At the beginning of last year the Centers for Medicare and Medicaid Services (CMS) introduced a program to improve patient care while increasing revenue to the provider organization. The Chronic Care Management (CCM) program was launched on January 1, 2015 and includes Medicare patients with two or more chronic conditions expected to last more than 12 months that place the patient at significant risk of death or functional decline.

CMS created a specific CPT code, 99490; to be used for processing a claim for twenty minutes of non face-to-face time per month for CCM enrolled patients.

Those administering the CCM program will be paid an average of about $43 per enrolled patient per month. Statistics indicate that about two thirds of Medicare patients qualify for the CCM program. So, if your organization has 21,000 Medicare patients you will likely have about 14,000 CCM eligible patients. If you enroll 10,000 of those 14,000 patients your potential revenue annually would be approximately $5,000,000.

Examples of chronic conditions include, but are not limited to, the following: Alzheimer’s disease and related dementia; Arthritis (osteoarthritis and rheumatoid); Asthma; Atrial fibrillation; Autism spectrum disorders; Cancer; Chronic Obstructive Pulmonary Disease; Depression; Diabetes; Heart failure; Hypertension; Ischemic heart disease; and Osteoporosis.

To implement and properly adhere to the required compliance of the CCM program there are two major components that have to be executed:

1. Creation and implementation of a comprehensive care plan. The care plan should already be developed for every chronic care patient in a practice, therefore this particular requirement should need minimal if any effort to comply with the CMS guideline.

2. Twenty minutes of non-face-to-face time per month is required for each eligible patient. That work requires caregiver licensure in the United States at the level equivalent to an LPN or higher. Some practices may
choose to hire additional staffing to provide this service while others will utilize outside, specialized resources to meet requirements.

The benefits of the CCM program are significant for patients, payers and providers.

The program is designed to increase patient satisfaction with more continuous attention and a deeper understanding of the patients’ chronic conditions.

The program is intended to improve disease management because of continuous monitoring capabilities of various tests and with different medical and fitness devices, tracking of patient activities, diet, care plans and medication administration.

Decreased hospitalization and readmissions result when the program is in compliance and the care plan and continuous monitoring and communication opportunities are adhered to thereby heightening awareness of possible crisis situations when needed and alerting the patient and care circle of potential problems before they occur.

Emergency Room visits should be reduced because patients are more connected to the primary care physician team and also more educated about their chronic conditions, overall health and what to do about it without relying on emergency room services.

Pain management and quality of life should ultimately be improved because an integrated care circle are all informed and supporting of the patient and caregivers while remaining in frequent contact with each other.

Individual health behavioral changes are outlined, taught, highlighted, encouraged and applauded to help patients improve overall health and motivation to follow prescribed care parameters and to generally live a healthier lifestyle.

Increased compliance with CMS guidelines surrounding CPT code 99490 comes when integrated and user-friendly tools, processes and procedures are utilized to administer the program. Difficulties arise when manual processes and too much human intervention is required to administer the program.

Implementation of the CCM Program does present challenges to those choosing to participate. The first challenge is the actual enrollment and then retention of patients. Statistically, about two thirds of Medicare patients are eligible for the CCM program. The first thing that an organization must do is stratify their patient population disease states to determine eligibility based on the CMS criteria of two or more chronic conditions expected to last more than 12 months that place the patient at significant risk of death or functional decline.

Obtaining consent from chronic disease patients requires that they enroll through office or home visits or through completing a form and mailing it into the provider. Though not necessarily a significant challenge, there may be staffing requirements needed to encourage and schedule those visits or assist with getting forms completed and mailed.

Whether you are a CJR participant or planning for it, understanding your exposure and strategic position is key to success in this new era of mandatory bundled payment models.

BESLER’s CJR Analysis & Risk Assessment service examines the drivers that impact bundled payment success for you and identifies key performance indicators and risk factors including:

- Target price analysis, discharge trends, provider utilization and readmissions
- Analysis of quality measures including HCAHPS and complication rates
- Post-acute care summary and identification of potential collaborators
- Quarterly data analysis and year-end reconciliation

Visit besler.com/CJR to download a Special Report that explains how CJR works and what your responsibilities are in this new environment.
In some cases, the cost to the patient, in the form of co-payments, could be considered a challenge as well, but since co-payments are commonplace, this should not be a deterrent to retaining enrollees.

Automating the CCM program as much as possible reduces human error, dramatically increases efficiency and timeliness, reduces cost of administration, provides additional critical information and helps ensure full compliance. As an example, if CMS were to conduct an audit and proof of a twenty-minute non face-to-face episode were not properly recorded; an institution would be out of compliance. Standard practice management and electronic health record (EHR) systems do not typically have the capability of recording time spent with a patient, and of course spreadsheets lack that capability as well. About 51% of participants are currently using these existing technologies for program compliance but more than 75% are planning to look into other technology options for their programs.

Additionally, integration of systems (that may be utilized) into the provider's EHR system requires technical ability and financial resources. Some companies specialize in these integrations and provide a much more cost-effective and timely solution that assists implementation and ensures long-term compatibility.

Of all decisions that providers have to make regarding how to implement the CCM program, perhaps the most important, is whether or not to staff it themselves. Early surveys indicated that nearly 65% of percent of participants use existing staff. Of those planning to implement the program about 61% intend to add staff or outsource, since they likely will not have appropriate staff to properly implement the program.

The inherent challenges of staffing this program are the requirement for twenty-four hours per day, seven days per week staffing. And of course, the twenty-minute per month per enrollee requirement exceeds almost all provider staff levels.

According to statistics, most of those participating in the program are not recognizing more than half of the amount that they could be billing. Those not appropriately addressing the program requirements will continue to lag behind their potential if not incorporating proper staffing and enabling technology to allow them to optimize their particular programs. The conclusion is that there are no "in place" shortcut solutions, and that organizations should investigate options offered by companies who focus on implementing and running these programs.

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