AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

WASHINGTON UPDATE

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On the Horizon …
* Both Chambers of Congress are in recess and will reconvene the week of November 14.
* CMS will release the 2017 final Medicare Physician Fee schedule before November 1.

THE EXECUTIVE BRANCH

1. MACRA Final Rule Published

On October 14, 2016, the Centers for Medicare & Medicaid Services (CMS) released a final rule that implements the Medicare Quality Payment Program (QPP) called for in the bipartisan *Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).* The MACRA final regulation includes several policies that are the direct result of AAFP advocacy. In particular, the "Pick Your Pace" policy includes the option of a 90-day reporting period in 2017. In comparison, the proposed rule called for a full calendar year reporting period. Additionally, if a practice participates in the MIPS program (no matter how long), there will be no penalty in 2019. Another success AAFP advocated for is the granting of all physicians participating in the Medicare program to receive a 0.5% update in payments for services provided in 2017.

The QPP has two tracks from which you can choose:
- The Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)
    - If you decide to participate in an Advanced APM through Medicare Part B, you may earn an incentive payment for participating in an innovative payment model.

The AAFP created an executive summary of this final rule and will post additional resources on the AAFP's MACRA Ready website.

2. AAFP Representatives Tour Centers for Disease Control and Prevention

As part of the Coalition for Health Funding, the AAFP participated in an informational tour of the Centers for Disease Control and Prevention (CDC) in Atlanta October 19-20. The visit highlighted a broad range of CDC activities of importance to family medicine including the National Center for Emerging and Zoonotic Infectious Diseases, the National Center for Immunization and Respiratory Diseases, the National Center for Birth Defects and Developmental Disabilities, the Center on Global Health and the Global Communications Center, the National Center for HIV, Hepatitis, STD and TB Prevention, the Center for Surveillance, Epidemiology and Laboratory Services, the National Center for Environmental Health; Agency for Toxic Substances and Disease Registry, the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Injury Prevention and Control.

3. Comments Sent to Physician Payment Model Advisory Committee
On October 12, the AAFP sent a letter to the Physician-Focused Payment Model Technical Advisory Committee (PTAC) responding to the "Characteristics of Payment Models Likely to be Recommended by the PTAC" and the "Request for Proposals" documents posted by the PTAC. The AAFP letter appreciated that the PTAC is dedicated to establishing a transparent set of processes and operations that encourages physicians to submit Physician Focused Payment Models (PFPM) and allows for incorporation of feedback from stakeholders. The letter discussed how the AAFP continues to believe that the PTAC will play a vital role in the development of PFPMs and the PTAC will have a strong influence on the identification of Advanced Alternative Payment Models (APMs), including models that are primary care focused. The letter offered detailed recommendations to the PTAC on APMs for primary care.

4. Support for Primary Care Physicians' Ability to Treat Diabetic Drivers
On October 19, the AAFP wrote the Federal Motor Carrier Safety Administration (FMCSA) a letter in response to the request for comments on a report titled, "Insulin Treated Diabetes Mellitus and Commercial Motor Vehicle Drivers." The FMCSA requested feedback on a report that recommends allowing drivers with stable, well-controlled insulin-treated diabetes mellitus to be qualified to operate commercial motor vehicles in interstate commerce by treating clinicians that are a doctor of medicine, a doctor of osteopathy, a nurse practitioner, or a physician's assistant who prescribed insulin to the driver and is knowledgeable regarding the treatment of diabetes. Current FMCSA policy requires such drivers to be examined by a physician who is a board-certified or board-eligible endocrinologist. Since the AAFP called for this change in previous letters, the AAFP applauded the FMCS and fully support the recommendation to allow primary care physicians to complete forms needed by commercial motor vehicle drivers with well-controlled insulin-treated diabetes mellitus. The AAFP letter expressed concern that the FMCSA proposes to allow a nurse practitioner or a physician's assistant to perform these services without a physician's involvement. The letter urged the FMCSA to finalize policy that allows a doctor of medicine or osteopathy to perform these services for commercial drivers with diabetes.

4. Family Physicians Nominated to Childhood Vaccines Commission Nominations
On October 19, the AAFP nominated Jennifer Hamilton, MD, PhD, FAAFP and Robin O'Meara MD to the HRSA's Advisory Commission on Childhood Vaccines. This committee advises HRSA on issues related to the implementation of the National Vaccine Injury Compensation Program.

5. Comments Sent to Social Security Administration on Medical Evidence
On October 19, the AAFP sent the Social Security Administration a letter responding to the proposed rule titled, "Revisions to Rules Regarding the Evaluation of Medical Evidence." This letter proposes several revisions to the SSA list of medical sources who can be can be a medical consultant (MC) and psychological consultant (PC). The AAFP appreciated that SSA is proposing to seek a psychiatrist or psychologist to complete an individual's residual functional capacity (RFC) assessment for mental impairments. However, the letter expressed concern that the proposed rule's frequently used phrase, "every reasonable effort," is too broad and the AAFP encouraged SSA to provide more specifics in the final rule.

6. Regulatory Brief
- CMS will host the following MACRA implementation calls; registration is required:
    - Medicare Access and CHIP Reauthorization Act of 2015 Final Rule, October 26
    - APMs in The Quality Payment Program for Shared Savings Program, October 27
    - Medicaid in The Quality Payment Program, November 1
    - Advanced Alternative Payment Models in Quality Payment Program, November 2
    - APMs in The Quality Payment Program, November 8
    - Quality Payment Program Final Rule, November 15

- CMS recently posted a revised FAQ regarding the Open Payment (aka Sunshine) program pertaining to continuing medical education.
- On October 3, CMS announced the participants in the Part D Enhanced Medication Therapy Management (MTM) model. This model offers an opportunity and financial incentives for basic stand-alone Part D Prescription Drug Plans (PDPs) in selected regions to offer innovative MTM programs.
- On October 3, the CMS Innovation Center announced refinements to the design of the second year of the Medicare Advantage Value-Based Insurance Design (MA-VBID) model. The MA-VBID model is an opportunity for Medicare Advantage plans (MA plans), including Medicare Advantage plans offering Part D benefits (MA-PD plans), to offer clinically nuanced benefit packages aimed at improving quality of care while also reducing costs.
- On October 3, CMS awarded $300,000 to the Greater Flint Health Coalition (GFHC) in an effort to get more eligible children in Flint, Michigan enrolled in Medicaid and CHIP and to help connect children to services. This award is in response to the public health emergency resulting from lead exposure related to the Flint water system.
- CMS recently launched a webpage to help physicians and billing staff prepare for the Medicare Beneficiary Identifier, which will replace the Health Insurance Claim Number on transactions such as billing, eligibility status and claim status by April 2019. The agency expects a transition period to begin no earlier than April 1, 2018 and run through December 31, 2019.
- On October 4, HHS released data showing that 2.5 million Americans who currently purchase off-Marketplace individual market coverage may qualify for tax credits if they shop for 2017 coverage through the Marketplace.
- On October 12, HHS posted a blog regarding efforts to advance the Global Health Security Agenda and ensure that it is sustained.
- On October 12, CMS posted information about annual Medicare Open Enrollment, which begins October 15 and ends December 7.
- On October 13, CMS announced a new initiative to increase clinician engagement for certain Advanced Alternative Payment Models.
- On October 17, CMS released the Comprehensive Primary Care (CPC) initiative's second round of shared savings results, with nearly all practices (95 percent) meeting quality of care requirements and four out of seven regions sharing in savings with CMS.
- On October 17, CMS announced the availability of the 2015 Supplemental Quality and Resource Use Reports (QRURs). Supplemental QRURs are for informational purposes only and complement the per capita cost and quality information provided in the 2015 Annual QRURs.
- On October 18, HHS announced more than $294 million in awards to primary care clinicians and students through the National Health Service Corps and NURSE Corps Scholarship and Loan Repayment Programs. This funding helps to increase access to primary health care services in the communities that need it most.
- On October 19, CMS Acting Administrator Andy Slavitt provided remarks at the CMS Rural Health Summit.
- On October 20, CMS announced awards for two-year Special Innovation Projects to 12 regional Quality Innovation Network-Quality Improvement Organizations.
- CMS will host the following free educational calls; registration is required:
    - Long-Term Care Facilities: Reform of Requirements Call, October 27, 1:30pm ET
    - How to Report Across 2016 Medicare Quality Programs, November 1, 1:30pm ET
    - Clinical Diagnostic Laboratory Test Payment System: Data Reporting Call, November 2, 2:30pm ET

U.S. CONGRESS

1. AAFP Continues to Press Congress for Primary Care Research and Training Funds

Although the Congress is in recess, the AAFP continues to advocate for our federal spending priorities as they prepare to finalize the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee spending bill for fiscal year 2017 (FY 2017). On October 12, the AAFP was one of 168 organizations signing the Friends of AHRQ letter to the House and Senate Appropriations Committees urging them to maintain at least $334 million in budget authority for the Agency for Healthcare Research and Quality (AHRQ) in the final FY 2017 bill. The AAFP also joined 55 groups on a letter dated October 14 to House and Senate appropriators urging them to provide at least the current funding levels for Health Resources and Services Administration (HRSA)'s Title VII health professions and Title VIII nursing workforce development programs, including the Health Careers Opportunity Program (HCOP). The AAFP was one of 75 groups signing the October 18 letters urging House and Senate appropriators urging them to restore the cuts proposed in bills and provide $7.48 billion for discretionary Health Resources and Services Administration programs in FY 2017.

2. AAFP Supports the Extension of CHIP Funding

On October 14, the AAFP and other organizations committed to children's health sent a letter to Congressional leaders asking that they begin working to extend funding for the Children's Health Insurance Program (CHIP) in advance of the funding deadline set to expire September 30, 2017.

CENTERING ON THE STATES

1. AAFP Comments on Health Insurance Exchanges

On October 6, the AAFP sent a letter to the Centers for Medicare and Medicaid Services (CMS) in response to the *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2018* proposed rule which introduced changes to make risk adjustment more effective at pooling risk, allowing issuers to focus on meeting the needs of consumers. The rule contained other provisions to improve the Marketplace consumer experience and strengthen the individual and small group markets as a whole. The AAFP stated it believed the proposed rule could provide the Exchanges with needed flexibility and encouraged continued participation by Qualified Health Plans. Ultimately, the AAFP stressed the need for more choices available for patients, who too often raise concerns to their family physician about plans, premiums, benefits, and seeing the doctor they want to (provider networks).

2. Telemedicine and Tobacco Resources Available

The AAFP Center for State Policy has released two new resources on Telemedicine and Trends in Tobacco Legislation. These resources aim at helping chapters as they continue to advocate on behalf of family medicine.

3. Center for State Policy Offers State Legislative Tracking Service

The Center for State Policy has contracted with a new legislative monitoring firm for updates on state legislation. If your chapter is interested in receiving email reports on introduced legislation in your state, please contact Shelby King. This resource will also be integrated into our website in the coming weeks allowing members to view what legislation is trending across the country.

4. Arizona Transitions from Traditional Medicaid Expansion to a Section 1115 Waiver

The CMS approved Arizona's Medicaid waiver on September 30. This will allow the state to include a monthly premium and use-based co-payments on some services for those with incomes greater than the poverty level. The plan also charges co-pays for Medicaid recipients who received opioid painkillers and brand-name drugs when generic options are available, go to the emergency room for routine care, or see a specialist without the proper doctor referral. However, the agency also denied Arizona's request to require beneficiaries to search for jobs while on the program; it also rejected locking people out of coverage for six months if they failed to pay premiums.

TAKE ACTION

1. Register and Vote! For state- or territory-specific voter registration information, visit Vote.USA.gov. The National Conference of State Legislatures website also includes online voter registration information.

2. Promote Community-Based Family Medicine Residencies!
AAFP members can use this tool to inform their legislators in the U.S. Congress about the value of the Teaching Health Center Graduate Medical Education (THCGME) Program and urge them to make this important program sustainable. The innovative THCGME Program is a proven success. With over 500 primary care physicians and dentists trained at 60 different sites, THCGME is instrumental in addressing the shortage in primary care. Furthermore, with THC residents 3 to 4 times more likely to stay in underserved communities, this program is helping to place physicians in the areas that need help the most. While this program is recognized as a success, its funding expires September 30, 2017.