

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**

Coalition letter

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?



NEJM

April 7, 2016

Berenson and Goodson

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.**