Quality Payment
PROGRAM

MACRA Cost Measures: Call for Public Comment for Total Per Capita Cost (TPCC) Comprehensive Re-evaluation

Spring 2024 Public Comment Period

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1.0 Introduction

The Centers for Medicare & Medicaid Services (CMS) and Acumen, LLC, are gathering input on the Total Per Capita Cost (TPCC) measure, which is currently undergoing comprehensive re-evaluation. Interested parties are invited to submit their feedback in response to the information and questions included in an online survey through the end of the public comment period.

Please feel free to answer however many questions as you prefer. All questions are optional. Any comments received through the survey will be considered for discussions regarding potential refinement to the TPCC measure. If you would rather submit a formal comment letter, you may skip to the end of the survey and submit a PDF or Word document version of your comment.

CMS will consider feedback from this survey to inform potential refinements to the TPCC measure.

2.0 Background

CMS has contracted with Acumen, LLC, to develop and maintain cost measures for clinicians and clinician groups. Participants in the Merit-based Incentive Payment System (MIPS) receive an adjustment to their Medicare payments based on a final score that assesses evidence-based and practice-specific data in 4 performance categories: (i) quality, (ii) cost, (iii) improvement activities, and (iv) Promoting Interoperability. The MIPS cost performance category has 27 episode-based cost measures and two population-based cost measures for the 2024 performance year.

The measure maintenance process gives developers the opportunity to ensure measures continue to function as intended. On an annual basis, we review MIPS cost measures and determine whether minor refinements are needed to keep measure up-to-date with changing codes and clinical standards. Every three years, we consider measures for comprehensive re-evaluation. During comprehensive re-evaluation, measure developers can more holistically review the measure, seek public comment, and consider many aspects of the measure specifications, not just the updates done through annual maintenance. In some instances, a measure might only need minor or no changes to specifications, while other measures may undergo more substantive changes to improve the measure's importance, scientific acceptability, or usability.

We are now seeking a second round of public comment on the comprehensive re-evaluation of the TPCC measure. The first round of public comment was held in July 2023 and covered 10 episode-based cost measures (EBCMs) and a population-based cost measure in addition to the TPCC measure. This public comment period will only solicit feedback on the TPCC measure. Previously, stakeholders largely requested CMS to revisit the measure's attribution methodology to better capture clinicians responsible for primary care-type services and prevent attributing highly specialized clinician groups (TINs) due to the billing patterns of advanced care practitioners (i.e., nurse practitioners [NP], physician assistants [PA], certified nurse specialists [CNS]).

Comprehensive re-evaluation of the TPCC measure will focus on refining attribution rules to better identify advanced care practitioners in specialized TINs and simplifying candidate event logic. Acumen held a technical expert panel (TEP) on March 13, 2024, where members discussed these refinements to the TPCC measure's attribution methodology. A summary of

this discussion will become available soon on the CMS Measures Management System website.

Note: CMS will review any changes to the TPCC measure. Depending on the nature of any refinements, the revised measure may go through pre-rulemaking and rulemaking prior to its use in MIPS.

3.0 Total Per Capita Cost Survey Questions

The TPCC measure is intended to evaluate the overall cost of care delivered to a beneficiary with a focus on the primary care they receive from their providers. Given its broad scope, it includes all costs in the measurement period. The measure cohort includes primary care clinicians, internal medicine clinicians that frequently manage patients with chronic or ongoing care needs, and non-physician clinicians who provide primary care services. For more information on the TPCC measure, please refer to the 2024 Measure Information Form and Codes List.

3.1 Types of Care Relationships to Include

To ensure a focus on primary care, clinicians are excluded from attribution if they meet the criteria for one or more service exclusions in the following categories: global surgery, anesthesia, therapeutic radiation, and chemotherapy. They are also excluded based on their Health Care Finance Administration (HCFA) Specialty designation. TPCC exclusion criteria is applied at the clinician (TIN-NPI) level where excluded candidate events are removed from attribution for both the TIN-NPI and their respective TIN.

This approach was decided on during the previous comprehensive re-evaluation of the TPCC measure, using expert input from the 2018 Medicare Access and CHIP Reauthorization Act Episode-Based Cost Measures TEP and stakeholder feedback from national field-testing in 2017 and 2018. The TPCC measure received Consensus-Based Entity (CBE) endorsement for implementation in MIPS in performance year 2020.

TPCC measure specifications define the scope of the measure as focusing on the delivery of “primary care” to patients. The intent of the TPCC measure is to capture the cost of primary care as well as other forms ongoing care management (e.g., chronic disease management, preventative care). The TPCC measure uses service category and specialty exclusions to remove clinicians from attribution who are not responsible for providing ongoing care management.

1. To help guide refinements to the measure, please describe the types of care and care relationships that align with the measure’s intent.
2. Does the current TPCC measure exclusion criteria adequately exclude specialties that do not provide ongoing care management?

3.2 Potential Changes to Identifying Care Relationships

Topic #1: Adjust Attribution Rules

Advanced care practitioners (i.e., nurse practitioners [NP], physician assistants [PA], certified clinical nurse specialists [CNS]) are important members of the care team. These clinicians can deliver care within the scope of the TPCC measure (e.g., preventative care screenings, care coordination with other clinicians, offer necessary referrals) and/or specialty care. Given the lack of specialty codes to identify sub-specialties, advanced care practitioners may be attributed to TPCC even when they provide specialized care. Stakeholders have raised concerns over the attribution specialty practices due to the billing patterns of advanced care practitioners.

TINs can be composed of excluded specialties (e.g., general surgery, anesthesiology), included specialties (e.g., general practice, family practice), and advanced care practitioners. The table below highlights TIN composition by TIN-NPIs' reported Health Care Finance Administration (HCFA) specialty codes, from which Acumen identified six types of TIN composition. Results show that 10.1% of TINs are composed of only NP/PA/CNS and excluded specialties (TIN Type D). These TINs billed the lowest frequency of E/M and primary care services (PCS) compared to other TINs.

Table 1: TPCC Attribution by TIN Composition

Type of TIN Composition	# TIN Meet Case Minimum	% TIN	Mean # of Services Per Beneficiary	
			E/M Services	PCS Services
A. NP/PA/CNS only	4,961	7.6%	3.75	0.67
B. Included specialties only	32,160	49.3%	4.21	2.52
C. NP/PA/CNS and included specialties	10,377	15.9%	4.27	3.10
D. NP/PA/CNS and excluded specialties	6,559	10.1%	1.92	1.38
E. Included and excluded specialties	2,188	3.4%	2.85	2.24
F. NP/PA/CNS, included and excluded specialties	9,032	13.8%	3.30	2.98

Note: To identify TIN composition for this analysis, NP/PA/CNS were not considered included specialties.

One potential approach to update the attribution methodology is to exclude NP/PA/CNS if the rest of the TIN is composed of only HCFA excluded specialties. This approach directly addresses stakeholder feedback by identifying the advanced care practitioners that could result in specialty TINs being attributed the TPCC measure. Implementing this refinement would remove 10.1% of TINs from the measure at the reporting case minimum, while only removing 0.8% of beneficiaries (as shown in the table below). Using HCFA specialty designations can be less precise than using billed services in identifying clinician responsibility; however, the testing results showed consistent evidence in billing patterns with the TIN specialty compositions.

Table 2: Comparison of Attribution Approaches

TPCC Measure Specification	# Beneficiaries	% Difference	# Beneficiary-Months	% Difference	# TINs Meet Case Minimum	% Difference
Current TPCC	21,907,728	-	252,897,408	-	65,277	-
Excluding TINs with NP/PA/CCNs and excluded specialties only	21,741,161	0.8%	250,510,568	0.9%	58,718	10.1%

1. Do you agree with the proposed attribution refinement: exclude advanced care practitioners in TINs composed of only advanced care practitioners and excluded specialties? If not, please explain.
2. Are there concerns that the proposed refinement is too restrictive, i.e., providers who only provide primary care are removed under this proposed refinement? Please explain.
3. Are there other approaches to refine TPCC attribution methodology to address the attribution of specialized TINs and/or better identify clinicians responsible for primary care? If so, please elaborate.

Topic #2: Adjust Candidate Event Logic

Candidate events indicate the start of a clinician-patient relationship and are identified by a pair of services composed of an initial E/M "primary care" service and at least one of the following:

- **From any TIN within +/- 3 days:** another primary care service
- **From the same TIN within +90 days:** a second E/M "primary care" service or another primary care service

The intention is that the second service in a candidate event can be a PCS other than an E/M "primary care" service, representing a broader scope of care that is not restricted by specialty. The goal of this confirming event is to capture primary care relationships involving care not directly provided by a primary care practitioner. As part of the re-evaluation, we are considering whether these rules can be simplified while still maintaining the intent of the measure to capture primary care-type relationships.

Note: "From any TIN within +/- 3 days" will be referred to as "+/ 3 Days, Any TIN" rule for easy reference.

We found that restricting confirming claims have little impact on coverage. Empirical results show that few TINs and beneficiaries will be excluded from the measure if we removed the "+/- 3 Days, Any TIN" rule from candidate event logic and/or add a specialty check on the confirming service.

Table 3: Comparison of Candidate Event Logic Approaches

TPCC Measure Specification	# Beneficiaries	% Difference	# TINs Meeting Case Minimum	% Difference
Current TPCC	21,907,728	-	65,277	-
Removing "+/-3 Days, Any TIN" Rule	21,544,224	1.7%	65,267	0.02%
Removing "+/- 3 Days, Any TIN" + Adding Specialty Check on Confirming Claim	21,328,351	2.6%	65,248	0.04%

1. Should the measure remove the "+/-3 days, Any TIN" rule from candidate event logic for simplification? If not, please explain.
2. Should the measure add an included specialty check on the confirming claim of the candidate event? If not, please explain.
3. Please provide any additional comments about simplifying candidate event logic below. For example, would these approaches lead to certain types of care being left out of the measure despite being within the measure's intent?

3.3 Additional Comments

1. Please provide any additional feedback or suggestions related to TPCC re-evaluation below.

4.0 Next Steps

Please share your feedback by submitting a response to the online survey before the end of the public comment period. Respondents can also attach a PDF or Word document with their comments.

CMS and the measure developer will review feedback, clinical input, and additional information gathered during the re-evaluation process to determine updates to the TPCC measure. If you have questions about the TPCC measure, the public comment process, or comprehensive re-evaluation, please contact macra-cost-measures-info@acumenllc.com.