

b. Payment Amount Method

(1) Claims Methodology and Adjustments

CMS seeks comment on whether the claims methodology used under the Medicare payment method should align with the proposed claims methodology for purposes of calculating the estimated aggregate payment amount for the APM Incentive Payment.

*AAFP Response*

The CMS proposal in this regard seems reasonable, and the AAFP supports them.

7. Combination All-Payer and Medicare Payment Threshold Option

a. Overview

Beginning in 2021, in addition to the Medicare Option, eligible clinicians may also become QPs through the All-Payer Combination Option. The All-Payer Combination Option provides an incentive for eligible clinicians to participate in arrangements with non-Medicare payers that have payment designs similar to those in Advanced APMs.

*AAFP Response*

The AAFP urges CMS to use its leadership role in the Health Care Payment Learning and Action Network (LAN) to drive the convergence of APM frameworks to align incentives, performance measures, and other components of value-based arrangements between public and private payers. According to a 2015 AAFP/Humana [study](#) on value-based payments (VBP), six in 10 (61 percent) family physicians' practices submitted claims to seven or more payers during the past 12 months. It is imperative that qualifying physicians are able to execute value-based arrangements, within APM frameworks that are similar in nature and easy-to-understand, and deliver on the promise of population health management. Physicians already face huge administrative burdens with claims adjudication, pre-authorizations, and other tasks that do not contribute to directly improving clinical outcomes—and that is in the current fee-for-service system. It will only get more complicated within APM frameworks. Lastly, family physicians and other primary care providers do not treat Medicare patients or Medicare Advantage patients; they treat and care for patients. Public and private payers need to reduce the administrative burden and needless variability among their APM frameworks so qualifying physicians can concentrate on practicing medicine regardless of payer.

(2) Medicaid APMs

CMS proposes to define a Medicaid APM as a payment arrangement under title XIX that meets the criteria to be an Other Payer Advanced APM as proposed in this section.

*AAFP Response*

The AAFP supports this definition, as it provides some flexibility for states to implement new payment models and align core requirements for Medicaid APMs with the broader Advanced APM and Other Payer Advanced APM criteria. CMS also intends to generally defer to states in their design of payment arrangements. The AAFP is concerned with ongoing cuts states are making to Medicaid reimbursement rates and believes CMS should formulate additional regulations on preventing damaging reimbursement cuts that lead to diminished access to and quality of care. In addition, CMS should enable states to deem and define their own PCMH program as they are in the best situation to tailor program needs and variable to their markets and populations.