Updates on Incident-To Billing: Chronic Care Management and Transitional Care Management

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Telligen
Who We Are

• Telligen is the Quality Improvement Organization (QIO) for the states of Iowa, Colorado, and Illinois, contracted by the Centers for Medicare and Medicaid Services (CMS)

• QIO activities include direct technical assistance to physicians, clinical pharmacists, hospitals, nursing homes, and home health agencies to improve the outcomes of and demonstrate value of health care services

• QIO improvement activities support the National Quality Strategy, Partnership for Patients, Million Hearts Initiative, Health and Human Services National Action Plan for Adverse Drug Event Prevention, and Everyone with Diabetes Counts
Our Initiatives

- Care Coordination
- Diabetes Care
- Cardiac Health
- Health Information Technology
- Quality Reporting and Incentive Programs
- Healthcare-Associated Infections
- Nursing Home Care
- Medication Safety
Our Mission

The QIO mission is aligned with the national priorities to achieve goals with three broad aims:

- **Better Care for the Individual**: Improve overall quality by making health care more patient centered, reliable, accessible and safe

- **Better Health for Populations**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care

- **Lower Cost through improvement (affordable care)**: Reduce the cost of quality health care for individuals, families, employers, and government
Adverse drug events (ADEs) are a serious public health problem

Adverse drug events will happen in about the time it takes you to read this graphic

1.5 Million Adverse Drug Events Occur EACH YEAR in the U.S. Healthcare System

$3.5 Billion in U.S. healthcare costs
Poll²

Which statement accurately describes most of your professional relationships?

A. discretely dispensing prescriptions
B. making physicians aware of the resources a pharmacist can provide
C. exploration and trial of collaboration
D. periodic face to face meetings with the physician
E. committed collaborative working relationship
Incident Billing

- New Rules for 2015
- Medicare
- Non-physician personnel
- General supervision
Changes

• Not employed by physician
• Indirect supervision
• Off-site
• 24/7 care
CMS Clarification

- AAFP Request
- Is a pharmacist included?

YES!!
CCM Core Elements

1. Written Consent
2. Specific CCM capabilities
3. 20 minutes
Reimbursement

- $40
- Copay & deductible apply
- Who can bill?
CCM Requirements

1. Written Consent
2. Certified EHR
3. Electronic Care Plan
4. Access
5. Facilitation
6. Coordination
7. 20 minutes non-face-to-face care management services
Pharmacist’s Role

- Medication Reconciliation
- Preventive Services
- Monitoring
EHR Requirement

- Billing Provider
- Access to Care Plan
- Encrypted Email
CCM CPT codes

- 99490
- 2+ chronic conditions...
- Significant risk...
- Care plan...
Iowa Medicaid

• CCM 99490 billable by MD and DO only
• $38.25
• State Fee Schedule
  http://dhs.iowa.gov/ime/providers/csrp/fee-schedule/agreement
• No apparent coverage for TCM
Poll

What value do you perceive as the most important value TO THE PHYSICIAN, in terms of a collaborative practice agreement

A. Saves them time
B. Saves them money
C. Earns them money
D. Decreases penalties
E. Improves patient outcomes
CCM Physician Revenue Potential

• Annual number of unique eligible patients at a family medicine practice site = 500
• Average reimbursement for CCM = $40
• 500 patients x 12 months each x $40 = $240,000 to the physician
• Subtract nurse salary & time = nursing burden?
Then Why Include the Pharmacist?

- Patient access to medication expert
- Saves doctor time to see more patients
- Improved outcomes = better payments
- Referrals from the pharmacist
- Extra revenue
Poll

What value do you perceive as the most important value TO THE PHARMACIST, in terms of a collaborative practice agreement

A. Increased referrals
B. Increased revenue
C. Improved patient outcomes
D. Elevates professional position
E. Ensures a consistent patient population
CCM Pharmacist Revenue Potential

- 500 patients x 20 pharmacist minutes per month = 166 hours
- = 1 pharmacist FTE (at ~40 hours per week) needed
- 166 pharmacist hours x $60/hr x 12 months = $120,000 pharmacist salary

Break Even Proposition:
- Collaborative Practice and Business Agreement for $20 to the pharmacist for each patient each month = $20 x 500 x 12 = $120,000 revenue sharing
- CPA proposal: $20 to physician practice, $20 to pharmacist
- Still leaves $120,000 “free” revenue to the physician
Better than break-even?

- Additional revenue from referrals, consistent patients, increased compliance......

= increased compliance
= more refills
= more referrals
= increased revenue
= improved STAR ratings
TCM Overview

99495

$172
face to face visit within 14 days

99496

$243
face to face visit within 7 days
Discharge Eligibility

- Acute care hospital
- Rehab hospital
- Long-term acute care hospital
- Skilled nursing facility
- Community mental health center partial hospitalization program
TCM Services Settings

- Home
- Rest Home
- Assisted Living
Provider Responsibility

• Oversight
• Management
• Coordination
  – Medical conditions
  – Psychosocial needs
  – ADL support
TCM Core Elements

- Communicate within 2 business days
- Face to face visit (99496 and 99495)
- Medication reconciliation
- Non-face-to-face care management services
- Medical decision making
  - Moderate complexity (99495)
  - High complexity (99496)
Cost Avoidance

• Preventing an adverse drug event equates to about $2000 in health care dollars saved per event

MARQUIS Tool

• Medication Reconciliation Resources
  – Taking a Best Possible Medication History Presentation
  – Taking a Good Medication History Video
  – Best Possible Medication History (BPMH) Pocket Cards
  – Good Discharge Counseling Video
  – ROI Calculations
Consider...

Have you made any observations while documenting the recommendation process, feedback, and outcomes?
Poll

Are you:

A. Documenting your recommendations
B. Documenting your recommendations and the feedback from the physician
C. Documenting your recommendations, feedback, AND outcome of your recommendations
D. Do not think documenting is important
• **Pharmacist**- “We provide exceptional care for our patients...”

• **Payer**- “Prove it!”
How do you know? How does the payer know?

“A person with a problem and no data, is just another person with an opinion.” - unknown
Adverse Drug Events prove to be more fatal in outpatient settings (1 of 131 outpatient deaths) than in hospitals (1 of 854 deaths). The total number of visits to treat ADEs increased from 2.9 million in 1995 to 4.3 million in 2001. ADE in the ambulatory setting substantially increased the healthcare costs of elderly persons and estimated costs were $1,983 per case. Preventing adverse drug events visits = potential cost-savings of $946 million to $2.4 billion. It is estimated that between 2004 and 2005, in the United States 701,547 patients were treated for ADEs in emergency departments and 117,318 patients were hospitalized for injuries caused by an ADE. Improper use of prescription medicines due to lack of knowledge costs the economy an estimated $20-100 billion per year. 11% to 28% of the 4.3 million visit related ADEs (VADE) in 2001 might have been prevented with improved systems of care and better patient education. American businesses lose an estimated 20 million workdays per year due to incorrect use of medicines prescribed for heart and circulatory diseases alone.
Medication Management

• Pharmacists already **DO** this....

• We just need to
  – Document it
  – Track it
  – Prove it!!


- Transitional Care Management Services [http://www.nacns.org/docs/TransCareMgmtFAQ.pdf](http://www.nacns.org/docs/TransCareMgmtFAQ.pdf)
- Chronic Conditions Data Warehouse [https://www.ccwdata.org/web/guest/home](https://www.ccwdata.org/web/guest/home)
- Payment Information [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup)
Contact Information

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Upcoming Events

Thursday June 11th, 12:15-1:15 CST. Medication Reconciliation and the MATCH Toolkit

Thursday June 18th, 9am CST. Community Pharmacist’s Role in Improving Care Outcomes- a Grant Perspective

Thursday August 27th, 10am CST. Community Guidance for Reducing Medication Associated Readmissions

Friday September 25th, 11am CST. Managing Medication in an Ambulatory Anticoagulation Clinic

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