Chronic Care Management (CCM) in Rural Health Clinics

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Welcome to the

Rural Health Clinic
Technical Assistance Webinar

Disclaimer

- This presentation contains information on Chronic Care Management (CCM) and Advanced Care Planning (ACP) in Rural Health Clinics (RHCs). It is not a legal document. Participants are encouraged to review the specific statutes, regulations, and other materials regarding CCM services in RHCs for additional information.

CCM Services

- Beginning on January 1, 2016, RHCs may receive an additional payment for the costs of CCM services that are not already captured in the RHC all-inclusive rate (AIR) for CCM services to Medicare beneficiaries having:

  - ☐ Multiple (two or more) chronic conditions that are 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.

MLN Matters® Number: MM9234 **Related Change Request (CR) #: CR 9234**
Related CR Release Date: November 18, 2015 **Effective Date: January 1, 2016**
Related CR Transmittal #: R1576OTN **Implementation Date: January 4, 2016**

Chronic Care Management (CCM) Services for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Background

- **CCM can only be <u>initiated</u> by a RHC practitioner during:**
  - ☐ A comprehensive evaluation and management (E/M) visit, or
  - ☐ An Annual Wellness Visit (AWV), or
  - ☐ An Initial Preventive Physical Examination (IPPE)

- **CCM can only be <u>billed</u> when a minimum of 20 minutes of CCM services have been furnished.**

Background

- CCM payment will be **based on** the Medicare PFS national average non-facility payment rate when CPT code 99490 is billed alone or with other payable services on a RHC claim.

- The rate will be updated annually and has no geographic adjustment.

- The RHC face-to-face requirements are waived when CCM services are furnished to a RHC patient.

Background

- Coinsurance and deductibles apply as applicable to RHC claims.

- RHCs cannot bill for CCM services for a beneficiary during the same service period as billing for transitional care management or any other program that provides additional payment for care management services (outside of the RHC AIR) for the same beneficiary.

Required Components

- Patient Agreements

- Scope of Service Elements

- EHR and Other Electronic Technology

Patient Agreement Requirements

- Inform the patient of the availability of the CCM service.

- Obtain written agreement to have the services provided, including authorization for the electronic communication of medical information with other treating practitioners and providers.

- Document this discussion in the patient's medical record, noting the patient's decision to accept or decline the service.

- Explain how to revoke the service.

- Inform the patient that only one practitioner can furnish and be paid for the service during a calendar month.

Patient Agreement Requirements

■ Discuss with the patient, and caregiver when applicable:

□ What the CCM service is;

□ How to access the elements of the service;

□ How the patient's information will be shared among practitioners and providers;

□ How cost-sharing (co-insurance and deductibles) applies to these services; and

□ How to revoke the service.

Scope of Service Elements

- Structured Data Recording

- Care Plan

- Access to Care

- Care Management

EHR Requirements

- Certified EHR technology required for some of the CCM scope of service elements.

- Information on acceptable EHR technology at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms.

- EHR technology certified to the 2014 edition(s) of certification criteria acceptable for CCM in 2016.

- Table I – Detailed EHR Requirements

CCM Billing Examples – Table II

- CCM Furnished as a Stand-alone Service
- CCM Furnished with a Billable Visit

CCM in RHCs

Frequently Asked Questions (FAQs)

FAQs for CCM Services

- **1. What is the payment rate for CCM services in RHCs?**

  - ☐ The 2016 rate for CCM services in RHCs is $40.84. The rate is available on the Physician Fee Schedule (PFS) Lookup tool at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html.

- **2. How is the rate set?**

  - ☐ The rate is the average non-facility payment rate paid under the PFS for CPT code 99490.

FAQs for CCM Services

- **3. Will the rate change throughout the year?**

  ☐ No, the rate is set annually and will be applied to CCM claims from January 1 to December 31.

- **4. Is there a geographic adjustment?**

  ☐ No, this rate is not geographically adjusted.

- **5. Is the coinsurance/deductible waived for CCM services?**

  ☐ No. The coinsurance/deductible is not waived for CCM services.

FAQs for CCM Services

- **6. Does CCM have to be billed on a claim with a RHC visit?**

  - ☐ No. CCM services can be billed alone or on the same claim as a billable visit.

- **7. If a RHC submits a claim with a billable visit and CCM services, would the total be subject to the RHC payment limit?**

  - ☐ No. The RHC would be paid 80% of their rate for the billable visit, subject to the RHC payment limit, plus 80% of the CCM payment. The CCM payment is paid separately and not factored in to the RHC rate.

FAQs for CCM Services

- **8. Can CCM costs such as software or management oversight be included on the cost report?**

  - ☐ Any cost incurred as a result of the provision of RHC services, including CCM, should be included in the Medicare cost report.

- **9. What revenue code should be used for CCM services?**

  - ☐ The most common revenue code to bill CCM services is 052X, however, CMS does not have a revenue code restriction for CCM.

FAQs for CCM Services

- **10. What date of service should be used on the claim and when should the claim be submitted?**

  - The service period for CCM services is one calendar month. RHCs can bill for CCM services when at least 20 minutes of CCM services have been furnished, or any time after that but before the end of the calendar month. The date of service can be the date that the minimum of 20 minutes has been met, or any date after that but before the end of the month.

FAQs for CCM Services

- **11. Who determines if a patient is eligible for CCM services?**

  ☐ A RHC practitioner must make the determination that a patient meets the criteria for CCM services and initiate CCM services during a comprehensive E/M visit, AWV, or IPPE visit.

- **12. How does a RHC practitioner initiate CCM services?**

  ☐ If the RHC practitioner determines during the E/M, AWV, or IPPE visit that the patient is eligible for CCM services, the RHC practitioner would discuss CCM services with the patient. If the RHC practitioner does not discuss CCM services with the patient, the visit would not be considered as an initiating visit for CCM.

FAQs for CCM Services

- **13. If the RHC practitioner initiates the discussion of CCM services during an E/M, AWV, or IPPE visit, can a nurse or other auxiliary staff person continue the discussion, including the consent requirements?**

  - Yes. As long as the RHC practitioner discusses CCM services with the patient during an E/M, AVW, or IPPE visit, qualified auxiliary staff (clinicians such as nurses, medical assistants, therapists, etc.) can complete the process.

FAQs for CCM Services

■ **14. If the RHC practitioner discusses CCM with the patient during an E/M, AWV, or IPPE visit, but the patient doesn't decide until the following week that he/she wants this service, can the patient still get CCM services or would he/she have to wait until a subsequent E/M or AWV visit?**

  ☐ Written consent is not required to be obtained at the initiating visit, but CCM has to have been discussed at that time and that consent obtained prior to start of CCM time.

FAQs for CCM Services

- **15. Once the patient has consented to receive CCM services, can other staff furnish CCM services?**

  - ☐ Once the RHC practitioner has initiated discussion of CCM services with the patient and the patient has consented to receive this service, other RHC practitioners and/or auxiliary staff can furnish the CCM services.

- **16. Must some portion of the 20 minutes of time per month be performed by the RHC practitioner or may the clinical staff fulfill the entire 20 minutes of care?**

  - ☐ Once CCM services have been initiated by the RHC practitioner, either the RHC practitioner or other clinical staff can furnish the CCM services.

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FAQs for CCM Services

- **17. Would the time spent performing secure messaging or other asynchronous non face-to-face consultation methods such as email count toward the 20 minutes required?**

  - Any time spent furnishing CCM services would count toward the 20 minute minimum, even if it is non face-to-face.

- **18. Is contact with the patient every month necessary to bill for CCM if the 20 minutes of clinical staff time is otherwise met?**

  - While we expect that RHCs will keep the patient informed about their care management, patient contact is not required to bill for CCM services if at least 20 minutes of CCM services have been performed.

FAQs for CCM Services

- **19. Does the time spent during the E/M, AWV, or IPPE discussing CCM services count towards the minimum 20 minutes?**

  - ☐ No. The E/M, AWV, or IPPE is separately paid and the time cannot be counted for CCM services.

- **20. Do face-to-face activities count toward the 20 minutes of CCM time?**

  - ☐ Services that are furnished as part of a billable visit cannot be counted toward the 20 minutes of CCM time. However, if there is no billable visit, and CCM services happen to be done with the patient present, the time can be counted towards the 20 minute minimum.

FAQs for CCM Services

- **21. Can CCM services be contracted out to a company that provides case management services?**

  - ☐ RHC practitioners must furnish services in the RHC, and auxiliary staff are subject to direct supervision requirements. There is no exception to the direct supervision requirement at this time for CCM services furnished by auxiliary staff in RHCs.

- **22. What are the requirements for direct supervision?**

  - ☐ Direct supervision requires that a RHC practitioner be present in the RHC and immediately available to furnish assistance and direction. The RHC practitioner does not need to be present in the room when the services is furnished.

FAQs for CCM Services

- **23. When is a new patient consent form required?**

  ☐ If a patient continues to receive CCM services from the same RHC, a consent form is only required when CCM services are initiated.

- **24. Can a RHC bill for CCM services furnished to a patient in a skilled nursing facility (SNF)?**

  ☐ RHCs cannot bill for CCM services provided to SNF inpatients in Medicare Part A covered stays because the facility is already paid for extensive care planning and coordination services. However, if the patient is not there for the entire month, the time spent by the RHC furnishing CCM services to the patient while they are not in the Part A SNF could be counted towards the minimum 20 minutes of service time that is required to bill CCM for that month.

FAQs for CCM Services

- **25. Can RHCs bill for CCM services provided to beneficiaries in nursing facilities or assisted living facilities?**

  ☐ If all the CCM billing requirements are met and the facility is not receiving payment for care management services, RHCs can bill for CCM services furnished to beneficiaries in nursing facilities or assisted living facilities.

- **26. Are there other restrictions on when CCM can be billed?**

  ☐ RHCs cannot bill for CCM during the same service period that care management is being provided by another facility or practitioner. This includes home health care supervision, hospice care supervision, certain ESRD services, etc., or any other services that would result in duplicative billing.

FAQs for CCM Services

- **27. If the RHC has the ability to send clinical summaries or the electronic care plan via an acceptable electronic technology other than fax, but the receiving practice/provider (which is not billing for CCM services) can only receive the required information via fax, can the RHC fax the information and still meet the transmission requirements for billing CCM?**

  - ☐ A clinical summary can be electronically transmitted to a third party, who can then transmit the clinical summary via fax, or,

  - ☐ If a practice or provider (who is not billing for CCM) is only able to receive care plan information by fax, the care plan information may be transmitted via fax. **30**

FAQs for CCM Services

- **28. Does the RHC have to provide 24/7 access to care management or 24/7 to an electronic care plan that may be reviewed by other practitioners furnishing care to address a patient's urgent chronic care needs?**

  - The RHC must ensure that there is 24/7 access to care management services. This includes providing the patient with a means to make timely contact with RHC practitioners who have access to the patient's electronic care plan to address his or her urgent chronic care needs, and

  - The RHC must ensure the care plan is available electronically 24/7 to anyone within the RHC who is providing CCM services.

FAQs for CCM Services

- **Other Questions on CCM in RHCs?**

Advanced Care Planning (ACP) in Rural Health Clinics

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Centers for Medicare and Medicaid Services

Center for Medicare, Hospital and Ambulatory Policy Group

January 19, 2016

ACP Furnished in RHCs

- ACP is a face-to face visit between a RHC practitioner and a patient to discuss advance directives.

- Beginning on January 1, 2016, ACP (CPT code 99497) is a billable visit in a RHC when furnished by a RHC practitioner to a Medicare beneficiary.

- If ACP is furnished on the same day as another billable medical visit:
  - ☐ Only one visit will be paid, and
  - ☐ Coinsurance and deductible will be applied to ACP.

Billing Example

ACP Furnished as a Stand-alone Billable Visit

Revenue Code	HCPCS	Service Date	Service Units	Total Charges	Payment	Coinsurance/ Deductible Applied
52x	99497	01/01/2016[1]	1	$XX.XX[2]	AIR	Yes

[1]Any date of service on or after 1/1/2016
[2]Enter charge amount

ACP Furnished as Part of an AWV

- RHC practitioners may furnish ACP during an Annual Wellness Visit (AWV)

- If ACP is furnished on the same day as AWV:

  - ☐ Only one visit will be paid, and

  - ☐ Coinsurance and deductible will be waived for both AWV and ACP.

Billing Example

ACP Furnished as Part of an AWV

Revenue Code	HCPCS	Service Date	Service Units	Total Charges	Payment	Coinsurance/ Deductible Applied
52x	G0438 or G0439	01/01/2016[1]	1	$XX.XX[2]	AIR	No
52x	99497	01/01/2016[1]	1	$XX.XX[2]	Included in the AIR	No

[1]Any date of service on or after 1/1/2016 through 3/31/2016
[2]Enter charge amount

Billing (cont.)

- Beginning on April 1, 2016 RHCs will be required to report HCPCS codes for every service line.

- For ACP claims billed from April 1, 2016 through June 30, 2016, coinsurance and deductibles will apply to ACP when billed with AWV. CMS is working with the MACs to correct this issue. Beginning on July 1, contractors shall adjust claims brought to their attention.

Questions?

- Billing or MA Questions: Contact your MAC

- RHC Payment Policies:
  corinne.axelrod@cms.hhs.gov or
  simone.dennis@cms.hhs.gov

- RHC Claims Processing:

  tracey.mackey@cms.hhs.gov

Technical Assistance (TA) for Rural Health Clinics (RHCs)

- TA Listserv
  - To join the technical assistance listserv for RHCs, send an email to admin@narhc.org and put "Listserve and/or TA Call Signup" in the subject Line.

- TA Webinars/Calls
  - To view past webinars go to: http://www.hrsa.gov/ruralhealth/resources/conferencecall/index.html