December 30, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G 200
Independence Avenue, SW
Washington, DC 20201

Submitted Electronically via p4qm.org/media/3166

RE: 2024 Measures Under Consideration List

Dear Administrator Brooks-LaSure,

On behalf of the American Academy of Dermatology Association (AADA), we write to provide input on MUC2024-100 Non-Pressure Ulcers cost measure included on the 2024 Measures Under Consideration (MUC) List.

The AADA is the leading society in dermatological care, representing more than 17,500 dermatologists nationwide. The AADA is committed to excellence in the medical and surgical treatment of skin disease; advocating for high standards in clinical practice, education, and research in dermatology and dermatopathology; and driving continuous improvement in patient care and outcomes while reducing the burden of skin disease.

Group-Level Attribution in Multi-Specialty Groups
The AADA remains concerned about the unintended consequences of group-level attribution and scoring for MIPS cost measures, particularly for dermatologists in multi-specialty groups. We see this as a particular problem with the MUC2024-100 Non-Pressure Ulcers cost measure under consideration for MIPS. Dermatologists are often held accountable for costs unrelated to their care when group-level attribution methodologies are applied, especially when individual case thresholds are not met. For example, preliminary testing

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of the Non-Pressure Ulcer cost measure showed that while only about 20 dermatologists met the testing case minimum as individual clinicians (approximately 0.14% of all Medicare dermatologists), approximately 1,200 dermatologists had at least one episode attributed to them within a group that met the case minimum for attribution. As a result, we are concerned that this measure will inappropriately hold dermatologists accountable for care that they did not provide, distorting performance evaluations and leading to misleading information for both clinicians and patients. **The AADA urges CMS to adopt mechanisms to better identify specific types and mixes of services offered by physicians and other healthcare providers within multi-specialty practices to eliminate as many inappropriate attributions as possible.**

More Granular Analyses & Patient Relationship Codes
The AADA recommends that CMS examine how multi-specialty group attribution impacts different specialties at both the group and individual levels as it pertains to the MUC2024-100 Non-Pressure Ulcers cost measure, but also across all cost measures. One option would be to revisit the use of patient relationship codes to improve attribution accuracy. Specifically, CMS should analyze how current group-level attribution methodologies can lead to misattributions, such as assigning costs to specialists for services they did not provide, and analyze the challenges faced by specialties in multi-specialty practices.

Additionally, CMS should revisit patient relationship codes to ensure attribution methodologies better reflect the care provided by individual physicians. The AADA maintains that such refinements are necessary to ensure fairness and improve the accuracy of cost measure assessments. The AADA also encourages CMS to collaborate with medical specialties to explore alternative methods for accurately attributing patients and costs without creating additional administrative burdens for physician practices.

Lack of Transparency in Scoring
Before CMS adopts additional cost measures under MIPS, including the Non-Pressure Ulcer measure, it should work to improve transparency in the Quality Payment Program's (QPP) attribution and scoring methodologies to help physicians and other healthcare providers better understand how their performance is evaluated and identify opportunities to improve care delivery. The current lack of clarity around CMS's attribution processes, performance measures, and scoring calculations presents significant challenges for physicians. Many physicians find it difficult to interpret their scores and understand how they are being assessed, which limits their ability to make informed decisions to improve patient care. Greater transparency in how CMS evaluates performance, including detailed explanations of attribution methodologies and measure calculations, would ensure that clinicians have the information needed to engage meaningfully with the program. The AADA maintains that such

clarity would not only promote fairness but also support physicians in their efforts to deliver the highest quality of care to their patients.

Conclusion

The AADA appreciates the opportunity to comment on the 2024 MUC List. We look forward to continuing to collaborate with CMS to ensure fair and accurate attribution methodologies that support high-quality dermatological care. If you have any questions regarding this letter, please contact Jillian Winans, Associate Director of Regulatory & Payment Policy at jwinans@aad.org.

Sincerely,

Seemal R. Desai, MD, FAAD
President, American Academy of Dermatology Association