APM Shared Savings adjustment. Then, they received half credit on CPIAs and were to report to MIPS and receive a MIPS adjustment.

Unfortunately, throughout this section of the proposed rule, there are so many different rules and exceptions that no practicing physician could reasonably understand and report accurately to get a fair payment. For example, even the term "MIPS APMs," a hybrid of the two tracks otherwise designated in the law, is confusing to clinicians trying to grasp the already complicated nomenclature. We fear the proposed approach to "MIPS APMs" will penalize physician practices that were early adopters of the move to alternative payment models, such as first generation ACOs, and thereby undermine the intent of MACRA to move physicians to a payment model focused on quality and value.

To mitigate these negative consequences, we urge CMS to consider an approach that allows practices already participating in non-risk bearing APM entities to continue engaging in those models until other types of APMs become available, and until virtual group models are fully developed. Consistent with the spirit of MACRA, we urge CMS to exempt small practices from the MIPS APM provisions until other APM options, including virtual models, are available. Finally, absent any other changes to the proposed rule, we believe that scoring MIPS APMs in every category, with the same standards as other MIPS-eligible clinicians, protects program integrity and restores the intent of MACRA without the overly complex framework suggested in the rule.

6. MIPS CPS Methodology
(a) Performance Standards
The proposed rule discusses how MIPS-eligible clinicians will know the performance standard methodology for determining the measure and scoring methodology in advance of performance period, when possible.

AAFP Response
"When possible" cannot be used as a substitute for CMS being unready or not having installed the needed software and processes to publish information in advance.

(b) Unified Scoring System
CMS proposes that all Quality and Resource Use measures will be converted to a 10-point scoring system and that CMS generally would not include an "all-or-nothing" reporting requirement for MIPS. Clinicians who fail to report on an applicable measure or activity that is required, shall receive the lowest possible score for the measure or activity. CMS proposes to score only measures that meet certain standards to ensure reliability and validity and will encourage the focus on high priority areas. Performance at any level would receive points towards the performance category scores.

AAFP Response
The AAFP supports allowing clinicians to receive credit for all their efforts. We particularly support elimination of the all-or-nothing approach in the QPP. However, we must point out that the current ACI proposed base score requirements do not support elimination of all-or-nothing, since a score of zero will be assigned unless clinicians implement every component of the ACI category. Therefore, in accordance with CMS's stated intentions to drop the all-or-nothing measurement approach, we urge more flexibility in this category. Our new proposed construct for ACI eliminates this all-or-nothing method.