

the burden of looking for alternatives off the clinician will lead to faster more substantial improvement.

b. Announcement of Result of Adjustments

According to MACRA, adjustments must be announced no later than December 1. CMS proposes to make the adjustment available on the performance feedback reports or through another mechanism.

*AAFP Response*

The AAFP suggests that with every feedback report released, a “proposed MIPS adjustment factor” should be included. This information would inform the eligible clinician about what his or her adjustment would be given their current performance state. An interactive tool allowing a clinician the chance to run a “what if” scenario regarding his or her adjustment would also be helpful. If the adjustment is negative, feedback reports need to be clear as to why. The report should provide clear information about the performance measure the upper and lower thresholds that would have resulted in the MIPS-eligible clinicians receiving a more positive and negative adjustments.

c. Targeted Review

MACRA requires a process to be established where MIPS-eligible clinicians may seek an informal review of the calculation of the MIPS adjustment factor. The circumstances under which a MIPS-eligible clinician may request a review are as follows:

- 1) The MIPS-eligible clinician believes the measures or activities submitted to CMS possess calculation errors or data quality issues.
- 2) The MIPS-eligible clinician believes CMS made errors such as wrongly assigning performance category scores (like not recognizing a low-volume threshold)

MIPS-eligible clinicians may submit a targeted-review request within 60 days after the close of the data submission period. All requests must be submitted by July 31 after the close of the data submission period or by a later date that they specify in guidance. A response with a decision on whether a targeted review is warranted will be provided. The timeline for review will vary based on the number of requests. If additional information is requested by CMS to conduct the review, the eligible clinician has 10 days to submit and the decision after the review is final.

*AAFP Response*

The window for submission of requests for targeted review should be based on when eligible clinicians receive their feedback from CMS, not 60 days from the close of data submission. Also, the process to submit an appeal should be easy, transparent and obvious to clinicians from the feedback report itself. If a clinician has 10 days to submit additional data (10 days is too short and 30 days is more reasonable), CMS should have some equally strict deadlines built into the scenario. We strongly encourage CMS to invest in creating an audit process that is timelier, eligible-clinician friendlier, and more predictable than we have seen with the EHR incentive program. We have heard horror stories from members about audits occurring many years after the attestation period. They tell us about short deadlines to justify findings of the audit contractor or to pay back incentive dollars. After re-prioritizing the work of the entire office to respond with the type of detailed information being requested, these members have found that their response goes into a black hole without getting any acknowledgement of receipt or information about when they could expect a response. A portion of those members then get a response from the contractor asking for more information about different components of the