



What You Can Expect from the Medicare CCM Program Platform

What is the CMS Medicare CCM Program?

CMS's Medicare CCM Program not only helps manage physical symptoms, but also alleviates the emotional burden of living with a chronic illness. It empowers individuals to take control of their health, offering education, guidance, and resources that foster a better understanding of their condition. Through consistent monitoring and interventions, the program aims to prevent complications and hospitalizations, ultimately enhancing the quality of life.

The platform provides compassionate and professional home health care services. The team of experienced caregivers are dedicated to ensuring the comfort and well-being of your patients, while also providing support and peace of mind to their families. Whether the patient needs in-home care for a loved one recovering from an illness or assistance with daily activities, they are always there to help.

Eligible Patients

Medicare CCM Program services are a Medicare-covered benefit for individuals with multiple chronic conditions that are expected to last at least 12-months and put the patient at significant health risk. *Medicare Part B and many MA plans cover the Medicare CCM Program.

Patient Onboarding is the Key

The Medicare CCM Program requires that patients:

- a) have two or more pre-defined chronic conditions; and
- b) have explicitly opted-in to the Medicare CCM Program.

Achieving the largest number of eligible patient opt-in's (enrollments) requires dedicated activity. If you have an organized outreach program, supporting technology, and dedicated staff you can expect to opt-in up to 30% of eligible patients. But TIN's who only enroll patients as part of office visits can only expect opt-in closer to 4%.

What You Can Expect

The platform ensures a seamless patient onboarding process. From providing technical assistance to addressing any concerns or questions, the platform takes care of everything. This means your patients can focus on their well-being and receive the support they need right from their homes.

- Custom Care Plans: Tailored healthcare strategies designed for your patient's unique needs.
- 24/7 Healthcare Access: Immediate support anytime patients need it day or night.
- Cost Savings: Proactive care to reduce healthcare spending.
- Proactive Health Monitoring: Ongoing checks to keep patient health on track.



- Streamlined Enrollment: Quick and easy sign-up to fast-track the patient health journey.
- Assistance with appointment scheduling and reminders.

Physician Involvement

CMS has configured the Medicare CCM Program to improve physician leverage. But physicians must discuss the program with a patient during an "initiating visit", which can be any face-to-face Evaluation and Management (E/M) visit, Annual Wellness Visit (AWV), or Initial Preventive Physical Exam (IPPE).

The physician will also want to collaborate with the mid-level provider who configures each patient's care plan. And the mid-level must be working under the direction of a physician - which is not required to be in person or face-to-face.

Once these processes are accomplished, the monthly patient interaction only requires physician involvement at the discretion of a Care Manager.

Mid-Level Providers Carry the Load

One of the primary benefits of the Medicare CCM Program is that patient care and its associated billing do not require regular physician involvement. Most Care Managers are certified as CNS, NP, or PA. When using a dedicated software tool, these mid-level practitioners follow Care Plans, document monthly clinical observations, and automatically support billing under the CPT Code set.

Care Managers do not need to be employees of the billing clinic. They can be employed by an ACO (or other third party), and simply re-assign their Medicare Billing rights to the TIN where the patient relationship resides.

Efficiency is Key for Success

A nursing staff is expensive. While Medicare reimbursement does a good job paying for these services, the Medicare CCM Program is a high-volume activity.

On average, Care Manager reimbursement applies in 20-minute segments. Here are a few metric points:

- An 8-hour day consists of 24 segments.
- A week contains 120 segments.
- A month of 20 working days contains 2,400 segments.

So, in theory, one Care Manager could handle 2,400 patients. Of course, that assumes 100% efficiency, which is unachievable. But the goal of the platform protocols **IS** to strive for continuous improvement in efficiency.



Your Complete Medicare CCM Program Partner

The platform's full-service option is ideal because the team is the leader in CCM Program enrollment and services provided. They take all steps required to empower both providers and patients.

Why Partner with the Medicare CCM Program Platform?

Outsourcing this operation to a third-party specialist with broader geographic reach results in lower costs and administrative burdens and allows you to focus on your core services.

The regulatory environment is complex, with stringent requirements for reimbursement, reporting and patient care standards. Partnering with our platform also helps mitigate the risks associated with operational issues.