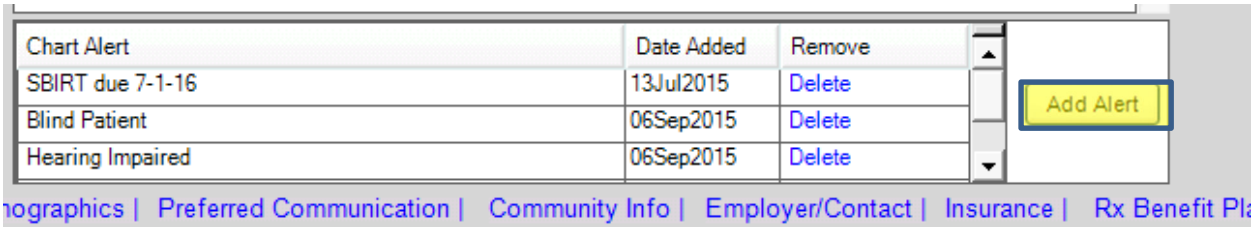
Chronic Care Management Note

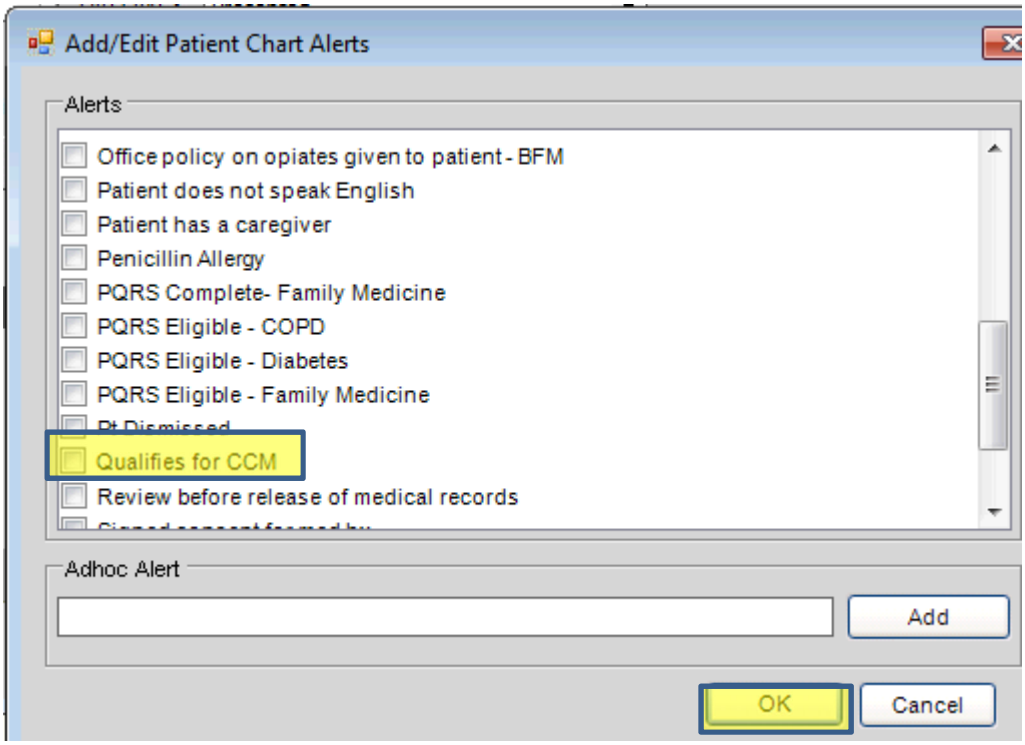
Effective, December 7, 2015, the department of Family Medicine will start billing for Chronic Care Management (CCM). The following is the note workflow.

Once a patient is identified as qualifying for CCM, a chart alert will be put in the system.

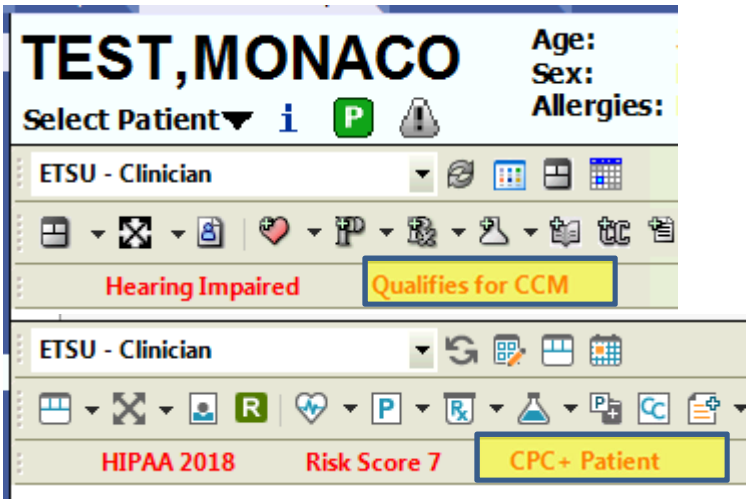
Click on the **"I"** in the **Patient Banner** and click **Add Alert**.



The **Add/Edit Patient Chart Alerts** box pop up, choose **Qualifies for CCM** and click **OK**.

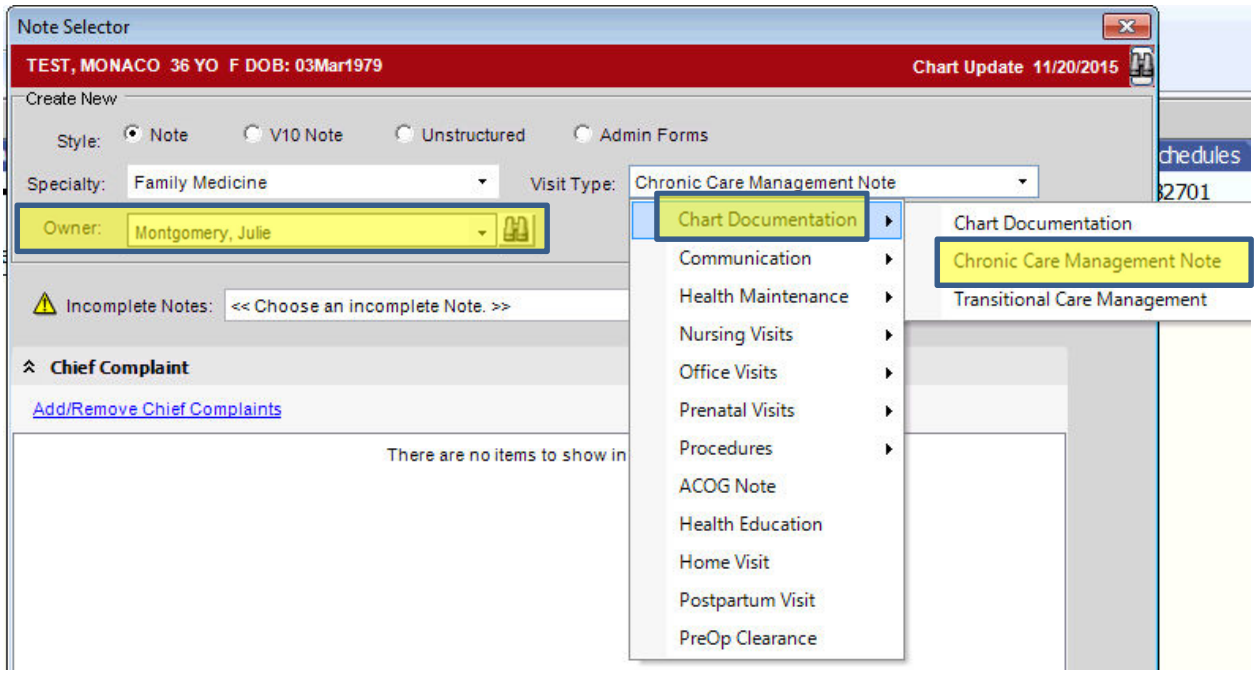


The Chart Alert will now show in the Banner. In addition, pay close attention to patient's who have been identified as a CPC+ patient. These patients will not participate in CCM.

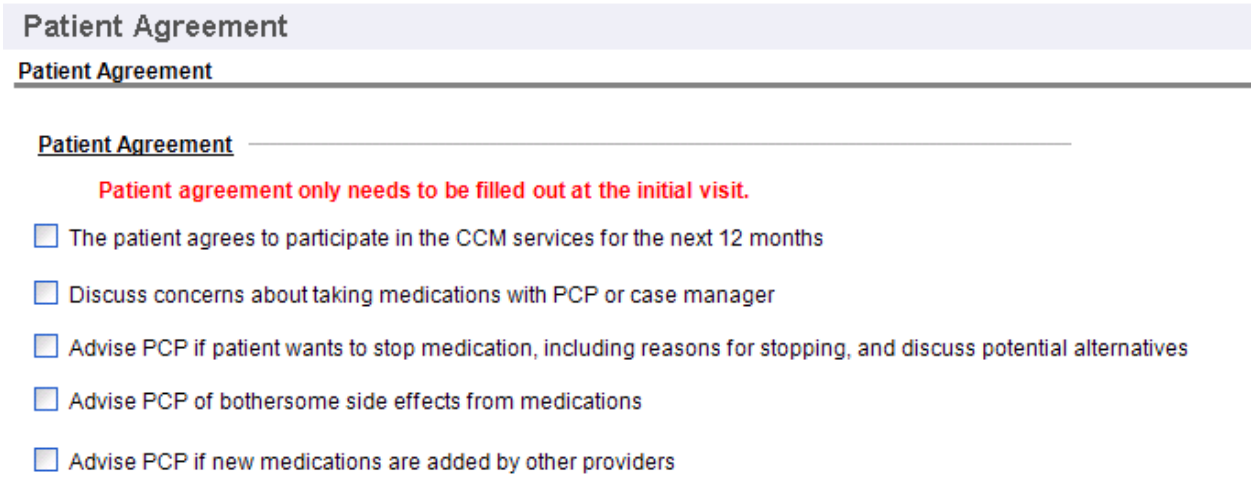


The Chronic Care Management note can be found under **Visit Type** of **Chart Documentation**.

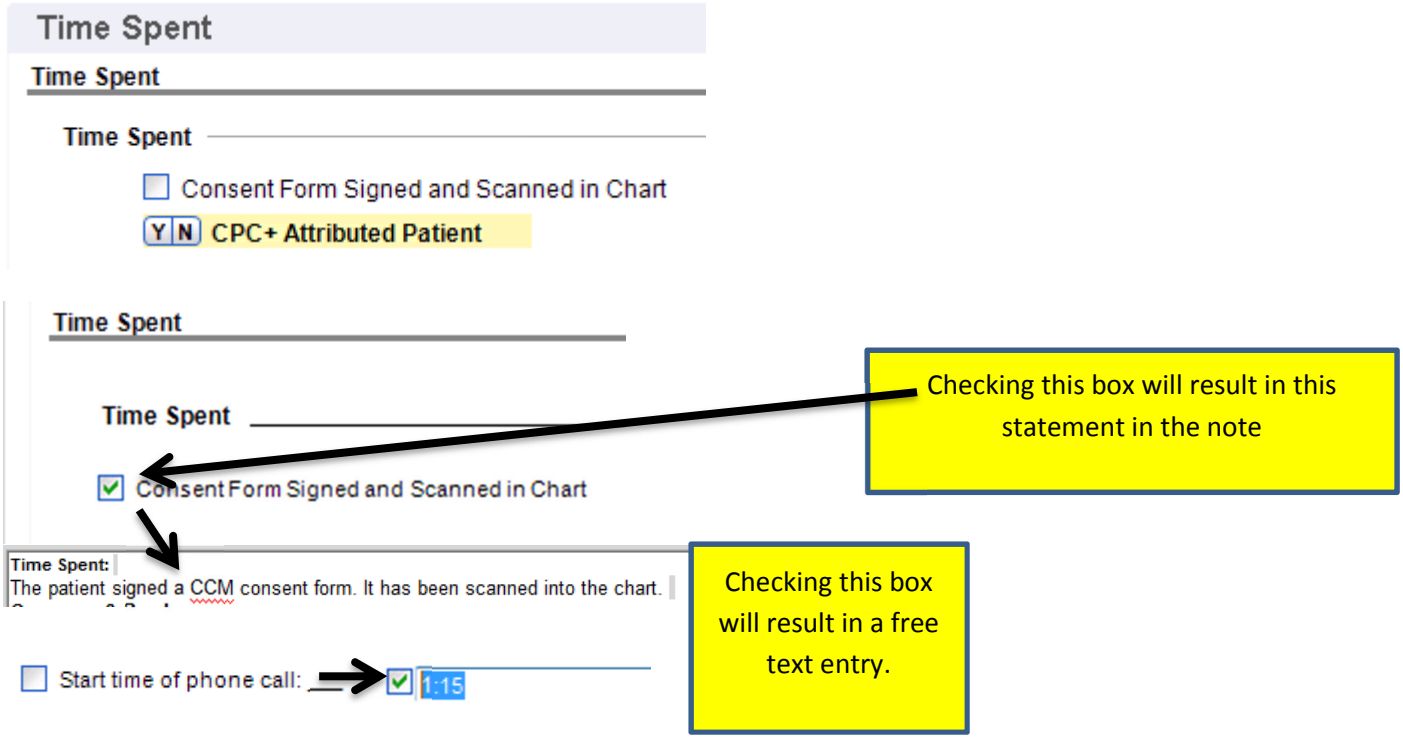
The **Owner** will be the **Care Manager**.



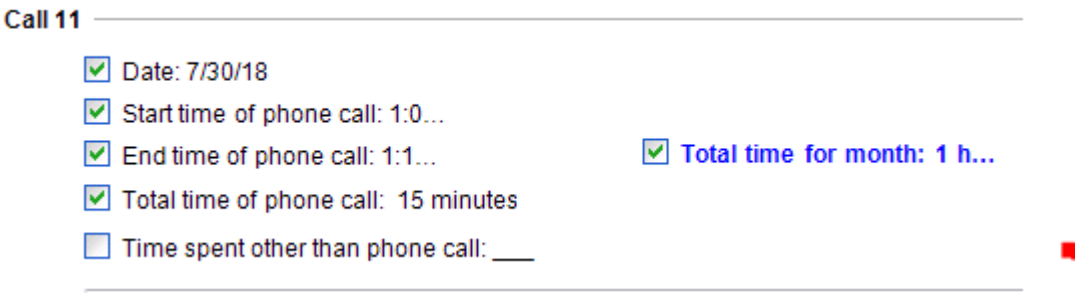
The first form that opens is the **Patient Agreement** form. This form only needs to be filled out at the initial visit.



The second form that opens is the **Time Spent** form. The first 2 questions must be filled out and by clicking the box, will result in the statement showing up in the note output.



You may speak to the patient multiple times each month, you will enter data in each call section of this form and then total the minutes spent at the bottom of the **Time Spent** form.

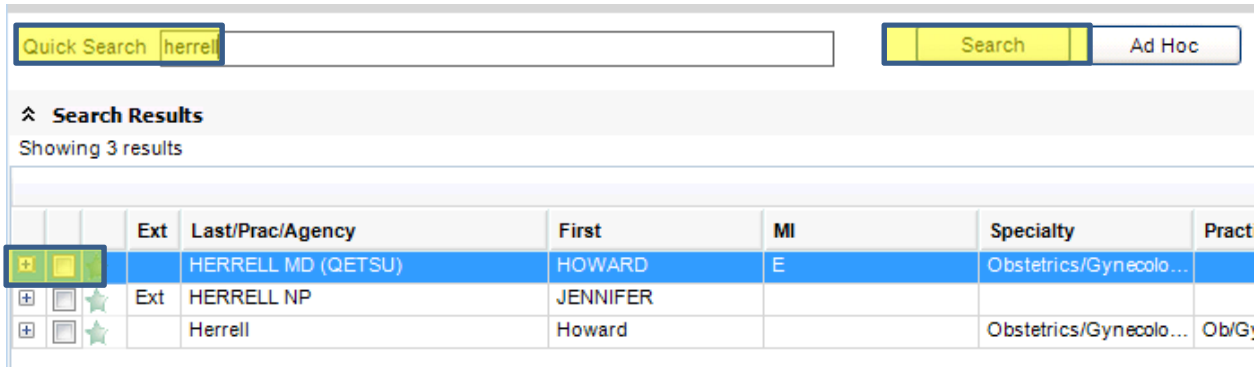


The third form that opens is the **Concerns & Barriers** form. All sections in this form will be free text.

The fourth section is the **Patient Care Team**. This will be the area that all current providers and caregivers are documented. There is also a **free text box** that will be used to document additional information as to why the patient is seeing community resources.

To add a provider, click **Add Provider/Agency** button.

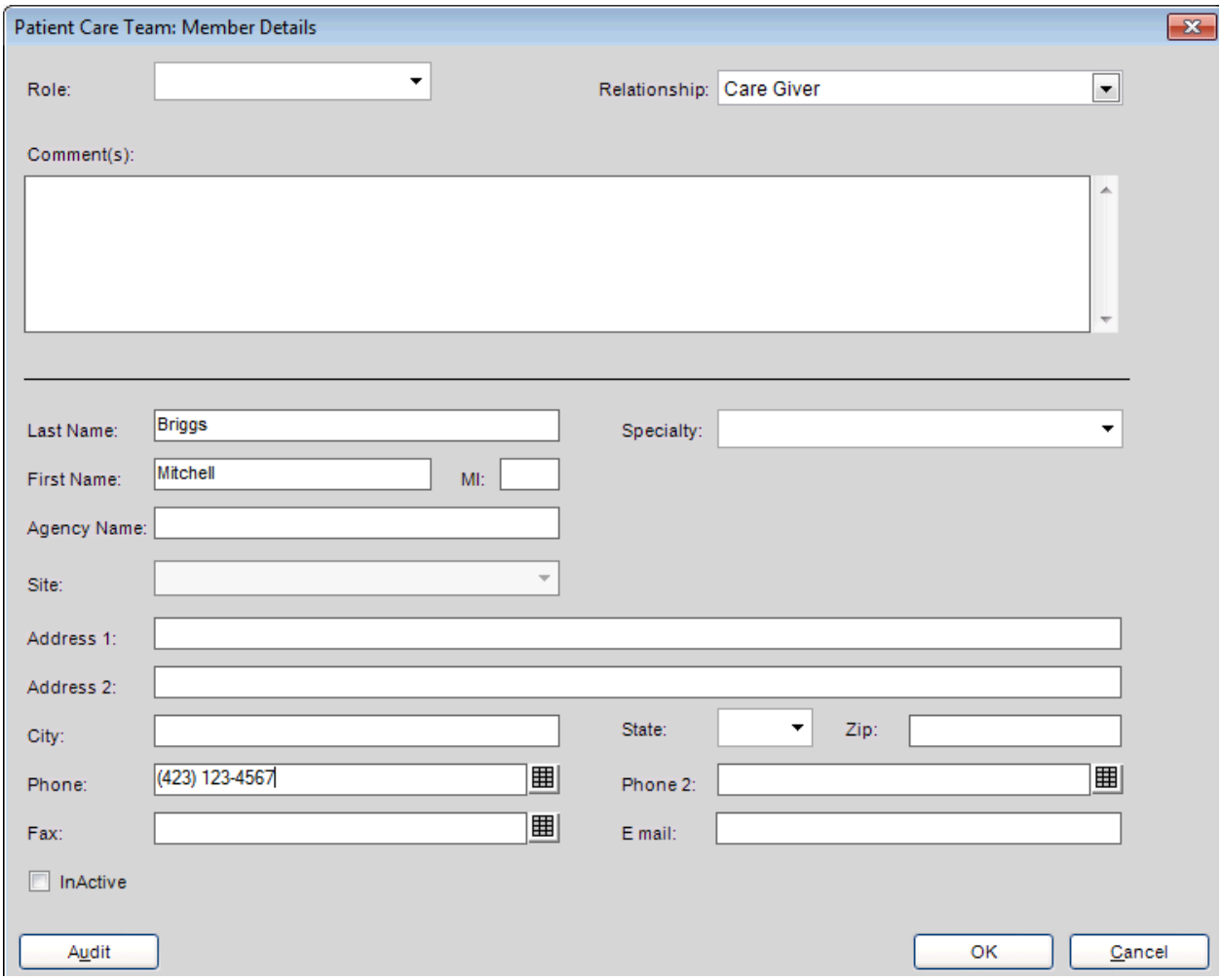
In the **Quick Search** box, type in the provider's last name and click **Search**. Click on the box beside the correct provider. Click **Ok**.

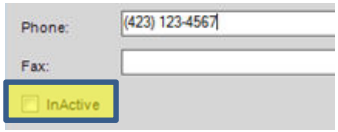


To add a caregiver, click **Add Patient Caregiver/Resource** button.

A new line will show in the **Patient Care Team** box. Click on the **Pencil** to edit

Type in the pertinent information and click **Ok**.

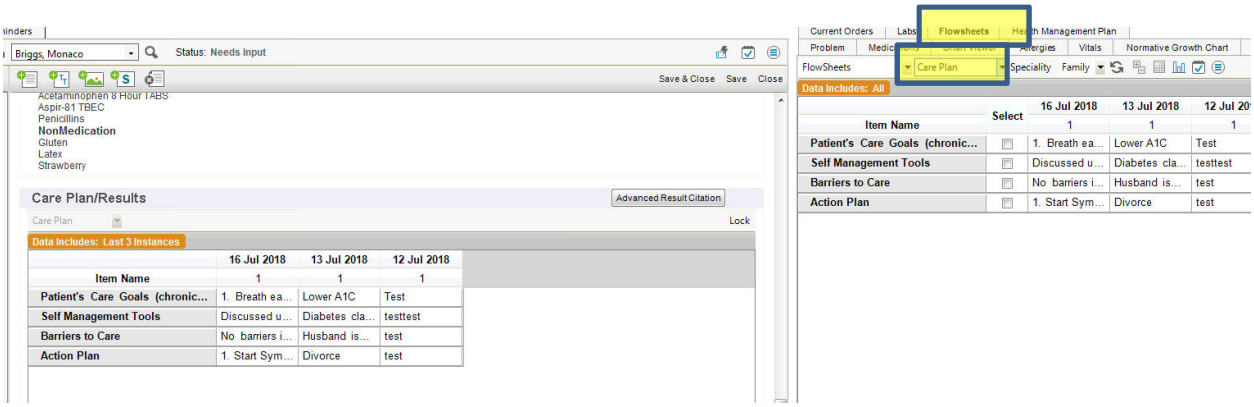


To remove an entry on the Patient Care Team, click on the pencil beside the person you wish to remove and click **Inactive**. 

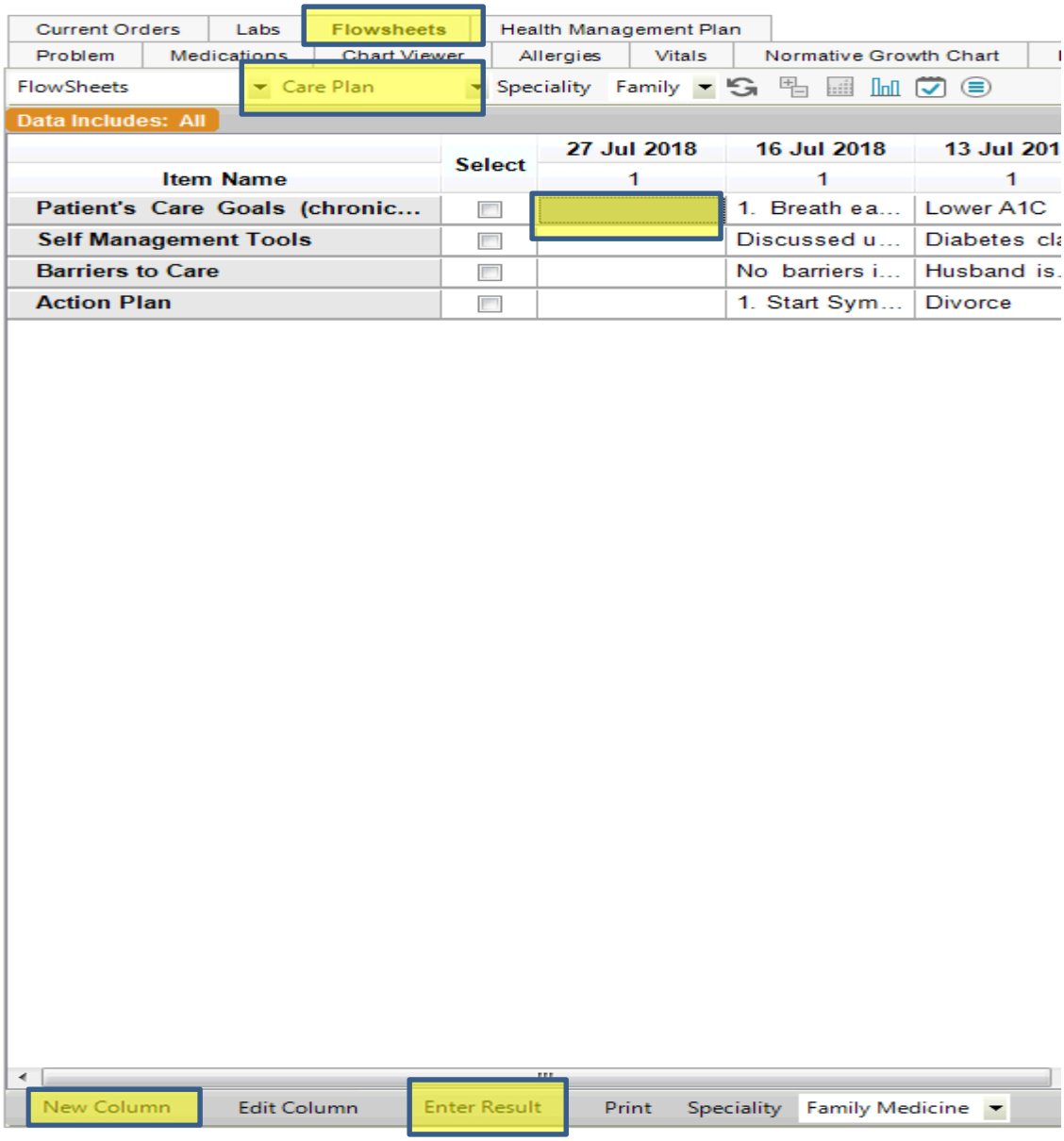
The next 4 sections auto-populate based on what is currently in the chart: **Active Problems, Past Medical History, Current Meds, and Allergies.**

The **Care Plan/Results** section is where the **Quality Measures flowsheet** will populate if it was done recently. This is also where the new **Care Plan** will populate. In addition, you can pull pertinent lab results into this section.

To fill out the **Care Plan,** go to the **Flowsheet** tab on the right side and choose **Care Plan.**



Select **New Column, click in the white and select Enter Result.**



Enter the information and click **OK**

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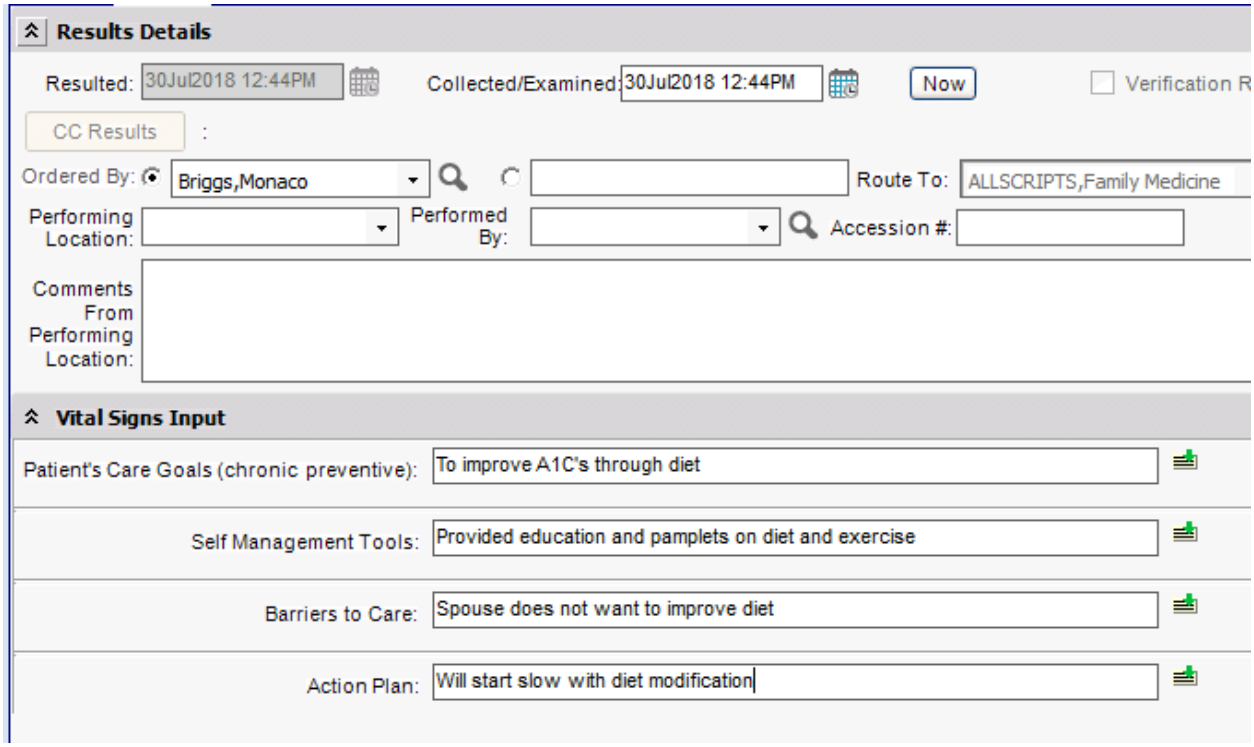
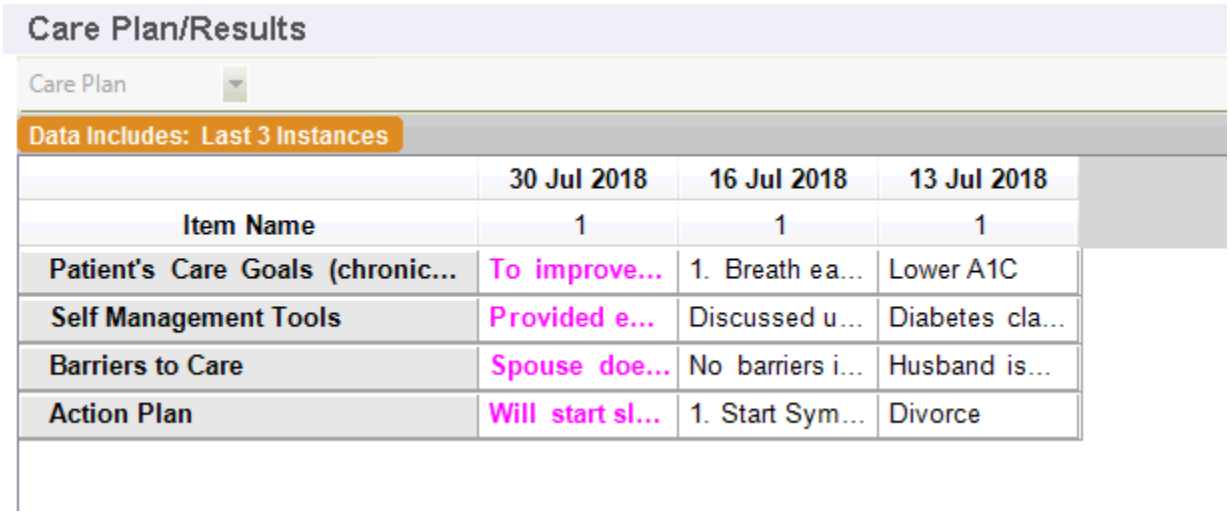
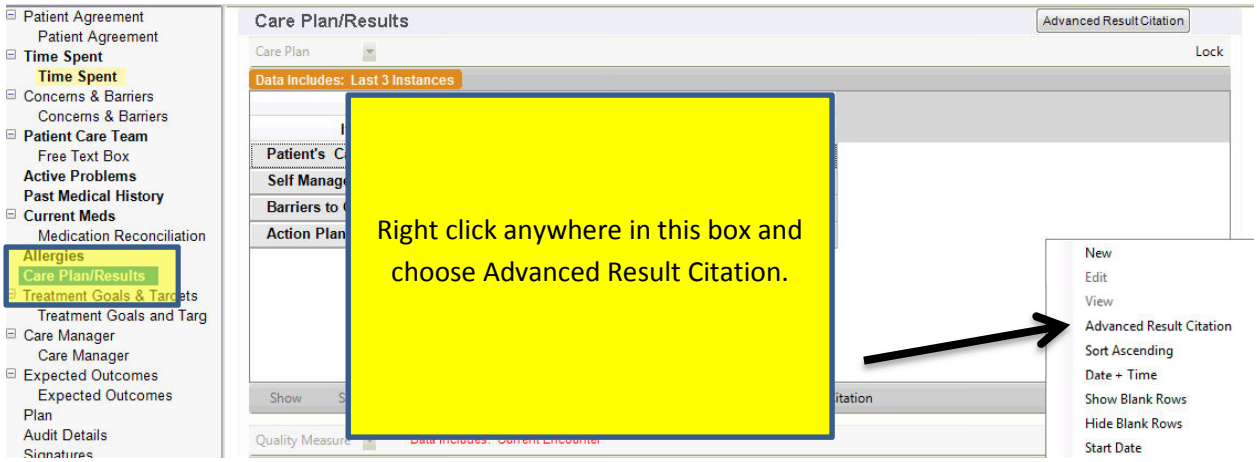
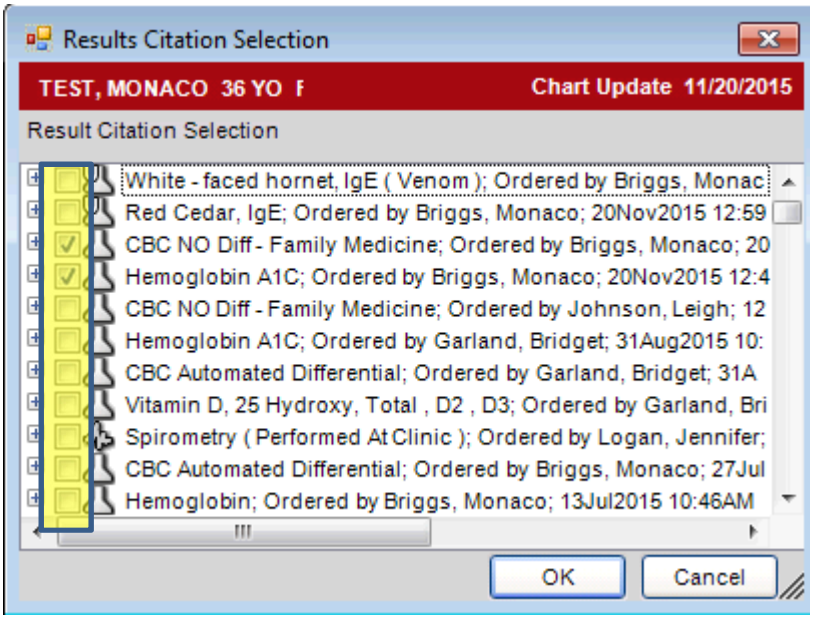


The **Care Plan** will show up in the note now.



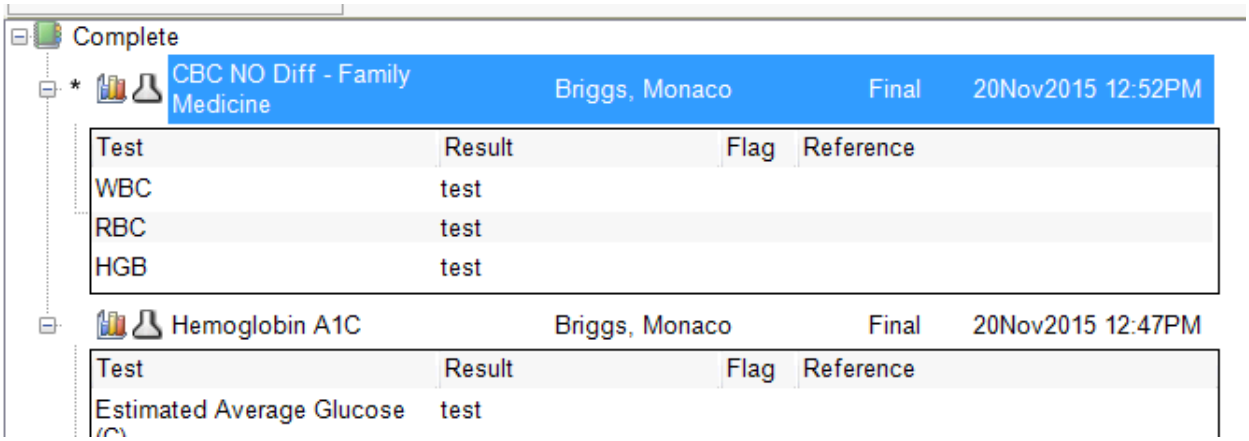
To pull a result into this section, **Right Click** anywhere in the box and choose **Advanced Result Citation.**





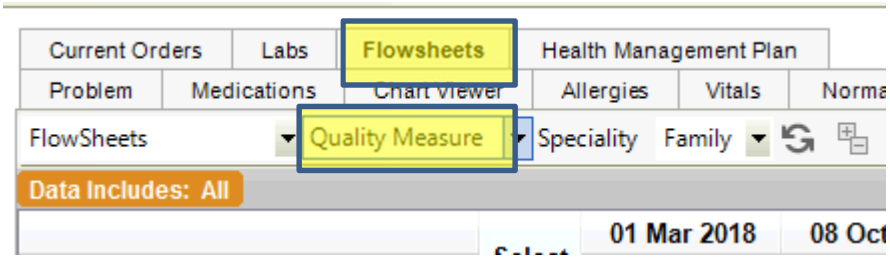
Check the boxes next to the labs you want to pull into the note. **Click Ok.**

The selected labs will now show up in the note.

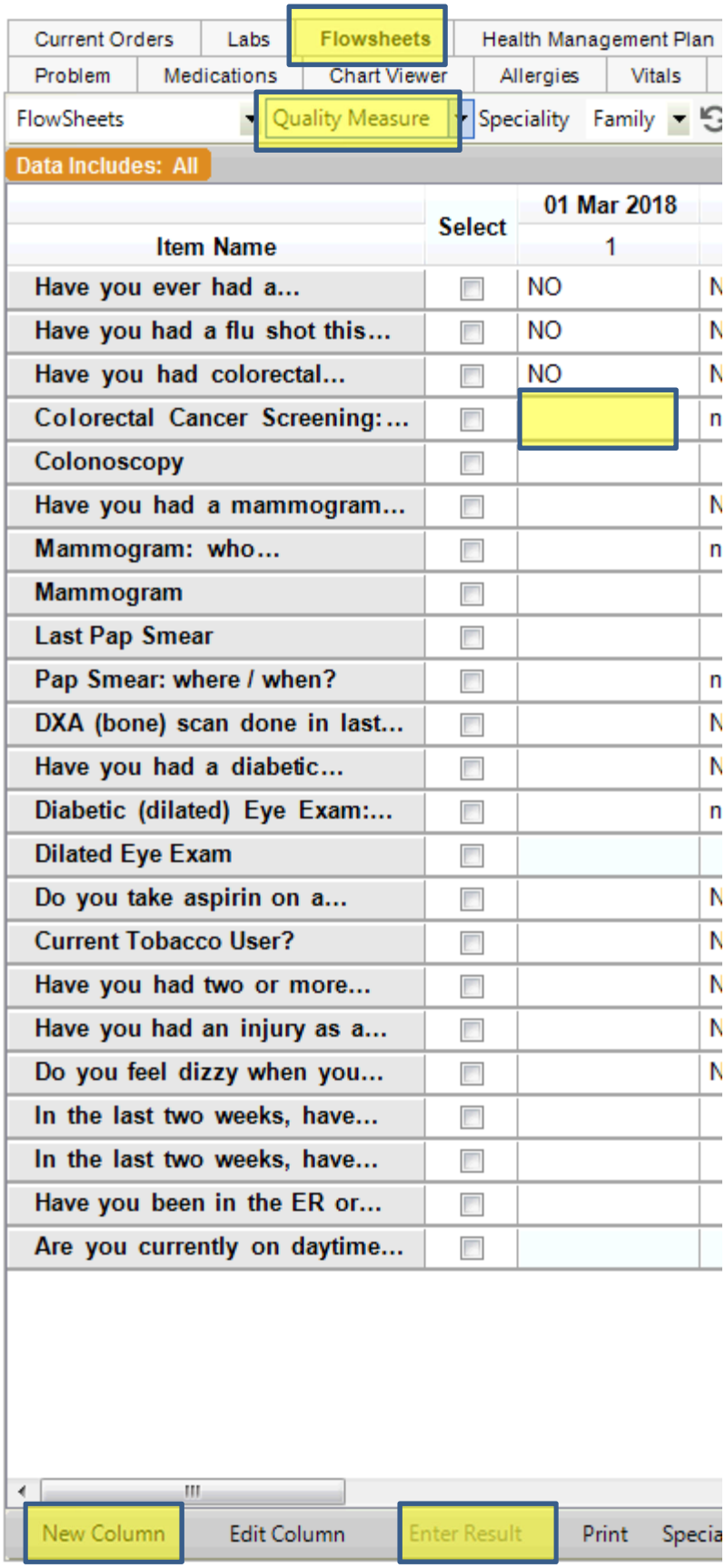


If the patient has not had a **Quality Measures Form completed, you will need to complete it over the phone.

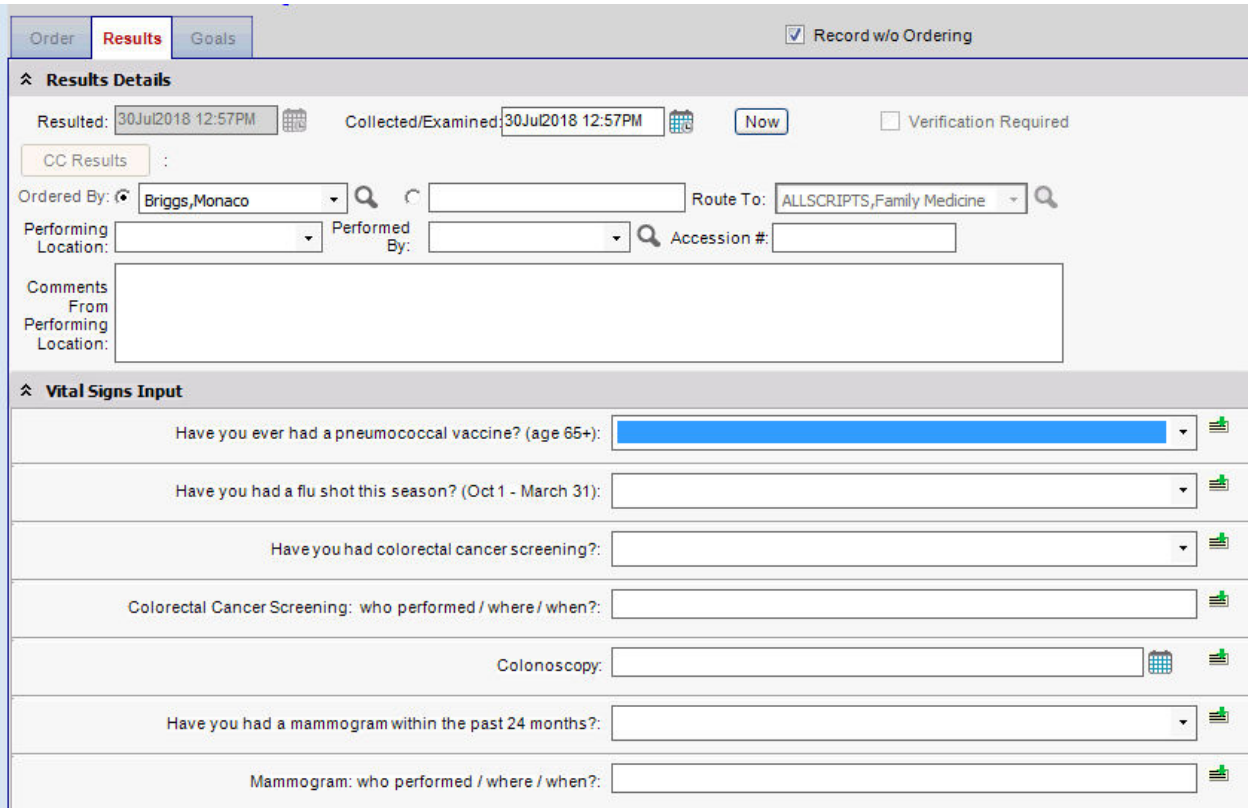
While in the note, go to the **Care Plan/Results** tab. Go to the **Flowsheet** tab on the right side and choose **Quality Measures** flowsheet**.**



Click **New Column.**


Current Orders
Labs
Flowsheets
Health Management Plan
Problem
Medications
Chart Viewer
Allergies
Vitals
FlowSheets
Quality Measure
Speciality
Family
Data Includes: All
Item Name
Select
01 Mar 2018
1
Have you ever had a...
NO
Have you had a flu shot this...
NO
Have you had colorectal...
NO
Colorectal Cancer Screening:...
Colonoscopy
Have you had a mammogram...
Mammogram: who...
Mammogram
Last Pap Smear
Pap Smear: where / when?
DXA (bone) scan done in last...
Have you had a diabetic...
Diabetic (dilated) Eye Exam:...
Dilated Eye Exam
Do you take aspirin on a...
Current Tobacco User?
Have you had two or more...
Have you had an injury as a...
Do you feel dizzy when you...
In the last two weeks, have...
In the last two weeks, have...
Have you been in the ER or...
Are you currently on daytime...
New Column
Edit Column
Enter Result
Print
Specia

This will add a new column to the flowsheet for today's date. **Right click** in one of the **blank boxes** and choose **Enter Result**.



The **Quality Measures Form** pulls up and can be filled out (See ACO Workflow). Once filled out, add the chart alert called, **QAF done- 2018.**

Treatment Goals and Targets form include free text boxes, similar to the Concerns & Barriers form.

The **Care Manager** form is also a free text form with one Y/N button.

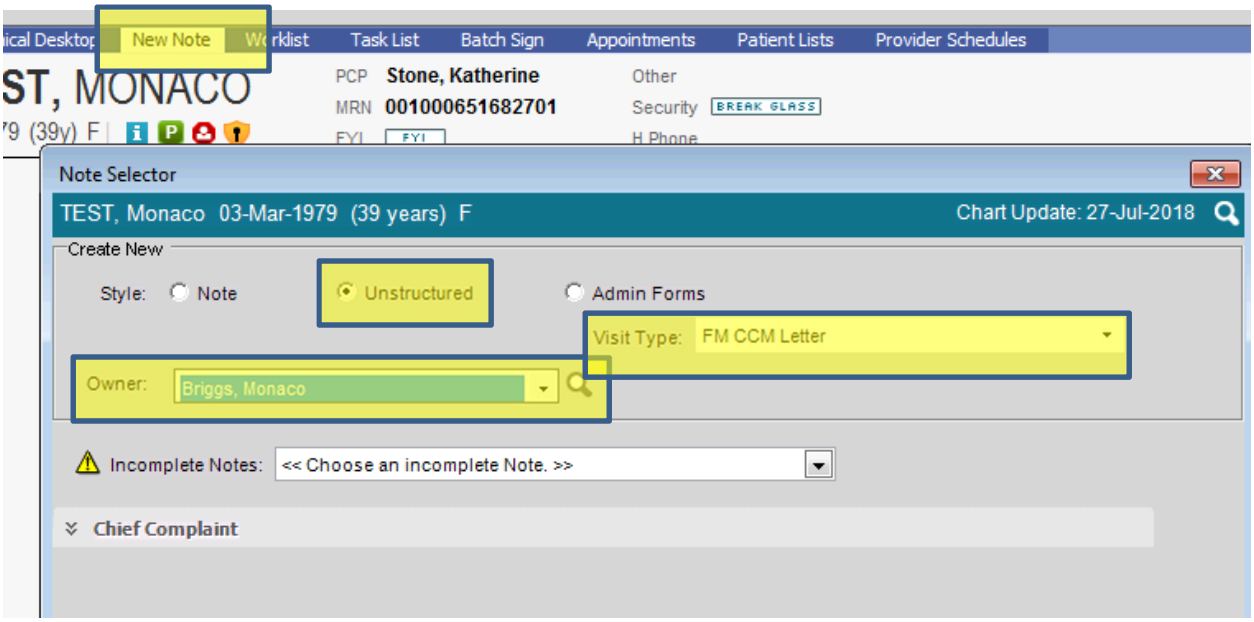
Expected Outcomes form is free text with a couple of Y/N buttons.

The **Plan** will auto populate based on orders placed in the system.

The **Signatures** section is where the care manager filling out the note each month will sign. **This note will remain open for the month and you will add to it as you talk to the patient. You will sign and finalize the note each month and open a new note the next month.**

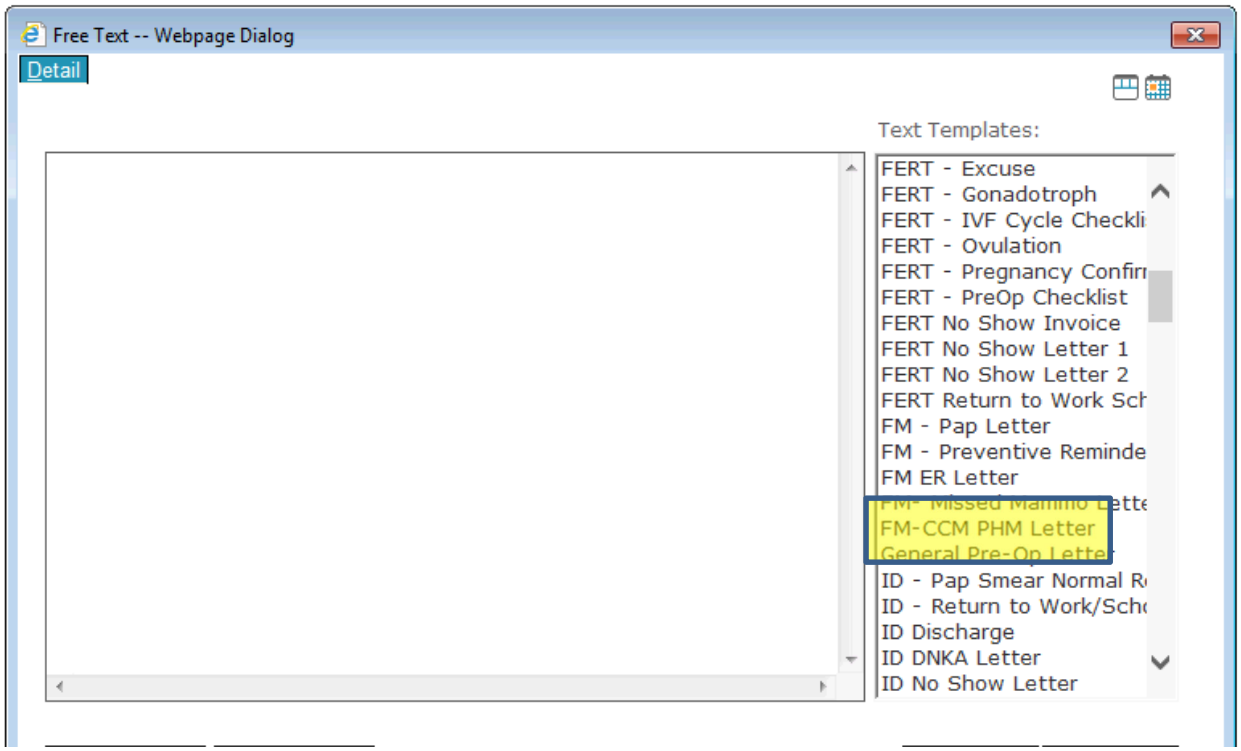
If you need to mail the patient their **Care Plan** or **Resources,** you will need to also complete the **FM- CCM PHM Letter.**

Click on the **New Note** tab at the top. The **Note Selector** will pop up. You will click on **Unstructured.** Visit Type: **FM CCM Letter** Owner: **You** and click **OK**



At the bottom of the next screen, click on **TEXT.**

When the Text Template box pops up, choose **FM-CCM PHM Letter**



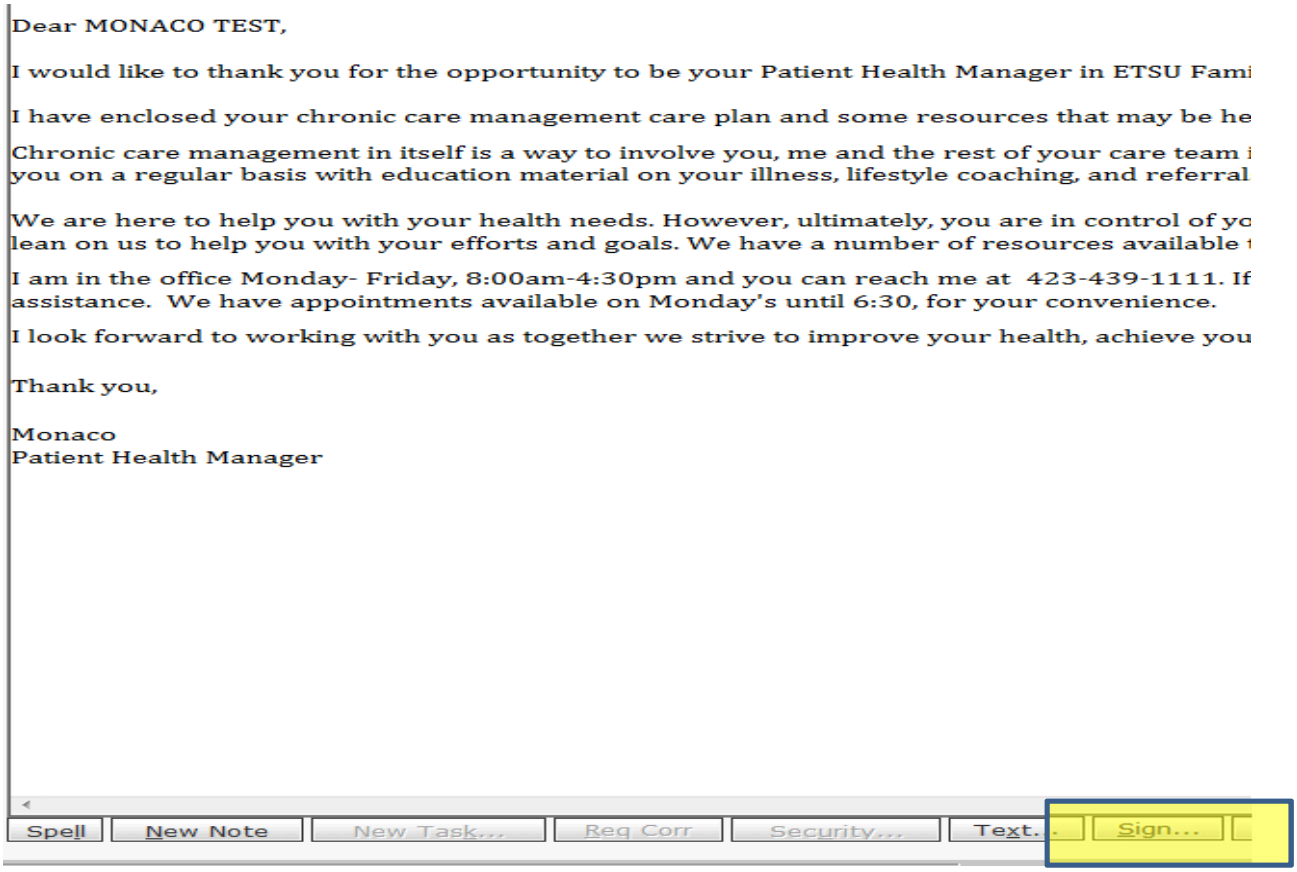
There are a few text boxes that will need to be filled out in the box.

Double click in the box after **"you can reach me at"** and enter your phone number.

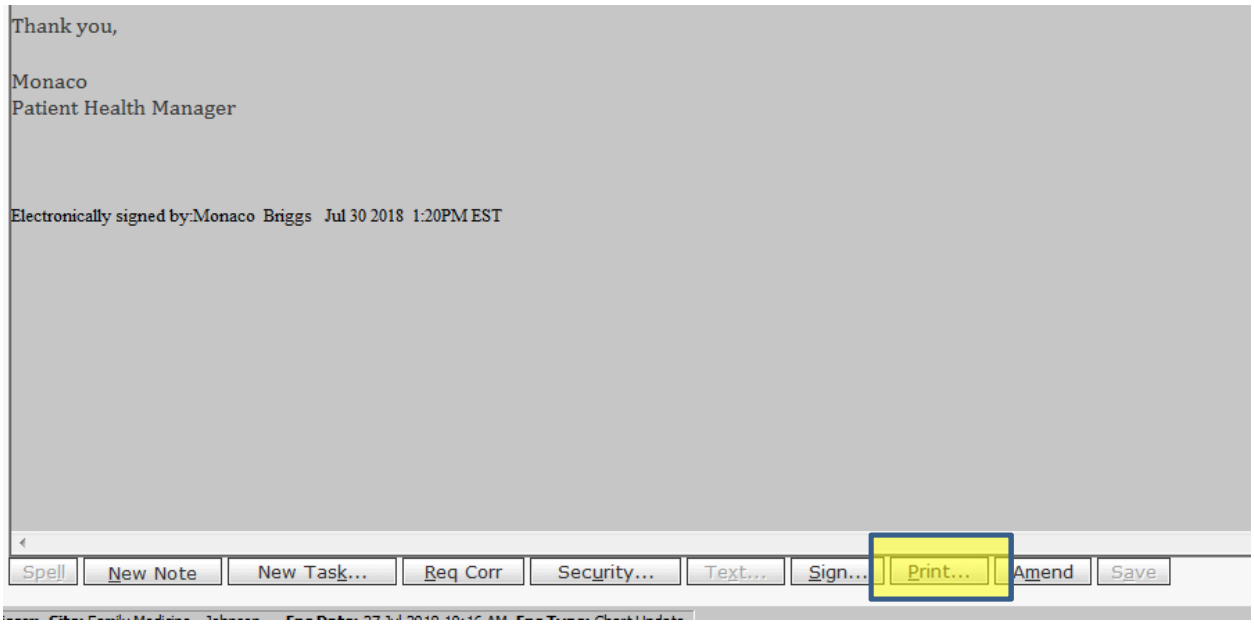
Double click in the box after **"we have appointment available on"** and enter the day of your extended hours.

After **"thank you"** you will enter your information and click **ok.**

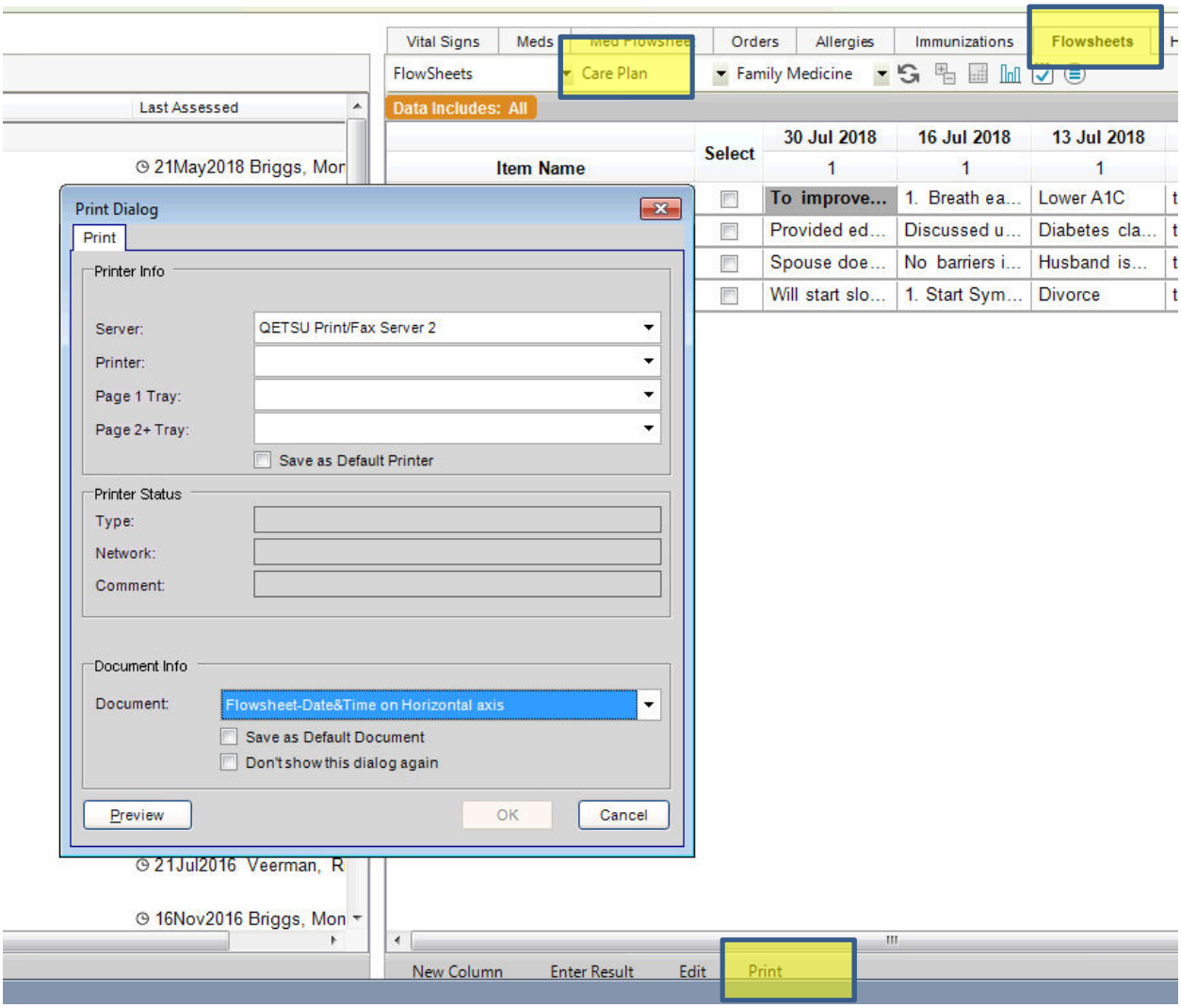
Click **Sign**



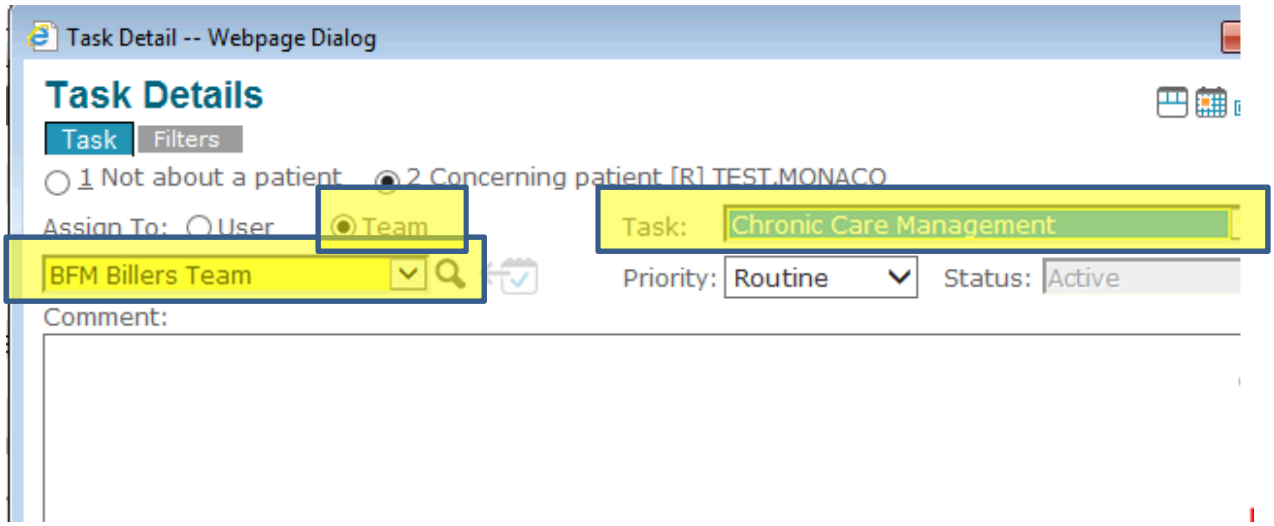
Once the letter is signed, you can click **Print** and mail the letter to the patient.



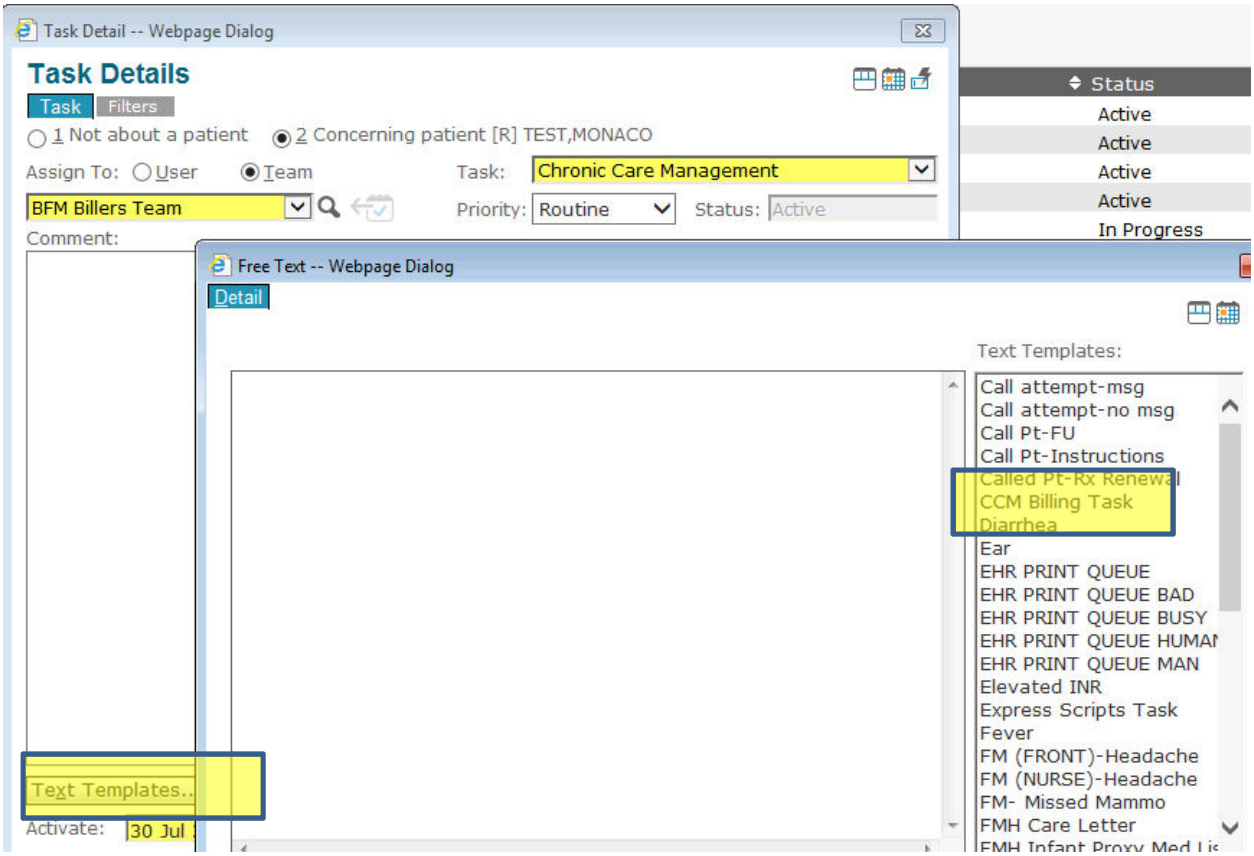
If you will be sending the care plan to the patient, you can go to the **Flowsheets** tab and select **Care Plan**. At the bottom, select **Print.**



At the end of each month and it's ready to be billed, be sure to **Sign** and **Finalize** the note. Then go to the **Task List** tab and choose **New.** In the **Task:** Choose **Chronic Care Management** Choose **Team** and select the correct **Billers Team.**

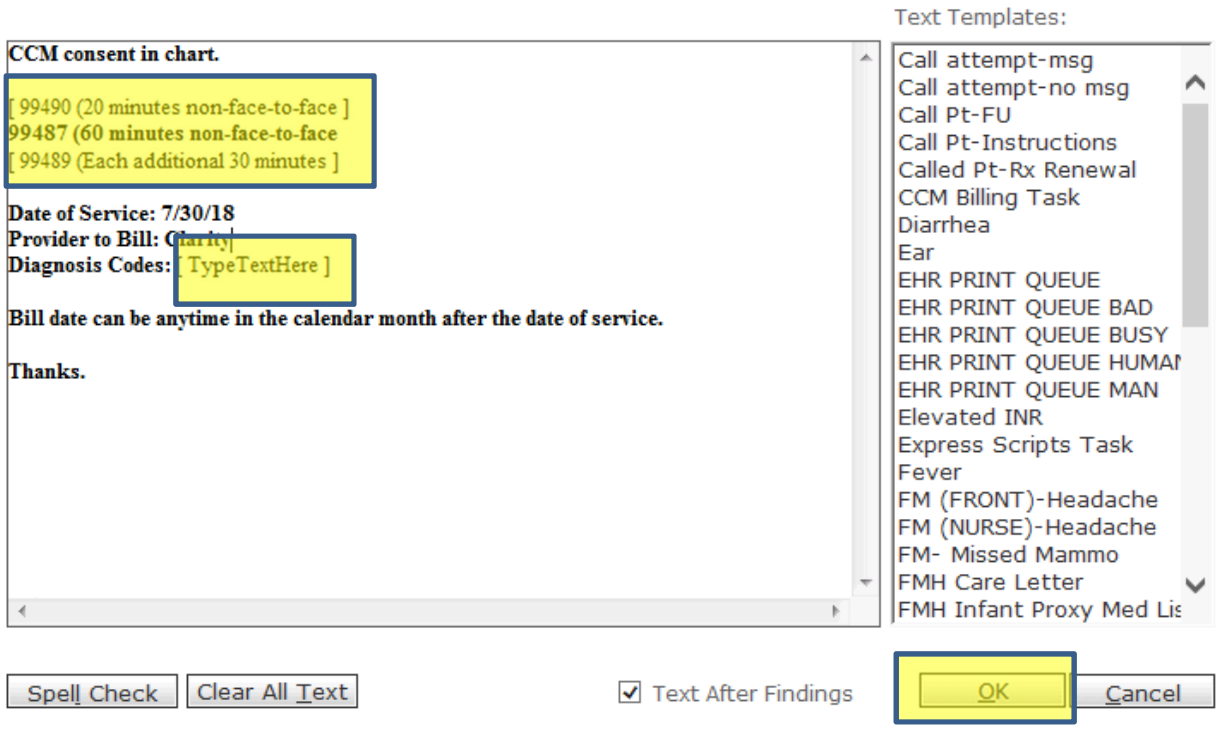


Then select **Text Templates** and choose **CCM Billing Task.**



Double click on the billing code that applies and type in the information in the **"type text here"**

Click **ok.**


Text Templates:
CCM consent in chart.
[99490 (20 minutes non-face-to-face]
99487 (60 minutes non-face-to-face
[99489 (Each additional 30 minutes]
Date of Service: 7/30/18
Provider to Bill: Clarity
Diagnosis Codes: [TypeTextHere]
Bill date can be anytime in the calendar month after the date of service.
Thanks.
Call attempt-msg
Call attempt-no msg
Call Pt-FU
Call Pt-Instructions
Called Pt-Rx Renewal
CCM Billing Task
Diarrhea
Ear
EHR PRINT QUEUE
EHR PRINT QUEUE BAD
EHR PRINT QUEUE BUSY
EHR PRINT QUEUE HUMAN
EHR PRINT QUEUE MAN
Elevated INR
Express Scripts Task
Fever
FM (FRONT)-Headache
FM (NURSE)-Headache
FM- Missed Mammo
FMH Care Letter
FMH Infant Proxy Med Lis
Spell Check
Clear All Text
Text After Findings
OK
Cancel