

its APM Incentive Payment calculations, if applicable, in conjunction with the first public notice of the APM. CMS proposes to update the list of supplemental service payments that would be included in its APM Incentive Payment calculations on an ad hoc basis, but no less frequently than on an annual basis.

The care management fee (CMF) paid under CPC+ is an example of a non-FFS payment that would be included in the APM incentive payment calculation. However, the CMF payments for attributed beneficiaries are aggregate payments made to each CPC Practice Site. CMS recognizes that throughout the course of a QP Performance Period more than one NPI may furnish covered professional services to an attributed beneficiary. If that occurs, more than one NPI could potentially receive the corresponding CMF for that eligible beneficiary. CMS does not believe it would be appropriate to count the same CMF for more than one NPI. Therefore, assuming that the CPC+ Model is deemed an Advanced APM and the APM Entity group achieves the QP threshold for a QP Performance Period, CMS could split the CMF amounts equally between the multiple NPIs, or it could develop a method to “assign” the NPI for which the CMFs would be counted in their APM Incentive Payment calculation based on the plurality of visits with that beneficiary. CMS seeks comment on the methods that CMS could use to allocate the supplemental service payments to individual NPIs in these types of scenarios in which payment for a supplemental service payment is made in the aggregate to an APM Entity.

Finally, CMS notes that cash flow mechanisms involve changes in the method of payments for services furnished by providers and suppliers participating in an APM Entity. An example of a cash flow mechanism is the population-based payment (PBP) available in the Pioneer ACO Model and the Next Generation ACO Model. CMS proposes to calculate the estimated aggregate payment amount using the payment amounts that would have occurred for Part B covered professional services if the cash flow mechanism had not been in place. For example, for QPs in an ACO receiving PBP with a 50 percent reduction in fee-for-service payments, CMS would use the amount that would have been paid for Part B covered professional services in the absence of the 50 percent reduction.

AAFP Response

We support CMS’s proposal to exclude financial risk payments, such as shared savings or net reconciliation payments, when calculating the estimated aggregate payment amount.

We also support CMS’s proposal to include supplemental service payments in the calculation on a case-by-case basis when the four criteria proposed by CMS are met as well as its proposals related to:

- Establishing 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.
- Posting an initial list of supplemental service payments that would be included in its APM Incentive Payment calculations on the CMS website.
- Include its determination of whether an APM related supplemental service payment would be included in its APM Incentive Payment calculations, if applicable, in conjunction with the first public notice of the APM, as new APMs are announced.
- Updating the list of supplemental service payments that would be included in its APM Incentive Payment calculations on an ad hoc basis, but no less frequently than on an annual basis.