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# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **Medical Groups Urge Changes to Proposed MACRA Rule**

More than 100 medical organizations recently urged the Centers for Medicare and Medicaid Services (CMS) to take another look at key portions of its proposed rule that, when finalized, will steer implementation of the massive Medicare Access and CHIP Reauthorization Act (MACRA). In a June 24 letter to CMS, the groups—including the American Academy of Family Physicians (AAFP)—pushed renewed action on three main fronts: (1) simplifying the Merit-Based Incentive Payment System so physicians can improve performance with fewer administrative and compliance burdens; (2) providing a stronger pathway to alternative payment models that will support physicians eager to transition to new delivery and payment models; and (3) supporting physicians in solo, small, and rural practices so that they also have opportunities for success and can avoid unintended consequences. For more information, go to <http://www.aafp.org/news/macra-ready/20160701macrasignon.html>.

## **CMS Addresses Senate Concerns on Medicare Part B Payment Proposal**

Senators recently heard testimony about a CMS proposal to test a new model for Medicare Part B payments that would reduce the role a prescription drug's price has in calculating how physicians are paid. Under current policy, Medicare Part B typically pays physicians the average sales price of a drug plus an additional 6%. A proposed rule would change that payment for most Part B drugs administered in an outpatient setting to 2.5% plus a flat fee—initially, \$16.80 per drug per day, and then adjusted annually based on the consumer price index for medical care. In addition, beneficiaries now pay as much as 20% in coinsurance toward medications. The proposed rule would reduce that payment, dropping it to zero in some cases. Members of the Senate Finance Committee expressed concern during a hearing in June that the test model could limit access to some drugs, noting that 300 organizations wrote in opposition to the proposal, largely out of concern that it could limit access to drugs that have no generic alternative. But a CMS official explained that protections for patient access would be maintained, and he said the agency will review the thousands of comments it has received about the proposal. For more information, go to <http://www.aafp.org/news/government-medicine/20160705partbproposal.html>.

## **Groups Press CMS to Expand Rural Training**

In light of the great demand for rural physicians around the country, the AAFP recently joined with four other family medicine organizations to spur changes in a proposed rule from CMS that could help expand the ranks of primary care physicians where they are severely needed. In a June 16 letter to CMS, the groups outlined the suggested changes, which aim to provide greater support for rural training. CMS continues “to take an unduly cramped reading of its statutory authority,” the groups contend—specifically, its authority to create special rules to support such training. In addition to the AAFP, the letter was signed by the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, and the North American Primary Care Research Group. For more information, go to <http://www.aafp.org/news/education-professional-development/20160627ruralgme.html>.

## **HHS Grant Helps Small Practices Move to Value-based Models**

The U.S. Department of Health and Human Services (HHS) is actively promoting the move to value-based payments, and a new federal grant program aims to help physicians in rural and underserved areas make that transition. The agency recently announced that it is offering the grant to small physician practices as part of efforts to implement the Quality Payment Program (QPP), an essential component of MACRA. HHS is allocating \$20 million annually for the next five years to fund training and education for Medicare clinicians in individual or group practices with 15 or fewer clinicians. To be eligible for a grant, organizations must demonstrate an ability to provide customized training to clinicians. Grant recipients will provide education and consultation about the QPP at no cost to clinicians or practices. Organizations that receive the funding will be expected to help support small practices as they develop strategies for success in the QPP, such as by identifying quality measures and/or electronic health record systems that may be appropriate for their needs. For more information, go to <http://www.aafp.org/news/government-medicine/20160706smallpractgrant.html>.

— AFP AND AAFP NEWS STAFF

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