The AAFP agrees with CMS not to mandate a specific method or accreditation process for recognizing Medicaid Medical Home Models. We believe this should be the model for all medical home recognized by Medicare and Medicaid under the law. The AAFP remains agnostic on Medical Home recognition programs. We envisioned a recognition process whereby an insurance plan or collection of insurance plans, a quality improvement organization, or a Medicaid program that was offering enhanced payments for PCMH would verify practice capabilities and clinical outcomes. The process of becoming a recognized medical home should be collaborative and focused on the characteristics of the Joint Principles. It should not be a collection of chart extractions, screen captures and checklists. It should be focused on practice and performance improvement.

(4) Use of Certified Electronic Health Record Technology
CMS proposes to require participants to use CEHRT, as defined for MIPS and APMs, to meet the criterion to be an Other Payer Advanced APM.

AAFP Response
Due to current law, we understand that CMS cannot completely abandon health IT utilization measures, yet we do believe that CMS can significantly improve and reduce administrative complexity and burden while complying with current law. The AAFP recommends a new construct for the ACI component of MIPS. First, we recommend that the certification process be improved to:

- Increase the testing requirements for interoperability, namely care transitions, secure messaging, and APIs;
- Increase the testing around the support of the common core clinical data set and its integration in the EHR technology; and
- Perform both bench and field testing of CEHRT to sure these capabilities are available in the market place and can be deployed at the practice/hospital site.

Secondly, establish a post market surveillance system to allow reporting by eligible clinicians for events where CEHRT is not living up to the certification requirements. Also allow reporting by patients and clinicians for events where MIPS-eligible clinicians did not have attested functionality available or there was information-blocking behavior. Reporting would help HHS track compliance with attestation and could be a stream of data to pinpoint needed audits.

Thirdly, we recommend that the requirements and scoring of ACI be replaced with the following.

1. Base score requirement would still be 50 percent of the total score for advancing care information
2. To achieve a full base score, the MIPS-eligible clinician must
    a. Use CEHRT and attest that it is in place for the reporting period
    b. An exclusion for times of acceptable down time (system maintenance, switching of systems, de-certification of current system, etc.) would be included as to not penalized eligible clinicians for situations outside of their control
    c. Protect health information as currently proposed in the NPRM
3. Performance score would still be 50 percent of the total score for advancing care information
4. MIPS-eligible clinicians would receive 5 percent points for each of the 10 measure specifications listed in the current NPRM if they attest that functionality was available for use during the reporting period (the same exclusion for acceptable down time would apply here)