



CHRONIC CARE MANAGEMENT

Medicare launched the Chronic Care Management program on January 1, 2015. The rationale is that with an increase of contact between providers and patients, this would result in more control over chronic care issues and prevention of escalating issues.

Patient Requirements:

- Medicare patient
 - A patient with 2 or more chronic issues, expecting to last at least 12 months
 - Medicare pays \$42.50 per month (National Average) as long as the provider meets the 10-12 requirements
- Certified EHR
- Provide a shared summary
- Individual Care Plan
- MUST COMMUNICATE WITH PATIENT FOR 20-MINUTES

The doctor must provide orders to patient requiring the patient to utilize CCM service

Benefits:

- Revenue Generation: The average doctor's solo practice has 300-500 patients that are Medicare who would qualify for the program. Once the program is put in place the doctor could make an additional \$6,000 to \$10,000 a month from their portion of the split (\$19.80/month).
 - The physician bills Medicare for the service at \$42.50. transitionMED will bill the physician \$22.70, leaving a revenue of \$19.80 for the physician.
- Improved patient care: For example, a patient with a heart condition has gained 5 pounds in 1-month, this would prompt an escalation report that would be provided to the doctor. This would result in an office visit for the doctor, which equates to more revenue and better patient care.
- No additional staff burden:
 - transitionMED will identify the eligible patients from the practice's 2015 health records and provide a qualifying list to the doctor(s).
 - transitionMED will call patients, create the care plan and send all required documents to the physician.
- Hospitals can't bill for Chronic Care Management services, but if they have physician groups they refer to internally, transitionMED can achieve the goal of improving patient care and also drive revenues.



Easy Step-by-Step Launch Process

1. transitionMED will analyze the data file with all patient billings from January 1, 2015 to present: sort the data and separate all patients who qualify for the program. This frees medical staff to focus on their daily responsibilities.
2. transitionMED will provide a master list of all qualifying patients to the practice/hospital.
3. The physician will provide orders to patient explaining why the service is needed. The physician signs this statement with patient information and sends it to transitionMED.
4. transitionMED will contact the patient and inform the patient that a packet will be arriving with information on the program. The packet will also include a signed letter from the doctor explaining why the service is needed. If the patient chooses to utilize the service, he/she must sign the letter and return it to transitionMED in the stamped envelope provided. A copy is provided to the physician.
5. The patient is then assigned a medical staff member from transitionMED. This will be a permanent assignment in order to build a relationship.
6. The program starts soon after the above steps and the practice will be sent notification of which patients they can bill the \$42.50 (national average) each month. Then transitionMED will bill the practice for the \$22.70 service fee.
7. Monthly reports about consultations will be forwarded to the physician electronically and a primary contact person will be assigned to address issues.

Please contact Kraig Vondran at 785-477-1626 or kraigvondran@transitionmed.com for more information or questions.



MARCH 30 (Wednesday) at 5:00 pm: *Chronic Care Management.* This Webinar highlights how to easily implement Chronic Care Management into your practice to improve patient care while increasing your bottom line. Register here:

<https://attendee.gotowebinar.com/register/3865256534941824772>

APRIL 6 (Wednesday) at 5:00 pm: *Chronic Care Management.* This Webinar highlights how to easily implement Chronic Care Management into your practice to improve patient care while increasing your bottom line. Register here:

<https://attendee.gotowebinar.com/register/1742572371706340356>

APRIL 13 (Wednesday) at 5:00 pm: *Chronic Care Management.* This Webinar highlights how to easily implement Chronic Care Management into your practice to improve patient care while increasing your bottom line. Register here:

<https://attendee.gotowebinar.com/register/8448642223581933060>

APRIL 14 (Thursday) at 5:00 pm: *Chronic Care Management.* This Webinar highlights how to easily implement Chronic Care Management into your practice to improve patient care while increasing your bottom line. Register here:

<https://attendee.gotowebinar.com/register/1448968682229730564>

APRIL 27 (Wednesday) at 5:00 pm: *Chronic Care Management.* This Webinar highlights how to easily implement Chronic Care Management into your practice to improve patient care while increasing your bottom line. Register here:

<https://attendee.gotowebinar.com/register/1491206421410767876>

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This chart shows the potential revenue that could be earned by one Kansas Physician. We are taking the net reimbursement figure (Base reimbursement, less TransMED fees) and multiplying it by the number of qualifying patients (which will vary per physician).

Revenue Potential for one Kansas Physician

Net to provider	# of Providers	# Patients Each Provider	Example Total # patients	Monthly Revenue	Annual Revenue
\$17.93	1	20	20	\$358.60	\$4,303.20
\$17.93	1	30	30	\$537.90	\$6,454.80
\$17.93	1	40	40	\$717.20	\$8,606.40
\$17.93	1	50	50	\$896.50	\$10,758.00
\$17.93	1	60	60	\$1,075.80	\$12,909.60
\$17.93	1	70	70	\$1,255.10	\$15,061.20
\$17.93	1	80	80	\$1,434.40	\$17,212.80
\$17.93	1	100	100	\$1,793.00	\$21,516.00
\$17.93	1	150	150	\$2,689.50	\$32,274.00
\$17.93	1	200	200	\$3,586.00	\$43,032.00
\$17.93	1	300	300	\$5,379.00	\$64,548.00
\$17.93	1	500	500	\$8,965.00	\$107,580.00

The average physician in the US has 300-500 patients that qualify for the program.

As you can see if a physician has just 50 patients that qualify, that would result in additional revenues of \$10,758 a year or 100 patients for each provider would generate an additional \$21,516 in revenue.

If a physician has the national average of 300-500 patients that qualify, you are looking at \$64,548 to \$107,580 in revenue.