

Patient-Centered Primary Care Payment

Type of Service	Billing Code	Eligible Patients	Frequency of Payment	Accountability for Quality	Estimated Amount	Patient Share
Wellness and Preventive Care	XX010 Wellness Care	A patient who enrolls for proactive wellness care	Monthly	Follow evidence-based preventive care guidelines (CPG/SCAMP) and use a SAINT to monitor patient needs	\$7.40 per patient per month	\$0
	XX011 Transitional Care	A patient who was hospitalized or had a serious illness	Month after hospital discharge or serious illness	Follow evidence-based guidelines (CPG/SCAMP) and use a SAINT to monitor patient needs	\$14.80 for the month (instead of \$7.40)	\$0
	XX012 Integrated Behavioral Healthcare	A patient who enrolls for proactive wellness care if the practice has integrated behavioral health services	Monthly in addition to Wellness Care Payment	Follow evidence-based guidelines (CPG/SCAMP) for behavioral health and use a SAINT to monitor patient needs	\$4.25 per patient per month (in addition to \$7.40)	\$0
Non-Emergency Acute Care	XX020 Acute Care Visit	A patient enrolled for wellness care who experiences a new acute symptom or injury that does not require emergency care	For each new acute event	Diagnosis and treatment plan based on evidence-based guidelines (CPG/SCAMP) for the symptom/condition and use of SAINT to monitor outcomes.	\$141 per visit (\$282 for visit requiring more than 45 minutes)	\$25
Chronic Condition Care	XX030 Initial Management of a Chronic Condition	A patient with a newly diagnosed or newly treated chronic disease	Following diagnosis or initial treatment	Follow evidence-based guidelines (CPG/SCAMP) for management of the chronic condition and use a SAINT to monitor patient needs	\$54.60 per patient for the initial month	\$0
	XX031 Chronic Condition Management	A patient with a chronic condition	Monthly	Follow evidence-based guidelines (CPG/SCAMP) for management of the chronic condition and use a SAINT to monitor patient needs	\$24.60 per patient per month after the first month	\$0
	XX032 Management of a Complex Condition	A patient with a complex condition	Monthly	Follow evidence-based guidelines (CPG/SCAMP) for management of the complex condition(s) and use a SAINT to monitor patient needs	\$54.60 per patient per month	\$0
Procedures & Tests	Standard code for procedure or test	A patient receiving a procedure or test	When procedure or test is performed	Follow evidence-based guidelines in ordering test or performing procedure	Payment based on cost of procedure or test	Amount varies
New Patient	99201-99205	Any patient	When patient is first seen by physician	Follow evidence-based guidelines in evaluating patient needs	Current fee schedule	Current benefits

Actions Needed to Implement Patient-Centered Primary Care Payment

Operationalizing Billing and Payment

- The CPT Editorial Panel should establish a formal definition for each of the patient-centered primary care services and assign a specific CPT code to that definition.
- The RVS Update Committee (RUC) should assign appropriate RVU amounts for each of the new CPT codes.
- Medicare and health insurance plans should use appropriate Conversion Factors to convert the RVUs into adequate payments for participating primary care practices. Analyses should be carried out by the RUC or an organization such as the Patient-Centered Primary Care Collaborative or the Medical Group Management Association in order to determine an appropriate conversion factor for Patient-Centered Primary Care Payment CPT codes.

Operationalizing Accountability for Quality and Utilization

- Government agencies and charitable foundations should provide funding to medical specialty societies and multi-stakeholder collaboratives to support development and maintenance of clinical practice guidelines that are free of commercial influence.
- Guideline developers should work together to create a mechanism for enabling primary care practices to easily access all of the guidelines that they would commonly use and to resolve any conflicts among different guidelines.
- The certification requirements for Electronic Health Record systems should be modified to require that the “clinical decision support” component of the EHR be based on all of the most current guidelines and that this component be easy for clinicians to use.
- Government agencies and charitable foundations should provide funding to support the development of SCAMPs and the use of Clinical Data Registries (CDRs).
- Patient-Centered Primary Care Payment amounts should be large enough to ensure that primary care physicians have the resources needed to participate in CDRs and the time needed to document the reasons for deviations from guidelines.
- Government agencies and charitable foundations should provide funding to support enhancements to the *How's Your Health* system.
- Patient-Centered Primary Care Payment amounts should be adequate to allow primary care practices to pay modest subscription fees to support the continued operation of the *How's Your Health* system.

Making Patient-Centered Primary Care Payment Available to Primary Care Practices

Every payer – every commercial insurance plan, every Medicare Advantage plan, every Medicaid Managed Care Organization, every state Medicaid agency, and Original (fee-for-service) Medicare – should make Patient-Centered Primary Care Payment *available* to any primary care practice providing services to the patients insured by that payer so that all patients have the opportunity to receive high-quality primary care. However, primary care practices should not be required to participate if they do not wish to.

Changes in Payments From Private Insurance Plans

- Self-insured purchasers should use health plans that implement Patient-Centered Primary Care Payment.
- Businesses should work together through purchaser coalitions to select health plans using Patient-Centered Primary Care Payment.
- Purchasers should ensure that health plans implement Patient-Centered Primary Care Payment fully and correctly. This means:
 - ◆ Payments must be made for all of the new billing codes.
 - ◆ The payments for all new billing codes must be adequate.
 - ◆ Pay-for-performance programs must be eliminated.
 - ◆ Prior authorization requirements must be eliminated.
 - ◆ Patient cost-sharing requirements must be changed appropriately.
- If residents of the community have choices about which health insurance plan to use, primary care practices can refuse to contract with plans that do not use Patient-Centered Primary Care Payment.

Changes in Medicare Payments

- Congress should create a Patient-Centered Primary Care Payment program for Original Medicare beneficiaries structured as follows:
 - ◆ All primary care practices should be able to voluntarily enroll, but no primary care practice should be forced to participate;
 - ◆ CMS should implement all of the new billing codes for Patient-Centered Primary Care Payment and assign payment amounts to the codes that are adequate to support high-quality primary care services.
 - ◆ The program should exempt participating primary care practices from the current Merit-Based Incentive Payment System (MIPS), and instead should base accountability for quality and utilization on the utilization of clinical practice guidelines and SCAMPs.
 - ◆ Any net increase in spending on primary care should be exempt from budget neutrality calculations.
- Medicare beneficiaries who have chosen to enroll in a Medicare Advantage plan should choose a plan that makes Patient-Centered Primary Care Payment available to primary care practices. In addition, primary care practices can refuse to contract with Medicare Advantage plans that do not use Patient-Centered Primary Care Payment.

Changes in Medicaid Payments

- CMS should establish a policy indicating that approval will automatically be given to states that want to require Medicaid Managed Care Organizations (MCOs) to use Patient-Centered Primary Care Payment.
- In states that use Medicaid MCOs, the state Medicaid agency should require MCOs to use Patient-Centered Primary Care Payment for primary care practices that wish to participate.
- In states that do not use Medicaid MCOs, the state Medicaid agency should begin using Patient-Centered Primary Care Payment to pay primary care practices that wish to participate.