



June 24, 2016

Andrew M. Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-5517-P
P.O. Box 8013
Baltimore, MD 21244-8013

Dear Acting Administrator Slavitt:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I write in response to the Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models [proposed rule](#) as published by HHS in the May 9, 2016 *Federal Register*. This proposed rule describes how CMS intends to implement key portions of the bipartisan *Medicare Access and CHIP Reauthorization Act (MACRA)*, which repealed the Medicare sustainable growth rate methodology in favor of a new approach to paying physicians and others for the value and quality of care they provide.

The AAFP played a central role in the development and Congressional passage of MACRA and we continue to support the core reforms set forth in MACRA. We believe this law, at its core, is designed to strengthen primary care and make primary care a strong foundation for payment and delivery reform for physician services under Medicare. As such, the importance of successful implementation for members practicing in communities across the country cannot be understated.

We also believe that MACRA, as designed by Congress, was intended to simplify the Medicare payment, quality improvement, and performance measurement programs. In the simplest terms, the law requires physicians participating in the Medicare program to implement and use an electronic health record, report quality measures on the care they provide, participate in review of their overall resource use, and engage in performance improvement activities. The law also created a glidepath to move our nation's delivery and payment models away from the legacy fee-for-service system towards alternative payment models that align payment to quality and outcomes.

We support numerous provisions included in the regulation. Overall, we applaud CMS for identifying and adhering to the fundamental provisions of the law. In general, CMS accurately

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