



Improving Population Health Outcomes for Medicare Patients



Defining Chronic Care Management

20–60 minutes per month
of virtual care management

Chronic Care Management (CCM), currently reimbursed by Medicare under CPT codes 99490 and 99487, is defined by CMS as 20–60 minutes of non-face-to-face or virtual services provided to Medicare beneficiaries with two or more significant chronic conditions. Medicare began reimbursing practices for CCM in January 2015 in order to ease the growing burden of chronic illness and encourage practices to move towards value-based care—a service delivery model that emphasizes patient outcomes.

The Benefits of CCM

CCM programs that focus on providing ongoing preventative care between office visits have been shown to:

-  Increase patient engagement and shared decision-making with providers
-  Improve patient outcomes
-  Decrease total cost of healthcare

The Growing Burden of Chronic Illness in America

According to the Centers for Disease Control and Prevention, more than 130 million Americans are living with a chronic illness. In a 2013 study, the CDC found that one of every three Americans is living with at least one chronic condition.



1 in 3 Americans live with at least one chronic condition

Additionally, more than two-thirds (69%) of the Medicare patients in the study are living with two or more chronic conditions, and a third of all Medicare patients had four or more chronic conditions.

These illnesses impact quality of life and have considerable financial and clinical costs. The CDC has estimated that about 85% of Federal healthcare dollars are allocated to the treatment of chronic conditions. For just the top seven most prevalent chronic diseases, the estimated cost of treatment is \$1.3 trillion. As the U.S. population ages, the number of chronically ill people will increase, putting a growing burden on our healthcare system that is not sustainable under the current model of care.

A Better Path Forward

CMS introduced new CCM reimbursement codes in January 2015. This government-led incentive was enacted to encourage more practices to provide CCM services with the goal of lowering the staggering healthcare costs currently associated with chronic illnesses. It also addresses the growing preference of receiving more convenient virtual care outside the four walls of a doctor's practice.

Aside from increased convenience leading to increased patient participation, virtual care can be particularly important to populations with mobility issues or illnesses that cause autoimmune suppression.

What Makes a Patient Eligible?

Medicare is encouraging patients with two or more of the following chronic health concerns to participate in a CCM program. These concerns include, but are not limited to:

- Acquired Hypothyroidism
- Alzheimer's Disease
- Anemia
- Asthma
- Atrial Fibrillation
- Benign Prostatic Hyperplasia
- Cancer
- Cataract
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease
- Depression
- Diabetes
- Glaucoma
- Heart Failure
- Hip/Pelvic Fracture
- Hyperlipidemia
- Hypertension
- Ischemic Heart Disease
- Osteoporosis
- Rheumatoid Arthritis/Osteoarthritis
- Stroke/Transient Ischemic Attack

What Services Are Included in CCM?

Per CMS guidelines, services include “non-face-time follow-up care outside the office” of at least 20 min/month (non-complex CCM) and 60 min/month (complex CCM). Activities can include:

- Care plan research, creation, and discussion
- Medication review and discussion
- Coordination of care

How Does CCM Benefit Patients?

CCM drives better outcomes by engaging patients more actively in their care through shared decision-making with their provider. CCM can also help providers identify issues before they become crises with more consistent and frequent monthly interactions that give better visibility into patient compliance.

How Does CCM Benefit Physicians and Their Practices?

CCM facilitates the industry-wide shift to value-based care. By implementing CCM programs providers will provide better care outside the four walls of the office, enabling better clinical and financial outcomes including:

- Greater patient engagement and satisfaction
- Increased patient compliance
- Fewer hospitalizations
- Lower costs of care

Third-party data analysis shows that Wellbox patients experience better overall health with decreased visits to nursing homes and hospitals, increased vaccination compliance, and increased visits to their participant physician.

Who Can Provide CCM Services?

While CCM services can only be billed by one provider per patient, the profile of those care providers is broadly defined and includes:

- Physicians (regardless of specialty)
- Nurse Practitioners
- Physician Assistants
- Clinical Nurse Specialists
- Certified Nurse Midwives
- Medical Assistants

Eligible practitioners must act within their state licensure, scope of practice and Medicare statutory benefit. Services provided directly by an appropriate physician or nonphysician practitioner, or other clinical staff “incident to” the billing physician practitioner, count towards the minimum service time required to bill for CCM services per calendar month. Non-physician practitioners and limited license practitioners (e.g., clinical psychologists, social workers) are not eligible to bill Medicare for CCM. Additionally, non-clinical staff time may not be counted toward billable hours of CCM.