What You Should Know About Care Plan Oversight & Physician Portals

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Goals & Objectives

- Care Plan Oversight (CPO)
  - Help agencies gain a better understanding of CPO.
  - Provide a knowledge base for agencies to be able to educate their physicians.
- Physician Portals
  - Understand what they are.
  - Understand why they are important.
  - Impact in Accountable Care Organizations
- firstCPO
  - Benefits to agencies and their physicians
Care Plan Oversight

• Definition
• Requirements
• Who Qualifies?
• What Qualifies
• Codes
• Rates
Care Plan Oversight (CPO) - Defined

Care Plan Oversight (CPO) is physician supervision of patients under either the home health or hospice benefit where the patient requires complex or multi-disciplinary care requiring ongoing physician involvement. Medicare does not pay for care plan oversight services for nursing facility or skilled nursing facility patients.
Requirements

1. The beneficiary must require complex or multi-disciplinary care modalities requiring ongoing physician involvement in the patient's plan of care.
2. The beneficiary must be receiving Medicare covered home health or hospice services during the period in which the care plan oversight services are furnished.
3. The physician who bills CPO must be the same physician who signed the home health or hospice plan of care.
4. The physician must furnish at least 30 minutes of care plan oversight within the calendar month for which payment is claimed and no other physician has been paid for care plan oversight within that calendar month.
Requirements - Continued

5. The physician must have provided a covered physician service that required a face-to-face encounter with the beneficiary within the 6 months immediately preceding the provision of the first care plan oversight service.

6. The care plan oversight billed must not be routine post-operative care provided.

7. The care plan oversight services must be personally furnished by the physician who bills them; Services provided "incident to" a physician's service do not qualify as CPO and do not count toward the 30-minute requirement.

8. The physician may not bill CPO during the same calendar month in which he/she bills ESRD benefit for the same beneficiary.
Who Qualifies?

• Physicians
• Non-Physician Practitioners* (NPP’s)
  • Nurse Practitioner
  • Physician Assistant
  • Clinical Nurse Specialists
Clarifying NPP’s Participation

- An NPP can furnish physician care plan oversight (but may not certify a patient as needing home health services) only if the physician who signs the plan of care provides regular ongoing care under the same plan of care as does the NPP billing for care plan oversight and either
  - The physician and NPP are part of the same group practice; or
  - If the NPP is a nurse practitioner or clinical nurse specialist, the physician signing the plan of care also has a collaborative agreement with the NPP; or
  - If the NPP is a physician assistant, the physician signing the plan of care is also the physician who provides general supervision of physician assistant services for the practice.
What Qualifies?

• Review of charts, reports, treatment plans, lab and other test results that were not ordered during the face-to-face encounter qualifying patient for CPO.
• Telephone calls to other health care professionals involved in care of patient (not in office).
• Team conferences.
• Telephone call/discussions with pharmacist about medication therapies.
• Medical decision making.
• Activities to coordinate services requiring the skills of a physician.
• Documenting services provided (includes time to write a note about service provided, decision making performed, time spent on countable services).
• Time spent on activities undertaken on day of hospital discharge separately documented as occurring after physical discharge from hospital.
What Does Not Qualify?

• Office staff time spent getting/filing charts, calling Home Health Agencies or patients/families.
• Physician telephone calls to patient/family, even to adjust medication or treatment.
• Physician time spent to call in prescriptions to pharmacy.
• Physician time getting/filing chart, dialing phone, or on hold waiting.
• Travel time.
• Time spent preparing/processing claims.
• Initial time spent reviewing results of tests ordered during face-to-face encounter.
• Informal consultations with health professionals not involved in the patient’s care.
• Time spent on day of hospital discharge to manage the discharge plan.
CPO Codes & Rates

<table>
<thead>
<tr>
<th>HHA Code</th>
<th>National Avg.</th>
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<tbody>
<tr>
<td>GO179 – MD Re-Certification HHA Patient</td>
<td>$ 41.23</td>
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<tr>
<td>GO180 – MD Certification HHA Patient</td>
<td>$ 54.28</td>
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<tr>
<td>GO181 – Home Health Care Supervision</td>
<td>$ 103.85</td>
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<tr>
<td>GO182 – Hospice Care Supervision</td>
<td>$ 106.25</td>
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Rates can be found at [www.trailblazerhealth.com](http://www.trailblazerhealth.com) (Fee Schedules)
# Potential Physician Revenue

## CPO Revenue Only (G0181) – National Average

<table>
<thead>
<tr>
<th># of Patients</th>
<th>Monthly</th>
<th>Annually</th>
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<tbody>
<tr>
<td>5</td>
<td>$ 519.25</td>
<td>$ 6,231.00</td>
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<td>10</td>
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<td>15</td>
<td>$ 1,557.75</td>
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<td>20</td>
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<td>25</td>
<td>$ 2,596.25</td>
<td>$ 31,155.00</td>
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<td>30</td>
<td>$ 3,115.50</td>
<td>$ 37,386.00</td>
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Physician Portals

- What are they?
- Why are they important?
- Different Types
- firstCPO
What are Physician Portals?

- Physician portals allow healthcare providers to send documents and communicate electronically with physicians in an easy-to-use and cost-effective way.
- They bridge the gap for healthcare providers and physicians.
Why are Portals Important?

• Physician portals are centralized hubs for communication, documentation and patient care that are becoming an essential part of daily operations.

• Physician Portals have the ability to bring the entire healthcare industry together.
Different Types of Portals

• **Software Dependent**
  – Restrict Access
  – Don’t Offer Flexible Solutions for Physicians

• **Software Independent**
  – Flexible Solutions for Physicians
  – Allow for better Patient Care
  – Setup for Accountable Care Organizations
Software Dependent – Single Physician

Agency/Software “A” + Physician #1 = Another Login

Agency/Software “B” + Physician #1 = Another Login

Agency/Software “C” + Physician #1 = Another Login

Agency/Software “D” + Physician #1 = Another Login
Software Independent – Single Physician
Accountable Care Organizations

• Physicians within an ACO are looking for Home Health agencies who are:
  - Efficient
  - Contain Costs
  - Provide Good Outcomes

• Home Health agencies will be tasked with not only achieving these but also proving it to their ACO managers.

• ACO’s will look to home health agencies to have enough data points to prove their value and ability to achieve these positive outcomes. Telehealth will be a major part of this process.

• The final piece is Business Intelligence which provides the evidence of your agency’s good outcomes and practices. This will be essential in the ACO model for home health agencies.

• Our ACO Infrastructure consists of firstCPO, a physician portal that allows physicians to communicate with HHAs, Hospice, labs, etc. to manage accountable care
Accountable Care Organizations:

Understanding the Model
firstCPO

• Allows Physicians to Work with Any Healthcare Provider
• Allows Agencies & Physicians to Manage Documents & Messages Easily
• Improved Communication thru HIPAA Compliant Email
• Allows Physicians to Access while On-the-Go
• iPhone, iPad and Android Compatible
firstCPO

- Allows Physicians to View & Approve Documents Quickly
- Quick Link to Patients Electronic Record
- Agency Document Tracking Reports
- Physician CPO Billing Report
- Allows Agencies & Physicians to Export Documents to EMR Software
Q & A