

**Comments on the CMS Proposed Rule  
Implementing the *Medicare Access and CHIP Reauthorization Act (MACRA)*  
June 20, 2016  
Executive Summary**

The AAFP played a central role in the development and enactment of MACRA (Public Law 114-10) and 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 glide path 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 applaud CMS for identifying and adhering to the fundamental provisions of the law. In general, CMS accurately identified the key elements of the law, which were to create a streamlined quality and performance program inside the fee-for-service system and create opportunities for physicians to participate in alternative payment models. We also believe that CMS has made some effort to simplify the program and to eliminate the pass/fail evaluation processes although, again, we think much work remains. The following are key areas in which we agree with the agency's proposals:

1. Quality Measurement – we believe that the regulation has simplified the quality reporting process for physicians. CMS's recommendation that physicians report on six measures is a dramatic improvement over current law. We strongly support the efforts to create a process whereby new measures can be developed, tested, and implemented.
2. Quality Reporting Opportunities – we appreciate that CMS has taken steps to ensure that physicians have a variety of options available to submit quality data to CMS. We believe the menu of options CMS presented in the regulation affords most family physicians a reasonable opportunity to engage with CMS on quality reporting activities.
3. Comprehensive Primary Care Plus Program – we strongly support the CPC+ program and we thank CMS for recognizing this primary care delivery and payment model as an advanced alternative payment model.
4. Patient Centered Medical Home – we are pleased that CMS has recognized the important role played by primary care physicians in our health care delivery system. We also appreciate that CMS included and promoted the medical home in the proposed rule.