



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **CMS to Replace Social Security Numbers on Medicare Identification Cards**

The Centers for Medicare and Medicaid Services (CMS) recently announced that the agency is on schedule to meet a congressional deadline for removing Social Security numbers from all Medicare beneficiary identification cards by April 2019. New cards, which CMS will begin mailing to beneficiaries in April 2018, will have a series of randomly assigned numbers and letters known as the Medicare Beneficiary Identifier (MBI). The CMS update signaled welcome progress in the eyes of the American Academy of Family Physicians (AAFP), which has been tracking work on the initiative with an eye toward possible disruption to family physician practices due to back-office billing headaches. The AAFP had asked CMS to, among other things, review current provider portals before making beneficiaries solely responsible for sharing newly issued MBIs with their physicians and other health care professionals. The AAFP also expressed concerns about implementation of the new system; in response, CMS announced that health care professionals and beneficiaries will have access to secure online tools that will enable them to quickly look up MBIs. For more information, go to <http://www.aafp.org/news/government-medicine/20170601beneficiaryid.html>.

## **USDA Offers Grant Opportunities for Distance Learning, Telemedicine**

The U.S. Department of Agriculture (USDA) recently announced that it is accepting applications for rural telemedicine or distance learning grants. The competitive grants of \$50,000 to \$500,000, to be awarded in fiscal year 2017, are made available through the Rural Utilities Service Distance Learning and Telemedicine Grant Program, which provides funds to improve telemedicine and distance learning services in rural areas. Eligible applicants (specifically, incorporated organizations or partnerships; other legal entities, including private for-profit or nonprofit corporations; state and local governments; federally recognized Indian tribes or tribal organizations; and consortia comprising these eligible entities) have until July 17, 2017, to submit applications. Grant applicants must demonstrate matching contributions of at least 15% of the total amount requested, and end-user sites must be located in communities with populations of no more than 20,000 persons. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170525ruraltelemedgrants.html>.

## **Racial Segregation Linked to Higher SBP**

An observational study found that increases in neighborhood-level racial residential segregation were associated with small increases in systolic blood pressure (SBP). The authors of the study, which was published online May 15, 2017, in *JAMA Internal Medicine*, examined longitudinal data from a geographically diverse group of 2,280 black adults who were tracked during 25 years of follow-up after participation in the Coronary Artery Risk Development in Young Adults study from 1985-1986. Among those living in high-segregation neighborhoods in 1985-1986, later reductions in exposure to neighborhood segregation were associated with decreases in SBP of more than 1 mm Hg. However, changes in segregation levels were not associated with changes in diastolic blood pressure. The study authors concluded by emphasizing the need to develop strategies at the policy level that improve access to resources in these areas and provide opportunities for persons to move into communities with more resources. For more information, go to <http://www.aafp.org/news/health-of-the-public/20170530segregationbp.html>.

## **CMS Accepting Applications for CPC+ Initiative**

CMS recently announced four new regions of the country where primary care practices will have an opportunity to participate in the second round of the agency's Comprehensive Primary Care Plus (CPC+) initiative. The new regions, which were chosen based on payment alignment and market densities sufficient to ensure payer support for necessary practice changes, are Louisiana, Nebraska, North Dakota, and New York's greater Buffalo region (Erie and Niagara counties). CMS intends to select as many as 1,000 practices across the four regions. Physicians interested in this opportunity should act quickly; the application deadline is July 13, 2017. Eligible practices must have at least 125 attributed Medicare Part B fee-for-service beneficiaries (excluding patients with Medicare Advantage plans), use certified electronic health record technology, and utilize care delivery activities that include 24-hour-a-day access for patients and support for quality-improvement activities. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20170523cpcplus.html>.

— AFP AND AAFP NEWS STAFF

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