

for the additional adjustment factor at 0.5 percent for a CPS at the additional performance threshold, because CMS believes that this would provide a large enough incentive for MIPS-eligible clinicians to strive for the additional performance threshold, while still providing the opportunity for a positive slope on the linear sliding scale. If CMS is unable to achieve a linear sliding scale starting at 0.5 percent (because the estimated aggregate increase in payments for a year would exceed \$500 million), then CMS proposes to lower the starting percentage for a CPS at the additional performance threshold until it is able to create the linear sliding scale with a scaling factor greater than 0 and less than or equal to 1.0.

AAFP Response

As noted, the agency's proposals related to the additional adjustment factors are consistent with the statute, so the AAFP supports them. We appreciate that CMS is proposing the starting point for the additional adjustment factor at 0.5 percent, if possible, rather than a lower percentage. However, CMS should be under no illusions that one half of one percent provides "a large enough incentive for MIPS-eligible clinicians to strive for the additional performance threshold."

8. Review and Correction of MIPS CPS

(1) Performance Feedback

(a) MIPS-Eligible Clinicians

(b) APM Entities

In these two sections, CMS first discussed the requirement that, at a minimum, the agency must provide MIPS-eligible clinicians with timely and confidential feedback on their performance under the Quality and Resource Use performance categories beginning July 1, 2017. They have discretion to provide such feedback regarding the CPIA and ACI performance categories. They will start in July 2017 with reports that are similar to the QRUR.

Since the first feedback report is due July 2017, prior to receiving any MIPS data, they propose to provide feedback to MIPS-eligible clinicians using historical data. The first report would contain data from CY 2015 or CY 2016 for Quality and Resource Use categories. In the event that 2017 is the first performance year for MIPS, which is what is currently proposed but not what the AAFP suggests, CMS would not anticipate getting MIPS data for feedback reports until 2018.

For the first year, feedback would be annual. In the future, this might evolve to quarterly.

AAFP Response

Feedback to clinicians needs to be provided in the form of reliable, real-time, patient-level data in order to make actionable improvement work possible. Since data from CY 2015 will be of minimal use to MIPS-eligible clinicians, data from 2016 should be the minimum standard. The AAFP would encourage CMS to provide feedback reports quarterly to MIPS-eligible clinicians as soon as is feasible. To improve quality and impact resource use in real time, real-time data is needed. If payment year 2019 is based on performance in 2017, quarterly reports in 2017 will be needed to affect any change to the MIPS score in 2019.

As to whether or not first year measures should be included in the feedback reports, the AAFP calls for all measures that are collected to be reported. The AAFP deduces that if a score is calculated and applied to an eligible clinician, CMS must have the infrastructure in place to make those calculations. Given that logic, it should be within the capability of CMS to generate feedback reports on all the categories that make up the CPS and have those reports distributed to MIPS-eligible clinicians. All MIPS-eligible clinicians will need data on all four performance categories starting in the first performance year. If eligible clinicians are to be "graded" in that