

CMS proposes inclusion of the information described in sections (a) through (g) on Physician Compare.

*AAFP Response*

We support transparency in reporting and welcome the opportunity to review any and all data posted to Physician Compare. As noted in our [comments](#) on the proposed 2016 Medicare physician fee schedule and our [letter](#) in response to the MACRA RFI, we are supportive of the Physician Compare concept, but have several concerns regarding the complexity and accuracy of the information and its usefulness to consumers. It is increasingly important for CMS to address these concerns, given that MACRA expands the use of the Physician Compare website.

For instance, while CMS has mechanisms in place to ensure the data is valid, reliable, and correctly attributed, errors still persist. Because of this, the AAFP urges CMS to extend the current preview period from 30 to 90 days at a minimum. This will give the physician sufficient time to review, validate, and appeal before public reporting of his or her data. We agree with CMS that if information is under review or appeal, it should not be publicly reported on the website until the issues are resolved. Once the data is publicly available, a downloadable, delimited file (that also includes NPIs) should also be made ready for use.

a. Composite Score, Performance Categories, and Aggregate Information

Consistent with the law, CMS proposes—to the extent that they meet the previously established public reporting standards—that the following data will be added to Physician Compare for each MIPS-eligible clinician or group, either on the profile pages or in the downloadable database, as technically feasible:

- the composite score for each MIPS-eligible clinician;
- performance of each MIPS-eligible clinician for each performance category; and
- aggregate information on the MIPS, including the range of composite scores for all MIPS-eligible clinicians and the range of performance of all the MIPS-eligible clinicians for each performance category.

Statistical testing and consumer testing, as well as consultation of the Physician Compare Technical Expert Panel (TEP), will determine how and where these data are reported on the website. CMS requests comments on these proposals and on the advisability and technical feasibility of including data voluntarily reported by eligible professionals and groups that are not subject to MIPS payment adjustments, such as those practicing through RHC or FQHCs on Physician Compare.

*AAFP Response*

What CMS proposes is consistent with the statute, and we support its intent to implement the law, as technically feasible, after doing appropriate statistical and consumer testing and consulting with the Physician Compare TEP. We believe that if eligible clinicians and groups voluntarily choose to report data, their data can be subsequently reported on Physician Compare, as long as the eligible clinicians and groups understand that is a consequence of voluntary reporting before they report the data.

b. Quality

CMS proposes to make all measures under the MIPS quality performance category available for public reporting on Physician Compare. This includes all available measures reported via all