eClinicalWorks

QUICK-REFERENCE GUIDE FOR CHRONIC CARE MANAGEMENT SERVICES

Department of Business Analytics—April 2015



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Chronic Care Management (CCM) services are non-face-to-face services provided to Medicare beneficiaries who have multiple significant chronic conditions. In addition to office visits and other face-to-face encounters, these services include communication with the patient and other health professionals for care coordination (both electronically and by phone), medication management, and 24 hours a day accessibility for patients and any care providers (physicians or other clinical staff). The creation and revision of electronic care plans are also key components of CCM services.

CCM services are billed using the Current Procedural Terminology (CPT^{®*}) code 99490 for 20 minutes of nonface-to-face care coordination services by a range of certified clinical staff every calendar month. The patients must be Medicare FFS beneficiaries with multiple chronic conditions.

For Medicare payment purposes, the Centers for Medicare and Medicaid Services (CMS) has determined:

- CCM services are for patients with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
- CCM services are for patients with Medicare Fee for Service (FFS)
- Patients in CPCI or other grants where CCM like services are covered are excluded

To enroll patients for CCM services, the practice should:

- Obtain beneficiary written consent
- Initiate CCM services during face-to-face Annual Wellness Visit (AWV), Initial Preventive Physical Examination (IPPE), or comprehensive evaluation and management visit
- Obtain written agreement to:
 - Services provided
 - Access to services
 - Data Sharing
 - Cost sharing, for example, co-pays
 - The patient is made aware that they can choose to cancel CCM services at any time
- Document decision to accept/decline in medical record (ONC-certified EHR)

Scope of Care Management Services

CCM services are extensive, including structured recording of patient health information, an electronic care plan addressing all health issues, access to care management services, managing care transitions, and coordinating and sharing patient information with practitioners and providers outside the practice. Some of

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the CCM Scope of Service elements require the use of a certified EHR or other electronic technology. The scope of care management services:

- Provided by physician, non-physician practitioner, or clinical staff incident to billing practitioner
- Create comprehensive individual care plan
- Provide 24/7 access to care management services
- Care management for chronic conditions
- Continuity of care with a designated member of the care team
- Systematic assessment of health needs and receipt of preventive services
- Electronic care plan
- Management of care transitions
- Coordination with home-and community-based clinical service providers as appropriate
- Enhanced communication opportunities for patient and caregiver
- Informed consent

Billing Requirements

To initiate CCM services, CMS requires the billing practitioner to furnish an Annual Wellness Visit (AWV), Initial Preventive Physical Examination (IPPE), or comprehensive evaluation and management visit of the patient prior to billing for CCM services. As part of the patient agreement exam/visit, the practice has to:

- Document of at least 20 minutes of clinical staff time for the calendar month
- Bill using CPT* code 99490
- Collect any deductible or co-pay from the patient if there is no supplemental insurance

CCM Services Setup

Set up CCM services by setting up an insurance eligibility schedule (optional), updating the Medicare insurance window, and activating CCM services from the Product Activation window.

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Billing Setup for CCM Services

Prior to CCM services activation, Medicare insurance should be set up and the *Source of Payment* specified as MB on the Update Insurance window:

		Update	Insurance (10 - Medica	re - ccm)		
No	otes	UB Setup	FQHC Setup	ED	I-ANSI 2	Refunds
Addr	ess [Payment Codes/Alert	Provider Numbers	Cap	vitation	EDI-ANSI
Name	Medicare		_	Payer ID	Med0123	
Address 1	1, technolog	y drive		Medigap ID		
Address 2			E	BA Payer ID	Med0123	
City	Westboroug	h	Managed (Care Plan ID		(Given by Medicaid, NV)
State	MA		Eligibil	ty Payer ID	0	
Zip	01851	Country	Liability C	Carrier Code		
ĭel		Alt. Tel	'	ee Schedule	1	-
Eax E-mail Website				Claim Subr Clectron Paper	nission C nic C	laim Type Professional (HCFA) Institutional (UB)
Source of P	Payment Type	MB ANSI-Medici	are Part B In	surance Clas Inactive	Requires E	nrollment
ssoc. Insur	ance Groups	1	Options 🔻			QK Cano

PM Insurance Eligibility Schedule

Activating insurance eligibility schedule is an optional configuration for CCM services that checks for patient insurance validity.

To set up an insurance eligibility scheduled jobs:

1. From the Billing menu, point to PM Scheduled Tasks, and click *Configure Insurance Eligibility Schedule* from the drop-down list.

The List of Configured Insurance Eligibility Options window opens.

2. Click Add to create a new configuration scheduled task:

Configured Loo	kup List : 🛛 🔼 🖂	ld Updati	e <u>D</u> elet
Configuration Nam	ie .		0.0001020

The Configure Parameters window opens.

3. Enter a name for the configuration task in the Configuration Name field:

7	uration Name:	
đ	ligure Look Up Parameters	
,	rance Group	
04	f Future Days 0 No Of Retries 0	
tr	ou wish to overwrite the appointment date with $\hfill \hfill \h$	
đ	ligure Scheduled Job	
	C Enabled C Disabled	
	Day	
	C Monday C Tuesday C Wednesday	
	C Thursday C Friday C Saturday	
	C Sunday C Mon-Fri C Everyday	
	Week All C1 C2 C3 C4	
	Month	
	C January C May C September	
	C February C June C October	
	C March C July C November	
	C April C August C December	
	C Every Month	
	Time	
	Hour v Minutes v	

Set up the remaining sections as described in the following table:

Field	Description
Insurance Group	Click <i>More ()</i> to select an insurance group (the group that was used to look up appointments in Insurance Eligibility window
No of Future Days	To check for future appointments, enter number of future days
No of Retries	Specify the number of retries, if there is an unexpected failure while submitting

Field	Description
Do you wish to overwrite appointment dates with transaction dates?	Check this box to overwrite appointment dates with transaction dates for certain payers that do not verify future appointments eligibility
Configure Scheduled Job	Specify the status, day, week, month, and time for the scheduled job to run

4. Click OK.

The Configuration Task is added to the lookup list, and eClinicalWorks locates and submits the appointments to the specified payer group on the scheduled time.

Activating CCM Services

Activate CCM services from the Product Activation window.

To activate CCM services:

1. From the Admin band on the left navigation pane, click the *Product Activation* icon.

The Product Activation window opens.

2. Click Activate next to CCM:

 CinicaWork 	ks (Willis,Sam.)	the second se	an Alexandra province in the same application of the particular in	0.0 4
Ein Entert	Schedule [MR Sting	geports CCD Fag ePayment Tools Cogmunity Means	gful (he Lock Help	
eClinic	alWorks"	D 0 0 0	20 1 0 300 0	🗅 E 💿 I 💷 L 💷 M 💷
Admin	Product Activ	vation		and the second second second second
🔏 "	V	Solbe has been activated To learn more about Solbe click. <u>bace</u>		0 failings
	0	Patient Check IN (QR Scanner and KIOSK) With the clinical/tooks smplified patient check in proce scener in the patient waiting area. Front office staff is reduces long waiting lives for the patients.	es, patients can now check in using a touch screen Kiesk or a QR notified immediately on a patient's antivit. This saves you time and	927.4
	0	CCMR CORR is a sophisticated web-based solution that leverag drive patient engagement, and integrate actionable rep workflows. Learn.Mare	es automation to help clemts build high performance care teams, orting into population health management and quality improvement	ACTIVATE
Patient Portal S	0	OpenAccess Publish cancelled appointments to qualified patients by Publish the working hours to accept appointment reques	perticipating in campaigns to from patients	ACIWATE
Product Actives	6	ePayment ePayment has been activated. To learn more about ePayment click <u>barra</u> .		0 5444
Kinek Settings	0	TeleVisit Bringing doctors and patients together for iwe, face-to-	are velts with Televisits.	ACINATE
Practice Registry Referrals	3	CCM eChical/Vorks CCM Module provides ability to manage Ch net/Fication & consent management , caré planoing, trai	RS Chronic Care Management Program. Mentify eligible patients, is time for qualified activities and automate claims creation.	ACMARE
Hessages	*1		- M	

The CCM Activation Consent Form displays:

	CCM Activation Consent Form	
		á
	CCIVI Chronic Care Management	
ustomer Name: ustomer Address:		
e: \$0.990 Cost per month per patient	ditions for a fee.	

- **3.** Select the radio button next to *I have read and accept the terms and conditions for a fee.*
- **4.** Click *Activate CCM*.

The CCM Activation Status window opens:

CCM Activation Status	
Please do not close the window until the activation cycle is completed.	-
Activation in progress Downloading content server data on local server	
Successfully validated practice license	
\bigotimes Successfully saved information on activation server.	
Registration completed successfully.	
ICD mapping completed successfully.	
Sinsurance mapping completed successfully.	L
CCMR activation completed successfully.	
Activation is completed:	



5. Click *OK* at the bottom of the window and restart the eCW application:

CCM Activation Status	_
S ICD mapping completed successfully.	ŕ
Insurance mapping completed successfully.	
CCMR activation completed successfully.	
© CCM Categories created successfully.	
Ownloading content server data completed successfully.	
Successfully activated CCM	H
Please restart ECW client immediately inorder to apply the activation changes.	Lø
ОК	
	71

CCM services are activated.

Using CCM Services

Once CCM services are activated, users can enroll eligible patients, and time the non-face-to-face visits from the CCM window or the Interactive Clinical Wizard (ICW) on the Progress Notes window or on the Patient Hub.

Enrolling Patients for CCM Services by Providers or Medical Assistants

Providers or Medical Assistants can enroll a patient for CCM services from the Progress Notes window. Check patients for CCM services eligibility under Overview Tab of the Interactive Clinical Wizard (ICW).

Note: Update the Problem List before checking patient eligibility. The practice decides the duration the patient is to be enrolled for CCM services.

Note: If a provider or medical assistant enrolls a patient from the Interactive Clinical Wizard (ICW), the care coordinators must first educate patients on CCM services and obtain written consent.

To enroll a patient for CCM services:

1. On a patient's Progress Notes window, click *Enroll Now* under CCM on the Interactive Clinical Wizard (ICW):

-	CCM
This	a patient has following chronic conditions and is
engi	ble for CCM Program.
	DIABETES MELLITUS WITHOUT MENTION OF
•	COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT
	STATED AS UNCONTROLLED [ICD: 250.00]
	UNSPECIFIED ESSENTIAL HYPERTENSION [ICD: 401.9]

The Enrollment window opens:

Si, Jane			
Program Details	1 Care Team 2		
Source: Westbor	ough Medical Associates	6	Consent: @ Pending 🔘 Yes 🔘 No 🛛 Brow
Select Program	Chronic Care Management	Start Date	04/01/2015
Duration	Months	End Date:	
Reason			
			Ne

- **2.** To add a program:
 - **a.** Select a program from the Select Program drop-down list.
 - **b.** Select a start date.
 - **c.** Enter the duration for the program.

The End Date for the program displays once the time period of the program is specified.

- d. Select a radio button next to *Pending, Yes,* or *No* for consent.
- e. Click *Browse* to upload a file indicating consent from the patient.
- f. Enter a reason:

Source: Westbor	ough Medical Asso	ciates	C	onsent: 💍 Pe	nding 💿 Yes	© No	Browse	Sample Consent Form jp
Select Program	Chronic Care Man	agement	•	Start Date	04/01/2015	Ē		
Duration		Months		End Date:				G
Peason		Months		End Date:				7
eason								

g. Click Next.

The Care Team window displays:

		2

F, Shane	X
Program Details 1 Care Team 2	
PCP: Cliff,Samantha	Care team assignment complete
Care Manager	Care Coordinator
Q	Q
Care Giver	Provider
٩	Q
٩	9
	Previous I'm Done

h. Begin entering a name for Care Manager, Care Coordinator, Care Giver, and Provider and select from the drop-down list provided:

Program Details 1 Care Team 2 PCP: Cliff,Samantha	Care team assignment complete
PCP: Cliff,Samantha	Care team assignment complete
Care Manager Care Coordinator	
Q Sam Q	
Cliff, Samantha Willis, Sam Multi	
Q	

- i. Check the box next to Care team assignment complete.
- **3.** Click *I'm Done*.

The patient is enrolled.

Enrolling Patients for CCM Services from the Progress Notes Window Workflow



Enrolling Patients for CCM Services by Care Coordinators

Eligible patients display on the Enrollment tab on the CCM window. Enroll patients for CCM services on the CCM window.

Note: Patients must have signed a consent form prior to enrollment in CCM services.

To enroll a patient for CCM services from the CCM window:

1. From the CCMR band on the left navigation pane, click the *CCM* icon:



The CCM window displays:

CM				
CCM				
Enrollment My Patient				
Patient 🤤 🙀	Care Manager		PCP	Filter
Consent Yes	Envolument Status Active	E	Minute Range	
filestone Select any ouestion	Billing Month : Apr-2015		0 5 10 15 2	25 30 35 40 45
	Program Ends 3	Months -	FT Timer Sunning	
Patient Name DOB PCP Insurance	Man Completed No. of Cl	Claim Status Cla	im Date Program Start Date	Program End Date

2. Click the *Enrollment* tab.

The Enrollment tab window displays:

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Enrollment	My Patient				
Patient		PCP		Insurance	Filter
ICD Groups					
Selected Filters Clear /					6
Patient Name	DOB	PCP	Insurance	No. of Chronic Conditions	
S, Sameer (M, 42 Yrs)	12/11/1972	Willis, sam	Medicare	- 3	
S, Jane (F, 59 Yrs)	01/30/1956	Willis, sam	Medicare	* 2	
P, Jim (M, 75 Yrs)	01/01/1940	Willis, sam	Medicare	-2	
M, Anne M (F, 59 Yrs)	01/01/1956	Willis, sam	Medicare	-2	
L, Robert (M, 33 Yrs)	09/13/1981	Willis, sam	Medicare	*4	
H, Shelly N (F, 80 Yrs)	10/09/1934	Willis, sam	Medicare	* 4	
D, Jane (F, 34 Yrs)	10/09/1980	Jones, samt	Medicare	-2	
D, Gary (M, 9Yrs)	03/30/2006	Willis, sam	Medicare	+3	
C, Martha M (F, 41 Yrs)	03/31/1974	Willis, sam	Medicare A	+3	
C, Jeff P (M, 79 Yrs)	12/13/1935		Medicare	•7	
B, Gary (M, 34 Yrs)	01/09/1981		Medicare	+3	

The Enrollment request tab displays all the patients that are eligible for CCM services.

3. Point to a patient name on the Enrollment window, and click *Enroll*:

CCM					
Enroliment	My Patient				
Patient		PCP		Insurance	Filter
Selected Filters	r All				Y
Patient Name	DOB	PCP	Insurance	No. of Chronic Conditions	
S Sameer (M, 42 Yrs)	12/11/1972	Willis, sam	Medicare	v 3	Erroll
S Jane (F, 59 Yrs)	01/30/1956	Willis, sam	Medicare	+2	
P, Jim (M, 75 Yrs)	01/01/1940	Wills, sam	Medicare	* 2	
M'; Anne M (F. 59 Yrs)	01/01/1956	Willis, sam	Medicare	-2	

The Enrollment window opens.

4. Enroll the patient in CCM services.

Enrolling Patients in CCM Services from the CCMR Band Workflow



Initiating CCM Services

To initiate CCM services, document an initial care plan at an office visit, and print a visit summary for the patient. Access the care plan for a patient from the Office Visits window. Make an appointment for the patient to access the Care Plan tab on the CCMR hub.

To document a Care Plan visit:

1. On the Progress Note window, click the orange CP button and click Current Appointment.

The Care Plan window displays:

Using CCM Services

Chronic Care Management Services

	Kerry , Si 66 Y , Female	Patient Detail	Care Teams - 🖪 Risk :	Score
atient Hub	• Problem • Template			
ewith Risk sessment	All Problems			
() roblems	Add			
Care plan			Current Visit Vi	ew All

2. Check the box next to a problem/problems or All Problems, and then click Add.

The Problems window displays:

Visit 1 Vitals 6			5
Problems + Hypertension 2			
Physical Assessment			
Has patient been recently hospitalized?		0	DNo 4
Blood pressure	3		1 20/80
Weight (lbs)	1000	0	5 140
Initial HgA1c		Ŭ	58
CBC		Û	D 01/02/2014
Edema assessment		Û	D Hands:Feet
Patient shows signs of		0	Fatigue:Weakness
Pulse oxymetry (%)		0	5 78

The following options are available on the Care Plan window:

	Area	Description
1.	Visit Tab	Enter information on the Visit tab.
2.	Templates	The Problems associated with the care plan display. Click the <i>plus (+)</i> sign to add more problems.

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	Area	Description
3.	Area Text Box	Description To enter information: 1. Click in the box next to the item to add problem information. A pop-up window opens displaying all the items: Cuestions & Answers View is user? View is user? <t< th=""></t<>
		 configuration window, the options for the item display. For example, for the item Chronic Problem(s), the item type is configured as MultiSelect, and displays the options Diabetes, Hypertension, etc. 3. (Optional) Click the Comment link and enter comments in the Comment text box. 4. (Optional) Click the red arrow buttons at the top to move to the previous or next field. 5. (Optional) Click the Clear button to clear an answer. 6. To exit, click Close.
4.	Delete and Previous Observation	 Delete - Click the Trash icon to delete an observation Previous Observation - Click the left orange arrow to add the observation from a previous visit

	Area		De	scription	
5.	. Merge Defaults, Copy Defaults, Copy Encounter	 Merge Dein Admin Copy Defioservati Copy Encorrevious Copy an erevious To copy an erevious 1. On the Vision The Previous 	efaults - Click <i>Merge</i> Faults - Click <i>Copy De</i> fons with observation counter - Click <i>Copy</i> encounters ncounter: isit window, click <i>Co</i> ious Encounters wire	e Defaults to merge values set as defau efaults to replace the current ons from values set as default in Admir Encounter to add observations from opy Encounter:	ult n
		0	Visit Date 02/21/2014 17:13:00	Problem(s) Hypertension	
		0	01/30/2014 00:54:00	Diabetesmellitus	
		 Count 2. Select a r 3. Click OK. The obse 	adio button next to	a previous encounter.	

	Area	Description
6.	Vitals Tab	Click the Vitals tab to enter vitals.
		To enter vitals:
		1. On the Problems window, click the Vitals tab.
		2. Click in the box next to the item to add vitals information.
		A pop-up window opens:
		Temp(F)
		Temp
		1 2 3
		4 5 6
		7 8 9 0 8 C
		Aot
		3. Enter Vitals information in the text box
		OR
		Click the numbers in the keypad and click Add.
		• The system calculates the BMI automatically when the provider enters the height and weight for the patient.
		 After entering the patient weight, the system calculates the Weight Change (change in weight from the previous visit) and Total Wt Change (the difference between the patient weight on the first visit and the current visit) automatically.
		4. (Optional) Click the red left button to move to the previous field.
		5. (Optional) Click the red right button to move to the next field.
		6. To exit, click <i>OK</i> .
		7. Click Save.
1		Vitals are added.
7.	Save or Cancel	Click the <i>Save</i> button to save the Care Plan information or the Cancel button to exit the care plan without saving.

Once the care plan for a patient is documented, print the visit summary, which includes the care plan for the patient:



	Visit Summary	
х 🗞 🖄 н и ц н	🛎 📲 🏷 ႈ Arial 🔹 Size 5 🔹 🌽	
	Preferred Language:English 04/03/2015 visit with Sam Willis, MD	^
Care Plan Details		ł
Problem	Intake Form	
Screening		
	Ver	
Do you exercise?	105	
Do you exercise? Patient wants to do better with	Exercising;Eating better foods	
Do you exercise? Patient wants to do better with What symptoms do you experience?	Exercising;Eating better foods Shortness of breath	
Do you exercise? Patient wants to do better with What symptoms do you experience? Current Management	Exercising:Eating better foods Shortness of breath	

CCM Services Documentation

Practices should adhere to the following criteria list for CCM services documentation.

CCM services documentation includes:

- Documenting patient consent.
- Indicating if the patient declines to participate, or if the patient is participating elsewhere, the name of the practice.
- Documenting 20 minutes of non-face-to-face clinical staff time. Each practice should develop its own consistent system of documentation based on its unique physical, staffing, and EHR configuration. Documentation should include care provided by both internal and external (such as for call coverage) individuals. The practice should also determine how to document care and care coordination, and the staff that will document care. It is possible that there will not be a CCM code billed for every patient every month, some months may not generate 20 minutes of care coordination.
- For example, if a clinician who is not part of the practice, for call coverage, provides care after hours, that
 individual must have access to the electronic care plan (other than by facsimile). The care plan may be
 accessed via a secure portal, a hospital platform, a Web-based care management application, a health
 information exchange, or an EHR-to-EHR interface.
- Services can be provided *incident-to* the designated clinician if the CCM services are provided by licensed clinical staff employed by the clinician or practice who are under the general, not necessarily the direct, supervision of the designated clinician. The normal *incident-to* documentation requirements apply.
- Contracted clinicians, such as covering clinicians or locum tenens, count as long as they have access 24/7 to the patient's elect.

CCM Services Documentation from Interactive Clinical Wizard (ICW)

Add time manually from the Interactive Clinical Wizard (ICW).

To add time:

1. Access a patient's Patient Hub, verify enrollment information of the patient for CCM services on the Interactive Clinical Wizard (ICW) under the Overview tab, and click *Add Time*:

			Patient Hub (Smi	th, Alice)	
Labs DI Pr	ocedures Imm/I.	inj Referrals Al	lergies CDSS	Alerts Rotes	Overview ORTLA History COSS
Smith, A 1622 ¹ 5008 Framinoham, MA-117	Sel Info	Home: 50 Work: Cell:	08-768-		Smith, Alice S4 Y, F as ef 04/08/2015 Global Alerts
DOB: 03/14/1961 lige: 54 Y Sex: F Idvance Directive: Iccount No: 9300		Email: Insurance: M PCP: Rendering Pr. 1	edicare - ccm	there are a	Enrollment Information
Patient Balance: Account Balance: Coll. Balance:	\$22.00 Collectio \$0.00 Ass \$0.00	igned To:	Labs - DI - Referrals -	Tel Enc - Web Enc - Documents -	Consent Status: YES
Last Appt: 03/05/2 Next Appt: Bumped Appts: NO	015 10:18 AM	Faolity: TFA:Te Faolity: Case Manager	st Facility	<i>PD</i> ²	Mins Add Time Claims Status: NOT CREATED Advance Directive
New Appt	New <u>I</u> el Enc	Print Label(s) +	Billing Alert	Patient Docs	Problem List Al 💌 📼
Letters	Incounters	Hedical Summary	Rx	Progress Notes	Cther istrogenic
eCliniforms	Devices +	Problem List	Medical Record	Send eHsg	Diabetes mellitus without
Account Inquiry +	Guarantor Bal.	Consult Notes	Letter Logs	Fax Logs	mention of complication. 250.00 type II or unspecified
Action +	Flowsheets	Billing Logs			type, not stated as uncontrolled
eHX Consent	Export eHS	Export Labs	Export Document	s ePrescription Logs	Anemia of other chronic disease
				Close	Other after-cataract, not obscuring vision
					< >>

The Add Time Manually window opens:

Start 04/07/2015 Date	8	Start Time		0
End Date 04/07/2015	11	End Time	hh.mm.pm	٢
eason	~	Duration		
Note				

- 2. Enter a start time next to the Start Time box.
- 3. Enter an end time next to the End Time box.
- 4. Select a Reason from the Reason drop-down list.
- **5.** Enter notes in the Note box.
- Click Save or Save & Add More to add more time.
 The saved information displays:



Note: After at least 20 minutes of a non-face-to-face care coordination services is documented, a claim is automatically generated for that patient with a pending status. The Interactive Clinical Wizard (ICW) can also be accessed from the Progress Notes window or Lab/DI window.

CCM Services Documentation from Interactive Clinical Wizard (ICW) Workflow



Add Time from the CCM Tab

Document at least 20 minutes using a timer on the My Patients tab on the CCM window.

To add time from the CCM tab:

1. From the CCMR band on the left navigation pane, click the *CCM* icon:



The CCM window displays:

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Chronic Care Management Services

ССМ			-		
CCM	NUT NEES				Service and the service of the servi
Enrollment My Patient					
Patient 🔍 😓	Care Manager	a:			PCP 1
Consent YHS	Enroliment Status	Envolument Status Active			Minute Range
Milestone Select any oversion	Billing Month	Billing Month Apr-2015		1	0 5 10 15 20 25 30 35 40 45
	Program Ends	2	Months -		ET Timer Russine
Selected Filters Consert Status res - Enviel Status Acti	e / Mins Range 15-20	Mine 1 Billing 0	MIR. Apr 2015 -	inae All	
Patient Name DOB PCP Insurance	Min Completed	No. of CC	Claim Status	Cal	sim Date Program Start Date Program End Date
No of Results 15					

2. Select the patient to be timed and click *Start* to activate the auto clock:

Patient Name	DOB	PCP	Insurance	Min Completed	No. of CC	Claim Status	Claim Date	Program Start Date	Program	End Date	_	
Smith, Jane (F, 59 Ws)	01/30/1956	Wills, sam	Medicare	00:00:16	+2	Not. Created		04/01/2015	Start	Add Time	HID	Logi jo
												1

- 3. Click *Hub* to open the Patient Hub window to document the time spent for any of the following:
 - Time spent on phone calls and electronic communication with the patient.
 - Time spent coordinating care (by phone or other electronic communication) with other clinicians, facilities, community resources, and caregivers.
 - Time spent on prescription management/medication reconciliation.
- 4. Navigate back to the CCM window and click *Stop* to stop the clock:

Pament Nama	DCIR.	RP	Internet and	Min Completer	No of	Claim Status	Claim Date	Program Stars Date	Program Erst Date	
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Note		κ.		w.						
								OK		

- Document the reason for Care Coordination and click Save.
 The time is documented.
- 6. (Optional) To discard a time:
 - **a.** Click the blue X on the Add Details window.

A confirmation window opens:

Add Details Smith, Sameer Reason	Confirmation Do you want to Discard the Running Timer Log ?	Duration 00:00.6
Note	It you opt for yes, your changes will be lost.	
		ок

b. Click Yes.

The time is discarded.

Using the Manual and Automatic Time Tracker Workflow



APPENDIX A: NOTICES

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