

*AAFP Response*

We support efforts aimed at establishing a bonus structure for electronic reporting. However, reporting through a Qualified Registry and through the Web Interface may or may not involve end-to-end electronic reporting since manual abstraction of data is frequently used to supplement both mechanisms. It is not clear how CMS will determine which measures qualify for end-to-end electronic reporting. Will the vendor make this determination? Will the provider attest to such? The AAFP believes it will be difficult or impossible to make such a determination. While we recommend delaying the bonus structure until future years, if the bonus structure is maintained, we recommend eliminating the “end-to-end” language and awarding bonus points for every submission mechanism except claims. 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 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 and the AAFP does not support the bonus points at this time.

As expressed earlier, the AAFP believes the proposed bonus structure is too complex, will be misunderstood by most clinicians, especially those without dedicated analytic support, and should be delayed until future years.

(g) Calculating the Quality Performance Category Score

(i) Calculating the Quality Performance Category Score for non-APM Entity, non-CMS Web

(ii) Calculating the Quality Performance Category for CMS Web Interface Reporters

To calculate the Quality performance category score for all mechanisms, except the Web Interface, CMS proposes to sum the weighted points assigned for the measures required by the Quality performance category criteria, plus the bonus points and divide by the weighted sum of total possible points. If the practice elects to report more measures than required, CMS would use only measures with the highest score, plus required measures. Regarding Web Interface reporters, CMS proposes to score all measures, and this mechanism would always earn bonus points for high-priority measures, as long as all measures are reported.

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We support calculating the Quality performance category score by summing the weighted points assigned for measures and dividing by the weighted sum of total possible points. As expressed earlier, the AAFP believes the proposed bonus structure is too complex, will be misunderstood by most clinicians, especially those without dedicated analytic support, and should be delayed until future years.

(h) Measuring Improvement

CMS discusses that improvement shall be calculated for the Quality and Resource Use categories beginning with year two and may be calculated for CPIA and ACI. If clinicians report the same measures, then the regulation proposes three methodologies for incorporating improvement into the Quality score, the Hospital Value-Based Purchasing (HVBP) (Option 1) method, MSSP method, and Medicare Advantage 5-star rating.