

### **DISCLAIMER**

This presentation is provided as general information only.

It does not constitute billing advice nor appropriate claims submission(s) and should not be used as a substitute for individual billing needs. Because billing services must be tailored to the specific circumstances of each case, nothing provided should be used as a substitute for advice of specified billers. Each billing cycle's outcomes may differ depending on specific facts.

Further, I do own a billing service - Physician Support Service. My affiliation with this group does not change nor alter the veracity of my statements but is a required disclosure so that you may have the full breadth of information at your disposal when choosing to engage our services.



### Melissa Gilbert

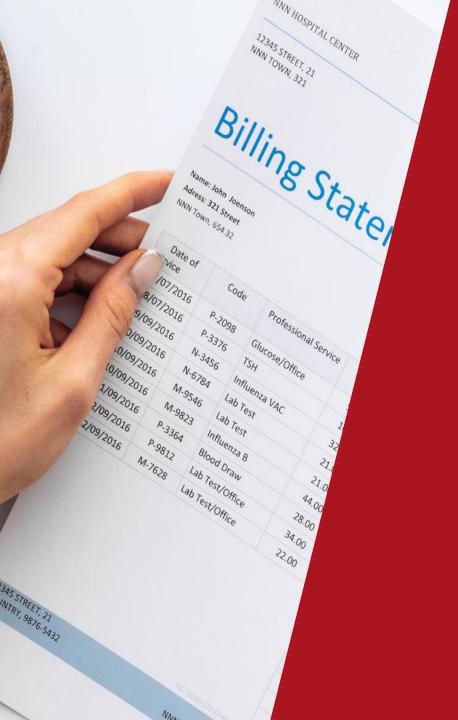
#### President of Family Medicine of Michigan

- ✓ 20+ years serving as the practice administrator
- ✓ Leads Michigan-based multi-specialty practice
- ✓ Consistently delivers maximum value-based reimbursements

### President of Physician Support Service, LLC

- ✓ Highly credentialed US-based team
- ✓ Partner to practices helping them implement and deliver value-based programs to improve their revenue cycle management





### What Is APCM?



CMS-developed **enhancement** to CCM, TCM, and PCM



Focus on **chronic conditions**, not time-based billing



Monthly billing for comprehensive primary care services



Tiered payments based on patient condition **severity** 



Why Implement APCM in Your Practice?

- Improves the quality of care for your patients
- Enhances provider and staff productivity
- Reduces revenue leakage and increases claim values
- Supports proactive, wholeperson care



### CCM VS. APCM

FEATURE	ССМ	APCM
Time-based billing?	YES	NO
Chronic conditions required?	2+	1+ or None
Care plan required?	YES	YES
Risk stratification?	NO	YES
24/7 patient access required?	YES	YES
Quality reporting required?	NO	YES
Consent?	YES	YES
Enhanced technology?	NO	YES



Population Health

Onboarding

Care

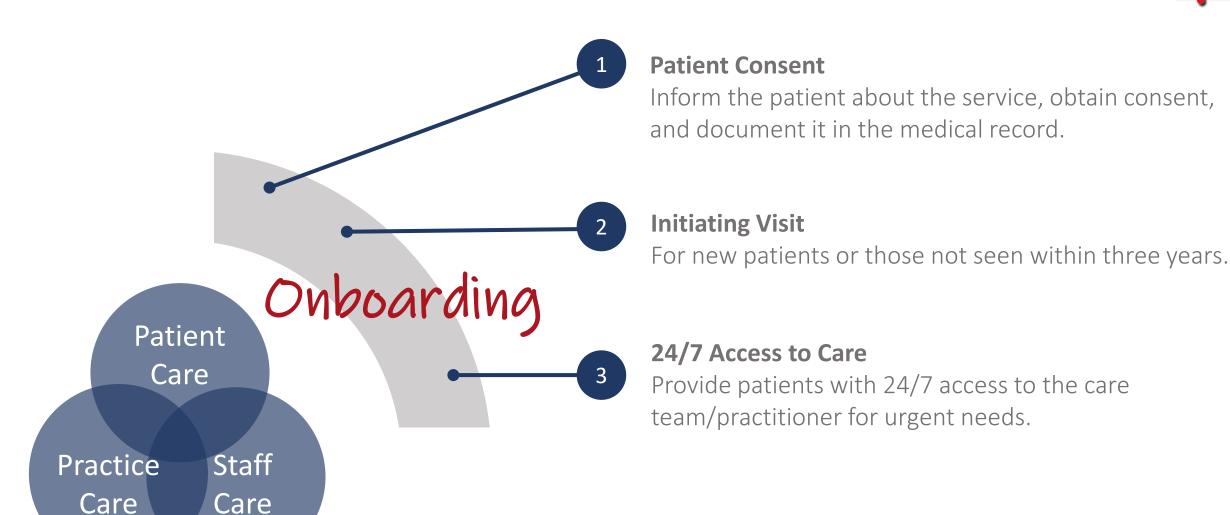
Patient

Practice Staff
Care Care

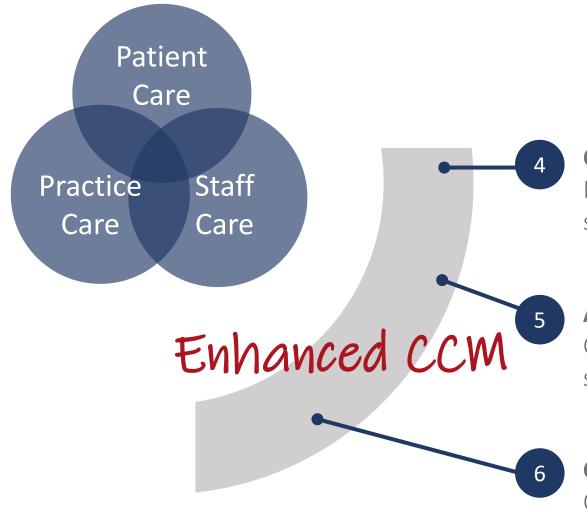
Enhanced Digital Communications

Enhanced CCM









#### **Continuity of Care**

Ensure continuity with a designated team member for successive routine appointments.

#### **Alternative Care Delivery**

Care delivery options alternative to office visits, such as home visits and/or expanded hours.

#### **Comprehensive Care Management**

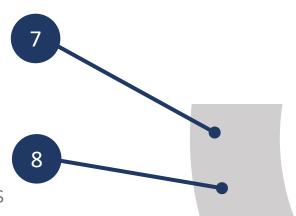
Conduct systematic needs assessments, ensure receipt of preventive services, manage medications and general clinical oversight.

#### **Patient-Centered Care Plan**

Develop and maintain a comprehensive electronic care plan accessible to the care team and patient.

#### **Management of Care Transitions**

Coordinate transitions between healthcare settings and providers, ensuring timely exchange of health information and follow-up communication.



Patient
Care

Practice Staff
Care Care

### Enhanced Digital Communications

#### **Community-Based Care Coordination**

Collaborate to identify and document psychosocial needs and functional deficits; set goals for desired outcomes. Ensure communication between specialists, hospitals, home health, and social service providers.

#### **Enhanced Communication Methods**

Enable communications through secure messaging, email, patient portals, and other digital means.

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#### **Analyze Gaps in Care**

Identify care gaps and offer additional interventions as appropriate.

#### **Risk Stratify Patients**

Use data to identify and target services to patients.

#### **Performance Measurement**

Assess quality of care, total cost of care, and use of certified EHR technology.

Population Health

Patient Care

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### APCM Billing & Payment Structure

Code	Patient Type	Estimated Monthly Reimbursement
G0556	1 or fewer chronic conditions	\$15
G0557	2+ chronic conditions	\$50
G0558	2+ chronic conditions (qualified Medicare beneficiary)	\$110













\$1 MILLION

Which of these statements is true about APCM?

A: It has strict time-based billing requirements.

**C:** It can be billed even if pt declines services that month, as long as consent is signed.

**B:** You can bill APCM & CCM for the same pt in the same month.

**D:** It is a capitated payment model.











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**C:** It can be billed even if pt declines services that month, as long as consent is signed.





It is NOT time-based; the billing requirements are complexity-based.

It can be billed even if pt declines services that month, as long as consent is signed.

You CANNOT bill APCM & CCM for the same pt in the same month.

It is NOT a capitated payment model.

## Billing APCM



#### 78YM with two or more chronic conditions: DM, Obesity, A Fib

	Jan	Feb		March		April		May		5 Mo. Total	
Patient Engagement with Care Manager	45 min direct care with CM and MD adjusting insulin levels and obesity	34 min direct care with CM and MD adjusting insulin levels and obesity		10 min direct care with CM and MD adjusting inslin levels and obesity		TCM Visit for A Fib and 20 min direct care with CM on insulin and obesity		Patient Calls Office to Request Refills on Medication			
	Billing Options:	Billing Options:		Billing Options:		Billing Options:		Billing Options:		Over 2X \$	
Optimal	CCM: 99490+99439 \$103	.25 CCM: 99490	\$57.55	APCM: G0557	•	TCM: 99495 CCM: 99490	\$192.73 \$57.55	APCM: G0557	\$50.00	\$511.08	
Minimal	APCM: G0557 \$50	0.00 APCM: G0557	\$50.00	APCM: G0557	\$50.00	APCM: G0557	\$50.00	APCM: G0557	\$50.00	\$250.00	

... that's only one patient.

## Billing APCM



Total Patients per Month	3840			
Medicare	30%			
Monthly	1152			
Enrollment		60%	70%	80%
# of Patients		691.2	806.4	921.6
Bill per Engagement		\$30	\$30	\$30
# of Months per Year		6	6	6
Incremental Revenue		\$124,416	\$145,152	\$165,888

additional income for doing the same work!

## Strategic Billing



The right billing partner can help determine the best strategy for every situation.

#### BILLING DECISION ROLES

Billing Team	Care Manager	Provider
Program expertise	Tools for capturing coding opportunities	Onboarding of patients for the program (buy in)
Performance management	Training on documentation requirements	Providing clear planning and goals for the care manager

## How to Get Started with APCM





Identify Eligible Patients: Review your patient population and risk-stratify



**Obtain Consent**: Inform patients about APCM and document consent



**Ensure 24/7 Access:** Use your existing on-call system as well as other patient communication channels like online charts and an office email address



**Develop Care Plans:** Create and share comprehensive care plans



Track Quality Measures: Implement reporting systems



**Establish an APCM Billing Decision-Making Process:** Know the best time to charge APCM vs. other billing types



### At Your Practice

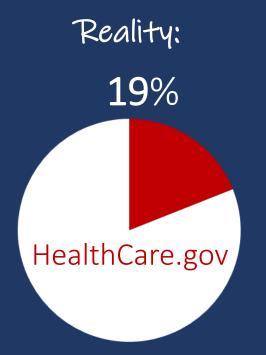
 What steps of the APCM process are already in place?

 What steps would you need to add or change?

 What challenges do you foresee in implementing APCM?

### PSS Leads the Industry









In Your Pocket:

\$4.05 out of \$5

\$4.75 out of \$5

\$4.85 out of \$5

### PSS Can Help

# FREE 3-hour Consultation for All New Medical Billing Clients!

- ↑ Billing Workflow Optimization for clean claims
- ★ Ratings Consultation for value-based reimbursement
- ☑ Doctor Credentialing with insurance networks
- Clinic Guidance for upfront collections
- ← Flexible Solutions to work with your current system or seamless transition to ours



