

# CHRONIC CARE MANAGEMENT



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Executive Director

Mt. Olive Family Medicine

# MT. OLIVE FAMILY MEDICINE CENTER, INC.

- State Designated Rural Health Center
- PCMH Level 3
- Located in Wayne County
- 2 MDs, 4 PA-C and 2 FNP
- 34 Medical and Administrative Employees
- 10,000 active patients
- 35,000 face to face encounters



**MOFMC STAFF**



# ANCILLARY SERVICES PROVIDED

- Walk in Clinic staffed with two providers/extended hours/weekend and holiday
- Concussion Clinic – Treatment and Testing
- Full Lab (Staffed by LabCorp)
- Digital X-ray
- Bone Density Testing/Body Mass Scanning
- RetniaVue Scans
- Ultrasound Guided Joint Injections

# ANCILLARY SERVICES PROVIDED

- Mirena/Nexplanon Insertion/Removal
- Colposcopy
- Endometrial Biopsy
- Cryo Surgery
- Lesion Removal
- Spirometry
- 24-hour Blood Pressure Monitoring
- Ultrasounds
- Onsite Cardiology and Nephrology Consults

# WHY DO WE NEED CHRONIC CARE MANAGEMENT?



# CHRONIC CARE MANAGEMENT

2015 – Medicare began paying for CCM services for patients with multiple chronic medical conditions

Examples include:

Alzheimer's

Asthma

Cancer

COPD

Diabetes

Arthritis

Atrial Fibrillation

Cardiovascular Disease

Depression

Hypertension

# PATIENT ELIGIBILITY

- Two or more chronic conditions expected to last at least 12 months or until death
- Medicare requires initiation of CCM services during a face-to-face visit with billing provider
- Patient must consent
  - Patient needs to be engaged in program
  - Aware of applicable cost
  - Can be billed by only one practitioner
  - Right to stop services at any time.



# PATIENT CONSENT

## **Patient Consent Agreement for Chronic Care Management Services**

Medicare now offers a new benefit for patients with more than one chronic condition and by consenting to this Agreement, you designate your provider at Mt. Olive Family Medicine Center, Inc. to provide chronic care management services per regulations. Medicare defines a chronic condition as one that is expected to last at least 12 months.

In connection with this new benefit, your provider agrees to bill Medicare just one time per 30 day billing cycle.

By signing this Agreement you agree to the following terms required by Medicare:

- You consent to your Provider providing chronic care management services to you
- You acknowledge that only one provider can furnish these services to you during a 30 day period
- You authorize electronic communication of your medical records with other treating providers to coordinate your medical care
- You understand that chronic care management services are subject to the usual Medicare deductible and coinsurance applied to physician services.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PATIENT'S COMPREHENSIVE CARE PLAN

A care plan should include:

- Problem list
- Expected outcomes
- Goals
- Planned Interventions
- Community/social services ordered

# BENEFITS TO THE PATIENT FOR CCM

- 24/7 Access and continuity of care
- Comprehensive care management
- Care Plan
- Management of Care Transitions
- Home and Community Base Care Coordination
- Enhanced communication with provider

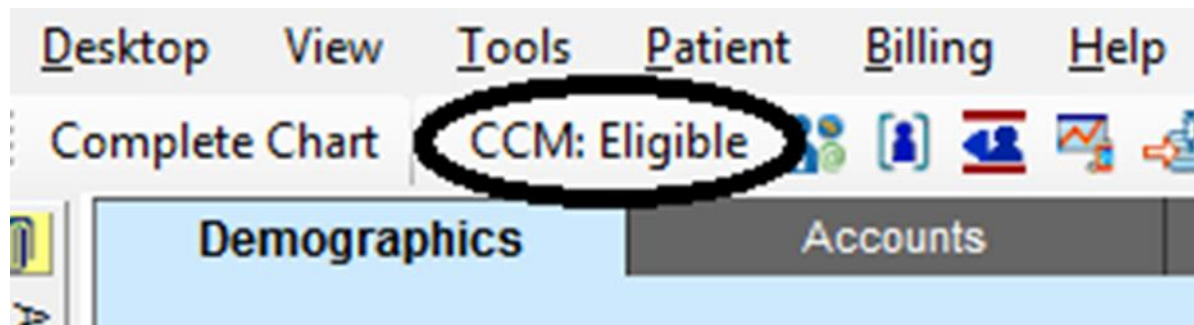
# WHERE TO START?

- Do our patients need CCM?
- Providers
- In house verses outsourcing



# NOW WHO?

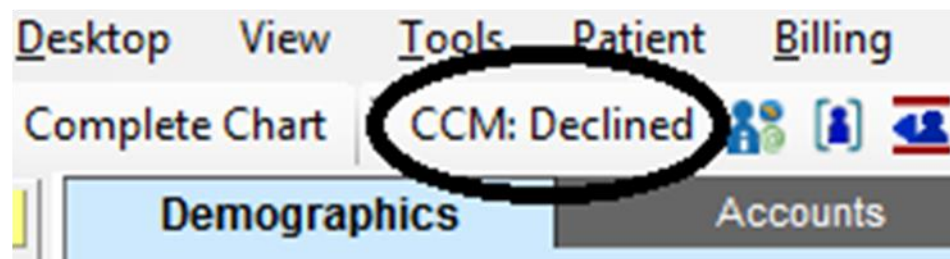
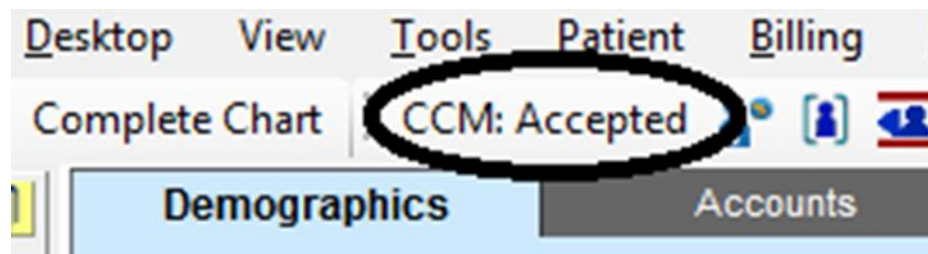
- Identify Patients



# GETTING THE WORD OUT

- Made brochure
- Signs in all exam rooms
- Asked providers to refer patients to CCM
- Let the CCM come talk to patient
- Reviewed schedules and put CCM in appt. description
- Handed out brochures at front window

# ACCEPT OR DECLINE



# GETTING PAID

- Only one practitioner can file for CCM services.
- CPT 99490 – CCM services, at least 20 minutes of non face-to-face communication
- There are two additional codes, but we have never filed these
  - CPT 99487 Complex CCM (60 minutes)
  - CPT 99489 Complex CCM (each additional 30 minutes)



# TRACKING TIME

New Message

Patient:  Practice Provider:

Urgency:  Routine  Sub-Type:  Due Date:

Assign To:

Task:

Complete

OK Cancel

(No Batch Set)

Billing Provider:

Billing Date:  6/20/2019

Minutes:  0

Start Timer

☒ Is CCM

☐ Minutes Approved

☐ Medical Decision

☐ Making Complexity High or Medium

# BILLING

Care Management Review

File Create Superbill

Patient	Provider	CCM Approved	CCM Unapproved	CPO Approved	CPO Unapproved	Superbill
<input type="checkbox"/>	Parks, Peggie, PA 26	0	0	0	0	470916
<input type="checkbox"/>	Brown, Meghan 30	0	0	0	0	470912
<input type="checkbox"/>	Parks, Peggie, PA 27	0	0	0	0	471669
<input type="checkbox"/>	Parks, Peggie, PA 30	0	0	0	0	470919
<input type="checkbox"/>	Draughon, Thomas, 38	0	0	0	0	471198
<input type="checkbox"/>	Frey, Sascha, MD 76	0	0	0	0	470913
<input type="checkbox"/>	Draughon, Thomas, 30	0	0	0	0	471668
<input type="checkbox"/>	Brown, Meghan 45	0	0	0	0	471623
<input type="checkbox"/>	Brown, Meghan 26	0	0	0	0	471625
<input type="checkbox"/>	Rhodes, Katlyn E 22	0	0	0	0	470915
<input type="checkbox"/>	Draughon, Thomas, 24	0	0	0	0	471622
<input type="checkbox"/>	Rhodes, Katlyn E 40	0	0	0	0	471203
<input type="checkbox"/>	Draughon, Thomas, 35	0	0	0	0	471194
<input type="checkbox"/>	Rhodes, Katlyn E 28	0	0	0	0	471620
<input type="checkbox"/>	Parks, Peggie, PA 31	0	0	0	0	471667
<input type="checkbox"/>	Rhodes, Katlyn E 0	35	0	0	0	
<input type="checkbox"/>	Parks, Peggie, PA 0	28	0	0	0	
<input type="checkbox"/>	Rhodes, Katlyn E 0	30	0	0	0	
<input type="checkbox"/>	Parks, Peggie, PA 21	0	0	0	0	470920
<input type="checkbox"/>	Draughon, Thomas, 0	31	0	0	0	
<input type="checkbox"/>	Rhodes, Katlyn E 0	25	0	0	0	
<input type="checkbox"/>	Rhodes, Katlyn E 0	35	0	0	0	
<input type="checkbox"/>	Brown, Meghan 37	0	0	0	0	471199
<input type="checkbox"/>	Draughon, Thomas, 22	0	0	0	0	470918
<input type="checkbox"/>	Parks, Peggie, PA 23	0	0	0	0	471191

Filter Name  << Advanced Search Clear Save Save As Close

Filter Attributes

Patient:

Recorded Month: February 2019

☒ Show CCM Minutes

☒ Show CPO Minutes

Approval Status

☐ Show Unapproved

☐ Show Approved

☒ Show All

Qualifies For Billing

☒ Show Only Billable Patients

☐ Show All Patients With Minutes

Maximum items returned (-1 for no limit) 100

☐ Set as my Default Filter

Filter is visible to ☒ Me ☐ Everyone

Found 25 results

(No Batch Set)

# YEAR 1 PROGRESS

- After first year approximately 2,000 patients were marked eligible by diagnosis
- 167 accepted
- 509 declined
- Balance of approximately 1,300 still waiting
- For the program to be self-sustaining we would need at least 125 CCM billed monthly
- Goal was 200 per month

# SPINNING OUR WHEELS

- After initial month it is difficult to continue to get 20 minutes a month with each patient.

## Three Month Example

	June	July	August
Patients	152	156	157
CCM Billed	40	24	30
Total minutes on phone w/patients	1,552	1,594	1,581



# WORKING SMARTER

- Operator directing calls if CCM
- CCM is reviewing hospital discharges
- Changing to quarterly calls

## Three-month Example

	January	February	March
Patients	152	157	158
CCM Billed	69	91	88
Total minutes on phone w/patients	1,602	2,149	2,178

# WHAT DID WE LEARN

- After initial period, quarterly calls produced the most billable services
- The cost share for the service is an obstacle
- Providers have to support it.

# CHRONIC CARE MANAGEMENT

**How About You?**

# THANK YOU!

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