



MEDICARE CCM IS SMART, SAFE & VITAL

- **CREATES CHECKLISTS AND PROTOCOLS TO MANAGE CHRONIC DISEASES FOR ELIGIBLE MEDICARE PATIENTS VIA MID-LEVEL NURSE TELEHEALTH VISITS.**
- **MID-LEVELS ASSIGN THEIR BILLING RIGHTS TO THE ORGANIZATION AND WORK UNDER THEIR NPI & INSURANCE.**
- **MID-LEVELS 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) 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 20 MINUTES.**
- **TAKES CARE MANAGEMENT AND MAKES IT PROACTIVE AND RELATIONAL, RATHER THAN REACTIVE AND TRANSACTIONAL.**

Medicare CCM (MCCM)

A Timely Solution

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

MCCM has not lived up to its potential

In 2015, CMS began paying for CCM under a separate code (CPT 99490) in the Medicare Physician Fee Schedule.

However, creating a separately billable code, led to new cost-sharing obligations for Medicare beneficiaries, and low utilization.

Cost-sharing is a financial burden, and the primary source of confusion, because patients receive a monthly bill (on average \$12-to-\$36) without having office visits.

Under Medicare rules, physicians and other clinicians are required to obtain patient consent before delivering MCCM services, and must make a good-faith effort to collect any applicable cost-sharing.

This is a dynamic that has discouraged participation on both sides.

Many healthcare organization's have participated in MCCM at some point since 2015, but fell off. As a result, only about 882,000, out of the more than 22.5 million eligible Medicare beneficiaries, receive MCCM services (roughly 4% of the total eligible beneficiaries).

The elimination of the cost-sharing requirement, will ensure this population receives care, in the most convenient setting for the patient.

There are three factors for poor MCCM utilization

MCCM is a complex initiative. First; healthcare organizations have to invest in staffing, documentation systems, and electronic health record integration.

Second; they must address key issues and conduct a lot of preliminary work.

And third; utilize automation such as SaaS or AI technology, to ensure clean documentation, denial control, and program management, all prior to opting-in any patients and before reimbursements can begin flowing.

Without doing the required initial work and utilizing the right technology, MCCM success is nearly impossible.

And these two factors are the primary reasons why most organizations and their providers have fallen off.

A forth and fifth factors are worth mentioning. Vendors have utilized a flawed business model, and have failed to generate adequate MCCM adoption, and





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patient enrollments. And, the possibility of a CMS audit, have hindered participation.

Everything will soon change

Bipartisan legislation has been submitted, and when passed, will eliminate the patient cost-sharing requirement for CCM services under Medicare.

This will improve care coordination, care management, and consequently result in better health outcomes for millions of senior citizens, and lower costs to taxpayers.

Many associations and foundations (including the AMA, AHA, ADA, NKF, AMGA, and the AARP) and healthcare provider organizations of all sizes support this reform.

So, even if the current bill fails to pass this time around, it will be reintroduced, and at some point, pass and be signed into law.

But your advocacy is needed, right now

All health systems, medical groups, hospitals, clinics, and their providers need to add their names to the list of supporters.

In addition, all healthcare executives, physicians, care givers, and their Medicare beneficiary patients (along with their families) should contact their congressional representatives and senators, and the House of Representatives switchboard in Washington D.C., and tell them to support the effort to eliminate Medicare CCM cost-sharing.

The contact information for congressional district representatives, senators representing each state, and the House of Representatives switchboard, can easily be found on search engines, or you can find it on the govtrack.us website.

MCCM now warrant a re-examination

The elimination of the cost-sharing requirement will happen soon. And when it is, will dramatically increase participation and encourage patients and providers to engage in the care coordination necessary to manage complex health conditions.

There has been increased acceptance of tele-health related services by Medicare beneficiaries in recent years. So, until the day arrives when cost-sharing on chronic care management is eliminated, MCCM is still a great opportunity for both physicians and patients.

In fact, right now, it is very achievable to opt-in 20-to-30 percent of your eligible patients.

And this means MCCM is now-more-than-ever, a timely solution that will help your operation and providers improve patient care, capture additional reimbursement, and maximize financial performance.





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And one thing to keep in mind; **Happy patients could stay enrolled in MCCM for life, which means your organization and providers can bill Medicare - long-term.**

For these reasons, all qualified operations and their providers need to get on the uptake as soon as possible.

We deliver the intangibles for success

We have fully analyzed the issues that have held MCCM back from widespread adoption and utilization, and have developed the solution.

We provide an initial MCCM Feasibility Analysis, which includes a data deep-dive, development of the clinical policy & culture to follow, provide the required physician education, conduct patient identification, develop the patient engagement & onboarding strategy, and more.

In addition, provide proprietary SaaS. technology, guidance, and support.

Request your MCCM Info Email

We will send an information email that will show your organization's additional annual reimbursement potential (MCCM Quickview and Detailed Spreadsheet).

In just a few minutes, your decision makers will know if they want to learn more. There will be a link to watch our 35-minute MCCM Re-examination Overview video, which provides the full detailed information.

We have made the process very easy, and break everything down in quite simple language.

And the MCCM Re-examination Overview video, means no initial 60-minute Zoom meeting to attend, so scheduling problems and procrastination can be avoided.

See our website URL below to request your MCCM Info Email.

