



Medication Safety LAN Event: Unanswered Questions

Medication Safety Learning & Action Network Event: *What Can Chronic Care Management Do For You?*

Wednesday, July 12, 2017, 3:00-4:30pm ET

The answers below were provided by Michelle Thomas with Chickahominy Family Practice.

QUESTION	ANSWER
Which EMR's are others using for CCM? Is it working well?	We use Nextgen EHR. We had to custom-design the templates for this because none were available.
Is there a link to a suggested business model to initiate CCM with a physician's office, or with a team?	The American College of Physicians has a great toolkit available online.
How do you keep current phone numbers and do you have permission to reach thru family members if unable to locate patient? What %age uses Facebook or email?	We use patient contact information from the EHR. We also have an Excel spreadsheet to keep track of things like the date we are due to call the patient and who the patient wants us to speak with when we call. The data is on a secure served. When enrolling patients, we ask them who they would like us to speak with. Anyone the patient designates for the call must be on the patient's HIPPA release form. We take care of this when enrolling them. We use secure messaging through our patient portal, embedded in our EHR. We have a low percentage of patients who use the portal, but portal communication for CCM is an option if they wish.
Is there a limit to how much time you spend or how frequently you can call the patient?	CCM coverage includes a minimum of 20 minutes of non-face-to-face encounter time in order to bill for the month. It can be in multiple contacts or in just one. My understanding is that beyond the 20 minutes, you can only bill more time if it adds up to 60 or more minutes. This would be appropriate if significant changes were made in the care plan or if a new care plan is being set up. I am not aware of any limits on the time spent, but it is in 30-minute increments. Each month you can submit only one total bill. Our program is set up to predictably call (or portal message back and forth) the patient once per month. We spend a minimum of 20 minutes (excluding administrative/documentation time). If we do not spend the 20 minutes, we do not bill that month.



Is there an end point for CCM or a maximum time frame for this service?	Patient consent is done one time and they continue in the program indefinitely after that. The patient must be notified that they can withdraw from the service at any time if they choose to. Some of the reasons we have discontinued the program are: <ul style="list-style-type: none">• Patient's condition improved and calls were no longer necessary;• Patient's insurance changed and the service was no longer covered, so they opted not to continue;• Patient moved to an assisted living facility where on site assistance with medications and care were provided (still seen by our providers, but service less necessary); and• Patient was transitioned to palliative care with most medications and monitoring stopped.
Are CPC+ plus practices excluded from CCM services?	Please refer to the CCM mailbox: CCM@cms.hhs.gov
Is the process for CCM/CCM billing any different for rural health clinics?	Please refer to the CCM mailbox: CCM@cms.hhs.gov

ADDITIONAL QUESTIONS?

Questions for the QIN NCC can be submitted here:

<https://app.smartsheet.com/b/form?EQBCT=04363d33214d4d7584c8712f3d210680>.