

*AAFP Response*

We think it is beyond the scope of this rule to propose new categories of CPIAs when we have not implemented the subcategories MACRA requires. Rather the proposed new subcategories could be incorporated into the CPIAs already in existence.

7. CPIA Inventory

The proposed rule suggests that guidelines for CPIA inclusion are based on one or more of the following criteria: relevance to a CPIA subcategory; achievement of improved beneficiary health outcomes; assistance for the practice in reducing health disparities; alignment with the PCMH; activities that MIPS-eligible clinicians or groups could perform; activities that are feasible to implement and that CMS can validate. CMS seeks comments on the inventory and suggestions for CPIAs in future years.

*AAFP Response*

We appreciate CMS giving practices engaged in TCPI credit for a CPIA. We encourage CMS to look for ways to use the proposed rule to encourage practices to enroll in TCPI by offering full credit for CPIA with no additional data needed to be gathered and submitted by practices.

8. CPIA Policies for Future Years of MIPS Program

For future years, CMS proposes that new CPIA subcategories must meet the following criteria: represent an area that could highlight improved beneficiary health outcomes; patient engagement and safety based on evidence; has a designated number of activities that meet criteria for a CPIA and cannot be classified under the existing subcategories; and new subcategories that would contribute to improvement in patient care practices or improvement in performance on quality measures and Resource Use performance category. CMS seeks feedback on these issues.

*AAFP Response*

We believe CMS should wait to learn from the CPIA categories that are implemented, and then decide what criteria are needed for new subcategories.

b. Request for Comments on Call for Measures and Activities Process for Adding New Activities and New Subcategories

The regulation discusses that in the future there will be a process for MIPS-eligible clinicians, groups, and other stakeholders to recommend activities for inclusion to CPIA inventory. In the future, CMS will award CPIA scores on performance and improvement. CMS seeks comments on this discussion and how to best collect such CPIA data and factor it into future scoring under MIPS.

*AAFP Response*

The CPIA performance category needs to learn from quality measure development. Quality measures now take approximately two years to be included in payer programs. CMS needs to prevent CPIA from becoming a similarly burdensome process. Anticipating that private payers will follow the lead of CMS and adopt CPIAs in their payment structure, the AAFP strongly believes that CMS should create a parsimonious and harmonized list of CPIAs which can be utilized by all payers and would prevent an overwhelming list in the future.

c. Request for Comments on Use of QCDRs for Identification and Tracking of Future Activities

In future years, CMS expects to learn more about CPIAs and how the inclusion of additional measures and activities captured by QCDRs could enhance the ability of MIPS-eligible