- An eligible clinician reporting within a group leaves the group practice and begins reporting independently.
- An eligible clinician reporting within a group leaves the group practice and begins reporting within a new group.
- An eligible clinician reporting individually joins a group and wishes to begin reporting within the group.

In each of the above scenarios, eligible clinicians can face significant challenges with data accessibility and the ability to report timely due to both the technological reporting difficulties inherent with having data present in different EHR systems, as well as potentially experiencing inability, or delayed ability, to retrieve their performance data from a practice or health system that they have left. The final rule should address situations in which the eligible clinicians' experiences access barriers to their performance data held by prior practice partners or employers, and the eligible clinician should be held harmless under these circumstances.

In regard to promoting use of CEHRT and QCDR's, while CMS may be required to encourage the use of a particular data submission reporting modality, eligible clinicians should retain the choice in determining the best submission mechanism for them. Thus, any particular option provided for data submission should not be disincentivized.

Additionally, in the MIPS and APMs Request for Information, several commenters voiced concerns about the capabilities and data quality of QCDRs. We are additionally concerned about stated capabilities of QCDRs. If a vendor or entity has been qualified by CMS as a QCDR or qualified registry, but then is found to be unable to fulfill reporting requirements for which it had been qualified, eligible clinician participants of the QCDR or qualified registry should not be penalized for their inability to report performance data. The AAFP believes language must be included within the final rule that explicitly holds harmless any eligible participants of QCDRs and qualified registries under these circumstances.

While the opportunity to earn bonus points is appealing, the current proposal for bonus points is not meaningful or helpful, and demonstrates the unnecessary complexity and burden within the proposed rule. Currently, bonus points are tied to adoption and integration of technology into a practice, with additionally complex and burdensome requirements. Successfully navigating the challenges required to earn a bonus point then would result in the bonus point becoming a fraction of a fraction of points which then becomes a percentage within the overall score. The potential bonus point becomes so diluted it does little to motivate eligible clinicians to invest the energy or resources required to earn the fraction of the fraction of a percentage attributed to the bonus point; therefore, it just adds complexity. Therefore, the AAFP does not support the bonus points at this time.

(3) Submission Deadlines:
For QCDR, CEHRT, Qualified Registry, and attestation submission, CMS proposes the data submission period would begin January 2 following the close of the performance period. For example, for the first MIPS performance period, the data submission period would occur from January 2, 2018, through March 31, 2018. CMS seeks comment on whether a shorter time frame would be advantageous, whether submission throughout the performance period (e.g., biannual or semiannual) would be preferable, and whether to include January 1.

CMS also seeks comment on the period for the Medicare Part B claims submission mechanism being January 1 through March 31 and whether the period for the CMS Web Interface