

CMO UPDATE REGION IX MEDICAL ASSOCIATION MEETING

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Objectives



- 2019 Physician Fee Schedule proposed rule
 - Overview of the E/M documentation proposal
- Opioid Initiative Update
- Questions

Documentation Requirements and Payment for E/M Visits



Calendar Year (CY) 2019 Medicare Physician Fee Schedule (PFS) Proposed Rule

Documentation Requirements and Payment for Evaluation and Management (E/M) Visits & Advancing Virtual Care

See the Physician Fee Schedule website at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

Update: Patients over Paperwork



- The **Patients Over Paperwork** initiative is focused on reducing administrative burden while improving care coordination, health outcomes and patients' ability to make decisions about their own care.
- Physicians tell us they continue to struggle with excessive regulatory requirements and unnecessary paperwork that steal time from patient care.
- This Administration has listened and is taking action.
- The proposed changes to the Physician Fee Schedule address those problems head-on, by proposing to streamline documentation requirements to focus on patient care and proposing to modernize payment policies so seniors and others covered by Medicare can take advantage of the latest technologies to get the quality care they need.

For more information about Patients over Paperwork, visit:

<https://www.cms.gov/About-CMS/story-page/patients-over-paperwork.html>



Medical Record Documentation Supports Patient Care



- Clear and concise medical record documentation is critical to providing patients with quality care and is required for you to receive accurate and timely payment for furnished services.
- Medical records chronologically report the care a patient received and record pertinent facts, findings, and observations about the patient's health history.
- Medical record documentation helps physicians and other health care professionals evaluate and plan the patient's immediate treatment and monitor the patient's health care over time.
- **Many complain that notes written to comply with coding requirements do not support patient care and keep doctors away from patients.**



Documenting E/M Requires Choosing the Appropriate Code

- **Currently, documentation requirements differ for each level and are informed by the 1995 and 1997 E/M documentation guidelines.**
- Billing Medicare for an Evaluation and Management (E/M) visit requires the selection of a Current Procedural Terminology (CPT) code that best represents:
 - Patient type (new v. established),
 - Setting of service (e.g. outpatient setting v. or inpatient setting), and
 - **Level of E/M service performed.**

CPT codes, descriptions and other data only are copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).

How to Streamline E/M Payment and Reduce Clinician Burden



- Proposing to provide practitioners choice in documentation for office/outpatient based E/M visits for Medicare PFS payment: 1) 1995 or 1997 documentation guidelines, 2) medical decision-making or 3) time.
- Proposing to expand current policy regarding history and exam, to allow practitioners to focus their documentation on **what has changed** since the last visit or on pertinent items that have not changed, rather than re-documenting information, provided they review and update the previous information.
- Proposing to allow practitioners to **review and verify** certain information in the medical record that is entered by ancillary staff or the beneficiary, rather than re-entering it.
- Soliciting comment on how documentation guidelines for medical decision making might be changed in subsequent years.

Proposed Payment for Office/Outpatient Based E/M Visits



- Proposing a single PFS payment rate for E/M visit levels 2-5 (physician and non-physician in office based/outpatient setting for new and established patients).
- Proposing a **minimum documentation** standard where, for Medicare PFS payment purposes, practitioners would only need to document the information to support a level 2 E/M visit.



Proposed Additional Payment Codes

- Proposing **~\$5 add-on payment** to recognize additional resources to address inherent complexity in E/M visits associated with primary care services.
- Proposing **~\$14 add-on payment** to recognize additional resources to address inherent visit complexity in E/M visits associated with certain non-procedural based care.
- Proposing a **multiple procedure payment adjustment** that would reduce the payment when an E/M visit is furnished in combination with a procedure on the same day.
- Proposing an **~\$67 add-on payment for a 30 minute prolonged E/M visit.**

Comments due September 10th

For further information....



- See proposed rule for information on submitting comments by close of 60-day comment period on **September 10** (When commenting refer to **file code CMS 1693-P**)
- Instructions for submitting comments can be found in proposed rule; FAX transmissions will not be accepted
- You must officially submit your comments in one of following ways:
 - electronically through Regulations.gov
 - by regular mail
 - by express or overnight mail
 - by hand or courier

See the Physician Fee Schedule website at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



Opioid Crisis Reduction - HHS Goals



1. Access: Better Prevention, Treatment, and Recovery Services
2. Data: Better Data on the Epidemic
3. Pain: Better Pain Management
4. Overdoses: Better Targeting of Overdose-Reversing Drugs
5. Research: Better Research on Pain and Addiction

<https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>



The Opioid Epidemic: CMS Efforts



- ▶ Growing opioid epidemic is a top priority of this administration
- ▶ Leveraging the unique role as a payer and overseer of the Medicare, Medicaid, and Exchange programs.
- ▶ CMS released a 2018 and long-term roadmap and fact sheet summarizing contributions to the cross-governmental efforts.
- ▶ Working closely together with other federal and state entities

CMS Roadmap to Address the Opioid Epidemic



KEY AREAS OF CMS FOCUS

As one of the largest payers of healthcare services, CMS has a key role in addressing the opioid epidemic and is focused on three key areas:



PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids



TREATMENT

Expand access to treatment for opioid use disorder



DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>



CMS Roadmap: Opioids (Continued)



SUCCESSES SO FAR



COVERAGE

CMS coverage policies now ensure some form of **medication-assisted treatment across all CMS programs**—Medicare, Medicaid, and Exchanges.



AWARENESS

CMS sent 24,000 letters in 2017 and 2018 to Medicare physicians to highlight that they were prescribing higher levels of opioids than their peers to incentivize safe prescribing practices.



DATA

CMS released data in 2017 and 2018 to show where Medicare opioid prescribing is high to help identify areas for additional interventions.



TRACKING

Due to safe prescribing policies, the number of Medicare beneficiaries receiving higher than recommended doses from multiple doctors **declined by 40% in 2017**.



BEST PRACTICES

CMS activated over 4,000 hospitals, 120,000 clinicians, and 5,000 outpatient settings through national quality improvement networks to rapidly generate results in reducing opioid-related events.



ACCESS

As of June 2018, CMS approved **12 state Medicaid 1115 demonstrations** to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment while ensuring quality of care.



CMS Roadmap: Next Steps



MOVING FORWARD

PREVENTION



Significant progress has been made in identifying overprescribing patterns

TREATMENT



Medicare, Medicaid, and private health plans provide some coverage for pain and opioid use disorder treatments

DATA



Data provides insight into doctor, pharmacy, and patient use of prescription opioids and effectiveness of treatment

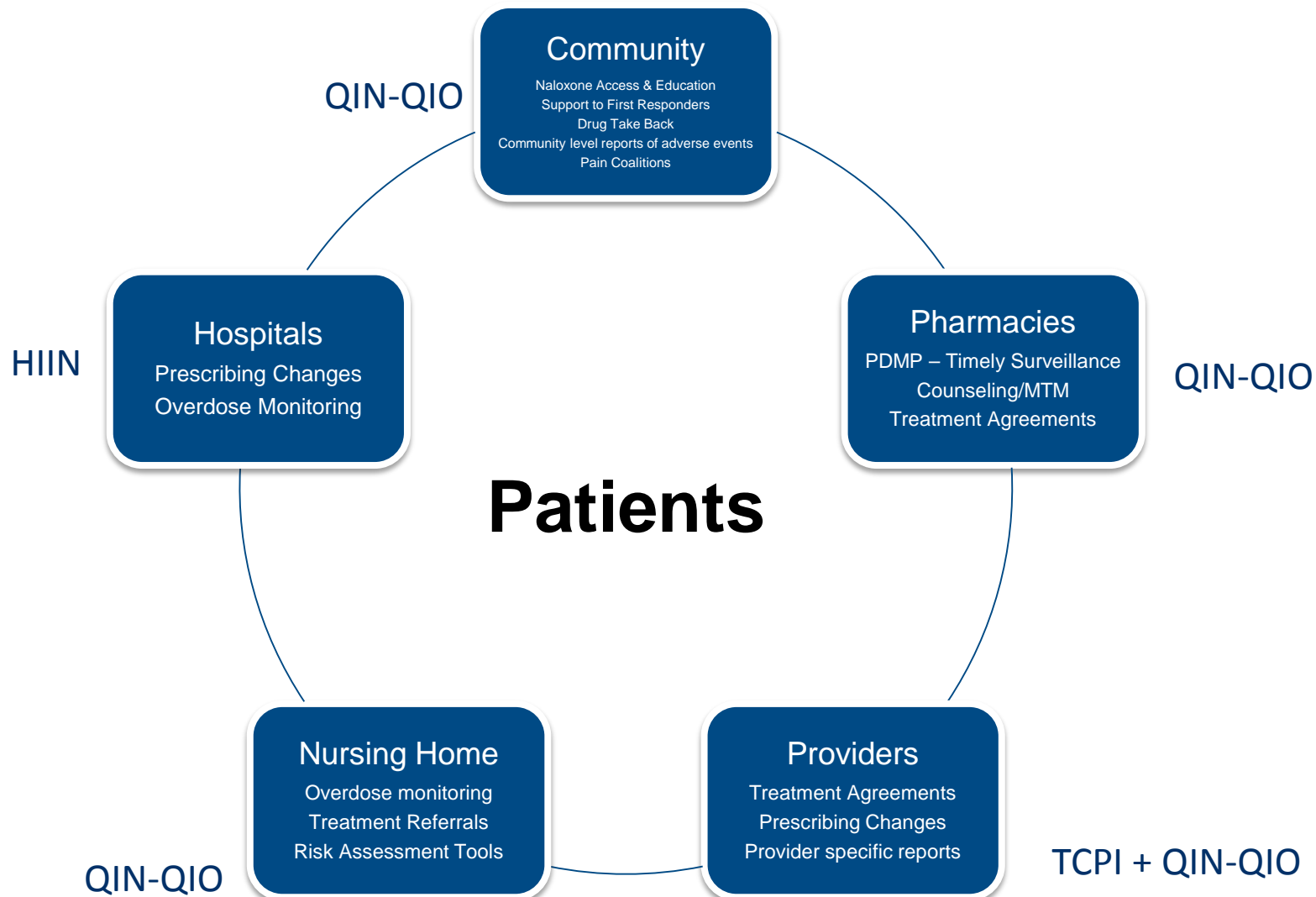
CMS CAN BUILD ON THESE EFFORTS TO FURTHER:

1. **Identify** and stop overprescribing of opioids
2. **Enhance** diagnosis of OUD to get people the support they need earlier
3. **Promote** effective, non-opioid pain treatments

1. **Ensure** access to treatment across CMS programs and geography
2. **Give** patients choices for a broader range of treatments
3. **Support** innovation through new models and best practices

1. **Understand** opioid use patterns across populations
2. **Promote** sharing of actionable data across continuum of care
3. **Monitor** trends to assess impact of prevention and treatment solutions

Opioid Quality Improvement Efforts Across Settings



QIN-QIOs Combatting the Opioid Crisis



- Partner with over 5,000 pharmacies, nursing homes, clinical practices and community coalitions.
- Monitor High Risk Patients – patients taking 3 or more medications and an opioid for 60 (non-consecutive) days in a year
- Use advanced data analytics to increase surveillance of high risk patients, monitoring for:
 - Adverse events
 - Readmissions
 - Hospital utilization
 - Outpatient medication use
- Generate aggregated reports for providers which include:
 - Prescribing rates compared to state averages
 - Number of patients prescribed a MME greater than 50
- Assist prescribers and pharmacies to better understand Prescription Drug Monitoring Programs





ANNOUNCING A CMS “TOWN HALL” WEBINAR EVENT FOCUS ON THE OPIOID CRISIS

THE OPIOID EPIDEMIC: APPROACHES TO ADOLESCENTS AND HONORED ELDERS

THE WESTERN REGIONAL OFFICES OF THE CENTERS FOR MEDICARE & MEDICAID SERVICES PRESENT AN EVENT HIGHLIGHTING THE IMPORTANCE OF COLLABORATION AMONG CLINICIANS & COMMUNITY MEMBERS TO ADDRESS THE OPIOID CRISIS.

THE EVENT IS PRESENTED AS A MULTI-REGIONAL WEBINAR FEATURING AN OVERVIEW OF THE CMS OPIOID ROADMAP, GUEST SPEAKERS SHARING THEIR EXPERIENCE IN ADDRESSING OPIOID USE IN ADOLESCENT AND ELDER POPULATIONS, AND AN OPPORTUNITY TO HEAR FROM THOSE FEELING THE IMPACT OF THE EPIDEMIC ON A PERSONAL LEVEL.

**THURSDAY SEPTEMBER 6TH
10AM – 3:00 PM PACIFIC TIME**

TO REGISTER, CLICK THE LINK BELOW:

[HTTPS://MEETINGS-CMS.WEBEX.COM/MEETINGS-CMS/K2/J.PHP?MTID=TD19017F092F41E82914422EA2FD087BC](https://meetings-cms.webex.com/meetings-cms/k2/j.php?mtid=TD19017F092F41E82914422EA2FD087BC)

QUESTIONS? EMAIL ROGER.LIU@CMS.HHS.GOV

CMS IS SEEKING CME/CEU APPROVAL FOR THIS PROGRAM



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TREATMENT

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