

We are very disappointed that CMS did not feel confident enough in its abilities and the abilities of its contractors to commit to actually paying the APM incentive payments before the end of the payment year. We appreciate that unforeseen circumstances can interfere with the best of plans, which is as true for physicians as CMS, a point we hope that CMS will remember in the future. In the meantime, we think it would be reasonable to allow six months for CMS to calculate APM incentive payments and cut checks for the same. Thus, we would urge CMS to commit that APM incentive payments would be made not later than September 30 of the payment year.

(3) Treatment of Payment Adjustments in Calculating the Amount of APM Incentive Payment  
CMS proposes to exclude the MIPS, VM, MU and PQRS payment adjustments when calculating the estimated aggregate payment amount for covered professional services upon which to base the APM Incentive Payment amount. CMS does not believe the intent of the APM Incentive Payment is to further magnify existing and future payment adjustments because of overlapping time periods.

*AAFP Response*

We support this proposal for the reasons outlined in the proposed rule.

(4) Treatment of Payments for Services Paid on a Basis Other Than Fee-For-Service  
CMS places payments for services paid on a basis other than FFS into three categories: financial risk payments, supplemental service payments, and cash flow mechanisms. CMS proposes to exclude financial risk payments such as shared savings payments or net reconciliation payments, when calculating the estimated aggregate payment amount.

CMS defines supplemental service payments are Medicare Part B payments for longitudinal management of a beneficiary's health, or for services that are within the scope of medical and other health services under Medicare Part B that are not separately reimbursed through the physician fee schedule. Often these are per-beneficiary per-month (PBPM) payments. CMS proposes to determine on a case-by-case basis whether certain supplemental service payments are in lieu of covered services that are paid under the PFS. In cases where payments are for covered services that are in lieu of services reimbursed under the PFS, those payments would be considered covered professional services and would be included in the APM Incentive Payment amounts. CMS proposes to include a supplemental service payment in calculation of the APM Incentive Payment amount if it meets all of the following four criteria:

- Payment is for services that constitute physician services authorized under section 1832(a) of the Act and defined under section 1861(s) of the Act.
- Payment is made for only Part B services under the first criterion above, that is, payment is not for a mix of Part A and Part B services.
- Payment is directly attributable to services furnished to an individual beneficiary.
- Payment is directly attributable to an eligible clinician.

CMS further proposes to establish a process by which it notifies the public of the supplemental service payments in all APMs and identifies the supplemental service payments that meet its proposed criteria and would be included in the APM Incentive Payment calculations. Similar to its proposal to announce Advanced APM determinations, CMS proposes to post an initial list of supplemental service payments that would be included in its APM Incentive Payment calculations on the CMS website. As new APMs are announced, CMS would include its determination of whether an APM related supplemental service payment would be included in