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Partnership Stakeholder Call re: CY 2025 Physician Fee Schedule Proposed Rule

August 14, 2024

3:30-4:30 p.m. ET

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August 14 Agenda

- CY2025 Comment Submission Guidelines
- Proposed Rule Response
- Caregiver Training
- Advanced Primary Care
- ACO Quality Measure

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CY2025 Physician Fee Schedule Response Discussion

Timothy P. McNeill, RN, MPH

CY2025 Comment Period Details

- DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on September 9, 2024.
- In commenting, please refer to file code CMS-1807-P.

Electronic submission of Comments:

- 1. Electronically. You may submit electronic comments on this regulation to https://www.regulations.gov. Follow the “Submit a comment” instructions.

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CY2025 Comments Submission by Mail

- By regular mail. You may mail written comments to the following address ONLY:

Centers for Medicare & Medicaid Services,

Department of Health and Human Services,

Attention: CMS-1807-P,

P.O. Box 8016,

Baltimore, MD 21244-8016.

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Express or Overnight Mail submission

Centers for Medicare & Medicaid Services,

Department of Health and Human Services,

Attention: CMS-1807-P,

Mail Stop C4-26-05,

7500 Security Boulevard,

Baltimore, MD 21244-1850.

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CHI/PIN/PIN-PS RFI Response

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Initiating Visit Barriers

- Access to an eligible provider
- Telehealth flexibility expiring December 2027
- Transportation

Transitions of Care

- Persons that have health-related social needs that impact their transition to community may require CHI/PIN/PIN-PS as part of the transition. The initiating visit requirement prior to the delivery of CHI/PIN causes an impediment to patient care to support the transition from an institutional setting to community.

Initiating Visit Provider Barrier

- Only the provider that conducts the initiating visit can conduct subsequent billing for CHI/PIN/PIN-PS.

Barriers

- Group practices operating under a PCMH model that requires the members of the group practice to collaborate in the delivery of care which is counter to the single provider billing model for the initiating visit.
- Potential liability when a NPP conducts the initiating visit under direct supervision of a physician. The NPP conducted the initiating visit, but the claim is filed under the physician. The physician did not provide the initiating visit but is required to file all subsequent claims.

Time-Based Billing

- CHI/PIN/PIN-PS has a 60 minute threshold for billing per calendar month.

Barriers

- Barriers to implementation arise when services are rendered during a calendar month and the time allocated is less than the 60-minute threshold. The 60-minute threshold can serve a an impediment because the minimum threshold is too high.

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CBO Contracting Barriers

- Many CBOs are forming Community Care Hubs to serve as a network of CBOs providing services to address HRSNs across their community. CCHs serve as a central referral source to address HRSNs across their community. This is very similar to the implementation of the Accountable Health Community (AHC) model. As these CCHs begin to proliferate, they serve as the central connection point to providers to address HRSNs. The requirement of the CCH to contract with multiple providers across a community becomes a logistical and contracting barrier to implementation.

HIPAA Rule application to CBOs

- HIPPA Regulation confusion: Some providers have raised issues with sharing protected health information (PHI) with non-covered entities. When a provider contracts with a CBO to address HRSNs, the CBO is often operating as a non-covered entity. The eligibility criteria for CHI requires documentation of the impact of the HRSN to impede or prevent the provider from treating or diagnosing a medical condition. The interventions to address the HRSN must be part of the treatment plan. The impact of the HRSN on the clinical condition and the treatment plan are required elements to share with the CBO. Clarification is required on the restrictions on sharing data with non-covered entities that are contracted with a provider to deliver CHI/PIN/PIN-PS.

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Incident To Rule Consrtuct

- Incident To / General Supervision construct: Many providers raise concerns over the use of incident to as the billing construct for the delivery of HRSN interventions. The providers raise concerns over legal liability for services that are rendered by non-covered entities that are operating in community settings under general supervision.

Professional Liability Coverage

- Providers have raised concerns over the extension of professional liability coverage that includes CBOs that are delivering services outside of clinical settings. CBOs are often not eligible for professional liability coverage. As a result, the CBO would be operating under the professional liability coverage of the provider. Some carriers are requiring the extension of professional liability coverage that makes the CBO additionally insured under the provider's professional liability coverage. A requirement of extending professional liability coverage to multiple CBOs that are operating in non-clinical settings becomes a significant barrier to adoption.

FQHC / RHC Adoption

- FQHCs and RHCs have been reluctant to implement CHI/PIN/PIN-PS primarily because of confusion regarding the application of time-based billing at health centers. The use of a single code (G0511) that encompasses numerous services leads to confusion about the financial liability of a site that may not be reimbursed for the delivery of services that requires incurring cost for staff to deliver services.

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Limitation of Time-Based Billing for FQHCs/RHCs

- Time-based billing allows traditional providers to bill without a limitation of cap on services that are medically necessary. For FQHCs/RHCs there is an inferred limitation on services that are capped at 1 hour per calendar month. Interventions to address HRSNs could become a cost barrier to deliver services when only the first hour per calendar month is reimbursable under the current billing construct.

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Direct Caregiver Training Services

Direct Caregiver Training Services

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- GCTD1: Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound dressing changes, and infection control (without the patient present) face-to-face; initial 30 minutes.

Direct Caregiver Training Services (GCTD2)

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- GCTD2: Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound dressing changes, and infection control (without the patient present) face-to-face; each additional 15 minutes.

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Direct Caregiver Training Services (GCTD2 & GCTD3)

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- GCTD2: Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound dressing changes, and infection control (without the patient present) face-to-face; each additional 15 minutes.
- GCTD3: Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (without the patient present), face-to-face with multiple sets of caregivers.

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Individual Behavior Management/Modification Caregiver Training Services

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- GCTD1, & GCTD2.
- Caregiver training in behavior management/modification for caregiver(s) of a patient with a mental or physical health diagnosis, administered by physician or another qualified health care professional (without the patient present), face-to-face; initial 30 minutes.
- GCTD2: each additional 15 minutes.

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Advanced Primary Care

New Codes for Advanced Primary Care

- CMS is proposing to establish new coding and payment policy to recognize advanced primary care management (APCM) services for use by practitioners who are providing services under a specific model of advanced primary care, when the practitioner is the continual focal point for all needed health care services and responsible for all primary care services.

Advanced Primary Care RFI

- CMS is seeking input on an Advanced Primary Care Hybrid Payment.
- The Advanced Primary Care payment would include a bundle of services with an emphasis on coordinating care.
- Questions: Would The Advanced Primary Care Management payment be duplicative of CHI, PIN, and other care management services?
- Should a bundled payment for Advanced Primary Care Management include CHI & PIN?

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FQHC & RHC Payment Method for Care Management Services

Proposed CY2025 Change for FQHCs and RHCs

- New Codes for Advanced Primary Care Management Services (APCM) applicable to RHCs and FQHCs.
- The proposed coding for APCM incorporates elements of several existing care management services into a bundle to be paid separately to RHCs and FQHCs using code G0511.

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FQHCs & RHCs billing for CHI & PIN

- CMS proposes that FQHCs & RHCs, when furnishing APCM to use the three (3) codes created for the PFS (G-codes).
- Payment would be at the non-facility rate.
- Billing would occur per calendar month bundles.
- Would be paid separately from RHC AIR or FQHC PPS payment.

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New ACO Quality Measures for SDOH

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ACO Quality Measure Proposed Rule

For ACO Performance Year 2028 and Subsequent Performance Years (Highlighted Changes)

- Initiation and Engagement of Substance use Disorder Treatment
- Screening for Social Drivers of Health

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Implementation Resources

- www.partnership2asc.org/implementation-resources
- www.communityhealthintegration.net
- Free Implementation Resources including:
  - Sample Contract Agreement (Clinic – CBO)
    - https://communityhealthintegration.info/sample-cbo-contract/
  - Sample Process Flows
    - https://communityhealthintegration.info/process-flow/
  - Partnership to Align Social Care CHI/PIN Implementation Primer
    - https://communityhealthintegration.info/implementation-tool-kit/
  - Many more implementation support resources
    - www.communityhealthintegration.net

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Thank you

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