The Alliance

A newsletter brought to you by CHPA - Community Health Provider Alliance

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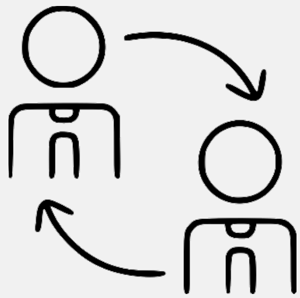
Sheridan Health Services
COLLEGE OF NURSING
UNIVERSITY OF COLORADO

Welcome Sheridan Health Services!

2018 Attribution Increase



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Say HELLO to our newest member – Sheridan Health Services!

Please welcome our newest CHC member, Sheridan Health Services! Sheridan recently joined CHPA, bringing our total CHC membership to 95% of the CHCs in Colorado. We are happy to have them on board and participating in the 2019 Medicare Shared Savings Program (MSSP), along with our other programs with CHP+ and various payers.

2018 Attribution Increase

2018 came with some big increases in attribution for the Medicare Shared Savings Program (MSSP). CHPA's attributed Medicare lives increased 46%, going from just over 6,700 attributed lives to 9,801. We anticipate seeing another additional increase starting in January 2019 when CMS will be implementing some FQHC specific changes to attribution and utilizing Nurse Practitioners and Physician Assistants in the attribution process. Currently, Medicare beneficiaries are only attributed to MDs and DOs.

Why does this increase matter? There are two primary impacts of an increase in attribution. On the one hand, it spreads the risk associated with controlling total cost of care across more lives and can minimize the impact of catastrophic cases. On the other hand, it makes us accountable for more people and means we need to focus on improving our efforts to engage patients in care and care management in order to achieve our cost and quality targets. This means it is incredibly important to be reviewing the data CHPA sends you about who your attributed patients are, if they have had an Annual Wellness Visit (AWV), and if they are high utilizers of other care providers who may need care coordination services.

At the end of June, CHPA distributed updated attribution reports, which identified those patients due for an AWV as well as those patients identified as Emergency Room “Frequent Fliers” (8 or more visits to the ER in the last 12 months). These are good opportunities to engage your Medicare beneficiaries. Many of those patients may not realize they are due for an Annual Wellness Visit, which is a great source of preventive care and obtaining quality metrics for CMS, as well as educating those ER frequent fliers in case management and patient education of the appropriate use of ERs. Please reach out to CHPA staff if you’d like a one-on-one meeting to review the report and discuss next steps.

CHPA - New Faces and an Update on Recent Staffing Changes

As many of you know, Erin Rager left CHPA in June for a new opportunity working on national-level payment reform. While we’re happy for Erin, the change left some gaps for CHPA to fill. CHPA has been reviewing how best to structure our work moving forward, and this has led to an even closer partnership with CCHN as we seek to fill our needs, and it means you may be hearing from familiar CCHN staff in their new roles with CHPA. In fact, many of you likely heard from Marija Weeden in July related to your provider lists for MSSP.

Marija has been with CCHN for 4 years now and has taken on the role of ACO Program Manager, as a part time position for CHPA. Marija leads CCHN’s payment reform work with Medicaid and worked closely on our aligned efforts to improve CHC coding to demonstrate accurate performance to payers, including Medicaid and Medicare. Additionally, Marija has worked closely with the Billing Managers and Fiscal Directors developing a deep understanding of CHC billing practices and cost reporting and has worked with CCHN’s quality team to support various projects and efforts connected to payment reform and coding practices. Serving as CHPA’s ACO Program Manager, Marija will oversee the tasks associated with managing CHC participation in the MSSP, such as updating provider lists; will continue CHPA’s work on improving coding and clinical practices, particularly around Annual Wellness Visits; and will be helping ensure CHCs receive data reports from CHPA on their current performance and areas of improvement.

In addition to Marija, CHPA is expanding some additional support from CCHN and will look to hire a full-time Quality Improvement position to be a part of the CCHN QID team. We have also contracting with an ACO partner, Health Endeavors, to help us with the CMS’ CCLF files and data analytics as well as required reporting. With this new vendor, CHPA will be able to supply more timely reports to the CHCs on their Medicare performance. Samples of the new reports will be shared with the clinical providers in CCAN at the September Triannual in Breckinridge.

CMS Proposed Rule on MSSP: Pathways to Success

This month CMS proposed some significant changes to the MSSP program through a new draft rule, known as Pathways to Success. This is a significant overhaul of the MSSP program and sets ACOs on a glide path to risk. Historically, ACOs were allowed two 3-yr contract cycles before entering into any downside risk models. In the new Proposed Rule, CMS seeks to push ACOs into a glide-path towards risk at a faster rate. They propose increasing the contract cycle from 3 to 5 years; changing beneficiary assignment, and eliminating the Track 1, 2 and 3 and replacing them with a BASIC and ENHANCED track. The BASIC track has incremental risk over time, with the Level E, the highest level of risk in BASIC, being at the same level as the current Track 1+ model. CHPA’s existing contract cycle goes through 2019, so we would be considering entering the BASIC track in 2020. CHPA staff are working on reviewing the full Proposed Rule, which is over 600 pages, and will be generating comments that align with FQHCs and CHPA’s best interests. Comments are due to CMS by October 16th. We will also be working with CCHN to submit comments in alignment with comments developed by NACHC and the National Association of ACOs (NAACOs). We will be asking that all CHPA members also submit comments based on our feedback. You should anticipate seeing a request from CHPA regarding this in the coming weeks.

To gain a better understanding of the proposed rules prior to the request coming, please look at these resources:

- "Pathways to Success: A New Start for Medicare's Accountable Care Organization" – this HealthAffairs article written by CMS' Seema Verma offers an overview of the rule and reasons behind the proposed changes from CMS' perspective.
- NAACOS Member August Newsletter – The National Association of ACOs, of which CHPA is a member, included a number of articles analyzing the proposed rule in their August newsletter.

Expect an email in the coming weeks with more information and instructions on submitting comments yourself. If you have any specific questions on the new Proposed Rule and what impact it will have on your clinic, please contact Kerry at kcogan@chpanetwork.com.

Please Remember to notify CHPA when you update PECOS with Provider information

Did you have a provider leave? A new one start? Notify Marija (marija@cchn.org) after you have updated PECOS with this information, so we can keep our MSSP list current and accurate. This will also speed up our annual process of checking the provider list. Here's what to send:

- Provider NPI
- Provider Name (as listed in PECOS)
- Provider Specialty

Chronic Care Management Services / Complex Care Management

New FQHC Care Management Services

Similar to what we've done to highlight missed revenue opportunities with the Annual Wellness Visits, we're encouraging our FQHCs to bill when appropriate for Chronic Care Management services with CMS. Effective January 1, 2018, FQHCs can now bill for these Chronic Care Management services. FQHCs can receive payment for psychiatric Collaborative Care Model (CoCM) services when 70 minutes or more of initial psychiatric CoCM services or 60 minutes or more of subsequent psychiatric CoCM services are furnished and G0512 is billed either alone or with other payable services on an FQHC claim.

CCM services furnished on or before December 31, 2017 will continue to be processed and paid when CPT code 99490 is billed alone or with other payable services on an FQHC claim. Service lines reported with CPT code 99490 will be denied for dates of service on or after January 1, 2018.

Care Management Services in RHCs and FQHCs - FAQs - (Updated on 2/27/2018)

Excerpt: Care Management services are billed and paid as follows:

TCM: For Transitional Care Management (TCM) services furnished on or after January 1, 2013, TCM services are billed by adding CPT code 99495 (14-day discharge, moderate complexity) or CPT code 99496 (7 day discharge, high complexity) to an RHC or FQHC claim, either alone or with other payable services. If it is the only medical service provided on that day with an RHC or FQHC practitioner it is paid as a stand-alone billable visit. If it is furnished on the same day as another visit, only one visit is paid.

2018 payment (CPT code 99495 or 99496) - Same as payment for an RHC or FQHC visit.

CCM: For Chronic Care Management (CCM) services furnished between January 1, 2016 and December 31, 2017, CCM services are billed by adding CPT code 99490 (20 minutes or more of CCM services) to an RHC or FQHC claim, either alone or with other payable services. Payment is based on the Physician Fee Schedule (PFS) national average non-facility payment rate for CPT code 99490. RHC or FQHC claims submitted using CPT code 99490 for services on or after January 1, 2018 will be denied. For CCM services furnished on or after January 1, 2018, CCM services are billed by 3 adding the general care management HCPCS code, G0511, to an RHC or FQHC claim, either alone or with other payable services. Payment is set annually at the average of the national non-facility PFS payment rate for CPT codes 99490 (20 minutes or more of CCM services), 99487 (60 minutes or more of complex CCM services), and 99484 (20 minutes or more of general behavioral health integration services).

2018 payment (HCPCS code G0511) – $62.28

General BHI: For general Behavioral Health Integration (BHI) services furnished on or after January 1, 2018, general BHI services are billed by adding the general care management HCPCS code, G0511, to an RHC or FQHC claim, either alone or with other payable services. Payment is set annually at the average of the national non-facility PFS payment rate for CPT codes 99490 (20 minutes or more of CCM services), 99487 (60 minutes or more of complex CCM services), and 99484 (20 minutes or more of general behavioral health integration services).

2018 payment (HCPCS code G0511) – $62.28

Psychiatric CoCM: For Psychiatric Collaborative Care Management (CoCM) services furnished on or after January 1, 2018, psychiatric CoCM services can be billed by adding the psychiatric CoCM G code, G0512, to an RHC or FQHC claim, either alone or with other payable services. Payment is set annually at the average of the national non-facility PFS payment rate for CPT codes 99492 (70 minutes or more of initial psychiatric CoCM services) and CPT code 99493 (60 minutes or more of subsequent psychiatric CoCM services).

2018 payment (HCPCS code G0512) – $145.08

MSSP Attribution Files

CHPA has released 2018 MSSP Attribution files over Q1 of 2018. These files were sent in late June to the clinical contacts, plus other specified contacts as requested by the clinics. These lists are crucial to MSSP success in 2018! These lists not only contain information about who your patients are, but also the chronic conditions they have, and their “ER frequent flyer” utilization. If you would like a personal training session or have questions regarding your list, please contact Marija at marija@cchn.org.

How to use these files:

Key information for these files in contained in the columns titled “High Cost Benefit Individual” and “Last PCP Visit” – the corresponding cells are highlighted in the example below:

Patient	Age Cat	E SRD RAF	DI SAB RAF	AGED DUAL RAF	AGED RAF	ER Freq Flyer (>=8 in 1st 9 months of 2017)	High Cost Bene Ind.	High Cost Bene (Costliest Dx)	Last PCP Visit	FQHCName	Death Date	HCC Desc1	HCC Desc2
John Doe	65		0.307			ER FF	High-Cost	CKD	9/27/17	SMPL			
Jane Doe	65		0.658						9/27/17	SMPL		57- Schizo-phrenia	

[redacted]

Review these lists to identify:

- Who is a frequent ER utilizer or a high cost individual – these individuals may be great fits for your care coordination programs.
- Who hasn't had an Annual Wellness Visit – these visits include 13 items that count towards our quality scores for MSSP and are reimbursed at a higher level under the Medicare PPS system.

More information on how to use these files can be found here.

Other things we're reading/listening to section

Conversations on Health Care posts a weekly podcast with interviews on health care topics, fact checks on recent health care related items in the news, and a focus on innovative ideas being implemented somewhere in the country. Two recent podcasts may be of interest to you and your staff:

- Coordinated Care for High Use Patients – this interview with CareMore Health CEO Sachin Jain discusses their approach to chronic disease management, including ride-sharing and meal delivery services, loneliness prevention, and patient support across the care continuum.
  - https://www.chcradio.com/episode.php?id=445
- Re-imagining the Future of Health Care – this interview with Dr. Rasu Shrestha, CIO of UPMC, focuses on design thinking and innovation.
  - https://www.chcradio.com/episode.php?id=440

Get in Contact with CHPA!

Community Health Provider Alliance (CHPA) is an accountable care organization formed around a statewide integrated system of federally-qualified Community Health Centers (CHCs). CHPA was formed to improve care transitions and implement best practices in patient-centered medical home care coordination, to develop alternative payment methodologies and payment reform to decrease overall healthcare costs and increase patient satisfaction.

If you would like to be added to the newsletter e-mail distribution list, please contact Jake Rosse, CCHN executive assistant, at jake@cchn.org or (303) 867-9546.

If you have questions about the content of this newsletter, please contact Marija Weeden at Marija@cchn.org.

Get Active

Community Health Provider Alliance (CHPA)
600 Grant St., #800
Denver, CO 80203
(303) 867-9524
www.chpanetwork.com