

program. CMS is particularly interested in public comment regarding the feasibility and advisability of voluntary reporting in the MIPS program for entities such as Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), including comments regarding the specific technical issues associated with reporting that are unique to these health care providers.

*AAFP Response*

The agency's proposal is entirely consistent with the statute as amended by MACRA. The statute did not provide CMS much, if any, latitude in this regard. We appreciate that CMS is allowing eligible clinicians who are not MIPS-eligible clinicians the option to voluntarily report measures and activities for MIPS without applying an adjustment under MIPS to them. We do not expect many eligible clinicians will take advantage of this opportunity but in general, we are supportive of the agency's proposal.

b. Non-Patient-Facing MIPS-Eligible Clinicians

CMS proposes (at §414.1305) to define a non-patient-facing MIPS-eligible clinician as an individual MIPS-eligible clinician or group that bills 25 or fewer patient-facing encounters during a performance period. CMS considers a patient-facing encounter as an instance in which the MIPS-eligible clinician or group billed for services such as general office visits, outpatient visits, and surgical procedure codes under the PFS. CMS intends to publish the proposed list of patient-facing encounter codes on a CMS website similar to the way it currently publishes the list of face-to-face encounter codes for the Physician Quality Reporting System (PQRS). This proposal includes telehealth services in the definition of patient-facing encounters. CMS considered other options, such as a set percentage of patient-facing encounters or physician specialty. CMS seeks comments on these alternative approaches, too. As described elsewhere in the proposed rule, CMS proposes to apply the Secretary's authority under section 1848(q)(5)(F) of the Act to reweight the score for certain performance categories to zero if there is no performance category score for non-patient-facing MIPS-eligible clinicians or to lower the weight of the score for the quality performance category if there are not at least three scored measures.

*AAFP Response*

The AAFP concurs with the patient-facing threshold of 25 encounters.

d. MIPS-Eligible Clinicians Who Practice in RHCs and FQHCs

CMS proposes that services rendered by an eligible clinician that are payable under the RHC or FQHC methodology would not be subject to the MIPS payments adjustments. However, such an eligible clinician would have the option to voluntarily report on applicable measures and activities for MIPS and the data received would not be used to assess performance for the purpose of the MIPS adjustment.

*AAFP Response*

This proposal seems reasonable to the AAFP.

e. Group Practice (group)

As discussed in section II.E.2.b of this proposed rule, CMS proposes to define a group at §414.1305 as a single Taxpayer Identification Number (TIN) with two or more MIPS-eligible clinicians, as identified by their individual National Provider Identifier (NPI), who have reassigned their Medicare billing rights to the TIN. Also, as outlined in section II.E.2.c. of this