The Cognitive Care Alliance from ad hoc to 501c3

January 2015: ACS begins process to prohibit CMS from eliminating globals

February 2015: SGIM open call for representatives of cognate specialty societies

March 2015: Agreement on principles

Meeting with CMS leadership in DC

Meetings with Congressional staff

Discussion with MedPAC

March 2015: MACRA. ACS scores big
The ad hoc coalition of cognitive specialty societies

Principles

- Only one set of E/M codes for all MDs
- Focus on OP E/M (27% of the PFS)
- Evidence-based Medicare Physician Fee Schedule.
  - Call for the creation of a new knowledge-base for both defining and valuating E/M services.
  - Leverage E/M reworking to address documentation issues
March 23, 2015

Mr. Sean Cavanaugh
Deputy Administrator and Director
Center for Medicare
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Proposal to redefine and revalue outpatient Evaluation and Management (E&M) service codes

Dear Mr. Cavanaugh:

The undersigned specialty societies request that the Centers for Medicare and Medicaid Services (CMS) engage in a process to create additional outpatient evaluation and management (E&M) codes. We believe that the existing office codes (CPT 99201-5 and 9921-5) no longer accurately or adequately reflect the work currently provided to and required by Medicare beneficiaries.
The coalition signees

American Academy of Allergy, Asthma and Immunology
American Academy of Family Physicians
American Academy of Neurology
American College of Allergy, Asthma and Immunology
American College of Rheumatology
American Gastroenterological Association
American Society for Gastrointestinal Endoscopy
American Society of Hematology
American Psychiatric Association
Endocrine Society
Joint Council of Allergy Asthma and Immunology
Society of General Internal Medicine
July, 2015: Medicare responds

“...we recognize that these E/M codes may not reflect all the services and resources involved with furnishing certain kinds of care, particularly comprehensive, coordinated, care management for certain categories of beneficiaries.”
The Cognitive Care Alliance

September, 2015: Formation of the Cognitive Care Alliance, CCA

- SGIM as founding member
- Open recruitment
- Membership tiering
- Governance

Chair: John Goodson

Executive director: Erika Miller

Executive board: SGIM, AGA, ACR, AAN
The Cognitive Care Alliance

SGIM
American Academy of Neurology
American Association for the Study of Liver Diseases
American College of Rheumatology
American Gastroenterology Association
Coalition of State Rheumatology Organizations
Infectious Diseases Society of America
The Endocrine Society
The Cognitive Care Alliance

Goals
• Advocacy
• Collaboration
• Promotion
• Education
The Cognitive Care Alliance

January 2016: CCA Hill Day
Senate Finance
House Ways and Means
CMS
MedPAC
March 2016: SAGSA
May 2016: HHS
Can the MPFS be changed?

Our manifesto and call to action:
“Implementing new incentives and quality measures in new payment models while maintaining broken fee schedule is a prescription for failure.”
The coalition: Success or failure?

- Good news: CMS admits the existing E/M service codes are flawed
- Their current proposal for “add on” codes does not address the other deficiencies of the existing E/M codes but is the direct result of SGIM sponsored work
- The cognates have remained together
- The agencies are ”on boarding” to the research proposition
- We have Congressional support
- There is no RFP and no funding.