The Medicare CCM Program is Smart, Safe & Vital

- Improves care management.
- Creates checklists and protocols to manage chronic diseases for eligible Medicare patients via mid-level nurse telehealth visits, which after an initiating visit, are not required to be in person or face-to-face.
- Mid-level nurses (assign their billing rights to the clinic or organization and work under their NPI & insurance) work under the direction of a physician and conduct proactive monthly telehealth outreach.
- Specific care plans for each patient are agreed upon between the care manager (NP), patient, and physician.
- Includes five sets of reimbursement codes which are reported monthly on a timed basis, each set with a base code of 20-to-60-minutes and an add-on code for each additional 30 minutes.
- Does not change or take away from current CCM & telehealth outreach activities—it adds to them.

Live Well A.P.S., Inc. — Who We Are

We subscribe to the motto — In an environment of government incentivized regulations — superior business intelligence is the ONLY way to triumph.

We are a contracted agency and coordinator for a CMS certified clinical expert that specializes in the processes and implementation of business solutions that deliver **Maximum Value** to physicians, hospital-based physicians & clinicians, multi-TIN organizations, and ACOs.

Together, we provide vital CMS program guidance and the most effective and innovative services that captures additional CMS reimbursement, improves patient care, care coordination, and efficiency. In addition, streamlines costs and reduces hassles.

CMS's Mission for The Medicare CCM Program (M-CCM) is to Enhance Patient Outcomes and Simplify Care Processes

CMS reports that more than 97% of Medical clinics/organizations and their providers are not participating in the program.

Overview

When it comes to Medicare, reimbursement has always been the problem. Everyone knows it. To address this, CMS created the specific Medicare Chronic Care Management Program (M-CCM).

Most clinics, organizations, and their providers are NOT participating. There are several reasons for this; M-CCM is telehealth interactions by mid-level nurse practitioner's – physician-based CCM & telehealth outreach is clinic staff centric. There is confusion between the two, which has resulted in under-utilization. CMS wants this to change in 2026.

M-CCM does not change or take away from your current CCM and/or telehealth outreach activities – ***It adds to them.***

CMS configured the program to help eligible patients with chronic conditions that providers are already serving, and help clinics, organizations, and providers capture additional reimbursement, simplify care processes, and reduce Total Cost of Care.

The program takes care management and makes it proactive and relational, rather than reactive and transactional. ***The program is the missing piece of your reimbursement puzzle.***

* Website: https://livewellaps.com/medicare-ccm/

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A Must for PCP's

Being a primary care physician (PCP) group today means running ever faster (and never catching up) on filing more claims to offset the decreasing reimbursement that insurers know they can force on you. But the M-CCM Program will help you capture the additional CMS reimbursement you need within a few months, while maintaining control of the way you practice.

Physician Involvement

CMS has configured the specific program to improve physician leverage. A physician, a nurse on your staff, or an outsourced certified mid-level NP on your behalf (who assign their billing rights to your clinic/organization and work under your NPI and insurance), are the only authorized people that can discuss the program with an eligible patient (this can be done in-person or on the phone). Then, the patient must schedule 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).

Physicians collaborate with the mid-level nurse 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. Patients receive 20-to-30-minutes of telehealth interaction per month. Each is billed on a time basis at the local MAC reimbursement level. Primary billing is under CPT Code 99490 with additional billing codes based on the level of interaction.

Once the processes are accomplished, the monthly patient interaction only requires the physician's involvement at the discretion of a care manager.

Mid-Level Providers Carry the Load

One of the primary benefits of the M-CCM Program is that the telehealth outreach, patient care, and its associated billing do not require regular physician involvement. 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 clinic/organization and their providers where the patient relationship resides.

Eligible Patients

M-CCM 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. The program not only helps manage physical symptoms, but also alleviates the emotional burden of living with a chronic illness.

The program empowers Medicare beneficiaries to take control of their health by offering education, guidance, and resources that foster a better understanding of their condition. Through consistent monitoring and interventions, the program aims to prevent complications, hospitalizations, and ER and Urgent Care visits. And ultimately enhance the quality of life.

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WHY THE PROGRAM MATTERS

- Over two-thirds of Medicare beneficiaries have two or more chronic conditions.
- A Patient-Centered Primary Care Collaborative found that comprehensive CCM can lead to a 20% reduction in hospital admissions for patients with chronic conditions.
- CMS wants all qualified clinics, organizations, and providers to get on the uptake and participate in 2026.

Benefits to Health Systems, Providers & Physician Groups

- Enhance eligible patient outcomes.
- Increase eligible patient satisfaction.
- Capture additional CMS reimbursement.
- Streamline workflow.

Benefits to Eligible Patients

- At least 20 minutes of telehealth interaction per month.
- Reduced annual and out-of-pocket medical expenses.
- Dedicated personal care manager.
- Comprehensive care plans.
- Health goal setting.
- Medication management and support.
- 24/7 support.

A FEASIBILITY ANALYSIS IS REQUIRED FOR SUCCESS

Without a deep analysis, program success is nearly impossible. This is why both vendors and ACOs have failed to generate adequate program adoption and enrollments. The program is a complex initiative. It is very much like a new business venture. Therefore, it is prudent and desirable to first test assumptions, define strategies, evaluate data, and develop plans that would enable results that meet the goals and needs of your clinic, organization, and providers. You cannot just jump into it. Accordingly, a Feasibility Analysis is required.

The analysis completes all preliminary work necessary for program success (i.e. establishing clinical policy, providing physician education, conducting patient identification, developing the patient engagement/onboarding strategy, and more). This combined with a full-service support system, SaaS technology, and a team experienced in big initiatives – your clinic, organization, and providers can double or even triple average cadence results.

CMS Data Set Snapshot

To start, we would like to show you what the participation in the program could look like for your clinic/organization. We will email you a ***CMS Data Set Snapshot***, which will show the annual additional reimbursement and Total Cost of Care savings that can be captured from the program. It will break down the numbers in quite simple language.

See the link on our website (URL below) to request your clinic/organization's CMS Data Set Snapshot.

* **Website: https://livewellaps.com/medicare-ccm/**