(5) Scoring the ACI Performance Category
CMS further discusses moving away from the "all-or-nothing" scoring approach used in the Medicare EHR Incentive Program. CMS then proposes a methodology to score ACI based on both participation (base score) and performance. CMS proposes awarding bonus points under the Public Health and Clinical Data Reporting objective.

AAFP Response
As stated earlier, we believe the requirements of the base score under ACI are reflective of a blatantly "all-or-nothing" strategy, and we encourage CMS to revisit these requirements. Our ACI replacement proposal eliminates the all-or-nothing nature of CMS's proposed base score. In addition, we are generally opposed to the proposed bonus point structure, as we believe it is too complex for clinicians in practices who lack dedicated analytic support. We recommend elimination of the bonus structure until further experience is gained to reduce complexity.

b. Calculating the CPS
CMS proposes to calculate the CPS using a scale of 0-100 for each MIPS-eligible clinician for a specific performance period. The CPS is the sum of the products of each performance category score and each performance category's assigned weight multiplied by 100.

AAFP Response
We appreciate the simplicity of this CPS explanation and support the calculation.

(1) Formula to Calculate the CPS
(a) Accounting for risk factors
The regulation discusses how ASPE is conducting studies on risk adjustment for socioeconomic status and the impact on quality measures, and how CMS may incorporate this information in future rulemaking.

AAFP Response
We appreciate that socioeconomic status requires further study and may be incorporated into future risk adjustments. CMS is obligated to come up with a solution that prevents Medicare, Medicaid, dual-eligible beneficiaries, and other disadvantaged groups from losing access due to a negative impact on quality measures. However, clinicians currently serving these populations should not be penalized under MIPS because CMS has not yet developed a solution.

The risk-stratification methodology must be as transparent and credible, as well as simple as possible.

The AAFP also supports reducing health disparities as a part of care delivery and urges CMS to move forward with expanding its risk-adjustment methodology in quality measures to incorporate social and economic factors such as race, income, education, and region. Risk adjusting for socioeconomic status ensures the measures are fair and sets the standard for comparison of physician performance by adjusting for factors outside of the physician's control. Failing to adjust could lead to inaccurate conclusions concerning physician performance. As a result, further disparities in care could be magnified.

(2) CPS Performance Category Weighting
CMS proposes to assign a weight of zero to categories for which there are insufficient measures available and redistribute the weights to other categories. With regard to the Quality and Resource Use categories, CMS would not calculate a performance score if there are no