eClinicalWorks

QUICK-REFERENCE GUIDE FOR CHRONIC CARE MANAGEMENT SERVICES

Department of Business Analytics—April 2015

CONTENTS

Chronic Care Management Services

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 non-face-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:

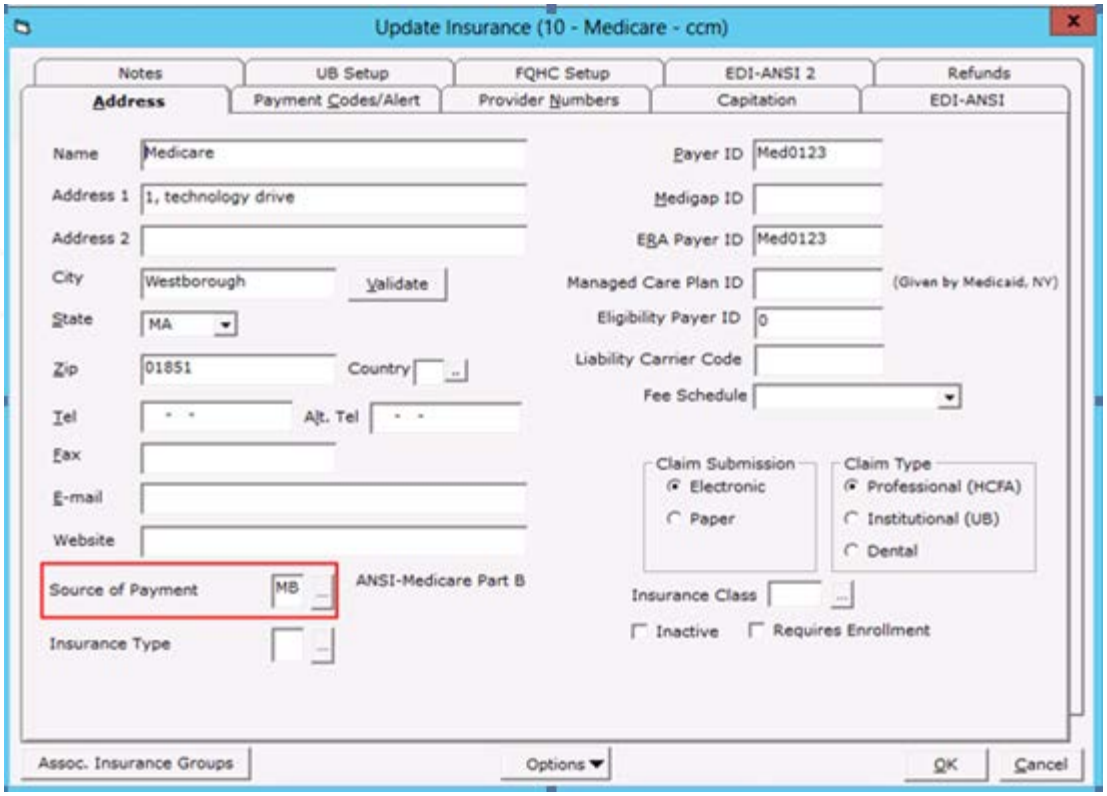
- Document of at least 20 minutes of clinical staff time for the calendar month
- Bill using CPT* code 99490
- Collect any deductible or co-pay from the patient if there is no supplemental insurance

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.

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:



PM Insurance Eligibility Schedule

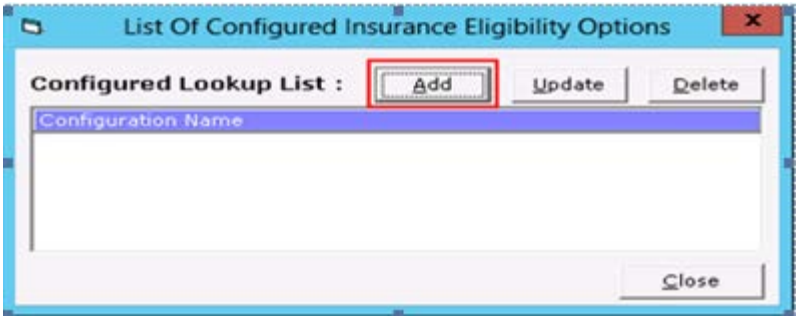
Activating insurance eligibility schedule is an optional configuration for CCM services that checks for patient insurance validity.

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.

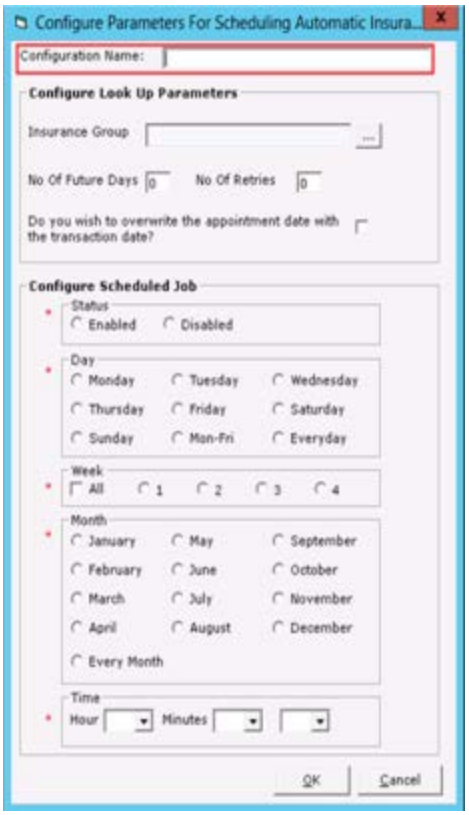
   The List of Configured Insurance Eligibility Options window opens.

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



The Configure Parameters window opens.

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



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

Field	Description
Insurance Group	Click *More (…)* 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

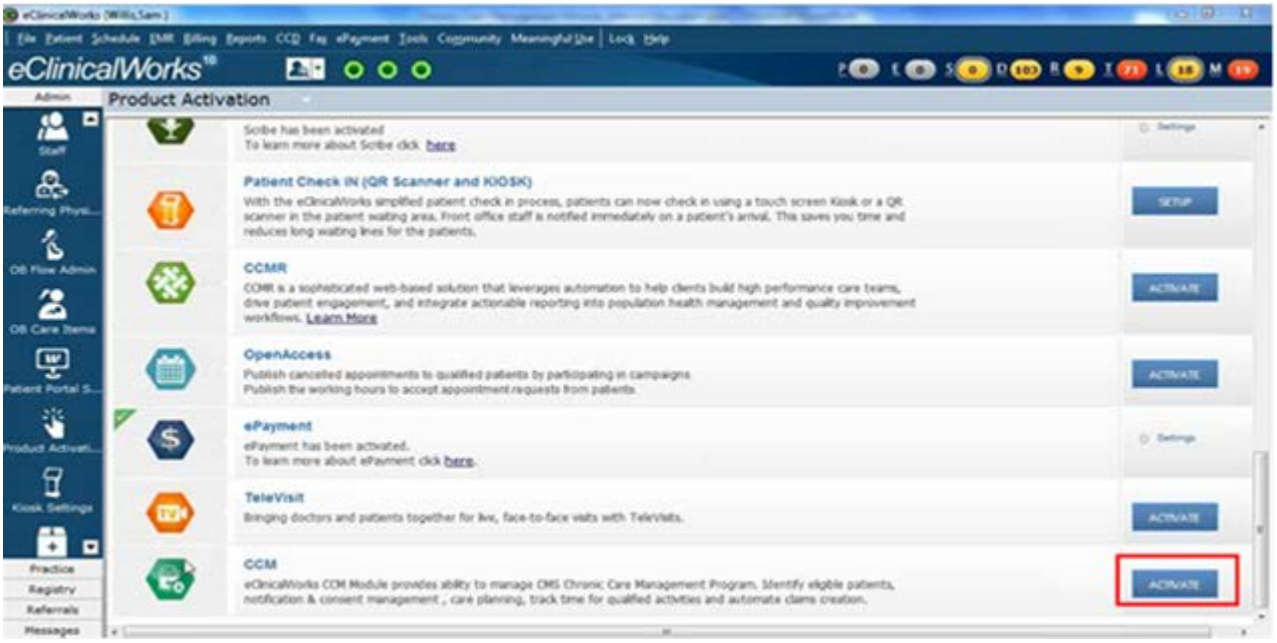
Activate CCM services from the Product Activation window.

To activate CCM services:

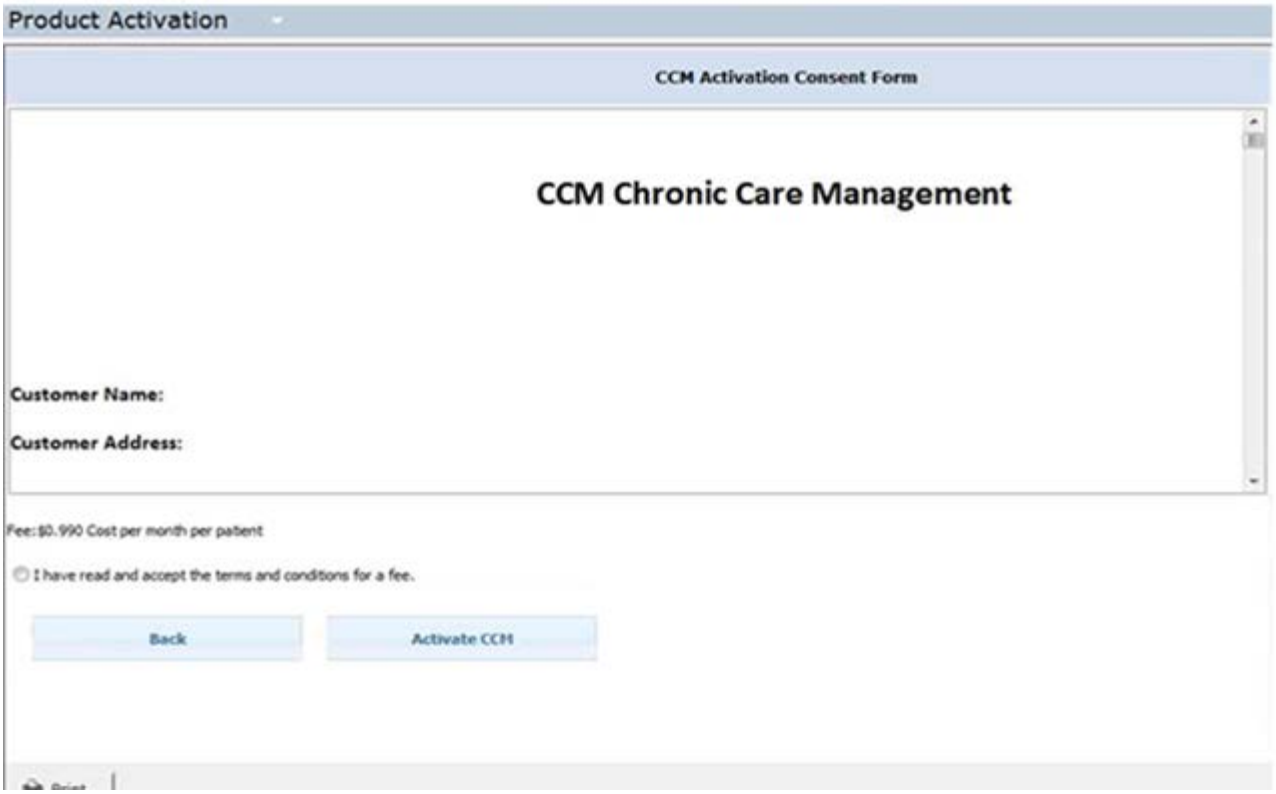
1. From the Admin band on the left navigation pane, click the *Product Activation* icon.

   The Product Activation window opens.

2. Click *Activate* next to CCM:

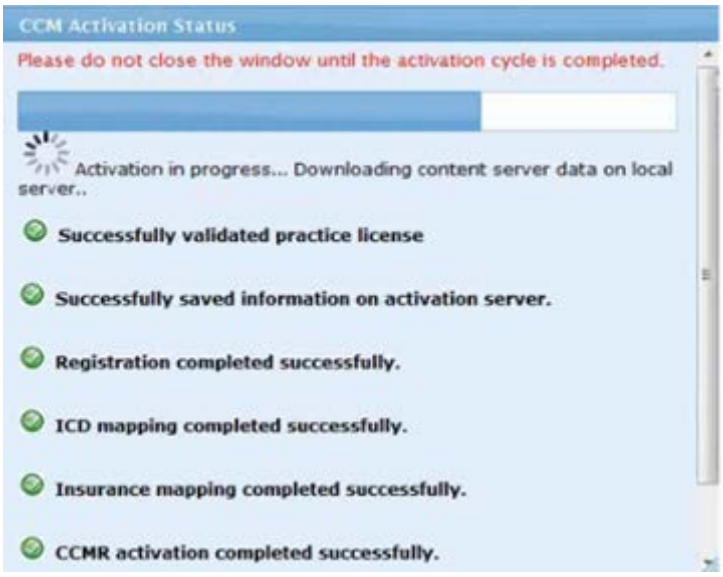


   The CCM Activation Consent Form displays:

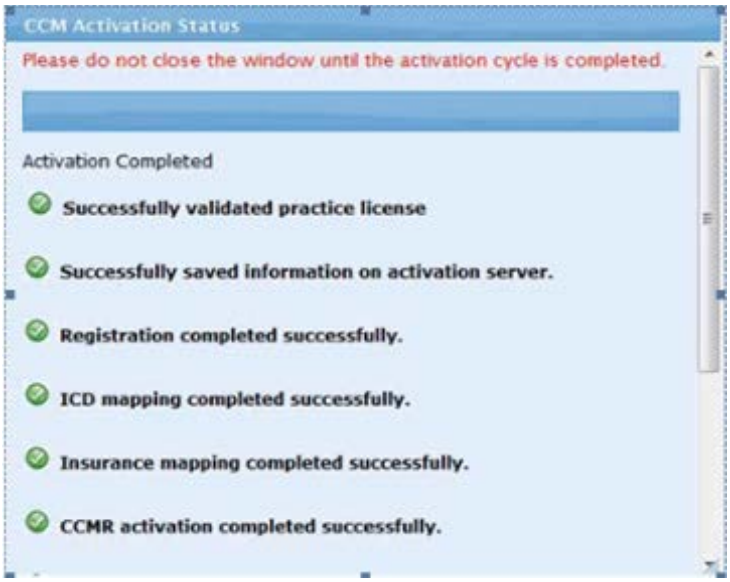


3. Select the radio button next to *I have read and accept the terms and conditions for a fee*.
4. Click *Activate CCM*.

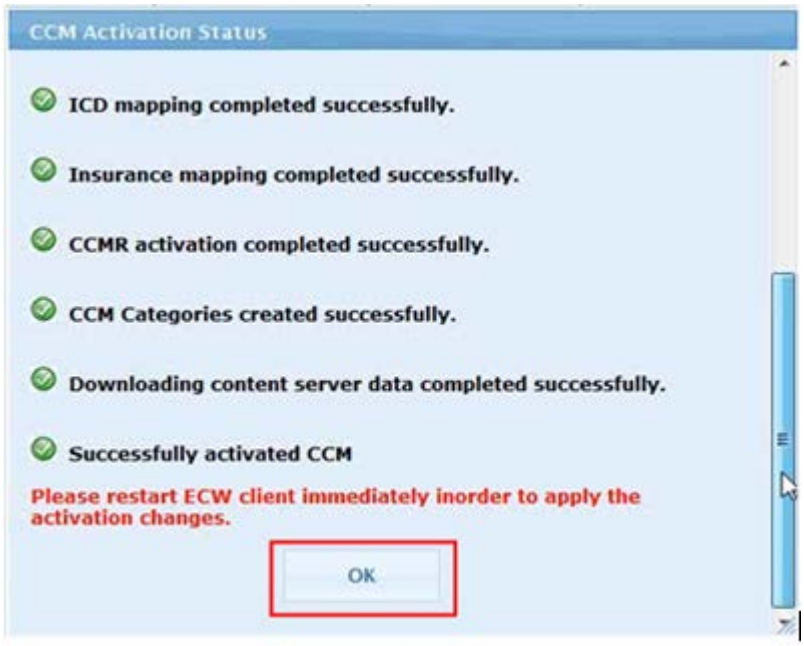
   The CCM Activation Status window opens:



   Activation is completed:



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



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

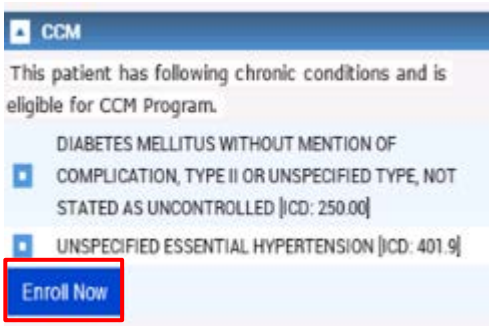
Providers or Medical Assistants can enroll a patient for CCM services from the Progress Notes window. Check patients for CCM services eligibility under Overview Tab of the Interactive Clinical Wizard (ICW).

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

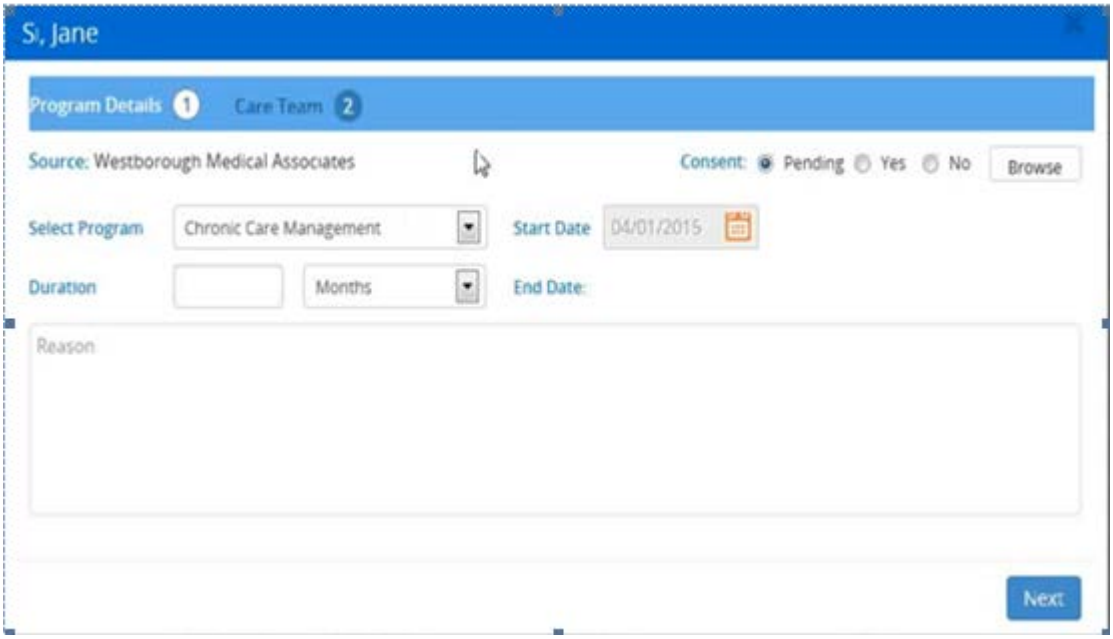
Note: If a provider or medical assistant enrolls a patient from the Interactive Clinical Wizard (ICW), the care coordinators must first educate patients on CCM services and obtain written consent.

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):



The Enrollment window opens:



2. To add a program:

a. Select a program from the Select Program drop-down list.

b. Select a start date.

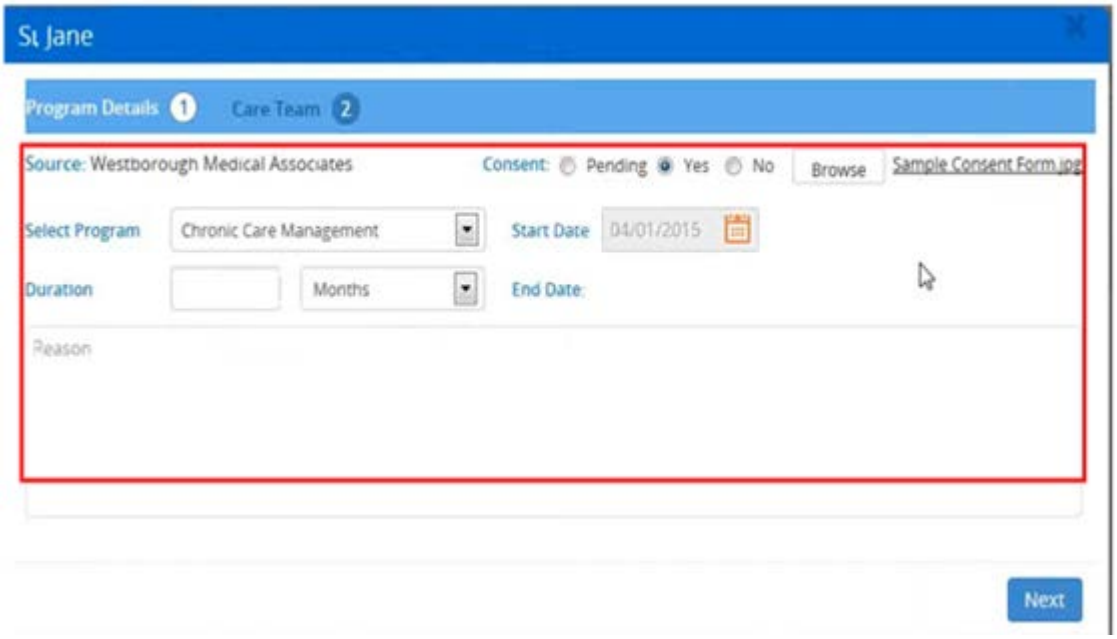
c. Enter the duration for the program.

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.

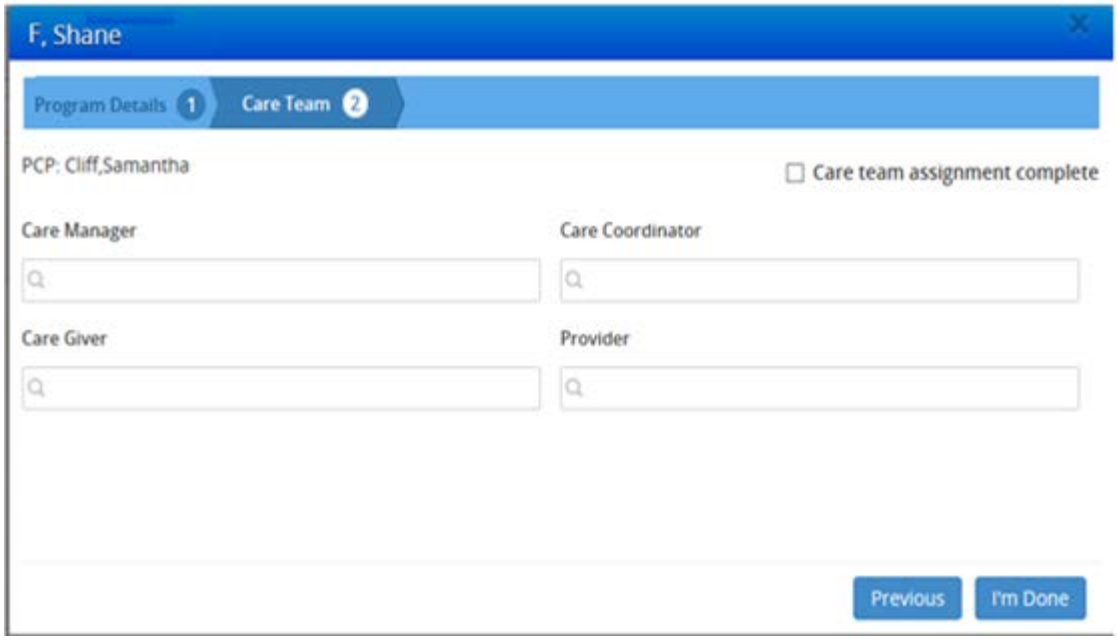
e. Click *Browse* to upload a file indicating consent from the patient.

f. Enter a reason:

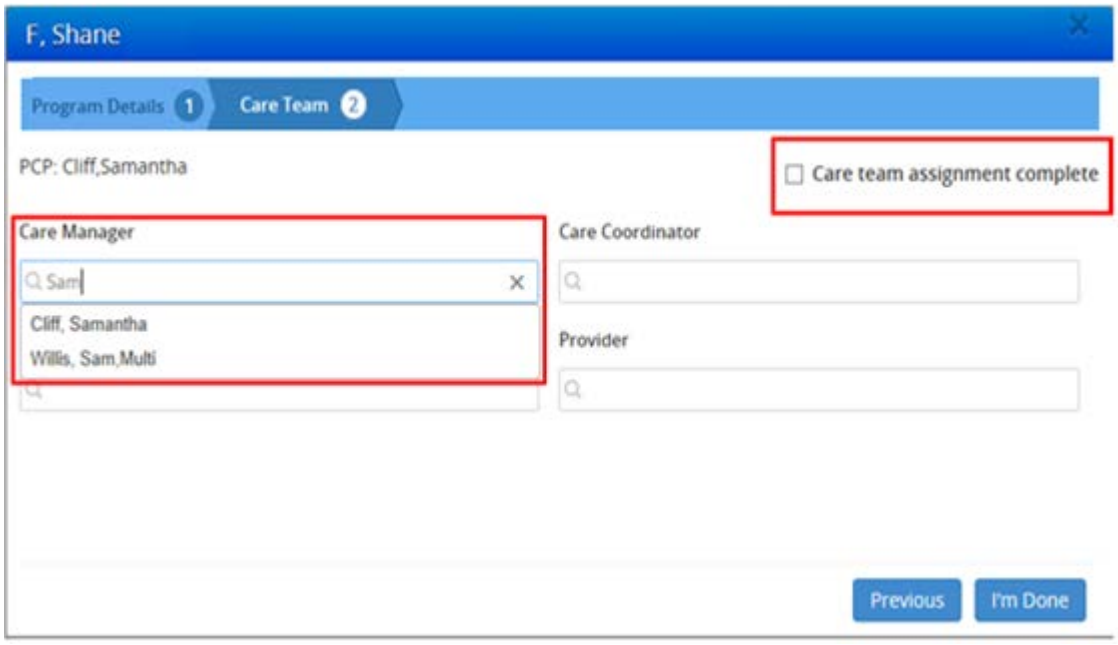


g. Click *Next*.

The Care Team window displays:



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

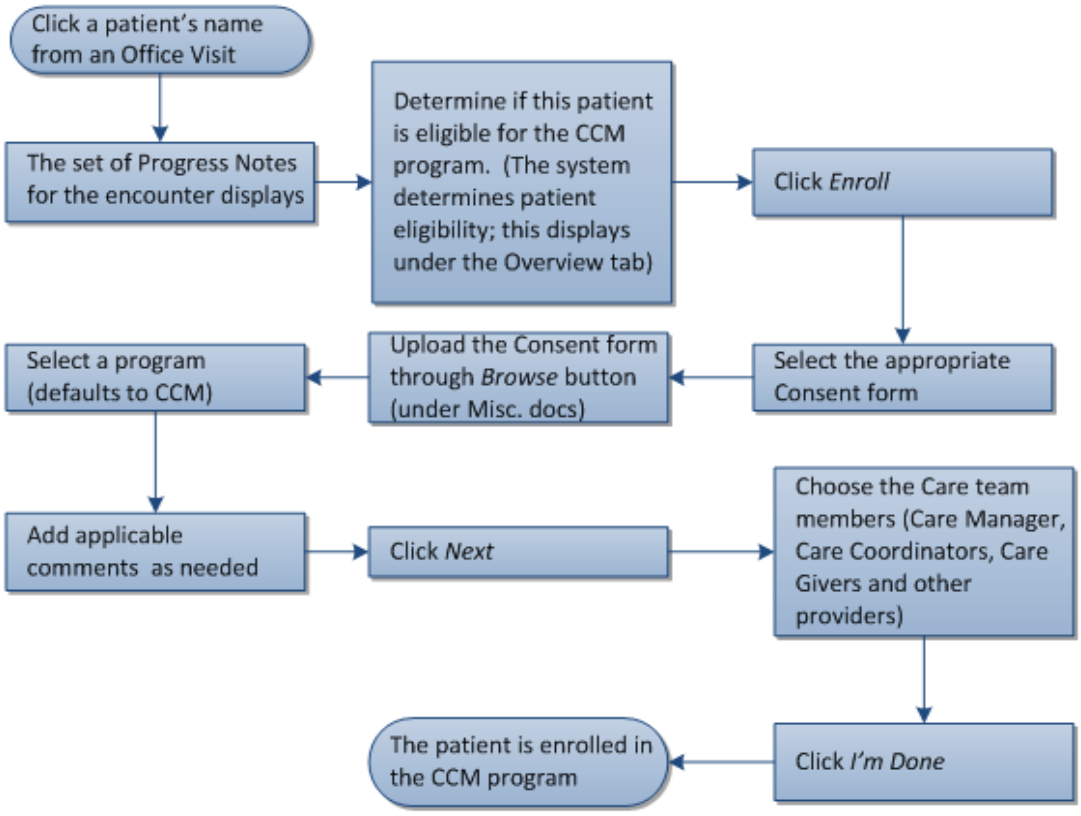


i. Check the box next to Care team assignment complete.

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

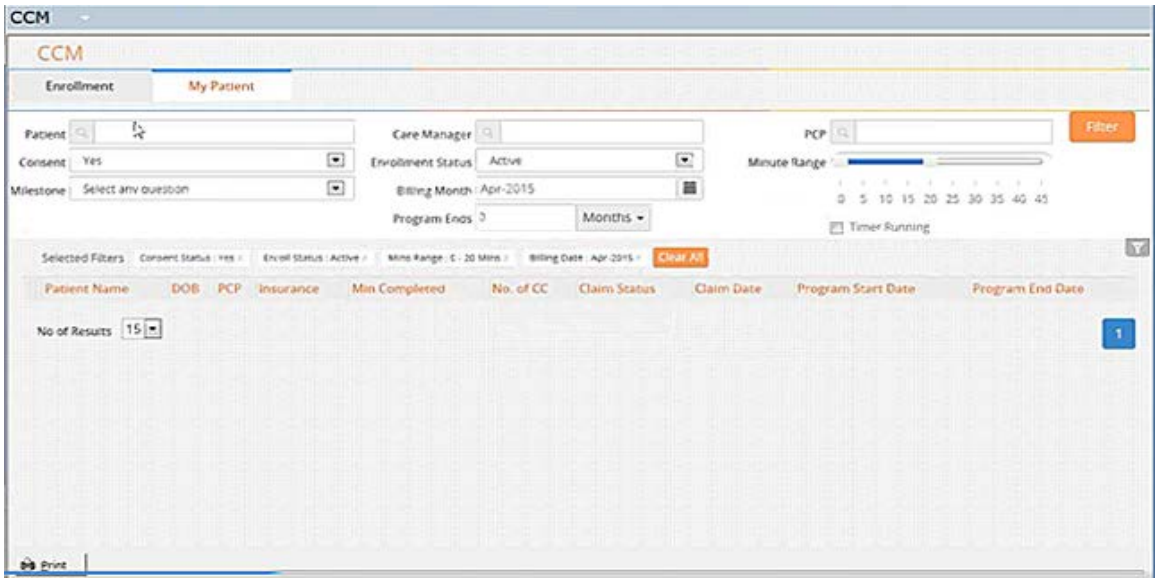
Eligible patients display on the Enrollment tab on the CCM window. Enroll patients for CCM services on the CCM window.

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:

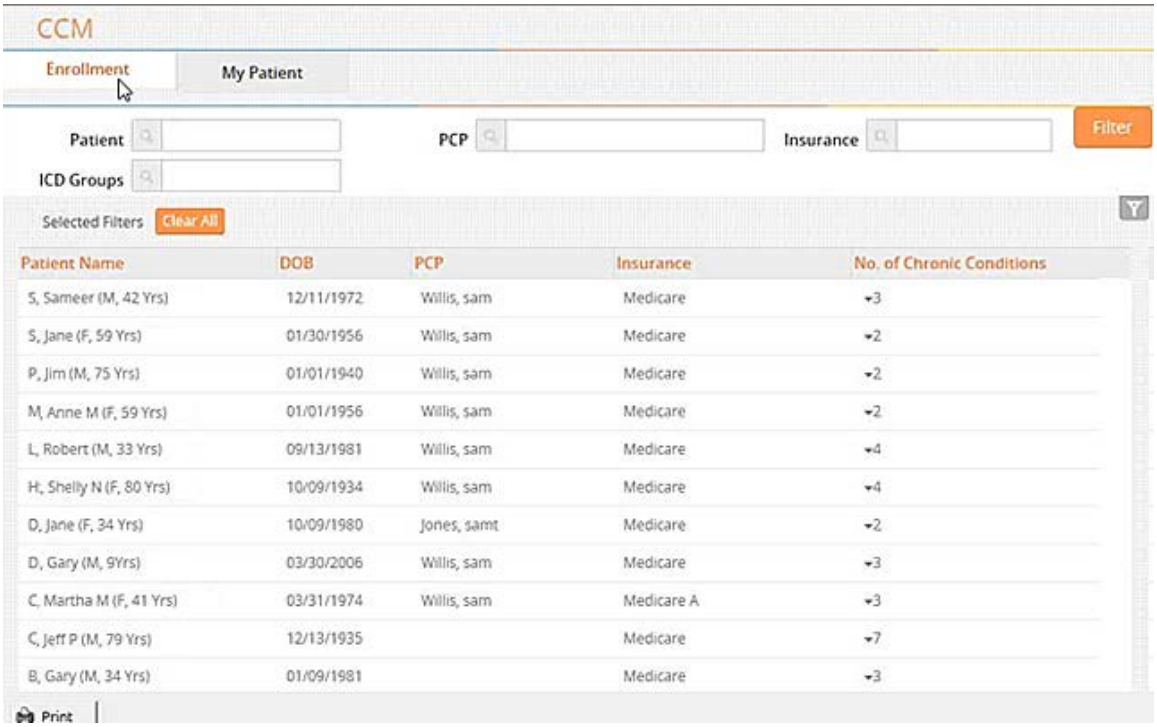
1. From the CCMR band on the left navigation pane, click the *CCM* icon:

The CCM window displays:



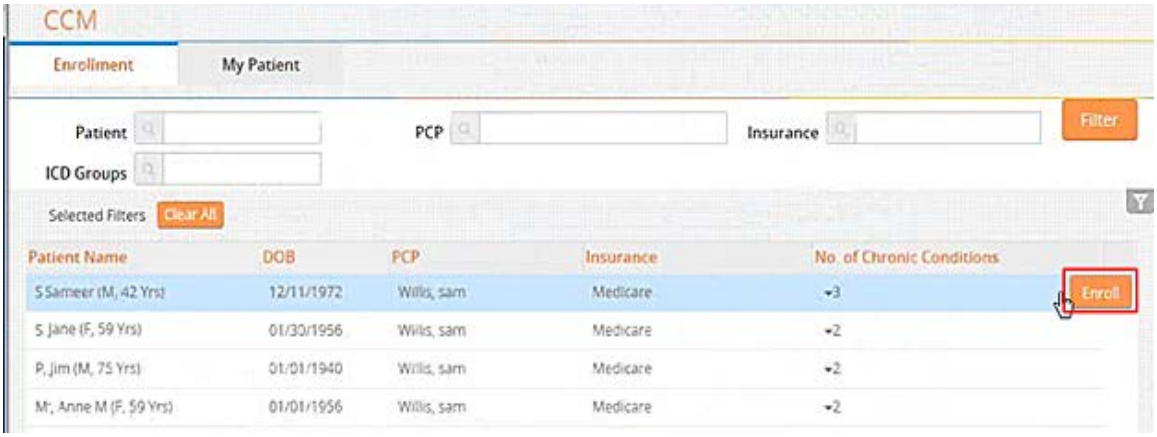
2. Click the *Enrollment* tab.

The Enrollment tab window displays:



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

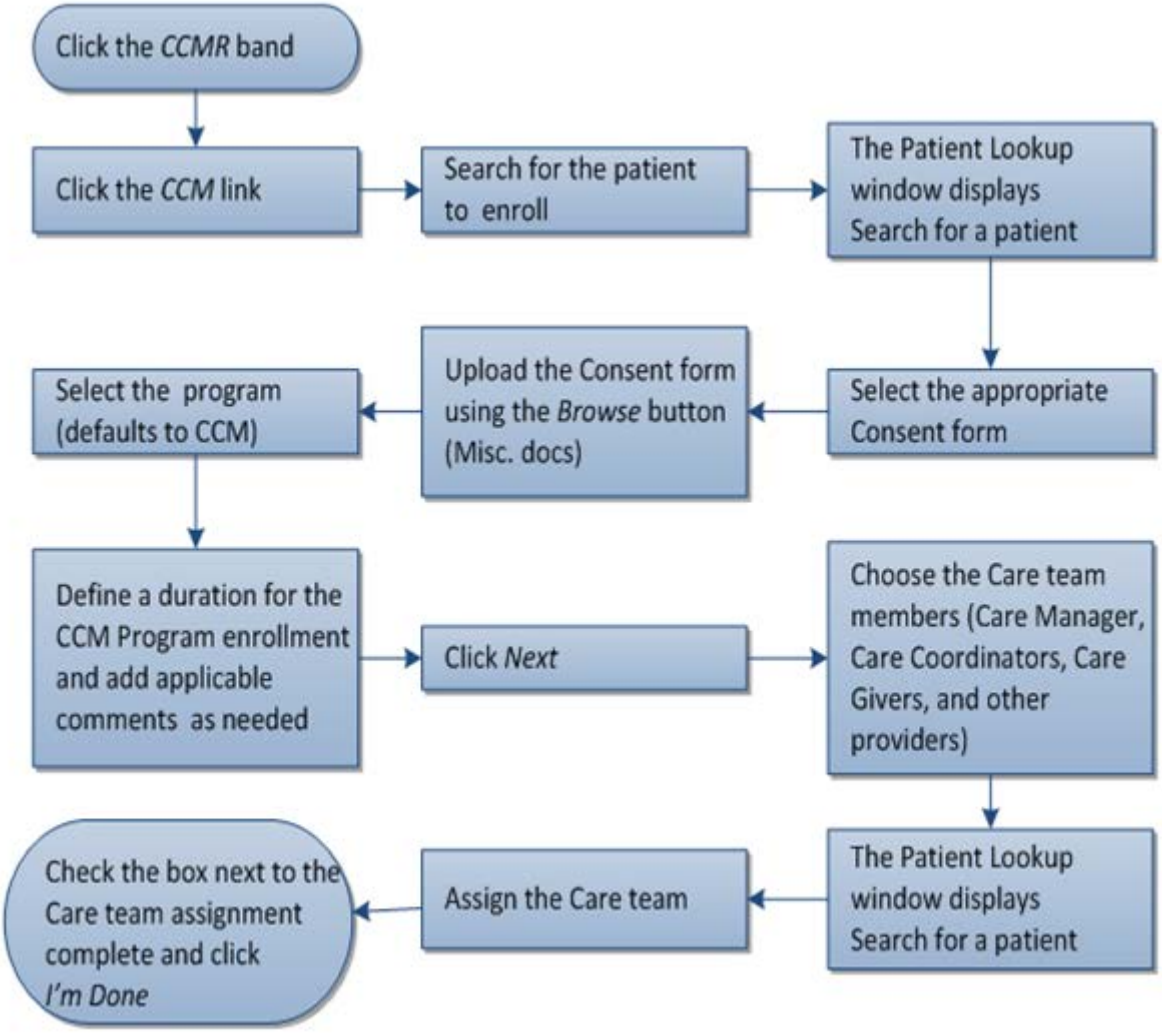
3. Point to a patient name on the Enrollment window, and click *Enroll:*



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.

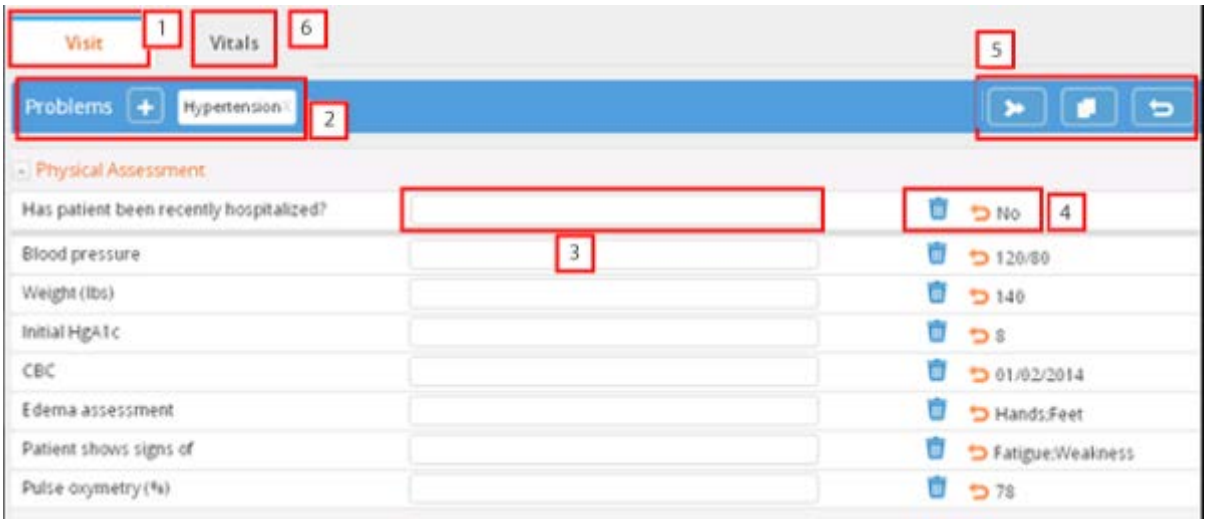
To document a Care Plan visit:

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

   The Care Plan window displays:

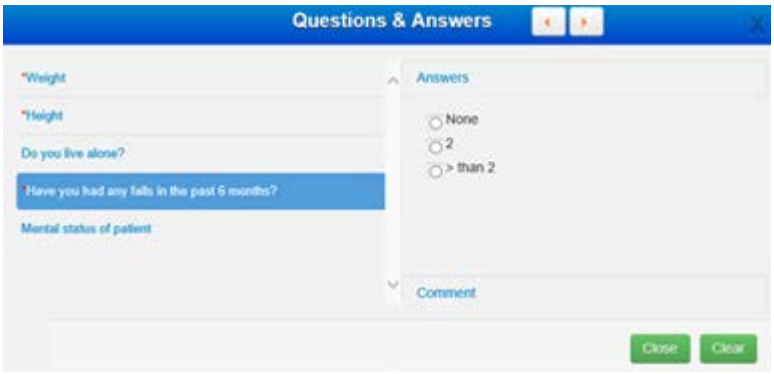
2. Check the box next to a problem/problems or All Problems, and then click *Add*.

The Problems window displays:



The following options are available on the Care Plan window:

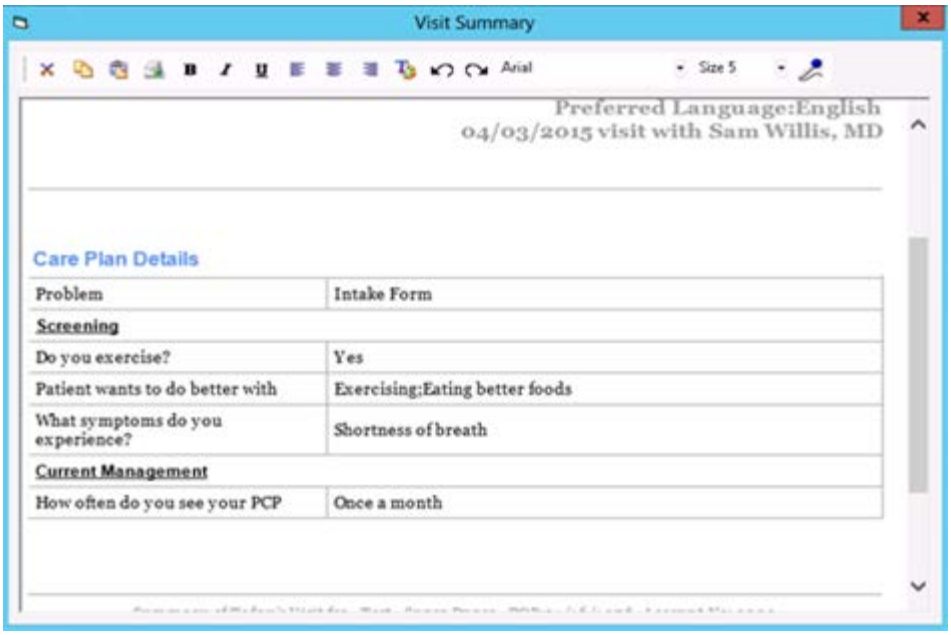
	Area	Description
1.	**Visit Tab**	Enter information on the Visit tab.
2.	**Templates**	The Problems associated with the care plan display. Click the *plus (+)* sign to add more problems.

	Area	Description
3.	**Text Box**	**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:  **2.** Click each question to display answers on the right-hand side. Select the options from the available list. Based on the item type selected on the health risk assessment 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	Description
5.	**Merge Defaults, Copy Defaults, Copy Encounter**	▪ Merge Defaults - Click *Merge Defaults* to merge values set as default in Admin ▪ Copy Defaults - Click *Copy Defaults* to replace the current observations with observations from values set as default in Admin ▪ Copy Encounter - Click *Copy Encounter* to add observations from previous encounters **To copy an encounter:** **1.** On the Visit window, click *Copy Encounter*:  The Previous Encounters window opens:  **2.** Select a radio button next to a previous encounter. **3.** Click *OK*. The observations are added.

	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:  **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 *OK.* **7.** Click *Save*. Vitals are added.
7.	**Save or Cancel**	Click the *Save* 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:



CCM Services Documentation

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

CCM services documentation includes:

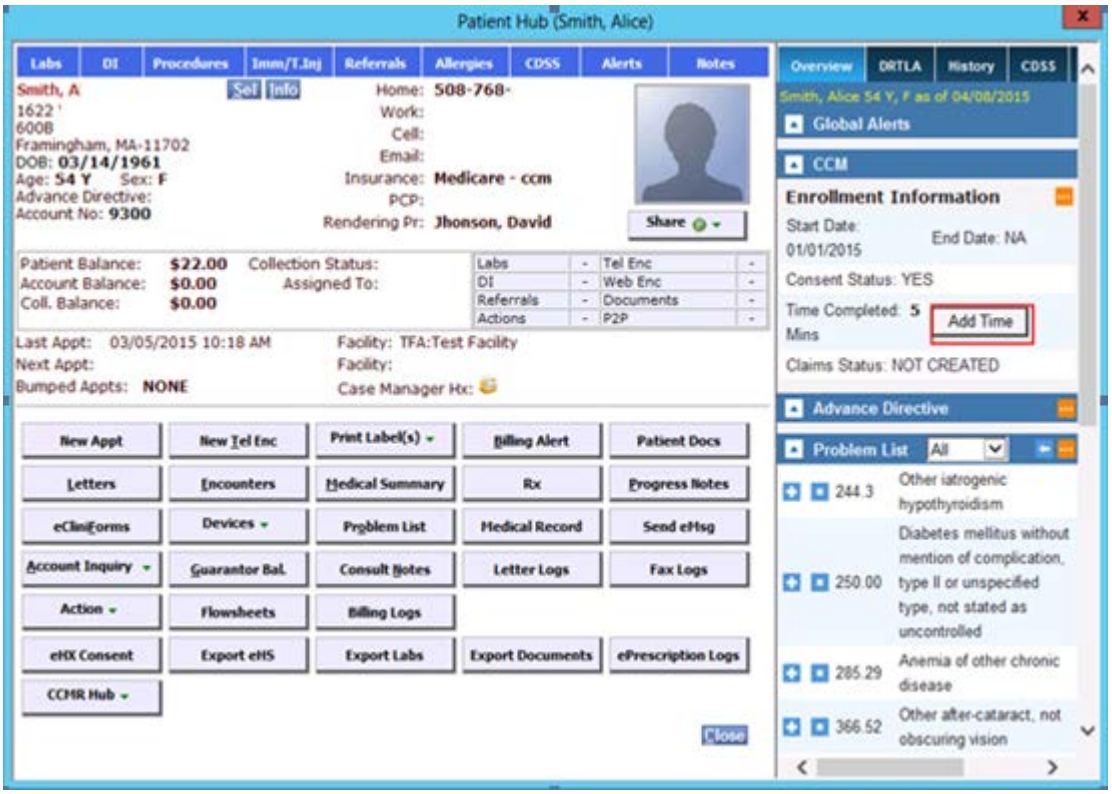
- Documenting patient consent.
- Indicating if the patient declines to participate, or if the patient is participating elsewhere, the name of the practice.
- Documenting 20 minutes of non-face-to-face clinical staff time. Each practice should develop its own consistent system of documentation based on 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)

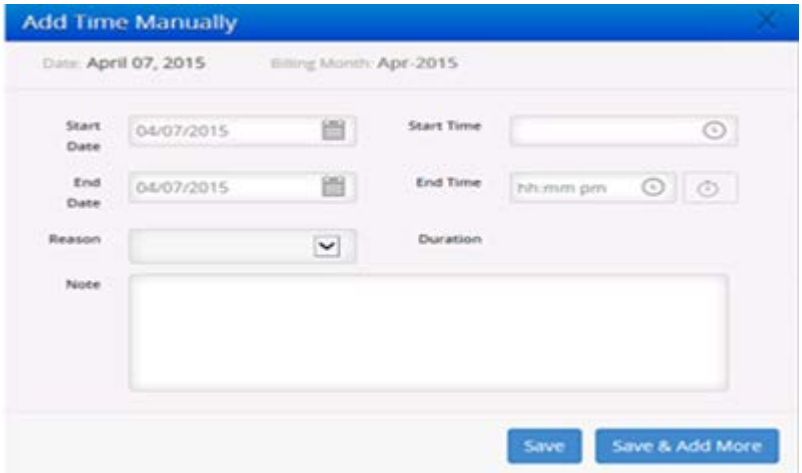
Add time manually from the Interactive Clinical Wizard (ICW).

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:*



The Add Time Manually window opens:

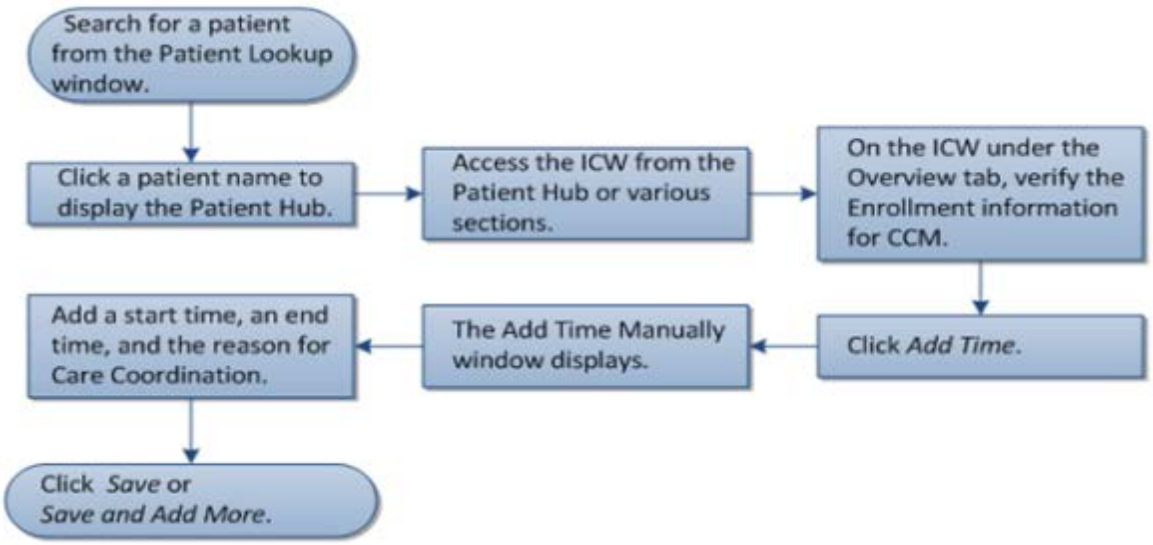


2. Enter a start time next to the Start Time box.
3. Enter an end time next to the End Time box.
4. Select a Reason from the Reason drop-down list.
5. Enter notes in the Note box.
6. Click *Save* or *Save & Add More* to add more time.

   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



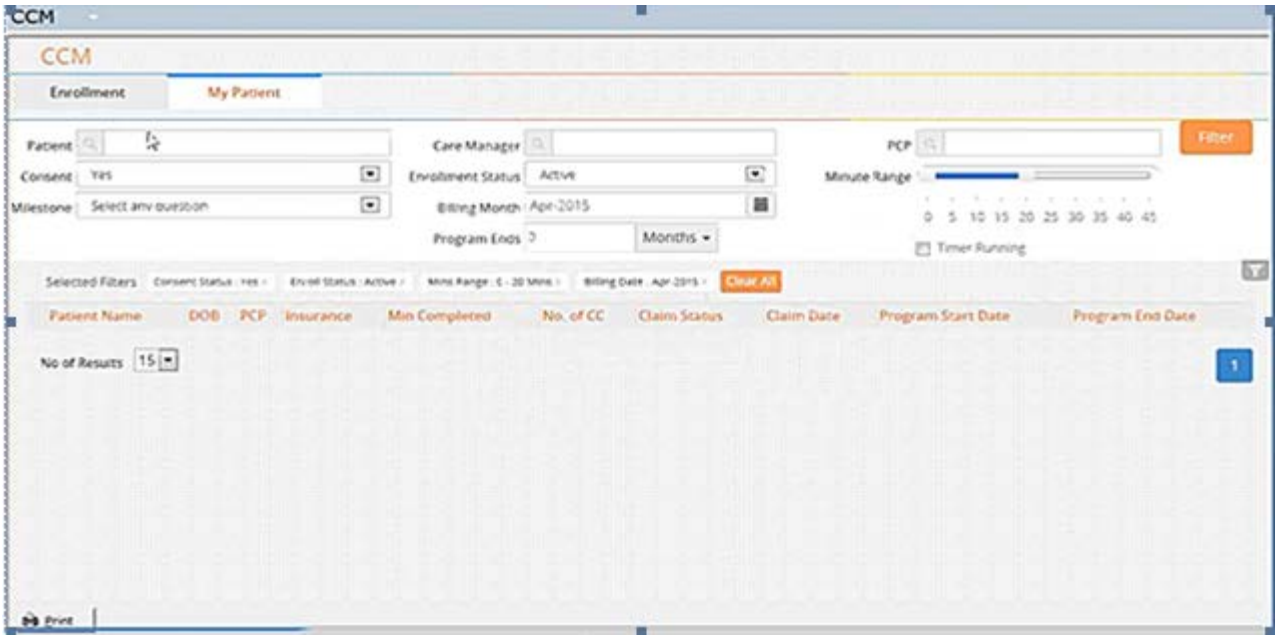
Add Time from the CCM Tab

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

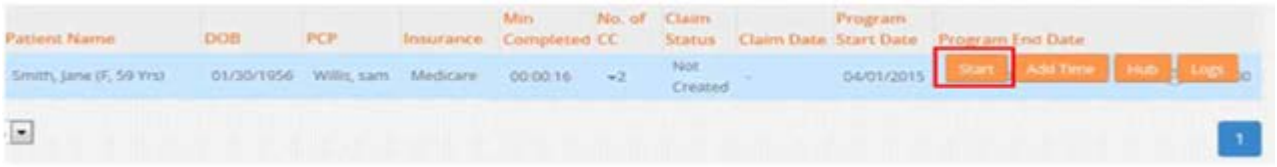
To add time from the CCM tab:

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

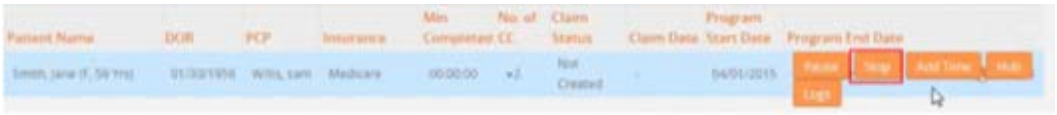
The CCM window displays:



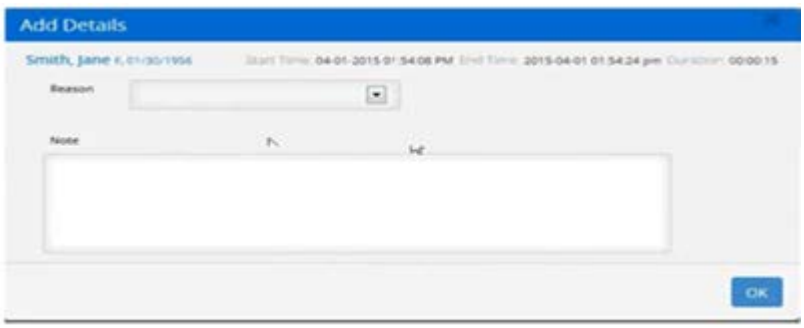
2. Select the patient to be timed and click *Start* to activate the auto clock:



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:



The Add Details window opens:



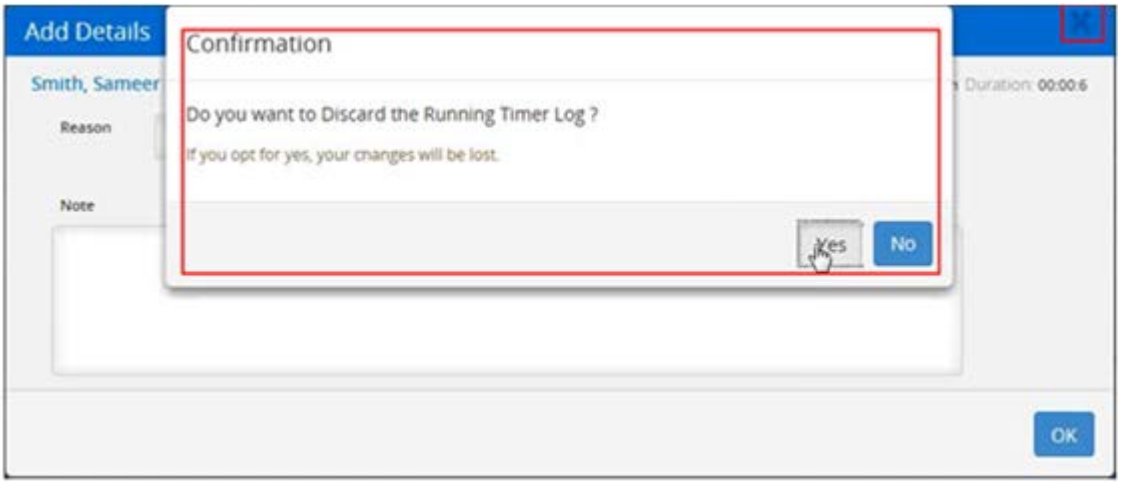
5. Document the reason for Care Coordination and click *Save.*

   The time is documented.

6. *(Optional)* To discard a time:

   a. Click the blue X on the Add Details window.

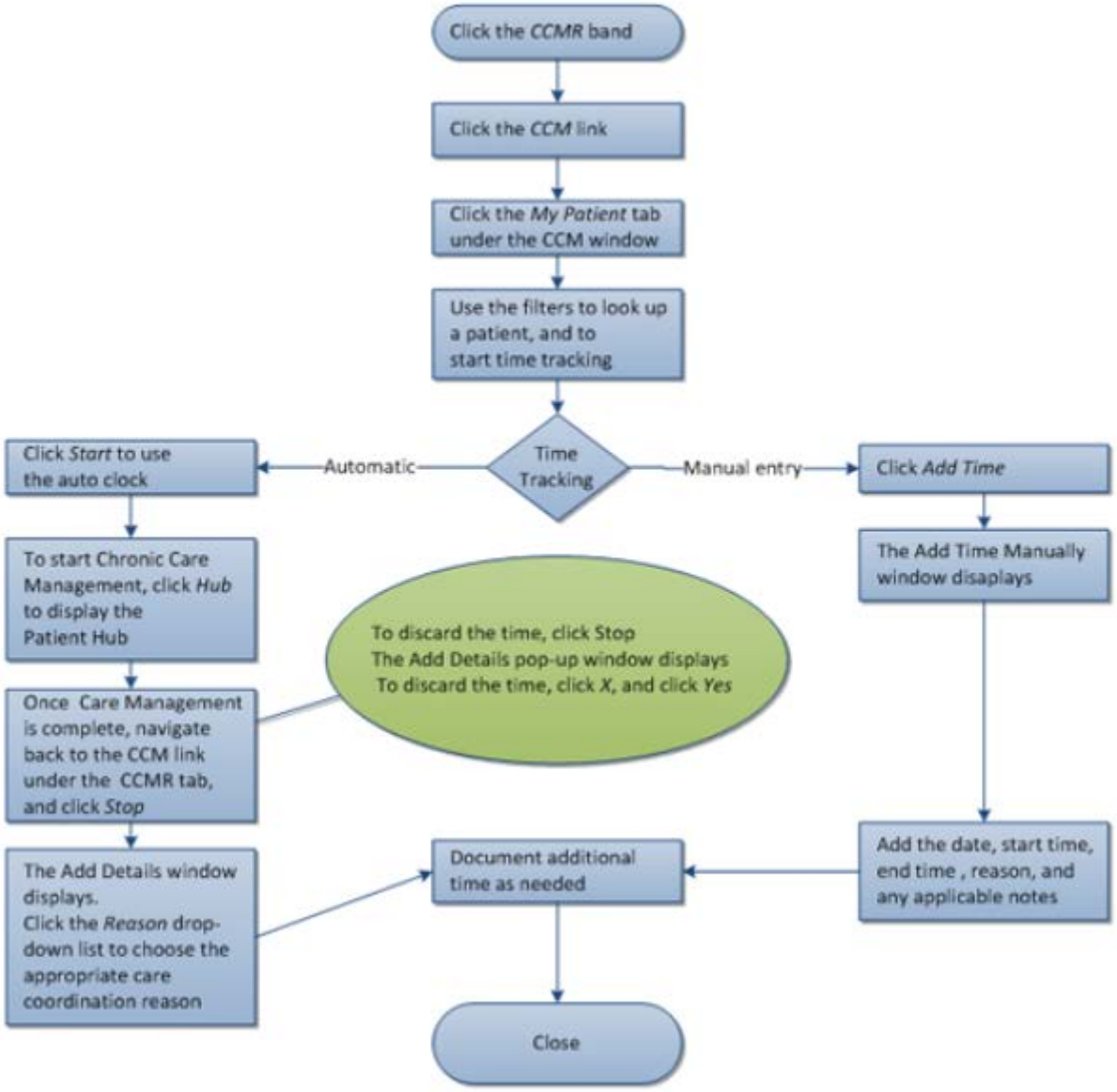
      A confirmation window opens:



   b. Click *Yes.*

      The time is discarded.

Using the Manual and Automatic Time Tracker Workflow



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