CareSkore™

WHITEPAPER

SIMPLIFY AND STREAMLINE CCM THROUGH AUTOMATION

Abstract

As the population ages and the frequency of chronic diseases rises, payers and providers will need to capture reimbursements to cover the added demands on the care they provide. CMS' chronic care management (CCM) program is a good first step.

This paper reviews factors driving the accelerating importance of chronic care management, implications for providers, and description of how to maximize financial and clinical outcomes within the CCM framework.

Introduction

Chronic care management (CCM), involving care for patients with 2 or more chronic conditions, is being thrust more and more into the spotlight due to evolving developments in reimbursements and changing demographics. While many chronic care services are already delivered by providers, these providers' lack of understanding and engagement in CCM programs means they are often not reimbursed for them. With the right approach leveraging CareSkore's AI-enhanced personalized population health management platform, CCM can become a simple enhancement to an existing care workflow that generates significantly increased revenue, better MACRA reimbursements, and improved clinical outcomes.

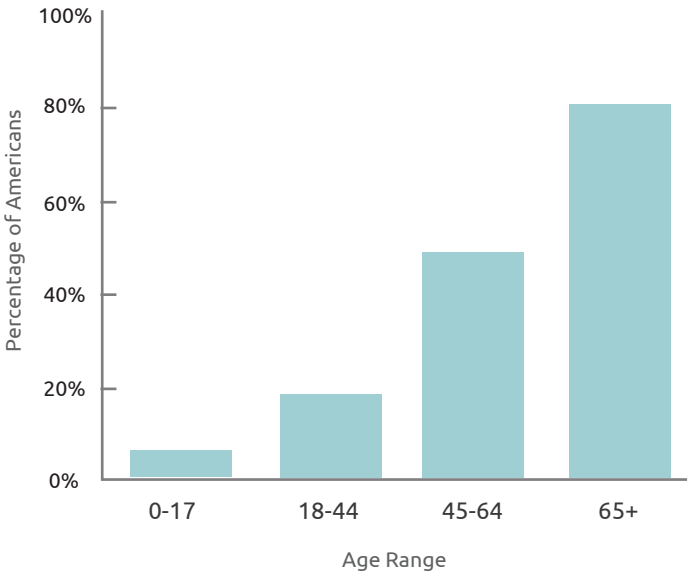
Factors Driving CCM

There has been extensive media and academic coverage of the accelerating trend toward value-based care. More and more reimbursements, both from Medicare (CMS) and Medicate Advantage (commercial payers), will be tied to quality (value-based) of care vs quantity (fee-based) of care. This means that delivering positive clinical outcomes efficiently will be a key driver of financial outcomes.

This emphasis on efficiency and quality is generating keen interest in population health, which leverages an understanding of patient population risks to guide care planning in order to apply resources intelligently and prevent unnecessary encounters for care. Providing chronic care is an important part of population health management.

Compounding the effect of value-based shifts driving CCM are domestic demographic trends. The frequency of patients having multiple chronic conditions is directly correlated with age. And the US is aging. By 2050, one in five Americans will be over 65. And with extended lifespans, they will be around longer. Combined with the fact that 80% of the 65+ population will have multiple chronic conditions (also 50% of ages 45-64) and advances in diagnosing chronic conditions, the frequency at which CCM will be necessary is set to explode.

Percent of U.S. Population with Multiple Chronic Coditions, by Age



Source: Agency for Healthcare Research and Quality

Development of CCM Reimbursement

The demographic trends driving increases in chronic condition diagnoses prompted CMS to develop its CCM reimbursement structure in 2015 to cover non-face-to-face services. It was intended to provide financial support for providers to address the complex and ongoing needs of this growing population. Unfortunately, CMS saw unexpectedly low adoption rates for the program. That led to changes implemented in 2017 intended to boost participation in the program (see below).

In parallel, there is a growing trend toward adoption of the CMS reimbursement model by commercial payers for their Medicare Advantage patients. This broadens the impact of CCM beyond just those providers with significant patient populations covered by Medicare. For example, all of the top 5 commercial payers in Texas have adopted some form of CCM reimbursement for patients that meet CMS criteria.

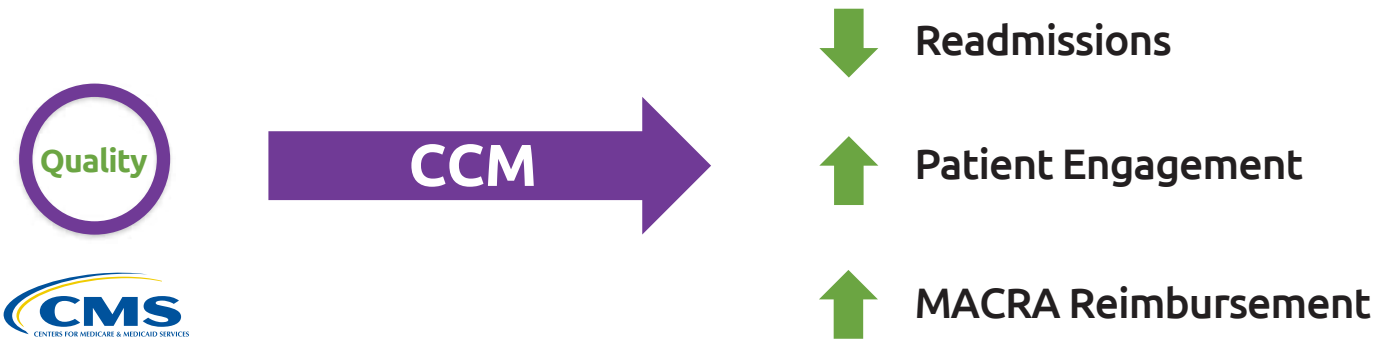
CCM is CMS' major foray into building out a quality program for health care. CCM promotes investing the time in strong care plan development and then maintaining engagements with patients throughout their care delivery. Involving patients in their care has proven to significantly improve outcomes. CCM can directly improve hospital readmission rates and patient engagement to boost scores, which then boosts MACRA reimbursement rates. CCM was designed to create a virtuous cycle that improves the quality of care that patients receive while boosting revenue for providers.

Implications for Providers

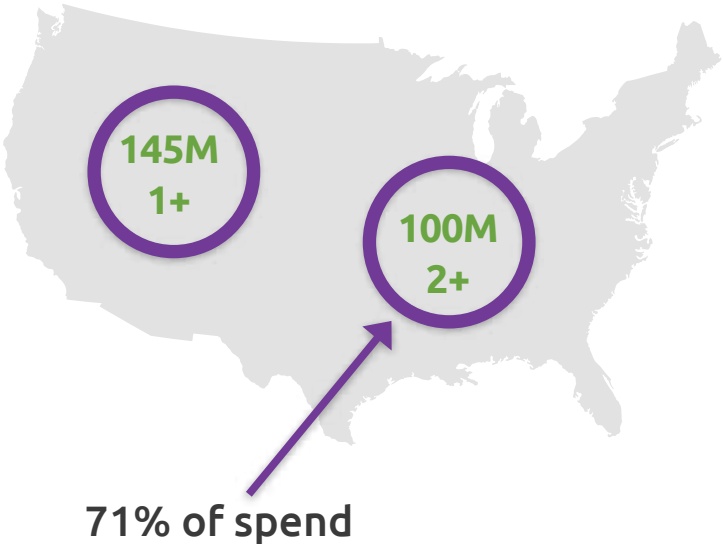
There are 2 main implications for providers around CCM: 1) It is going to become a significant service requirement and 2) resources to support CCM will be increasingly insufficient to adequately meet demand.

Currently there are 145M people in the US with at least one chronic condition and 100M with two or more. Those 100M CCM-eligible patients represent 71% of current healthcare spend. As the proportion of that population grows (see above), so will the spend percentage, making it a category that providers will be unable to ignore. Yet serving that growing population in a way that supports strong clinical and financial outcomes will be a struggle without methods to drive efficiency.

Why? Because while the aged population is rising, provider staff is not keeping up. By 2020, there will be 1.2M nursing vacancies in the US. With nurses playing a central role in the ongoing patient engagement that is at the heart of CCM, this will acutely affect a provider's ability to maintain strong clinical outcomes without dramatically improving efficiency per care professional.



Chronic Conditions



71% of spend

2020: 1.2M Vacancies

So while there are challenges that must and can be overcome in terms of providing CCM, the growing demand represents a significant revenue opportunity for providers. Once implemented, a strong CCM program supported by CareSkore helps capture reimbursement for services that are likely already being provided.

Based on extensive research and data from our CCM provider population, we have created a custom revenue calculator reflecting all 2017 changes for both CCM and complex CCM, which you can find at https://www.careskore.com/ccm. This will give you specific estimates of the untapped revenue available to you through your participation in the program.

Chronic Care Management Calculator

Number of Medicare Patients:	10,000
Medicare patients with 2 or more chronic conditions:	67%
% of complex CCM patients:	20%
Select your location:	94901
Monthly time spent for Complex CCM Patients (in Minutes)	60
Monthly time spent for Non Complex CCM Patients (In Minutes)	20
Total CCM Revenue (Monthly):	$395,225
Total CCM Revenue (Annual):	$4,742,700

Limited Participation and 2017 Changes

Given the trends and implications surrounding CCM, one would expect that it would be a central focus for providers. But as indicated above, until this year, adoption rates have been exceptionally low. Only 1%

of eligible beneficiaries received these critical services. There are several reasons for this: Procedural and technical roadblocks, insufficient and limited reimbursement areas, overall awareness of the program. Physicians faced several roadblocks.

- Physicians were spending more than 20 minutes with chronic patients, which exceeded time reimbursements.
- There was only 1 CPT code at $43.
- Physicians were unsure about technology compliance and processes required.
- Assessing patients for CCM was time consuming and required a physical consent form signed in the medical record.
- Managing complex care plans is problematic and requires frequent revision.

Faced with these challenges, CMS instituted an array of changes to CCM in 2017. They relaxed some of the more onerous requirements, such as consent forms format constraints, while also enhancing and expanding reimbursements (such as for complex CCM and care plan development) to drive participation. The changes are summarized here.

For a more comprehensive list of CCM-related billing codes, see below.

Billing Code	Service	Payment
99358	First 60 minutes of E/M services per month	$113.41
99359	Each additional 30 minutes of E/M services per month	$54.55
99487	Complex CCM, min 60 min of non face-to-face care mgmt services per month	$93.67
99489	Complex CCM, each additional 30 min of non face-to-face care mgmt services per month	$47.14
99490	CCM, min 20 min of non face-to-face care mgmt services per month	$42.71
99495	Communication with patient within 2 business days of discharge, moderate complexity, face-to-face within 14 calendar days of discharge	$164.00
99496	Communication with patient within 2 business days of discharge, high complexity, face-to-face within 7 calendar days of discharge	$231.12
G0438	Annual wellness visit (initial)	$172.00
G0439	Annual wellness visit (subsequent)	$111.00
G0505	Care plan development for outpatient with cognitive impairment	$238.30
G0506	One-time care plan development	$63.88
G0508	First 60 minutes of telehealth care	$153.24
G0509	Each additional 50 min of telehealth	$146.50

Administration: *Simplified*

- No required consent form
- CCD does not need a specific/ structured format
- Communication need only be documented in medical record, not necessarily EHR
- No 24/7 access to care plans needed

Reimbursements: *Expanded*

- Payment for complex CCM (CPT 99487) after 60 minutes at rate of $92.66.
- Can bill (CPT 99489) for each additional 30-min increment spent with patient
- G0438 initial annual wellness visit ($172)
- G0439 subsequent annual wellness visit ($111)

Care Plan Development: *Covered*

- CMS acknowledges the time required to develop a care plan.
- G0506 one-time care plan ($63.88).
- G0505 one-time care plan with cognitive impairment ($238.30)

Engagement Services: *Extended*

- 99358 for 60 minutes of E/M services ($113.41)
- 99359 each addition 30 minutes ($54.38)
- G0508 for 60 minutes of telehealth ($153.24)
- G0509 each additional 50 minutes ($146.50)

Enrollment in CCM

The 2017 update simplified billing processes and reduced documentation rules around patient consent and EHR.
The workflow changes make it easier to onboard patients. In 2015, a physical consent form had to be signed by the patient and saved in the medical record. Now physicians can auto-enroll qualifying patients without explicit consent if they have seen them in the last year. A face-to-face visit is only required for new patients or those not seen within a year prior.

Care Plan Development

CMS has eliminated requirements for the format of a patient's care plan. It can be in whatever format works best for the provider (.xml, .pdf, etc.). Previously, CMS required that care teams have 24/7 access to care plans. Recognizing the technology challenges, this requirement was dropped. This is relief for providers offering CCM after hours, as long as they have timely information. Fax is discouraged but can count for electronic exchange, if timely. With the 2017 changes, communication must be documented but not necessarily in the EHR, as long as there is a clear audit trail.

Complex CCM Reimbursement Rates

Recognizing the gap between patient needs and existing CPT codes, CMS added new options in 2017 to bill for complex patients.

While these new incentives cover services that were typically already being provided without reimbursement, making them covered was a notable factor in boosting adoption rates. The 2017 update includes higher payments for more complex cases that require additional time to create or revise care plans.

To boost adoption of complex CCM, CMS increased payment amounts for several add-on codes:

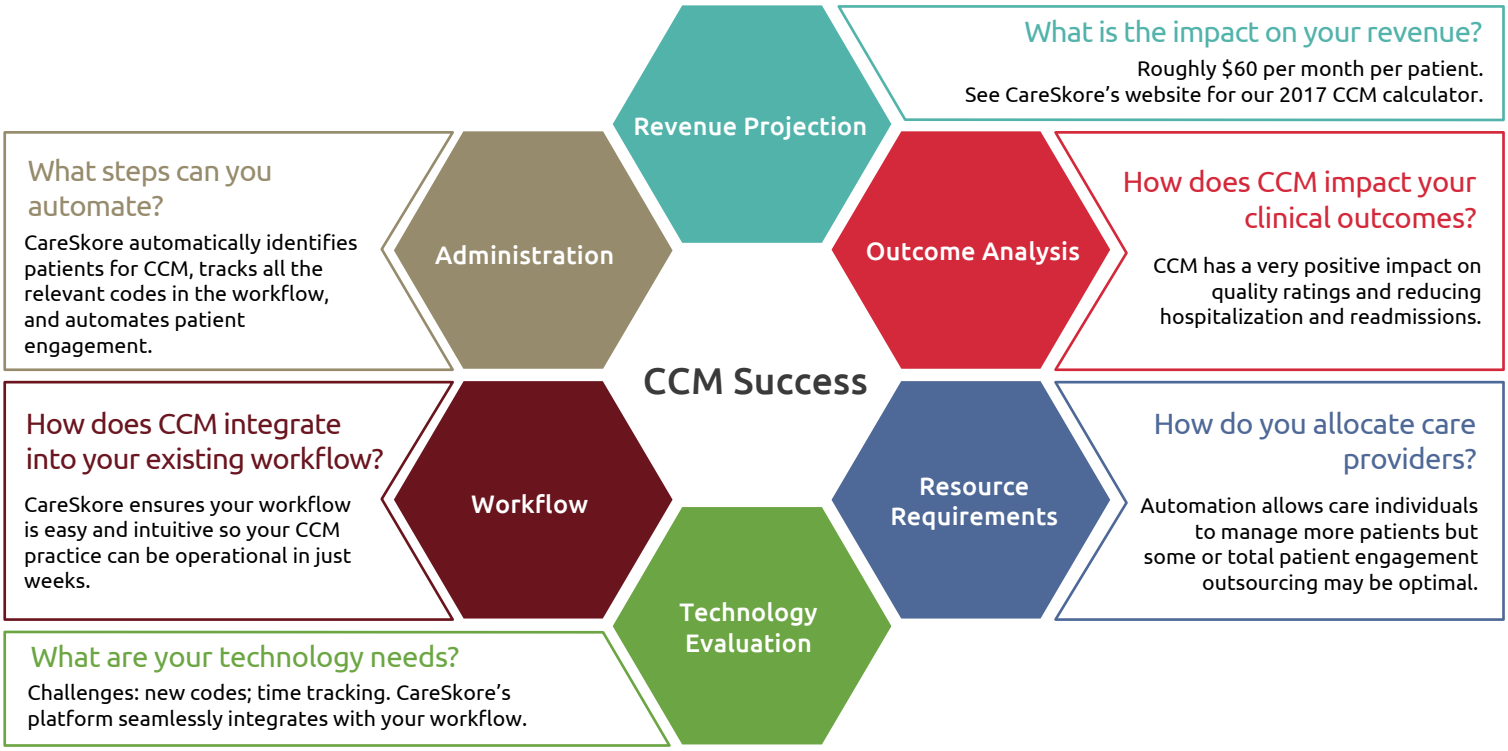
- Comprehensive assessment and care planning
- Complex CCM that requires an initial 60 minutes of revising care plans or complex decision making
- Each additional 30 minutes of clinical staff time

For example, if you have a very complex patient that requires two hours of clinical time, you can bill one code for the first hour and two additional codes for the extra 30-minute increments.

Automation, AI Requirements for Success

Given the projected massive increase in demand for CCM services and the acute shortage of care providers, the only way that this growing demand can be met with lagging supply is through broad based automation. Because of the degree of documentation and basic-level communication that is part of CCM, there are extensive opportunities to leverage automation and artificial intelligence to enable each care professional, especially case managers, to service a larger group of patients:

- Administrative: Patient enrollment, billing code tracking, engagement
- Workflow: Simple, seamless integration
- Technology: Easy to use, time tracking, billing code updates
- Resources: Evaluate needs and best allocation strategy
- Outcome analysis: Understanding the impact of CCM on your organization
- Revenue: Determine projections and manage billing



By automating much of the basic tasks in CCM, CareSkore helps organizations significantly reduce the resource requirements to provide the service while expanding the number of patients covered. At an average of $60-70/month/patient, this represents a truly significant source of revenue. And by providing the service, CareSkore can help improve clinical outcomes (and quality scores/reimbursements through MACRA) as well.

The most effective way to automate CCM is by leveraging artificial intelligence. CareSkore Iris, our AI-enabled patient engagement platform, can offload much of the higher-level administrative work such as basic non-face-to-face patient engagement (e.g., regular pain assessments). During these engagements, Iris AI leverages our machine-learning engine Zeus to incorporate detailed patient risk factors while monitoring patient responses to determine what steps should come next. Should a reminder be provided? Should more frequent check-ins be proposed? Should an alert to the patient be sent? Should a care team member be alerted? By navigating this basic level of integration, Iris and Zeus can lessen provider workloads per patient, enabling individual care professionals to expand the number of patients they can support.

CareSkore absorbs the administrative burden of applying the proper codes and making sure they are up to date to make participation in CCM seamless and non-disruptive. Pull-down menus display appropriate codes while the platform tracks time spent on billable activities listed above and bills against all appropriate codes.

By automating a significant portion of the per-patient workload associated with CCM, Iris

enables providers to address the coming wave of demand while dealing with the constraints of limited professionals to support those patients.

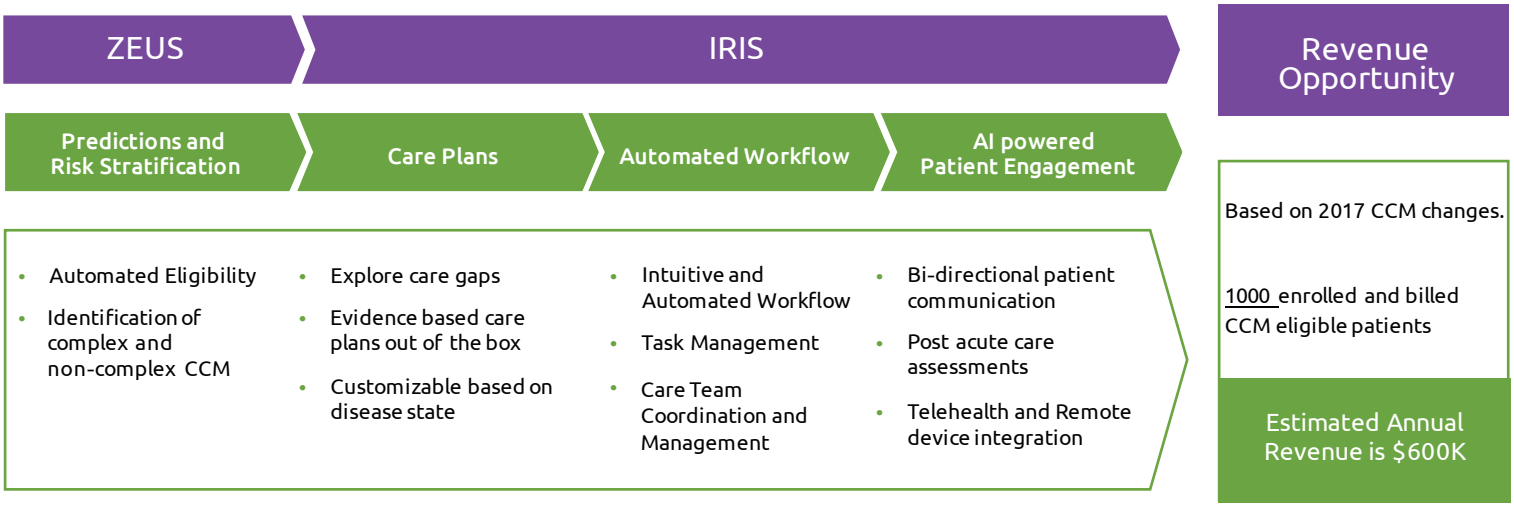
Zeus

Zeus provides predictive and prescriptive analytics by applying machine learning to claims, clinical, and social determinants (23 different sources) data in order to generate accurate, per-patient custom risk assessments. Zeus conducts risk stratification that automatically identifies patients that should be eligible for CCM while differentiating between non-complex and complex CCM. This significantly reduces onboarding and patient analysis by providers to reduce a major hurdle for deploying CCM.

Iris

With Iris' AI engine, broad based automation of the entire CCM workflow is now possible.

- Care plan development is streamlined through provision of standard evidence-based plans that are customizable and allow for rapid identification of care gaps.
- Workflow automation is automated and intuitive, with management of care team tasks just one part of enhanced care team coordination.
- Patient engagement heavily leverages AI to enable comprehensive remote care while significantly reducing resource requirements per patient. Many assessments are automated, communication is both provider to patient and patient to provider. Iris also supports extensive telehealth options, including, text, video chat, and IVR, and integration of wearables and other monitoring devices.



Conclusion

CCM on its face looks like a potentially significant add-on revenue opportunity but one that entails significant operational and resource risk for providers. However, market and demographic trends are forcing providers to accept that CCM will spike in importance.

2017 changes from CMS significantly increase the attractiveness of the program and growing adoption by commercial payers is raising the urgency around CCM. While the overhead of deploying and supporting a CCM program can appear daunting, much of the work is of a mundane variety that is ripe for automation and management by AI.

With CareSkore Iris and Zeus, operationalizing CCM is simple and transparent, seamlessly integrating with existing workflows. Through advanced analytics and extensive automation, CareSkore makes CCM possible for any size organization. The fact is, CCM represents a significant new source of revenue, often for actions that are already being taken but remaining unreimbursed. By leveraging CareSkore's machine-learning analytics (Zeus) and automated, AI-enhanced patient engagement (Iris) to deploy and manage CCM, providers can reap significant returns with little investment, workflow changes, or disruption.

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