Care Manager Meeting Highlights 12/05/2019

Handouts from presentations attached to email and on website (handouts and highlights under Care Manager User Group, handouts also under Care Manager Resources)

Agenda:

3:00 – 3:10pm	**Welcome and introductions by Rachael Smart, NPO Quality Support Specialist**
3:10 – 4:30pm	**CM code reports, billing codes and billing code specific conversation** • Kevin DeBruyn from Adaptive Counseling and Case Management- LMSW
4:30-	**Community resource fair follow up** • Rachael Smart from NPO- Quality Support Specialist, MSN, MHA

<u>Kevin DeBruyn, Adaptive Counseling and Case Management – Metrics/Billing Report</u>

- Metrics and Billing Report- WHY
    - Use to inform practice
    - Increase patient engagement
    - Further help the practice develop how to utilize CM
    - Looking at the data can help influence behavior
        - Example: makes us more likely to do or not do something in the future or influence the start of a new process or new part of the same process. It stimulates some sort of change.
- Understanding Metrics
    - May cause fear/ frustration/ intimidating- this is a normal feeling
        - We do not get the whole picture from the numbers alone
    - Beat the fear!
        - First ask: What does this tell me/ what does it say
            - Total # claims
            - Face-to-face contact vs phone contact, CM to physician
        - Second ask: What is this not showing me
            - What wasn't billed
            - CM and physician contact throughout the day- are they all being documented as they could
            - What about other codes and process?
            - Number of individual patients. How many patients do the claims represent?
        - Consider:
            - Lag in data

Confidential for NPO practices

- What are we doing- where do we want to go?
- Every practice is different
- Patient Outcomes!!

- The Metrics Stimulate Progress
    - Consider
        - Does the practice have goals for the CM program?
            - Are the goals adequately defined?
        - Every practice is different and their program may be different
        - Do you have personal goals related to your CM program?
            - For instance, not missing any billing opportunities
- Example: See the attached, Practice A for CM Highlights, BCBS Commercial: CM Codes Billed in 2019
    - Look practice A
        - First ask: What does this tell me:
            - Total # 2019 CM Claims: had 237 claims
            - G9001 Initial: HCPCS Code. Coordinated Care Fee- Individual Face to Face or Video: 2%
            - G9002 Maintenance: HCPCS Code. Coordinated Care Fee- Individual Face to Face or Video: 24%
            - G9007 Team Conference: HCPCS Code. Face to Face, Video, or phone. Between physician and care team: 53%
            - The rest of their percentages come from End-of-life discussion (8%), Physician Coordinated Care Oversight (7%), and 5-10-minute phone encounters (6%)
                - We can tell that most of this practice's PDCM work comes from CM follow up. Most of the follow up does not require the patient's presence (G9007).
                - Looking down the G9007 column we can see that the first practice is significantly higher than other practices. Other practices have higher percentages regarding G9002 and phone encounters. (98966,98967,98967).
                    - Shows that each practice is different and their processes are different
        - Second ask: What is this not showing me
            - How many patients the practice has in their practice
            - How many patients the practice has in CM
            - Is there opportunity for G9001 to be higher? Most practices bill this later after a few encounters.
        - Consider:
            - Are billing opportunities being missed?
            - Are the correct codes being bill?

        - 99497 vs. S0257. 99497 is not being paid for by PDCM but S0257 is.
        - Can Modifier 33 be used?
    - Is the 2nd touch happening?
    - Are there any new process the practice can work on to increase the percentages of these codes and/or ensure the 2nd touch is happening?
        - How to ensure this
            - Provider conversations for engagement G9007, G9008, S0257
            - Staff conversations for engagement
                - Are they doing Med Recs and TCM (TOC)?
            - Defined rolls regarding PDCM
            - Create some sort of tracking to ensure every opportunity is billed for
            - Can a group education session be created? No one is utilizing these codes yet.
                - Example: Diabetes education group
        - What do you want, what works for your practice, what are the goals? Do you need to create goals or refine some?
- This is an evolution and it matters!
    - Look at what you're doing and how to move forward
    - Is there a way to track?
        - Kara Holcomb starting to track: How many visits is it taking to meet the long-term goal and discharge.
            - Also tracking for health leads. What resource, how many contacts, and did they connect to the resource
        - Perhaps this type of tracking doesn't work for your practice but what could?
    - What would we expect a successful program to look like? How high and spread would these codes be?

Rachael Smart, NPO – Community Resource Follow Up

- During follow up it was found that the group enjoyed the Community Resources fair and felt it was worth their time. It was not reported that a CM had specifically utilized a resource from the fair yet in their practice; one CM attendee said they have used PACE but knew about them before the fair. However, it was nice for them to put a face to the name and learn more about PACE.
- A couple of practices used all their materials from the community resource fair and made a resource book or board. One practice made a board specifically for staff not patients; the point of the board is for any staff member to utilize or resort to if a patient express a need and the CM is not available.
- For future Community Resource fairs, attendees would like to have bags or some sort of folder to put their materials. One CM attendee mentioned a folder with dividers for each vendor. It would

be nice to leave with the given material already organized but bags would be good too. Other suggestions were TBAISD and resources for developmental disability for vendors, and possibly inviting CMs from other offices or agency outside of NPO, for instance, Care Managers from CMH.

- One CM attendee thinks it would be great if NPO or DHS could have a contact who a CM can directly refer to in the case that someone loses their insurance; especially children- teens.
    - Kevin is trying to contact someone about this.

Information:

- NPO had a billing question into BCBS regarding the following scenario: A CM identifies a patient that might be eligible for CM (perhaps because of an elevated A1C). There is physician agreement (either specifically related to that patient or more generally to enrolling anyone with elevated A1C) so the CM reaches out to call the patient, explain CM as well as the reasons/risk factors for wanting to engage that particular patient. After the discussion, can a CM bill a CM phone call to engage if there was significant discussion, even when patient says "No, I don't want CM."
    - **Answer from BCBS:** "We have always indicated that the telephone codes shouldn't be billed for reaching out or trying to engage the member when it's conducted by the care team. We do allow the physicians to bill for engaging the member and that code is G9008 (but it can only be done by the physician)."

All Future Meetings: (Put this in with

- Rachael Smart will now be taking over the CM meetings
- Moving forward, a few minutes will be set aside at each meeting to discuss billing: challenges you are having, what's going well, anything you want to implement in your practice/ practices, general questions etc.
- A Case Scenario will be provided for discussion. If you have your own case to share please contact Rachael Smart. rsmart@npoinc.org. You own case may even be a scenario that you are struggling with and looking for how others may have handled a similar issue and or have advice.
    - Through these scenarios, we will also tie in billing opportunities
- If you have ideas or wants for upcoming meetings please contact Rachael Smart. rsmart@npoinc.org

Next Meeting: 2020

- February 27th – PACE confirmed as guest speaker, best practice share, billing and coding
- April 23rd
- June 25th
- August 27th – Billing Code Reports
- October 29th
- December 12th

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