

# Preparation Guide for Medicare's Chronic Care Management Program



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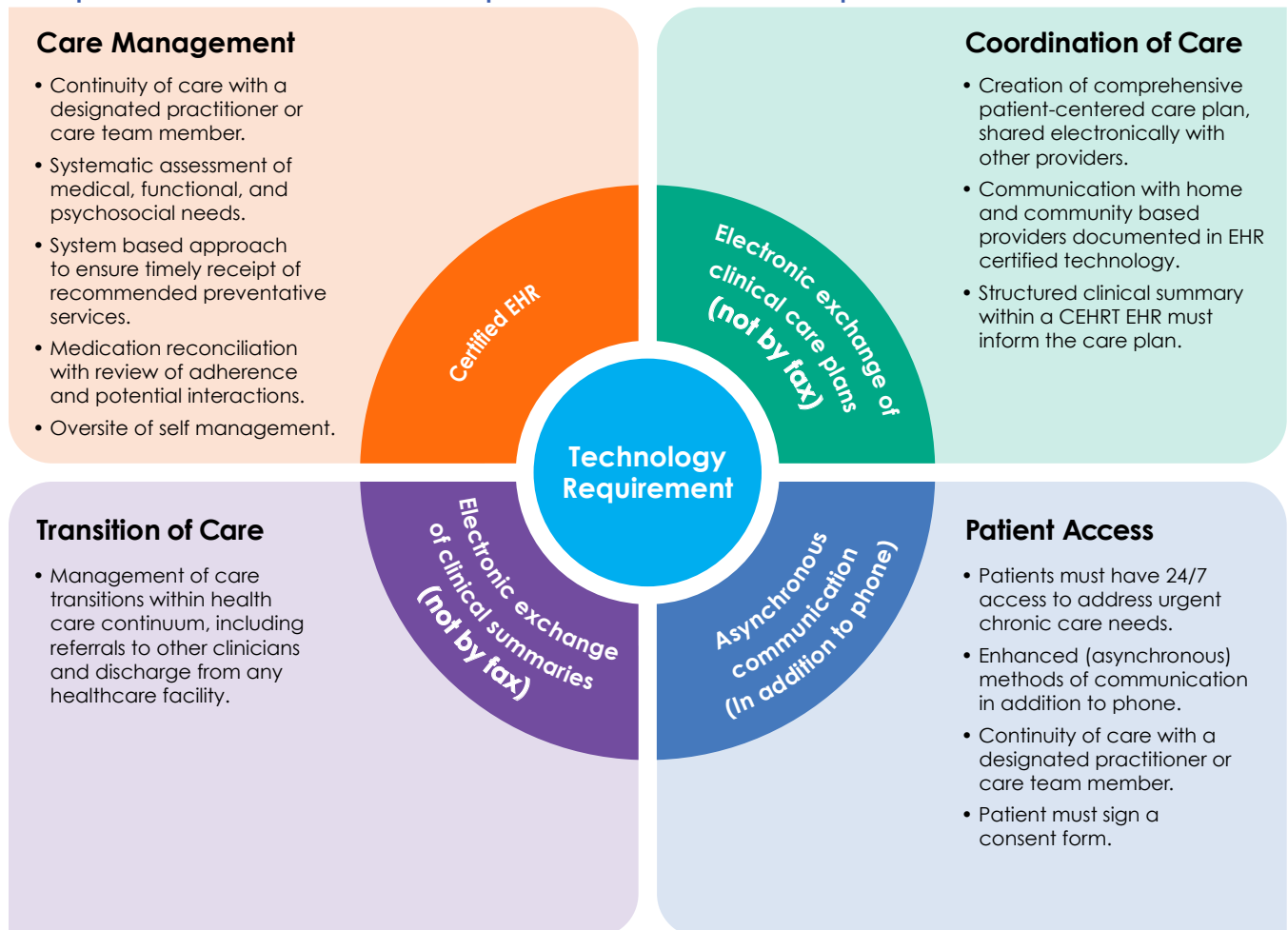
## Medicare CCM Program Overview

### 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

- Identify eligible patients and those likely to enroll.
- Make sure everyone in the practice is educated about the program, how it helps patients, and the importance of their role in enrollment.
- Schedule AWW, IPPE, or comprehensive E/M to begin enrollment.
- Gain written consent, and start the care plan with information gained from AWW.

## 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

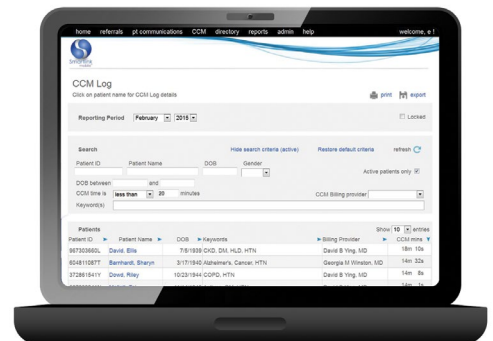
Providers billing for CCM will not be able to meet the technology requirements with an EHR alone. Smartlink Mobile's electronic referral management, care coordination, patient communication, and CCM program management capabilities ensure providers are able to operate a high quality CCM program that is both compliant and profitable.

### CCM Program Management

Build a high quality, profitable program.

#### Optimize Efficiency & Revenue

- Optimize workflow efficiency.
- Call planning ensures there is a reason to call that provides value to patients.
- Real time analysis of month to date time invested per patient ensures invested time is billable time.
- Reduce risk of failing a RAC audit with patient interaction time tracking on an actual basis (to the second, not estimated).

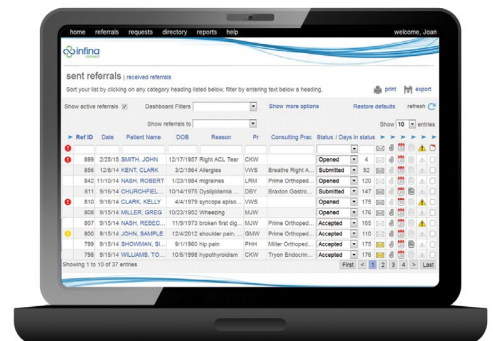


### Electronic Transmission of Care Plans & Summaries

To all providers across the care continuum.

#### SaaS Referral Management & Coordination

- Universal clinical document delivery from and to any EHR, or even to providers with no EHR.
- True coordination between providers that improves quality of care, not just electronic access.
- Out of the box interoperability with your EHR.

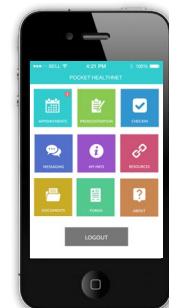


### Asynchronous Patient Communication

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.



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