

Chronic Care Management (CCM) Readiness Review

Preparation for implementing chronic care management services is a complex process and requires planning and forethought. This checklist is designed to help organizations determine their level of readiness as they plan for the necessary steps to implement a chronic care management program.

Readiness Review Criteria	Yes	No	N/A	Comments
A. Medicare Provider Criteria				
1. The organization has identified a Medicare provider entity that has a desire to implement chronic care management program services. The Medicare provider is willing to enter into a contractual agreement for the organization to operate as a third-party care management organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Partner agrees to enter into a formal written agreement that defines how reimbursement will be used to cover program expenses and revenue over expenses (surplus).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If Partner is an FQHC or RHC (rural health center), the organization understands the care management billing process for FQHCs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Partner agrees to collaborate with the organization to identify eligible clients and enroll them in the care management program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The organization that will serve as the Medicare provider has the capacity to bill and collect for services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Willing to accept liability for billing for CCM services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Has a current Medicare provider number (PTAN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has a National Provider Identifier (NPI).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Establishes an intake process that includes insurance identification and confirmation of secondary insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Establishes a billing process with roles and responsibilities identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Identifies a process to track and correct denied claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Ability to segregate and track receivables and provide ad-hoc reports on CCM collections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Readiness Review Criteria	Yes	No	N/A	Comments
3. Clinical staff provisions have been made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. The organization and partner(s), including the Medicare provider, agree on each organization's contribution to staffing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Cost of staffing for each organization is factored into the total cost of delivering the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. CCM services are conducted under general supervision of an eligible Medicare Provider (physician or non-physician provider). The supervising provider has a process to review the CCM person-centered plan and the subsequent monthly CCM intervention documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Medical Records/HIPAA have been discussed and planned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Process is in place for documenting, storing, and securing protected health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. CCM intervention documentation must adhere to HIPAA standards for protection of health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Records must be stored and made available for a minimum of ten (10) years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. All staff and volunteers who handle protected health information receive HIPAA compliance training at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The CCM documentation must be incorporated into the medical records of the billing provider. You must establish a process to exchange the CCM documentation to the provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Break-even analysis has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Number of projected beneficiaries to receive CCM services will meet program expense projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Responsibilities for consumer recruitment identified and will be a collaborative effort between the Medicare Provider and the Organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. CCM Implementation Planning				
1. CCM Priority Population identified in collaboration with the provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. CCM consent process defined with clear definitions of roles and responsibilities, along with consumer information regarding applicable cost-sharing responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Readiness Review Criteria	Yes	No	N/A	Comments
3. Person-Centered Planning process developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Each CCM participant should have a person-centered plan that is derived from a comprehensive needs assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Person-centered planning should include factors that include medical, psychological social, and psychosocial factors that impact health outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Person-centered plan should list the community-based interventions to include evidence-based programs, evidence-informed interventions, and disease self-management support in addition to prescribed medical interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. The Medicare Provider can bill for the time that he or she spends in the development and/or review of the person-centered plan. The HCPCS code is G0505.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Establish a process to share the person-centered plan with all members of the care team, including the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Establish a process to document the monthly CCM intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. CCM services are provided on a calendar month basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Each intervention should be in support of a goal in the person-centered plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. CCM is billed based on time and complexity. There must be a process to track and capture the time that is spent on behalf of each client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. CCM clinical staff can include, but is not limited to, health coaches, community health workers, nurses, dietitians, and social workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Each CCM clinical staff member will document each intervention and will capture the time and intervention provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The CCM documentation must be incorporated into the electronic health record of the provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. There must be a process to aggregate all of the time spent in support of each consumer – over the course of each calendar month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

h. CCM service interventions will be captured in the E.H.R. and reviewed by the billing provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Process for filing claims based time and complexity. Chronic care management (20 min) or Complex Chronic Care Management (60 min).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Program Management Requirements				
1. Organization should have a program coordinator that will be responsible for monitoring the performance of clinical staff in achieving defined goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Program Coordinator must ensure that clinical staff are implementing community-based interventions to address the needs of the population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Coordinator is responsible for developing and implementing the program continuous quality improvement process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Coordinator must meet with Medicare Provider billing staff to reconcile charges and collections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewer Name: _____

Date: _____