

- 0058- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis;
- 0052- Use of Imaging Studies for Low Back Pain; and
- N/A- Non-recommended Cervical Cancer Screening

CMS also seeks input on ways to minimize potential gaming (e.g., if a MIPS-eligible clinician only reports on measures that do not meet the minimum sample size, the measure is not counted and not scored zero, and therefore decreases the weight of their overall quality score). As previously called for, the AAFP urges CMS to require that all MIPS-eligible clinicians report on six measures. These measures should all have a minimum sample size of 20 patients. MIPS-eligible clinicians should be required to pick only measures that fulfill this sample size requirement. If needed, cross-cutting measures can be used to complete the set of six measures

(ii) Submission Criteria for Quality Measures for Groups Reporting via the CMS Web Interface For groups of 25 or more MIPS-eligible clinicians who want to report via the CMS Web Interface, CMS proposes they must report on all measures included in the CMS Web Interface completely, accurately, and timely by populating the field for the first 248 consecutively ranked and assigned Medicare beneficiaries in the order they appear. If less than 248, then they must report on 100 percent of who is listed. Any measure not reported gets a score of zero. If there are no assigned patients, the practice must then use another method to submit data.

The VM uses an attribution method that attributes the beneficiary to the TIN that bills the plurality of primary care services. For CMS Web Interface attribution, this program would be similar, but would update the definition of primary care and attribute to different identifiers used in MIPS.

#### *AAFP Response*

It is critical that Quality and Resource Use measurement be coupled with adequate and useful reports for clinicians—they need timely and actionable clinical and claims data to make value-based care decisions both for their practice as well as for those to whom they refer.

#### (iii) Performance Criteria for Those Electing to Report CAHPS

CMS proposes to allow groups of two or more MIPS-eligible clinicians to report voluntarily CAHPS for MIPS. It would count as a cross-cutting or patient experience measure. A group may report any five measures, plus CAHPS, to achieve the six-measure threshold. The group would bear the cost of the survey, but also receive bonus points for reporting CAHPS. CMS seeks comments on whether reporting through CAHPS be required and not voluntary for groups of 100 or more.

#### *AAFP Response*

The AAFP believes that practices should not be required to pay to participate in a federal program. For this reason, the use of CAHPS should be optional for all practices, even groups of 100 or more until such time it or a similar product is made available without cost.

#### (b) Data Completeness Criteria

CMS seeks feedback on a proposal to increase the percentage of patients to be reported by each mechanism when compared to PQRS.