Response*

The AAFP believes that non-patient facing clinicians should be able to choose enough CPIAs to obtain a full score of 60 with no modifications to the scoring system. We further agree that if they are already using AUC, they should be encouraged to choose another CPIA to report. Given that, and the fact that much of the AUC burden falls to primary care and not the clinician doing the reporting, CMS should limit non-patient facing clinicians to reporting no more than one AUC CPIA.

5. Special Consideration for Small, Rural, or HPSA Practices

As noted previously, the agency requires that consideration be given to small groups of 15 or fewer eligible clinicians, those practicing in rural and health professional shortage areas and non-patient facing eligible clinicians that only need to do two activities (either medium or high) to get the highest score or one CPIA for half the score.

CMS seeks comment on this proposal and on what activities would be appropriate for these practices for CPIA.

*AAFP Response*

The AAFP agrees that those clinicians in small groups, in rural settings, and HPSAs, will face challenges implementing the MIPS program. Note, we do not think that non-patient facing clinicians fall into this same category. We also suggest that clinicians in medically underserved areas be added to this exclusionary list. CPIAs for these specified practice types will be challenging. Specifically, these clinicians are handicapped since virtual groups are not an option in the first performance year. As noted previously, CME activities that involve assessment and improvement of patient outcomes or care quality, as demonstrated by clinical data or patient experience of care data, will help clinicians meet their CPIA requirements.

6. CPIA Subcategories

MACRA listed access, population management, care coordination, beneficiary engagement, patient safety and practice assessment, and participation in APM as CPIA subcategories. CMS proposes to also include achieving health equity, integrating behavioral health and mental health, emergency preparedness and response. The agency seeks feedback on two categories for future inclusion, promoting health equity and continuity (e.g., treating Medicaid and dual eligible patients, maintaining adequate equipment for those with disabilities) and social and community involvement (e.g., measuring completed referrals, evidence of community and social services partnership). CMS also seeks feedback about what activities can demonstrate improvement over time.