

# NORTH DALLAS INTERNAL MEDICINE

JEB S. MIERS, M.D.

*DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE*

---

## Chronic Care Management Agreement

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. .Aroundtwo 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**

# NORTH DALLAS INTERNAL MEDICINE

JEB S. MIERS, M.D.

DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE

---

**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.

# NORTH DALLAS INTERNAL MEDICINE

JEB S. MIERS, M.D.

DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE

## CCM Informed Consent Form

You are eligible for a new Medicare program that enables us to provide you with around-the-clock service to oversee your chronic conditions and improve your overall wellness. Chronic conditions are ongoing medical problems like diabetes, high blood pressure, heart disease, depression, osteoporosis, and many others. These conditions must be managed effectively in partnership between the healthcare team and patient to maintain the best possible overall health and wellness.

### What are the benefits of signing up for Chronic Care Management Services?

- Coordinate visits with your doctors, facilities, labs, radiology, or others
- Provide access to around-the-clock (24/7) services from your care team
- Assist with management of medications
- Provide a personalized and comprehensive care plan management
- Assist with scheduling preventive care services, many of which are covered by Medicare

**Note:** You must sign an agreement to receive this type of chronic care management services.

### What do you need to know before signing up?

Medicare will allow us to bill approximately \$42 for these services during any month that we have provided at least 20 minutes of non-face-to-face chronic care management services. Medicare will reimburse us approximately \$32 and requires you to pay approximately \$8 to \$9 (your Medicare co-insurance amount) each month that you receive at least 20 minutes of chronic care management. Our office will have the record of when and how the 20 minutes were spent, if you ever have questions.

Our practice is compliant with HIPAA and all laws related to the privacy and security of Protected Health Information (PHI). As a part of this program, your PHI may be shared between care givers directly involved with your health.

### You have a right to:

Discontinue this service at any time for any reason. Because your signature is required to end your chronic care management services, please ask any of our staff members for the CCM termination form. The provider will continue providing CCM services until the end of the month and may bill Medicare for those services. After the end of the month, the provider will discontinue CCM services and no longer bill for those services to Medicare.

**Note:** Only one physician can bill for this service for you. Please let your physician or our staff know if you have entered into a similar agreement with another physician/practice.

Our goal is to make sure you get the best care possible from everyone that is involved with your health.

I agree to participate in the Chronic Care Management program. Yes \_\_\_ No \_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_