

Chronic Care Management (CCM) Checklist for Patient Consent (For Healthcare Providers)



Through CCM services, CMS pays for non-face-to-face care coordination services furnished to Medicare beneficiaries who reside in the community setting that meet the following requirements: ^{1,2}

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline; and
- Comprehensive care plan established, implemented, revised, or monitored.¹

Patient Name: _____

Patient's Primary Provider: _____

Consent can be given verbally or in writing by the patient. Consent must be obtained from the patient before providing or billing for CCM, but it **does not** have to be obtained during the annual wellness visit (AWV), evaluation and management (E/M), initial preventative physical evaluation (IPPE), or transitional care management (TCM) visit. Patient or caregiver consent can be obtained at a later date as long as the provider discusses CCM with the patient during one of these visits or via telephone if the patient has seen the provider during the past year.

| REQUIRED INFORMATION FOR PATIENT CONSENT | | |
|--|----------------------------------|---------------------------------|
| ITEMS FOR DISCUSSION | CHECK WHEN COMPLETE | |
| What is CCM | <input type="checkbox"/> | |
| How to access elements of CCM | <input type="checkbox"/> | |
| How patient's information will be shared among practitioners | <input type="checkbox"/> | |
| How cost-sharing applies to the service* | <input type="checkbox"/> | |
| Only one practitioner can provide the service per month | <input type="checkbox"/> | |
| How to stop service | <input type="checkbox"/> | |
| Patient/Caregiver agrees to CCM services (if yes, answer below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How patient agreed to CCM services | <input type="checkbox"/> Written | <input type="checkbox"/> Verbal |

* The patient is obligated to make a 20% copayment for CCM services (~\$8-\$20/ month). Some of this payment may be addressed by coinsurance (e.g., Medicaid for dual eligible beneficiaries or Medigap) and will not be required for the majority of dual eligibles. Although CCM will cost an additional fee it may help avoid the need for more costly face-to-face services in the future.

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For consent to be in compliance with CCM requirements, it must be documented in the patient's EHR that the topics in the chart above were discussed with the patient and the patient agrees to receive CCM service.

Consent need only be obtained **once for each patient** (i.e., consent does not need to be obtained each year).

PERSON COLLECTING CONSENT

Signature: _____

Printed Name: _____

Date: _____

REFERENCES

1. Medicare Learning Network. *Chronic Care Management Services*. Centers for Medicare and Medicaid Services, Dec. 2016, www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf. Accessed Dec. 2016.
2. *Frequently Asked Questions about Physician Billing for Chronic Care Management Services*. Centers for Medicare and Medicaid Services, 18 Jan. 2017, www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Payment_for_CCM_Services_FAQ.pdf. Accessed 25 Jan. 2017.

