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

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Telligen

Quality Improvement Organizations
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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:

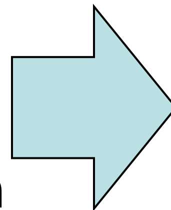
- ***Better Care for the Individual:*** Improve overall quality by making health care more patient centered, reliable, accessible and safe
- ***Better Health for Populations:*** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental 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

ADE Data[1]

Adverse drug events (ADEs) are a serious public health problem

3 **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

Poll[2]

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[3]

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[3]

- 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 canter 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[4]

- 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

DATA

- *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

Proof

American businesses lose an estimated 20 million workdays per year due to incorrect use of medicines prescribed for heart and circulatory diseases alone

failure to have prescriptions dispensed and/or renewed = $8.5 billion for increased hospital admissions and physician visits = 1% total US healthcare expenditures

One study estimated the rate of ADEs in the ambulatory setting to be 27 per 100 patients

improper use of prescription medicines due to lack of knowledge costs the economy an estimated $20-100 billion per year

ADE in the ambulatory setting substantially increased the healthcare costs of elderly persons and estimated costs were $1,983 per case

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

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

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

*4)

Medication Management

- Pharmacists already **DO** this....

- We just need to
  - **Document it**
  - **Track it**
  - **Prove it!!**

Resources & References

1) Institute of Medicine Committee on Identifying and Preventing Mediation Errors. *Preventing Medication Errors: Quality Chasm Series. Washington, DC: the National Academies Press, 2006.*
2) JAPhA Sept./Oct. 2001, Vol. 41, No. 5 *Developing Collaborative Working Relationships Between Pharmacists and Physicians*, McDonough RP, & Doucette, WR.
3) Chronic Care Management Services http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf
4) MARQUIS Toolkit https://innovations.ahrq.gov/qualitytools/multi-center-medication-reconciliation-quality-improvement-study-marquis-toolkit
5) http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/RY2015-Narrative-Specifications.pdf

- Payment of Chronic Care Management Services Under CY 2015 Medicare PFS: MLN Connects National Provider Call http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2015-02-18-CCM-Transcript.pdf
- Transitional Care Management Services http://www.nacns.org/docs/TransCareMgmtFAQ.pdf
- Chronic Conditions http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions
- Chronic Conditions Data Warehouse https://www.ccwdata.org/web/guest/home
- Health and Human Services National Action Plan for Adverse Drug Event Prevention http://www.health.gov/hcq/pdfs/ADE-Action-Plan-508c.pdf
- Telligen Quality Improvement Organization Initiatives & Resources http://www.telligenqinqio.com/initiatives
- EHR and Other Electronic Technology Requirements http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms
- Payment Information http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup

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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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