

*AAFP Response*

Especially in initial years, CMS should allow for maximum flexibility to APMs and we therefore encourage CMS to allow APMs to proactively select which method the APM will utilize. If an APM Entity has both lists, the AAFP would encourage CMS to review and reconcile both list to ensure the broader group of eligible clinicians will be able to receive the APM incentive payment.

(3) Timing of Group Identification for Eligible Clinicians

CMS proposes to identify the eligible clinician group for each Advanced APM Entity at a specified point in time for each QP Performance Period and the agency proposes that this point in time assessment will occur on December 31st of each QP Performance Period.

*AAFP Response*

We agree that CMS must use a single point in time during the performance period since eligible clinicians within an APM Entity will shift over time. To accommodate partial year performance periods or performance periods that may not be calendar year, we should encourage CMS to change "December 31st" to "the last day."

(3) Exception

CMS seeks comment on the proposal to make most QP determinations at the Advanced APM Entity level and comment on the merits of making all determinations at the individual eligible clinician level versus through some alternative grouping methodology.

*AAFP Response*

As stated previously, since the AAFP advocates for the PCMH which utilizes a team-based approach to providing care, we support CMS making the QP determination at a group level.

6. Qualifying APM Participant Determination: Medicare Option

(1) Definitions

(2) Attribution

In these sections CMS seeks comment on the proposed methodology for defining the attributed beneficiary population, including comment on alternative methods for capturing the most meaningful cohort of attributed beneficiaries.

CMS also seeks comment on the proposal to use of APM-specific standards as necessary to fulfill our expressed goals for specialty- or disease- focused APMs that may use alternative attribution methodologies.

*AAFP Response*

In terms of primary care physician attribution, the AAFP strongly recommends the patient be prospectively assigned a primary care physician or provider along with a simple process for the beneficiary to change the physician or provider to whom he or she was attributed.

Regarding the CMS goal for specialty- or disease- focused APMs, the AAFP cautions the agency about needlessly fragmenting care through a plethora of specialty or disease-focused APMs. The AAFP continues to call for APMs to be primary care-centered since there is ample evidence that health systems that are more primary care-oriented are more effective, more efficient, and yield better outcomes than those that are not.