

**Physician-Focused Payment Model Technical Advisory Committee
LOI: Environmental Scan and Relevant Literature**

Mercy Accountable Care Organization

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Mercy Accountable Care Organization (ACO) was founded in 2012, owned by Mercy Medical Center – Des Moines, with management services provided by Mercy’s accountable care department. Mercy ACO proposes changes to the Medicare Annual Wellness Visit reimbursement policies for Rural Health Clinics (RHCs). The current reimbursement policies do not allow RCHs 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 polices require that, in order to be reimbursed for the Annual Wellness Visit, a physician must see the patient.

Mercy ACO is 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 reviving the Annual Wellness Visit and will improve visit efficiency for providers and patients. The goal of the model is to make Annual Wellness Visits feasible for Rural Health Clinics and their patients by improving the quality of care available and the health of the rural Medicare Population.

Participants include Medicare beneficiaries eligible for Medicare Annual Wellness Visits. The proposed model will be tested in Mercy ACO’s 37 participating Rural Health Clinics that are staffed by 152 physician and mid-level primary care providers.

Key Search Terms

Access to Care; Affordable Care Act (ACA); Annual Wellness Visit (AWV); Clinical Pharmacist Practitioner (CPP); CMS; Medicare; Medicare Shared Savings Program (MSSP); Mercy ACO; Medicare Preventive Services; Medicare Beneficiaries; Rural; Rural Health; Rural Health Clinic, Patient; Payment; Personalized Prevention Plan Services (PPPS); Physicians; Preventive Services

Research Task	Section	Contents
Environmental Scan	Section 1	Key documents, timely reports, grey literature, and other materials gathered from internet searches (5).
Relevant Literature	Section 2	Relevant literature materials (3).
Related Literature	Section 3	Related literature materials (4).
References	Section 4	References to both relevant and related literature.

Section 1. Environmental Scan

Environmental Scan		
<i>Key words: Rural Health; CMS</i>		
Organization	Title	Date
The Medicare Learning Network (MLN) of the U.S. Department of Health & Human Services (HHS)	Rural Health Clinic Fact Sheet	1/2017
Purpose/Abstract		
<p>Background: The Rural Health Clinic (RHS) Services Act of 1977 (Public Law 95-210), was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas, and to increase the use of non-physician practitioners, such as nurse practitioners (NPs) and physician assistants (PAs), in rural areas. RHCs are paid an all-inclusive rate (AIR) for medically necessary primary health services and qualified preventive health services furnished by an RHC practitioner. Currently, about 4,000 RHCs nationwide furnish primary care and preventive health services in rural and underserved areas.</p> <p>Summary: This fact sheet provides an overview of RHCs and discusses RHC services, Medicare certification as an RHC, RHC visits, RHC payments, cost reports, annual reconciliation, and resources.</p>		
Additional Notes/Comments		

Environmental Scan		
<i>Key words: Rural Health Clinic; Preventive Services</i>		
Organization	Title	Date
Centers for Medicare & Medicaid Services (CMS)	Rural Health Clinic (RHC) Preventive Services Chart	Revised: 8/10/2016 Accessed on: 7/26/2017
Purpose/Abstract		
<p>Background: RHCs are paid an all-inclusive rate (AIR) for qualified primary and preventive health services. Except for the initial preventive physical examination (IPPE), all preventive services furnished on the same day as another medical visit constitute a single billable visit. If an IPPE visit occurs on the same day as another billable visit, two visits may be billed.</p> <p>Summary: This chart lists all of the preventive services that may be billed as a stand-alone visit, if no other service is furnished on the same day. The table illustrates preventive services with their associated Healthcare Common Procedure Coding System (HCPCS) code and descriptor, whether they are eligible to be paid based on the RHC's AIR when billed without another covered visit, which preventive services can be billed separately when another visit is billed on the same day, and which preventive services have the co-insurance and deductible waived.</p>		
Additional Notes/Comments		

Environmental Scan		
<i>Key words: Mercy ACO; Medicare Shared Savings Program (MSSP)</i>		
Organization	Title	Date
Centers for Medicare & Medicaid Services (CMS)	Medicare Shared Savings Program and Rural Providers Fact Sheet	3/2016
Purpose/Abstract		
<p>Background: The Medicare Shared Savings Program (Shared Savings Program) will reward ACOs that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first. Provider participation in an ACO is purely voluntary. In developing the program regulations, CMS worked closely with agencies across the Federal government to ensure a coordinated and aligned inter- and intra-agency effort to facilitate implementation of the Shared Savings Program. CMS encourages all interested providers and suppliers to review the program regulations and consider participating in the Shared Savings Program. This fact sheet provides an overview of ACOs for rural providers.</p> <p>Summary: The fact sheet discusses the provisions to allow Federally Qualified Health Centers (FQHCs) and RHCs to fully participate in the Shared Savings Program, the beneficiary assignment rules for FQHCs and RHCs, critical access hospitals and ACOs, and the Minimum Savings Rate (MSR) for smaller ACOs.</p>		
Additional Notes/Comments		
<p>Information on the CMS Medicare Shared Savings Program is available here. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html</p> <p>Mercy Health Network ACO is one of 480 ACOs participating in the Medicare Shared Savings Program (MSSP), as of January 1, 2017.</p>		

Environmental Scan		
<i>Key words: Medicare Beneficiaries; Annual Wellness Visit (AWV); Personalized Prevention Plan Services (PPPS)</i>		
Journal	Title	Date
CMS MLN Matters Number: MM7079	Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)	Updated: 3/2/2016
Purpose/Abstract		
<p>Background: Pursuant to section 4103 of the Affordable Care Act of 2010, the Centers for Medicare & Medicaid Services (CMS) amended sections 411.15(a)(1) and 411.15 (k)(15) of 42 CFR (list of examples of routine physical examinations excluded from coverage) effective for services furnished on or after January 1, 2011. This amendment’s expanded coverage is subject to certain eligibility and other limitations that allow payment for an AWV, including PPPS, for an individual who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage period and has not received either an initial preventive physical examination (IPPE) or an AWV within the past 12 months. Medicare coinsurance and Part B deductibles do not apply to the AWV. The AWV will include the establishment of, or update to, the individual’s medical and family history, measurement of his or her height, weight, body-mass index (BMI) or waist circumference, and blood pressure (BP), with the goal of health promotion and disease detection and fostering the coordination of the screening and preventive services that may already be covered and paid for under Medicare Part B.</p> <p>Summary: This article discusses the requirements for the AWV including: who is eligible to provide the AWV with PPPS, what is included in an initial AWV with PPPS, what would be included in a subsequent AWV/PPPS, and billing requirements.</p>		
Additional Notes/Comments		
CMS MLH Educational Tool: The ABC’s of the Annual Wellness Visit		

Environmental Scan		
<i>Key words: Medicare Preventive Services; Affordable Care Act (ACA); Annual Wellness Visit (AWV)</i>		
Journal	Title	Date
Family Practice Management	What You Need to Know About the Medicare Preventive Services Expansion	10/2012
Purpose/Abstract		
<p>Background: Through passage of the Patient Protection and Affordable Care Act (ACA), Congress expanded the preventive care benefits available under Medicare Part B. In addition to the existing Welcome to Medicare visit (or Initial Preventive Physical Exam [IPPE]), for new Part B beneficiaries, Medicare now covers an Annual Wellness Visit (AWV) for personal prevention plan services. The Centers for Medicare & Medicaid Services (CMS) hopes that the new benefit will lead to increased utilization of other preventive services covered under Part B. Coverage for individual preventive services has improved as well.</p> <p>Summary: This article discusses some tools including the 2011 Medicare Preventive Services Guide and the Medicare Preventive Physician Exam encounter form. The author discusses elements of the initial and subsequent Annual Wellness Visit, coding and billing for reporting AWV's, same-day problem-oriented services, scheduling and verifying eligibility, and new challenges and new opportunities. The author notes challenges such as managing increased demand for appointments. However, the coverage expansion provides a great opportunity to increase the amount of preventive care your patients receive.</p>		
Additional Notes/Comments		

Section 2. Relevant Literature

Relevant Literature		
<i>Key words: Annual Wellness Visit (AWV); Medicare</i>		
Journal	Title	Date
Journal of the American Medical Association (JAMA)	Trends in Use of the US Medicare Annual Wellness Visit, 2011-2014	6/7/2017
Purpose/Abstract		
<p>Objective: Describe national patterns and predictors of Medicare Annual Wellness Visits (AWV).</p> <p>Methods: For each year from 2011 through 2014, researchers analyzed Medicare claims for a random 20% sample of beneficiaries who were continuously enrolled in fee-for-service (FFS) Medicare in both the previous and concurrent year. Comparisons were made for the proportion of beneficiaries receiving an AWV (Current Procedural Terminology codes GO438 and GO439), by sociodemographic and prior utilization characteristics, as well as attribution to an accountable care organization (ACO). Researchers built a multivariable logistic regression model of AWV receipt using sex, age, family income, residence, Medicaid eligibility, number of comorbidities, and per-beneficiary Medicare spending as covariates. AWV rates across hospital referral regions and the association of AWV rates with total per capita risk-adjusted Medicare spending was examined. Researchers also analyzed use of AWVs and problem-based visits (CPT codes 99201-99215; Healthcare Common Procedure Coding System code GO463) among primary care physicians. Reported p values were 2-sided and considered significant at less than .05; analyses were performed using SAS, version 7.12.</p> <p>Findings: The percentage of beneficiaries receiving an AWV increased from 7.5% in 2011 to 15.6% in 2014. In the 20% sample of Medicare beneficiaries, 5,983,154 beneficiaries were eligible for an AWV in 2014. White individuals, urban residents, and those from higher-income areas, and with 1 or 2 comorbidities, were more likely to receive an AWV, as were beneficiaries who received an AWV in the previous year (53.4% receiving an AWV in the previous year vs 10.4% not receiving an AWV in the previous year; $P < .001$) or belonged to an ACO (25.9% belonged to an ACO vs 17.6% did not belong to an ACO; $P < .001$). Among all AWVs, 44.4% had a concurrent problem-based visit. Regional AWV rates in 2014 varied from 3.0% in San Angelo, Texas, to 34.3% in Appleton, Wisconsin. Rates were not correlated with Medicare spending (Pearson coefficient, 0.01; $P = .85$). Most AWVs (90.7% [95% CI, 90.7%-90.8%]) were performed by PCPs. Of the 157,750 PCPs who billed Medicare for any office visit in 2014, 40.8% (95% CI, 40.6%-41.1%) performed at least one AWV. Among PCPs who provided an AWV, the top decile by AWV volume performed 41.6% (95% CI, 41.5%- 41.7%) of AWVs, but only 11.2% (95%CI, 11.2%-11.3%) of all office visits.</p> <p>Conclusions: AWV increased from 2011 to 2014 but remained modest on average. Adoption was concentrated in ACOs and among certain PCPs and regions of the country, suggesting that the decision to perform an AWV was primarily driven by practice factors. PCPs or regions using AWVs did not deliver more health care overall, suggesting that AWV adoption and other types of utilization were driven by separate mechanisms. There were notable socioeconomic disparities in AWV use. Claims data could not show how often AWVs were performed by non-physicians under physician supervision. More research is needed on whether AWVs increase use of preventive care or mitigate health risks.</p>		
Additional Notes/Comments		

Relevant Literature		
<i>Key words: Medicare; Annual Wellness Visit; Patient; Physicians</i>		
Journal	Title	Date
Minnesota Medicine	Medicare annual wellness visits. Understanding the patient and physician perspective	3/2015
Purpose/Abstract		
<p>Objective: To better understand why few Medicare beneficiaries who are eligible for annual wellness visits (AWVs) take advantage of the benefit.</p> <p>Methods: Authors used a mixed-methods approach to survey patients and physicians. The interview questions were designed to identify physicians' and patients' perceptions of the value of the AWV and reasons people don't take advantage of this Medicare benefit.</p> <p>Results: In addition to the lack of understanding of the purpose of AWVs, there is confusion about what the AWV does and does not include. Patients were often unclear about what services they could expect at the visit, particularly regarding their acute or chronic medical problems. Physicians were well-informed about Medicare's criteria for the visits, but seemed to struggle with whether to include chronic disease management or address acute concerns. Most physicians interviewed were going far beyond the Medicare criteria for the visit, and this appears to be a reason why they avoid recommending the AWV to eligible patients.</p> <p>Conclusions: Authors offer strategies health care organizations can adopt to promote more effective, consistent use of AWVs, including standardizing policies regarding the AWV across the organization and incorporating them into team care. Having non-physicians conduct the AWV may be one way to do this, as it would enable physicians to focus their efforts on chronic disease management and acute medical concerns.</p>		
Additional Notes/Comments		

Relevant Literature		
<i>Key words: Annual Wellness Visit; Medicare</i>		
Journal	Title	Date
The Journal of Nursing Administration (JONA)	The Affordable Health Care Act Annual Wellness Visits: The Effectiveness of a Nurse-Run Clinic in Promoting Adherence to Mammogram and Colonoscopy Recommendations	5/2014
Purpose/Abstract		
<p>Objective: The aim of this study was to determine the effectiveness of the nurse-run annual wellness visit (AWV) in improving adherence to cancer screening recommendations for colonoscopies and/or mammograms.</p> <p>Background: The Affordable Health Care Act provides Medicare beneficiaries access to AWVs. Nurse-run AWVs offer individualized education, reinforce health screening recommendations, and may enhance the patients' intent to complete the screenings.</p> <p>Methods: A nonexperimental comparative study was conducted using data collected from chart audits comparing patients who only attended the AWV, patients who attended the AWV linked with a physician visit, and patients who have not attended an AWV.</p> <p>Results: Patients who attended the AWV showed greater adherence to mammogram completion regardless of the link to the physician follow-up visit. Differences in adherence to colonoscopy recommendations were not significant, likely because of the low number of colonoscopies reported.</p> <p>Conclusion: Nurse-run AWV clinics are associated with adherence to mammograms and show promise of increasing colonoscopy compliance.</p>		
Additional Notes/Comments		
https://www.ncbi.nlm.nih.gov/pubmed/24759199		

Section 3. Related Literature

Related Literature		
<i>Key words: Rural health; Payment; Medicare</i>		
Journal	Title	Date
Journal of Rural Health	Financial Performance of Rural Medicare ACOs	8/24/2016
Purpose/Abstract		
<p>Purpose: The Centers for Medicare & Medicaid Services (CMS) has facilitated the development of Medicare accountable care organizations (ACOs), mostly through the Medicare Shared Savings Program (MSSP). To inform the operation of the Center for Medicare & Medicaid Innovation's (CMMI) ACO programs, we assess the financial performance of rural ACOs based on different levels of rural presence.</p> <p>Methods: Authors used the 2014 performance data for Medicare ACOs to examine the financial performance of rural ACOs with different levels of rural presence: exclusively rural, mostly rural, and mixed rural/metropolitan.</p> <p>Results: Of the ACOs reporting performance data, we identified 97 ACOs with a measurable rural presence. Authors found that successful rural ACO financial performance is associated with the ACO's organizational type (e.g., physician-based), and that 8 of the 11 rural ACOs participating in the Advanced Payment Program (APP) garnered savings for Medicare. Unlike previous work, authors did not find an association between ACO size or experience and rural ACO financial performance.</p> <p>Conclusions: These findings suggest that rural ACO financial success is likely associated with factors unique to rural environments. Given the emphasis CMS has placed on rural ACO development, further research to identify these factors is warranted.</p>		
Additional Notes/Comments		
<p>https://www.ncbi.nlm.nih.gov/pubmed/27557414</p> <p>Mercy Health Network ACO is one of 480 ACOs participating in the Medicare Shared Savings Program (MSSP), as of January 1, 2017.</p>		

Related Literature		
<i>Key words: Medicare Annual Wellness Visits (AWV); Pharmacists</i>		
Journal	Title	Date
Journal of Manage Care and Specialty Pharmacy	Comparison of Pharmacist and Physician Managed Annual Medicare Wellness Services	12/1/2016
Purpose/Abstract		
<p>Background: Medicare Annual Wellness Visits (AWV) are a benefit provided for Medicare beneficiaries to increase focus on wellness and preventive measures. Pharmacists can conduct AWVs, which offers a potential avenue for outpatient revenue generation.</p> <p>Program Description: The objective is to compare a composite of interventions and screenings and revenue generated by a pharmacist with those made by a physician during a subsequent AWV. A report generated through the electronic health record was used to determine AWVs conducted by a pharmacist or 3 participating physicians from December 2013 to March 2016, including revenue generated. Through electronic chart review, documentation was accessed to quantify and categorize the number and types of referrals, health advice, laboratory tests, procedures, vaccinations, and screenings that were recommended during each patient's AWV.</p> <p>Observations: The pharmacist performed 19 subsequent visits, and the 3 physicians performed 89 subsequent visits. Overall, the composite of interventions and screenings was significantly higher in the pharmacist group than the physician group (P = 0.03). More interventions were made in the areas of health advice (P = 0.020), vaccine recommendations (P = 0.009), and screenings in the pharmacist group (P < 0.001). The physicians ordered significantly more laboratory tests per visit (P < 0.001). The pharmacist was reimbursed on average \$105 per visit versus \$99 per visit for the physicians.</p> <p>Implications: Pharmacist-provided AWVs are at least comparable to those provided by physicians and offer an additional access point for valuable services for Medicare beneficiaries.</p>		
Additional Notes/Comments		

Related Literature		
Key words: Medicare; Annual Wellness Visit (AWV)		
Journal	Title	Date
Preventive Medicine	A slow start: Use of preventive services among seniors following the Affordable Care Act's enhancement of Medicare benefits in the U.S.	7/2015
Purpose/Abstract		
<p>Objective: Beginning January 1, 2011, in the United States, the Affordable Care Act enhanced Medicare coverage for preventive services by eliminating patient cost-sharing under Part B and by introducing an "Annual Wellness Visit," also free-of-charge. Authors evaluated the early effects of these reforms on utilization of preventive services.</p> <p>Method: Authors analyzed nationally representative data on 15,044 Medicare seniors from the 2008-2010, and 2012 Medical Expenditure Panel Survey, and examined self-reported cholesterol test, blood pressure check, flu vaccination, endoscopy, fecal occult blood test, prostate specific antigen test, breast examination, and mammography.</p> <p>Results: Enhanced Medicare benefits had no effects on preventive service utilization among Medicare seniors in 2012, including those with traditional Medicare and no other supplemental insurance, who stood to benefit the most from Part B enhancements.</p> <p>Conclusions: The muted overall response can be partly attributed to the fact that most seniors already held insurance that fully covered preventive services. While insurance enhancements can sometimes raise utilization, in the case of preventive services there are other fundamental barriers that require attention. Educating and incentivizing physicians about the need to refer/recommend screenings, and enhancing knowledge among seniors about the importance of preventive care, are two steps that would likely go a long way towards increasing utilization.</p>		
Additional Notes/Comments		
https://www.ncbi.nlm.nih.gov/pubmed/25895838		

Related Literature		
<i>Key words: Medicare; Annual Wellness Visit (AWV); Clinical Pharmacist Practitioner (CPP)</i>		
Journal	Title	Date
American Journal of Health-System Pharmacy	Medicare annual wellness visits conducted by a pharmacist in an internal medicine clinic	1/1/2014
Purpose/Abstract		
<p>Purpose: The clinical and financial outcomes of an initial Medicare Annual Wellness Visit (AWV), administered by a clinical pharmacist practitioner (CPP), in an academic internal medicine clinic are described.</p> <p>Summary: As a result of the Patient Protection and Affordable Care Act, Medicare Part B allows for coverage of an AWV at no cost to eligible beneficiaries. The AWV is directed at health prevention, disease detection, and coordination of screening available to beneficiaries. CPPs are pharmacists who are recognized as advanced practice providers in the state of North Carolina and are authorized to administer AWVs. Eligible Medicare beneficiaries, at least 65 years of age in an academic internal medicine clinic, were mailed invitations to schedule an AWV. Patients who scheduled an AWV were mailed a packet to complete before the visit. During the visit, the packet was reviewed and interventions were made based on pre-specified criteria derived from evidence-based medicine recommendations. After completion of the AWV, patients were provided with a detailed and individualized prevention plan. Between August 2011 and May 2012, 98 patients attended an AWV, all performed by the same CPP. The average time from check in to checkout for all patients was 73 minutes. The CPP made 441 interventions during these 98 visits, averaging 4.5 interventions per AWV completed. All initial AWVs were reimbursable up to a maximum of \$159.38 per visit.</p> <p>Conclusion: A Medicare AMV administered by a CPP resulted in a wide variety of patient interventions and reimbursement for services provided.</p>		
Additional Notes/Comments		
http://www.ajhp.org/content/71/1/44?sso-checked=true		

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