

5. Qualifying APM Participant (QP) and Partial QP Determination

In this section, CMS proposes a process for determining which eligible clinicians would be QPs or Partial QPs for a given payment year through their participation in Advanced APMs during a corresponding QP Performance Period. CMS also proposes that after QP and Partial QP threshold calculations have been completed, the agency will use the QP threshold method that is more favorable to the Advanced APM Entity group of eligible clinicians. Furthermore CMS proposes that, beginning with payment year 2021, the agency will conduct the QP determination sequentially so that the Medicare Option is applied before the All-Payer Combination Option.

AAFP Response

For the APM payment year, the AAFP supports a full year (i.e. 12 months) but points out that it not necessarily be a calendar year. The AAFP supports CMS using the QP threshold method that is more favorable to the Advanced APM Entity group of eligible clinicians. The AAFP likewise supports the sequential QP determination starting in 2021.

a. QP Performance Period

CMS proposes that the QP Performance Period is the full calendar year that aligns with the MIPS performance period (for instance, 2017 would be the QP Performance Period for the 2019 payment year).

AAFP Response

As the AAFP called for in a [letter](#) sent to CMS before the proposed rule was released, the AAFP urgently and strongly calls on CMS to consider using 2018 as the initial assessment period for MACRA. Perhaps 2017 could be seen and designated as a year for reporting only in preparation for 2018 to be a year of judgement and we would urge this. If this is not possible, we call on CMS to use, at the very least, the second half of 2017 (July 1, 2017 – December 31, 2017) as the initial assessment period for physicians, whether they are participating via the MIPS or APM pathways. Furthermore, the AAFP continues to believe that two-year old data is not clinically actionable or meaningful, and we strongly advise CMS to explore ways to provide realistic and actionable feedback within one year or less. The law mandates that the performance year and payment period be as close together as possible and a two year gap simply ignores this legislative mandate.

b. Group Determination and Lists

(1) Group Determination

For administrative simplicity and other policy reasons, CMS proposes to make the QP determination at a group level.

AAFP Response

Since the AAFP advocates for the PCMH which utilizes a team-based approach to providing care, we support CMS making the QP determination at a group level.

(2) Groups Used for QP Determination

CMS seeks comment on whether to base the QP determination on a to use a Participation List that can be used to identify eligible clinicians or a list of an Affiliated List, which are entities including eligible clinicians who are affiliated with and support the Advanced APM Entity in its participation in the Advanced APM, but are not participants and are therefore not on a Participation List.