



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

March 5, 2015

Sean Cavanaugh, Deputy Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

RE: Advance Notice of Methodological Changes for Calendar Year 2016 for Medicare Advantage
Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter

Dear Deputy Administrator Cavanaugh:

On behalf of the American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, I write in response to the document titled, "Advance Notice of Methodological Changes for Calendar Year 2016 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter" as released by the agency on February 20, 2015.

Chronic Care Management and Medicare Advantage

Effective Jan. 1, 2015, Medicare began paying for chronic care management (CCM) which the AAFP supports. The AAFP appreciates that CMS identifies the importance of the chronic care management code since it recognizes the value of the often complicated clinical oversight that requires significant clinical time outside the exam room. The AAFP thanks CMS for conducting an educational session on February 18, 2015 regarding the chronic care management code. During the call, a question was asked whether Medicare Advantage plans were required to recognize the CCM code. It surprised the AAFP that CMS did not answer in the affirmative and instead suggested the question be vetted further by CMS Medicare Advantage staff.

It is our understanding that Medicare Advantage (Part C) is required by statute to cover the full traditional Medicare (Part B) benefit package and then other items as they determine appropriate. The AAFP urges CMS to specify that all Medicare Advantage plans recognize and provide reimbursement for the CCM. Elderly and disabled patients that receive coverage through Medicare Advantage plans should have equal access to benefits available to beneficiaries' receiving health insurance coverage through traditional Medicare. We look forward to receiving a response to this letter so that we can properly promote and educate our members about the CCM code so that all Medicare beneficiaries can benefit from this service.

Network Adequacy

The AAFP thanks CMS for its dedication to improving the information available to Medicare Advantage (MA) beneficiaries regarding plan networks. Accurate and up-to-date provider directories strike at the heart of the accessibility issue. Without these directories, beneficiaries face unfair, costly, and protracted obstacles to receive the care, treatment, and follow-up they need. In the case of family medicine and

www.aafp.org

President

Robert L. Wergin, MD
Millford, NE

President-elect

Wanda Filer, MD
York, PA

Board Chair

Reid B. Blackwelder, MD
Kingsport, TN

Directors

Carlos Gonzales, MD, *Patagonia, AZ*
Carl Olden, MD, *Yakima, WA*
Lloyd Van Winkle, MD, *Castroville, TX*
Yushu "Jack" Chou, MD, *Baldwin Park, CA*
Robert A. Lee, MD, *Johnston, IA*
Michael Munger, MD, *Overland Park, KS*

Mott Blair, IV, MD, *Wallace, NC*

John Cullen, MD, *Valdez, AK*

Lynne Lillie, MD, *Woodbury, MN*

Emily Briggs, MD, MPH, (New Physician Member), *New Braunfels, TX*

Andrew Lutzkanin, MD, (Resident Member), *Ephrata, PA*

Kristina Zimmerman (Student Member), *Dalton, PA*

Speaker

John S. Meigs Jr., MD
Brent, AL

Vice Speaker

Javette C. Orgain, MD
Chicago, IL

Executive Vice President

Douglas E. Henley, MD
Leawood, KS

primary care, accurate and up-to-date physician directories ensure health care's main entry point stays open and easily accessible to seniors.

When implementing regulatory requirements to verify networks are adequate and provider directories are current, the AAFP believes physicians have a part to contribute, but would urge CMS to place the bulk of the onus on Medicare Advantage Organizations (MAOs). When MAOs generate their provider directories, they should set the information technology infrastructure in a way that does not create an additional, overly burdensome reporting requirement for providers. For example, the regular communications with physicians to ascertain whether they are accepting new patients, in addition to updating their practice contact and availability information, should be communicated electronically and by mobile phone texting in addition to regular mail. Furthermore, those electronic communications should have an embedded hyperlink to a webpage for the MAO's provider directory. Any changes or updates the physician makes on that webpage, regarding their information and availability, should update the MAO's online provider directory instantaneously.

Since there are so many MAOs, the AAFP urges CMS to require that provider information for directories be standardized and that each MAO should only collect:

- Provider name
- Practice street address, city, state, zip code, phone number, website
- Practice office hours and other information that could affect availability
- Whether the provider is taking new patients
- The anticipated time period of accepting or not accepting new patients

The webpage for physicians to change or update their information should be pre-populated with which insurance products and networks the physician is currently participating in, thereby reminding the physician of his or her plan participation. The webpage's user interface should be easy for physicians to understand and navigate and follow best practices established within the e-commerce domain:

1. Within the form, the field names should be short and precise to tell physicians what information to fill in for the related input fields.
2. Appropriately name the different sequential steps to help physicians understand the purpose of providing the inputs (i.e., accepting new patients or not, anticipated time period of accepting or not accepting new patients, practice contact information, full-time equivalents, and other information affecting availability).
3. Give the number of steps to complete the updating process and which step the physician is on during the updating process.
4. Give a confirmation message to the physician in that step screen to help them realize they are on the right track to complete the updating process.
5. Offer physicians help exactly where and when it's needed during the updating process.

Most likely, physicians will be changing whether they are accepting new patients throughout the year. Therefore, the MAO's website for physicians should have a check-box feature that is easily accessible for them to check when they are taking new patients or un-check when they are not taking new patients or are unavailable. In addition that crucial piece of information must be updated onto the MAO's online provider

Deputy Administrator Cavanaugh

Page 3 of 3

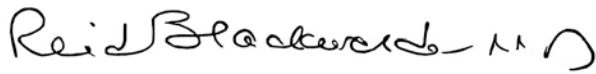
March 5, 2015

directory instantly. Lastly, AAFP believes quarterly communications to be a reasonable time period for communications between MAOs and physicians.

If CMS moves forward with creating a nationwide provider database, the AAFP would like to reiterate its position that physicians have a key part, but MAO's should provide the bulk of the information. The network information should be aggregated directly from the MAO's accurate and up-to-date provider directories. Physicians should not be expected to go to another website to update the nationwide provider database.

We appreciate the opportunity to comment on the 2016 call letter. For any questions you might have please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Reid B. Blackwelder, MD". The signature is written in a cursive style with a large, stylized initial "R".

Reid B. Blackwelder, MD, FAAFP
Board Chair