

*AAFP Response*

We accept that the notification of the APM Incentive Payment amount will not occur at the same time as the notification of QP status, but will occur later in the year to allow for accurate calculation and validation of the incentive payment amount. We therefore agree that notification of QP status should not be withheld from the QP until notice of the APM Incentive Payment amount.

We agree with CMS's proposal to send notification to both Advanced APM Entities (i.e. the TIN) and their individual participating QPs of the APM Incentive Payment amount as soon as CMS has calculated the amount of the APM Incentive Payment and performed all necessary validation of the results. As noted, we believe the law clearly states that the APM Incentive Payment itself should go to the individual participating QP. Consistent with the law, there is no need to tell QPs to which TIN(s) their APM Incentive Payments have been made, since the payment should go to the QP, not the TIN(s).

CMS should notify QPs of their APM Incentive Payment in the same manner that CMS usually notifies such individuals of payments made to them. In addition to the APM Incentive Payment amount, we would encourage CMS to include information clearly describing how the payment incentive was calculated and the amounts used in that calculation, so an individual QP has the information necessary to verify that the payment is correct.

9. Monitoring and Program Integrity

CMS will continue its current vetting and monitoring activities related to APMs as it implements the APM Incentive Payment.

CMS proposes that if an Advanced APM terminates an Advanced APM Entity or eligible clinician during the QP Performance Period for program integrity reasons, or if the Advanced APM Entity or eligible clinician is out of compliance with program requirements, CMS may reduce or deny the APM Incentive Payment to such eligible clinicians. In addition, if the APM Incentive Payment is paid during the QP Performance Period and the Advanced APM Entity or eligible clinician is later terminated due to a program integrity matter arising during the QP Performance Period, CMS may recoup all or a portion of the amount of the payment from the entity to which CMS made the payment.

CMS also proposes that CMS will reopen and recoup any payments that were made in error in accordance with procedures similar to those set forth at §§405.980 and 405.370 et seq. or established under the relevant APM.

CMS proposes that APM Entities and/or eligible clinicians must submit certain information for CMS to assess whether other payer arrangements meet the Other Payer Advanced APM criteria and to calculate the Threshold Score for a QP determination under the All-Payer Combination Option. CMS also proposes that Advanced APM Entities and eligible clinicians must maintain copies of all records related to the All-Payer Combination Option for at least ten years and must provide the government with access to these records for auditing and inspection purposes. If an audit reveals that the information submitted is inaccurate, CMS may recoup the APM Incentive Payment.

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In general, we find CMS's proposal in this regard acceptable and consistent with other CMS program integrity efforts. The one point on which we disagree with CMS is the need for