

Medicare's Chronic Care Management Payment

Earn up to \$43 per Patient per Month Enroll Patients in Your New Chronic Care Management Program Today!

Medicare now pays for non-face-to-face services for **Chronic Care Management (CCM)**. Physicians can be paid via CPT Code 99490 for time invested outside of regular office visits—including phone, text or care coordination activities—to manage their patients with chronic conditions.



Participation Criteria:

- Medicare patient diagnosed with 2+ chronic conditions
- Participation must be initiated during an AWV, IPPE, or comprehensive E/M visit (billed separately)
- A comprehensive patient-centered care plan must be in place
- 20 minutes of non-face-to-face clinical staff time invested per calendar month
- Provider must obtain the patient's written consent
- Single provider enrollment

The GBS Chronic Care Management suite is a stand-alone product that will incorporate within the NextGen application. Our product includes chronic care templates, documents required for chronic care management, and chronic care management reports.

Our Chronic Care Management Product Includes:

- ✓ Fully developed Chronic Care Plans for Diabetes, Hypertension, Obesity, CAD, CHF, COPD, and CKD
- ✓ Fully integrated with Phone Services (Intelligent Voice Reminders)

✓ Chronic Care Templates to:

- Enter chronic care conditions
- Review chronic care conditions being managed
- Reconcile medication
- Record patient engagements
- ✓ Chronic Care Reports include:
 - Qualified patients not contacted
 - Patients enrolled
 - Monthly billing
 - Qualified patients not billed
 - Patients enrolled elsewhere
 - Patients who opted out / terminated

- ✓ Chronic Care Documents include:
 - Patient enrollment
 - Patient revocation
 - Care record instructions
 - Comprehensive care plan

Advanced Professional Services Configuration & Workflow Training

For additional information on GBS' CCM product, please contact Pat Diana at 800.860.4427 ext. 2202 or ccmteam@gbscorp.com.