

methodologies, and requirements. This has created significant complexity in the program as a whole, leading us to be very concerned that physicians will not be able to understand the complete MIPS program. To remedy this problem, we believe CMS should adopt the following in the final rule:

MIPS Proposals that Should Be Finalized

- **Allow physicians to report through a variety of methods.** The proposed rule provides flexibility by permitting reporting through claims, electronic health record (EHR), clinical registry, qualified clinical data registry (QCDR) or group practice reporting Web-interface as well as reporting as either an individual or group. CMS should finalize all of these options to ensure flexibility for physicians.
- **Reduce reporting burden.** CMS should finalize proposals that reduce reporting burden, including removing advancing care information (ACI) measures that impacted EHR usability and redundant electronic clinical quality measures.
- **Offer choice.** CMS should finalize its proposal to allow physicians to select from any Clinical Practice Improvement Activities (CPIAs) without specific requirements related to categories or subcategories.
- **Promote medical homes and APMs.** Throughout the MIPS program, CMS should finalize or further enhance proposals that provide credit for and promote medical homes and APMs.

MIPS Proposals that Need to Be Modified

- **Improve chances of success by creating more opportunities for partial credit and fewer required measures within MIPS.** Where possible, CMS should see if it can further simplify the reporting burdens on physicians, specifically by reducing the complexity of the overall MIPS composite score.
- **Take into account differences in practice sizes, specialties, and availability of measures.** Throughout MIPS, CMS should identify exceptions or greater flexibility to address the unique concerns of small, rural, and other practices. For example, under the proposed quality scoring, physicians with no outcome or “high priority” measures are at a disadvantage. To resolve this problem, CMS should only provide bonus points instead of requiring these measures to achieve the maximum quality score. The final rule should also consistently define “small” practices across the different MIPS categories to avoid confusion.
- **Reduce the threshold and number of quality measures.** The proposed rule dramatically increases the threshold for reporting on quality measures from 50 percent of Medicare Part B patients to 90 percent of all patients through a registry, QCDR, and EHR, or 80 percent of Medicare Part B beneficiaries if reporting via claims. This greatly increases administrative burden and may dissuade physicians from using electronic reporting tools. CMS should maintain the existing 50 percent reporting threshold and further reduce the number of required quality measures.
- **Eliminate administrative claims population health measures.** CMS proposes to use administrative claims population health measures that were previously part of the value-based