



GCACH Practice Transformation Workgroup Meeting Minutes

September 6, 2018 | 10:00 AM – 12:00 PM | Community Action Connections, Upstairs Training Room

Participants (* denotes they called in)
Veronica Gutierrez, Bill Dunwoody, Becky Grohs, Barbara Mead, Lily Gonzalez, Wilson Trang, Everett Maroon*, Dan Ferguson*, Patrick Jones*, Mark Wakai*, Ryan Lantz*, Leslie Robison*, Brian Gibbons*, Mike Maples*, Brian Sandoval*, Kat Latet*, Ed Thornbrugh*, Carol Moser, Wes Luckey, Becky Kolln, Rubén Peralta, Sam Werdel, Jenna Shelton, Martin Sanchez, Lauren Johnson

Welcome & Introductions
Carol and Mark welcomed everyone and thanked them for attending the meeting for the Practice Transformation Workgroup. Carol briefly reviewed the 8-23 Practice Transformation Workgroup Meeting Minutes. Bill Dunwoody moved to approve the 8-23 minutes, seconded by Lily Gonzalez. Motion passed.

Connected Care: The Chronic Care Management Resource
Sam presented “Connected Care: The Chronic Care Management Resource.” Connected Care is a national public education campaign to raise awareness of the benefits of chronic care management (CCM) to patients with multiple chronic conditions and to provide health care professionals with the support to implement successful CCM programs. The campaign also includes rural areas and the racial and ethnic minority population. It was developed by the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) in partnership with the Federal Office of Rural Health Policy (FORHP) at the Health Resource & Services Administration (HRSA).

The campaign targets health care professionals and Medicare and dual-eligible beneficiaries with two or more chronic health conditions.

Sam began her presentation stating that dual eligibles are now part of our project areas as well as chronic disease management. Chronic disease is prevalent among Medicare beneficiaries, with two-thirds of beneficiaries having two or more chronic conditions. Research shows that multiple chronic conditions can lead to increased health spending.

In 2015, Medicare began paying separately under the Medicare Physician Fee Schedule for Chronic Care Management (CCM) services furnished to Medicare patients living with multiple chronic conditions. CMS considers CCM as a critical component of primary care that contributes to better health and care for individuals.

Below is a table of the Medicare Coding Summary. Medicaid is currently not reimbursing for these codes.

BILLING CODE	PAYMENT (PFS NON-FACILITY)	CLINICAL STAFF TIME	CARE PLANNING	BILLING PRACTITIONER WORK
Non-Complex CCM (CPT 99490)	\$43	20 minutes or more of clinical staff time in qualifying services	Established, implemented, revised or monitored	Ongoing oversight, direction and management
Complex CCM (CPT 99487)	\$94	60 minutes	Established or substantially revised	Ongoing oversight, direction and management + Medical decision-making of moderate-high complexity

Complex CCM Add-On (CPT 99489, use with 99487)	\$47	Each additional 30 minutes of clinical staff time	Established or substantially revised	Ongoing oversight, direction and management + Medical decision-making of moderate-high complexity
CCM Initiating Visit (AWV, IPPE, TCM or Other Face-to-Face E/M)	\$44-\$209	--	--	Usual face-to-face work required by the billed initiating visit code
Add-On to CCM Initiating Visit (G0506)	\$64	N/A	Established	Personally performs extensive assessment and CCM care planning beyond usual effort described by the separately billable CCM initiating visit

Carol reviewed her email sent to Marc Provence stating her concerns with the Medicaid reimbursement codes. Kat introduced the process of having the state approve reimbursement codes, and suggested we try other routes as this can be a lengthy process. GCACH's hopes are to align Medicaid and Medicare reimbursements for transitional and care coordination services.

PCMH Tracker	The Practice Transformation Team is using the PCMH tracker to organize our initial cohort of partnering providers. The tracker begins with a Kick-Off meeting followed by completion of the MeHAF and Billing IT Toolkit Self-Assessments, creation of the Practice Transformation Implementation Workplan (PTIW), contracting, budgeting and more. This document will be updated regularly by the Practice Transformation Team. The organizations in yellow will be completed by October 31 st . Those in blue will be completed by the end of the year.
BHO Update	The Practice Transformation Team has met with 15 out of the 17 behavioral health organizations. They are waiting to hear from one behavioral health organization and have plans to meet with the last behavioral health organization. Contracts have been sent out to 15 organizations.
Adjournment	Carol concluded the meeting by thanking all for attending. Carol noted that the next Practice Transformation Workgroup Meeting is set for October 11 th . Meeting was adjourned at 11:40 am.