

Managing Care Plan Oversight in Private Practice

Dr. Inna Yaskin DO, CMD

Dr. Yaskin's Bio

- Board Certified in Internal Medicine and Geriatric Medicine
- In private practice since 2005
- Independent Board of Directors, El Camino Hospital, Mountain View CA
- Certified Medical Director of 3 SNFs in Silicon Valley
- Director of Bundled Payments Program, El Camino Hospital
- IPA Director, Independent Physicians of Silicon Valley

60%

of doctors don't know CPO coverage or how it's billed.

80%

of doctors choose not to bill CPO because they believe it's too complex.

Have You:

- Reviewed charts, reports, treatment plans, or lab and study results outside the initial patient review?
- Communicated with other health care professionals involved with the patient's care?
- Had discussions with a pharmacist about a patient's pharmacological needs?
- Coordinated services that required your skills as a physician?

If you answered yes to any of these then you may have been providing CPO, and you may be eligible for Medicare reimbursement.

Knowing CPO Can Pay Off

Let's say you average 10 home health patients every month for one year. By providing 30 minutes or more of Care Plan Oversight each month, you could receive more than \$12,000 in Medicare reimbursements.

The Value of CPO

10 patients X \$105.81 (G0181 National Average) = \$1,058.10 (month) X 12 months = \$12,697 per year

Annualized income for 16 Patients = \$20,315 | Annualized income for 24 Patients = \$30,473



Certification and Recertification Codes

\$55.46

G0180 CA Billable rate

Certification (G0180)

A physician must first certify a patient before they can receive home health services covered by Medicare. The work this certification process requires is eligible for reimbursement under Medicare code G0180. This includes:

- Ordering the plan of care
- Signing 485
- Documenting the face-to-face encounter

\$43.55

G0179 CA Billable rate

Recertification (G0179)

Physicians are eligible for reimbursement when recertifying a patient for home health services.

The billing for recertification should be reported only once every 60 days, unless the patient starts a new episode before 60 days have elapsed and requires a new plan of care to start a new episode.

Care Plan Supervision (G0181 and G0182)

\$109.38

G0181 CA Billable rate
(Home Health)

\$110.12

G0182 CA Billable rate
(Hospice)

Because many home health and hospice patients are not under direct, immediate medical care, they need physicians to take an active role in overseeing their treatment. Many times it's a simple phone call to the pharmacy or quickly looking over a lab report. But over time these tasks can add up. If a physician ends up spending just 30 minutes in a month supervising a home health or hospice patient, they could be eligible for a Medicare reimbursement as part of care plan supervision.

Countable Services

The following activities are countable services toward the 30-minute minimum requirement for care plan supervision:

1. Review of charts, reports, treatment plans, or lab or study results, except for initial interpretation, or review of lab or study results that were ordered during or associated with a face-to-face encounter.
2. Telephone calls with other health care professionals (not employed in the same practice) involved in the care of the patient.
3. Team conferences (time spent per individual patient must be documented.)
4. Telephone or face-to-face discussions with a pharmacist about pharmaceutical therapies.
5. Medical decision making.
6. Activities to coordinate services are countable if the coordination activities require the skill of a physician.

The reimbursement rate for NPs/PAs is 85% of the physician rate. Only the physician who signs the plan of care may bill for the care plan supervision services.

The Non-Physician Practitioner must have seen and examined the patient and cannot simply be functioning as a consultant whose participation is limited to a single medical condition rather than multidisciplinary coordination of care.

Non-Physician Practitioners and Care Plan Supervision

Nurse Practitioners (NPs), Physician Assistants (PAs) and Clinical Nurse Specialists may provide care plan supervision (G0181/G0182) services if:

- They are practicing within the scope of their state practice act.
- They are part of the same group practice as the physician who signed the plan of care.
 - If a CNS/NP, they must have a collaborative agreement with the physician who signed the plan of care.
 - If a PA, the physician who signed the plan of care must also provide general supervision over the PA.
- They are providing on-going care for the beneficiary through evaluation and management services.
- They provide 30+ minutes of services; the 30+ minutes cannot be divided between multiple people.
- They have their own Medicare billing number.

Note that non-physician practitioners may not bill for certification (G0180) or recertification (G0179) because the physician must sign the plan of care.

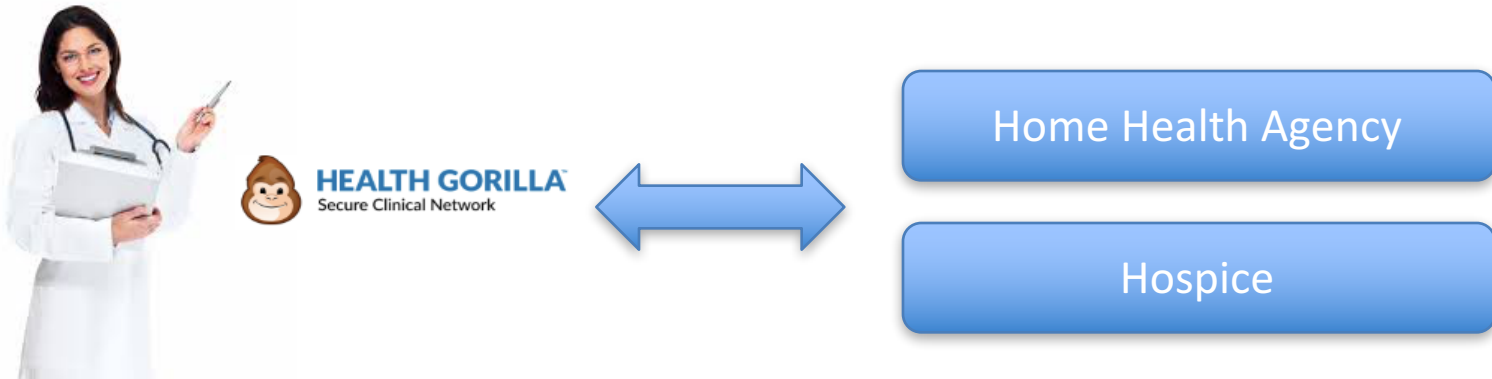
Co-Pay Disclosure

- Because both care plan supervision and Certification/Recertification of home health services are considered Medicare Part B physician services, there is a requirement of a 20% co-pay by beneficiaries.
- There is a Medicare requirement that providers make a "reasonable collection effort," which means an effort similar to what the provider puts forth to collect from non-Medicare patients.
- Routine waivers of Medicare co-payments are strictly prohibited by federal law.

Required Billing Cycles

- **G0180** is billable only once when the patient is certified to Home Health Agency or Hospice
- **G0179** is billable 60 days after patient has been certified if patient is remaining in HHA or Hospice and every 60 days thereafter if appropriate
- **G0181** or **G0182** are billable monthly as long as physician provides at least 30+ minutes of Care Plan Oversight

Health Gorilla enables CPO Revenue



- Tracks all pertinent documents associated with **CPO billing**
- Provides **audit trail**
- Offers **e-signing** documents
- Ensures HIPAA-compliant **communications**
- Allows easy **transfers** of patient data

CPO documents captured by type

Reply

Sign and return to agency

The screenshot displays a medical messaging application interface. At the top, there are navigation tabs for 'Patients' and 'Catalog', and a search bar labeled 'Find Patient by Name'. Below this is a toolbar with icons for 'Reply', 'Forward', 'Print', 'PDF', 'Box', 'Delete', 'Refresh', 'Read', and 'Follow Up'. The main content area shows a list of messages, with the selected one from 'Christina Pierson (Allsafe Medical Group)' dated '06/22/2016 10:51 AM'. A 'New Message' dialog box is open, containing a 'To' field with 'Christina Pierson (Allsafe Medical Group)', a 'Subject' field with 'RE: Test', and a body area showing an 'Original message' with header information: 'From: Christina Pierson (Allsafe Medical Group)', 'Date: 06/22/2016 10:51 AM', 'To: Donna Fulkerson (HG Demo)', and 'Subject: Test'. The dialog also includes a 'Contacts' button, checkboxes for 'STAT' and 'Signature Required', an 'Add Attachments' button, and 'Cancel', 'Sign & Send', and 'Send' buttons at the bottom.

Sample CPO Report



HEALTH GORILLA™

Secure Clinical Network

Clinical Network CPO Management Report

Prepared for Dr. Michael Smith, MD

January, 2016

Capture documents necessary for billing

Billing Report

Patient Name	Provider	Date of Service	HHA Name	G-Code
ANN B	Dr. Michael Smith	1/20/16	Best Physical Therapy	G0179
DONNA S	Dr. Michael Smith	1/15/16	Amedisys Home Health	G0179
ANDREI A	Dr. Michael Smith	1/6/16	Amedisys Home Health	G0179
MARK A	Dr. Michael Smith	1/20/16	Amedisys Home Health	G0180
STEVEN M	Dr. Michael Smith	1/28/16	Hot Springs Home Health	G0180
MARILYN W	Dr. Michael Smith	1/20/16	Good Sam Healthcare Center	G0180
ROBERT C	Dr. Michael Smith	1/27/16	VN Home Health Care	G0180
ROBERT D	Dr. Michael Smith	1/6/16	Gentiva Home Health	G0180
WESTLY D	Dr. Michael Smith	1/20/16	Gentiva HOME HEALTH	G0180
YVONNE F	Dr. Michael Smith	1/20/16	Gentiva HOME HEALTH	G0180
DONNA R	Dr. Michael Smith	1/22/16	Amedisys HOME HEALTH	G0180
MARK T	Dr. Michael Smith	1/22/16	Gentiva HOME HEALTH	G0180
LANETTE G	Dr. Michael Smith	1/22/16	Comfort Hands Home Health	G0180
HELEN J	Dr. Michael Smith	1/23/16	Gentiva HOME HEALTH	G0180
HELEN G	Dr. Michael Smith	1/25/16	Gentiva HOME HEALTH	G0180
HELEN D	Dr. Michael Smith	1/25/16	Sunshine HOME HEALTH	G0180
JOSEPHINA G	Dr. Michael Smith	1/25/16	Gentiva HOME HEALTH	G0180
HELEN H	Dr. Michael Smith	1/26/16	Gentiva HOME HEALTH	G0180
MARJORIE H	Dr. Michael Smith	1/31/16	Gentiva HOME HEALTH	G0181

Submission-Ready Billing with Audit

Invoice

	G0179	G0180	G0181	G0182	TOTAL
Fee Schedule	\$50.77	\$64.95	\$126.57	\$127.39	
# Patients Monthly	3	18	32	1	54
Total Billable	\$152.31	\$1,169.10	\$4,050.24	\$127.39	\$5,499.04
7% Invoice Fee					\$ 384.93

Health Gorilla provides an online audit of all transactions provided in this report.

Please check your CPO Dashboard in Health Gorilla for additional documents submitted with this Report for the audit information.

Questions?

Thank you for your time!

Dr. Yaskin contact: inna@dryaskin.com