

In addition, CMS proposes that a Medical Home Model must have at least four of the following elements:

- Planned coordination of chronic and preventive care.
- Patient access and continuity of care.
- Risk-stratified care management.
- Coordination of care across the medical neighborhood.
- Patient and caregiver engagement.
- Shared decision-making.
- Payment arrangements in addition to, or substituting for, fee-for-service payments (for example, shared savings, population-based payments).

CMS believes that an APM cannot be a Medical Home Model unless it has a primary care focus with an explicit relationship between patients and their practitioners. To determine that an APM has a primary care focus, CMS proposes that the Medical Home Model would have to involve specific design elements related to Eligible clinicians practicing under one or more of the following Physician Specialty Codes: 01 General Practice; 08 Family Medicine; 11 Internal Medicine; 37 Pediatric Medicine; 38 Geriatric Medicine; 50 Nurse Practitioner; 89 Clinical Nurse Specialist; and 97 Physician Assistant. CMS solicits comments on whether this proposal for determining that an APM has a primary care focus is sufficiently specified.

Finally, CMS seeks comment on these elements and which of the elements should be required as opposed to optional. CMS's proposed definition of Medicaid Medical Home Model is identical to Medical Home Model, except that it specifically describes a payment arrangement operated by a State under title XIX.

AAFP Response

Regarding CMS's proposal to use "Advanced APM" in lieu of "Eligible 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, we are indifferent. The proposed use of the term "Advanced APM Entity" seems similarly straightforward, as is the distinction that CMS draws between the terms "APM Entity" and Advanced APM Entity."

The distinction between Medical Home Models as APMs and medical homes as APM entities is a particularly fine one that may be lost on most physicians. Given the elements that CMS proposes to require for a "Medical Home Model," it may make more sense to describe such APMs as "Primary Care-Focused Models" and to better-connect that term to the "medical home" description by incorporating the latter term in the proposed required elements. For instance, CMS could state that Primary-Care-Focused Model participants must include "primary care medical home practices or multispecialty practices that provide medical homes staffed by primary care physicians that offer primary care services."

Whether CMS calls such APMs "Medical Home Models" or "Primary Care-Focused Models," we agree with the intent of CMS's proposal to require primary care as an essential element. In fact, we would encourage CMS to take this proposal a step further and strengthen its proposed essential elements along the following lines:

- Model participants are either primary care medical home practices or multispecialty practices that provide medical homes staffed by primary care physicians and offer primary care services.
- Empanelment of each patient to a primary care physician.