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Proposed New Care Coordination Services and Payment for Rural Health Clinics (RHCs) and Federally-Qualified Health Centers (FQHCs)

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Acronyms in this Presentation

BHI	-----	Behavioral Health Integration
CY	-----	Calendar Year
CCM	-----	Chronic Care Management
CMS	-----	Centers for Medicare & Medicaid Services
CoCM	-----	Collaborative Care Model
FQHC	-----	Federally Qualified Health Center
RHC	-----	Rural Health Clinic
PFS	-----	Physician Fee Schedule



Care Coordination Services- Background



Care Coordination Services - Background

- **Chronic Care Management (CCM) Services**
- **General Behavioral Health Integration (BHI) Services**
- **Psychiatric Collaborative Care Model (Psychiatric CoCM) Services**



Care Coordination Services - Background

CCM Services (CPT 99490) is at least 20 minutes of care management services directed by an RHC or FQHC practitioner, per calendar month, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, and
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

Complex CCM Services (CPT 99487) is at least 60 minutes of care management services of moderate to high complexity, directed by an RHC or FQHC practitioner, per calendar month, with the same required elements.



Care Coordination Services - Background

General BHI Services (G0507) is at least 20 minutes of care management time directed by an RHC or FQHC practitioner, per calendar month, with the following required elements:

- Any behavioral health or psychiatric condition being treated by the RHC or FQHC primary care practitioner, including substance use disorders, that, in the clinical judgment of the RHC or FQHC practitioner, warrants BHI services.



Care Coordination Services - Background

Psychiatric CoCM Services (G0502 and G0503) is at least 70 minutes in the first calendar month, and at least 60 minutes in subsequent calendar months of psychiatric CoCM services (including the services of a behavioral health care manager and psychiatric consultant), with the following required elements:

- Any behavioral health or psychiatric condition being treated by the RHC or FQHC primary care practitioner, including substance use disorders, that, in the clinical judgment of the RHC or FQHC practitioner, warrants psychiatric CoCM services.



Care Coordination Services - Background

CCM Services

- Payment began 1/1/15 for practitioners billing under the Physician Fee Schedule (PFS).
- Payment began 1/1/16 for RHCs and FQHCs.
- Based on the Medicare PFS national non-facility payment rate for CPT 99490.
- Rate updated annually and has no geographic adjustment.
- The RHC and FQHC face-to-face requirements waived.



Care Coordination Services - Background

Beginning January 1, 2017

- RHCs and FQHCs can furnish CCM (and TCM) services under general supervision requirements instead of direct supervision requirements.
- Scope of Service Requirements revised (initiating visit, electronic care plan, beneficiary consent, etc.), consistent with PFS scope of services changes, to:
 - Reduce the burden of furnishing these services and
 - Promote beneficiary access to these services.



Care Coordination Services - Background

Complex CCM, General BHI, Psychiatric CoCM Services

- Payment began 1/1/16 for practitioners billing under the PFS.
- RHCs and FQHCs not currently authorized to bill for these services (either as an RHC/FQHC or under the PFS).
- In the CY 2017 PFS final rule, we noted that patient eligibility is determined by the RHC or FQHC practitioner, and mental health conditions are not excluded, and invited comments on whether an additional code specifically for mental health conditions is necessary for RHCs and FQHCs that want to include beneficiaries with mental health conditions in their CCM services.



Care Coordination Services - Background

Codes	Minimum Time	2017 Payment Under the PFS	Currently Payable to RHCs and FQHCs?
CCM - 99490 Complex CCM - 99487	20 minutes 60 minutes	\$42.71 \$93.67	Yes No
General BHI - G0507	20 minutes	\$47.73	No
Psychiatric CoCM G0502 G0503	Initial 70 minutes Subsq 60 minutes	\$142.84 \$126.33	No No



Proposed for 2018



Proposed for 2018

The CY 2018 PFS Proposed Rule proposes to:

- Revise the CCM payment for RHCs and FQHCs, and
- Establish requirements and payment for general BHI and psychiatric CoCM services furnished in RHCs and FQHCs.



Proposed for 2018:

Revise the CCM Payment for RHCs and FQHCs and Add Payment for General BHI

- Establish new General Care Management G code, GCCC1.
- Payment amount would be set at the average of the national non-facility PFS payment rates for:
 - CCM code 99490,
 - Complex CCM code 99487, and
 - General BHI code G0507.



Proposed for 2018:

Revise the CCM Payment for RHCs and FQHCs and Add Payment for General BHI

- Using CY 2017 rates, the payment amount for General Care Management would have been approximately \$61.
 - CPT 99490 (\$42.71), + CPT 99487 (\$93.67), + G0507 (\$47.73) = \$184.11
 - $\$184.11/3 = \mathbf{\$61.37}$
- Once the 20-minute threshold is met for either CCM or general BHI, reporting and tracking of additional time increments is not required.



Proposed for 2018: General Care Management (GCCC1)

- Would be billed alone or in addition to other services furnished during the RHC or FQHC visit.
- Could be billed once per month per beneficiary.
- Could not be billed if other care management services (such as TCM or home health care supervision) are billed for the same time period.



Proposed for 2018: General Care Management (GCCC1)

- Directed by the RHC or FQHC primary care practitioner, who remains involved through ongoing oversight, management, collaboration and reassessment.
- Care management services are typically furnished in a non-face-to-face setting by clinical personnel working under general supervision of the RHC or FQHC primary care practitioner.
- Time spent by administrative or clerical staff cannot be counted towards the time required to bill these services.



CCM and General BHI Requirements (GCCC1)

Initiating Visit (same for CCM and General BHI)

- An E/M, AWW, or IPPE visit occurring no more than one-year prior to commencing care coordination services.
- Furnished by a primary care physician, NP, PA, or CNM.
- Billed as an RHC/FQHC visit.



CCM and General BHI Requirements (GCCC1)

Beneficiary Consent (same for CCM and General BHI)

- Obtained during or after initiating visit and before provision of care coordination services by RHC or FQHC practitioner or clinical staff.
- Written or verbal, documented in the medical record.
- Includes information on the availability of care coordination services and applicable cost-sharing; that only one practitioner can furnish and be paid for care coordination services during a calendar month; that the patient has right to stop care coordination services at any time (effective at the end of the calendar month); and that the patient has given permission to consult with relevant specialists.



CCM and General BHI Requirements (GCCC1)

Billing Requirements (same for CCM and General BHI)

At least 20 minutes of care coordination services per calendar month that is:

- Furnished under the direction of the RHC or FQHC primary care physician, NP, PA, or CNM; and
- Furnished by an RHC or FQHC practitioner, or by clinical personnel under general supervision.



CCM and General BHI Requirements (GCCC1)

Patient Eligibility - CCM

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, and place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

Patient Eligibility – General BHI

- Any behavioral health or psychiatric condition being treated by the RHC or FQHC primary care practitioner, including substance use disorders, that, in the clinical judgment of the RHC or FQHC practitioner, warrants BHI services.



CCM and General BHI Requirements (GCCC1)

Required Service Elements – CCM

- Structured recording of patient health information using Certified EHR Technology and includes demographics, problems, medications, and medication allergies that inform the care plan, care coordination, and ongoing clinical care;
- 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week, and continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;



CCM and General BHI Requirements (GCCC1)

Required Service Elements – CCM

- Comprehensive care management including systematic assessment of the patient's medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services; medication reconciliation with review of adherence and potential interactions; and oversight of patient self-management of medications;
- Comprehensive care plan including the creation, revision, and/or monitoring of an electronic care plan based on a physical, mental, cognitive, psychosocial, functional, and environmental (re)assessment and an inventory of resources and supports; a comprehensive care plan for all health issues with particular focus on the chronic conditions being managed;



CCM and General BHI Requirements (GCCC1)

Required Service Elements – CCM

- Care plan information made available electronically (including fax) in a timely manner within and outside the RHC or FQHC as appropriate and a copy of the plan of care given to the patient and/or caregiver;
- Management of care transitions between and among health care providers and settings, including referrals to other clinicians; follow-up after an emergency department visit; and follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities; timely creation and exchange/transmit continuity of care document(s) with other practitioners and providers;



CCM and General BHI Requirements (GCCC1)

Required Service Elements – CCM

- Coordination with home- and community-based clinical service providers, and documentation of communication to and from home- and community-based providers regarding the patient's psychosocial needs and functional deficits in the patient's medical record; and
- Enhanced opportunities for the patient and any caregiver to communicate with the practitioner regarding the patient's care through not only telephone access, but also through the use of secure messaging, Internet, or other asynchronous non-face-to-face consultation methods.



CCM and General BHI Requirements (GCCC1)

Required Service Elements – General BHI

- Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- Facilitating and coordinating treatment (such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation); and
- Continuity of care with a designated member of the care team.



Proposed for 2018:

Establish a Psychiatric CoCM Code for RHCs and FQHCs

- Establish new Psychiatric CoCM G Code, GCCC2, for RHCs and FQHCs.
- Payment amount would be set at the average of the national non-facility PFS payment rates for psychiatric CoCM codes G0502 and G0503.



Proposed for 2018:

Establish a Psychiatric CoCM Code for RHCs and FQHCs

- Using CY 2017 rates, the payment amount for psychiatric CoCM for RHCs and FQHCs would have been approximately \$134.
- $G0502 (\$142.84) + G0503 (\$126.33) = \$269.17$
- $\$269.17/2 = \mathbf{\$134.58}$



Proposed for 2018: Psychiatric CoCM (GCCC2)

- Would be billed alone or in addition to other services furnished during the RHC or FQHC visit.
- Could be billed once per month per beneficiary.
- Could not be billed if other care management services (including GCCC1) are billed for the same time period.



Proposed for 2018: Psychiatric CoCM (GCCC2)

- Directed by the RHC or FQHC primary care practitioner, who remains involved through ongoing oversight, management, collaboration and reassessment.
- Care coordination services are typically furnished in a non-face-to-face setting primarily by a non-RHC or FQHC practitioner working under general supervision requirements.
- Time spent by administrative or clerical staff cannot be counted towards the time required to bill these services.



Psychiatric CoCM (GCCC2) Requirements

- Initiating Visit and Beneficiary Consent – Same as CCM and General BHI.
- Billing Requirements: At least 70 minutes in the first calendar month, and at least 60 minutes in subsequent calendar months of psychiatric CoCM services that is:
 - Furnished under the direction of the RHC or FQHC primary care practitioner; and
 - Furnished by an RHC or FQHC practitioner or behavioral health care manager under general supervision.
- Patient Eligibility: Any mental, behavioral health, or psychiatric condition being treated by the RHC or FQHC primary care practitioner, including substance use disorders, that, in the clinical judgment of the RHC or FQHC practitioner, warrants psychiatric CoCM services.



Psychiatric CoCM (GCCC2) Requirements

Required Elements - RHC or FQHC Primary Care Practitioner

- Direct the behavioral health care manager or clinical staff;
- Oversee the beneficiary's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed; and
- Remains involved through ongoing oversight, management, collaboration and reassessment.



Psychiatric CoCM (GCCC2) Requirements

Required Elements - Behavioral Health Care Manager

- Provide assessment and care management services, including the administration of validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; provision of brief psychosocial interventions; ongoing collaboration with the RHC or FQHC practitioner; maintenance of the registry; acting in consultation with the psychiatric consultant;
- Be available to provide services face-to-face with the beneficiary; having a continuous relationship with the patient and a collaborative, integrated relationship with the rest of the care team; and
- Be available to contact the patient outside of regular RHC or FQHC hours as necessary to conduct the behavioral health care manager's duties.



Psychiatric CoCM (GCCC2) Requirements

- Required Elements - **Psychiatric Consultant**
 - Participate in regular reviews of the clinical status of patients receiving CoCM services;
 - Advise the RHC or FQHC practitioner regarding diagnosis, options for resolving issues with beneficiary adherence and tolerance of behavioral health treatment; making adjustments to behavioral health treatment for beneficiaries who are not progressing; managing any negative interactions between beneficiaries' behavioral health and medical treatments; and
 - Facilitate referral for direct provision of psychiatric care when clinically indicated.



Implementation

If finalized as proposed:

- RHCs and FQHCs would continue to receive payment for CCM when CPT code 99490 is billed alone or with other payable services on an RHC or FQHC claim until 12/31/17.
- Claims submitted on or after 1/1/18 will not be paid.
- Beginning on 1/1/18, RHCs and FQHCs would use the new General Care Management G code (GCCC1), either alone or with other payable services on an RHC or FQHC claim, when billing for CCM or general BHI services.
- Beginning on 1/1/18, RHCs and FQHCs would use the new psychiatric CoCM G code (GCCC2), either alone or with other payable services on an RHC or FQHC claim, when billing for psychiatric CoCM services.



Other Options Considered

- Billing for each code in the same manner as we currently allow CPT code 99490 to be added to a claim.
- Creating one G code based upon the average rate of all 5 codes.
- Developing 3 G codes – one for the CCM codes, one for the general BHI code, and one for the psychiatric CoCM codes.



Proposal:

- Less burdensome than separate reporting for each code (requires less record keeping, monitoring, and coding expertise).
- More care management codes may be added in the future.
- More consistent with the RHC and FQHC payment methodology of averaging actual costs to determine a payment rate and not paying for services based on time increments.



Summary

Proposal: 2 new G codes for RHCs and FQHCs for care coordination services.

GCCC1 – CCM/General BHI services

- Paid at the average of CPT 99490, CPT 99487, and HCPCS G0507.
- Using 2017 rates, payment would be \$61.37 for 20 minutes or more of CCM/General BHI services.

GCCC2 – Psychiatric CoCM services

- Paid at the average of HCPCS code G0502 and G0503.
- Using 2017 rates, payment would be \$134.58 for initial or subsequent psychiatric CoCM services.



Comments

CY 2018 Physician Fee Schedule Proposed Rule:

<https://www.gpo.gov/fdsys/pkg/FR-2017-07-21/pdf/2017-14639.pdf>

Submit Comments by 9/11/17:

<https://www.regulations.gov/document?D=CMS-2017-0092-0012>



Connected Care Resource Hub

- **Information for Health Care Professionals**
 - Access resources and tools explaining the benefits of CCM and how to implement this service
- **Information for Patients**
 - Access easy-to-read information on the benefits of CCM for Medicare beneficiaries living with two or more chronic conditions
- **Campaign Partnership Resources**
 - Access information about partnering to bring awareness to CCM through the *Connected Care* campaign

Visit the Connected Care Hub at: go.cms.gov/CCM

Contact us with CCM questions: CCM@cms.hhs.gov

The screenshot displays the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Notice, and a search bar. Below this is a secondary navigation bar with categories like Medicare, Medicaid/CHIP, Medicare-Related Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area features a header for 'Connected Care: The Chronic Care Management Resource' with a sub-header 'Spotlight: CCM Resources for Health Care Professionals'. A central image shows a doctor talking on a phone. Below the image is a text block stating: 'An estimated 117 million adults have one or more chronic health conditions, and one in four adults have two or more chronic health conditions. Through the Connected Care campaign, the CMS Office of Minority Health and the Federal Office of Rural Health Policy at the Health Resources & Services Administration will raise awareness of the benefits of CCM for patients with multiple chronic conditions and provide health care professionals with resources to implement CCM.' There are three smaller images below: 'Health Care Professional Resources', 'Patient Resources', and 'Become a Partner'. The footer contains a 'Receive Email Updates' form and a table of links categorized into 'CMS & HHS Websites', 'Tools', and 'Helpful Links'.



Question & Answer Session



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