



207 Crocker St., Suite 200  
Des Moines, IA 50309  
ph 515-643-4454

May 30, 2017

Physician-Focused Payment Model Technical Advisory Committee  
C/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy  
200 Independence Avenue S.W.  
Washington, D.C. 20201  
[PTAC@hhs.gov](mailto:PTAC@hhs.gov)

**Letter of Intent** – David Swieskowski, MD, MBA, Annual Wellness Visit Reimbursement in Rural Health Clinics

Dear Committee Members,

On behalf of Mercy Accountable Care Organization, I would like to express intent to submit a Physician-Focused Payment Model for PTAC review on June 30, 2017.

**Payment Model Overview:** We will propose changes to Medicare Annual Wellness Visit reimbursement policies for Rural Health Clinics (RHCs). The current reimbursement policies do not allow RHCs to be reimbursed for Medicare Annual Wellness Visits when they are conducted on the same day as another Medicare reimbursable service. RHCs are reimbursed via an All Inclusive Rate, resulting in the same payment regardless of the volume of services provided. In addition, RHC reimbursement policies require that, in order to be reimbursed for the Annual Wellness Visit, a physician must see the patient. We are proposing that RHC Annual Wellness Visit reimbursement policies in these two areas be changed to mirror physician-based office Annual Wellness Visit reimbursement policies so that 1) an Annual Wellness Visit can be reimbursed on the same day as another Medicare reimbursable service; and 2) registered nurses are allowed to conduct the Annual Wellness Visits under provider supervision. This will increase the number of patients receiving the Annual Wellness Visit and will improve visit efficiency for providers and patients.

**Goal of the Model:** The goal of our proposed model is to make Annual Wellness Visits feasible for Rural Health Clinics and their patients, thereby improving the quality of care available and the health of our rural Medicare population. The information obtained via the Annual Wellness Visit can be used to prevent disease or slow disease progression. It arms primary care providers with the information they need to address healthcare and social determinant of health needs before they become problematic, increasing the quality and value of care patients receive. However, with the current reimbursement requirements, many patients do not receive the Annual Wellness Visit to which they are entitled. This is especially true in the communities where Rural Health Clinics are located, where patients may have to travel a significant distance to reach the clinic, and physician access may be limited. Many patients are either unable or unwilling to return to the clinic to complete an

Annual Wellness Visit, and clinics are unable to provide the service without reimbursement and when physicians are required to conduct a portion of the appointment.

**Expected Participants:** Our patient participant group will be made up of Medicare beneficiaries who are eligible for Medicare Annual Wellness Visits. Our proposed payment model will be tested in Mercy Accountable Care Organization's 37 participating Rural Health Clinics. In total these clinics are staffed by 152 physician and mid-level primary care providers.

**Implementation Strategy:** Mercy Accountable Care Organization (ACO) will work with our 37 partnering Rural Health Clinics to implement the proposed payment model. Mercy ACO is not a provider organization, and does not handle billing for the Rural Health Clinics. We do, however, lead the population health efforts in all participating clinics, and will provide technical assistance to participating clinics as they implement the payment model.

**Timeline:** We expect to submit our proposal on or before June 30, 2017. If approved, we believe our Rural Health Clinics would be ready to implement the new payment model within two months. This time would be needed for training of billing department staffs and any required modifications to electronic billing software and electronic health records.

Sincerely,

A handwritten signature in black ink, appearing to read "D Swieskowski". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

David Swieskowski, MD, MBA, CEO  
Mercy Accountable Care Organization