Sample Chronic Care Management: Patient Agreement Guide

How to meet the requirements for the CMS chronic care management code program.

The program requires a signed Patient Agreement in the file that allows your practice to bill for these services and details the patient’s cancellation rights, copayments and types of services.

In this guide, you will find:

- Sample Patient Information Sheet
- Sample Patient Agreement
Sample Chronic Care Management: Patient Information Sheet

For years, the physicians in our practice have worked tirelessly to coordinate the care of our patients during the actual office visit but also during the many hours we spend after our patients leave the office. Many times we are required to manage the referral process, answer patient questions by phone and, more recently, by email or via secure messaging. In addition, our team coordinates the prescription refill process and the completion of the various forms that are required by insurance companies, schools or work.

Studies show that if we do a good job coordinating care, especially for patients with more than one chronic condition, there is a measurable decrease in the total cost of care for those patients and a commensurate improvement in their overall health.

1. Medicare recognizes the financial burden that care coordination imposes on medical practices and now offers Medicare patients a new benefit that allows physicians to bill for some of the work they do between office visits. Specifically, Medicare will now compensate physicians for care management of patients with two or more (multiple) chronic conditions. This new benefit is called Chronic Care Management (CCM) services.

2. A chronic condition is a condition that is expected to last at least 12 months, and that increases the risk of death, acute exacerbation of disease, or a decline in function. Common diseases such as hypertension and diabetes are examples of chronic diseases, but the full list of those conditions is too long to include in this document. Around two thirds of all Medicare Patients have multiple chronic conditions.

What Your Physician Must Do

Your physician must furnish the following capabilities:

a. **Use a certified EHR** – our practice uses an electronic health record that meets the certification criteria mandated by Medicare’s Meaningful Use program.
b. **Provide a written or electronic version of your care plan** – an electronic version of your latest care plan is available on the patient portal.
c. **Ensure access to care 24/7** – our practice policy is to provide access to care relating to any acute condition including evenings and weekends.
d. **Facilitate transitions of care** – we help manage your care before and after your appointment, including any coordination or communication between our practice and other healthcare providers.
e. **Oversee and manage your medications** – when you visit our office, we review your medications and compare the list of medications you currently take with the list we record in our EHR.
How CCM Services Are Billed

1. Your provider can only bill Medicare for CCM services when a patient has multiple chronic conditions. If you don't have multiple chronic conditions, our practice may still ask you to sign the attached agreement but Medicare will not be billed for CCM services unless it is determined by your personal physician that you have multiple chronic conditions. If you are unsure whether you have multiple chronic conditions, please consult your physician.

2. Your provider must spend 20 minutes each billing period performing non face-to-face care coordination. Some of those activities may include: providing medication refills, coordinating referrals or communicating with you via phone or secure messaging. Each billing period is 30 days; therefore you can expect that Medicare will never be billed more than one time per 30 day billing period for CCM services.

What you (the patient) are asked to do

1. Medicare requires that you sign a written consent acknowledging that your physician may bill Medicare for the CCM Services provided for you. This written permission need only be provided one time.

2. You may only provide written consent to bill for CCM to just one physician, but you can always visit with any doctor that accepts Medicare.

3. Should you choose to revoke this permission you are required to notify us.

Frequently Asked Questions

Q. How much does Medicare allow for Chronic Care Management Services?  
A. Your provider may bill Medicare $42.60 for each 30-day billing period.

Q. Am I responsible for the co-insurance amount?  
A. Yes, the Medicare law does not allow us to “write off” the co-insurance amount.

Q. What can I expect my co-insurance amount to be?  
A. The co-insurance amount is approximately just $8.00 for each 30-day billing period.

Q. If I have a secondary insurance, will it cover this co-insurance amount?  
A. If your secondary insurance usually covers Medicare co-insurance, the answer is yes.

Q. Will my provider be billing for every 30-day billing period?  
A. Your provider may only bill for CCM Services if they provided at least 20 minutes of non face-to-face care (care before or after the office visit) during the 30-day period.

Q. If I don't have multiple Chronic Conditions, will Medicare be billed for this service?  
A. No, a patient must have multiple (more than one) chronic condition to qualify for this benefit.

For years, our practice has worked hard to help manage the care of our patients. Our team works tirelessly during office visits and also after hours to try to improve the health of our patients. Medicare is finally recognizing the financial commitment it takes to provide high quality, well-coordinated healthcare. We respectfully request that you complete the consent form on the next page that allows us to continue to provide Chronic Care Management services and bill Medicare for the work we do.

Thank you,

(Provider Name)
Medicare now offers a new benefit for patients with multiple chronic diseases, and by consenting to this Agreement, you designate your provider, ___(Provider Name)______ “Provider”, to provide chronic care management (CCM) services per the new rule.

Only patients with more than one chronic condition are eligible for this benefit and your provider agrees not to bill Medicare for this service if you don’t have more than one chronic condition. Medicare defines a chronic condition as one that is expected to last at least 12 months, and that increases the risk of death, acute exacerbation of disease, or a decline in function.

Provider Chronic Care Services
As part of this new benefit, your Provider agrees to make available the following services:
1. 24/7 access to a healthcare provider to address your acute chronic care needs
2. Use of certified EHR software to document your care
3. Provide a written or electronic version of your care plan
4. Perform medication reviews and oversight
5. Assist in the management of transitions of care from one provider to another

In connection with this new benefit, your provider agrees to bill Medicare just one time per each 30-day billing cycle and if you revoke this Agreement, provide you with a written confirmation of the revocation, stating the effective date of the revocation.

Beneficiary Consent Terms
By signing this Agreement, you agree to the following terms required by Medicare:
1. You consent to your Provider providing CCM services to you.
2. You acknowledge that only one practitioner can furnish CCM Services to you during a thirty (30)-day period.
3. You authorize electronic communication of your medical information with other treating providers to facilitate the coordination of your care.
4. You understand that the Medicare Co-Insurance amount applies to CCM Services
5. You have the right to stop CCM Services at any time by revoking this Agreement effective at the end of the then-current thirty 30-day period of services by notifying our practice in writing.

Beneficiary or Caregiver
Signature: ________________________________ Print Name: ______________________________
Date: ______________

THIS IS A SAMPLE DOCUMENT - IT IS NOT MEANT TO SERVE AS LEGAL ADVICE. HEALTHFUSION ASSUMES NO LIABILITY WITH REGARD TO THE USE OF THIS DOCUMENT AS AN AGREEMENT BETWEEN YOU AND YOUR PATIENTS.
MediTouch provides a special feature that streamlines your tracking and billing of Chronic Care Management Services.

Contact HealthFusion today to learn how Medi-Touch EHR makes billing for CCM services simple.

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