CCM Improvement Cohort Session 3

Homework Review from Last Time

1. Submit one completed care plan for review, ensuring no Protected Health Information (PHI) is included.
2. Develop or refine a front desk workflow process for capturing Chronic Care Management (CCM) consents.
3. Determine your total Medicare/MAP patient population. Analyze your clinic census to identify how many of these patients visit your clinic monthly.
4. Prepare questions for the upcoming open office hour.

Chronic Care Management (CCM) Responsibilities by Role

A comprehensive guide to understanding each team member's critical role in delivering successful Chronic Care Management services. From clinical oversight to administrative support, every position contributes to improved patient outcomes and program success.

Building a Successful CCM Program

Clear Role Definition	Comprehensive Training	Regular Performance Review
Every team member understands their specific CCM responsibilities and how they contribute to program success	Ongoing education ensures staff competency in CCM regulations, documentation, and patient engagement best practices	Monthly assessment of key metrics, patient feedback, and program outcomes drives continuous improvement

Success in CCM requires coordinated effort across all team members, from initial patient introduction through ongoing care management and accurate billing. When each role functions effectively, patients receive enhanced care coordination, providers see improved outcomes, and clinics generate sustainable revenue from these valuable services.

Remember: CCM is not just about billing - it's about transforming how your practice delivers comprehensive, coordinated care that keeps patients healthier between visits and reduces costly emergency interventions.

The CCM Team Structure

CCM Manager

Operations & Oversight

- Program compliance
- Staff management
- Performance tracking

Care Manager

Direct Patient Care

- Monthly patient touches (e.g., chart reviews or calls)
- Care plan development
- Care coordination

Provider

Clinical Leadership

- Medical oversight
- Care plan approval
- Patient enrollment

Front Desk

Patient Introduction

- Program introduction
- Consent collection
- Eligibility verification

Billers/Coders

Revenue Cycle

- Accurate coding
- Claims submission
- Denial prevention

Each role has distinct responsibilities that work together to create a seamless CCM program experience for patients while ensuring compliance and optimal revenue capture.

CCM Manager: Program Operations & Strategic Oversight

The CCM Manager serves as the operational backbone of your Chronic Care Management program. This role ensures seamless program implementation while maintaining regulatory compliance and optimal resource allocation.

01

Program Oversight

Ensuring effective CCM program implementation that meets all regulatory requirements and quality standards

02

Staff Management

Hiring, training, and assigning care managers while monitoring workload balance across clinics

03

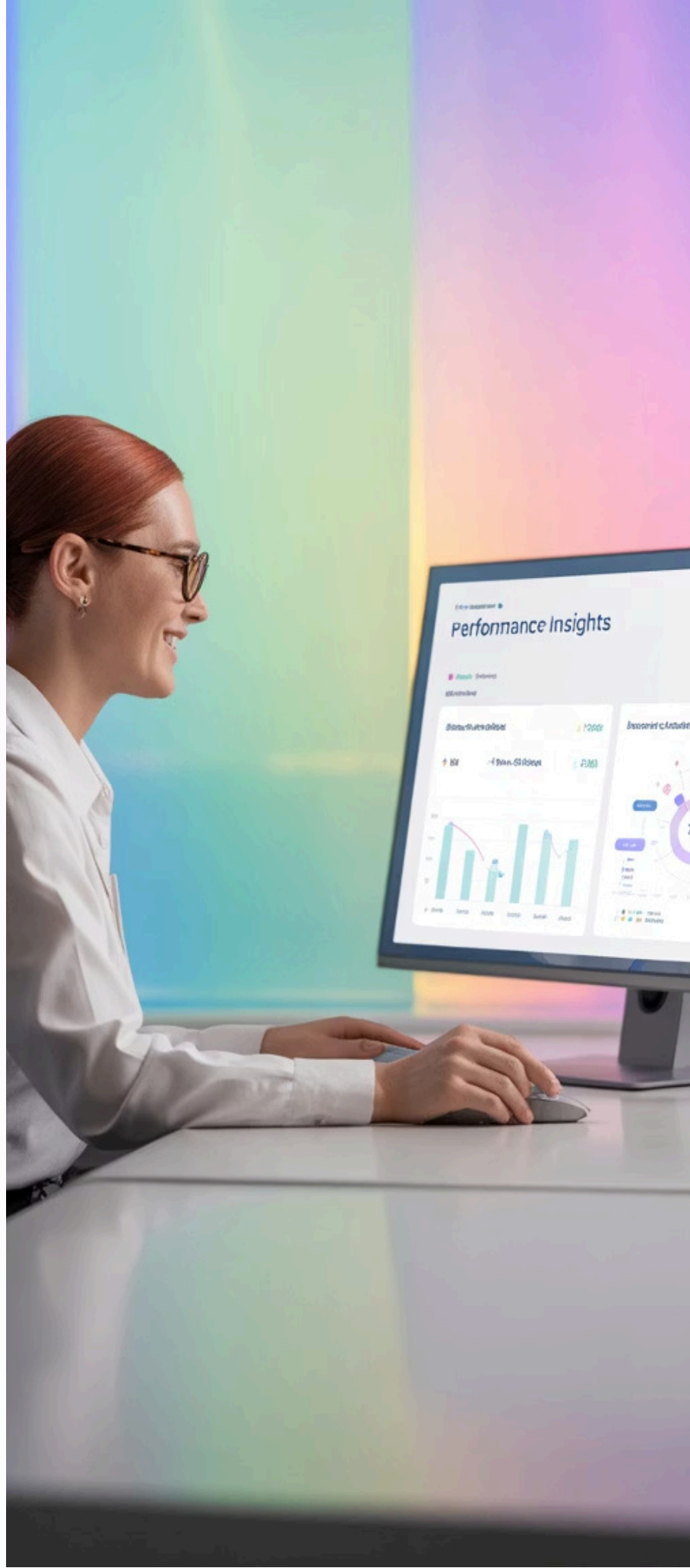
Compliance & Documentation

Overseeing documentation processes to ensure Medicare billing requirements are consistently met

04

Performance Analytics

Tracking key metrics including patient enrollment, engagement rates, and revenue generation



Care Manager: The Heart of Patient Engagement

Direct Patient Care

Care managers, typically RNs, LPNs, or MAs, provide the essential human connection in CCM programs. They conduct regular non-face-to-face interactions that keep patients engaged with their healthcare between office visits.

Key Daily Activities:

- Structured monthly touches on CCM patients (e.g., chart reviews, phone calls, etc.)
- Care plan development and ongoing updates
- Coordination with specialists and other providers
- Patient education and self-management support
- Comprehensive documentation for billing compliance

The care manager role requires excellent communication skills, clinical knowledge, and attention to detail. These professionals bridge the gap between patients and providers, ensuring continuous care coordination that improves health outcomes and reduces hospital readmissions.

Provider Responsibilities: Clinical Leadership in CCM

1

Care Plan Approval

Reviewing and signing off on comprehensive care plans developed by care managers to ensure clinical appropriateness

2

Medical Decision-Making

Providing clinical guidance on medication management, treatment adjustments, and specialist referrals as needed

3

Patient Enrollment

Proactively discussing CCM benefits with eligible patients and encouraging program participation during visits

Providers maintain clinical oversight while ensuring CCM services align with each patient's overall treatment strategy. Their involvement validates the program's medical value and encourages patient participation through trusted physician recommendations.

Front Desk: The First CCM Touchpoint

Program Introduction

Mentioning CCM to eligible patients during check-in and providing informational brochures when available

Consent Management

Distributing CCM consent forms, answering basic questions, and ensuring proper documentation collection

Eligibility Verification

Confirming Medicare coverage and updating patient contact information to facilitate monthly CCM calls

Front desk staff serve as CCM ambassadors, creating positive first impressions and reinforcing provider recommendations. Their administrative support ensures smooth enrollment processes and accurate patient information for successful program delivery.

Biller/Coder: Ensuring Accurate Revenue Capture

CCM Eligibility Verification

Confirming Medicare coverage and ensuring patients meet CCM criteria with two or more qualifying chronic conditions expected to last 12+ months

Claims Management

Submitting claims to insurance providers, tracking status, and investigating denials or underpayments for resolution

1 2 3 4

Accurate Coding

Applying correct CPT codes for CCM services while ensuring proper ICD-10 diagnosis code combinations follow CMS guidelines

Revenue Reconciliation

Monitoring payments against expected revenue, appealing underpayments, and resubmitting claims when necessary

Billing accuracy directly impacts CCM program profitability and sustainability. Proper coding and claims management ensure your clinic receives appropriate reimbursement for the valuable care coordination services provided to patients.

Seamless Billing: Fostering Collaboration with Billing & Coding Teams

Proactive and clear communication between care managers and billing/coding staff is paramount for a successful CCM program. Establishing strong relationships ensures accurate billing practices and prevents significant revenue loss by catching issues early.

Open Communication

Implement structured channels for care managers and billers to regularly discuss patient cases and documentation, fostering mutual understanding.

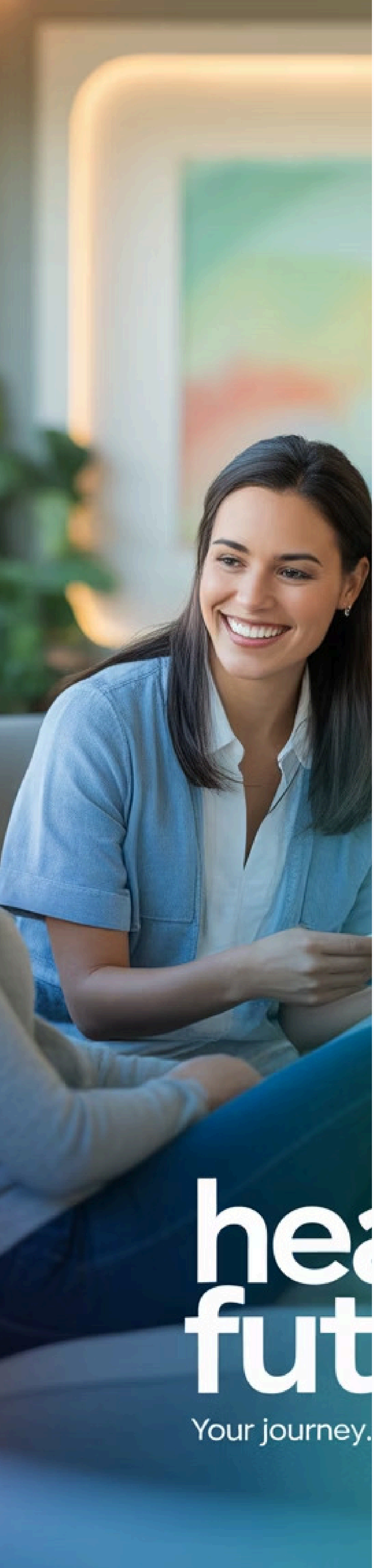
Targeted Training

Educate billing staff specifically on CCM documentation requirements, eligible CPT codes, and common pitfalls to ensure compliance.

Early Flagging System

Develop clear protocols for care managers to flag potential billing issues or complex patient scenarios to the billing team proactively.

By investing in these collaborative strategies, your practice can optimize revenue capture, reduce billing denials, and ensure the long-term sustainability of your Chronic Care Management services.



CCM Patient Introduction: What to Say When Patients Hesitate

Effectively introducing Chronic Care Management (CCM) to patients is crucial for successful enrollment. Different staff members play distinct roles in this process, each with specific scripting and goals to address common patient hesitations.

Front Desk Staff

Initial Contact

- **Goal:** Plant the seed, keep it simple, avoid overwhelming details
- **Script:** "Dr. Jane participates in the Chronic Care Management program. If you qualify, Dr. Jane's care manager will reach out to you with more details about the program. " If the patient asks “what is this program?” It is a program designed to help Dr. Jane take better care of you and keep you out of the ER. "
- **Focus:** Brief, informative, and defers detailed discussion to the care manager.

MA/Nurse

During Rooming/Vitals

- **Goal:** Personalize benefits, connect to patient's daily life, reduce confusion
- **Script:** "This program helps us proactively manage your health between visits. It's like having a dedicated nurse keeping an eye on your conditions, helping you with medications, and coordinating your care, so you don't have to worry as much."
- **Focus:** Relate benefits directly to the patient's health and well-being.

Provider

Final Reinforcement

- **Goal:** Anchor decision on trust: "my doctor said"
- **Script:** "Based on your health needs, I strongly recommend you enroll in our Chronic Care Management program. This allows me to add a dedicated care team member to your care team. They'll serve as an extra set of eyes, helping us monitor your heath more closely and catch potential issues early. My team will reach out to get you started."
- **Focus:** Strong medical recommendation emphasizing trust and continuity of care.

By equipping each team member with clear, concise scripting tailored to their interaction point, clinics can effectively introduce CCM, manage patient expectations, and overcome initial hesitations, leading to higher enrollment and better patient engagement.

Handling Common CCM Patient Objections

Front Desk Staff

When patient hesitates at check-in: "This form just gives us permission to call you with more information about our Chronic Care Management program. You're not signing up today—just letting us reach out and explain how it could help."

When patient says they're not sure: "Totally understandable! Many patients find the program helpful for keeping track of medications, appointments, and preventive care. If you sign this, our care manager will give you a call to walk through it and answer your questions."

When patient says they don't want extra bills: "I understand your concern. Signing this form doesn't create any charges—it only allows us to explain the program. Most patients actually save money by avoiding hospital or ER visits through better follow-up care."

MA/Nurse

When patient says they're managing fine: "That's great—you're doing a lot already. What CCM does is give you a dedicated care manager who helps keep your medications and appointments organized, and makes sure nothing slips through the cracks."

When patient is concerned about cost: "I hear you. The program is covered by Medicare, and some patients with certain coverages don't have a copay at all. For most others, it's just a small monthly copay—and many patients find it actually helps prevent bigger costs, like hospital stays, by catching issues early."

When patient wants to think about it: "Absolutely, you should feel comfortable. The good news is you're always in control—you can stop anytime. But many patients tell us it gives them peace of mind knowing someone is watching out for them

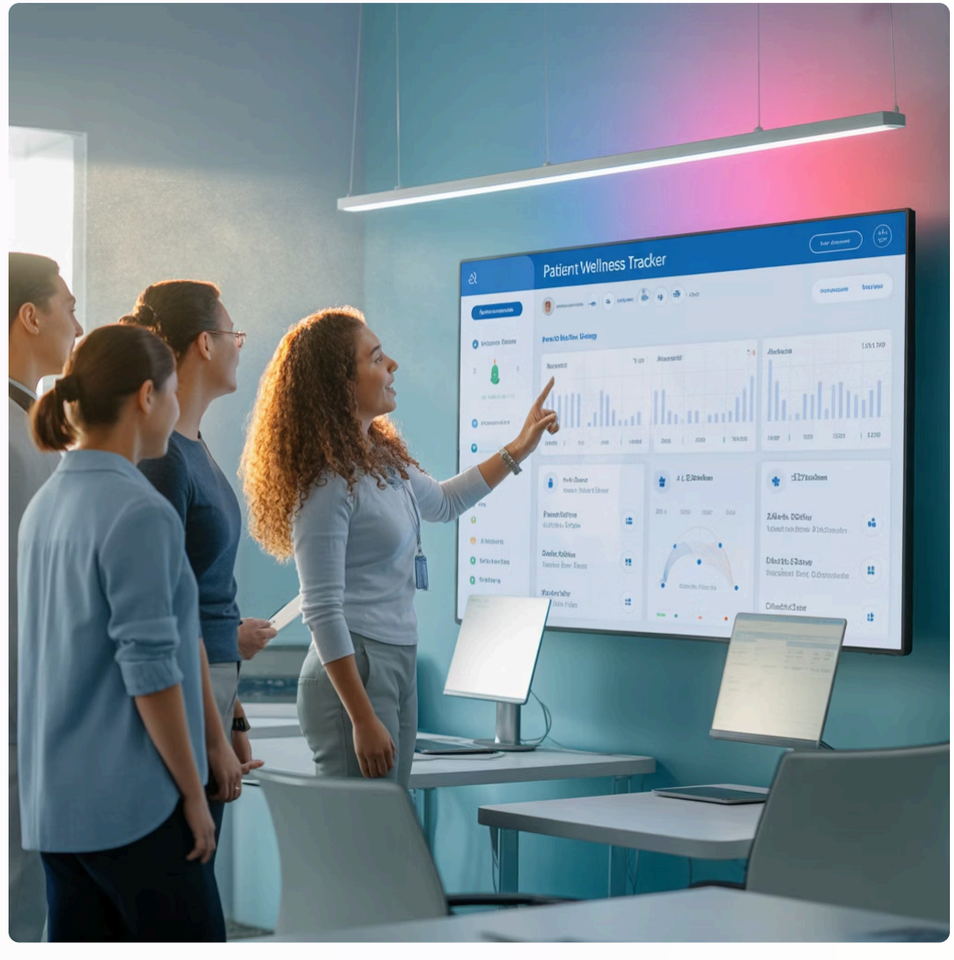
Technology & Workflow Integration

Essential Technology Components

- **EHR Integration:** Seamless care plan documentation and tracking within existing medical records
- **CCM Patient Tracking:** Dedicated tools for patient engagement tracking, call scheduling, and compliance reporting
- **Communication Tools:** Secure messaging systems for care team coordination and patient outreach
- **Analytics Dashboard:** Real-time reporting on enrollment, engagement, and revenue metrics

Workflow Optimization

Effective CCM programs integrate seamlessly with existing clinic workflows. Care managers work alongside providers to ensure consistent patient care while front desk staff support enrollment efforts. Technology solutions should enhance, not complicate, daily operations.



Proper technology implementation reduces administrative burden, improves documentation accuracy, and enhances care team communication. Investment in robust CCM platforms typically pays for itself through improved billing compliance and operational efficiency.

Solving Common Billing Challenges in Chronic Care Management

· Solving Common Billing Challenges in Chronic Care Management

· Savvy Jane — Practical Strategies for RHCs & CAHs

Why CCM Billing Matters

· Ensures financial sustainability for rural clinics

· Improves patient outcomes through consistent care

· Prevents compliance risks and audit exposure

CCM Billing Basics

· Eligible Codes: 99490, 99439, 99487, 99489, 99491 (+ 2025 APCM codes)

· Patient Eligibility: 2+ chronic conditions, expected ≥12 months, risk of decline

· Documentation Must Include:

· • Patient consent

· • Comprehensive care plan

· • Time tracking

· • Provider oversight

Common Billing Issues (Overview)

· Missing patient consent

· Incomplete time tracking

· Duplicate billing with other services

· Gaps in care plan documentation

· Missing provider attestation

· Misuse of add-on codes

Issue 1: Patient Consent

· **Problem**: Consent not documented

· **Solution:** Standardize enrollment process + use consent template

Issue 2: Time Tracking

· Problem: Time not logged clearly (phone vs chart review)

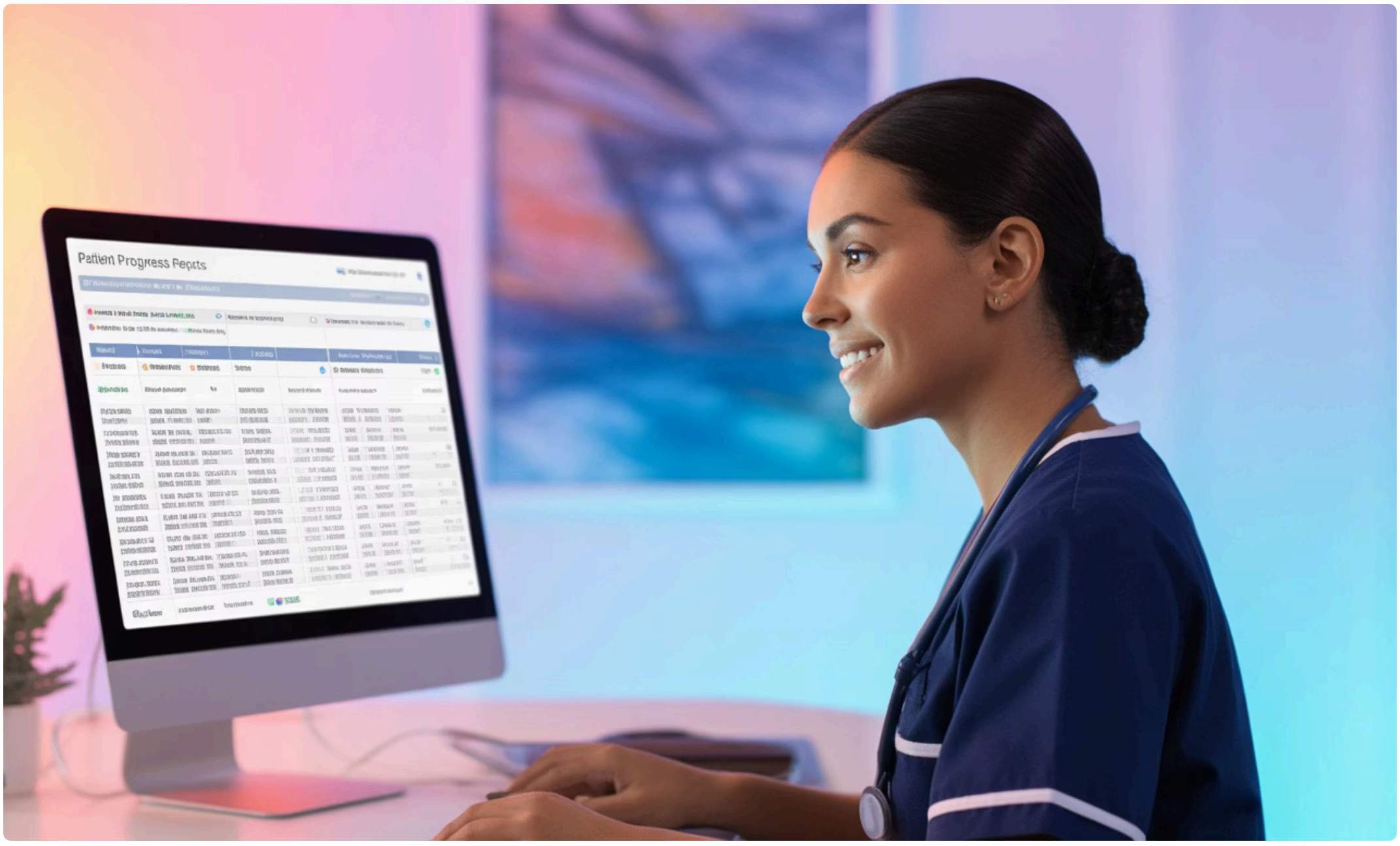
· Solution: Use EMR time logs + 'CCM Time Tracking' template

Example: Top left corner of CCM template.

99490

E78.5/ I10

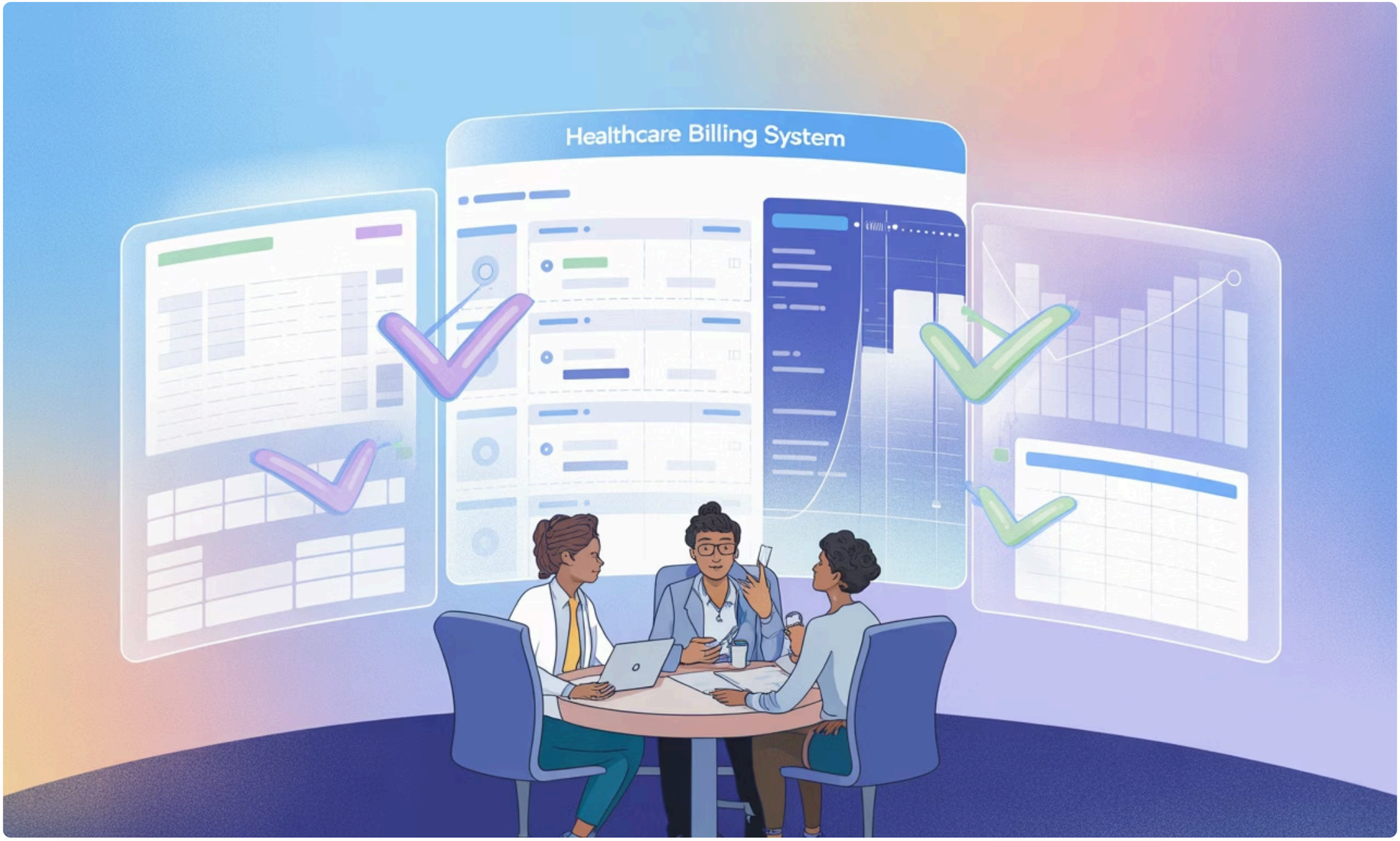
25 min CCM



Issue 3: Duplicate Billing

· Problem: Overlap with **TCM, BHI, CHI, CoCM,** hospice, home health

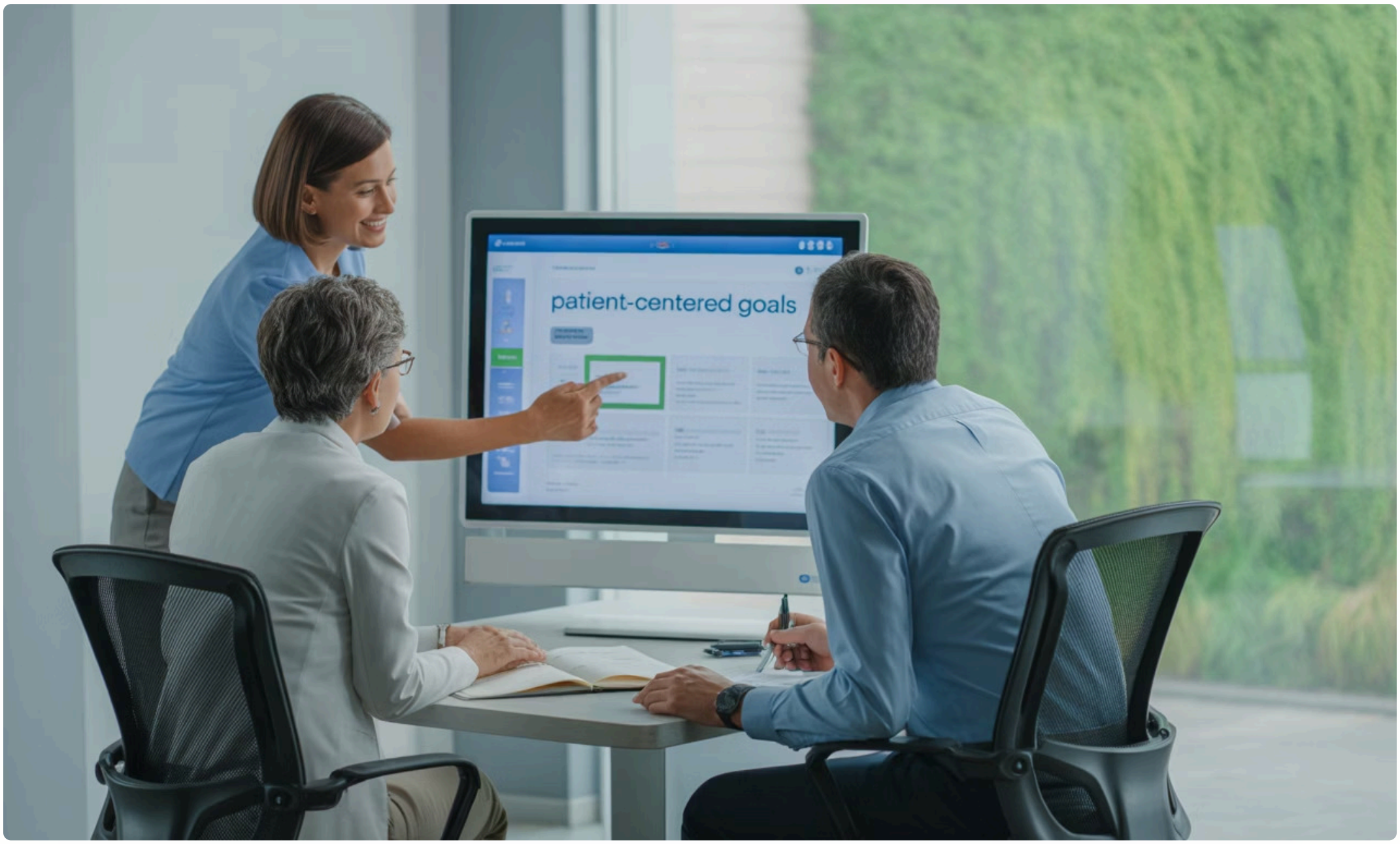
· Solution: Add billing workflow checks + staff education



Issue 4: Care Plan Gaps

• **Problem:** No care plan on file, not available in portal, or lacks goals

· **Solution:** Structured templates + patient-centered goal setting



Issue 5: Provider Attestation

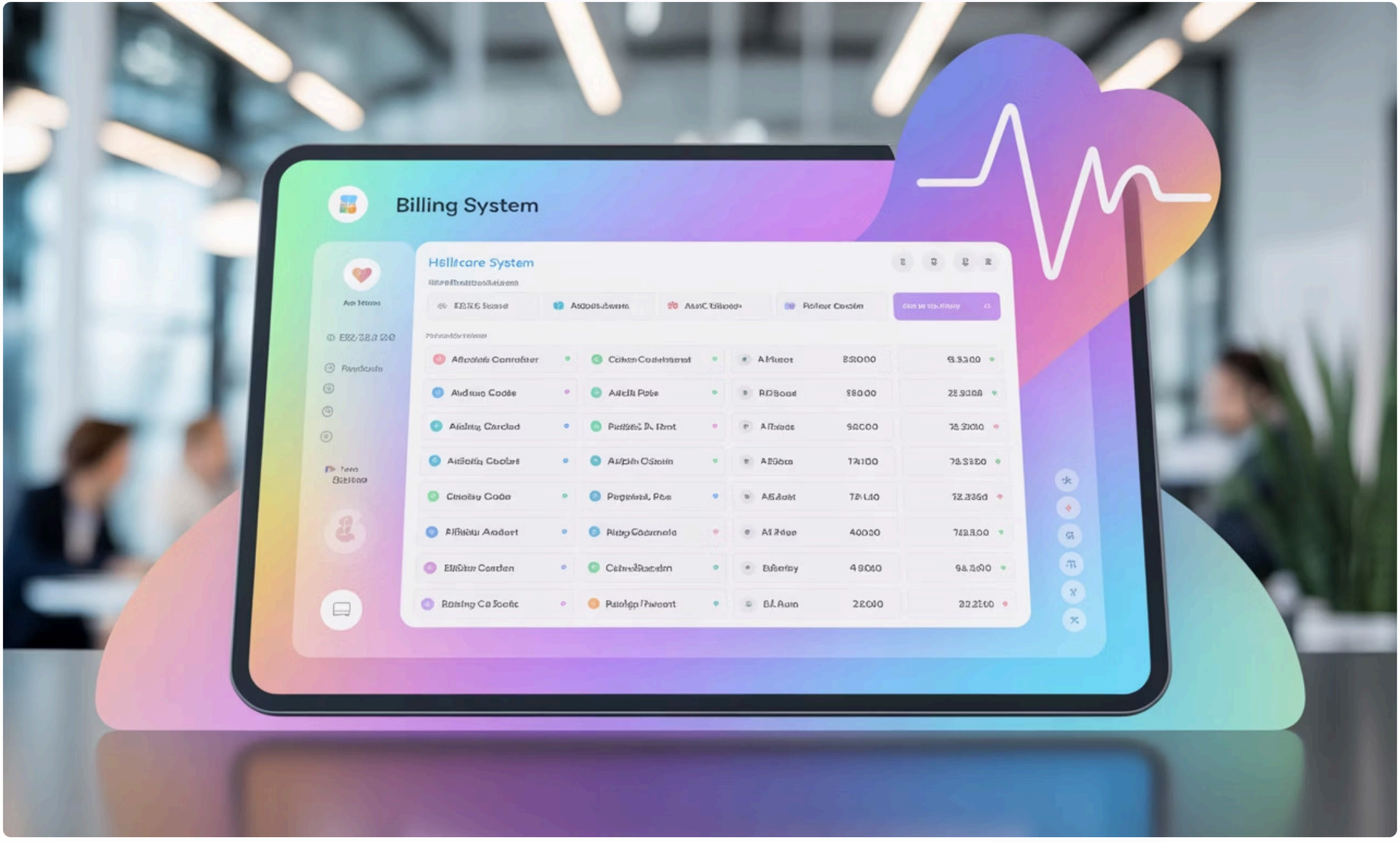
· **Problem**: Missing or vague provider review

· **Solution**: Require provider sign-off line on every care plan

Issue 6: Add-On Codes

· **Problem:** Confusion between 99439 vs 99489

· **Solution**: Billers + coordinators trained; EMR prompts built in



Best Practices

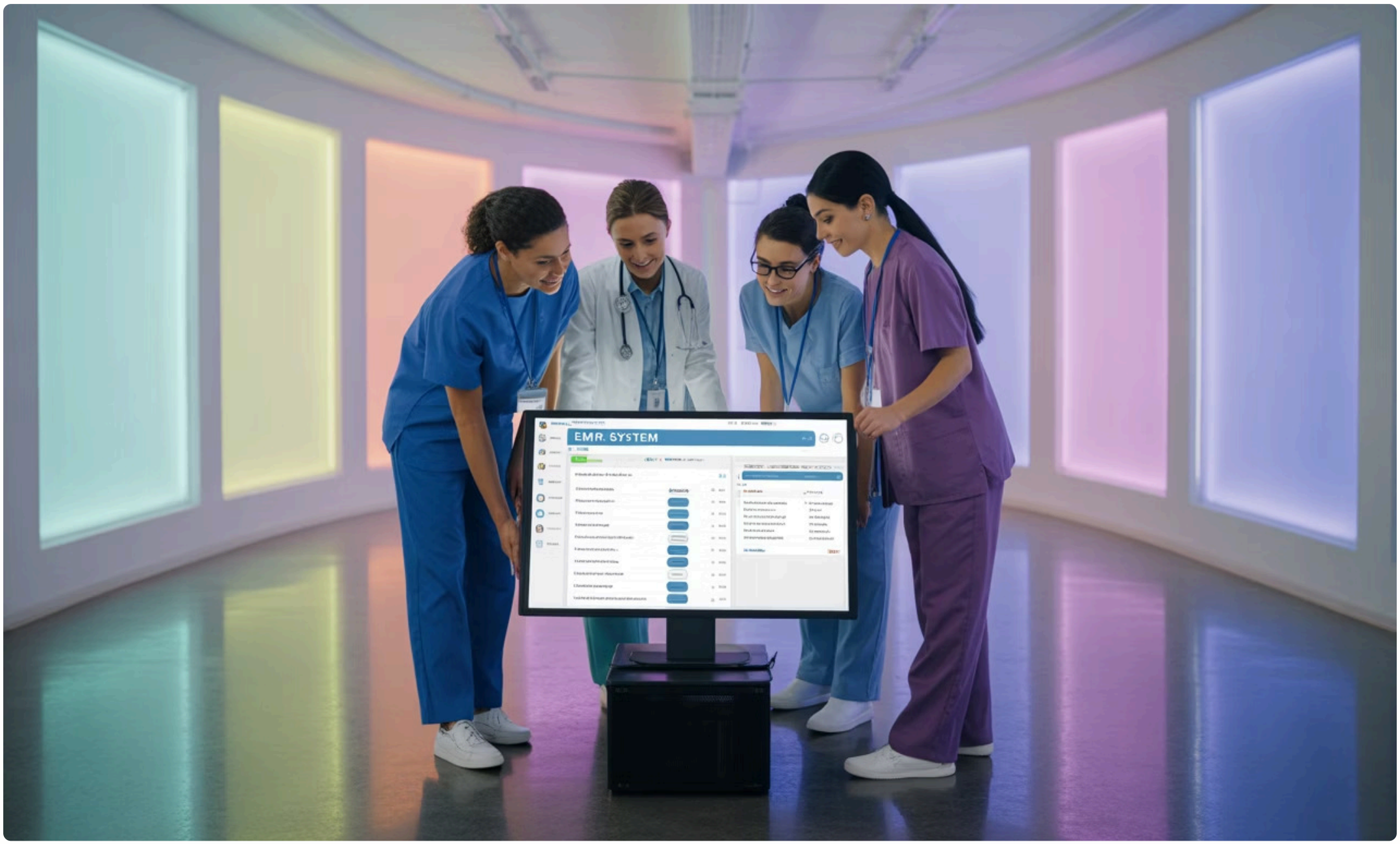
· Use Savvy Jane monthly CCM checklist

· Templates for consent, care plans, monthly encounters

· Train both clinical + billing staff

· Audit 2–3 charts/month

· Leverage EMR flowsheets + auto time trackers



Case Example #1

· Missed consent → claim denied

· Fix: Enrollment call script + consent template

Case Example #2

· Time under-documented → lost revenue

· Fix: EMR timestamp integration or use templates and CCM documents time

Case Example #3

· Double billing with **BHI, CHI, & CoCM**

· Fix: Staff education + separate workflow

Rural Health Clinic UB-04 Billing Example – CCM, BHI & CHI (CY 2025)

Scenario Example

Patient has multiple chronic conditions (diabetes, CHF), mild depression, and housing insecurity. During January 2025, the RHC provides:

• CCM: 40 minutes of care coordination for diabetes and CHF

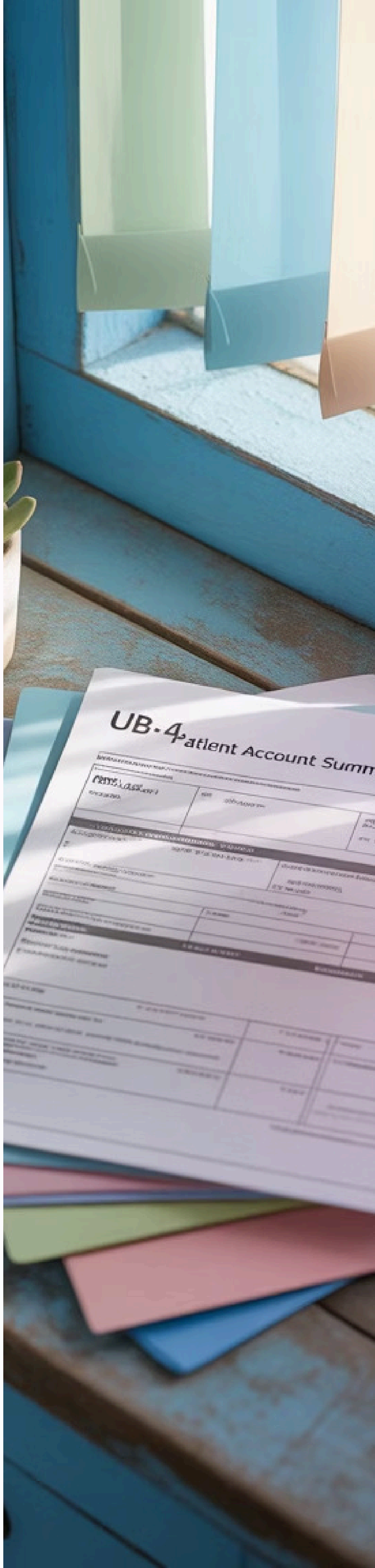
• BHI: 25 minutes of behavioral health integration (99484)

• CHI: 50 minutes of CHW support for housing insecurity (G0019 base + G0022 add-on)

UB-04 Claim Table Example

FL 42 Rev. Code	FL 44 HCPCS / CPT	FL 45 Service Date	FL 46 Units	FL 47 Total Charges	Description
0521	99490	01/31/25	1	$XX.XX	CCM base, 20 min (Chronic Care Mgmt)
0521	99439	01/31/25	1	$XX.XX	CCM add-on, additional 20 min
0521	99484	01/31/25	1	$XX.XX	General Behavioral Health Integration
0521	G0019	01/31/25	1	$XX.XX	CHI base, 60 min
0521	G0022	01/31/25	1	$XX.XX	CHI add-on, each 30min add’l 0

Each line represents a distinct care management service. There is no G0511 used because the clinic is billing the separate CPT/HCPCS codes under the 2025 rules.



Key Billing Notes

· Use Revenue Code 0521 on each line.

· Bill each service separately with its CPT/HCPCS code and add-on codes as applicable.

· Use the last day of the month as the service date.

· Use one unit per month per code.

· Consent and documentation must support each service separately.

· Multiple care management codes can be billed in the same month as long as time is not double-counted.

· CoCM (G0512) can be billed separately if applicable.

You cannot bill G0512 (CoCM) on the 10th of the month and bill CCM/BHI on the 31st. That would cause a duplicate claim edit and likely a denial because CoCM and care management codes are monthly services.

Denials & Appeals

· Track denial reasons (documentation, duplicates, eligibility)

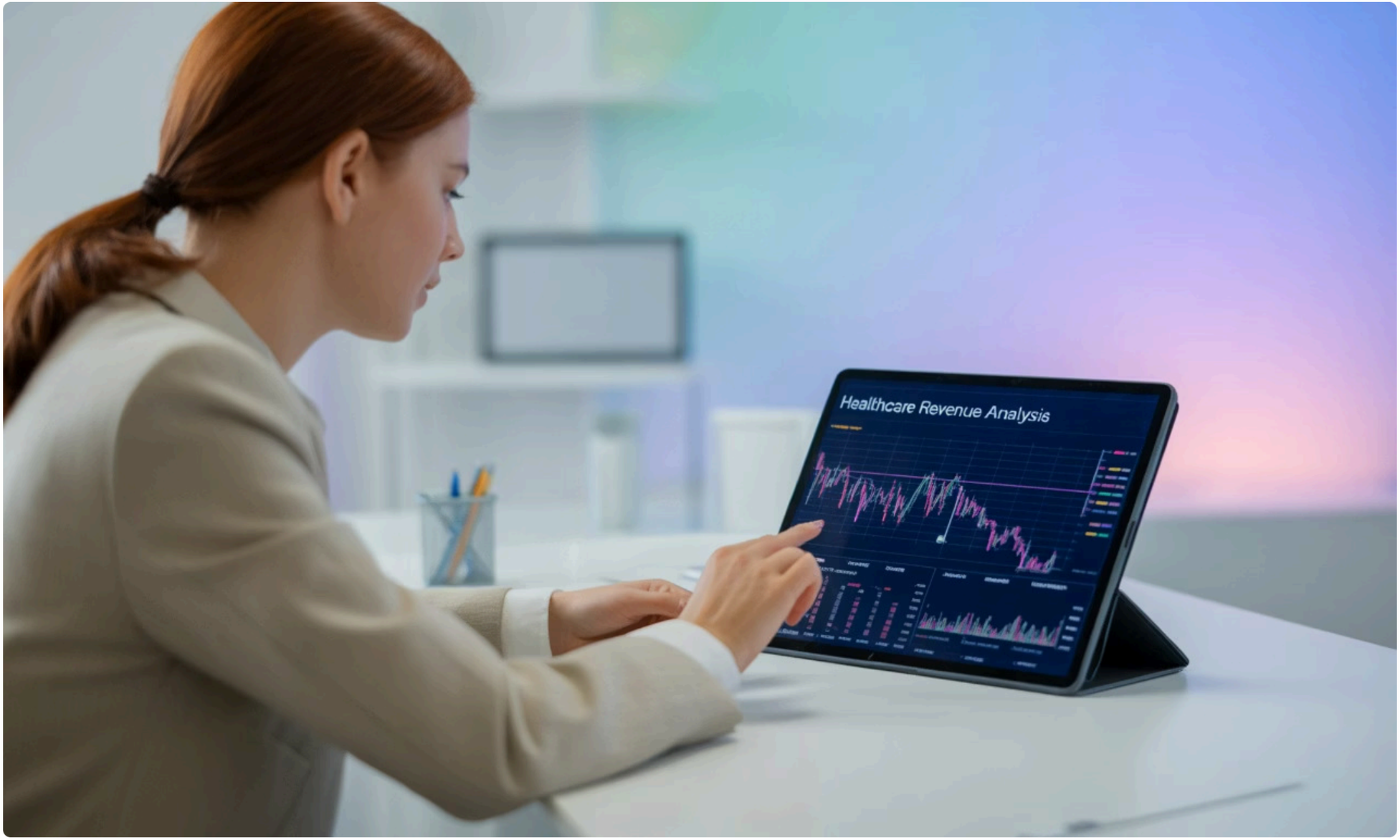
· Create appeal templates

· Feedback loop between billing + care teams

Financial Impact

· 100 patients × $62/month = ~$74,400/year

· Avoiding 20% denial rate saves ~$15,000 annually



Key Takeaways

· Billing success = workflow + documentation + training

· Use templates to prevent errors

· CCM = compliance + revenue opportunity

How do I start?

· Audit your last 10 CCM claims — where are the gaps?

· Partner with Savvy Jane for templates, training, and support

QUESTIONS??????

Action Items

1. Pick 5 patients from at least 2 months ago and determine how much was paid for those CCM visits (if you have a program established).
2. Identify your protocol for monitoring CCM reimbursement. Confirm who in your organization is monitoring CCM denials. Start the conversation internally if one has not yet been started.
3. Identify your provider champion & if any opportunity exists to get buy-in from additional providers. Which providers are not participating in CCM that could be?
4. Continue monitoring:
    a. Your total Medicare/MAP patient population and how many of these patients visit your clinic monthly.
    b. Your total CCM enrolled patients and how that number is trending over time
5. Prepare questions for the upcoming open office hour.

Upcoming Dates:

- **Next Open Office Hour:** We can either skip the week of October 10th or move it to October 13/14th
- **Next Cohort Session 3:** October 17, 2025, 12:00 PM - 1:00 PM