



October 12, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1701-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to Comprehensive Primary Care Plus (CPC+) 2017 Performance-based Incentive Payment (PBIP) reports.

In early September, the AAFP learned that CPC+ practices were notified that their 2017 PBIP performance reports would be available on or around September 26, 2018. In the same notification, they were informed that any required repayment of the PBIP would be due by October 18, 2018, less than one month after receiving their results. If re-payments were not received by October 18, CMS would send a subsequent demand letter and begin accruing interest 30 days after the practice received the letter.

The AAFP and our members have been committed to the transition to value-based care for decades. The AAFP is supportive of the CPC+ payment model as it is beneficial to primary care practices by providing access to increased, prospective payments that support comprehensive, longitudinal care. The PBIP constitutes a bonus payment to practices to incentivize change in individual and practice level behavior that increases overall performance. The AAFP recognizes and commends CMS for providing these payments as increased investment in primary care benefits the health system as a whole.

However, we are concerned with the abbreviated process CMS has implemented for repayment of the PBIP. While the AAFP appreciates the additional effort to request information and recoup payment from participants based on year-end claims run-off data, we are concerned that the short time frame of three weeks after the reports are available is not a reasonable amount of time for a medical practice to respond – especially given the 19-month minimum gap between performance and payment. Instead, we recommend CMS work with practices to determine a more reasonable and appropriate timeframe. For instance, the MSSP program offers ACOs 90 days to repay shared losses. As CMS and the Innovation Center pursue further payment models and work to encourage the successful adoption of more APMs, the AAFP

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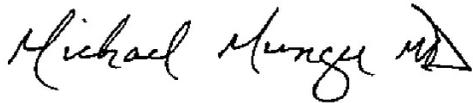
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strongly urges CMS to waive interest charges grant practices more time to understand their payment reports, and ultimately respond to CMS requests.

Our members look forward to active participation in future CMS/Innovation Center programs and appreciate the opportunities to participate in the original Comprehensive Primary Care (CPC) and CPC+ demonstrations. The AAFP strongly supports CMS' goal to move physicians from fee-for-service to alternative payment models (APMs). We are committed to working with CMS to further develop and help implement physician-led, primary-care focused APM models that increase participation in value-based care and payment models, like the AAFP's APC-APM.

We appreciate the opportunity to make these comments. Please contact Kate Freeman, Quality Improvement Strategist, at 913-906-6000 or katef@aafp.org, with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Michael Munger MD". The signature is written in a cursive style with a stylized "M" and "D".

Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.