

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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Dear Dr. Lai:

Thank you for your letter regarding the attribution of ophthalmologists in the Diabetes episode-based cost measure. We appreciate hearing from the American Society of Retina Specialists (ASRS), American Academy of Ophthalmologists (AAO), and American Society of Cataract and Refractive Surgery (ASCRS) on this important issue.

The Centers for Medicare & Medicaid Services (CMS) recognizes that due to the nature of the Merit-Based Incentive Payment System (MIPS) group reporting, it is expected that some ophthalmologists may be scored on the Diabetes and other episode-based cost measures even if the clinician is not individually attributed episodes for those measures. This is because clinicians may be participating in MIPS as part of a group practice that is attributed sufficient episodes under those measures to meet the established case minimum. For example, an ophthalmologist may participate in MIPS as part of a large group practice that provides a variety of care. This is similar to group reporting for quality measures, where a clinician may be scored for a quality measure that is outside the specific care they provide.

The Diabetes episode-based cost measure intends to assess ongoing treatment and management of diabetes and to attribute episodes to the clinicians and group practices providing such care. The Diabetes clinician expert workgroup developed a list of clinically related services and diagnoses indicative of care relationships for managing diabetes (e.g., evaluation and management services paired with a diabetes diagnosis), which CMS uses to identify and attribute episodes. A Diabetes episode is attributed to group practices providing two clinically related services to a patient within 180 days. Clinicians are attributed the episode if they are part of the attributed group practice and provide 30% or more of the clinically related services used for attribution within that episode. Moreover, clinicians and group practices must meet the 20-episode case minimum to be scored on the Diabetes measure. For detailed information on the codes and logic used in constructing the Diabetes measure, including the complete list of services used to identify and attribute episodes, please reference the [2023 MIPS Cost Measure Codes Lists](#) (ZIP file) located in the [Quality Payment Program \(QPP\) Library](#).

CMS acknowledges that medications are essential to diabetes treatment and management. Based on feedback from the clinician expert workgroup and other interested parties, the Diabetes episode-based cost measure includes an additional check for TIN-NPI attribution. A clinician must have prescribed at least two condition-related medications to two patients during the current plus prior performance period to be attributed a Diabetes episode. As such, clinicians who do not serve as prescribers of these drugs for patients with diabetes will not be attributed.

This clinician-level check was part of the specifications reviewed through the pre-rulemaking process and the CY 2022 Physician Fee Schedule (PFS) rulemaking process. Therefore, it was in effect for the 2022 performance period. Furthermore, measures are reviewed and updated with non-substantive changes as part of the annual maintenance process. Through this process, we are adding a group-level medication attribution check for the 2023 performance period. Starting in 2023, for a group practice to be attributed Diabetes episodes, at least one clinician within the group practice must have prescribed at least two condition-related medications to two patients within the current plus prior performance period, which parallels the current clinician-level check.

Regarding your comments about potential double counting, please see the [Shared Data Across Cost Measures document \(PDF\)](#). This document outlines how we incorporate joint accountability into cost measures by allowing multiple clinicians to be attributed to a given episode if they meet the attribution requirements. Though we will not publicly report cost performance information for the 2022 performance period, we will consider your feedback on public reporting for future years. We will also continue to monitor and evaluate the Diabetes and other episode-based cost measures in use in MIPS.

We appreciate your ongoing involvement in developing and implementing episode-based cost measures and look forward to continuing to collaborate. We also appreciate your feedback about the publicly available methodology documents and will work to ensure that we clearly indicate the attribution methodology described above in the Diabetes episode-based cost measure specifications.

Sincerely,

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