

ABFM Enhances Program for Maintenance of Certification for Family Physicians

The American Board of Family Medicine (ABFM), Lexington, Ky., continues to make changes to its Maintenance of Certification for Family Physicians (MC-FP) program. The new requirements include the implementation of an entry/reentry process to MC-FP that requires a physician to accrue 50 MC-FP points (including at least one Part II module and one Part IV activity); earn 150 continuing medical education (CME) credits; successfully complete the MC-FP examination; and maintain a valid, full, and unrestricted license throughout the three-year period. The ABFM Board of Directors defined "board-eligible" as pertaining strictly to the first seven years after loss of certification or completion of a residency training program accredited by the Accreditation Council for Graduate Medical Education. As of January 1, 2012, family physicians who fall into this category have seven years to pass their initial examination or, if previously certified, seven years from this date to successfully complete the MC-FP examination. During the seven-year period, board-eligible physicians must continue to meet the ongoing requirements to sit for the examination and must maintain a full, valid, and unrestricted medical license. Also, beginning in 2012, the ABFM's MC-FP examination will occur in April rather than July. Dates for the 2012 examination include April 6, 7, 9 through 13, 16 through 19, and 21, with results due back on June 21. The ABFM is also planning future changes to MC-FP to better emphasize continuous, lifelong learning. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20120125abfmchanges.html>.

AAFP Develops Tool to Help FPs Receive Payment for Medicare Preventive Services

The Patient Protection and Affordable Care Act prohibits family physicians (FPs) from collecting patient deductibles or coinsurance payments for certain preventive services; however, physicians are still entitled to be paid for performing these services. The American Academy of Family Physicians (AAFP) has created an online tool to help ensure that Academy members get paid for providing preventive services for Medicare patients. The AAFP tool lists each new benefit covered without deductible or coinsurance costs to the patient, the number of relative value units

and the "G" procedure code assigned to that benefit, and all relevant coverage information. It also includes links to pertinent Centers for Medicare and Medicaid Services (CMS) *MLN Matters* articles and to CMS national coverage decisions. Preventive services include alcohol screening, depression screening, behavioral counseling to prevent sexually transmitted infections, counseling to reduce cardiovascular disease risk, and counseling for obesity. The online tool can be downloaded at http://www.aafp.org/online/etc/medialib/aafp_org/documents/prac_mgt/codingresources/medicarepreventive012012.Par.0001.File.dat/Medicare PreventiveJanuary2012.pdf. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120208preventservstool.html>.

CMS Rule Change Allows PAs to Perform Nursing Facility Level of Care Certifications

The CMS has made a rule change retroactive to January 1, 2011, that adds physician assistants (PAs) to the list of health care professionals allowed to perform certifications and recertifications of a patient's need for skilled nursing facility level of care. These certifications are a requirement for Medicare coverage of skilled nursing home facility services under Medicare Part A. Physicians who had claims denied because certification or recertification was completed by a PA on or after January 1, 2011, and before the February 13, 2012, implementation date can have those claims reopened and reprocessed by bringing them to their contractors' attention. For more information, see the January 13, 2012, issue of *MLN Matters* at <http://www.cms.gov/MLNMattersArticles/Downloads/MM7701.pdf> or visit <http://www.aafp.org/news-now/practice-professional-issues/20120131cms-pa-rulechange.html>.

HealthCare.gov Helps Same-Sex Couples Find Insurance Plans for Domestic Partners

U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius recently announced that the Health Plan Finder tool on HealthCare.gov now allows users to search specifically for insurance plans that include coverage for domestic partners. Consumers can compare the cost sharing and benefit choices of health plans and choose the best option to meet their needs, and sort based on enrollment, out-of-pocket expenses, and other key categories. The same-sex filter is also available for small businesses looking for coverage for their

employees. HealthCare.gov has also expanded its information on plan benefits. The Web site now provides a more comprehensive list of benefits each plan offers with the level of coverage provided, in addition to the regular information on a variety of benefits, including primary care office visits, specialist visits, radiography/laboratory work, hospitalization, emergency department visits, prescription coverage, mental health and substance abuse coverage, and maternity coverage. For more information, visit <https://www.cms.gov/apps/media/press/release.asp?Counter=4262&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>.

Toolkit Helps Physicians Implement Requirements of HIPAA Security Rule

The National Institute of Standards and Technology has created a toolkit to help physicians and organizations understand the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, implement those requirements, and then assess those implementations. The HIPAA Security Rule went into effect in 2005 and sets national standards for protected electronic health information that is created, transmitted, or maintained by a variety of entities, including physician practices and their business associates. The National Institute of Standards and Technology toolkit is intended to help practices of all sizes, regardless of their level of expertise in security. It was created as a self-assessment tool and does not guarantee that a practice is in compliance with the HIPAA Security Rule. The toolkit is available at <http://scap.nist.gov/hipaa/>. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120206nisttool.html>.

Health Insurance Company Announces New Program to Invest More in Primary Care

The health insurance company WellPoint, Inc., recently announced a new program that will increase its investment in primary care practices. The program, which will roll out to a few markets in the third quarter of 2012 and be available throughout its network of participating physicians by the end of 2014, will increase regular fees paid to primary care practices for some specific physician services; initiate payment for some services, such as telephone consultations, e-visits, and the creation of care management plans for patients with complex conditions; and offer shared savings to practices that meet quality requirements and reduce medical costs. WellPoint will also offer participating practices care management

support from WellPoint clinical staff. According to a WellPoint press release, primary care physicians who maintain or improve quality standards (as established by organizations such as the National Committee for Quality Assurance and the American Diabetes Association) could increase their incomes by 30 to 50 percent through the program's shared savings model. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120201wellpointplan.html>.

Delta-Exchange, a Physician Networking Resource, Is Now Free to AAFP Members

AAFP members now have free access to Delta-Exchange, an interactive online physician networking resource dedicated to physicians, clinical staff, office staff, and primary care-focused residency programs committed to the Patient-Centered Medical Home (PCMH). Delta-Exchange was created by the AAFP's nonprofit, wholly-owned subsidiary TransforMED and currently has 3,500 users. Members interested in enrolling in Delta-Exchange will need to provide their member identification number. To join Delta-Exchange, visit <http://www.aafp.org/online/en/home/practicemgt/deltaexchange.html>. For more information, visit <http://www.aafp.org/news-now/practice-professional-issues/20120201deltaexchangefree.html>.

Study Explores Physician Habits Related to Communication with Their Patients

A study published in the February 2012 issue of *Health Affairs* examined the communication habits of physicians with their patients. One major finding showed that more than 55 percent of physicians in the United States tend to describe a patient's prognosis in more positive terms than the actual medical evidence may indicate because of concerns that a patient may become upset or discouraged. The study, based on surveys from 1,891 practicing physicians nationwide, also revealed that the threat of malpractice lawsuits plays a role in physician communication with patients. Nearly 20 percent of physicians surveyed said they failed to fully disclose an error to a patient during the previous year because of fears that a full admission would prompt a malpractice lawsuit. For more information, view an abstract of the *Health Affairs* article at <http://content.healthaffairs.org/content/31/2/383> or <http://www.aafp.org/news-now/news-in-brief/20120208wklynewsbrfs.html#NewsArticleParsys72686>.

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