

These items should be considered with or without Pharmacy Partner Collaboration

Collaborative Care

- Who will be on the Chronic Care Management (CCM) care team?
- Who will be accountable for establishing, implementing, revising, or monitoring patients' Comprehensive Care Plan?
- What will be the role of each team member?
- How will team members communicate?
- How frequently will team members communicate?
- Who are the key points of contact for the team?
- Who are the key points of contact for the patient?
- How will non-clinical staff support care delivery in all settings?
- How will you structure the business relationship between the Qualified Health Provider (QHP) and clinical staff (e.g., leased, contracted, employed)?
- Will you create a collaborative practice agreement (required in some states) to facilitate efficiencies in care delivery?

EHR and Communication

- Is the QHP compliant with CCM's EHR requirements?
- How will CCM services be documented by the QHP to ensure all necessary information is available if audited?

Patient Enrollment and Consent

- Which patients will the care team target for CCM services?
 - *Eligibility Requirements:* Two or more chronic conditions expected to last at least 12 months or until the death of the patient, when those conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline.
 - Must have been seen within the past 12 months, or schedule a required face-to-face office visit or Annual Wellness Visit (AWV).
 - For trial, dually eligible Medicare/Medicaid beneficiaries with diabetes will almost always have a secondary eligible chronic condition and Medicare primary/Medicaid secondary.
- How do you obtain consent from the patient to participate?
- What is the process that will be used by each member of the care team after the patient gives consent (e.g., first person to contact the patient, routine questions to ask, process of care)?

Billing

- A minimum of 20 minutes of CCM services are required each month.
- How will you ensure CCM is not billed in the same month as other CPT codes that are precluded from being billed concurrently with CCM's 99490?
- How will all members of the care team ensure duplicate services are not being provided in the same month or that services are not being counted toward multiple CPT codes (e.g., for E/M visit and CCM)?

Miscellaneous

- Although a copay exists for Medicare beneficiaries, if they are dually eligible, the copayment will be covered by Medicaid.
- Patients not seen within one year of starting CCM must initiate a face-to-face visit with the billing provider, another opportunity for billing additional CPT codes.
- Consider offering CCM enrollment during Medicare Annual Wellness Visits.
- CCM can be done at the practice, via partnership with pharmacist or pharmacy school, or outsourced to a third party.