



How to Use the CMS Final Rule on Chronic Care Management to Increase Your Revenue

What is it? A program to control the cost of chronic care.

Why should you be interested?

Under CMS' new Chronic Care Management program physician practices can charge \$42.60 per month for 20 minutes of non face-to-face chronic care activity. Let's say a practice bills a patient for 12 months. That's \$511.20 for one patient. Multiply that by 50, for example, and that's \$25,560 annually in additional revenue.

When does it take effect? January 1, 2015.

The CCM program takes effect, January 1, 2015. On October 31, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that updates payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule (PFS) on or after January 1, 2015.

Last year, CMS finalized separate payment outside of a face-to-face visit for managing the care for Medicare patients with two or more chronic conditions beginning in 2015. Provisions in these rules are helping to move our health-care system to one that values quality over quantity and focuses on reforms such as:

- Measuring for better health outcomes
- Focusing on disease prevention
- Helping patients return home from the hospital
- Helping manage and improve chronic diseases
- Fostering a more-efficient and coordinated health care system

What does this mean for practices?

The cost of managing chronic diseases such as cancer, diabetes, hypertension, heart disease, and mental illness can be overwhelming. The following statistics from the CDC emphasize the growing challenges.

- ❑ 85% of healthcare funding goes to treatment of chronic diseases.
- ❑ 133 million Americans experience at least one chronic disease.
- ❑ 70% of all deaths result from chronic diseases.
- ❑ More than two-thirds of Medicare spending goes to patients with five or more chronic diseases.

By offering incentives to clinicians to manage patients with multiple chronic illnesses, CMS sees an opportunity to improve the quality and cut costs. The proposal for the new fee is part of the broader multi-year strategy to appropriately recognize and value primary care and care management services.

The new fee would cover management of patients with multiple complex chronic conditions that are expected to last at least 12 months, or until death and that put the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

Key Facts:

- ❑ CCM pays about \$40 per patient per month.
- ❑ There may be some patient responsibility.
- ❑ Medicare Advantage plans will have to cover CCM.
- ❑ Only physicians, advanced NPs, PAs, clinical nurse specialists, and certified midwives can bill Medicare for CCM.
- ❑ Not covered: transitional care management, home healthcare supervision, hospice care supervision, and certain end-stage renal disease services in the month billed.
- ❑ CCM is not recognized as an RHC (Rural Health Center) service.
- ❑ Providers can contract with a third-party to provide non-face-to-face care management services.

How to take advantage of the incentive.

Identify your patients that qualify and get their consent.

Look for fee-for-service Medicare patients who are expected to have multiple chronic conditions for at least 12 months, or until death of the patient. The patient is at significant risk of death, acute exacerbation/decompensation, or functional decline.

Physicians can only bill in months when there's activity. Specialists can also bill under this code if they are providing CCM. If the patient's primary care physician is a key referral source and you expect that they will want to bill for CCM, you may want to defer to the primary provider for this service, as it will preclude their claim.

Contact and inform the identified patient that they qualify and that you will be providing them with this service. Have them sign a consent form to participate in the program which becomes part of their medical record.

Create a care plan and develop a Patient Consent Form. (Sample form on page 7)

Provide a written or electronic copy of the care plan to the patient and include it in their medical record. CMS declined to offer a consent form, but instead has left it to providers to develop their own. The Patient Consent Form must include the following items:

- Agreement to electronic communication of patient information with other treating providers for purposes of care coordination
- Details about what chronic care management services are and how they are accessed
- Details about how patient information will be shared with providers on the care team
- Communication that cost-sharing applies to these services even when they are not provided face-to-face in the practice.

Provide 20 minutes or more of chronic care non face-to-face management per month per patient.

CMS has established a payment rate of \$42.60 for CCM that can be billed up to once per month per qualified patient for 20 minutes of non face-to-face services to qualified Medicare beneficiaries who have multiple, significant, chronic conditions (two or more).

Chronic care management services include regular development and revision of a plan of care, communication with other treating health professionals, and medication management.

Provide 24/7 access to CCM services and coordinate care among providers.

Provide a way for patients to make contact with their healthcare providers to discuss chronic care needs and ensure continuity of care with their primary physician.

Communicating and coordinating with other engaged providers that manage patients with chronic condition is already part of providers' workflow.

How to bill for Chronic Care - CPT codes for CCM program.

CPT 99490: Chronic care management services, with the following required elements:

- Multiple (two or more) [chronic conditions](#) expected to last at least 12 months, or until the death of the patient
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline
- Comprehensive care plan established, implemented, revised, or monitored
- At least 20 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month.

CPT 99487: Complex chronic care management services with the following elements:

- Multiple (two or more) [chronic conditions](#) expected to last at least 12 months, or until the death of the patient
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline
- Established or substantial revision of a comprehensive care plan
- Moderate or high complexity medical decision making
- 60 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month.

CPT 99489: Each additional 30 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month (List separately in addition to 99487).

How EHR can help increase revenue through CCM.

In addition to securing written consent from the beneficiary and providing at least 20 minutes of non face-to-face care management services per calendar month, practices will be required to:

- Use a certified EHR
- Maintain an electronic care plan

- Ensure beneficiary access to the care
- Facilitate transitions of care and coordinate the care

For the EHR requirement, CMS notes that they continue to believe:

“That it is necessary to require the use of EHR technology that has been certified under the ONC Health IT Certification Program as requisite for receiving separate payment for CCM services, to ensure that practitioners have adequate capabilities to allow members of the interdisciplinary care team to have timely access to the most updated information informing the care plan.”

What can you do now?

CCM goes into effect January 1, 2015, but you can start identifying and preparing your patients now. Only one provider can be paid for these services during a 30-day period so you want to try to get a jump on other providers.

The Azalea Health EHR enables practices to increase revenues from Chronic Care Management by helping them to capitalize on the CMS 2015 Medicare Physician Fee Schedule Final Rule. Certified EHR technology is a top priority for our clients and new practices looking for assistance.

For example, Azalea Health will work with existing clients and practices to capture these new funds and will help to ensure they are meeting the specified capabilities required to receive payment.

A qualified EHR such as Azalea EHR can:

- Help identify qualified patients that have Medicare and at least two chronic conditions
- Have had activity outside of face-to-face encounter
- Have signed a CCM consent agreement
- Be able to track whether the code was billed during the 30-day period
- It should also alert providers to bill the service before the billing period ends

Resources on CCM

- ❑ Azalea Health training site --
<https://sites.google.com/a/azaleahealth.com/azalea-training-beta/chronic-care-management-program-ccm>
- ❑ CMS Fact sheets: Proposed policy and payment changes to the Medicare Physician Fee Schedule for Calendar Year 2015
<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-07-03-1.html>
- ❑ CMS Fact sheets: Policy and payment changes to the Medicare Physician Fee Schedule for 2015 - Oct 31, 2014
<http://www.cms.gov/newsroom/mediareleasedatabase/fact-sheets/2014-Fact-sheets-items/2014-10-31-7.html>
- ❑ CMS maintains a Chronic Condition Warehouse (CCW) --
<http://www.cms.gov/newsroom/mediareleasedatabase/fact-sheets/2014-Fact-sheets-items/2014-10-31-7.html>
- ❑ American Medical Group Association Summary of Key Provisions - Medicare Physician Fee Schedule Proposed Rule for Calendar Year 2015
<http://www.amga.org/wcm/Advocacy/Issues/RegAffs/2015FeeScheduleSummary.pdf?WebsiteKey=366827a3-43b6-40f3-bd5c-703e097b3d0b&hkey=23abec7a-e4bb-40e6-8e64-4760e2903395&=404%3bhttp%3a%2f%2fwww.amga.org%3a80%2fwcm%2fADV%2fCMS%2fwcm%2fAdvocacy%2fIssues%2fRegAffs%2f2015FeeScheduleSummary.pdf>
- ❑ Revisions to Payment Policies Under the Physician Fee Schedule
<https://www.federalregister.gov/articles/2013/12/10/2013-28696/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-clinical-laboratory#h-310>

About Azalea Health

Azalea Health is a leading provider of cloud-based healthcare solutions and services. The complete Azalea solution provides Electronic Health Records (EHR), Practice Management (PM), Revenue Cycle Management (RCM) billing services, as well as Patient Health Records Portal, and a mobile mHealth application. With a focus on patient engagement, Azalea's integrated solution has the flexibility to accommodate multiple specialties of any size practice and can immediately improve workflow as well as revenue flow. The solution also provides tools and resources to help customers meet their Meaningful Use and ICD-10 requirements. For more information, visit <http://www.AzaleaHealth.com> or call (877) 777-7686.

Sample Form

Patient Consent Form for Chronic Care Management

(*This is a sample form. It does not constitute legal advice.)

By signing this agreement, you consent to have _____ (referred to as “Provider”), provide you with Chronic Care Management services (referred to as “CCM Services”) as outlined below.

CCM services are being offered to you because you have been identified by your physician to have been diagnosed with two (2) or more chronic conditions which are expected to continue for at least twelve (12) months and which place you at significant risk. Your provider will discuss with you the specific services that will be available to you and how to access them.

CCM services include:

- 24-hour, 7 days a week access to a healthcare provider who can address acute chronic care needs
- Systematic assessment of your health care needs
- Processes that assure that you receive timely preventative care services
- Medication reviews and oversight
- A plan of care covering your health issues
- Management of care transitions among healthcare providers

Your Provider must:

- Explain and offer all the CCM services that are applicable to your conditions.
- Provide you with a written or electronic copy of your care plan.
- Provide you with a written confirmation of the revocation of the agreement with the effective date.

By signing this agreement, you agree to the following:

- You consent to the provider to provide CCM services to you.
- You authorize electronic communication of your medical information with other treating providers as part of coordination of your care.
- You acknowledge that only one practitioner can furnish CCM services to you during 30 day period.
- You understand that cost-sharing will apply to CCM services. You may be billed for a portion of CCM services even though CCM services will not involve a face-to-face meeting with the provider.

Beneficiary Rights

The Provider will provide you with a written or electronic copy of your care plan. You have the right to discontinue CCM services at any time by revoking this agreement effective at the end of the then current thirty (30) day period of services. You may revoke this agreement verbally or in writing. Upon receipt of your revocation, the provider will give you written confirmation of revocation.

Beneficiary

Signature: _____

Print Name: _____

Date: _____

Beneficiary's representative or caregiver

Signature: _____

Print Name: _____

Date: _____