all approach will not lead to equally distributed success among providers. We would ask that CMS consider stratification of benchmarking when scoring providers. Comparing group practices to similar group practices and solo practitioners to similar solo practitioners could provide more accurate data related to a provider's efforts to improve patient care.

To the extent that CMS is using 2014 and 2015 PQRS data submissions in setting the initial performance threshold for the MIPS payment adjustment, we recommend CMS exclude data submitted via the Measures Groups reporting, which requires only a non-random sample of 20 patients per measure, and clinicians are able to cherry-pick their sample to achieve high performance rates. Such high rates are not representative of actual rates for the entire population and should not be used when establishing performance thresholds.

We agree with CMS that, for the 2019 MIPS payment year, the performance threshold should be set at a level where approximately half of the eligible clinicians would be below the performance threshold and half would be above it. As noted in the proposed rule, this is consistent with the intent of section 1848(q)(6)(D)(i) of the Act, which requires the performance threshold in year three and beyond to be equal to the mean or median of CPS from a prior period. The agency's proposal sounds as if it intends to use the median—a better measure of central tendency than the mean, which can be skewed by outlier values.

(2) Additional Performance Threshold for Exceptional Performance
CMS proposes (at §414.1305) to define the additional performance threshold as an additional level of performance, in addition to the aforementioned threshold, for a performance period at the CPS level at or above that which a MIPS-eligible clinician may receive an additional positive MIPS adjustment factor. CMS proposes (at §414.1405(e)) the following methods for computing the additional performance threshold: the threshold shall be equal to the 25th percentile of the range of possible CPS above the performance threshold; or it shall be equal to the 25th percentile of the actual CPS for MIPS-eligible clinicians with CPS at or above the performance threshold with respect to the prior period used to determine the performance threshold.

Since CMS will not have any actual CPS for MIPS-eligible clinicians to use for purposes of defining an additional performance threshold under the methodology proposed above for 2019, CMS proposes to establish the additional performance threshold at the 25th percentile of the range of possible CPS above the performance threshold. CMS intends to publish the exceptional performance threshold with the performance threshold prior to the performance period.

AAFP Response
The proposed definitions are consistent with the statute. We agree with the proposal to establish the additional performance threshold for 2019 at the 25th percentile of the range of possible CPS above the performance threshold, given that CMS will not have any actual CPS for MIPS-eligible clinicians to use.

a. Additional Adjustment Factors
Consistent with the statute, CMS proposes to apply a linear sliding scale where MIPS-eligible clinicians with a CPS at the additional performance threshold would receive 0.5 percent additional adjustment factor and MIPS-eligible clinicians with a CPS equal to 100 would receive a 10 percent maximum additional adjustment factor. Similar to the adjustment factor, CMS would apply a scaling factor that is greater than 0 and less than or equal to 1.0 if needed to ensure distribution of the $500 million increase in payments. CMS is proposing the starting point