

Effective January 1, 2015

Preparation Guide for Medicare's New Chronic Care Management Program

Earn \$40 patient/month

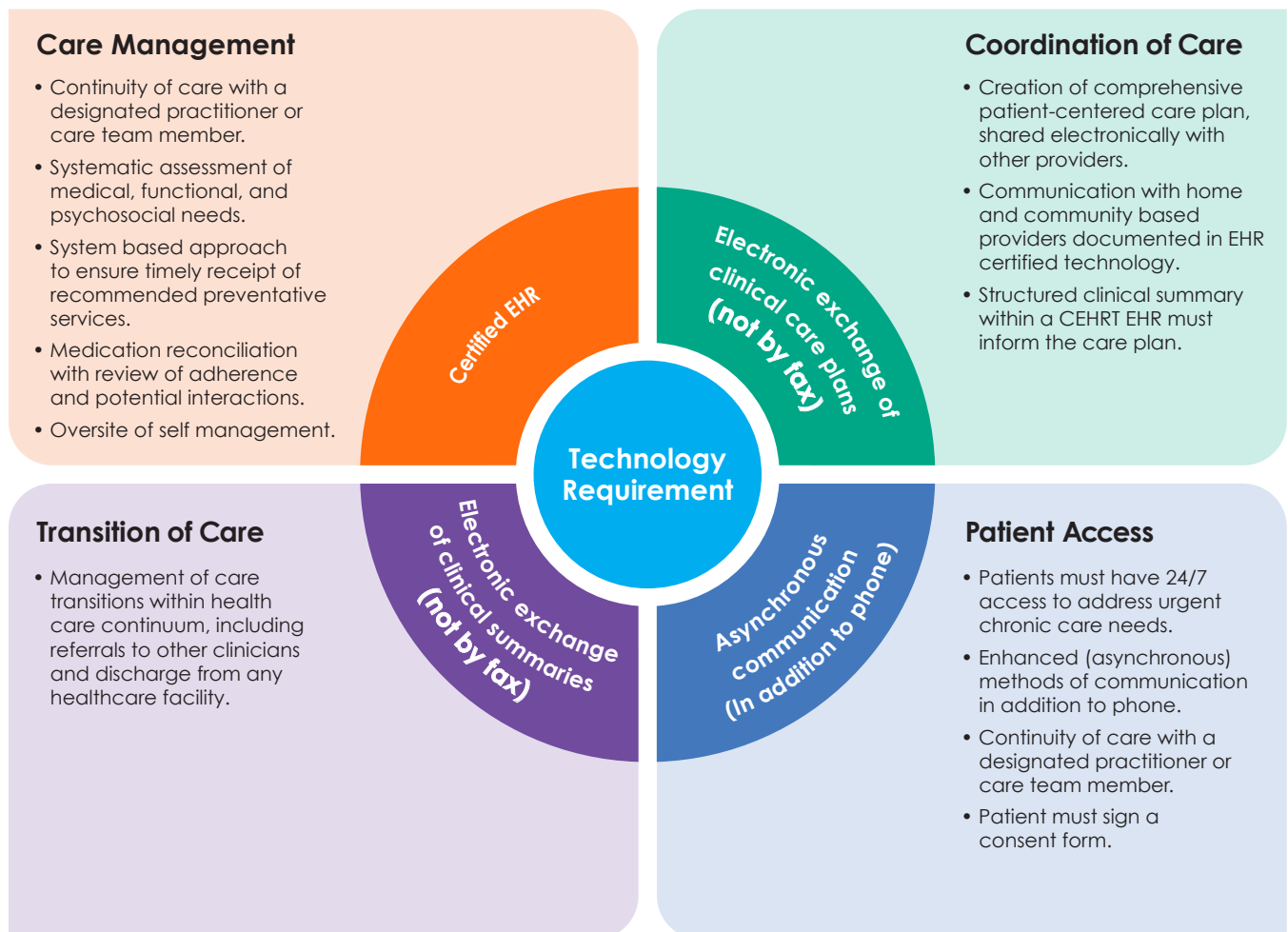
Medicare CCM Program Overview

What you Need to Know

Beginning on January 1, 2015, Medicare began paying for non-face-to-face services for Chronic Care Management (CCM). Physicians can now be paid via CPT Code 99490 for time invested outside of regular office visits, including phone, text or care coordination activities, to manage their patients with chronic conditions. In order to add a patient to the program, the following criteria must be met:

- Medicare patient diagnosed with 2+ chronic conditions.
- Participation must be initiated during an AWW, IPPE, or comprehensive E/M visit (billed separately).
- A comprehensive patient-centered care plan must be in place.
- 20 minutes of non-face-to-face clinical staff time invested per calendar month.
- The provider must obtain the patients written consent.
- Only one provider can bill per patient per month.

Scope of Services and Required Electronic Capabilities



Patient Enrollment



Getting Started

- Enroll your patients before someone else does!
- Identify eligible patients in your practice immediately.
- Begin contacting patients immediately to schedule visit (AWV, IPPE, or comprehensive E/M) or enrollment meeting.

Eligibility Requirements

In order to be eligible for Chronic Care Management Services, the patient must meet the following criteria:

- 2+ chronic conditions expected to last at least 12 months or until death of the patient.
- Conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline.

Patient Consent Requirements

In order to begin providing CCM services, a consent form must be signed by the patient confirming that the patient has:

- Been advised of their cost-sharing obligation.
- Authorizes electronic communication between providers.
- Been provided an electronic or written copy of the care plan.
- Been advised of their right to stop the service at any time.
- Been advised that only one practitioner can furnish and be paid for these services during a calendar month.



CCM Critical Electronic Capabilities

Providers billing for CCM will not be able to meet the technology requirements with an EHR alone. Infina Connect, together with its sister company, Smartlink Mobile, provides solutions for auditable time tracking, referral coordination with electronic document sharing, and mobile patient communications that ensure physicians meet the electronic capabilities required to bill for CCM services, and effectively manage CCM services delivery.

Auditable Patient Time Tracking

Event & activity documentation.

CCM Time Management

- Reduce risk of failing a RAC audit with patient interaction time tracking on an actual basis (to the second, not estimated).
- Optimize available CCM revenue with real-time analysis of month to date time invested per patient.

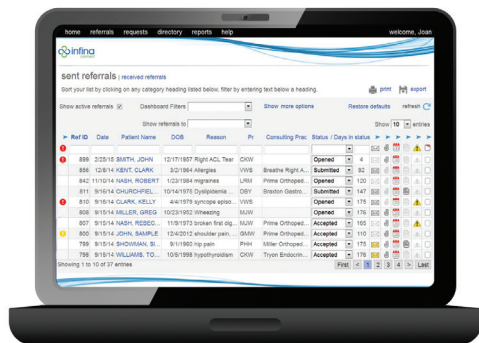


Electronic Transmission of Care Plans & Summaries

To all providers across the care continuum.

Referral Coordination Platform (EHR Agnostic)

- Electronic sharing of care plan & referral coordination with all providers caring for the patient community-wide.
- Electronic sharing of summary care record for transitions of care.



Asynchronous Patient Communication

In addition to phone.

Mobile Patient Engagement

- Bi-directional clinical dialog via secure text messaging (broadcast or 1:1).
- Secure document exchange with patients.
- Appointment scheduling, pre-registration, check-in.

