WPHCA
Serving Wisconsin Community Health Centers

Tuesday, January 21, 2025

Health Resources and Services Administration
Department of Health and Human Services
HRSA Information Collection Clearance Officer, Room 14N39
5600 Fishers Lane
Rockville, MD 20857
Submitted to: paperwork@hrsa.gov

**RE: Health Resources and Services Administration Uniform Data System (89 FR 92692)**

Comment submitted online via Federal Register Agency Information Collection Activities: Proposed Collection: Public Comment Request; Health Resources and Services Administration Uniform Data System

Dear Health Resources and Services Administration,

On behalf of the Wisconsin Primary Health Care Association (WPHCA) and Wisconsin's Federally Qualified Health Centers (FQHCs, aka Community Health Centers or CHCs), we thank you for the opportunity to submit comments regarding Health Resources and Services Administration Uniform Data System updates. WPHCA is the Wisconsin designated Primary Care Association, has been a Health Center Controlled Network (HCCN) since 2010, and serves as a membership organization for Wisconsin's 19 FQHCs. Wisconsin Community Health Centers served nearly 300,000 patients in 2023. Four out of five Wisconsin CHC patients live below 200% of the Federal Poverty Level, and approximately one in 10 CHC patients are insured through Medicare.

The Wisconsin Primary Health Care Association (WPHCA) is writing to provide feedback on HRSA's Uniform Data System (UDS). WPHCA appreciates HRSA's commitment to leveraging UDS data, "to assess the impact and performance of the Community Health Center Program, and to promote data-driven quality improvement."

WPHCA believes there is an opportunity for UDS reporting to more accurately collect the intensity and volume of care management services provided by Health Centers. Updating the way HRSA collects data on care management would enable HRSA, PCAs, HCCNs, and Health Centers to more accurately demonstrate the growth and impact of care management services on patient outcomes and total cost of care. **WPHCA recommends that HRSA update UDS Table 6A to more accurately capture the care management services provided by Health Centers.**

**Background: What is Care Management and Why it Matters**
For many decades, Community Health Centers have recognized the importance of embedding care management services into their care delivery model to support patients in

meeting their highest health potential. Care management services are designed to support individuals and families in removing barriers to care and empowering patients to engage in their health and wellness. Care management activities include care planning, care coordination, patient education, medication management and adherence support, proactive and ongoing monitoring and evaluation of patient progress, facilitating care transitions, etc.

Although care management services have been a part of Health Centers care for many years, until recently these services have rarely been reimbursed, discretely tracked, or reported on. However, as State Medicaid agencies, Medicare, and commercial payers are starting to develop reimbursement pathways for care management, Health Centers are creating systems to track and bill for covered services including Chronic Care Management, the Psychiatric Collaborative Care Model, General Behavioral Health Integration, Targeted Case Management and more.

Care management models, like the ones listed above, provide a standardized method for tracking, reporting, and reimbursing care management services. Unlike a typical clinic visit, care management services are tracked in increments of time over a month and typically occur in-between visits to a primary care provider. Health Centers must track and meet a minimum cumulative time threshold over a month to meet billing requirements for these care management services. Typically, care management codes can be billed up to once per month/patient/care management program (if each care management program provides distinctive services to the patient). An exception is that General Behavioral Health Integration and Collaborative Care Management cannot be billed in the same month for the same patient. Other exceptions or particular billing rules may apply to other payers.

***EXAMPLE:*** In Wisconsin, many Health Centers are starting to use the General Behavioral Health Integration Model to bill for care management services (at least 20 minutes/month) for individuals with a behavioral health condition. Over the course of a month, a care manager may support a middle-school aged patient's care plan by spending 15 minutes coaching the child's teacher to more effectively support a patient's behavioral needs in the classroom, 5 minutes exchanging messages with the child's parents through the patient portal to address medication questions, and 10 minutes coordinating with a specialty mental health provider to ensure a successful referral for psychological testing. Having spent a cumulative total of 35 minutes supporting this patient's care, the Health Center is now eligible to bill the G0511 code to Medicare or Medicaid.

**Assessment**

As reimbursement for care management services becomes more common, WPHCA expects that more Health Centers will collect discrete data and bill for care management services that are conducted outside of the context of a UDS qualifying visit. Without action, HRSA risks underreporting the full scope of care management services that Health Centers provide. UDS currently collects data on care management in several ways, and except for the care management staffing FTE, only data associated with a **UDS qualifying visit** is included:

- Number of total ***UDS qualifying visits*** that included care management services.

- Number of total patients who received care management services in a ***qualifying UDS visit***
- Number of care management staff (Table 5, Line 24)

Although the current data reflects some care management services provided by Health Centers, **most care management activities take place in-between UDS qualifying visits**. Existing UDS data collection specifications do not capture the level and intensity of care management services provided by Health Centers.

**Recommendation:**
**WPHCA recommends that HRSA consider adding a line to Table 6A, that captures time-based care management codes (see table below) and equivalent internal use codes.** These lines could go near lines 21-26 in table 6a. This recommendation would work well with the current methodology for table 6a which allows for reporting "all tests, screenings, or procedures … prior to, in preparation for, as a part of, or as follow-up to a countable visit."

| | | |
|---|---|---|
| 26f | Time-based care management | CPT-4: G0019, G0023, G0140, G3002, G0511, G0512, 99487, 99490, 99491, 99492, 99493, 99494, 99424, 99426, 99484, 99453, 99454, 99457, 99091, 98975, 98976, 98977, 98980, and equivalent internal use codes[1]. |

Thank you for your consideration of these comments. Please reach out to Aleks Kladnitsky, aklanitsky@wphca.org, with any questions.

Sincerely,

*Aleksandr Kladnitsky*

Aleks Kladnitsky
Director of Data Analytics & Security
Wisconsin Primary Health Care Association
E: aklanitsky@wphca.org
P: 608-571-6017
www.wphca.org

[1] https://www.cms.gov/files/document/mln006397-federally-qualified-health-center.pdf