
Primary Care Coordination Change in Billing Methodology & Procedure



Why have this training?

The current Primary Care Coordination (PCC) reimbursement process will be ending on June 30, 2010 and will be replaced by the Health Care Homes (HCH) reimbursement process starting July 1, 2010. Providers with recipients that have not completed a 6-month PCC span can be reimbursed for less than 6-months of service when the dates of service are completed within the month of June 2010.



Training Goals

Today you will learn how to:

1. Complete PCC billing for all current patients who have completed 6 months on the program as of 7/1/10.
2. Complete truncated PCC billing for all other patients.
3. Bill for all PCC patients from 7/1/10 and beyond.



Why is PCC billing changing?

- To be consistent with the new Health Care Home billing procedures and complexity tiers.
- To ease administrative burden for both providers and DHS.
- To facilitate PCC providers successful transition to HCH.



Benefits of PCC Billing Change

- PCC complexity tiers will be the same as HCH, enlarging the eligible pool of patients in FFS Medicaid who can be served in your PCC program.
- Billing and payment will happen each month.
- Billing no longer must be tied to a face to face visit.



PCC Billing for completed span

Full 6-month PCC recipient span ending June 2010 (No change in billing)

- To claim PCC payment, after 161 days:
- Document all care coordination services provided in the recipient's medical record
- Use the 837P electronic claim transaction to submit all claims
- On one claim transaction, bill
 - Appropriate E/M procedure code
 - Care coordination code G9002 and:
- No modifier: Tier 1
- Modifier TF: Tier 2
- Modifier TG: Tier 3



PCC Billing for truncated span

PCC recipient span that does not end in June 2010

- To claim PCC payment for less than 161 days:
- Document all care coordination services provided in the recipient's medical record
- Use the 837P electronic claim transaction to submit all claims
- On one claim transaction, bill
 - Appropriate E/M procedure code if available
 - Care coordination code G9002 and:
- No modifier: Tier 1
- Modifier TF: Tier 2
- Modifier TG: Tier 3



Timelines to complete PCC billing

- Bill all completed 6 mos. spans ASAP.
- Bill all truncated PCC spans by 8/15/10.
- Billing under new HCH processes can begin in July. DHS will send an email confirming this start date.



PCC Billing after July 1, 2010

PCC recipient receiving PCC services July 1, 2010 and forward

- To claim payment:
- Document all care coordination services provided in the recipient's medical record
- Use the 837P electronic claim transaction to submit all claims
- On one claim transaction, bill
 - 1 unit of Care Coordination code S0280 for initial planning or S0281 for maintenance planning once a month
- Modifier U1: Tier 1
- Modifier TF: Tier 2
- Modifier U2: Tier 3
- Modifier TG: Tier 4
- And, if necessary,
- Modifier U3: If primary language is Non-English
- Modifier U4: If Severe and Persistent Mental Illness



Background & Details on HCH Billing



Legislative Requirements for HCH Care Coordination Payment

[256B.073]

- DHS and MDH develop a system of per-person care coordination payments to certified HCHs by January 1, 2010
- Fees vary by thresholds of patient complexity
- Agencies consider feasibility of including non-medical complexity information
- Implemented for all public program enrollees by July 1, 2010



Opportunity and Goals

- Create alignment across payers and products to achieve “critical mass”
- Lay the groundwork for improved risk stratification
- Minimize administrative burden
- Use multi-payer initiative to drive system-wide delivery system transformation



Patient Complexity: Why?

- The law requires that payments be higher for more complex patients
- Complexity represents the amount of time and work needed to coordinate care
- Complexity includes both medical and psycho-social issues.



Patient Complexity: How?

- Providers will identify patients and assess how complex they are by identifying:
 - Medical conditions that are linked to the most care coordination, *and*
 - Whether the patient (or caregiver) has a non-English primary language or a severe and persistent mental illness



Do I need to reassess all my PCC patients using the HCH tier tool?

- No. Not at this time. DHS will give you a document that lists your current PCC patients and their current PCC tier, as well as that patients current HCH tier. You can use this new HCH tier for your billing and/or reassess those patients who may have changes in condition or who you believe are not in the appropriate complexity tier.



HCH Care Coordination Tier Assignment Tool



Complexity Tiers

- Based on the number of condition groups (e.g. endocrine, cardiovascular) that providers identify as:
 - Chronic
 - Severe
 - Requiring a Care Team for Optimal Management



Complexity Information Needed for Payment

- Patient's Tier Level (based on the count of “major” condition groups)
 - Tier 0 (none)
 - Tier 1 (1-3)
 - Tier 2 (4-6)
 - Tier 3 (7-9)
 - Tier 4 (10 or more)
- Presence of either of the two “supplemental” complexity factors



Tier Assignment Tool

Care Coordination Tier Assignment Tool, Version 1.0 Health Care Home Initiative

Patient ID: _____

Date: ____/____/____
month / day / year

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Coding Structure for Billing

HCPCS Codes

S0280 medical home program, comprehensive care coordination and planning, initial plan

S0281 medical home program, comprehensive care coordination and planning, maintenance

Modifiers

Tier	Patient Complexity Level		Primary Language Non-English	Severe and Persistent Mental Illness
0	Low	(no modifier)	U3	U4
1	Basic	U1	U3	U4
2	Intermediate	TF	U3	U4
3	Extended	U2	U3	U4
4	Complex	TG	U3	U4



DHS Rates: MHCP Fee-for-Service

Tier	PMPM Rate
0	N/A
1	\$ 10.14
2	\$ 20.27
3	\$ 40.54
4	\$ 60.81

- DHS will increase the rate by 15% for each of the two supplemental complexity factors.
- The adjusted average PMPM rate across Tiers 1-4 (incl. the supplemental factors) is **\$31.39**.

Examples



Patient Example: Sarah – Tier 1

- 44 year old female with Type 2 Diabetes (250.92)
- This chronic condition is judged by the clinician to be severe, and the care coordinator must be in communication with an endocrinologist and a nutritionist to manage the condition
- The “Endocrine” category counts as one point because all of the three clinical attributes are met. Sarah is placed in Tier 1.



Tier Assignment Tool, Example, Sarah

Patient ID: Sarah

Date: 3 / 5 / 10
month day year

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Endocrine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox" value="1"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hematologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malignancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health/Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SUM COUNT **TIER**

Derive patient Tier assignments using the table shown below:

SUM COUNT	TIER
0	0
1-3	1
4-6	2
7-9	3
10 or more	4



Patient Example: Lois – Tier Zero

- 51 year old female with Type 2 diabetes (250.0)
- The condition is judged to be both chronic and severe, but Lois has been closely following a medication regimen and clinical plan for years without coordination from the care team required.
- The “Endocrine” category cannot be counted because all three of the clinical attributes are not met. Lois is place in Tier Zero.



Tier Assignment tool, Example Lois

Patient ID: Lois

Date: 3 / 5 / 10
month day year

Does this patient present with these conditions.....

Condition Is Chronic

Condition Is Severe

Condition Requires A Care Team

SCORE

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Endocrine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hematologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malignancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health/Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rheumatologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toxic Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SUM
COUNT



TIER

Derive patient Tier assignments using the table shown below:

SUM COUNT	TIER
0	0
1-3	1
4-6	2
7-9	3
10 or more	4



Patient Example: Gary – Tier 4

- 6 year old child with special needs. Problem list includes:
 - Asthma (493.90) → ALLERGY/ASTHMA
 - Pure Hypercholesterolem (272.0) → CARDIOVASC
 - Iridocyclitis (364.3) → EYE
 - GERD (530.81) → GASTROINT/HEPATIC
 - Opp. Defiant Disorder (313.81) → MNTL HLTH/PSY
 - Synovitis (727.00) → MUSCULOSKELETAL
 - Spina Bifida (741.00) → NEUROLOGIC
 - Feeding Problem (783.3) → NUTRITION
 - Juv. Rheum. Arthritis (714.30) → RHEUM
 - Skin Eruptions (782.1) → SKIN



Gary – Tier 4 (contd.)

- These conditions map to 10 distinct categories, and each of them is chronic, severe, and requires coordination between members of the clinic team as well as school resources, therapists, and other specialists.
- Gary is placed in Tier 4.



Tier Assignment tool, Example Gary

Patient ID: Gary

Date: 3 / 5 / 10
month day year

Does this patient present with these conditions.....

Condition Is Chronic Condition Is Severe Condition Requires A Care Team SCORE

<input checked="" type="checkbox"/> Allergy, Asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Eye	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Gastrointestinal/Hepatic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hematologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malignancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mental Health/Psychosocial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> Musculoskeletal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> Neurologic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/> Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0
<input checked="" type="checkbox"/> Rheumatologic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> Skin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/> Toxic Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 **4**

SUM COUNT **TIER**

Derive patient Tier assignments using the table shown below:

SUM COUNT	TIER
0	0
1-3	1
4-6	2
7-9	3
10 or more	4



HCH Billing Training Opportunities

- June 30, Duluth MN as part of all day HCH training.
- July 16, noon to 1:30pm, Webinar
- July 21, 7:30 to 9 am, Webinar
- Today's training and July 16 & 21 trainings will be archived on website.



Resources for PCC Billing

Old PCC billing and truncated claims:

Dean Ewald, dean.ewald@state.mn.us

651-431-3009

New PCC billing using HCH methodology:

Rachel Tschida, rachel.tschida@state.mn.us

651-431-5629



Questions

