



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

February 24, 2014

Marilyn Tavenner, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: Draft 2015 Letter to Issuers in the Federally facilitated Marketplaces

Dear Administrator Tavenner:

On behalf of the American Academy of Family Physicians (AAFP), which represents 110,600 family physicians and medical students across the country, I write in response to the draft 2015 [letter](#) to issuers in the federally facilitated marketplaces as posted by the Center for Consumer Information and Insurance Oversight (CCIIO) within the Centers for Medicare & Medicaid Services on February 4, 2014. This draft letter provides issuers seeking to offer Qualified Health Plans (QHPs), including stand-alone dental plans, in a federally facilitated marketplace (FFM) and/or federally facilitated small business health options programs, with operational and technical guidance to help them successfully participate in the marketplaces.

The AAFP is pleased to see Section 7 titled, "Coverage of Primary Care: 2015 Approach". This section discusses how CMS is:

*"...considering whether to require through rulemaking that all plans, or at least one plan at each metal level per issuer, cover three primary care office visits prior to meeting any deductible. We encourage QHP issuers in the FFM's to cover three primary care office visits prior to meeting any deductible."*

The AAFP supports the *Affordable Care Act's* expansion of access to health care and its shifting of the United States toward a health care delivery system based on primary care. Therefore, the AAFP appreciates that CCIIO recognizes and encourages the value of primary care services for patients. However, rather than only encouraging QHP issuers to cover three primary care office visits prior to meeting any deductible, the AAFP instead urges CCIIO to consider requiring this benefit within the final 2015 call letter.

The AAFP's longstanding [policy](#), "Health Care for All", includes a section on "Benefits" which states, in part, that the AAFP believes primary care provided by or through the medical home should be available with no financial barriers (such as co-payments or deductibles) to

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patients. This includes prenatal care, well-child care, immunizations, basic mental health care, evidence-based preventive services, chronic care management, and hospice care.

Consistent with this policy, the AAFP promotes the Patient Centered Medical Home model of care. The three-visit requirement is patient centered and allows the care team to foster a relationship with the patient, in turn, contributing to patient identification, adherence to treatment, and follow-up plans. Further, many patients, especially those gaining health insurance for the first time, will have long-neglected ailments. The three-visit requirement gives them an appropriate incentive to see their primary care physician in their medical home to address those ailments and thus prevent costlier care down the road. In essence, the three-visit requirement promotes preventative, rather than reactive, medicine, which we consider to be in the best of interest of patients.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Cain', with a long horizontal flourish extending to the right.

Jeffrey J. Cain, MD, FAAFP  
Board Chair

CC:

Gary Cohen, Deputy Administrator and Director  
Eugene Freund, MD, MSPH, CAPT USPHS  
Lisa Wilson, Senior Advisor, CCIIO, CMS