CAFP
A Publication of the Connecticut Academy of Family Physicians

# CONNECTICUT FAMILY PHYSICIAN

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## Some Words and Some Updates

***By Ross Winakor, M.D., FAAFP, CAFP President***

While I sit here waiting to depart from Kansas City and the just concluded national ALF/NCSC meeting, I admit I am feeling a conflict of inspiration in the face of continued ambiguity and change. I am not sure anyone doubts the value and quality that family physicians can deliver. It is the evolutions and bedlam of getting to the point of appropriately reimbursing for that value and quality that seems to be muddy at times.

While you may or may not agree with some of the state or national laws of the land, we need to adapt to current legislation and continue to advocate on behalf of all members. Your many practice styles are diverse and our Board's diversity matches that. I am in private practice and intimately know the various challenges that many in similar situations face. I utilize my colleagues in academia or various employed organizations to help better understand and support the challenges faced in those environments. Advocating and agreeing with all of you all the time is not easy or often unable to be done. The intent is there as we continue to try to reach general consensus and be the voices of all of you in various meeting places and conversations. Antagonism doesn't help any of these causes. For those who know me well know that I can be fiercely stubborn, outspoken and loyal to whatever the cause might be, but working together with a collective voice is the way to provoke evolution and hopeful positive change.

Scope of practice issues continue to be important in many arenas within CT as well as many neighboring and far away states. Whether it is independent practice privileges of our APRN colleagues, expanding vaccine administration or chronic disease management by our pharmacists or allowing prescribing powers by other para-professionals, you need to be aware that we continue to be vocal and passionate in debating these topics and maintain the strengths of all of you in your own communities. The team

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"I am in private practice and intimately know the various challenges that many in similar situations face."

"Scope of practice issues continue to be important in many arenas within CT as well as many neighboring and far away states."

## 2013 General Assembly - Session Summary

This was an extremely active session for the General Assembly. Medical society representatives and physician leaders testified on over 40 bills in hearings held by the Public Health, General Law, Insurance & Real Estate, Human Services, Commerce, and Labor & Public Employment Committees.

Two specific bills, HB 6687 (Certificate of Merit) and SB 1154 (Accidental Failure of Suit), threatened the state's already difficult liability climate. Several specialty and county medical associations, hospital medical staffs, medical groups, liability insurers, allied health professions, medical management groups, individual physicians and others came together to oppose these bills.

Participants in this coalition kept up a steady stream of calls and letters to state legislators, and also made it possible to run a campaign of radio, print and internet message ads. Neither bill was brought for a vote in the House or the Senate.

Many associations including the Academy helped to achieve positive outcomes on a number of important bills to protect and maintain patient safety. These included prohibiting the use of tanning beds by minors, clarification of the term "medical spa" and a requirement that such facilities have a licensed physician as medical director, and revised guidelines for physicians who prescribe controlled sub-

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## Some Words and Some Updates

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approach with the family physician leader continues to be an important principle of our discussions. And once again, with thanks to passionate testimony by one of your Board members, the state APRN leaders were unable to push through independent practice legislation this year.

As a reminder, your CT Academy is the co-owner (along with the Ohio Academy of Family Physicians) of The Core Content Review of Family Medicine. It continues to be a top-notch CME program and is used by an ever-growing number of residents in their training as well as practicing clinicians in all 50 states for their CME and MOC/Board review refreshers. It is available in print and electronic formats to fit your individual learning style. Whether part of resident or faculty scholarly activities or just another way to stay involved and educate the masse about a topic of interest, consider becoming an author. Availabilities are always open to new submissions and individuals.

"As a reminder, your CT Academy is the co-owner (along with the Ohio Academy of Family Physicians) of The Core Content Review of Family Medicine."

The "match" for family medicine on a national level improved this year and looks to be on the up-slope in the coming years. All of the CT residency programs matched with exciting and eager new medical graduates. Quinnipiac will be opening its doors to their first medical school class this summer. With a mission of cultivating primary care medicine this also is an exciting positive for the workforce pipeline. Education, affiliation and interaction with our residents and student members as well as our state FMIG groups continue to be forefront on the radar as we cultivate that future workforce.

For those of you who perform CDL/DOT examinations, you are hopefully aware that as of May 2014 you will need to have a separate certification in this role. While the reasoning behind this new level of certification seems noble, we understand and agree that this may simply add another level of frustration and another hoop for many of you to jump through. We as a State cannot change this federal statute, but we continue to lobby for further understanding in this regard. Although the details are still being ironed out, we as a state Academy are planning to offer a training course in December that will be a requisite for sitting for this planned certification exam. Watch your mail for details. Thank you to those who may have recently completed a survey in this regard as we continue to plan the logistics to maximize the value added service while minimizing the administrative and financial burden for those interested.

"For those of you who perform CDL/DOT examinations, you are hopefully aware that as of May 2014 you will need to have a separate certification in this role."

With well over 400 members and growing, our CT state chapter, albeit small in geographical size, is considered a medium-sized chapter by our national organization. While the demographics of our state are evolving in similar ways to the rest of the country with the majority of members now in employed versus private practice models, my strong belief and one of the tenets of your Board, is to continue to be important to all of you regardless of what your personal styles, models and practice choices are. I agree sometimes it is quite difficult not to get engulfed by the chaos and negativism, but we must continue to push through a united front to maintain family medicine as the truly cherished specialty it is and continue to treasure the patient interactions and stories that drive our daily agenda.

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- **Connecticut Medical Insurance Company**
- **Core Content Review of Family Medicine**

# Frequently Asked Questions About Billing Medicare for TCM Services

Effective January 1, 2013, Medicare pays for two CPT codes (99495 and 99496) that are used to report physician or qualifying nonphysician practitioner care management services for a patient following a discharge from a hospital, SNF, or CMHC stay, outpatient observation, or partial hospitalization. This policy is discussed in the CY 2013 physician Fee Schedule final rule published on November 16, 2012 (77 FR 68978 through 68994). The following are some frequently asked questions that we have received about billing Medicare for transitional care management services.

**What date of service should be used on the claim?**

The 30-day period for the TCM service begins on the day of discharge and continues for

the next 29 days. The reported date of service should be the 30th day.

**What place of service should be used on the claim?**

The place of service reported on the claim should correspond to the place of service of the required face-to-face visit.

**If the codes became effective on Jan. 1 and, in general, cannot be billed until 29 days past discharge, will claims submitted before Jan. 29 with the TCM codes be denied?**

Because the TCM codes describe 30 days of services and because the TCM codes are new codes beginning on January 1, 2013, only 30-day periods beginning on or after January 1, 2013 are payable. Thus, the first payable date of service for TCM services is January 30, 2013.

**The CPT book describes services by the physician's staff as "and/or licensed clinical staff under his or her direction." Does this mean only RNs and LPNs or may medical assistants also provide some parts of the TCM services?**

Medicare encourages practitioners to follow CPT guidance in reporting TCM services. Medicare requires that when a practitioner bills Medicare for services and supplies commonly furnished in physician offices, the practitioner must meet the "incident to" requirements described in Chapter 15 Section 60 of the Benefit Policy Manual 100-02.

**Can the services be provided in an FQHC or RHC?**

While FQHCs and RHCs are not paid separately by Medicare under the PFS, the face-to-face visit component of TCM services could qualify as a billable visit in an FQHC or RHC. Additionally, physicians or other qualified providers who have a separate fee-for-service practice when not working at the RHC or FQHC may bill the CPT TCM codes, subject to the other existing requirements for billing under the MPFS.

**If the patient is readmitted in the 30-day period, can TCM still be reported?**

Yes, TCM services can still be reported as long as the services described by the code are furnished by the practitioner during the 30-day period, including the time following the second discharge. Alternatively, the practitioner can bill for TCM services following the second discharge for a full 30-day period as long as no other provider bills the service for the first discharge. CPT guidance for TCM services states that only one individual may report TCM services and only once per patient within 30 days of discharge. Another TCM may not be reported by the same individual or group for any subsequent discharge(s) within 30 days.

**Can TCM services be reported if the beneficiary dies prior to the 30th day following discharge?**

Because the TCM codes describe 30 days of care, in cases when the beneficiary dies prior to the 30th day, practitioners should not report TCM services but may report any face-to-face visits that occurred under the appropriate evaluation and management (E/M) code.

**Medicare will only pay one physician or qualified practitioner for TCM services per beneficiary per 30 day period following a discharge. If more than one practitioner reports TCM services for a beneficiary, how will Medicare determine which practitioner to pay?**

Medicare will only pay the first eligible claim submitted during the 30 day period that commences with the day of discharge. Other practitioners may continue to report other reasonable and necessary services, including other E/M services, to beneficiaries during those 30 days.

**Can TCM services be reported under the primary care exception? Can the**

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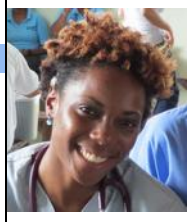
"Medicare encourages practitioners to follow CPT guidance in reporting TCM services."

"CPT guidance for TCM services states that only one individual may report TCM services and only once per patient within 30 days of discharge."

# Continuity of Care Achieved Through Dominican Republic Medical Missions

***By Nyasha George***

*Editor's Note: Nyasha George is a Yale Medical School Student, who participated in this medical mission through a grant from the Connecticut Academy of Family Physicians.*



What a wonderful opportunity I had to serve on the May 2013 HHI medical service trip to the Dominican Republic, and I hope that the following summary of my experience will do the trip sufficient justice, and will encourage others to apply!

First of all, although I am very interested in working in a global capacity, prior experience had left me somewhat jaded about short term medical 'service' trips that appear to be all the rage of late. You know, the ones where well meaning but misguided philanthropes descend upon an impoverished community about which they know/understand very little, and attempt to deliver care with absolutely no plan for patient follow up. As a future family physician, this paradigm of medical care seemed to be contradictory to the principles of my chosen profession.

I was, therefore, very intrigued when I learned about Health Horizons International, an organization of family physicians, community organizers, health care workers, and translators, who are building a primary care network in the Dominican Republic, for communities that have limited healthcare access.

So, what does it mean to build a primary care network remotely? Well first of all, the one week medical service trip (MST) in which I participated was only one arm of the HHI program. Every four months, the MST (a diverse team of family docs, PA/medical students, and support staff) travels to the same four communities where they host clinics. This brings me to the first notable point that distinguishes HHI's program as it allows for two things: 1) continuity of care for patients enrolled in the chronic care programs for hypertensives, diabetics, epileptics, and asthmatics; 2) most importantly, this allows for the establishment of a relationship of trust between HHI and the communities they serve.

For instance, one of the physicians and HHI board members on my trip, Dr. Michael Good, prints out photos of community members that he had taken on his previous trips, and during breaks, he locates the subjects of his photographs to deliver them a picture copy of themselves. In fact, it appears to me that the communities have come to expect these photos, almost as a contract of Dr. Good's commitment to them, his promise to see them again in four-month's time. It was also remarkable that the other two physicians on trip, Dr. Ayaz Madraswalla and Dr. Jim Seeley, recognized many of the MST patients as patients that they had cared for on prior service trips. Some patients even identified "my doctor," a testimony to the continuity of service that the HHI model is able to provide.

In the interim between the medical service trips, local community leaders who are trained as community health workers

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"It was also remarkable that the other two physicians on trip, Dr. Ayaz Madraswalla and Dr. Jim Seeley, recognized many of the MST patients as patients that they had cared for on prior service trips."

Tar Wars®

A tobacco-free education program for kids from the American Academy of Family Physicians

# Connecticut State Winners
# 2013 Poster Contest

## First Place
**David Chmielewski**, East School, Torrington

## Second Place
**Trevor Coscia**, East School, Torrington

## Third Place
**Brianna Grubaugh**, Forbes School, Torrington

## Honorable Mention

**Aaron Bainer**, East School, Torrington
**Kevin Ceberek**, Forbes School, Torrington
**Madeline Bowler**, St. Peter/St. Francis School, Torrington
**Abigail Zordan**, St. Peter/St. Francis School, Torrington
**Nathaniel Dito**, Torringford School, Torrington
**Veronica Egas**, Elm City Elementary School, New Haven
**Jake Miranda**, Holmes Elementary School, New Britain
**Milexis Rios**, Holmes Elementary School, New Britain

## Letter to the Editor

*Mr. Schuman and the CAFP Board,*

*Thank you from the bottom of my heart for awarding me a prize of excellence as a family medicine student. It is really heartwarming to be so recognized and welcomed by a group of physicians whom I hope to soon emulate. I know that I speak for my other two colleagues in saying that your support of us has made all the difference.*

*Thank you,*

*Nyasha George*

## New CAFP Members Welcome:

Ryan Heffelfinger, M.D.
*Windsor, CT*

Robert Osley, M.D.
*Manchester, CT*

Ann Y. Tang, D.O.
*New Haven, CT*

Seema Vasu, D.O.
*Audobon, PA*

## Continuity of Care Achieved in Dominican Republic

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"As a clinician, I was able to look back at clinic notes from prior MSTs and also at notes from the cooperadores de salud, and track the improvements (or lack thereof) in a patient's health status."

(cooperadores de salud) perform monthly home visits to follow up on the continuity care patients. This monthly follow up includes checking relevant vital signs, assessing medication compliance and medication side effects, which are then documented in the patient's chart.

This brings me to another distinguishing feature of the HHI program: medical charts for continuity care patients. As a clinician, I was able to look back at clinic notes from prior MSTs and also at notes from the cooperadores de salud, and track the improvements (or lack thereof) in a patient's health status. For instance, I could see whether my hypertensive patient whose blood pressure that day was 150/80 had been compliant on his meds, and what his blood pressure readings were during the last three months. Having more than one data time point gave me more confidence in deciding how to modify treatment plans. While the medical chart system is new and not yet perfect, it is definitely a step in the right direction in providing quality patient care.

While I could say much more about the HHI program, I think my final point focuses on part of the HHI mission to build 'local capacity for achieving improved community health'. As mentioned briefly above, HHI selects and trains members of the local communities as cooperadores de salud, simultaneously improving the level of health care literacy in the communities, providing a supplemental form of employment for the community members, and providing follow up home care for chronic patients. The cooperadores are present in the clinical room with their respective patients during the MST visits and can vouch for the patient's compliance or, alternatively, report that the patient frequently forgets to take medications. What was also impressive was that many of my diabetic patients were able to tell me that over the last three months their blood sugar levels were in a certain numerical range, and they were able to articulate whether or not these blood sugar levels were acceptable or not. This level of healthcare literacy (though by no means as sophisticated as it could be) was surprising, and I believe, was only achieved because of the role of the cooperadores - people who come from within the patient's own communities, and who are an important source of patient education. This is truly a model for community empowerment!

## 2013 Symposium

**October 23-24, 2013**

Aqua Turf Club

Plantsville, CT

Quality medical education leads to improved patient care. Two days of outstanding lectures and workshops will be presented during the 2013 CAFP Scientific Symposium.

**Save the Date!**

## Frequently Asked Questions
*(continued from page 3)*

**services be reported with the –GC modifier?**

TCM services are not on the primary care exception list, so the general teaching physician policy applies as it would for E/M services not on the list. When a physician (or other appropriate billing provider) places the -GC modifier on the claim, he/she is certifying that the teaching physician has complied with the requirements in the Medicare Claims Processing Manual, Chapter 12, sections 100.1 through 100.1.6.

**Can practitioners under contract to the physician billing for the TCM service furnish the non face-to-face component of the TCM?**

Physician offices should follow "incident to" requirements for Medicare billing. "Incident to" recognizes numerous employment arrangements, including contractual arrangements, when there is direct physician supervision of auxiliary personnel.

This issue is addressed in greater detail in the Internet-only Benefit Policy Manual, Chapter 15, Section 60 available at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html

**During the 30 day period of TCM, can other medically necessary billable services be reported?**

Yes, other reasonable and necessary Medicare services may be reported during the 30 day period, with the exception of those services that cannot be reported according to CPT guidance and Medicare HCPCS codes G0181 and G0182.

**If a patient is discharged on Monday at 4:30, does Monday count as the first business day and then Tuesday as the second business day, meaning that the communication must occur by close of business on Tuesday? Or, would the provider have until the end of the day on Wednesday?**

In the scenario described, the practitioner must communicate with the patient by the end of the day on Wednesday, the second business day following the day of discharge.

**Can TCM services be reported when furnished in the outpatient setting?**

Yes. CMS has established both a facility and non-facility payment for this service. Practitioners should report TCM services with the place of service appropriate for the face-to-face visit.

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## Social Media & CAFP!

Join the Social Media Craze with CAFP! CAFP is on Facebook and Twitter!

Like us on Facebook by searching for Connecticut Academy of Family Physicians.

Follow us on Twitter @CTAFPDOC.

CAFP looks forward to increasing communications with our members through social media.


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## 2013 General Assembly - Session Update

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stances.

Several bills were defeated, including independent practice of advanced practice registered nurses, and the prescription and administration of medications by naturopaths. The Academy strongly opposed these measures.

A targeted health areas bill was promoted to address the state physician shortage. The bill passed out of the Commerce Committee, but did not clear either chamber due to concerns about the financial impact to the state. A bill proposing cooperative health care arrangements, which would have allowed physicians to join together and conduct good-faith negotiations with health insurers, cleared the Labor and Public Employees Committee. Although this bill was not brought to the floor for a vote, it gained considerable support.

In addition to testimony on utilization review changes to state statute, groups strongly advocated for legislative changes to mental health parity and access to mental health care, behavioral health care and substance abuse care. These changes will have a positive and profound impact on patient access to these important health care services.

*Editor's Note: Thanks to the Connecticut State Medical Society for most of this report.*

# Explanations of CAFP Awards of Excellence

**CAFP Award of Excellence:**
This Award is presented to a Graduating Senior at both the University of Connecticut School of Medicine and the Yale University School of Medicine and is selected by the Medical School or its Department of Family Medicine.

**Dr. David and Arthur Schuman Award:**
This Award was established by the Academy in 2002 to recognize the contributions to Medicine of Dr. David Schuman, a practicing physician in the Hartford area, and Arthur Schuman, the Executive Vice President of the Academy. Arthur Schuman was the EVP of the Connecticut Academy of Family Physicians for approximately 45 years.

Applicants will be judged on the following:

- Educational Accomplishments
- Contributions to the Connecticut Academy of Family Physicians
- Contributions to the specialty of Family Medicine
- Participation/Leadership in the Family Medicine Interest Group at their medical school

**2013 Award Winners**

**Dr. David and Arthur Schuman Award:**
Julia Lubsen, Yale

**CAFP Award of Excellence:**
Nyasha George, Yale; Niyati Shah, Yale; Shawnet Jones, UCONN; Katherin Kubler, UCONN

*Pictured from left to right:*

*Jennifer Vorhees, MD, Nyasha George, Julia Lubsen, Niyati Shah, James Perlotto, MD*