

# AAFP Urges CMS to Simplify MACRA-Implementation Regulations

AAFP

Despite support of the Medicare Access and CHIP Reauthorization Act, which revamps Medicare physician payment, the AAFP urged the Centers for Medicare & Medicaid Services to make multiple changes to strengthen and improve proposed regulations implementing the law.

The AAFP continues to support the core reforms set forth in MACRA. Robert Wergin, MD, chair of the AAFP Board of Directors, outlined multiple suggestions for reducing the complexity, cutting the administrative requirements, establishing appropriate quality measures and expanding on progress of increasing patient access to patient-centered medical homes. Among them:

**Delay the initial measurement period for determining subsequent payment.** Under no circumstances should the initial performance period start earlier than July 1, 2017. Physicians need more than two months from the final rule's anticipated November release to prepare for participation.

**Require all physician specialties to meet the same program expectations.** The AAFP strongly calls for specialists and sub-specialists to be required to meet the same MIPS program expectations. Parity in reporting across all physician groups is critically important.

**Use the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative.** All measures used in MIPS and APMs must be clinically relevant, harmonized and aligned among all public and private payers, and minimally burdensome to report. The AAFP recommends that CMS use the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative to ensure alignment, harmonization and the avoidance of competing quality measures among payers.

**Simplify the Advancing Care Information.** The AAFP believes the current proposal for the ACI has missed the mark in a major way and demands reconsideration. Although ACI improves on the requirements of the meaningful use program, the burden of compliance still outweighs the benefit that patients will experience. CMS should significantly improve and reduce administrative complexity and burden while complying with current law.

**Use established guidelines and principles to determine if a patient-centered medical home qualifies as an advanced alternative payment model.**

The AAFP urged CMS to:

- Recognize programs that use the [Joint Principles of the Patient-Centered Medical Home](#) and the five key functions of the [Comprehensive Primary Care \(CPC\) Initiative](#) to accredit PCMHs.

- Use the [Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs](#) to deem patient-centered medical homes as qualified APMs if they are certified as PCMHs by states, payers or regional PCMH recognition programs.
- Do not require physicians to pay a third-party accrediting body to receive recognition as a PCMH.

**MACRA Resources for you:**

1. AAFP response (107 pages) to CMS: [click here](#)
2. Executive summary of the AAFP's response (7 pages) : [click here](#)
3. *AAFP News* article, which you may reprint in your member publications with the following attribution: "*AAFP News*, (June 24, 2016). (c) American Academy of Family Physicians" – [click here](#)