

**Transcript-Cited GenAI Payment Model for Care Coordination
Quantitative Analysis for the PTAC Preliminary Review Team
February 17, 2026**

I. Purpose

The purpose of this quantitative analysis is to provide background information on the potential scope of and impact that the *Transcript-Cited GenAI Payment Model for Care Coordination* proposed model (submitted by Mendel Erlenwein, CEO & Founder of CareCo) may have on the Medicare population.

II. Background

The CareCo proposal includes the following groups of beneficiaries and providers as eligible for participation in the proposed model:

Beneficiary Eligibility	Provider Eligibility
Medicare beneficiaries receiving longitudinal or preventive care, including: <ul style="list-style-type: none">• Chronic Care Management (CCM)• Transitional Care Management (TCM)• Behavioral Health Integration (BHI)• Annual Wellness Visits (AWVs)• Advanced Primary Care Management (APCM)¹	<ul style="list-style-type: none">• Physicians, nurse practitioners, clinical nurse specialists, and other eligible professionals engaged in care coordination• Care coordinators, community health workers, behavioral health providers, and social workers functioning under physician supervision• Organizations such as Accountable Care Organizations (ACOs), Federally Qualified Health Centers (FQHCs), multi-specialty groups, and primary care practices

III. Analyses

The following analyses were conducted using Medicare 2024 fee-for-service (FFS) claims data to assess the potential scope of and impact on the proposed Medicare beneficiary and provider groups identified in the CareCo proposal, to the extent these groups were available in the data:

- A. [Medicare Beneficiaries Eligible for and/or Receiving Services](#)
- B. [Beneficiaries Receiving and Providers Billing for Services by Individual Provider Specialty, Group Type, and Location](#)

¹ APCM codes were not implemented in the Medicare claims system until January 2025, so beneficiary and provider use of these codes could not be assessed in this analysis.

**Transcript-Cited GenAI Payment Model for Care Coordination
Quantitative Analysis for the PTAC Preliminary Review Team
February 17, 2026**

A. Medicare Beneficiaries Eligible for and/or Receiving Services

Table 1 presents the number and percentage of Medicare beneficiaries eligible for Chronic Care Management (CCM), Transition Care Management (TCM), Behavioral Health Integration (BHI), and Annual Wellness Visits (AWVs); the number and percentage of Medicare beneficiaries with at least one CCM, TCM, BHI, or AWV claim; and the average cost of beneficiaries receiving these services. **Appendix A** includes the list of codes that define CCM, TCM, BHI, and AWV services, as well as the criteria for beneficiary eligibility for these services.

Table 1. Medicare Beneficiaries Eligible for and/or Receiving Services, 2024

Category	Type of Service			
	CCM	TCM	BHI	AWV
Total Medicare FFS Beneficiaries with Part B Coverage	30,829,700			
Number of beneficiaries eligible	24,979,404	4,595,016	9,357,167	30,829,700
Percent of beneficiaries eligible	81.0%	14.9%	30.4%	100%
Number of beneficiaries with one or more claims	1,651,683	1,242,192	147,792	12,535,461
Percent of beneficiaries with one or more claims	6.6%	27.0%	1.6%	40.7%
Average cost of beneficiaries who receive these services	\$35,670	\$59,454	\$51,179	\$14,657

Source: Centers for Medicare & Medicaid Services (CMS) Virtual Research Data Center (VRDC), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

Abbreviations: AWV, Annual Wellness Visit; BHI, Behavioral Health Integration; CCM, Chronic Condition Management; FFS, fee-for-service; TCM, Transition Care Management

B. Beneficiaries Receiving and Providers Billing for Services by Individual Provider Specialty, Group Type, and Location

Table 2 and **Table 3** present the number and percent of beneficiaries receiving and number and percent of providers billing for CCM, TCM, BHI, or AWV, by provider type—whether it is an Accountable Care Organization (ACO) or Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)/Critical Access Hospital (CAH) or whether it is a large (>25 providers) or small group practice (<= 25 providers)—and by location (rural/urban).

**Transcript-Cited GenAI Payment Model for Care Coordination
Quantitative Analysis for the PTAC Preliminary Review Team
February 17, 2026**

Table 2. Medicare Beneficiaries Receiving Services by Individual Provider Specialty, Provider Group Type, and Location, 2024

Category	Type of Service							
	CCM		TCM		BHI		AWV	
	Number of Beneficiaries	Percent of Beneficiaries						
Total	1,651,683	-	1,242,192	-	147,792	-	12,535,461	-
Provider Specialty								
Primary Care Physicians	990,091	59.9%	864,056	69.6%	42,415	28.7%	9,953,929	79.4%
Nurse Practitioner, Certified Clinical Nurse Specialist, or Physician Assistant	373,507	22.6%	353,240	28.4%	69,080	46.7%	2,394,179	19.1%
Behavioral Health Providers	4,695	0.3%	439	0.0%	24,935	16.9%	2,127	0.0%
Specialists (all but behavioral health)	413,985	25.1%	77,462	6.2%	28,523	19.3%	191,973	1.5%
Care Coordinators	*	*	*	*	*	*	*	*
Community Health Workers	*	*	*	*	*	*	12	0.0%
Social Workers	2,877	0.2%	*	*	1,521	1.0%	60	0.0%
Organization Type								
ACOs	739,975	44.8%	731,057	58.9%	42,387	28.7%	7,842,527	62.6%
FQHCs/RHCs/CAHs	175,342	10.6%	84,076	6.8%	228	0.2%	1,019,302	8.1%
Provider Group Type								
Large Group Practices (>25 NPIs)	726,073	44.0%	759,873	61.2%	96,100	65.0%	8,193,685	65.4%
Small Group Practices (1 to 25 NPIs)	971,221	58.8%	499,976	40.2%	58,739	39.7%	4,344,293	34.7%
Location[^]								
Rural	378,237	22.9%	266,857	21.5%	24,754	16.7%	2,694,836	21.5%
Urban	1,279,055	77.4%	975,805	78.6%	123,532	83.6%	9,840,699	78.5%

Source: Centers for Medicare & Medicaid Services (CMS) Virtual Research Data Center (VRDC), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

Abbreviations: ACO, Accountable Care Organization; AWV, Annual Wellness Visit; BHI, Behavioral Health Integration; CAH, Critical Access Hospital; CCM, Chronic Condition Management; FFS, fee-for-service; FQHC, Federally Qualified Health Center; NPI, National Provider Identifier; RHC, Rural Health Clinic; TCM, Transition Care Management

Note: Numbers will not equal the total number of beneficiaries, and percentages will not equal 100% because beneficiaries can see more than one provider type or be seen in more than one location.

*Cell sizes less than 11 have been suppressed for confidentiality reasons.

[^]Rural/urban classification is based on beneficiary ZIP code and determined using the [Federal Office of Rural Health Policy \(FORHP\) data files](#).

**Transcript-Cited GenAI Payment Model for Care Coordination
Quantitative Analysis for the PTAC Preliminary Review Team
February 17, 2026**

Table 3. Medicare Providers Billing for Services by Individual Provider Specialty, Provider Group Type, and Location, 2024

Category	Type of Service							
	CCM		TCM		BHI		AWV	
	Number of Providers	Percent of Providers						
Total	53,613	-	127,088	-	11,672	-	193,229	-
Provider Specialty								
Primary Care Physicians	24,829	46.3%	74,779	58.8%	6,537	56.0%	112,323	58.1%
Nurse Practitioner, Certified Clinical Nurse Specialist, or Physician Assistant	19,836	37.0%	43,549	34.3%	4,049	34.7%	72,981	37.8%
Behavioral Health Providers	210	0.4%	95	0.1%	296	2.5%	91	0.0%
Specialists (all but behavioral health)	8,984	16.8%	8,938	7.0%	807	6.9%	8,577	4.4%
Care Coordinators	*	*	*	*	*	*	*	*
Community Health Workers	*	*	*	*	*	*	*	*
Social Workers	101	0.2%	*	*	100	0.9%	46	0.0%
Organization Type								
ACOs	40,763	76.0%	95,628	75.2%	7,692	65.9%	149,357	77.3%
FQHCs/RHCs/CAHs	13,768	25.7%	12,618	9.9%	121	1.0%	33,034	17.1%
Provider Group Type								
Large Group Practices (>25 NPIs)	29,892	55.8%	87,434	68.8%	9,604	82.3%	123,394	63.9%
Small Group Practices (1 to 25 NPIs)	25,324	47.2%	41,392	32.6%	2,156	18.5%	75,216	38.9%
Location[^]								
Rural	29,299	54.6%	48,998	38.6%	3,131	26.8%	115,025	59.5%
Urban	44,634	83.3%	109,869	86.5%	10,685	91.5%	174,415	90.3%

Source: Centers for Medicare & Medicaid Services (CMS) Virtual Research Data Center (VRDC), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

Abbreviations: ACO, Accountable Care Organization; AWV, Annual Wellness Visit; BHI, Behavioral Health Integration; CAH, Critical Access Hospital; CCM, Chronic Condition Management; FFS, fee-for-service; FQHC, Federally Qualified Health Center; NPI, National Provider Identifier; RHC, Rural Health Clinic; TCM, Transition Care Management

Note: Numbers will not equal the total number of providers, and percentages will not equal 100% because providers can be associated with more than one specialty, more than one provider organization and/or group type, and more than one location.

*Cell sizes less than 11 have been suppressed for confidentiality reasons.

[^]Rural/urban classification is based on beneficiary ZIP code and determined using the [Federal Office of Rural Health Policy \(FORHP\) data files](#).

**Transcript-Cited GenAI Payment Model for Care Coordination
Quantitative Analysis for the PTAC Preliminary Review Team
February 17, 2026**

APPENDIX A: Coding and Criteria for CCM, TCM, BHI, and AWV Services

Service	Current Procedural Terminology (CPT) Codes	Beneficiary Eligibility for These Services
Chronic Care Management (CCM) ²	<ul style="list-style-type: none"> • 99490 • +99439 • 99491 • +99437 • 99487 • +99489 • G3002 • +G3003 	<ul style="list-style-type: none"> • Patient must have two or more chronic conditions expected to last at least 12 months or until the patient’s death or that place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline.
Transition Care Management (TCM) ³	<ul style="list-style-type: none"> • 99495 • 99496 	<ul style="list-style-type: none"> • 30-day period that begins when a physician discharges a patient from an inpatient stay (inpatient acute care hospital; inpatient psychiatric hospital; inpatient rehabilitation facility; long-term care hospital; skilled nursing facility; hospital outpatient observation or partial hospitalization; partial hospitalization at a community mental health center) to a community setting (home; domiciliary; nursing facility; assisted living facility) and continues for the next 29 days
Behavioral Health Integration (BHI) ⁴	<p>General BHI Services:</p> <ul style="list-style-type: none"> • 99484 <p>Psychiatric Collaborative Care Model (CoCM):</p> <ul style="list-style-type: none"> • 99492 • 99493 • 99494 	<ul style="list-style-type: none"> • Patients with any mental, behavioral health, or psychiatric condition, including substance use disorders (SUDs), that the billing practitioner treats and determines require BHI services • Conditions may be pre-existing, or the billing practitioner may diagnose and refine them over time. • Although not required, patients may have comorbid, chronic, or other medical conditions that the billing practitioner manages.
Annual Wellness Visits (AWVs) ^{5,6}	<ul style="list-style-type: none"> • 99497 • 99498 	<ul style="list-style-type: none"> • Patients with Medicare Part B who (1) are 12 months past their first Part B coverage period’s effective date; and (2) have not had an Initial Preventive Physical Exam (IPPE) or AWV within the past 12 months

² Medicare Learning Network (MLN) Booklet. Chronic Care Management Services. June 2025.

<https://www.cms.gov/files/document/chroniccaremanagement.pdf>

³ MLN Booklet. Transitional Care Management Services. August 2025. <https://www.cms.gov/files/document/mln908628-transitional-care-management-services.pdf>

⁴ MLN Booklet. Behavioral Health Integration Services. April 2025. <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>

⁵ Medicare.gov. Yearly “Wellness” visits. <https://www.medicare.gov/coverage/yearly-wellness-visits>

⁶ MLN Educational Tool. Medicare Preventive Services. <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#AWV>