Vermont Health Care Reform Work Group: Primary Care Workgroup

June 21, 2024

VERMONT
AGENCY OF HUMAN SERVICES

Today's Agenda

- Update on AHEAD Application Process
- Considering Merit-based Incentive Payment System (MIPS) Exemption/Advanced Alternative Payment Model (AAPM) Status
- Discuss Medicare Care Management Codes and CMS' new Medicare Health Equity Billing Codes
- Next Steps

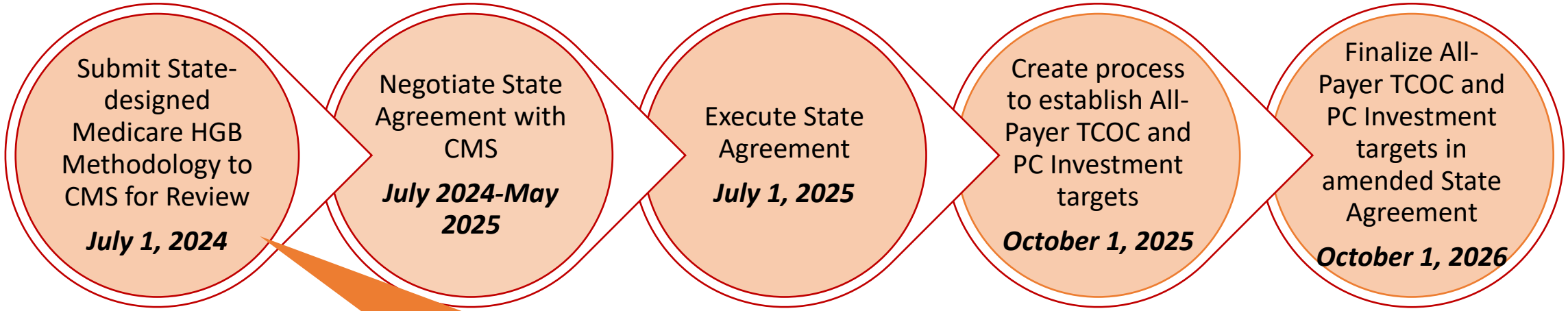
Update on AHEAD Application Process

VERMONT
AGENCY OF HUMAN SERVICES

Key Dates

- **November 16, 2023:** CMS announced the first of two Notice of Funding Opportunities (NOFO) for the AHEAD model.
- **March 18, 2024:** Applications for Cohort 1 and 2 participants are due. Vermont has decided to apply to the model as a Cohort 1 participant.
- ★ **June 2024:** CMS anticipates issuing notices of award. Recently, CMS has said they will release decisions in mid-June. Vermont expects to hear imminently.
- **Later in 2024:** During the May 9 webinar, CMS indicated they will release additional Primary Care AHEAD payment specifications (exact timing TBD).
- **July 1, 2024 to December 31, 2025:** Pre-Implementation Period (18 months)
- **January 1, 2026 to December 31, 2034:** Model Implementation Period (up to 9 years)

Next Steps for States Selected for Cohort 1



To prepare for submission to CMS if Vermont is selected, the Green Mountain Care Board (GMCB) recently hosted a special public comment period on the draft methods for the Vermont Global Payment Program (VT GPP).

HGB = Hospital Global Budget
TCOC = Total Cost of Care
PC = Primary Care

VERMONT
AGENCY OF HUMAN SERVICES

Considering a MIPS Exemption/AAPM Proposal to CMS

Update on MIPS Exemption/AAPM Status

In preparation for AHEAD discussions with CMS, Vermont is considering potential approaches for primary care practices (PCPs) to retain MIPS exemption/AAPM bonus that they currently have under VTAPM.

Under this proposal, it is possible that PCPs could receive a MIPS exemption/AAPM bonus if they **both** participate in Primary Care AHEAD (and therefore the Blueprint) **and** have a "care relationship" with a participating hospital. **This proposal has not yet been vetted with CMS.**

Potential Scenarios (simplified):

Scenario	Implication for MIPS
1) AHEAD participating practice is owned by or affiliated with an AHEAD participating hospital	MIPS-exempt; AAPM bonus to clinicians
2) AHEAD participating practice is independent, but has a "care relationship" with an AHEAD participating hospital – **see next slide**	MIPS-exempt; AAPM bonus to clinicians
3) AHEAD participating practice is an FQHC	N/A – FQHCs do not report MIPS
4) Practice is owned by or affiliated with an AHEAD participating hospital, but chooses not to participate in Primary Care AHEAD	No exemption/bonus – must participate in PC AHEAD
5) Practice is owned by a VT hospital that decides not to participate in AHEAD	No exemption/bonus – owned practices are ineligible to participate in PC AHEAD if the hospital owner does not participate in AHEAD

Potential Options for Defining PCP/Hospital "Care Relationship"

It is advantageous for VT's requirements/threshold around care relationships between AHEAD-participating hospitals and PC AHEAD-participating PCPs to be as inclusive as possible.

Potential options for what constitutes a "care relationship" (not mutually exclusive)

1. ***PCP ownership or status.*** PCPs owned by or affiliated with AHEAD-participating hospitals.
2. ***Admitting privileges.*** A participating PCP must have employed at least one clinician with admitting privileges to an AHEAD-participating hospital.
3. ***Geographical proximity (same or nearby HSA).*** PCPs providing care to patients who received care at a hospital within the same or nearby HSA.
4. ***Telehealth.*** PCPs and hospitals with shared telehealth platform or e-consult service and telehealth relationships serving some small or minimum number of Medicare FFS beneficiaries. Establishing a care relationship would not depend on the geographical proximity between a hospital and a PCP.
5. ***Possible data integration criteria:***
   a) Shared EHR
   b) ADT notifications passing between hospital and PCP
   c) Other based on shared VHIE use?
   d) Courtesy medical staff (i.e., staff who do not use the hospital as their primary hospital but who, because of their association with active staff members and/or place of practice, may on occasion use the hospital to accommodate patients and colleagues)
   e) Joint care planning between a PCP and hospital
   f) PCP participation in Blueprint practice improvement activities

Under all options, the PCP would need to participate in PC AHEAD <u>and</u> the relationship would need to be with at least one hospital participating in AHEAD.

** This slide has been updated to reflect feedback from the workgroup on June 21. Updates are in green text.*

Summary of Workgroup Member Input

- One workgroup member indicated that it would be important for Vermont to consider how independent specialty practices who are currently MIPS-exempt under the Vermont All-Payer Accountable Care Organization (ACO) Model (VTAPM) would be able to participate.
- The workgroup provided feedback on options for defining the PCP and hospital "care relationship."
  - Options 2 (admitting privileges) and 5a (shared EHR) will be less applicable to independent PCPs.
  - It would be helpful to broaden Option 4 to include e-consult service and telehealth relationships.
  - Additional options for consideration:
    - Courtesy medical staff
    - Joint care planning between a PCP and hospital
    - PCP participation in Blueprint practice improvement activities

Medicare Codes and Intersection with PC AHEAD

Primary Care AHEAD Care Management Codes

Under Primary Care AHEAD, CMS will "zero out" (i.e., no longer pay) Medicare care management codes for participating PCPs to avoid duplicative payments with the average $17 Medicare Enhanced Primary Care Payment (EPCP).

Service	HCPCS Codes
CCM Services	99490, 99491, 99437, G0511
Complex chronic care coordination services	99487, 99489
Prolonged non-face-to-face evaluation and management (E&M) services	99358, 99359
Assessment/care planning for patients requiring CCM services	G0506
Non-complex CCM clinical staff time	99439
CCM services for a single high-risk disease (Principal Care Management or PCM)	99424-7
Remote Physiologic Monitoring Treatment Management Services (RPM), Development and management of a plan of treatment based upon patient physiologic data	99457-8
Behavioral Health Integration Services, timed, per month	99484, 99492-4, G2214, G0512 and G0511 (FQHCs and RHCs)
Interprofessional Consultation	99446-9, 99451-2
CCM Services	99490, 99491, 99437, G0511

New Medicare Physician Fee Schedule 2024 Health Equity Services

The 2024 Physician Fee Schedule Final Rule includes new services and billing codes to promote health equity. Providers can receive additional reimbursement for offering these services.

- The four new services are:

1. **Caregiver Training Services.** New coding available when practitioners train and involve one or more caregivers to help patients carry out a treatment plan for certain diseases or illnesses.
2. **Social Determinants of Health (SDOH) Risk Assessment.** New G code to pay for administering a standardized, evidence-based SDOH assessment (5-15 minutes), no more than once every 6 months. Must be furnished by the practitioner on the same day they furnish an E/M visit.
3. **Community Health Integration (CHI).** New services codes for CHI services (e.g., person-centered planning, health system navigation, facilitating access to community-based resources) that auxiliary personnel, including community health workers, may perform incidental to the professional services of a physician or other billing practitioner, under general supervision.
4. **Principal Illness Navigation (PIN).** For individuals with a serious high-risk condition, illness, or disease. New service codes for PIN services (e.g., patient and family communication, service coordination and systems navigation) that auxiliary personnel may perform incidental to the professional services of a physician or other billing practitioner under general supervision.

More information can be found in the MLN: Health Equity Services in the 2024 Physician Fee Schedule Final Rule

Discussion

- **Care management codes:** Does your practice use the care management codes today? It appears that there may be minimal Medicare billing of these codes among Blueprint practices. Do you have concerns about not being paid separately by Medicare for these codes under PC AHEAD? Are there additional questions about this issue that VT should elevate to CMS?

- **Health equity codes:** Are you aware of these codes being used or trialed in VT?

  Note: we do not yet know if CMS will provide separate payment for these codes under PC AHEAD.

Next Steps

Next Steps

- The next Primary Care Workgroup meeting is currently scheduled for Thursday, July 18 at 12 PM.
- Please send any questions or comments to Pat Jones (pat.jones@vermont.gov) and Wendy Trafton (wendy.trafton@vermont.gov).

Thank you for your participation!