Overcoming Barriers in Medicare: Cautionary and Promising Tales

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What will be covered:

1. Perceived barriers for providers in Medicare
2. How payment is determined
3. Federal and local coverage determination policies, CPT codes & documentation.
4. Audits & Reviews: Fraud, Abuse, Waste & Compliance plans
5. Ways to get involved:
    a. Provider Outreach and Education Advisory Group (POE-AG)
    b. Technical Expert Panels (TEPs)
    c. Physician-focused payment model Technical Advisory Committee (PTAC)
    c. Participate in comment periods from stakeholders
5. Future trends: FFS to Quality Payment Programs

Barriers for mental health providers

Based on an informal poll (2016) of psychologists from PLTC listserv (not in a ranked order):

1. **Privatization of Medicare** (i.e., Medicare Advantage Plans)
   - Lower fees
   - Pre-authorizations, restrictions
   - Paperwork, paperwork
2. **Audit anxieties**, not sure how to document medical necessity.

Barriers for mental health providers

3. **PQRS**: lack of knowledge/understanding of reasons to participate, relevance of the measures, extra time/work, not seeing how it relates to mental health, seeing it as intrusive, overly complex for small practices; resentment about Registry reporting costs.

2017 & 2018: End of PQRS, no requirements for psychologists and social workers until 2019

4. **Complexity & communication issues**:"Complicated claims, difficulty accessing info, and lack of helpfulness when there is a problem such as a claim rejection." Difficulty keeping up with Medicare rules, changes.

Barriers for mental health providers

5. Restrictions by regional carriers re "incident to" services

6. Restrictions re which disciplines can be Medicare providers

7. Lack of training/competence in gero field.

8. Lack of training/reduced comfort re how to work in integrated primary care settings.

(CMS recently gave APA a multimillion grant to provide training for psychologists to work in PC settings.)

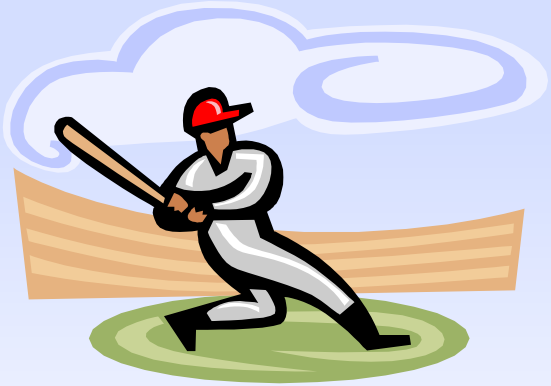
Medicare facts

- Medicare is the largest insurance plan
- Longevity: began 51 years ago (1965)
- Becoming a provider is relatively easy; e.g., can become a provider immediately after licensure. Read the contract!
- Sets the gold standard in the industry
- Benchmark for all commercial carriers, workers' compensation, & forensic applications.

Historical perspective

Inclusion of psychology/social work as providers in Medicare fee-for-service began in the early 1990s, catapulting mental health to Major League status in health care.

But the "work value" for mental health services was not determined until 1992 -1993



Medicare fact:
FFS Reimbursement rates are based upon a conversion factor plus:

1. Relative value units (RVUs)

2. Expense of malpractice insurance

3. Overhead costs

Formula for FFS: Resource-Based Relative Value Scale

Work value for clinical procedures are based upon:

1. Technical skills and physical effort
2. Mental effort and judgment
3. Stress associated with risk to the patient or others.

RVUs are evaluated periodically with info posted in the Federal Register in mid November.

Forces impacting Medicare reimbursement

- National economic and political factors.
- Feedback from providers and specialty groups.
- Periodic examination of work values change the reimbursement of clinical services.

Congress allocates a pot of money to pay for estimated MC services.

Medicare reimbursement facts

Congress mandates budget neutrality:

- When the value of one services goes up, others decrease in monetary value to maintain the budget.
- The Relative Update Committee (RUC) advises CMS re RVUs of each

service on a periodic basis.

Physician Quality Reporting System (PQRS)

PQRS, now called a "legacy program," has been part of a broad initiative brought about by both the government and private payers aimed at advancing quality and efficiency in health care.

It began in 2007 as a financially incentivized, voluntary program open to physicians, to mental health providers and others (in 2008) who successfully reported quality measures linked to clinical services.

Origins of PQRS—2006

- The Institute of Medicine (IOM) called for variable physician payments based on quality, rather than financially rewarding only quantity of services.
- *PQRS is window to P-4-P (pay for performance)*
- A major trigger for trend for P-4-P is the growth in Medicare and its projected effect on U.S. economy over a 40 year span.

(In report to Congress by health economist,
Jim Hahn, December 2006)

Quality Payment Program

- The Medicare Access and CHIP Reauthorization Act of 2015 (enacted April 16, 2015), amended the Social Security Act to repeal the Medicare sustainable growth rate, to reauthorize the Children's Health Insurance Program, and promote greater value within the healthcare system.

- This rule finalizes policies to improve payments by changing the way Medicare incorporates quality measurement into payments and by developing new policies to address and incentivize participation in Alternative Payment Models (APMs)

Quality Payment Programs: A Seismic Shift

- On October 14th 2016 HHS issued its final rule implementing the Quality Payment Program, part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
- 2 tracks:
  - Alternative Payment Models
  - Merit-based Incentive Payment System

MIPS track

- In 2017 you can participate if you bill more than 30K to Medicare and provide care to more than 100 MC pts per year and you are a Physician, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist or Certified registered nurse anesthetist.

- In 2019 Psychologists and Social workers are eligible.

Medicare facts

- Medical Review Policy
  - National Policy Sets Overall Model
  - Local Coverage Determination (LCD) Sets Local/Regional Policy (Palmetto GBA is Medicare carrier in NC)
    - LCD policies may be more restrictive than national policy (e.g., "incident to" policies differ by LCD)
    - Override national policy
    - Changes frequently

Medicare facts

The Medicare Carrier in NC:
Palmetto GBA
DME MAC Jurisdiction C
P.O. Box 100141
Columbia, SC 29202-3235

Help Desk: 855-696-0705

Follow the codes: Depression screening

- **The following clinicians are eligible to bill for the services listed below**: General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.
- **G0402 - Initial Preventive Physical Examination G0438 – Annual Wellness Visit**
- **G0444 - Annual Depression Screening, 15 minutes:**
- **CPT 99490 – Chronic Care Management**

New CPT codes in 2017

- Beginning a year's trial in January 2017, CMS has enabled providers who work in centers with a psychiatric Collaborative Care Model (CoCM) to use a new set of codes that reimburses for integrated care.
- In July 2016 CMS published a proposal in the *Federal Register* that establishes a set of six new billing codes, some of which apply to social workers, psychologists and case managers who work in collaborative care settings.

Audits:
In 2016 Largest Medicare "Takedown"

In June 2016 U.S. Attorney General Loretta Lynch and the Department of Health and Human Services (HHS) announced an unprecedented sweep led by the Medicare Fraud Strike Force charging 300 defendants of approximately $900 million in alleged false billing.

Psychotherapy was one of the services.

Audits examine "Medical Necessity"

A service "that a prudent provider of practice would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is in accordance with medical practice, clinically appropriate in terms of type, frequency, site, and duration, and not primarily for the convenience of the patient or provider."

Personal communication with James Georgoulakis (2006)

Documentation requirements evolve

- Elements of documentation for psychotherapy: date of service, diagnoses, start & stop time, type of therapeutic intervention, target symptoms, progress toward achievement of treatment goals and reasons for lengthy sessions.

- Additional elements required by some MACs: degree of patient interaction with the therapist, reaction of the patient to the therapy session & changes in sx or behavior as a result of the previous therapy session.

Documentation errors

- According to the Medicare Fee-for-Service 2014 Improper Payment Report, one out of every three psychotherapy claims were in error due to inadequate documentation.
- Additional data showed a 64% error for dates of service.

Audits and Reviews

- Fraud: "a type of illegal act involving the obtaining of something of value through willful misrepresentation." Fraud is a determination made through the judicial system.

- Abuse: behavior that is improper when compared with the behavior that a prudent person would consider reasonable and necessary business practice.

Medicare "waste"

Waste goes beyond fraud and abuse and usually does not involve a legal violation. It involves mismanagement, inappropriate actions, and inadequate oversight. Use of medical services that are not medically necessary comes under the category of waste.

Compliance plans

The Affordable Care Act: a compliance plan is a condition of participation' in any program that has federal funding.

Check out the OIG website for info.

Center for Healthy Aging offers an educational dvd on Medicare compliance for mental health services (www.centerforhealthyaging.com)

How to get Involved:
Provider Outreach and Education Advisory Group

- Go to Palmetto GBA website
- Find the form to apply to be a member of the Provider Outreach and Education Advisory Group (POE-AG).

Provider Outreach and Education Advisory Group

Topics that can be raised include provider concerns about enrollment, murky local coverage determination (LCD) policies, & requests for webinars on behavioral services.

Provider Outreach and Education Advisory Group

Open to outside applicants

Meetings may be web-based

Disseminates planned and new policies

Gets feedback from member providers

Getting involved

- Technical Expert Panels
- Check out the Physician-Focused Payment Model Technical Advisory Committee website (PTAC)
- Sign up for updates from CMS and watch for comment opportunities.

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