

CHRONIC CARE MANAGEMENT (CCM) INFORMED CONSENT

Our practice participates in Medicare's Chronic Care Management (CCM) program, which allows us to provide 24 x 7 health care services to our clients without requiring a face-to-face visit for every interaction. The program plays a significant role in delivering high-quality care at an affordable cost to our clients, as well as for Medicare.

Chronic conditions are ongoing medical issues that require continued and persistent care. Examples include dementia, diabetes, heart failure, high blood pressure, arthritis, autism, muscle contractures, and many more. Caring for chronic conditions often involves careful coordination between family members, specialists, caregivers, and other healthcare professionals. As primary care providers, we are uniquely positioned to manage the care and coordination between these groups, ensuring the best outcome for our clients.

Benefits of participating in the CCM program

- Improved provider awareness of client issues, health, and overall well-being
- Frequently reduced healthcare costs and better quality of care
- 24 x 7 access to our services for caregivers and other healthcare professionals
- Routine checkups and preventative care services
- Continuous care coordination between providers, facilities, labs, radiology, and others
- Active medication management between visits
- Consistent care plan administration

How the program works

A client must have at least two chronic conditions and have signed this agreement to participate. Only one provider from any location may provide CCM services in any given month. Please let us know if you believe another provider is billing you for these services.

Your primary care provider (PCP) will perform an initial evaluation, prepare a comprehensive care plan, and share it with all relevant parties. Each month after that, we keep track of any chronic care services provided outside of face-to-face visits (which are billed separately). Your provider will also keep your care plan up-to-date based on any changes or adjustments during the month.

At the end of the month, if we have provided more than 20 minutes of services, we will bill your insurance.

You (client/ Power of Attorney) will have 24 x 7 access to your electronic medical records and may request details regarding how CCM time was spent during a given month.

What does it cost?

While program fees depend on many factors, the schedule below is meant to provide a rough estimate of what costs might be for various aggregate service times. We are cost-conscious and do what we can to reduce unnecessary expenses. For your reference, roughly two-thirds of our CCM clients are not billed for CCM services in a typical month.

ESTIMATED COST OF CCM SERVICES

Time Spent (Minutes)	Medicare Allowed Fee	Paid by Medicare	Paid by Client Or Secondary Insurance
< 20	No charge to client or Medicare		
20 to 29	\$38	\$30	\$8
30 to 59	\$76	\$61	\$15
60 to 89	\$88	\$70	\$18
Each additional 30	\$42	\$33	\$9

- 1) Fees based on the 2021 Nurse Practitioner rate in the Medicare Fee Schedule
- 2) Actual costs may vary slightly based on your insurance and other billing requirements

CCM Frequently Asked Questions (FAQ)

Am I required to sign up for CCM?

No, although we generally encourage our clients to participate so we can more effectively manage chronic issues and problems "between visits." Given we do not provide urgent care services, we can address many issues (e.g., urinary tract infections) through CCM that might otherwise result in an unnecessary ER visit or hospitalization.

Can I stop CCM services?

Yes. You have the right to discontinue the service at any time by signing our CCM termination form. Please get in touch with our office, and we will send you the appropriate paperwork. Our providers will continue to perform CCM management through the end of the month but will stop services after that.

I'm Power of Attorney (POA). May I sign on behalf of the client?

Yes. Authorized POA's may sign and manage any authorizations, access medical records, and make health decisions on behalf of the client if they cannot do so themselves.

How does this service result in reduced costs?

Continuously managing chronic issues often helps us catch problems before they result in pricey ER visits or hospital stays. Providers may also provide many services between face-to-face visits over the phone, which saves on the cost of an appointment.

Do you charge CCM service fees every month?

No. We only bill when 20 or more minutes of medically necessary CCM services are provided in a given month. For reference, approximately 2/3 of our clients are not billed anything for CCM services in a given month.

Are face-to-face visits still necessary if I sign up for CCM?

Absolutely. Routine visits are one of the Medicare CCM program requirements. The frequency of those visits depends on medical necessity and the desires of the client/POA. We try to reduce unnecessary costs whenever possible. But providers cannot provide CCM services without having some level of routine face-to-face visits to monitor disease/ailment progression and the effectiveness of any treatments.

Consent

I have read Pathway Geriatrics' Chronic Care Management program terms and conditions, as defined by Medicare, and I agree to participate in the CCM program.

Date

Date

Client (patient) name

OR

Legal representative name

Signature

Signature