

104(e) of the MACRA and that not all available data will be included. The specific codes included will be determined based on analysis of the available data, focusing on the most-used codes. The goal will be to include counts that facilitate a greater understanding and more in-depth analysis of the other measure and performance data being made available. CMS proposes to continue to include utilization data in the Physician Compare downloadable database.

*AAFP Response*

What CMS proposes is consistent with the requirements of section 104(e) of MACRA. The AAFP does not object to including appropriate utilization data in the Physician Compare downloadable database, since the data is otherwise available through other sources on the CMS website.

g. APM Data

Currently, if an EP or group submitted quality data as part of an ACO, there is an indicator on the eligible professional's or group's profile page denoting this. Also, all ACOs currently have a dedicated page on the Physician Compare website to showcase their data. If technically feasible, CMS proposes to use this model as a guide while they add APM data to Physician Compare. CMS proposes to indicate on eligible clinician and group profile pages when the eligible clinician or group is participating in an APM. CMS also proposes to link eligible clinicians and groups to their APM's data, as relevant and possible, through Physician Compare. Data posting would be considered for both Advanced and non-eligible APMs.

*AAFP Response*

What CMS proposes is consistent with what the law requires. Using the current approach for reporting ACO involvement as a model for reporting APM involvement makes sense. We appreciate that data posting would be considered for both Advanced and non-eligible APMs.

**F. Overview of Incentives for Participation in Advanced Alternative Payment Model**

3. Terms and Definitions

CMS proposes the term "Advanced APM" for those APMs defined by section 1833(z)(3)(C) of the Act that meet the criteria under section 1833(z)(3)(D) of the Act. CMS uses the term "Advanced" in lieu of "Eligible."

Similarly, CMS proposes to use the term "Advanced APM Entity" instead of "alternative payment entity." CMS proposes that an APM Entity would be any participating entity in an APM, whereas an Advanced APM Entity would be one that participates in an APM that CMS has, in fact, determined to be an Advanced APM.

CMS proposes to define the terms "Medical Home Model" and "Medicaid Medical Home Model" as subsets of APMs and Other Payer APMs, respectively. CMS notes that medical homes would be the APM Entities in an APM, not the APM itself.

CMS proposes that a Medical Home Model must have the following elements at a minimum:

- Model participants include primary care practices or multispecialty practices that include primary care physicians and clinicians and offer primary care services.
- Empanelment of each patient to a primary care clinician.