

A DISCUSSION OF PATIENT QUALIFYING ELEMENTS NOT DEFINED UNDER THE 2015 FINAL RULE

CMS PROVIDES A BROAD CRITERIA FOR QUALIFYING CCM ELIGIBLE PATIENTS.

For the year 2015, a qualified provider may bill for CCM services if at least 20 minutes per month of practice clinical staff time is spent delivering non-patient facing services under the general supervision of physician or other qualified health care professional on behalf of an eligible patient and assuming that all other requirements of CCM are met.

“Eligible Patients” must present the following required elements:

(1) Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient **[conditions do not have to be included on any particular list of conditions]**¹;

(2) These chronic conditions place the patient at significant risk of **[one or more of the following]**¹:

- i. Death
- ii. Acute exacerbation/decompensation
- iii. Functional decline

(3) Comprehensive care plan **[is, in each month, one or more of the following]**¹:

- i. Established
- ii. Implemented
- iii. Revised
- iv. Monitored

Does CMS define which Chronic Conditions meet the criteria for CCM?

NO! The Final Rule is broad on the subject and allows physicians to make medical decisions concerning their patients. Physicians must consider the multiple chronic conditions of their patients who suffer disease states of the most severe acuity and those which place these patients at serious risk as defined above.

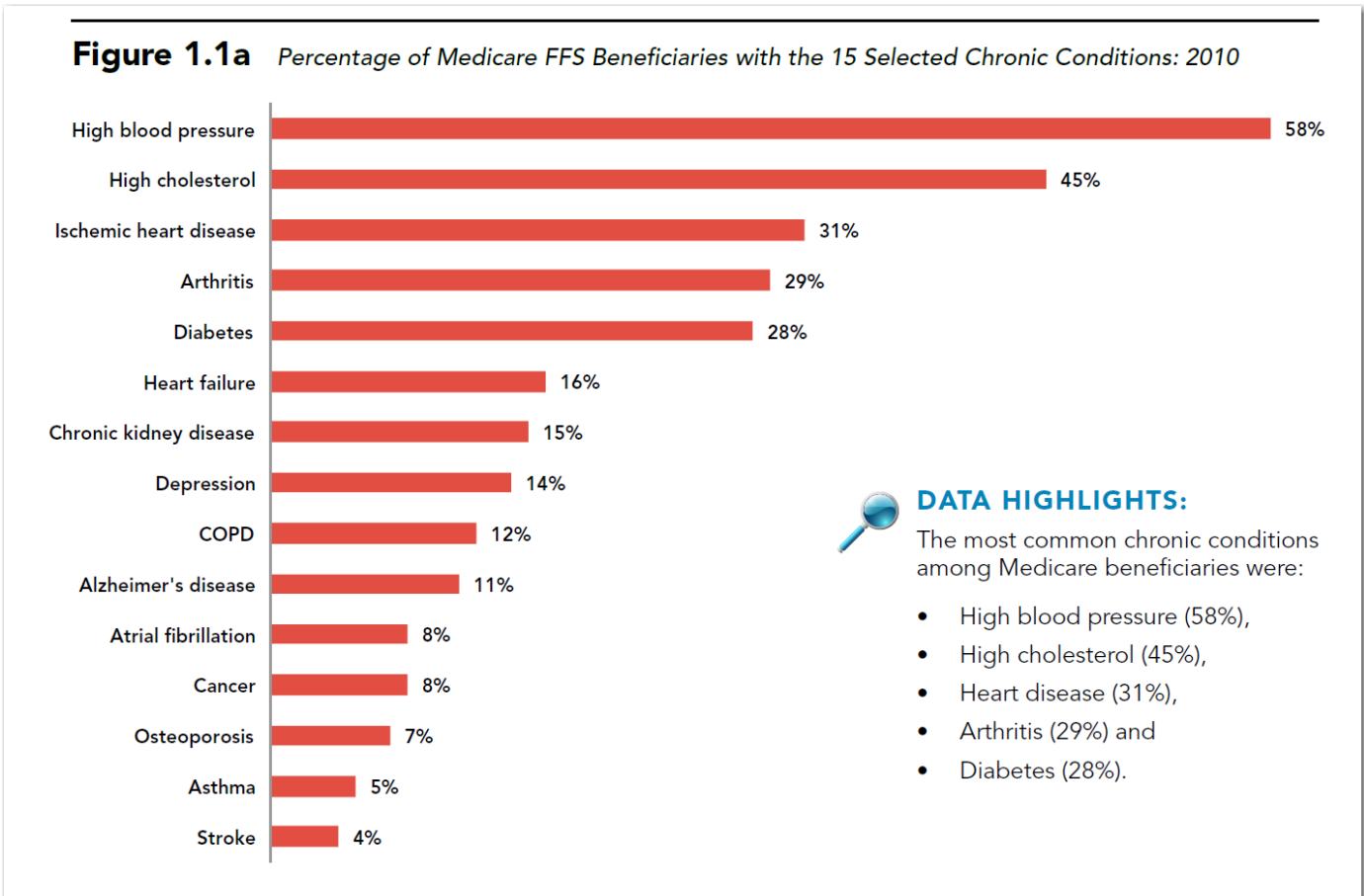
In its 2014 rule commentary, CMS stated that its intent was not to be prescriptive in defining chronic conditions. Its research was based on chronic conditions as defined in a Medicare list of chronic conditions but, “We note that we did not propose to limit the eligible chronic conditions to those contained in our Medicare data analysis.” 78 FR 74415-16 (12/10/13) (quote is on p 74416). This did not change in the 2015 rule. [This has been reiterated in public statements by CMS staff in a webinar presentation]¹

For reference, but not mandated, to limit practitioners for the purpose of qualifying a patient for CCM, the administration provides the benefit of data collected over years of study.

“The prevalence and costs of chronic health conditions among Medicare beneficiaries have far-reaching implications for the health care system. Not only are conditions such as high blood pressure, high cholesterol, heart disease, and diabetes highly prevalent among Medicare beneficiaries, but most beneficiaries have multiple chronic conditions, defined as two or more chronic conditions by the U.S. Department of Health and Human Services Strategic Framework on Multiple Chronic Conditions. Multiple chronic conditions increase the risks for poor outcomes such as mortality and functional limitations as well as the risk of high cost services such as hospitalizations and emergency room visits. CMS is committed to providing its beneficiaries with access to high-quality, coordinated care in order to maintain health and functioning, while at the same time controlling health care costs.”²

“We [CMS] selected 15 common chronic conditions that are available in the CMS Chronic Condition Warehouse (CCW) research files that also correspond with the list of chronic conditions used to define multiple chronic conditions by the Department of Health and Human Services Strategic Framework on Multiple Chronic Conditions.”²

Chronic conditions were examined for 31 million Medicare beneficiaries, who were continuously enrolled in the Medicare fee for service program in 2010²



This is confirmed by the latest data published by CMS in a report dated July 14, 2015.

CMS has shied away from mandating a set of chronic diseases, or a combination of diseases which may qualify a patient for CCM.

¹ David Harlow, Attorney at Law in professional correspondence June 2015

² CMS Chronic Conditions Among Medicare Beneficiaries [Chartbook](#): 2012 Edition