



August 12, 2016

Andrew M. Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS Patient Relationship Categories and Codes

Dear Acting Administrator Slavitt:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I write in response to the patient relationship categories and codes [document](#) posted on the Centers for Medicare & Medicaid Services (CMS) website on April 15, 2016.

The AAFP continues to support implementation of the *Medicare Access and CHIP Reauthorization Act* (MACRA), which includes section 101(f) that requires the establishment and use of patient relationship categories and codes. Claims submitted for items and services furnished by a physician or applicable practitioner on or after January 1, 2018, shall, as determined appropriate by CMS, include a patient relationship code.

We appreciate that CMS is proactively working with stakeholders to develop patient relationship categories and codes. We strongly urge CMS to provide additional information on how these patient relationship categories and codes will be used to attribute cost and patient outcomes to physicians and also how this information will be used related to episode groups. It will be essential for CMS to pilot test thoroughly these patient relationship categories before their use impacts payments. The AAFP calls on CMS to minimize the reporting burden for physicians and for the agency, through pilot testing, to address logistical issues and possible unintended consequences, especially for small practices.

The AAFP has grave concerns that the direction CMS is going with the categories it describes is inconsistent with these principles and will simply lead to more "administrivia" for physicians, will not achieve the intended aim of facilitating resource use allocation among physicians and will not lead to better outcomes of care. The AAFP understands that MACRA mandates the development and implementation of patient relationship categories and codes. However, we

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