Summarized Recommendations for Proposed 2020 Cost Changes

Raise case minimums and increase the minimum reliability threshold to at least 0.75. Evaluating clinicians on unreliable measures is dangerous and could penalize practices with already limited resources caring for at-risk patient populations.

Improve risk adjustment and patient attribution methodologies. HCC coding fails to adequately capture social and other important risk factors that have been proven to have a strong effect on patient outcomes. ACP supports using more recent diagnostic data to calculate risk scores on a rolling basis and the development of patient relationship codes. We urge CMS to develop and implement these with all due expediency, while soliciting stakeholder input.

Eliminate the Medicare Spending Per Beneficiary (MSPB) and Total Per Capita Cost (TPCC) measures, which inappropriately attribute broad-based downstream costs to clinicians and practices. Use the MVP to facilitate a transition to condition- or specialty-specific measures which are a more focused, effective form of measuring the costs clinicians are able to influence.

If CMS does move forward with these measures…

Do not double count costs by attributing the same costs to multiple TINs. Divide costs instead. Require a minimum of four services to establish a pattern of care for the TPCC measure. Two services do not demonstrate an ongoing physician-patient relationship and would capture a large amount of one off services with follow-up appointments. Requiring an additional examination or test will only proliferate additional services or tests when they would otherwise