

The financial standard for the Medical Home Model is an arbitrary imposition of financial risk placed upon clinicians in these models and violates the intent of the law. We call on CMS to eliminate the 50-practice limitation placed on the medical home exemption as nothing in MACRA suggests that the medical home exemption from risk should be subjected to any limiting factor.

The medical home is the crux of a value-based health care system. In its most recent Annual Review of Evidence of the PCMH's impact on cost and quality, the Patient-Centered Primary Care Collaborative identifies several PCMH programs that have reduced costs and improved quality. From these findings, 21 of 23 programs reporting on cost measures found reductions in one or more measures, and 23 of 25 reporting on utilization measures found reductions in one or more measures.

Because the PCMH reduces spending and utilization, imposing risk sharing on the Medical Home Model may be counterproductive and have a dampening effect on adoption of the model. Indeed, it is because of the medical home's importance to the success of the value-based payment model that they were provided protection under the law.

- **Limited Advanced APMs for Family Physicians** – The AAFP is concerned that CMS did not meet Congressional intent with respect to ensuring a medical home option be made available as an Advanced APM. As previously stated, we believe that Congress intended and, through the risk exemption, demonstrated a commitment to the inclusion of a medical home opportunity in the Advanced APM pathway. It is clear to us that the intent of the law was to incentivize medical home expansion by stating that “Medical Homes that meet criteria comparable to medical homes expanded under section 1115A(c) should qualify as an [advanced] APMs.” We would note that the legislative text states “comparable to” not “an expansion of” programs under 1115A(c).

The AAFP recommends two immediate actions on the part of CMS to ensure that a medical home opportunity exists under the Advanced APM pathway:

CMS should initiate an expedited analysis of the results of the CPC initiative to determine whether the statutory requirements for expansion by the Secretary are met. This analysis should be completed no later than January 1, 2018 to allow for a determination to expand CPC in time for medical home practices to qualify as Advanced APMs in 2019.

CMS should establish and implement a deeming program that enables practices enrolled in medical home programs run by states (including state Medicaid programs), Medicare Advantage, other non-Medicare payers, and employers as being deemed to have met criteria “comparable to medical homes expanded under section 1115A (c).” This deeming process should be defined and implemented prior to January 1, 2018.

Total Cost of Care and MSPB Measures

The AAFP strongly opposes application of the total per-capita cost of care and Medicare Spending per Beneficiary (MSPB) measures to primary care physicians that are not part of an advanced APM. Both total cost of care and MSPB were developed to measure hospital performance, and these measures inappropriately attribute costs of patient care that are unrelated to physician practice and particularly, unrelated to primary care practice.

The AAFP urges CMS to withdraw these measures and instead use care episode-based groups as the sole method of measuring Resource Use to emphasize high volume and high cost conditions and