CCM – Don't Go Blindly into the Abyss!

There are far too many providers of CCM services trying to tell you how easy this all is. "All you have to do is call the patient once a month, spend 20 minutes of time, and you get FREE MONEY!!!"

The good news is that if you track the 20 minutes spent delivering this non-face-to-face care to your chronic care patients and follow the CCM rules, you can probably bill for this time and get paid. The bad news is that, for the next five years, Medicare can request to see your records. If they find that you did not follow all the rules, they can ask for all the money back for which you billed CMS.

We have discussed the "good," the "bad," now for the "ugly." The reality is, if you make a good faith effort, and are only a little out of compliance, Medicare will tends not to go out of its way to put you out of business. If you are trying to comply and doing a good job, then Medicare is likely to work with you to improve your process so that the next time, your audit will be clean.

Of course, this is all uncharted territory. Maybe Medicare will decide to be more stringent with CCM than they have in the past with audits for other types of service billing. You might be unlucky and get an auditor who is having a bad day.

The only safe course is to follow ALL of the rules. Of course, the rules keep changing; some of the rules are hard to understand; and you have to read hundreds of pages to even find the rules. The rules are not always clear and there is much mention of "intent" rather than the rules themselves. If you speak to three different health care attorneys, you will get three different sets of answers.

There *are* some clear rules in CCM. The following list includes the most important ones to follow. Without these, you should not even contemplate billing for CCM:

1) **Document the Patient Care Plan:** Your EMR is probably not providing a compliant care plan. This is the easiest thing for Medicare to audit and the easiest place for you to be non-compliant. Having all of the necessary information scattered throughout your EMR will not work. There must be a document that you can print out called "Care Plan" for each patient.
2) **Obtain a signed consent form:** You need a consent form from each patient that details copays, electronic sharing of health information, who may bill for CCM, and the right to revoke consent.
3) **Accurately document the 20 minutes of billed care:** You must have a way of documenting the 20 minutes of time spent providing CCM care to the patient. An unsubstantiated assertion that you spent 20 minutes with your patient is not enough. Who performed the activity? On what day and time was the care provided? What specific care was provided? All of this information is essential.
4) **Identify patients with two or more chronic conditions**: This one is tricky. What constitutes a chronic disease is still not well defined. There is a list of allowed conditions, but this list is not complete. Each practice should create a list and be prepared to defend the choices made.
5) **Provide 24/7 access to the Patient Care Plan**: If you don't want the on-call doctor to have full access to your EMR, you need to place the care plan where it can be accessed at any time.

The bottom line is that there are a number of things you need to be careful of prior to billing for CCM. When the auditor comes and asks to see the care plan for patient Smith, your response should not be "What's a care plan?"