

2017). The qualified registry must have at least 25 participants by January 1 of the performance period.

*AAFP Response*

The 25-participant requirement to become a qualified registry seems arbitrary. We would have concerns for new entries of Qualified Registries and also do not feel participants should be required to be in place by January 1. As qualified registries have the potential to pull historical data, we believe there should not be a deadline before the end of the reporting period. Removing both the 25-participant limit and the early deadline would ensure eligible clinicians have maximum choice in selecting the right qualified registry for them. With this proposed change, there becomes a need for clear and honest marketing by eligible qualified registries. We ask that CMS require eligible qualified registries to provide clear information to potential eligible clinician clients about their current recognition status with CMS.

e. Probation and Disqualification of a Third Party Intermediary

CMS proposes a third-party may be placed on probation at any time it is determined the party fails to meet all requirements of qualification to submit performance data. Upon notification of deficiencies or probation, the third party must submit and receive approval of a corrective action plan within 14 days. Failure to submit a corrective plan within 14 days or correct deficiencies within 30 days may result in disqualification from MIPS for the current and subsequent performance periods. No absences from what are proposed to be mandatory meetings would be permissible. Poor data quality submissions will result in public posting of such on the CMS list of qualified third parties, and persistence of data quality issues or probation of 2 years can result in disqualification.

*AAFP Response*

Regarding probation and disqualification of a third-party intermediary, the AAFP agrees that, with the exception of mandatory attendance at conference calls and meetings, the outlined details surrounding probation and disqualification sound reasonable. Namely, responsiveness to CMS with a proposed corrective action plan within 14 days of notification and cooperative efforts toward remediation or correction of deficiencies identified sound reasonable. As previously noted, we do not support mandatory attendance for conference calls and meetings. As well, we feel strongly that the final rule should be comprehensive and prescriptive in regard to third-party probation and disqualification, not only in terms of how the third party is to be handled and expected to respond, but also in terms of how the users (i.e., the eligible clinician participants) of those third-party services should be handled, in regard to their inability to report performance data under these circumstances. Because reporting of performance data is a requirement for MIPS, it is prudent to incorporate, within this section of the final rule, language that holds eligible clinicians harmless for suspension or disqualification of third-party intermediaries contracted for the purpose of submission of performance data.

10. Public Reporting on Physician Compare

CMS proposes a 30-day preview period in advance of the publication of any data on Physician Compare. All data available for public reporting, measure rates, scores, and/or attestations, will be available for review and correction during the targeted review process. Data under appeal and review will not be publicly reported until the review is complete.

CMS also proposes public reporting of an eligible clinician's MIPS data; in that for each program year, CMS would post on a public website, in an easily understandable format, information regarding the performance of MIPS-eligible clinicians or groups under the MIPS. Specifically,