



Medicare Physician Final Rule Includes Care Coordination Payment, Other Changes

Under the recently finalized Physician Payment Rule for 2014, Medicare will pay physicians to coordinate the care of patients with two or more chronic conditions beginning in 2015. “CMS’ care coordination policy is a milestone, and demonstrates’ Medicare’s recognition of the importance of care that occurs outside of a face-to-face visit for a wide range of beneficiaries,” CMS said in announcing the final rule. The rule was published December 10, 2013 and is effective January 1, 2014, though the care coordination payments do not begin until 2015. To date, such payments have been limited to demonstration projects and other special programs.

The final rule also sets the Medicare Fee Schedule for physicians and makes a number of other changes. The CMS announcement and other links can be found at: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2013-Press-Releases-Items/2013-11-27-2.html>.

Chronic Care Management

The “chronic care management” (CCM) code will require at least 20 minutes of service during a 30-day period. CMS did not yet specify a payment amount. It intends to issue further guidance in the future, including standards practices must meet to bill the code.

The CCM code will apply to services provided to patients who have two or more chronic conditions that are expected to last at least 12 months or until the patient dies. CMS specified that to qualify for the new code, a chronic condition must put the patient at significant risk of death or functional decline.

According to the final rule, the scope of CCM services to include:

- 24-hour- a-day, 7-day- a-week access to address a patient’s acute chronic care needs.
- Continuity of care with a designated practitioner or member of the care team with whom the patient is able to get successive routine appointments.
- Care management for chronic conditions including systematic assessment of patient’s medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services; medication reconciliation with review of adherence and potential interactions, and oversight of patient self-management of medications.
- A patient-centered plan of care document created in consultation with the patient, caregiver, and other key practitioners treating the patient.
- Management of care transitions within health care settings and other clinicians.

- Documented coordination with home and community based clinical service providers.
- Enhanced opportunities for a patient and caregiver to communicate with the provider regarding the patient's care through not only the telephone but also through the use of secure messaging, internet, or other asynchronous non face-to-face consultation methods.

CMS said that while it expects the CCM code to be billed most frequently by primary care physicians, specialists who meet the requirements may also bill for these services. As for non-physician qualified health care professionals, CMS said it believes only nurse practitioners, physician assistants, clinical nurse specialists, and certified nurse midwives can furnish the full range of these services under their Medicare benefit, and only to the extent permitted by applicable limits on their state scope of practice. CMS said other non-physician practitioners (such as registered dietitians, nutrition professionals or clinical social workers) or limited-license practitioners, (such as optometrists, podiatrists, doctors of dental surgery or dental medicine), would be limited by the scope of their state licensing or their statutory Medicare benefit such that they would not be able to furnish chronic care management services. CMS then stated there is no Medicare benefit category that allows payment under the MPFS to some of the other health professionals (such as pharmacists and care coordinators).

The American Academy of Family Physicians has a more detailed summary of the 1,000-plus page rule at <http://www.aafp.org/dam/AAFP/documents/advocacy/payment/medicare/ES-SummaryMedicareFeeSchedule-120513.pdf>.

Payment Rates

Once again, the sustainable growth rate (SGR) is at play. The calendar 2014 fee schedule includes a 20.1% reduction in payments under the SGR formula. CMS is projecting total payments under the fee schedule in 2014 of roughly \$87 billion.

Congress has continued to block the large payment reductions called for under the SGR, but has so far been unable to enact a permanent fix. However, after many years, momentum does seem to be growing for a permanent legislative solution.

This week a tentative budget deal was reached that would extend the 2% cuts to Medicare rates that went into effect as part of the "sequester."

Quality Programs

In a separate fact sheet, CMS described changes to the Physician Quality Reporting System (PQRS) and the Physician Compare tool, as well as implementation of the Affordable Care Act (ACA)-mandated value-based payment modifier.

With respect to the Physician Quality Reporting System (PQRS), among other things, CMS is adding 57 new individual measures and two measures groups and will retire "a number of claims-based measures to encourage reporting via registry and electronic health record-based

reporting mechanisms.” Under the final rule, the PQRS will include 287 measures and 25 measures groups in 2014.

CMS also finalized a new option for individual eligible professionals to report quality measures through qualified clinical data registries. “In 2014, quality measures will be aligned across quality reporting programs so that physicians and other eligible professionals may report a measure once to receive credit in all quality reporting programs in which that measure is used,” the press release said.

For the Physician Compare website, CMS also finalized its proposal to report publicly all measures collected through the group practice reporting option (GPRO) web interface for groups of all sizes participating in the 2014 PQRS GPRO and for accountable care organizations participating in the Medicare Shared Savings program, the fact sheet said.

Sources:

“Release of Final 2014 Medicare Physician Fee Schedule Elicits AAFP Summary,” American Academy of Family Physicians, December 11, 2013 at <http://www.aafp.org/news-now/government-medicine/20131211finalfeesched.html>.

“Final CY 2014 Medicare Physician Fee Schedule Includes 20% Payment Cut,” American Health Lawyers Association, Health Lawyers Weekly, December 6, 2013 at <http://www.healthlawyers.org/News/Health%20Lawyers%20Weekly/Pages/2013/December%202013/December%2006%202013/FinalCY2014MedicarePhysicianFeeScheduleIncludes20PaymentCut.aspx>.