CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Chronic Care Management Services Webinar

Delivering Coordinated Care through Chronic Care Management Services

Wednesday, November 30, 2016
1-2 PM EST

"Working to Achieve Health Equity"

Agenda

- Webinar Logistics
- Welcome and Overview
- The Value of Chronic Care Management Services
- 2017 Physician Fee Schedule Rule Changes
- Chronic Care Management Evaluation
- CMS Chronic Care Management Services Initiative
- Interactive Engagement and Discussion
- Q&A Session

Logistics

- Audio lines have been muted to minimize background noise
- This webinar will feature an interactive portion that involves polling and write-in questions that you can answer from your computer
- To ask a question or submit a response to a write-in question, use the questions panel
- You may ask a question for the presenter at any time and questions will be answered at the end of the presentation
- If you are experiencing technical difficulties, you may also use the question function to request help
- Let us know what you think! Complete the feedback form at the conclusion of the presentation

Logistics (Continued)

Questions/Comments: Share questions and comments in the chat window on the right side of your screen

Closed Captioning: Access real-time transcription of this event **http://bit.ly/2gujWIL**

Technical Assistance: If you have any technical issues, please contact GoToWebinar at **(855) 352-9002**

Speakers

Cara James, Ph.D.
Director
CMS Office of Minority Health

Michelle D. Oswald, M.A., B.S.W
Program Manager
CMS Office of Minority Health

Ann Marshall, M.S.P.H.
Technical Advisor
CMS Center for Medicare

Sai Ma, Ph.D.
Social Scientist
CMS Innovation Center

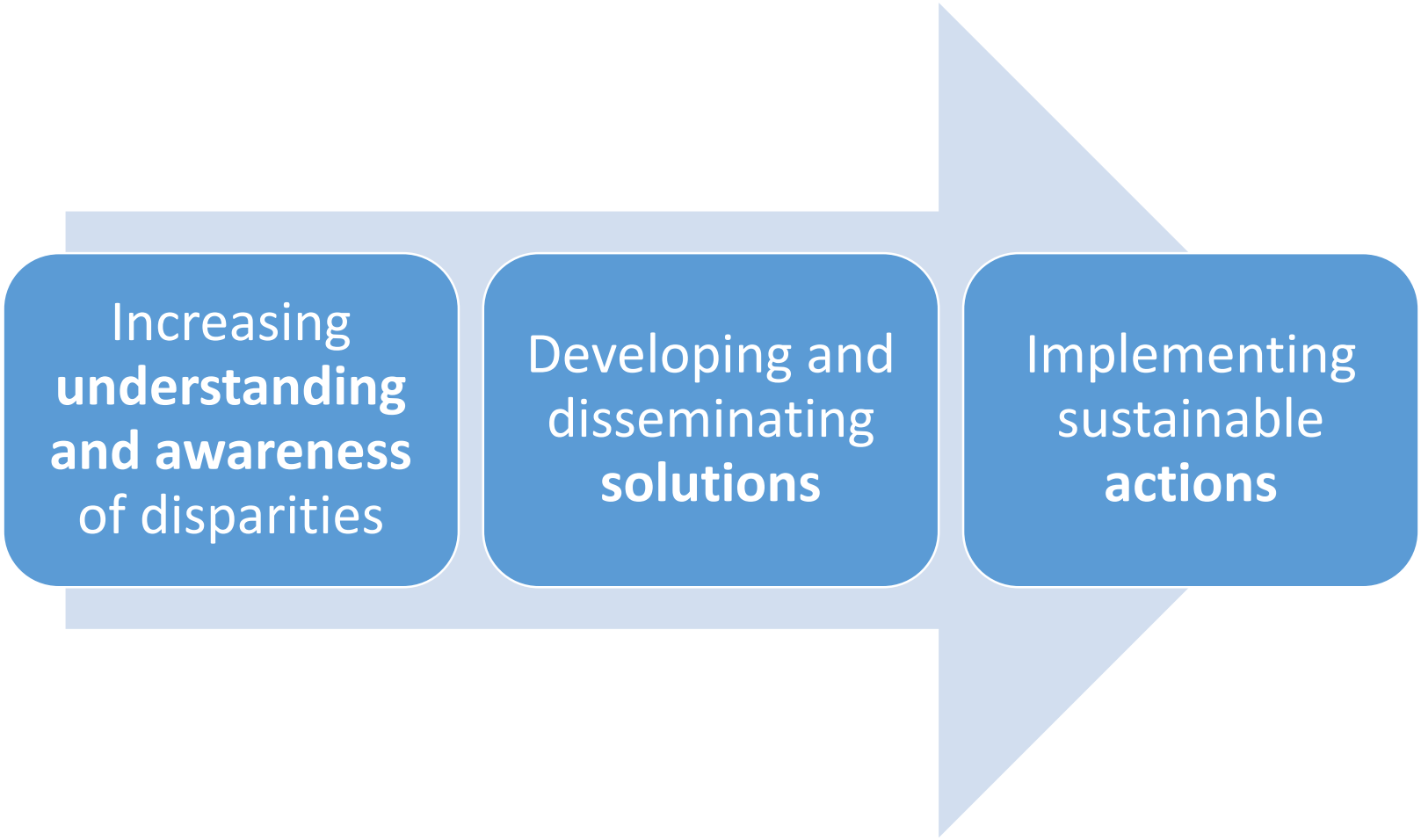
Monique LaRocque, M.P.H.
Moderator [C]
CMS Office of Minority Health

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Welcome and Overview

"Working to Achieve Health Equity"

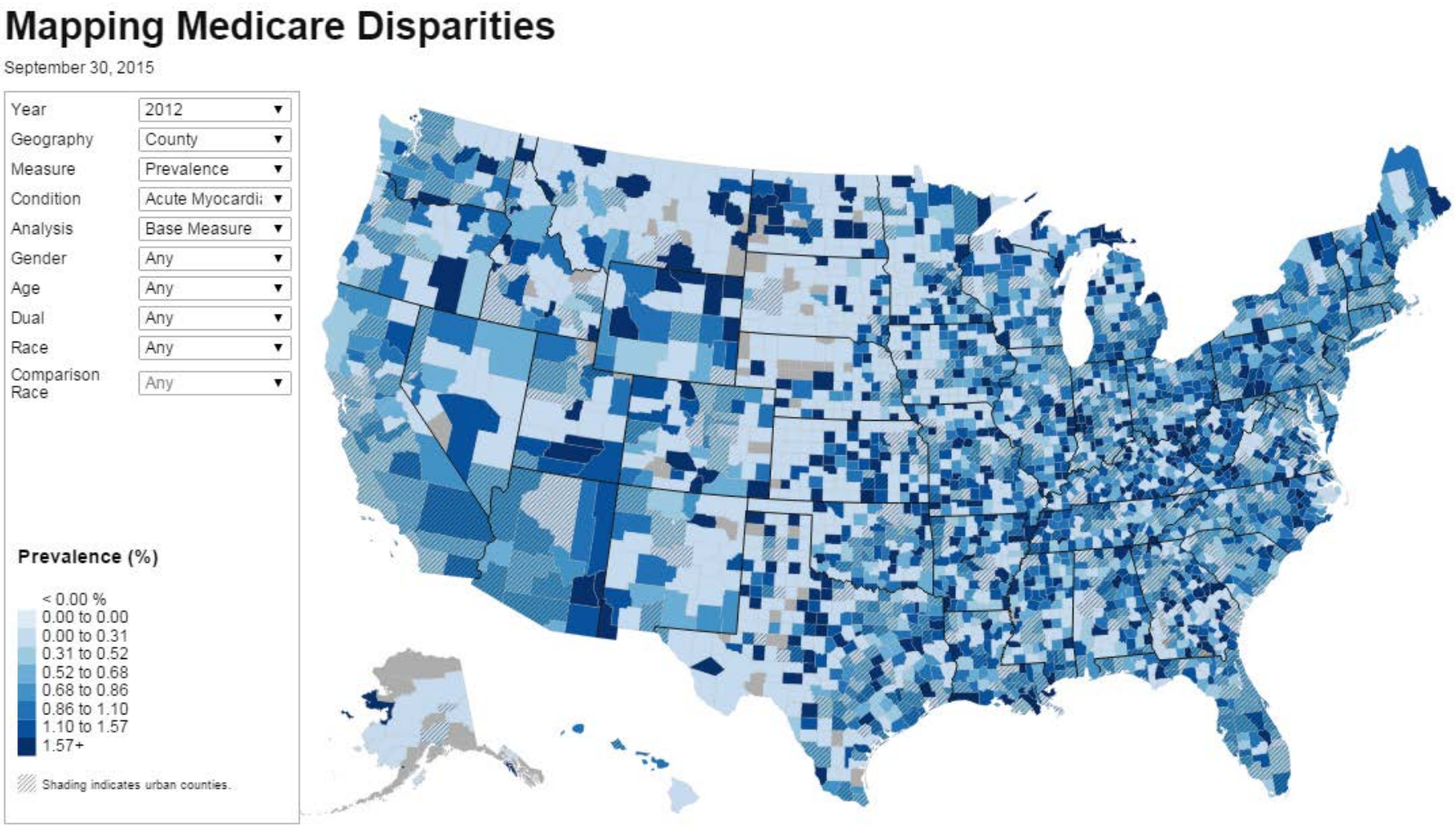
CMS Health Equity Framework



Ongoing and Future Efforts

- CMS Equity Plan for Improving Quality in Medicare
- From Coverage to Care
- CMS Rural Health Council
- Reducing Disparities in Diabetes and ESRD
- Chronic Care Management Education and Outreach Campaign

Mapping Medicare Disparities (MMD) Tool

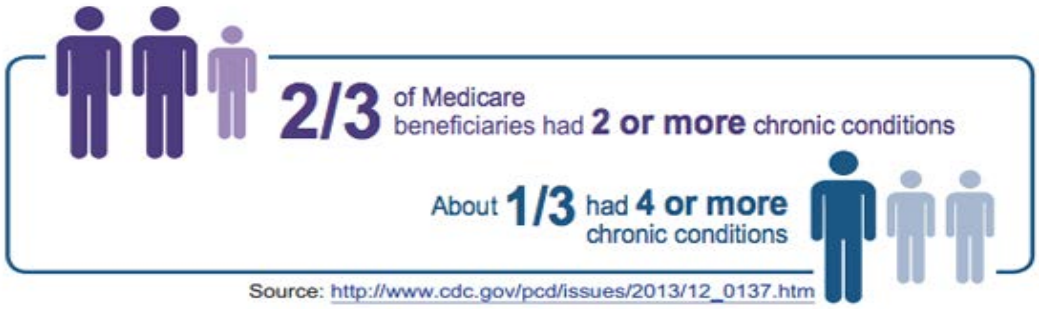


Chronic Care Overview

- Half of all adult Americans have a chronic condition – 117 million people
- One in four Americans have 2+ chronic conditions
- 7 of the top 10 causes of death in 2010 were from chronic diseases
- People with chronic conditions account for 84% of national healthcare spending
- Racial and ethnic minorities receive poorer care than whites on 40% of quality measures, including chronic care coordination and patient-centered care

CMS + CHRONIC CARE

- Medicare benefit payments totaled $597 billion in 2014
- Two-thirds of Medicare beneficiaries have 2+ chronic conditions
- 99% of Medicare spending is on patients with chronic conditions
- Annual per capita Medicare spending increases with beneficiaries' number of chronic conditions



Sources: CMS, CDC, Kaiser Family Foundation, AHRQ

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The Value of Chronic Care Management Services

"Working to Achieve Health Equity"

CMS Chronic Care Management Services

- CMS recognizes that:
  - Chronic care management is a critical component of primary care that contributes to better outcomes and higher satisfaction for patients
  - There is a great need to invest in primary care and comprehensive care management for chronic conditions
  - There is a need for more centralized management of patient needs and extensive care coordination among practitioners and providers

- CMS established payment for CPT code 99490 in 2015 to help ensure delivery of CCM services to the millions of Medicare beneficiaries with 2 or more chronic conditions and increase clinician compensation
  - As of January 1, 2016, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can bill for CCM services.
  - CMS established significant rule changes in November 2016 to further address the needs of clinicians and suppliers, including 3 billing codes to **ensure practitioners are compensated** for time and resources spent providing coordinated care.

Sources: CMS, CDC

Eligible Patients and Providers

To be eligible, beneficiaries must have:

- Two or more chronic conditions expected to last 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation, or functional decline

Eligible practitioners and suppliers are:

- Physicians, Physician's Assistants, Clinical Nurse Specialists, Nurse Practitioners, and Certified Nurse Midwives
- FQHCs and RHCs
- Hospitals (including critical access hospitals) may bill CCM

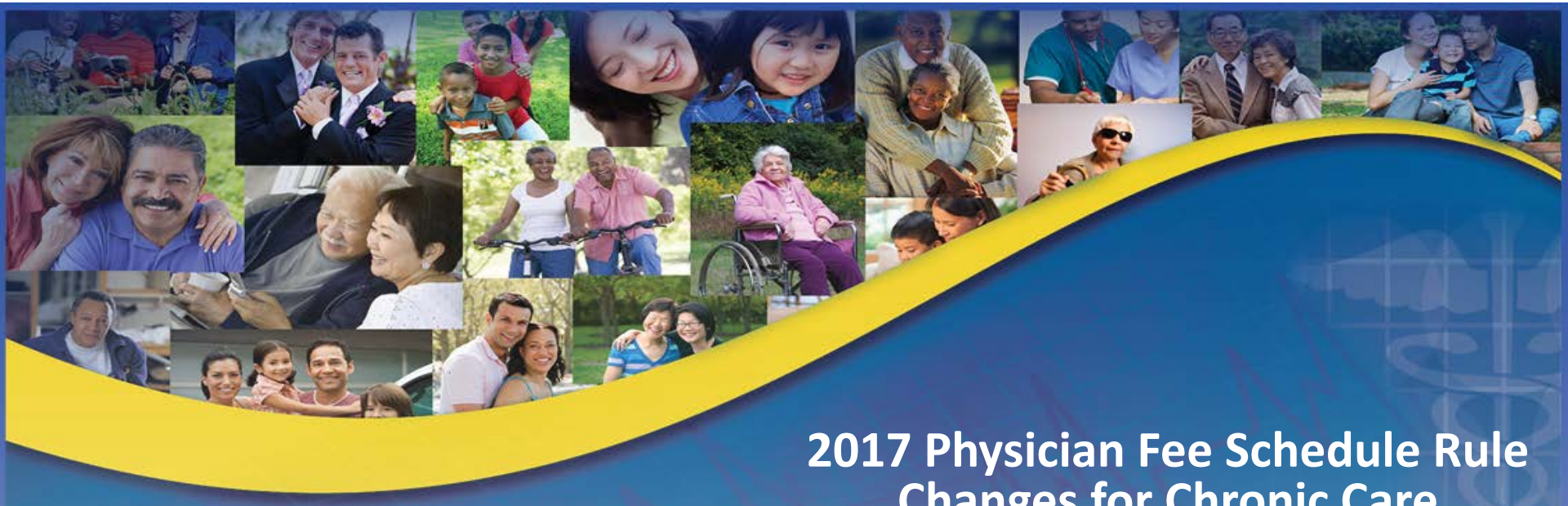
Summary of Current CCM Service

- ✓ Comprehensive Care Management
  - Electronic care plan that tracks all health issues and is periodically reviewed and updated
  - Ensure receipt of preventive services
  - Medication management and reconciliation
  - Transitional care management – facilitate and coordinate referrals and follow-up after ER or facility discharge
  - Coordinate with Home- and Community-Based Clinical Service Providers
- ✓ Sharing health information within and outside the billing practice
  - Certified EHR and electronic health information sharing requirements for care plan and transitional care documents
- ✓ Continuity of Care with Designated Care Team Member
- ✓ Enhanced Communication (e.g., secure patient email)
- ✓ 24/7 Access to Address Urgent Chronic Care Needs
- ✓ Advance Written Consent (to prevent duplicate practitioners, engage patient and inform of cost sharing)

Stakeholder Feedback To Date

- Clinicians believe the new CCM service is critical for many Medicare beneficiaries, but the payment rate is prohibitively low for implementation
  - Only one code with a low payment amount
  - 99490 “Non-Complex CCM” ($43)
  - 20 or more minutes of clinical staff services (e.g., nurse or care manager) per month
- No difference in payment for more complex patients requiring higher service time and greater physician involvement
- Requirements are lengthy and confusing
- Some patients reluctant to pay cost sharing for non-face-to-face service (particularly those without supplemental insurance to cover the cost sharing)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES



2017 Physician Fee Schedule Rule Changes for Chronic Care Management Services

"Working to Achieve Health Equity"

Rule Changes to Support Adoption

Beginning January 1, 2017

Significant changes starting in 2017 based on feedback from stakeholders

- Increased payment amount through 3 new billing codes
  - G0506 (Add-On Code to CCM Initiating Visit, $64)
  - CPT 99487 (Complex CCM, $94)
  - CPT 99489 (Complex CCM Add-On, $47)
- CPT 99490 still effective for Non-Complex CCM ($43)
- For all CCM codes – Simplified and reduced billing and documentation rules, especially around patient consent and use of electronic technology

CCM Coding Summary

Beginning January 1, 2017

BILLING CODE	PAYMENT (NON-FACILITY RATE)	CLINICAL STAFF TIME	CARE PLANNING	BILLING PRACTITIONER WORK
Non-Complex CCM (CPT 99490)	$43	20 minutes or more of clinical staff time in qualifying services	Established, implemented, revised or monitored	Ongoing oversight, direction and management
Complex CCM (CPT 99487)	$94	60 minutes	Established or substantially revised	Ongoing oversight, direction and management + Medical decision-making of moderate-high complexity
Complex CCM Add-On (CPT 99489, use with 99487)	$47	Each additional 30 minutes of clinical staff time	Established or substantially revised	Ongoing oversight, direction and management + Medical decision-making of moderate-high complexity
CCM Initiating Visit (AWV, IPPE, TCM or Other Face-to-Face E/M)	$44-$209	--	--	Usual face-to-face work required by the billed initiating visit code
Add-On to CCM Initiating Visit (G0506)	$64	N/A	Established	Personally performs extensive assessment and CCM care planning beyond the usual effort described by the separately billable CCM initiating visit

Summary of Changes

Beginning January 1, 2017

- **Complex CCM service codes provide higher payment for complex patients**
  - Those for whom the billing practitioner is addressing problems of moderate or high complexity during the month
  - Who also require 60 or more minutes of clinical staff time and substantial care plan revision (or care plan establishment)
- **Facilitated patient consent -** verbal rather than written consent allowed (must still be documented in the medical record)
- **Reduced technology requirements –** Retained requirement for certified EHR (limited data set), but change focus to timely exchange of health information (the care plan and transitional care document(s)) rather specific electronic technology for these pieces
  - Care plan no longer has to be available electronically to individuals providing CCM after hours, as long as they have timely information
  - Fax is discouraged but can count for electronic exchange, if timely
- Improved alignment with CPT language and simplified documentation

Summary of CCM Service

Beginning January 1, 2017

- ✓ Comprehensive Care Management
  - Electronic care plan that tracks all health issues and is periodically reviewed and updated
  - Ensure receipt of preventive services
  - Medication management and reconciliation
  - Transitional Care Management – facilitate and coordinate referrals and follow-up after ER or facility discharge
  - Coordinate with Home- and Community-Based Clinical Service Providers
- ✓ Timely sharing of health information within and outside the billing practice
  - Certified EHR- structured recording of a limited data set
- ✓ Continuity of Care with Designated Care Team Member
- ✓ Enhanced Communication (e.g., secure patient email)
- ✓ 24/7 Access to Address Urgent Needs
- ✓ Advance Consent (can be verbal)
- ✓ For complex CCM, moderately or highly complex medical decision-making by the billing practitioner and substantial care plan revision.

CCM in RHCs and FQHCs

- General supervision for CCM beginning in CY 2017, however only CPT 99490 is payable in these settings (complex CCM is not payable) and there is no add-on code/payment for initiating visits

CCM Cost Sharing

- Currently CMS lacks authority under the law to remove the usual Part B cost sharing that applies to CCM services
- However Medigap plans must provide wrap-around coverage of cost sharing for CCM, and most beneficiaries have Medigap or other supplemental insurance

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Evaluation Overview

"Working to Achieve Health Equity"

Overview of Evaluation of CCM Service Uptake

- Evaluation goals
  - Assess uptake and diffusion of the CCM service code from January 2015 through December 2016
  - Explore the experience of providers and Medicare beneficiaries with the CCM fee and service
- Quantitative methods
  - Descriptive and multivariate difference-in-differences estimation of impact of CCM fee policy on outcomes
- Qualitative methods
  - One round of semi-structured interviews
    - CCM fee billing and non-billing practices and eligible professionals
    - Professional societies
    - Medicare beneficiaries receiving CCM services

CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Chronic Care Management Education and Outreach Campaign

"Working to Achieve Health Equity"

Chronic Care Management Services Campaign

The CMS Office of Minority Health (OMH) has been tasked under legislation to partner with the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) to design and implement an **education and outreach campaign** to:

- Inform professionals and consumers of the benefits of chronic care management services for individuals with chronic care needs, and
- Focus on encouraging participation by underserved rural populations and racial and ethnic minority populations.

CAMPAIGN AUDIENCE

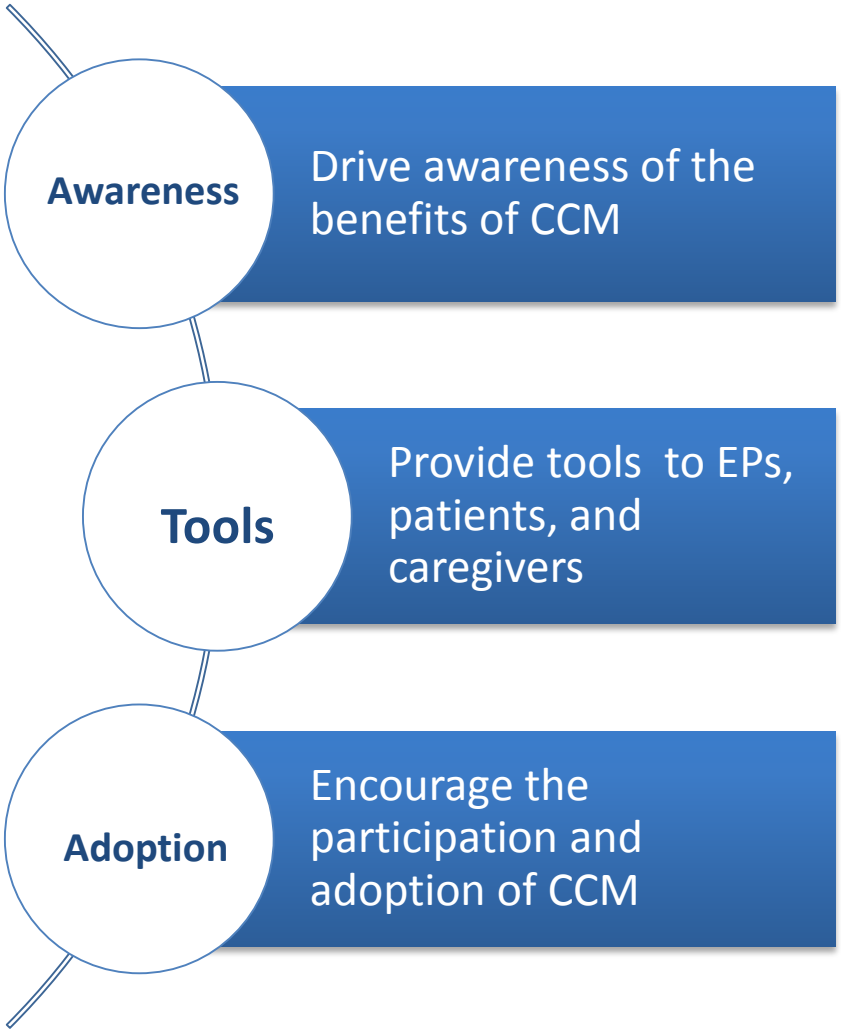
Primary Audiences

- **Eligible practitioners (EPs) and Suppliers:**
  - **Eligible practitioners:** Physicians, Clinical Nurse Specialists, Nurse Practitioners, and Physician Assistants
  - **Eligible suppliers:** Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

- **Consumers/Patients:** Medicare and dual-eligible beneficiaries (Medicare & Medicaid) with two or more chronic conditions, with a focus on underserved rural populations and racial and ethnic minority populations

Secondary Audience

- **Caregivers** of patients



Questions-and-Answers

Thank you!

- For questions about the PFS Rule Changes:
  - Ann Marshall (General questions): Ann.Marshall@cms.hhs.gov
  - Corinne Axelrod (Questions related to FQHCs and RHCs): Corinne.Axelrod@cms.hhs.gov
- For more information about the CCM campaign, email: omh@cms.hhs.gov
- Please complete the webinar feedback form immediately following the webinar

CMS Office of Minority Health Website