proposed rule, CMS proposes (at §414.1305) to define an APM entity group as one identified by a unique APM participant identifier.

AAFP Response
We support this proposal. As noted, it is consistent with the approach that CMS currently uses under PQRS and the Value Modifier (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 a TIN. Finally, as noted, this is preferable to creating a new MIPS-specific identifier for groups.

We are unclear on CMS's proposal (at §414.1305) to define an APM entity group by a unique APM participant identifier. The proposed identifier for individual APM participants appears to be an alpha/numeric identifier of up to 35 characters, which is almost twice as long as the TIN/NPI combination we recommend for MIPS-eligible clinicians. We are unclear why an eligible clinician who is a participant of an APM could not simply be identified by a combination of TIN, EP NPI, and 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.

It makes sense that APM entities would be identified by a combination of APM identifier and APM entity identifier (similar to the TIN/NPI combination for individual eligible clinicians). We also think it makes sense for CMS to be able to link individual eligible clinicians with APM entities, but it seems a stretch to go from there to what CMS proposes in this regard.

2. MIPS-Eligible Clinician Identifier
CMS is not proposing to create a new identifier for the MIPS-eligible clinician. Instead, CMS is proposing to use multiple identifiers that allow an MIPS-eligible clinician to be measured as an individual or collectively through a group's performance. CMS also proposes that the same identifier be used for all four performance categories: Quality, Resource Use, Clinical Practice Improvement Activity (CPIA), and Advancing Care Information (ACI). As discussed in section II.E.6 of the proposed rule, the Composite Performance Score (CPS) methodology section, while CMS will have multiple identifiers for participation and performance, it proposes to use a single identifier—TIN/NPI—for applying the payment adjustment, regardless of how the MIPS-eligible clinician is assessed.

AAFP Response
We appreciate that CMS proposes not to establish a new identifier for the MIPS-eligible clinician. In our response to the MACRA request for information (RFI), we stated that the AAFP opposes the establishment of a new identifier, because it is not needed and would only add to the daily administrative complexity physicians face. Another disadvantage of creating a new distinct MIPS identifier would be the requirement to use a crosswalk to link MIPS data to other data sets.

We also appreciate the proposal that the same identifier be used for all four performance categories. This proposal is preferable, from the perspective of administrative simplicity, to varying the identifier from one category to the next, which is effectively the case under the current programs [i.e., PQRS, VM, and Electronic Health Record (EHR)- Incentive Program/Meaningful Use (MU)].

a. Individual Identifiers