



# AAFP News: AAFP Edition

*Policy and Health Issues in the News*

## **CMS Clarifies Use of CCM Code in Medicare Advantage Plans**

The Centers for Medicare and Medicaid Services (CMS) recently clarified whether physicians may use the chronic care management (CCM) *Current Procedural Terminology* (CPT) code when billing for chronic care services provided to patients enrolled in Medicare Advantage plans. On January 1, 2015, traditional Medicare Part B began paying physicians for CCM services. But weeks later, CMS officials could not verify that Medicare Advantage plans were required to recognize the code. CMS recently confirmed that CCM is covered by Medicare Part B and is included in the basic benefit offered by every Medicare Advantage plan. However, CMS noted that Medicare Advantage organizations have wide latitude in terms of furnishing care coordination services to beneficiaries. “Medicare Advantage regulations ... expressly preclude CMS from interfering in payment rates agreed to by an MA plan and its contracted providers,” said Kathryn Coleman, director of the Medicare Drug and Health Plan Contract Administration Group. Whether such a plan pays physicians for furnishing care coordination via the CCM CPT code or some other mechanism can vary depending on the contract agreement, she said. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150414ccmguidance.html>.

## **Practices Make Progress on Alternative Payment Models, but Struggles Remain**

Physician practices are adopting new organizational models and team approaches to care management as they navigate innovative payment options, but the road to alternative payment models is not without bumps along the way. These challenges and early successes were highlighted in a new report from the RAND Corp. that takes an in-depth look at the impact alternative payment programs are having on physician practices across the United States. Alternative payment models are changing the structure of physician practices, with multiple physician practice leaders and health care stakeholders reporting changes in the organizational structure of their own practice or others in their market. Most often, these changes have meant affiliating or merging with other physician practices, aligning with a hospital, or being bought by a hospital. Another trend is the development of team approaches to care management. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150424randpaymentrpt.html>.

## **Register Now for Midwest’s First Direct Primary Care Summit**

Heads up to family physicians eager to learn more about the direct primary care (DPC) practice model: The 2015 Direct Primary Care Summit is coming to Kansas City, Mo., July 10 to 12, 2015. The DPC model, in which physicians charge patients a flat monthly or annual fee in exchange for a broad range of health care services, continues to gain support from family physicians around the country. The agenda features general sessions led by physicians immersed in DPC and by legal experts trained to guide physicians around regulatory and legal potholes. Physicians will come away with foundational knowledge about the DPC model, and will hear from colleagues who have started a new DPC practice or transitioned from a traditional practice to this patient-centered model. Those who register before June 12 will receive a \$100 discount; registration increases to \$350 after that date. For more information, go to <http://www.aafp.org/news/education-professional-development/20150414dpcsummit.html>.

## **Health Coaches Help Family Physicians Improve Chronic Disease Management**

Caring for patients with chronic conditions such as diabetes mellitus, hypertension, and hyperlipidemia can be time-intensive. New research conducted by the Department of Family and Community Medicine at the University of California, San Francisco, could offer a partial solution. In the article “Health Coaching by Medical Assistants to Improve Control of Diabetes, Hypertension, and Hyperlipidemia in Low-Income Patients: a Randomized Controlled Trial,” the authors explore whether health coaching performed by medical assistants in two safety-net primary care clinics in San Francisco improved patients’ control of cardiovascular and metabolic risk factors. Researchers trained three medical assistants as health coaches to work with patients who had diabetes, hypertension, and hyperlipidemia. Patients who had access to the health coaches fared significantly better in achieving clinical goals than did patients who received usual care from one of two safety-net clinics involved in the study. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20150406healthcoach.html>.

— AFP AND AAFP NEWS STAFF

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