Maine Quality Counts presents…

Brown Bag Forum Webinar Series

Medicare’s New Payment for Chronic Care Management

December 23, 2014 (12PM – 1PM)

Remember to dial in for webinar audio!
1.866.740.1260, Access Code: 6223374#
Who We Are

Maine Quality Counts (QC) is a member-driven nonprofit organization working to improve the health of everyone in Maine by improving the way health care is delivered.
What We Do

We bring together the people who give, get and pay for health care and provide the tools and leadership they need to make sure Mainers receive care that is truly patient-centered.
How We Work

We’re driven by a spirit of collaboration. We work with over 70 partners from health care, government, civil society and the community to achieve shared quality improvement goals. More than 120 members, both organizations and individuals, inform and contribute to our success.
Become a QC Member

www.mainequalitycounts.org/join

• Members-only networking events
• Exclusive webinars with national experts
• Discounted registration for QC 2015
Find More Information

Our Website: www.mainequalitycounts.org

Facebook.com/MaineQualityCounts

@MEQualityCounts

Youtube.com/MaineQualityCounts
Wed, April 1, 2015
Augusta Civic Center
Featuring Keynote Speaker
Atul Gawande, MD, MPH

Registration opens in February
Check our website for updates:
www.mainequalitycounts.org/QC2015
Important Webinar Notes

Your phone line is muted to minimize background noise.

To ask questions or share comments, you can:

• Use the **Raise Your Hand button** to let us know you have a question. When we call on you, press *7 to unmute your line.

Or

• Type your question or comment into the **chat box** on the lower left-hand side of the screen.
After Today’s Webinar

• You’ll receive links to the slides and recording of today’s session this afternoon

• All QC Learning Community webinars are archived on our website:
  http://www.mainequalitycounts.org/qclc/archive
Today’s Presenters

- Lisa Letourneau – Maine Quality Counts
- Deb McGill – Maine Medical Partners
- Evelyn Blanchard – MMC PHO
- Jana Purrell – Mid Coast Medical Group
Disclaimer!!

• Webinar intended as opportunity to provide education, awareness of important new potential payment to providers
• NOT intended to provide definitive billing advice to providers
• We acknowledge early nature of information; many unknowns remain!
• Interested practices/providers encouraged to more fully explore CMS info, seek advice & counsel
The Source!

Federal Register – CMS Rule on Chronic Care Management code (11/13/14)

New Medicare Payment for Chronic Care Management

• Begins Jan 1, 2015 for providers paid on Medicare Physician Fee Schedule (gen’ly not FQHCs, RHCs)
• New CPT code = 99490 with payment $40.39/mo for ≥ 20 mins non-visit care management svc
• New benefit for Medicare beneficiaries with two or more significant chronic conditions expected to persist ≥12 mos that puts individual at risk for decline, exacerbation, or death
The Good, Bad & Not-So-Attractive

**Good!**
- Provides new revenue source for non-visit based care management services
- Can support services that many primary care/PCMH practices are already delivering
- Provides resources to support team-based care

**Caution!**
- FFS payment – not fully consistent with VBP principles
- Practices must be aware of & follow ~complex CMS reg’s
- Requires practices to est. new admin structures, processes
- Only accountability is CMS audit; payment not linked to outcomes
- Beneficiaries will be subject to Medicare co-pay (~$8/mo)
Practice Requirements

Practices must provide 8 elements of CCM services:

1. Access to care management svcs 24/7
2. Continuity of care with designated provider
3. Care management for chronic conditions that includes assessment of pt needs, med rec, self-management support
4. Creation of patient-centered care plan
Practice Requirements

Practices must provide 8 elements of CCM services:

5. Management of care transitions
6. Coordination with home and community-based providers
7. Enhanced ability of patients & caregivers to communicate with provider
8. Electronic capture and sharing of patient-centered care plan
Shared Care Plan

Provider must create patient-centered care plan document that is shared with patient & other providers and includes...

- Assessment of physical, mental, cognitive, psychosocial, functional, & environmental assessments
- Inventory of resources and supports
- Comprehensive plan of care that addresses all health issues & reflects pts choices & values
Shared Care Plan

- Must be electronically available to all members of practice team 24/7
- Must be electronically shared with others providing care for patient
- Can use range of electronic formats (except fax) – e.g. EMR, web-based care management application, HIE, secure messaging
- Must make care plan available to patient - in paper format or electronically
Requires Active Patient Agreement

• Medicare patients must be informed of availability of CCM services
• Practice must document patient agreement to receive care management services annually in medical record, and share with patient in writing
• Patients must be informed of right to stop CCM services at any time
• Patients must be informed that co-payments will apply (est’d at ~$8 per month)
Single Provider of CCM Svc’s

• Any primary care or specialty provider paid on Medicare Physician Fee Schedule can bill, but...
• CMS will pay only one provider per month for CCM services
• Will pay provider who billed most recently for CCM services
• Will recoup payments from previous billing provider
Cannot bill CMS for CCM services for patient who receives other Medicare care management svc’s that month – i.e. – cannot bill if pt also rec’ing...

• Transitional Care Mngmnt Svcs (99495, 99496)
• Home Health Supervision (G0181)
• Hospice Care Supervision (G0182)
• Certain ESRD svcs (90951-90970)
Considerations Before Billing...

- Practice must ensure compliance with all elements of CCM (note: PCMH ≠ compliance!)
- Must identify patients specifically eligible for CCM services
- Must have signed agreement from patient
- Must track, document delivery of ≥ 20 mins non-visit based CCM services that month
Hospital-Based Practices

CMS listed following svc as requiring *general supervision* when provided in a hospital outpatient department, including provider-based departments:

- 99490 - Chronic care management svc, 20 mins;
- 99495 - Transitional care management, 14d post d/c
- 99496 - Transitional care management, 7d post d/c

(See: [http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Hospital-Outpatient-Therapeutic-Services-That-Have-Been-Evaluated.pdf](http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Hospital-Outpatient-Therapeutic-Services-That-Have-Been-Evaluated.pdf) )
Note for MAPCP Practices

- MAPCP (Maine PCMH Pilot) practices can bill CCM code for Medicare patients NOT already attributed to practice (but not those attributed)
- Once billing for CCM code, those patients will then be attributed to MAPCP practice for next payment cycle (within ~2-3 months) with MAPCP pmpm payments
Panel Discussion / Questions

• Panel discussants:
  – Deb McGill – Maine Medical Partners
  – Evelyn Blanchard – MMC PHO
  – Jana Purrell – Mid Coast Medical Group

• Your questions!
Upcoming QC Learning Community Webinars

January 6, 2015 (12:00PM - 1:00PM)
Value-Based Payment: Why it Matters & What You Need to Know

Find more information and register: www.mainequalitycounts.org/QCLC

At Maine Quality Counts, we bring together the people who give care, get care, and pay for care and provide leadership and tools to improve health and health care in Maine. Our collaborative efforts are paying off. Medical practices are focusing more on what people really need. Payment systems are changing to reward quality care over quantity of care. Communities are getting more engaged. Please join us in improving health care in Maine. Become a Maine Quality Counts member today.
Contact Info / Questions

- Maine Quality Counts
  - [www.mainequalitycounts.org](http://www.mainequalitycounts.org)
- QC website – CCM code info
  - [http://www.mainequalitycounts.org/articles/46-774/new-medicare-payment-for-chronic-care/2](http://www.mainequalitycounts.org/articles/46-774/new-medicare-payment-for-chronic-care/2)
- Lisa Letourneau MD, MPH
  - LLetourneau@mainequalitycounts.org
  - 207.415.4043