

*AAFP Response*

The AAFP supports the agency's proposal. In addition to the reasons noted by CMS, the AAFP notes that section 1848(q)(6) of the Act (MIPS Payments), as added by MACRA, consistently refers to application of the adjustment factor at the level of the MIPS-eligible clinician. As already noted, the AAFP supports identifying MIPS-eligible clinicians by a combination of TIN and NPI.

ii. CPS Used in Payment Adjustment Calculation

In general, CMS proposes to use the CPS associated with the TIN/NPI combination in the performance period. For groups submitting data using the TIN identifier, CMS proposes to apply the group CPS to all the TIN/NPI combinations that bill under that TIN during the performance period. For individual MIPS-eligible clinicians submitting data using TIN/NPI, CMS proposes to use the CPS associated with the TIN/NPI that is used during the performance period. For eligible clinicians in MIPS APMs, CMS proposes to assign the APM Entity group's CPS to all the APM Entity Participant Identifiers that are associated with the APM Entity on December 31 of the performance period. For eligible clinicians that participate in APMs for which the APM scoring standard does not apply, CMS proposes to assign a CPS using either the individual or group data submission assignments.

In cases where there is no CPS associated with a TIN/NPI from the performance period, CMS proposes to use the NPI's performance for the TIN(s) under which the NPI was billed during the performance period. If the MIPS-eligible clinician has only one CPS associated with the NPI from the performance period, then CMS proposes to use that CPS.

In scenarios where the MIPS-eligible clinician billed under more than one TIN during the performance period, and the MIPS-eligible clinician starts working in a new practice or otherwise establishes a new TIN that did not exist during the performance period, CMS proposes to use a weighted average CPS based on total allowed charges associated with the NPI from the performance period. CMS also proposes an alternative proposal where, in lieu of taking the weighted average, CMS captures the highest CPS from the performance period. CMS believes the alternative approach rewards eligible clinicians for their prior performance and may be easier to implement in year one of MIPS. The agency's concern with this alternative approach is that the highest CPS may represent a relatively small portion of the eligible clinician's practice during the performance period.

CMS also considered, but is not proposing, a policy allowing performance to follow the group (TIN) rather than the individual (NPI). In other words, the MIPS-eligible clinician's performance would be based on the historical performance of the new TIN, to which the MIPS-eligible clinician moved after the performance period, even though this MIPS-eligible clinician was not part of the group during the performance period. This is consistent with the VM policy and would create incentives for MIPS-eligible clinicians to move to higher-performing practices. It would also provide a lower burden for practice administrators, as all MIPS-eligible clinicians in the TIN would have the same payment adjustment. On the other hand, having performance follow the TIN creates some challenges. For instance, MIPS-eligible clinicians who earn a positive adjustment based on their performance during the period would not retain the positive adjustment if the new TIN has a lower CPS, thus having performance following the TIN could create some unanticipated issues with budget neutrality if high-performing TINs expand.

In some cases, a TIN/NPI could have more than one CPS associated with it from the performance period (e.g., a MIPS-eligible clinician has a CPS for an APM Entity and a CPS for