

FACTSHEET

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Improving HOPE for Alzheimer's Act

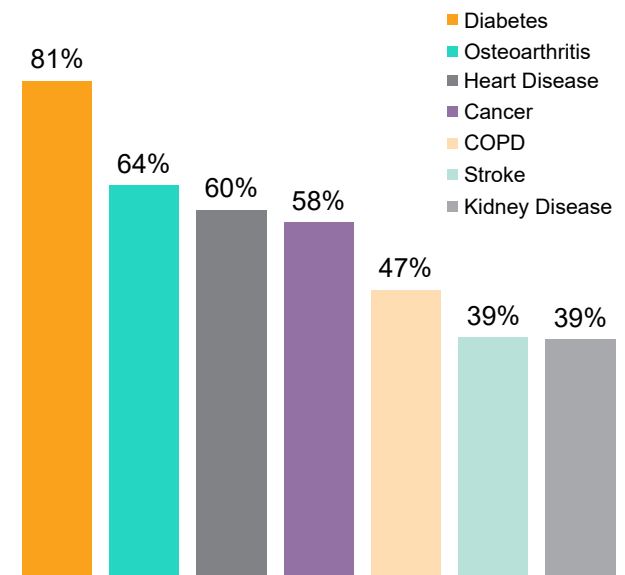
What is CPT® billing code 99483?

- The bipartisan HOPE for Alzheimer's Act from the 114th Congress would have created a care planning benefit for Medicare beneficiaries with Alzheimer's and other dementias.
- By 2016, more than two-thirds of Congress supported the bill. There were 310 cosponsors in the House of Representatives and 57 in the Senate.
- Since January 1, 2017, the Centers for Medicare and Medicaid Services (CMS) — through CPT® billing code 99483 — allows clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers.

Why is this care planning benefit necessary?

- More than 95% of people with Alzheimer's and other dementias have one or more other chronic conditions. Alzheimer's complicates the management of these other conditions — and as a consequence, increases costs.
- For example, a senior with diabetes and Alzheimer's costs Medicare 81% more than a senior who has diabetes but not Alzheimer's.
- Individuals receiving dementia-specific care planning have fewer hospitalizations, fewer emergency room visits, and better medication management.

Higher Medicare Costs Due to Alzheimer's



What about the individual's quality of life?

- Care planning allows diagnosed individuals and their caregivers to receive counseling and to learn about medical and non-medical treatments, clinical trials, and support services available in the community — all of which result in higher quality of life.
- Participating in planning early in the disease process also allows individuals with Alzheimer's to create advance directives regarding their care and finances as well as address driving and safety issues so that their wishes can be carried out when they are no longer cognitively able to make such decisions.

How many people have received the care planning benefit?

- In 2017 — the first year the benefit was available — 18,669 fee-for-service (FFS) Medicare beneficiaries received the care planning benefit.
- In seven states (Alaska, Montana, New Hampshire, North Dakota, Rhode Island, South Dakota, and Vermont) and the District of Columbia, not a single FFS Medicare beneficiary received the benefit.
- Even after accounting for individuals in Medicare Advantage plans, fewer than 1% of those with Alzheimer's and other dementias received the care planning benefit in 2017.

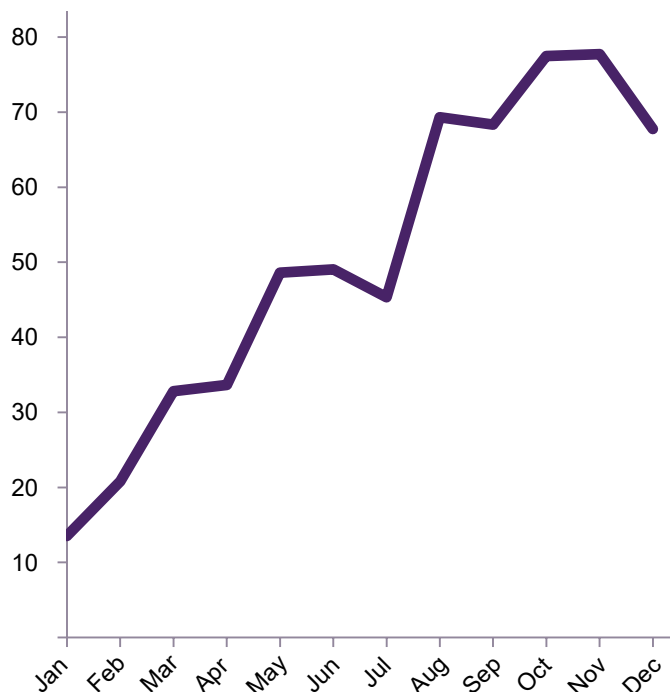
Why has the benefit been so underutilized?

- The low rate of usage of the Medicare care planning benefit in the first year shows that patients and providers are generally not aware of the existence of the benefit.
- However, as more people become aware of the benefit, utilization of it increases. In 2017, use of the service increased steadily throughout the year. The rate of use of the care planning benefit was 3.3 times greater in the fourth quarter of 2017 than in the first quarter.

What Does a Care Planning Visit Consist Of?

- Evaluating cognition
- Assessing function/decision-making capacity
- Reviewing/reconciling prescription medications
- Measuring behavioral symptoms
- Evaluating safety (including driving ability)
- Identifying and assessing a primary caregiver
- Developing advance care directives
- Creating a care plan, including referral to community resources

First Year Code Usage (Per 1,000,000 FFS Medicare Beneficiaries)



What does the Improving HOPE for Alzheimer's Act do?

- In 2020, Congress passed and the President signed into law legislation that included the Improving HOPE for Alzheimer's Act.
- The new law seeks to address the low usage of the care planning benefit by requiring the Department of Health and Human Services (HHS) to:
 - Educate clinicians on care planning services available under Medicare and on the care planning billing code.
 - Report on the barriers to individuals receiving care planning services and how the rate of usage can be increased.