

Chronic Care Management

User Guide

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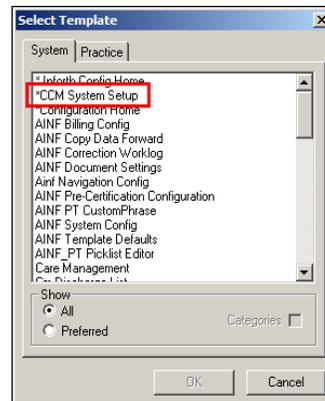
CHAPTER 1

Documenting Encounters for Chronic Care Patients

This guide provides instructions for using the **Chronic Care Management (CCM)** practice templates.

Open the CCM System Templates

- 1 Log on to **NextGen Ambulatory EHR**.
- 2 From the **File** menu, click **System\Practice Template**.
The **Select Template** window opens.
- 3 In the Show section, click **All**



- 4 Double-click **CCM System Setup**.
The **CCM System Setup** template opens.

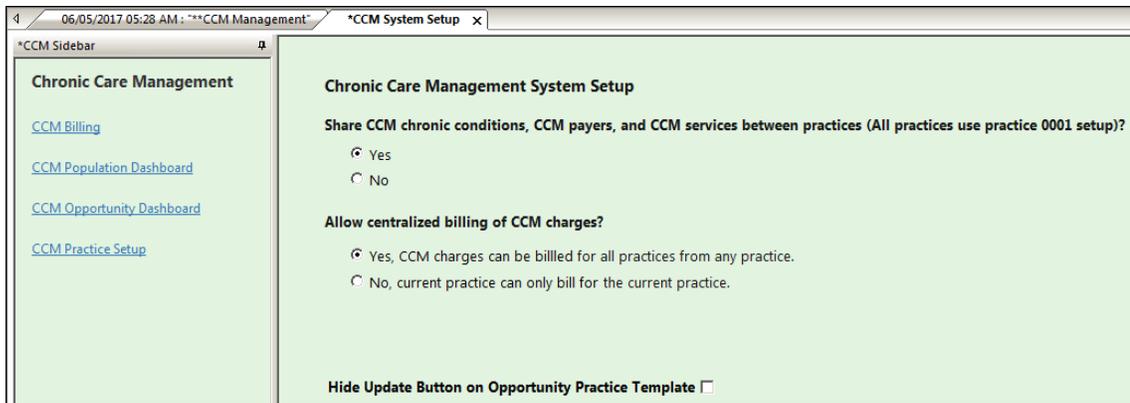
CHAPTER 2

CCM System Setup Template

The **CCM System Setup** template is the central location for configuring the CCM templates. The system template includes the following components:

- › CCM System Setup
- › CCM Practice Setup (see "CCM Practice Setup Template" on page 9)
- › CCM Billing (see "CCM Billing Template" on page 32)
- › CCM Population Dashboard (on page 70)
- › CCM Opportunity Dashboard

The **Chronic Care Management System Setup** section allows you to set defaults that impact the CCM Billing and CCM Opportunities Dashboard templates.



Based on the organization's preferences, you can set up the options for billing and population opportunities as follows.

Option	Click	Result
Share CCM chronic conditions, CCM payers, and CCM services between practices.	Yes	Allows all the practices in an enterprise to view all the CCM chronic conditions, CCM payers, and CCM services.
	No	Restricts to the data associated with each individual practice.
Allow centralized billing of CCM charges.	Yes	Allows CCM charges to be billed for all the practices from any practice.
	No	Allows only the current practice to bill the current practice.
Hide Update Buttons on Opportunity Practice Template check box	Use is not recommended	

CHAPTER 3

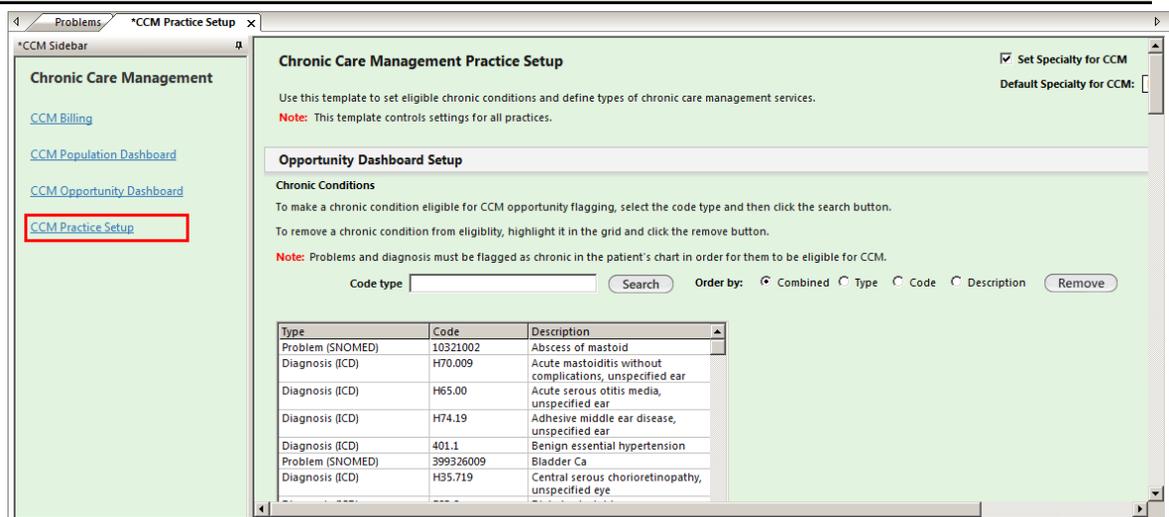
CCM Practice Setup Template

Use the **CCM Practice Setup** template define the following information for all practices:

- Eligible chronic conditions
- CCM participating payers
- Chronic care management services

The CCM Practice Setup template also allows you to configure the **Enrollment Document** and manage the CCM Symptoms list.

Note: The **Chronic Care Management Practice Setup** template controls settings for all practices.



The CCM Practice Setup information is organized in the following panels:

- Chronic Care Management Default Specialty
- Opportunity Dashboard Setup
- CCM Participating Payers
- Chronic Care Management Services
- Consent Document
- Symptoms List
- Care Plan Review
- CCM Common Phrases Configuration

- > CCM Administrative Reports
- > CCM Service Item

Chronic Care Management Default Specialty

Defining a CCM default specialty allows you to set a specialty to be applied to the CCM templates exclusively. No other NextGen KBM templates are affected by defining this setting.

Note: This feature needs to be set only when the CCM templates operate under a different specialty than the other templates. This setting applies to CCM templates only. The Ngkmbm_Config practice template setting must be used for normal defaults.

Define the CCM Default Specialty

- 1 Click the **Set Specialty for Chronic Care** check box.



Practice Setup

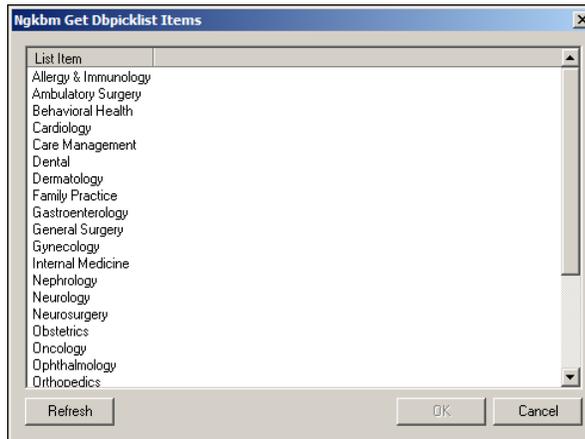
Chronic conditions and define types of chronic care management services.

Set Specialty for CCM

Default Specialty for CCM: Clear

- 2 Click the **Default Specialty for CCM** field.

The options list opens.



Ngkmbm Get Dbpicklist Items

List Item
Allergy & Immunology
Ambulatory Surgery
Behavioral Health
Cardiology
Care Management
Dental
Dermatology
Family Practice
Gastroenterology
General Surgery
Gynecology
Internal Medicine
Nephrology
Neurology
Neurosurgery
Obstetrics
Oncology
Ophthalmology
Orthopedics

Refresh OK Cancel

- 3 Select **Internal Medicine**.

The **Default Specialty for CCM** populates the field.



Practice Setup

Chronic conditions and define types of chronic care management services.

Set Specialty for CCM

Default Specialty for CCM: Clear

- 4 To delete the Default Specialty for CCM, click **Clear**.

Opportunity Dashboard Setup

Use the **Opportunity Dashboard Setup** panel to define the chronic conditions eligible for CCM opportunities. The chronic conditions are listed in the grid. You can search the conditions, and you can add or remove conditions from the list.

Note: A patient's problem and diagnosis must be marked as chronic in order for them to be eligible for CCM services.

Opportunity Dashboard Setup

Chronic Conditions

To make a chronic condition eligible for CCM opportunity flagging, select the code type and then click the search button.

To remove a chronic condition from eligibility, highlight it in the grid and click the remove button.

Note: Problems and diagnosis must be flagged as chronic in the patient's chart in order for them to be eligible for CCM.

Code type Search Order by: Combined Type Code Description Remove

Type	Code	Description
Problem (SNOMED)	10321002	Abscess of mastoid
Diagnosis (ICD)	H70.009	Acute mastoiditis without complications, unspecified ear
Diagnosis (ICD)	H65.00	Acute serous otitis media, unspecified ear
Diagnosis (ICD)	H74.19	Adhesive middle ear disease, unspecified ear
Diagnosis (ICD)	401.1	Benign essential hypertension
Problem (SNOMED)	399326009	Bladder Ca
Diagnosis (ICD)	H35.719	Central serous chorioretinopathy, unspecified eye
Diagnosis (ICD)	E23.2	Diabetes insipidus
Problem (SNOMED)	73211000	Diabetes mellitus

CCM Participating Payers

To make patients with a specific payer eligible for CCM opportunity flagging, select the payer in the practice payers list, then click the right arrow to make it participating.

The **Code Type** field enables the user to define which chronic condition types the stored procedure should search the database. You search by either Diagnosis (ICD) or Problem (SNOMED) code type.

The grid can be displayed in the following 4 views:

- > Combined (Default view)
- > Type
- > Code
- > Description

Note: The Problem and Diagnosis grids are meant only to define the search parameters for the patients that might be eligible for CCM enrollment. It does not prevent a patient from enrolling with chronic conditions that are not listed in the grid.

View by Type

To display the grids that show the Code type (SNOMED or ICD) separately, select **Type**.

Code type Search Order by: Combined **Type** Code Description Remove

Problem (SNOMED)	
Description	Code
Abscess of mastoid	10321002
Bladder Ca	399326009
Diabetes mellitus	73211009
Diabetes mellitus	73211009
Headache	25064002
Hyper-beta-alaninemia	2359002
Lumbago with sciatica	202794004
Portopulmonary hypertension	445237003
Progressive pulmonary hypertension	10964002

Diagnosis (ICD)	
Description	Code
Acute mastoiditis without complications, unspecified ear	H70.009
Acute serous otitis media, unspecified ear	H65.00
Adhesive middle ear disease, unspecified ear	H74.19
Benign essential hypertension	401.1
Central serous chorioretinopathy, unspecified eye	H35.719
Diabetes insipidus	E23.2
Epilepsy, unspecified, intractable, with status epilepticus	G40.911
Epilepsy, unspecified, intractable, with status epilepticus	G40.911
Essential (primary) hypertension	I10
Lung hypertension	I27.2
Nonexudative age-related macular degeneration	H35.31

View by Code

To display the grid by code (SNOMED and ICD combined), select **Code**.

Code type Search Order by: Combined Type **Code** Description Remove

Code	Description	Type
10321002	Abscess of mastoid	Problem (SNOMED)
10964002	Progressive pulmonary hypertension	Problem (SNOMED)
202794004	Lumbago with sciatica	Problem (SNOMED)
2359002	Hyper-beta-alaninemia	Problem (SNOMED)
25064002	Headache	Problem (SNOMED)
399326009	Bladder Ca	Problem (SNOMED)
401.1	Benign essential hypertension	Diagnosis (ICD)
445237003	Portopulmonary hypertension	Problem (SNOMED)
73211009	Diabetes mellitus	Problem (SNOMED)
73211009	Diabetes mellitus	Problem (SNOMED)
E10.65	Type 1 diabetes mellitus with hyperosmolarity	Diagnosis (ICD)

View by Description

To sort and display the grid in description order (SNOMED and ICD combined), select **Description**.

Code type Search Order by: Combined Type Code **Description** Remove

Description	Code	Type
Abscess of mastoid	10321002	Problem (SNOMED)
Acute mastoiditis without complications, unspecified ear	H70.009	Diagnosis (ICD)
Acute serous otitis media, unspecified ear	H65.00	Diagnosis (ICD)
Adhesive middle ear disease, unspecified ear	H74.19	Diagnosis (ICD)
Benign essential hypertension	401.1	Diagnosis (ICD)
Bladder Ca	399326009	Problem (SNOMED)
Central serous chorioretinopathy, unspecified eye	H35.719	Diagnosis (ICD)
Diabetes insipidus	E23.2	Diagnosis (ICD)
Diabetes mellitus	73211009	Problem (SNOMED)

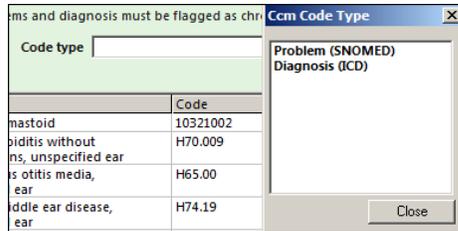
Code type Search Order by: Combined Type Code **Description** Remove

Description	Code	Type
Accelerated hypertension	401.0	Diagnosis (ICD)
AFIB	49436004	Problem (SNOMED)
Anxiety depression	F41.8	Diagnosis (ICD)
Arterial hypertension	I10	Diagnosis (ICD)
Asthma	493.90	Diagnosis (ICD)
Asthma	195967001	Problem (SNOMED)
Asthma with COPD	493.22	Diagnosis (ICD)
Asthma with COPD	493.22	Diagnosis (ICD)
Chronic (long term) obstruction of the airway passages (COPD)	496	Diagnosis (ICD)
Chronic fatigue syndrome	R53.82	Diagnosis (ICD)
COPD	I44.9	Diagnosis (ICD)

Add Conditions Eligible to be Treated as Chronic by Practice

- 1 Click the **Code Type** field.

The **CCM Code Type** list appears.

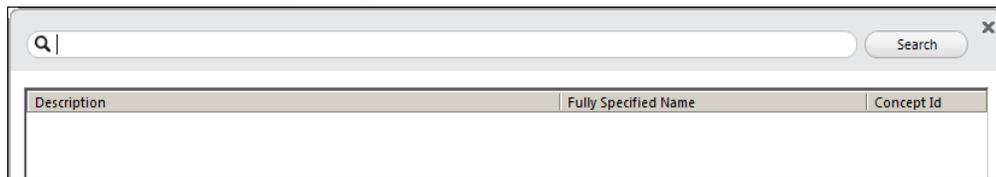


- 2 Select one of the following two Code Types:

For Problem (SNOMED)

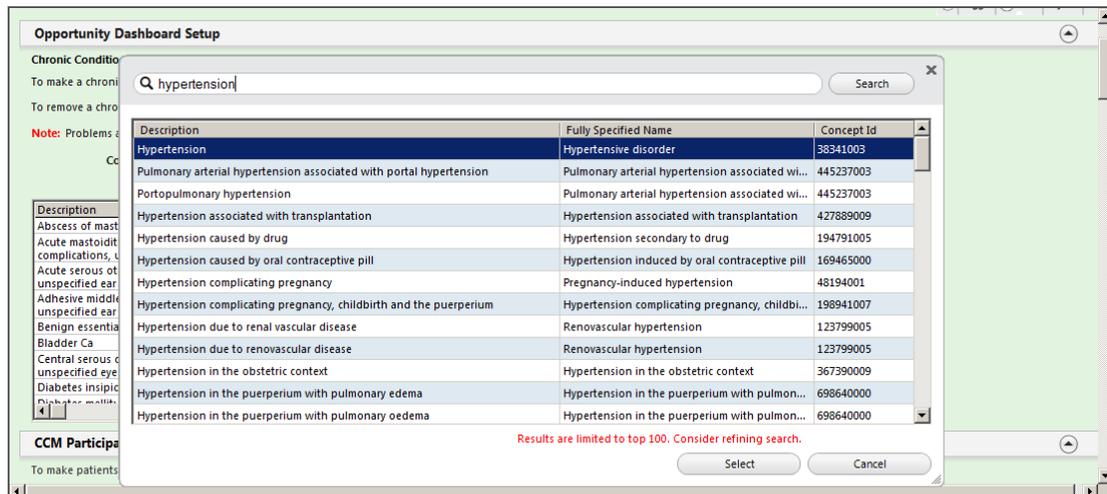
- a) Select **Problem (SNOMED)**.

The SNOMED Search template opens.



- b) Enter the description or code. In this example, type **hypertension** and click **Search**.

The search results appear.



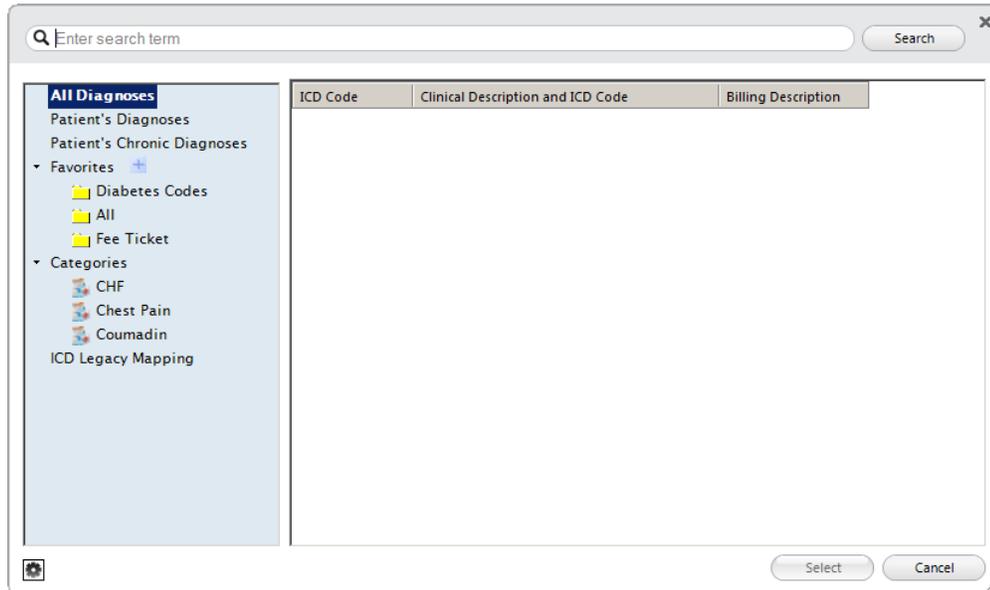
- c) Highlight the code and click **Select**.

The selected **Problem (SNOMED)** is added to the eligible chronic conditions list.

For Diagnosis (ICD)

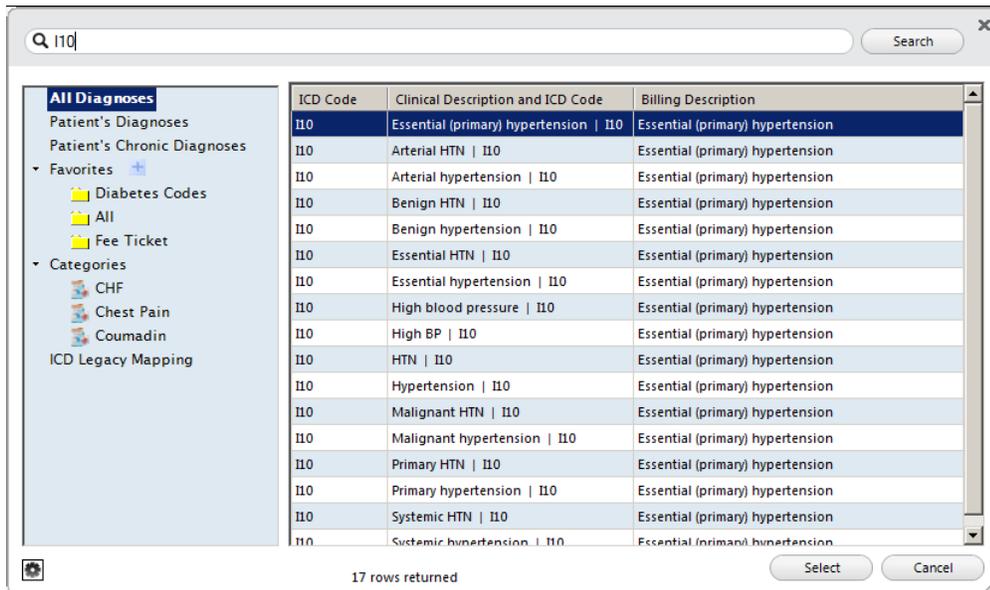
- a) Select **Diagnosis (ICD)**

The *Diagnosis Search* template appears.



b) Enter the description or code, and click **Search**.

The search results display.



c) Highlight the diagnosis and click **Select**.

The selected diagnosis (ICD) code is added to the eligible chronic conditions list.

Remove a Chronic Condition from the List of Eligible Conditions

- 1 In the **Opportunity Dashboard Setup** panel, highlight the row to be removed.
- 2 Click **Remove**.

CCM Participating Payers

The **CCM Participating Payers** grid allows the practice to define which payers are participating in the CCM program.

To make patients with a specific payer eligible for CCM opportunity flagging, select the payer in the practice payers list, then click the right arrow to make it participating.

To remove a payer from participation, click the left arrow.

Practice Payer List

Payer Name	Address
Advanced SIM Library Payer	PO Box 14612 Lexington, KY 405124601
Aetna PPO	PO Box 97041 Lexington, KY 405124079
Behavioral Health Medicaid	PO Box 10293 Lexington, KY 40512
Behavioral Health Payer	PO Box 10293 Lexington, KY 40512
Contract Payer	11745 W Contract Court Chattanooga, TN 374225741
D Aetna	Po Box 981106 El Paso, TX 79998
D Cigna	Po Box 188046 Chattanooga, TN 37422
D Delta Dental	Po Box 997330 Sacramento, CA 95853
Eyemed	Po Box 8504 Mason, OH 45040
ICD10 Payer (General Tab Mappings)	Po Box 14685 Lexington, KY 405124601
ICD10 Payer (No Mappings)	Po Box 14680 Lexington, KY 405124601
ICD10 Payer (Payer Tab Mappings)	Po Box 14687 Lexington, KY 405124601
MediCal	Po Box 997413 Sacramento, CA 95814
MediCal Old Enc Rate Functionality	Po Box 997413 Sacramento, CA 95814
Medicare Railroad	Po Box 10066 Augusta, GA 309990001
Medicare UGS	6775 West Washington St Milwaukee, WI 53214
Mutual Of Omaha	Po Box 3608 Omaha, NE 681755300
Pregnancy Indicator Payer	Po Box 188867 Chattanooga, TN 374228050
Property And Casualty Payer	Po Box 188051 Chattanooga, TN 374228050
Tax Rate Payer	Po Box 3745 Omaha, NE 681755300
VSP	Po Box 997100 Sacramento, CA 95899
WC Iron Workers	Po Box 83746 Lexington, KY 405124079
WV Personal Assurance	Po Box 97041 Lexington, KY 405124079

CCM Participating Payers

Payer Name	Address
AARP	United Healthcare Claim Division Po Box 740819 Atlanta, GA 303740819
Aetna HMO	Po Box 14079 Lexington, KY 405124079
Aetna UB	123 Main Street Baltimore, MD 21212
Anthem BCBS CA	Po Box 60007 Los Angeles, CA 900600007
BCBS Federal	Po Box 37790 Louisville, KY 402337790
BCBS PA	Po Box 69454 Harrisburg, PA 171069352
Cigna Healthcare POS	Po Box 188050 Chattanooga, TN 374228050
First Health	Po Box 11127 Tucson, AZ 85734
Humana	Po Box 14601 Lexington, KY 405124601
Medicaid	Po Box 8042 Harrisburg, PA 17105
Medicare	Po Box 1051 Augusta, GA 309031051
Tricare	Po Box 870410 Surfside Beach, SC 29587
United Health Care PPO	Po Box 740800 Atlanta, GA 303740819

Maximum Time Since Last Visit months setup

Add Payers to CCM Participating Payers List

Adding a payer to the **CCM Participating Payers** list makes patients using that payer eligible for CCM opportunity flagging.

- 1 Select the payer from the **Practice Payer** list.
- 2 Click the **right arrow**.

The practice is added to the **CCM Participating Payers** list.

Remove Payers from the CCM Participating Payers List

- 1 Select the payer from **CCM Participating Payers** list.
- 2 Click the **left arrow**.

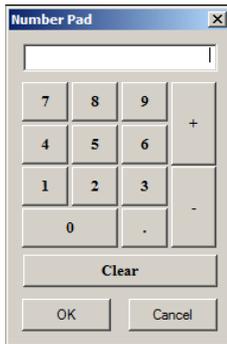
The practice is removed from the **CCM Participating Payers** list.

Define the Time Span that Flags a Patient for CCM

The **Maximum Time Since Last Visit** field defines the number of months prior to a patient's last visit are eligible for CCM opportunity flagging.

- 1 Click the **Maximum Time Since Last Visit** field immediately below the grid.

The **Number Pad** opens.



- 2 Using the **Number Pad**, enter the number of months.
- 3 Click **OK**.

The number you entered populates the **Maximum Time Since Last Visit** field.

CCM Types, Agencies and Team

Use the **CCM Types, Agencies and Team** grid to define the types of chronic care management services provided.

CCM Service Types, Agencies and Team

To add chronic care management services, type a brief description in the field below and click add. Share Agency Across Locations

To remove services, highlight them in the grid and click remove.

Service Description

Service Description
Coordinate referrals
Coordinate Transportation
Coordinate with Home Health
Diagnosis checkup
Manage specialist visits
Manage transition care
Medication checkup

CCM Agency

Agency Name Agency Type

Agency Phone# - Agency Fax# -

Location

Agency Name	Agency Type	Phone	Fax	Location	
Test Agency 1	Type 1	██████████	██████████	Office Abington	<input type="button" value="Add"/>
Test Agency 2	Type 2	██████████	██████████	Office Abington	<input type="button" value="Del"/>
Test Agency 3	Type 3	██████████	██████████	Silver Ridge Assisted Living	<input type="button" value="Update"/>

CCM Team

Share Interdisciplinary Teams Across Locations

Name Role

Phone #: - Location:

Name	Role	Phone	Location	
Team 1	Home Health	██████████	Office Abington	<input type="button" value="Add"/>
Team 2	Care Team	██████████	Office Abington	<input type="button" value="Del"/>

Add a Chronic Care Management Service Type

- 1 In the **Service Description Add** field, enter a brief description of the service type. For this example, type **Manage services**.

The screenshot shows the 'CCM Service Types, Agencies and Team' form. At the top, there is a header and two instructions: 'To add chronic care management services, type a brief description in the field below' and 'To remove services, highlight them in the grid and click remove.' Below the instructions is a text input field containing 'Manage services' and an 'Add' button. Below this is a 'Service Description' panel with a list of service types: 'Coordinate referrals', 'Coordinate Transportation', 'Coordinate with Home Health', 'Diagnosis checkup', 'Manage specialist visits', 'Manage transition care', and 'Medication checkup'. A 'Remove' button is located to the right of the list.

- 2 Click **Add**.

The entry is added to the **Service Description** panel.

The screenshot shows the same 'CCM Service Types, Agencies and Team' form. At the top, there is a 'Maximum Time Since Last Visit' field set to '36 months setup'. Below the instructions, the text input field is now empty. The 'Service Description' panel now includes 'Manage services' as the first item in the list, highlighted with a red box. The 'Remove' button is still present to the right of the list.

Remove a Chronic Care Management Service Type

- 1 In the **Service Description** panel, highlight the service type you want to remove.
- 2 Click **Remove**.

Add a CCM Agency

Use the **CCM Agency** panel to define the agency used by the practice for their CCM patients.

Click and click add. Share Agency Across Locations

CCM Agency

Agency Name Agency Type

Agency Phone# () - Agency Fax# () -

Location

Agency Name	Agency Type	Phone	Fax	Location
Test Agency 1	Type 1			Office Abington
Test Agency 2	Type 2			Office Abington
Test Agency 3	Type 3			Silver Ridge Assisted Living

- 1 Enter the CCM agency's:
 - > Name
 - > Type
 - > Phone number
 - > Fax number
 - > Location
- 2 Click **Add**.
The CCM agency information populates the grid.
- 3 Click the **Share Agency Across Locations** check box to show all CCM agencies for all locations on the **Care Plan** template.

Add a CCM Team

Use the **CCM Team** panel to define the team used by the practice for all their CCM patients.

CCM Team Share Interdisciplinary Teams Across Locations

Name Role

Phone #: () - Location:

Name	Role	Phone	Location
Team 1	Home Health		Office Abington
Team 2	Care Team		Office Abington

- 1 Enter the CCM team's:
 - > Name
 - > Type
 - > Phone number
 - > Location
- 2 Click **Add**.
The CCM team information populates the grid.
- 3 Click the **Share Interdisciplinary Teams Across Locations** check box to show all CCM teams for all locations on the **Care Plan** template.

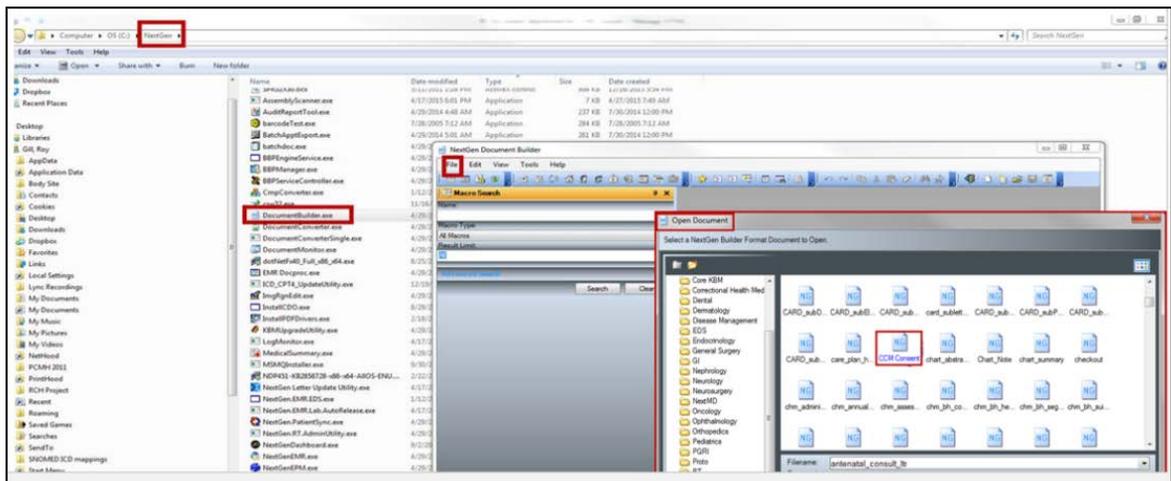
Create and Attach a Consent Document to the CCM template

- 1 Create a consent document using the instructions available at your practice, and then save the document in your local folder.

Note: Ensure that the guidelines set by the respective practice are followed, as the consent document is a contract between the patient and the practice.

- 2 Open a blank CCM document in the NextGen application using **DocumentBuilder** from the **NextGen** folder.
- 3 When the document opens, paste the required content in the document.
- 4 Click **Tools**.
- 5 Click **Compile** to save the document.

The content is displayed in the document in runtime.



Print a Consent Document

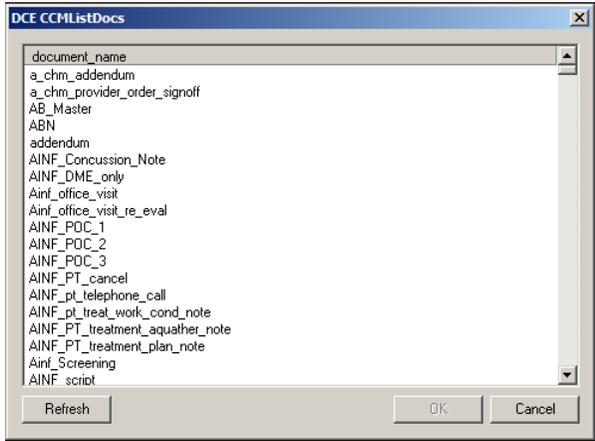
Use the **Consent Document** panel to define the document to be used when enrolling a new patient in the CCM program.

Consent Document

Select document:

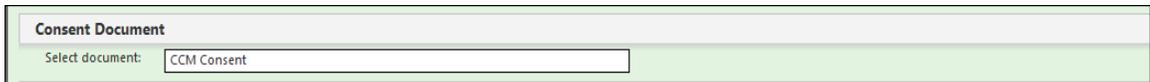
- 1 Click the **Select document** field.

The list of documents opens.



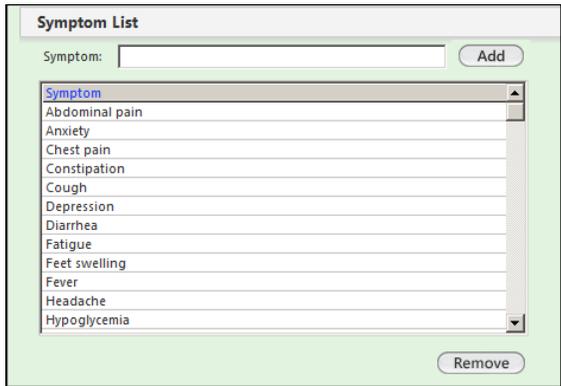
- 2 Select **CCM Consent**, and click **OK**.

The name of the document populates the **Consent Document** field. This document is used any time you enroll a new patient in the CCM program.



Symptoms List

Use the **Symptoms List** panel to add and remove symptoms used to document the CCM Care plan for patients.



Add Symptoms

- 1 Type the symptom in the **Symptom** field.
- 2 Click **Add**.

The symptom is added to the **Symptoms** list.

Remove Symptoms

- 1 In the **Symptoms** list, highlight the symptom you want to remove.
- 2 Click **Remove**.

The symptom is removed from the **Symptoms** list.

Care Plan Review (Patients that Have Been Reviewed)

Depending on the interval the practice has determined in the **Care Plan Review Interval** field, this panel displays all CCM enrolled patients that are due to have their Care Plan reviewed.

- > The default is current day and a search screen allows you to search by date ranges or by patient.
- > Use the column headings to sort the contents of the grid and to toggle between ascending and descending order.

Care Plan Review (Patients That Have Been Reviewed)

Care Plan Review Interval: Designate work group for auto tasking on generation of care plan: (CCM Provider Test Action and CCM Care Plan Templates)

NOTE*** Changing Interval Range will not change existing due dates.

Patients CCM Care Plan Review Schedule

From: To:

Additional Search Criteria's

Due Today

Due Tomorrow

Due Yesterday

Search by Patient

Due Date	Person Name	Date Reviewed

Report: Patient's Due Date for Care Plan Review.

Define the Care Plan Review Interval

The interval for reviewing the care plan in the templates is defined by default as 1 year (or 12 months).

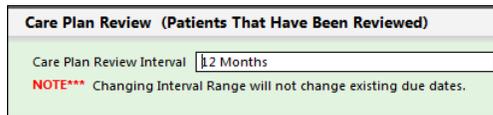
- 1 Click the **Care Plan Review Interval** field.

The **Care Plan Review Interval** screen opens.



- 2 Do one of the following:
 - > Enter the **Months**. In this example, enter **12**.
 - OR
 - > Enter **1 Year**.
- 3 Click **OK**.

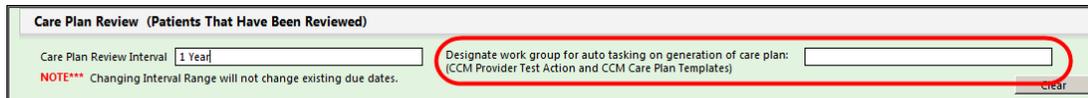
The **Care Plan Review** Interval default for all CCM patients has changed to 12 months.



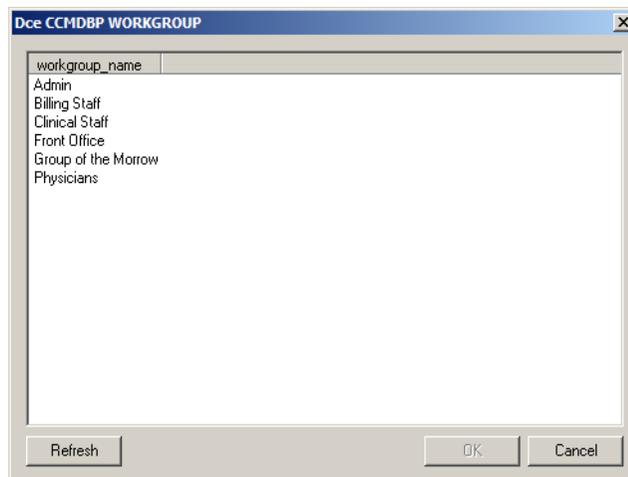
Important: Per CMS requirements, the longest interval for a CCM Care Plan not being reviewed is 12 months.

Designate a Workgroup for Auto Tasking of Care Plan Document

This field allows you to send a task to a workgroup stating the Care Plan document has been generated for the patient.



- 1 Click the field.
The list of workgroups displays.



- 2 Select a workgroup.
The workgroup name populates the field.

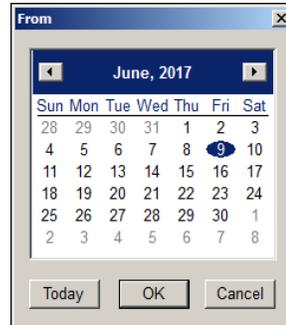
- 3 Click **Clear** to remove the workgroup.

Important: A task will not be sent if the field is blank.

Change the Grid Data Range

The grid display data range defaults to the current day. You can change the data range to view patients with care plans due for review for other dates.

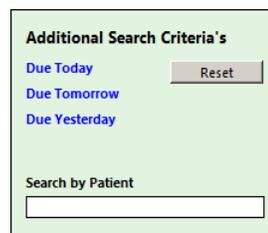
- 1 Click the **From** field.
The **From** calendar opens.



- 2 Select a start date.
- 3 Click the **To** field.
The **To** calendar opens.
- 4 Select a date range end.
- 5 Click **OK**.
- 6 Click **Search**.
The patients with care plans due for review within that date range populate the grid.

Quick Views (Additional Search Criteria)

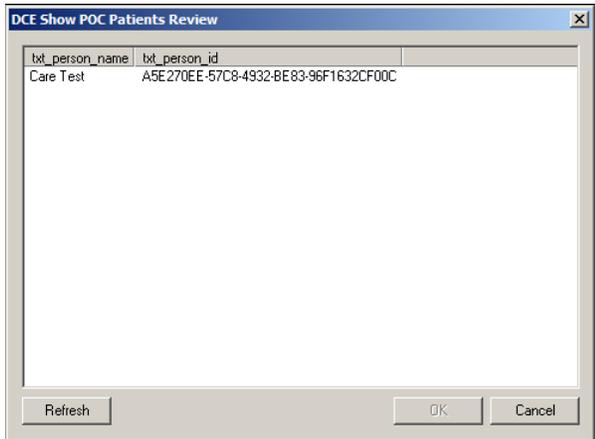
The **CCM Practice Setup** template provides you with quick views, and they are listed in the **Additional Search Criteria** panel.



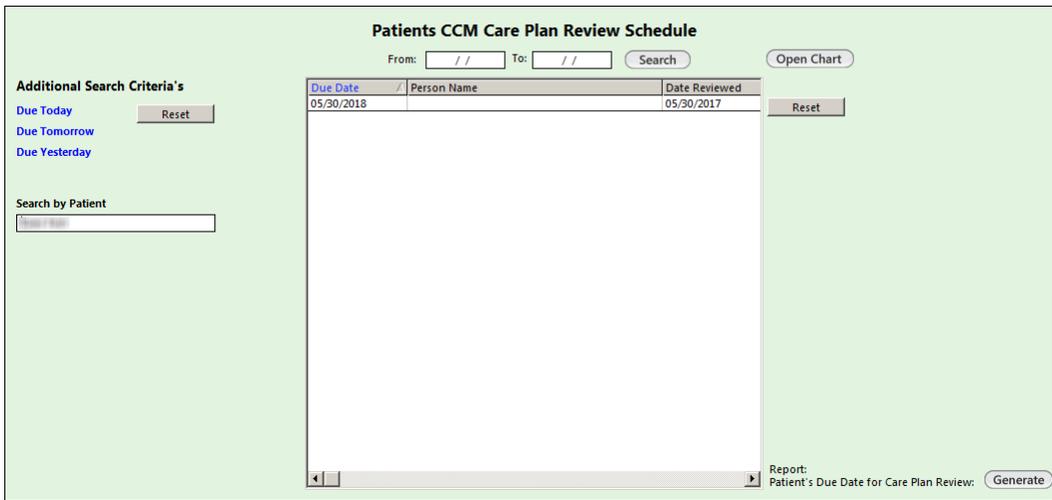
- › To view care plans due for review today, click **Due Today**.
- › To view care plans due for review tomorrow, click **Due Tomorrow**.
- › To view care plans that were due for review yesterday, click **Due Yesterday**
- › To clear the grid and enter additional criteria, click **Reset**.

Search for a Patient

- 1 Click the **Search for Patient** field.
The patient list displays.



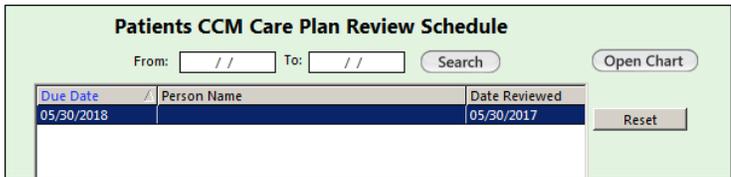
- 2 Highlight the patient name.
- 3 Click **OK**.



- > Click **Reset** to clear the grid data.

Open a Patient Chart from the CCM Care Plan Review Grid

- 1 Highlight the patient in the grid.



2 Click Open Chart.

The patient chart opens in the encounter where CCM eligibility was established.

You can print and export this report to Crystal reports. The report also allows you to search.

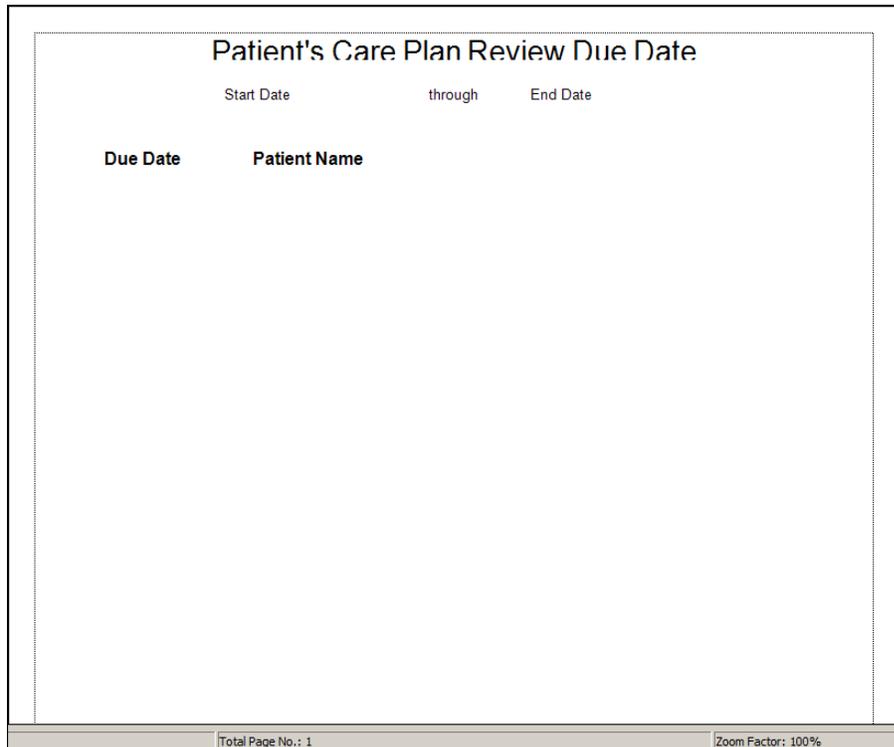
Generate a Care Plan Review Due Date Report by Date Range

1 To establish the date range, click **From** and select a date from the calendar.

2 Click **To** and select a date from the calendar.

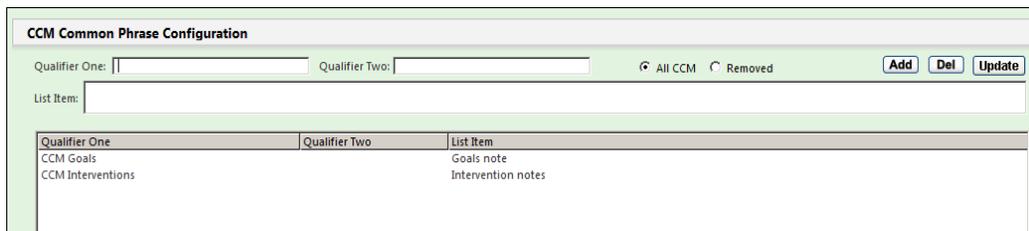
3 Click **Generate**.

The **Patient's Care Plan Review Due Date** report appears,



Common Phrase Configuration

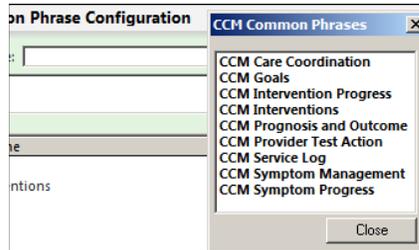
Use this panel to define and manage common phrases specific to the CCM Management and CCM Care Plan templates. Common Phrases are available to all users who use the CCM templates.



Add a New Common Phrase

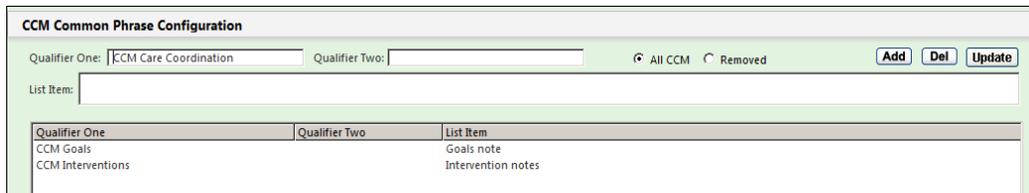
- 1 Click **Qualifier One**.

The **CCM Common Phrases** list displays.



- 2 Select the phrase to be added from the list.

The selection appears in the template



- 3 In the **List Item** field, type the item(s) that describe the phrase. For this example, type **Coordinate nursing and respite care**.

Note: Qualifier 2 is not used for common phrase configuration at this time.

- 4 Click **Add**.

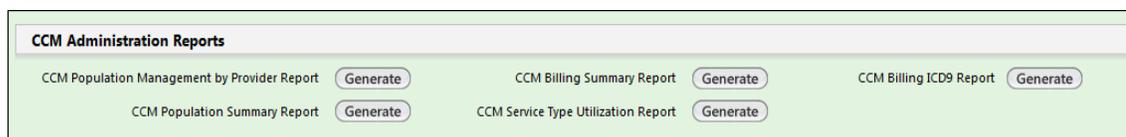
The new phrase appears in the common phrase grid.

Qualifier One	Qualifier Two	List Item
CCM Care Coordination		Coordinate nursing and respite care
CCM Goals		Goals note
CCM Interventions		Intervention notes

- › To edit or delete an existing common phrase, highlight the row in the grid, make the changes, and click **Update** or **Delete**.

CCM Administration Reports

Use this panel to generate CCM administration reports.



Currently, you can generate the following administrative reports from this panel:

- › CCM Population Management by Provider
- › CCM Population Summary
- › CCM Billing Summary

- > CCM Service Type Utilization
- > CCM Billing ICD9
- > CCM Service Item

Generate a CCM Population Management Report

This report details all patients enrolled in CCM Services by PCP, type, and services provided for a specific date range.

- 1 Click the **Generate** button next to **CCM Population Management by Provider Report**. The **Enter Parameter Values** screen opens.

- 2 Click **Enter start** and select a start date from the calendar.
- 3 Click **Enter end** and select an end date from the calendar.
- 4 Click **OK**.

The **CCM Population Management by Provider** report opens.

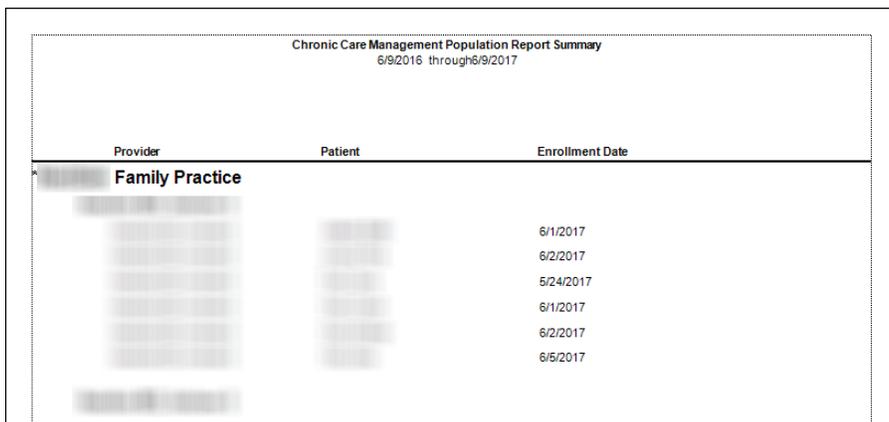
Chronic Care Management Population Management By Provider 6/9/2016 through 6/9/2017						
Provider	Patient	Service Date	Service Type	Minutes	Provider	
* Family Practice						
				40.00		
		5/24/2017	Coordinate with Home Health	25.00		
		5/24/2017	Provider Test Action	10.00		
		5/24/2017	Manage specialist visits	5.00		
				30.00		
		6/1/2017	Diagnosis checkup	30.00		
				125.00		
		6/2/2017	Coordinate referrals	20.00		
		6/2/2017	Diagnosis checkup	65.00		
		6/2/2017	Coordinate referrals	20.00		
		6/2/2017	Coordinate with Home Health	20.00		
				20.00		
		6/5/2017	Coordinate referrals	20.00		

Generate a CCM Population Summary Report

This report summarizes the patients enrolled in CCM Services for a specific date range.

- 1 Click the **Generate** button next to **CCM Population Summary Report**.
- 2 Click **Enter start** and select a start date from the calendar.
- 3 Click **Enter end** and select an end date from the calendar.
- 4 Click **OK**.

The **CCM Population Summary** report opens.



The screenshot shows a report titled "Chronic Care Management Population Report Summary" for the period "6/9/2016 through 6/9/2017". The table has three columns: "Provider", "Patient", and "Enrollment Date". The "Provider" column lists "Family Practice" and several blurred entries. The "Enrollment Date" column lists dates: 6/1/2017, 6/2/2017, 5/24/2017, 6/1/2017, 6/2/2017, and 6/5/2017.

Provider	Patient	Enrollment Date
Family Practice		
		6/1/2017
		6/2/2017
		5/24/2017
		6/1/2017
		6/2/2017
		6/5/2017

Generate a CCM Billing Summary Report

This report summarizes the billing for all patients enrolled in CCM Services by service type and service date.

- 1 Click the **Generate** button next to **CCM Billing Summary Report**.
- 2 Click **Enter start** and select a start date from the calendar.
- 3 Click **Enter end** and select an end date from the calendar.
- 4 Click **OK**.

The **CCM Billing Summary** report populates.

Chronic Care Management Billing Report 6/9/2016 through 6/9/2017						
Provider	Patient	Service Date	Service Type	Minutes	Status	Bill Date
Family Practice						
		5/24/2017	Coordinate with Home Health	25.00		
		5/24/2017	Provider Test Action	10.00		
		5/24/2017	Manage specialist visits	5.00		
			Total Minutes:	40	billed	05/24/2017
		6/2/2017	Coordinate referrals	20.00		
		6/2/2017	Diagnosis checkup	65.00		
		6/2/2017	Coordinate referrals	20.00		
		6/2/2017	Coordinate with Home Health	20.00		
			Total Minutes:	125	billed	06/02/2017
Total:				165		
Total Minutes for:			Family Practice	165		
Total CCM Charges Billed:				2		

Generate a CCM Service Type Utilization Report

This report shows all CCM services provided by type and by minutes for each service for a specific date range.

- 1 Click the **Generate** button next to CCM Service Type Utilization Report.
- 2 Click **Enter**, select a start date from the calendar.
- 3 Click **Enter**, select an end date from the calendar.
- 4 Click **OK**.

The **CCM Service Type Utilization** report appears.

Chronic Care Management Service Type Utilization 6/9/2016 through 6/9/2018				
Patient Name	Service Date	Service Type	Minutes	Provider
0001				
Coordinate referrals				
Test 10000	6/2/2017	Coordinate referrals	20	Test 10000
Test 10000	6/2/2017	Coordinate referrals	20	Test 10000
Test 10000	6/5/2017	Coordinate referrals	20	Test 10000
Test 10000	6/6/2017	Coordinate referrals	20	Test 10000
			Total minutes:	80
Coordinate with Home Health				
Test 10000	5/24/2017	Coordinate with Home Health	25	Test 10000
Test 10000	6/2/2017	Coordinate with Home Health	20	Test 10000
			Total minutes:	45
Diagnosis checkup				
Test 10000	6/1/2017	Diagnosis checkup	30	Test 10000
Test 10000	6/2/2017	Diagnosis checkup	65	Test 10000
			Total minutes:	95
Manage specialist visits				
Test 10000	5/24/2017	Manage specialist visits	5	Test 10000
			Total minutes:	5
Provider Test Action				
Test 10000	5/24/2017	Provider Test Action	10	Test 10000

Generate a CCM Billing ICD9 Report

This report shows all CCM services billed for a given period of time.

- 1 Click the **Generate** button.
- 2 Click **Enter start**, and select a start date from the calendar.
- 3 Click **Enter end**, and select an end date from the calendar.
- 4 Click **OK**.

The **CCM Billing ICD9** report appears.

CCM Billing - ICD Audit Report			
MRN	ICD	ICD Description	ICD Type

Generate a CCM Service Item Report

This panel allows the practice to define the CCM service item to be used when processing charges for CCM services. The charge code is located in the Service Item Library.

CCM Service Item	
99490	

- 1 Click the **CCM Service Item** field.
The **Select Procedure** window opens.

Description	Procedure
(tt-3)triiodothyronine tot	84480
>85v no hx colo ca/frsn scope	G9659
>85v scope othr rsn	G9661
1 BODYTEMP >=35.5CW/IN 30MIN	4559F
1 med visit in 24mo	G9247
1 or more neuropsych	G8947
1 pc ost pou w built-in conv	A5057
1 pc ost pouch w filter	A5056
1 STAGE MOHS. UP TO 5 SPEC	17304
1 stq dist hypospadias rpr	54322
1>=risk or>= mod risk for TE	G8972

- 2 In the **Procedure** field, type the CCM service Item to search for (typically **99490**).
- 3 Click **Search**.

The results display in the procedure grid.

Description	Procedure
CHRON CARE MGMT SRVC 20 MIN	99490

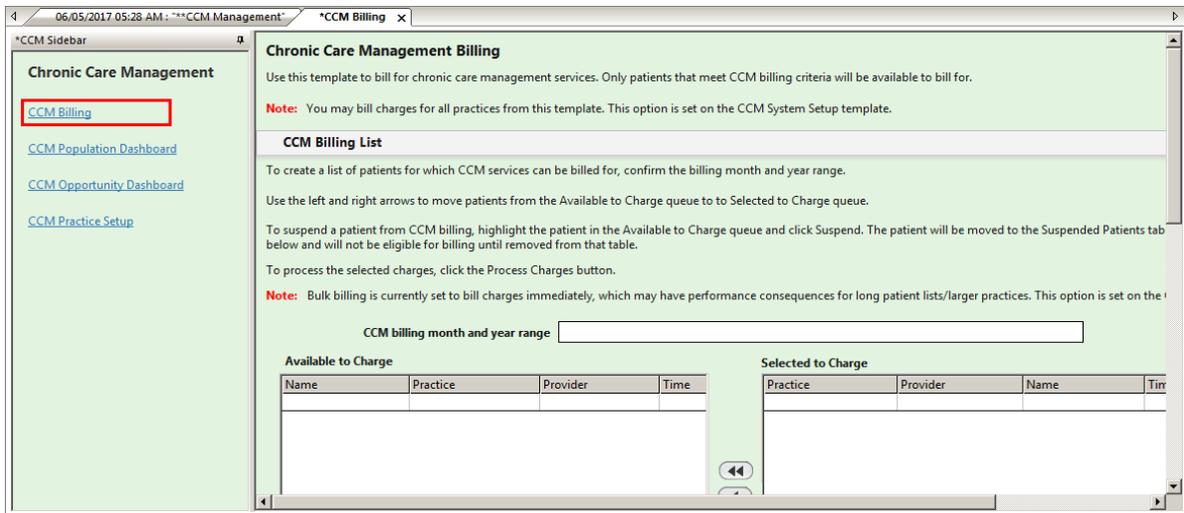
- 4 Highlight the procedure(s).
- 5 Click **OK**.

Note: If the item is not found, it must be configured in the Service Item Library. See Additional Configuration and Setup (on page 72) for more information.

CHAPTER 4

CCM Billing Template

Use the CCM Billing template to set billing defaults for chronic care management services. The patient encounters that meet the CCM billing criteria are available to bill from here.



The panels in the Chronic Care Management Billing template are as follows:

- > CCM Billing List
- > Payer Not Set
- > Suspended Patients

Manage CCM Service Charges

The CCM Billing List allows you to generate a list of enrolled patients for which CCM services can be billed. It also provides access to the list of charges so they can be processed.

CCM Billing List

To create a list of patients for which CCM services can be billed for, confirm the billing month and year range.

Use the left and right arrows to move patients from the Available to Charge queue to to Selected to Charge queue.

To suspend a patient from CCM billing, highlight the patient in the Available to Charge queue and click Suspend. The patient will be moved to the Suspended Patients tab below and will not be eligible for billing until removed from that table.

To process the selected charges, click the Process Charges button.

Note: Bulk billing is currently set to bill charges immediately, which may have performance consequences for long patient lists/larger practices. This option is set on the

CCM billing month and year range

Available to Charge				Selected to Charge			
Name	Practice	Provider	Time	Practice	Provider	Name	Time

Navigation arrows: <<, <, >, >>

- 1 Click the **CCM billing month and year range** field.

The CCM billing date ranges appear.

name	date_start	date_end
June - 2017	20170601	20170630
May - 2017	20170501	20170531
April - 2017	20170401	20170430
March - 2017	20170301	20170331
February - 2017	20170201	20170228
January - 2017	20170101	20170131
December - 2016	20161201	20161231
November - 2016	20161101	20161130
October - 2016	20161001	20161031
September - 2016	20160901	20160930
August - 2016	20160801	20160831
July - 2016	20160701	20160731
June - 2016	20160601	20160630
May - 2016	20160501	20160531
April - 2016	20160401	20160430
March - 2016	20160301	20160331
February - 2016	20160201	20160229
January - 2016	20160101	20160131

Buttons: Refresh, OK, Cancel

- 2 Select a billing date range in the CCM billing month and year range, in this case **June – 2017**.
- 3 The date range selected populates the field.
- 4 Select a billing date range in the **CCM billing month and year range** field.

CCM billing month and year range

The **Available to Charge** grid on the left displays all the patient encounters that have qualified for CCM billing in the selected month. The patient name, practice, provider, and the amount of time used for CCM service are displayed in the **Available to Charge** grid.

Name	Practice	Provider	Time
[Redacted]	* [Redacted] Family Practice	[Redacted]	20

- To bill, select the patient encounter listed in the **Available to Charge** grid and move to the **Selected to Charge** grid using the arrows.

CCM billing month and year range

Available to Charge				Selected to Charge			
Name	Practice	Provider	Time	Practice	Provider	Name	Time
[Redacted]	* [Redacted] Family Practice	[Redacted]	[Redacted]	[Redacted]	[Redacted]	New Test	20

CCM Billing for FQHC or RHC
FQHCs and Rural Health Clinic (RHCs) can only bill CPT 99490 (complex CCM is not payable). Select if you want to process charges for a FQHC or RHC

- Do one of the following:
 - Click **Process Charges**. The programming reviews all selected patients individually. It looks for the number of service minutes total, if the moderate or high complexity MDM check box is checked, and the CCM provider. Dependent on these criteria a new encounter is created for the encounter date that the last CCM service was documented. A CCM charge is posted on that date for either non-complex (99490) or complex (99487/99489) CCM services

Note: If the practice is an FQHC or RHC program, select the **CCM Billing for FQHC or RHC** check box. This hides the Moderate or High Complexity MDM Provided check box and links on the CCM Management template.

This must be configured during the initial **Management** template setup.

OR

- Click **Suspend**.

The items selected are moved to the **Suspended Patients** grid and the billing for that patient is suspended until the status changes.

Suspended Patients			
Practice Name	Patient Name	Suspended By	Suspend Date
*NextGen Family Practice	New Test	NEXTGEN Admin	06/06/2017

Unsuspend

For more information about the setup and configuration of codes for charges and billing, see *Additional Configuration and Setup (on page 72)*.

Payer Not Set

The **Payer Not Set** grid displays all patients enrolled in the CCM program that do not have a participating payer. The participating payer list is available on the *CCM Practice Setup* template. The **Payer Not Set** button is also available from the **CCM Population Management** grid.

Payer Not Set			
Patients showing in grid below did not have their payor set on the **CCM Management Template.			
Name	Time	Provider	Bill Issues
John Smith	25	Michael J. Brown	No CCM payer assigned

Open Chart
Set Payer

Note: If a payer is not set on the *CCM Management* template, the patient appears in the **Payer Not Set** grid.

Use **Payer Not Set** grid to set a payer for a CCM encounter.

Set a Payer

- 1 Highlight the patient in the **Payer Not Set** grid.
- 2 Do one of the following:
 - If the patient has previous encounters with an assigned payer, click **Set Payer**. The participating payer on the previous encounter is assigned as the **Approved** payer for the current and future encounters.
 - OR
 - If the patient does not have previous encounters with an assigned payer, click **Open Chart** and set the payer in the patient's chart.

Note: The patient does not appear in the **Available to Charge** grid if a payer is not set.

Manage Suspended Patients

The **Suspended Patients** panel displays patients who are suspended from billing.

Suspended Patients			
Practice Name	Patient Name	Suspended By	Suspend Date
*NextGen Family Practice	New Test	NEXTGEN Admin	06/05/2017

- To suspend a patient from CCM Billing, select the patient in the **Available to Charge** queue, and click **Suspend**.

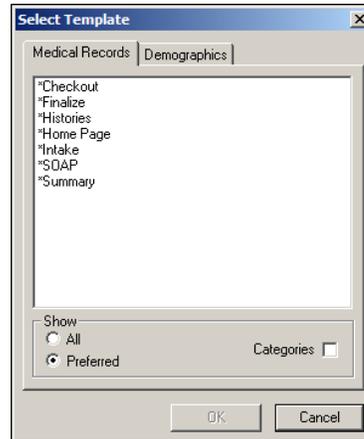
The patient record is moved to the **Suspended Patients** grid and is not eligible for billing until removed from that table.

- To unsuspend patients, select the patient in the **Suspended Patients** grid, and click **Unsuspend**.

CHAPTER 5

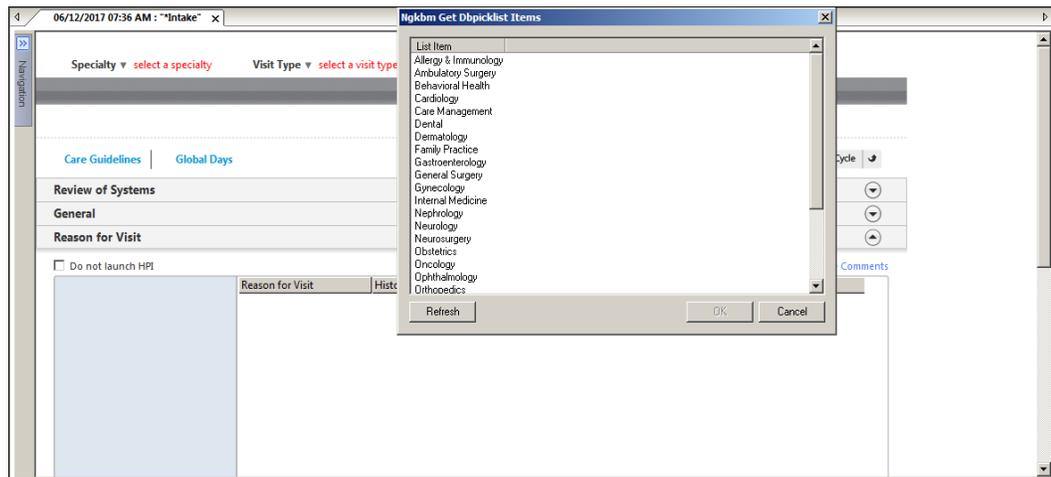
Complete the CCM Patient Encounter

- 1 While in a patient encounter, click  on the side bar.
The **Select Template** screen opens.



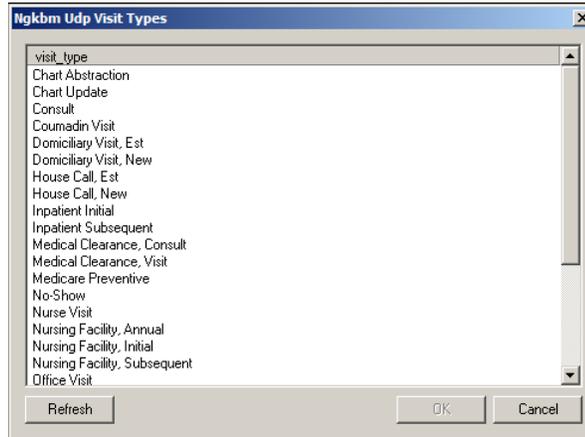
- 2 Click **Intake**.
- 3 Click **OK**.

The **Intake** template opens and the and a picklist of specialties displays.



- 4 Click **Internal Medicine**.
- 5 Click **OK**.

The **Visit Types** list displays.



- 6 Click **Office Visit**.
- 7 Click **OK**.
- 8 Enroll the patient as a Chronic Care Management program participant in the CCM Management template.

CHAPTER 6

CCM Management Template

Use the **CCM Management** template to enroll a patient in the CCM program and provide payer, billing diagnoses and service logging.

- › In the CCM patient encounter, click the **CCM Manage** link.

The **CCM Management** template opens.

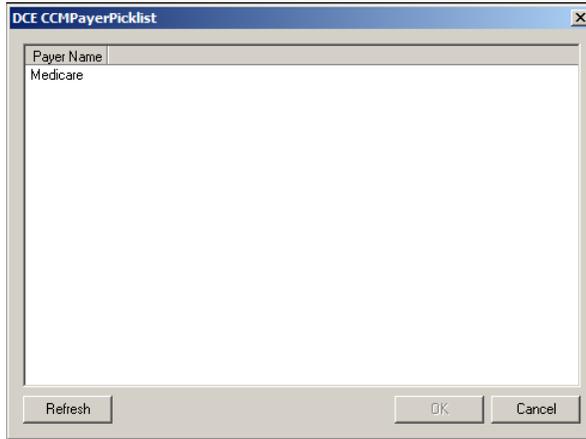
The information in the CCM Management template includes:

- › CCM Enrollment Status
- › CCM Payer
- › CCM Billing Diagnoses
- › CCM Service Logging
- › CCM Telephone Call History

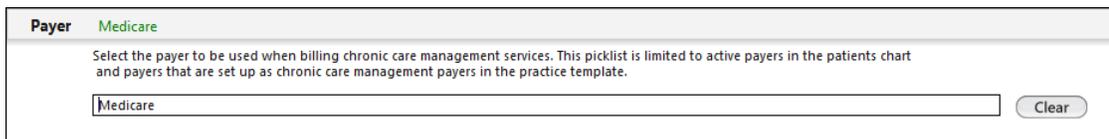
Define a CCM Payer

The **Payer** panel in the **CCM Management** template defines the payer to use for a patient on CCM matters.

- 1 Click the **Payer** field.
The **CCM Payer** picklist opens.

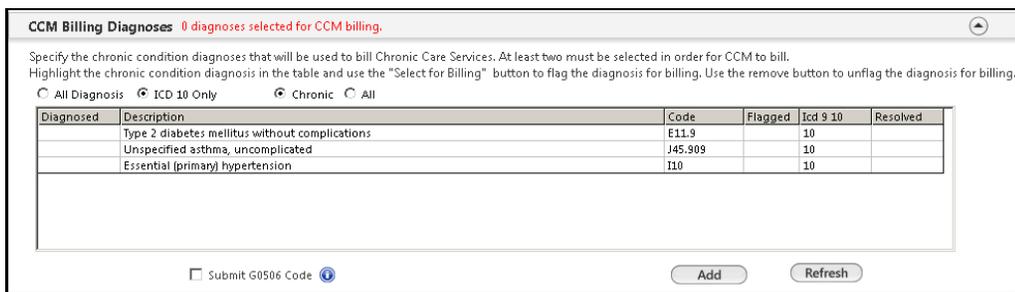


- 2 Select the payer to be used for CCM billing, and click **OK**.
The CCM payer is now set and will be used for all CCM billing for the patient.



CCM Billing Diagnoses

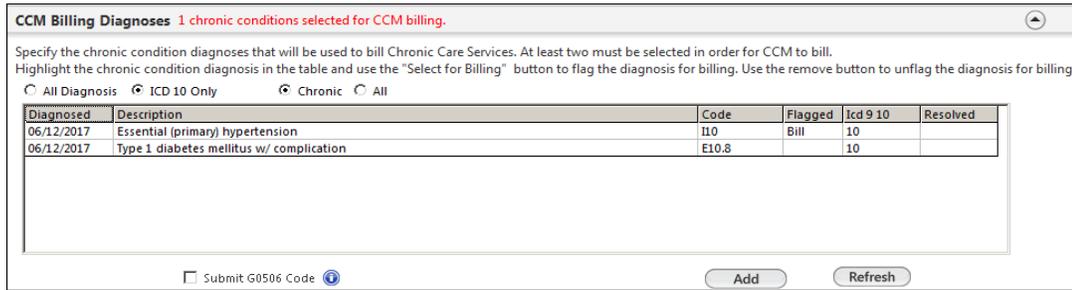
Use the CCM Billing Diagnoses panel to define the conditions that are chronic. In order for the patient to participate in the CCM program, you must define at least 2 chronic conditions.



Add CCM Diagnosis for Billing

- 1 Click a diagnosis to set it for CCM billing.
- 2 Click **Select for Billing**.

The selected diagnoses are flagged to **Bill** in the **CCM Billing Diagnoses** grid and to be processed monthly.



Notice also that the panel header reflects there is **one** chronic condition.

3 Click **Add**.

The **Problems** module displays.

4 Add pertinent chronic conditions appropriate for the CCM program. These items must be in the **Billing ICD List** and marked as chronic.

5 Close the **Problems** module.

6 Return to the **CCM Management** template.

7 Click **Refresh**.

> Any time you add or update a diagnosis in the Problems module, click **Refresh**.

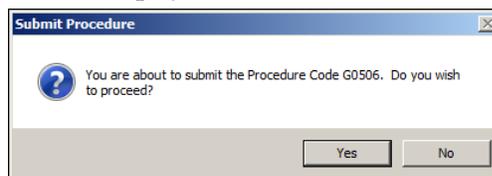
Submit G0506 for Billing

Practitioners who furnish a CCM initiating visit and personally perform extensive assessment and CCM care outside the usual effort described by the initiating visit code may also bill G0506. G0506 is reportable once per CCM billing practitioner in conjunction with CCM initiation.

Note: G0506 cannot be used for FQHC and RHC.

1 Click the **Submit G0506 code** check box to submit this charge.

The Submit Procedure alert window displays.



2 Click **Yes**.

The date that the G-Code Submitted displays.



CCM Service Logging

Use the **CCM Service Logging** panel to log CCM billable times and services.

CCM Service Logging 0 total CCM minutes month to date. Year to Date Service Log

Select the chronic care management type, the minutes spent to provide it, the date it was provided, the minutes spent to perform, and details of the service provided.

CCM service type: CCM service date: / / Minutes to perform: Timer:

[Common Phrases](#) [My Phrases](#) | [Manage My Phrases](#)

Service notes

Moderate or High Level MDM provided [View MDM Guidelines](#) | [View Risk Table](#)

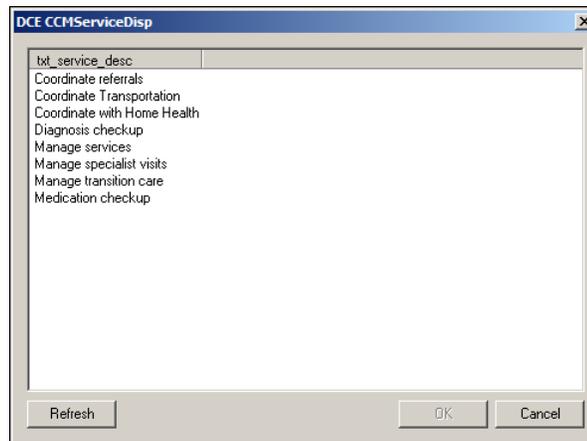
Services Provided This Month [View Service History](#) | [Create Service History Report](#)

Service Date	Minutes	Service Type	Service Notes	Logged By	Under Provider
--------------	---------	--------------	---------------	-----------	----------------

Notice that in the panel header, it indicates 0 total CCM minutes month to date.

- 1 Click the **CCM service type** field.

The CCM service type list opens.



- 2 Click the service type for this entry.
- 3 Click **OK**.
- 4 Click the **CCM service date** field.
The date picker opens.
- 5 Select the date the CCM service was rendered. For example, **Today**.
- 6 Click **OK**.
- 7 Click the **Minutes to perform** field.
The **Number Pad** displays.
- 8 Using the **Number Pad**, enter the number of minutes for today's service.

Important: The minimum payable time is 20 total CCM billable minutes per month.

- 9 Click **OK**.

CCM Service Logging 0 total CCM minutes month to date. Year to Date Service Log

Select the chronic care management type, the minutes spent to provide it, the date it was provided, the minutes spent to perform, and details of the service provided.

CCM service type: CCM service date: Minutes to perform: Timer:

Service notes

Moderate or High Level MDM provided View MDM Guidelines | View Risk Table

[Common Phrases](#) [My Phrases](#) | [Manage My Phrases](#)

Services Provided This Month [View Service History](#) | [Create Service History Report](#)

Service Date	Minutes	Service Type	Service Notes	Logged By	Under Provider

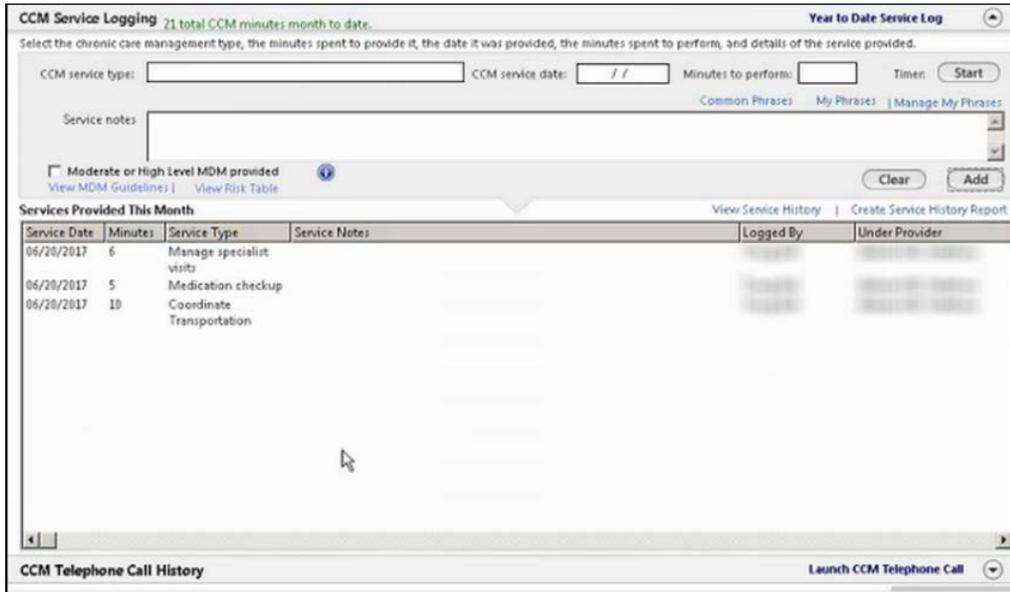
Note: Click **Start** if you want to start the timer. When you are done, click **Stop**. This time populates the Minutes to perform field.

- 10 Click the **Service notes** field to type free-text. For this example, type **Check the second set of test results**.
You can use the **Common Phrases** and **Manage My Phrases** hyperlinks above the Service notes to expedite the process. The Common Phrases are defined in the *CCM Practice Setup template* (on page 9).
- 11 Click the **Moderate or High Level MDM provided** check box when moderate or high complexity medical decision-making is provided during the billing month.
This also flags the processed charges to use the complex codes 99487 / 99489 instead of 99490 if 60 or more service minutes are documented.

Note: If the practice is set up for RHC or FQHC in the CCM Billing template, this section is hidden since it does not qualify for Moderate or High Level MDM.

- 12 Click **Add**.

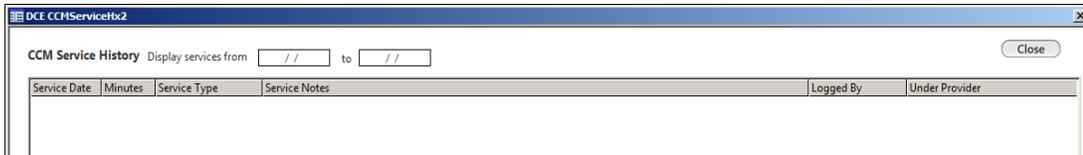
The details are added to the **Services Provided This Month** grid.



Services provided for the current month populate the grid.

Important: Notice that the CCM Service Logging header has changed from red to green and it shows the total CCM billable minutes for the period.

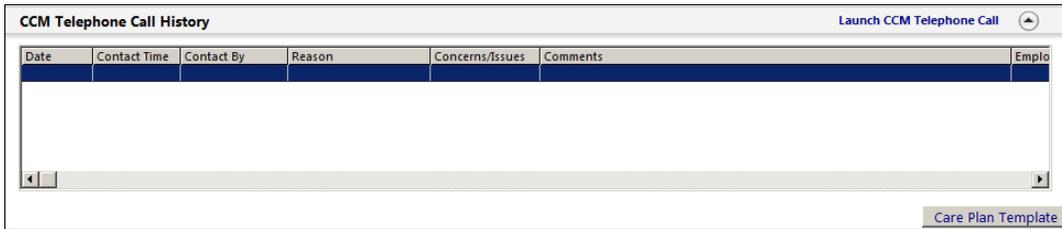
- 13 Click **View Service History** to view service history details filtered by start and end dates. The **CCM Service History** report module opens.



- 14 Use the calendars to enter a **from** and a **to** date. The **CCM Service History** report results populate the grid.



- 15 Scroll to the very bottom of the template and click **Care Plan Template**.



The *CCM Care Plan template* for the encounter appears.

Generate a CCM Service History Report

- › To generate a CCM Service History Report, click the **Create Service History Report** hyperlink.

Chronic Care Management Service History Report 6/1/2017 through 6/30/2017						
Patient Name: [REDACTED]		Sex: F		Person #: 1604		
DOR: 10/10/1957						
CCM Enrollment Date: 04/29/2017						
Service Date	Minutes	Service Type	Service Notes	Logged By	Provider	
06/20/2017	6	Manage specialist visits				
06/20/2017	5	Medication checkup				
06/20/2017	10	Coordinate Transportation				

Add a CCM Telephone Call to the History

Use this panel to document any telephone calls made on behalf of the CCM patients and their care.

CCM Telephone Call History							Launch CCM Telephone Call
Date	Contact Time	Contact By	Reason	Concerns/Issues	Comments	Emplo	
06/15/2017	9:30 AM		Other	CCM		NEXTG	

[Care Plan Template](#)

- › To add a CCM telephone call, click the **Launch CCM Telephone Call** hyperlink. The **CCM Telephone** template displays.

06/12/2017 07:36 AM: "Intake"
06/12/2017 07:36 AM: "CCM Telephone"
06/12/2017 07:36 AM: "CCM Provider Test Action"
*CCM Billing
06/12/2017 07:36 AM: "CCM M

Contact Information:

Contact type:

Outgoing call

Urgency:

by noon

Date of call: 06/21/2017 Time of call: 11:50 AM After hours

Spoke with: Patient Care Mgmt. Template Care Plan Template

Name:

Relationship:

mother

[HIPAA](#)

Contact Information:

Home: - -

Day: (415)454-1514 Ext:

Other: (this call only) - -

* = Preferred contact

Alternate: - -

Cell: - -

Email:

greene53apple@gmail.com

Active Medications

Medication	Sig	Description
Topamax 100 mg tablet	1 tablet by Oral route 2 times per day	

Current Problems

Dx Code	Diagnosis	Date Diagnosed	Chronic
I10	Essential (primary) hypertension	//	Y
E10.8	Type 1 diabetes mellitus w/ complication	//	Y

Communication: Chronic Care Mgmt

CCM service type:

You MUST enter minutes before you can send CCM!!!! Duration:

Sort By: Summary Phrase CCM Service Common Phrases My Phrases | Manage My Phrases

[Meds/Allergies/Chronic Problems](#) [Review of Test\(s\)](#)

Actions:

Schedule appointment:

Send referral:

Place new medication order:

Adjust medication:

Send test result(s):

Counsel patient:

Other:

Details:

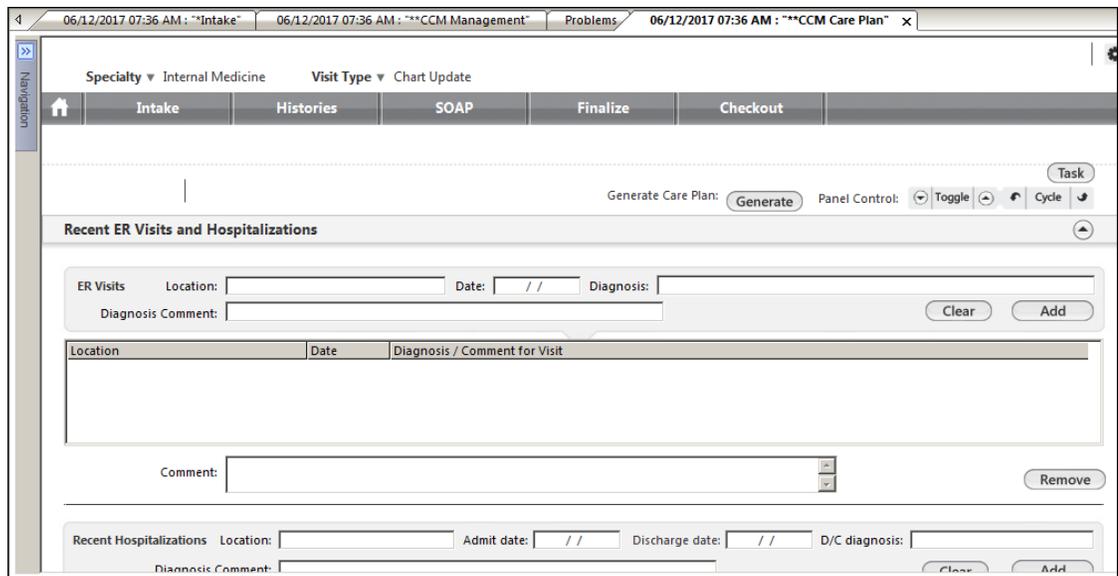
Completed:

[Admin Action](#) [Release of Information \(PHI\)](#)

CHAPTER 7

CCM Care Plan Template

Use the **CCM Care Plan** template to document the patients comprehensive care plan for all health issues, with particular focus on the chronic conditions being managed.



The CCM Care Plan information includes:

- > Recent ER Visits and Hospitalizations
- > Care Coordination Team
- > Problems List
- > Prognosis, Expected Outcome, and Goals
- > Interventions
- > Symptom Management
- > Care Coordination Plan
- > Medications
- > Social, Functional and Environmental Assessment
- > Mental and Cognitive Assessment
- > CCM Care Plan Review
- > Goals

Recent ER Visits and Hospitalizations

Use this section to enter any recent visits to the emergency department and hospitalizations.

Care Coordination Team

Use the care coordination team panel to enter the details of the CCM care coordination team.

Add an Agency

- 1 Check **Show All Practice Agencies** to display all agencies configured on the CCM Practice Setup template in the Agency name list.

If this box is not checked, the Agency name list only shows location specific items.

- 2 Click the **Agency name** field.

The list of agencies configured on the *CCM Practice Setup* template displays.

Note: The agency list is location specific. If an agency does not display for the current location reference the CCM Practice Setup template to ensure the agency is mapped to the current location you are using

- 3 You can select an agency or type in the details.
- 4 Enter the details for the agency you are adding.
- 5 Click **Add**.

The agency details are listed in the Agencies grid.

Add an Interdisciplinary Team

- 1 Check **Show All Practice Teams** to populate all interdisciplinary teams configured on the CCM Practice Setup template.

If this box is not checked, the Name list only shows location specific items.

- 2 Click the **Name** field.

The list of agencies configured on the CCM Practice Setup template opens.

Note: The Interdisciplinary Team list is location specific. If an Interdisciplinary Team does not display for the current location reference the CCM Practice Setup template to ensure the Interdisciplinary Team is mapped to the current location you are using.

- 3 You can select a team or type in the details
- 4 Enter the details for the team you are adding.
- 5 Click **Add**.

The interdisciplinary team is added to the grid.

Update a Care Coordination Team Details

- > To refresh or update an item from the grid, highlight the row.
- > Update the details.
- > Click **Update**.

The details are updated in the grid.

Delete items from the Care Coordination Team Grid

- 1 Highlight the row you want to remove.
- 2 Click **Remove**.

The row is deleted from the grid.

Problems List

Use the **Problems List** grid to display the various chronic problems and diagnoses for the patient.

The screenshot shows a window titled "Problem List" with a count of 0. It features a toolbar with checkboxes for "Show chronic", "Show my tracked problem", "No active problems", and "Reviewed". Below the toolbar is a table with the following columns: Last Addressed, Problem Description, Onset Date, Chronic, Secondary, Clinical Status, Provider, Location, and Notes. The table is currently empty. At the bottom right of the window are buttons for "Refresh", "Add", and "Update".

Problems List Grid

- > To only display chronic conditions, click the **Show chronic** check box.
- > To document clinical and chronic problems, click the **Show my tracked problem** check box.
- > To display only problems that are currently active, click the **No active problems** check box.
- > To display only chronic conditions that have been reviewed, click the **Reviewed** check box.
- > To populate the contents of the Problems List with current information, click **Refresh**.

Prognosis, Expected Outcome and Goals

Use the **Prognosis, Expected Outcome and Goals** panel to document the prognosis and expected outcome for the CCM patient.

Prognosis, Expected Outcome, and Goals

Problem:

[Common Phrases](#) [My Phrases | Manage My Phrases](#)

Prognosis/Expected Outcome:

[Common Phrases](#) [My Phrases | Manage My Phrases](#)

Measurable goals:

To add as a NEW value select >>>

Most Recent Entry **History of Prognosis, Expected Outcome, and Goals**

Problem	Prognosis/Expectations	Goals	Last Update	Date Assigned

Interventions

Use the **Interventions** panel to document interventions linked to the completion of a goal in the CCM Care Plan.

Interventions

Problem:

[Common Phrases](#) [My Phrases | Manage My Phrases](#)

Intervention:

Status: Responsible Team Member: Role:

Start Date: // Frequency: Next Intervention Due: // Review Date: //

[Common Phrases](#) [My Phrases | Manage My Phrases](#)

Progress:

To add as a NEW value select >>>

Uncompleted only
 Completed only
 All
 [Intervention History](#)

Problem	Intervention	Status	Complete	Start Date	Frequency	Progress	Assigned To	Role	Se

Symptom Management

Use the **Symptom Management** panel to document and manage the symptomology linked to a chronic condition.

The Symptom Management panel includes three text input fields: "Symptom:", "Management plan:", and "Progress notes:". Each field has a "Clear" button to its left. To the right of each field are links for "Common Phrases", "My Phrases", and "Manage My Phrases". Below the input fields are "Add" and "Clear" buttons. At the bottom, a table tracks the data with columns for Date, Symptom, Management Plan, and Progress.

Date	Symptom	Management Plan	Progress
------	---------	-----------------	----------

Care Coordination Plan

The **Care Coordination** template provides a focal point for patient care information gathered from all members of the patient care team and available for review by those team members.

The Care Coordination Plan panel includes two text input fields: "Coordination with:" and "Care coordination comments:". The "Care coordination comments:" field has a "Clear" button to its left. To the right of the "Coordination with:" field are links for "Common Phrases", "My Phrases", and "Manage My Phrases". Below the input fields is an "Add" button. At the bottom, a table tracks the data with columns for Coordinated With, Coordination Comments, and Date.

Coordinated With	Coordination Comments	Date
------------------	-----------------------	------

Add a Care Coordination Plan

- 1 Click the **Coordination with** field.
The CCM coordination window appears.



- 2 Select a caregiver from the list.
- 3 Click the **Care coordination comments** field.
- 4 Use the **Common Phrases** and **My Phrases** to assist in entering the care coordination comments.
- 5 Click **Add**.
The details are added as a row in the **Care Coordination Plan** grid.

Update a Care Coordination Plan

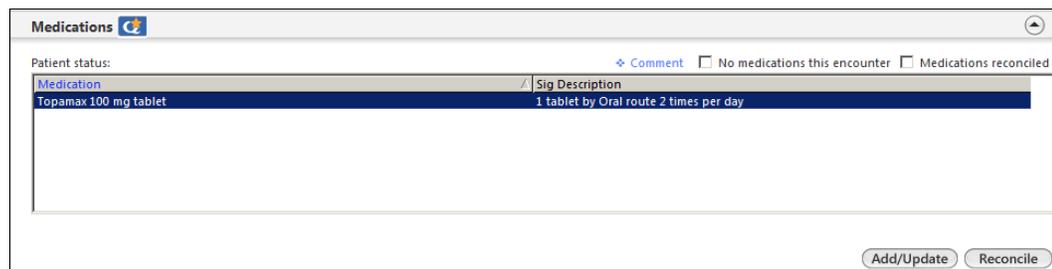
- 1 Highlight the line item to be updated in the grid.
- 2 Type in the updated details.
- 3 Click **Update**.
The line item is updated.

Delete a Care Coordination Plan

- 1 Highlight the line item you want to remove in the grid.
- 2 Click **Delete**.
The line item is removed from the grid.

Medications

Use the **Medications** panel to document the medications prescribed to a chronic care patient.



Review Medications in the Grid

- You can sort the contents of the **Medication** grid by clicking a column heading. Use it also to toggle from descending to ascending order.
- To indicate that the patient was not prescribed any medications, click the **No medications this encounter** check box.
- To indicate you have reconciled the medication list, click the **Medications reconciled** check box. You can do a more detailed reconcile by using the **Reconcile** popup template.
- To indicate that the medication list has been reconciled, click the **Medications reconciled** check box.

Note 1: To do a more detailed reconcile, use the **Reconcile** popup template.

Note 2: Checking this box does not change the display in the **Medication** grid.

- To open the **Medication Review** module, click **Reconcile**.
Complete the **Medication Reconciliation for Patient** template.

Add a Medication to the Grid

- 1 Click **Add/Update**.
The **Medication** module opens.

The screenshot shows the 'Medication Module' window for a patient named '18 year Old Male' with 'No Rx eligibility status'. The grid displays one active medication: 'Topamax 100 mg tablet' (Generic Name: TOPIRAMATE) with an original start date of 04/20/2016 and a stop date of 04/20/2016. The sig is '1 tablet by Oral route 2 times per day'. Below the grid, the detailed view for 'Topamax 100 mg tablet' is shown, including fields for PRN, Reason, Quantity (0), Units (Tablet), Refills (0), Start date (04/20/2016), Stop date (06/14/2017), Duration, and a 'Problem' field. There are also buttons for 'Accept' and 'Cancel', and a 'Reconcile' button in the toolbar.

- 2 Add the prescription(s) for the chronic condition.
- 3 Return to the **CCM Care Plan** template.
The newly prescribed medication populates the grid.

Complete the Medication Reconciliation for Patient

Medication reconciliation is a review of patient adherence to prescribed medications. Reconciliation can be performed by comparing two lists (i.e., using the Electronic Reconciliation option) or by checking the **Manual Reconciliation** check box. This means you may have a paper chart that you are comparing to the patient's current medication list or that you are documenting adherence to an existing medication list if there are no external sources to reconcile. Medication reconciliation is performed in situations including, but not limited to, the following:

- > New patients
- > Periodically for established patients
- > After a hospitalization or emergency department visit
- > After care by another provider
- > Whenever the provider thinks necessary

The ability exists to perform medication reconciliation manually or electronically.

- > To review the patient's medications and perform a medication reconciliation, click the **Reconcile** button.

The **Medication Review** pop-up template opens.

- > The **Medication Review** panel contains two grids.
- > The **Medication List** grid contains a list of current medications that need to be reviewed for patient adherence.
- > The **Medication Review** grid displays reviewed medications.

Review Medications Manually

- 1 Select the **Review – adherence** check box above the Medication List grid.
- 2 In the **Review – adherence** picklist, select a patient adherence comment or select the top blank line and manually type a comment.
- 3 To review all the medications in the Medication List, click the **Review All – Taken As directed** button.

The medications move to the Medication Review grid below the Medication List.

Note: To review one medication at a time and select a different adherence for each, select one row at a time in the Medication List. Each medication selected moves to the Medication Review grid. To move a medication from the Medication Review grid back to the Medication List, select the medication and click **Remove**.

Update the Adherence of a Medication

- 1 Select the medication in the grid.
- 2 Select the adherence in the **Adherence** picklist.
- 3 Click **Update**.
- 4 In the **Reconciliation Type** panel, select the **Manual medication reconciliation completed** check box, and enter any additional information.

Review Medications Electronically

- 1 Click the **Electronic Reconciliation** button.



The **Clinical Reconciliation** module opens.

- 2 On the **Import** tab, select the Surescripts® medication history file.

Note: You cannot import a Surescripts medication history file without first documenting patient consent in the **Medication** Module.

- 3 Document who confirmed the medication list.
- 4 Perform a reconciliation between the medications in the **EHR** panel and the Surescripts file medications.

Note: The ability exists to also complete the reconciliation from the **Medication** module using the **Medical History** and **Reconcile** buttons.

Reference: For more information on clinical reconciliation, refer to the Clinical Reconciliation Module section in the *Clinical Modules Guide for NextGen Ambulatory EHR*.

- 5 Click **Confirm**.
DUR interactions display.

6 Click **Close**.

The Medication List in the **Medication Review** panel displays any updates or additions.

7 Document the patient adherence.**8** After completing a manual or electronic medication review, select the **Transitioning into care** check box and/or the **Summary of care received** check box to document patient status.**9** Click **Save & Close**.

The **Medications reconciled** check box in the **Medications** panel appears selected.

Complete the Social, Functional, and Environmental Assessment

Use the **Social, Functional, and Environmental Assessment** panel to document the CCM patient's social and confidential histories.

Encounter Date	Tobacco Use	Tobacco Type	Smoking Status	Usage Per Day	Pack Years	Date Quit

Encounter Date: Time

The social history includes the patient's:

- > Relationships
- > Home environment
- > Education
- > Nutrition/Elimination

The confidential history includes the patient's

- > Substance abuse history
- > Psychiatric/placement
- > Sexual practices
- > Child abuse

Each of these components can be accessed using the hyperlinks in the left pane.

1 Click the **History Review** hyperlink.

The **History Review** window displays.

The screenshot shows a dialog box titled "History Review". It contains three sections for selecting history review types: "Med/Surg/Interim Hx", "Family", and "Social". Each section has three radio button options: "Detailed document", "Reviewed, no changes", and "History unobtainable". The "Social" section is selected with a radio button and has a date "(last updated 06/12/2017)" next to it. There are "Save & Close" and "Cancel" buttons at the bottom right.

The **History Review** window provides three history classifications:

- > Med/Surg/Interim Hx
 - > Family
 - > Social
- 2 For each of these classifications, select the type of history review you are performing:
- > Detailed documented
 - > Reviewed, no changes
 - > Reviewed, updated
 - > History unobtainable
- 3 Once you have completed your selections, click **Save & Close**.

The Social, Functional, and Environmental Assessment panel appears. The date of the last review appears to the right of the History Review hyperlink.



Add Social and Confidential History Details

1 Click **Add**.

The **Social History** windows opens.

2 Enter all the required details.

3 Click **Save & Close**.

You are returned to the **CCM Care Plan** template. The social history entry has been added to the grid.

Encounter Date:Time	Primary residence
06/12/2017 07:36 AM	The patient lives with mother.

4 Click **Confidential History**.

The **Confidential History** window opens.

- 5 Add or modify confidential history details (including all required templates).
- 6 Click **Save & Close**.

You are returned to the **CCM Care Plan** template.

Mental and Cognitive Assessment

Use the **Mental and Cognitive Assessment** panel to document the CCM patient's mental and cognitive condition.

Date	Instrument	Score	Severity/Interpretation	MDD Classification	Completed By	Comments

Add Mental and Cognitive Assessments

1 Click **Add**.

The **Screening Tools** window opens.

The screenshot shows the 'Screening Tools' window with the following sections:

- Interactive Screening Tools**
 - Behavioral Health Assessments**
 - CAGE Questionnaire
 - Drug Abuse Screening Tool (DAST)
 - Generalized Anxiety Disorder - 7 (GAD-7)
 - Geriatric Depression Scale (GDS)
 - Major Depression Inventory (MDI-10)
 - Patient Health Questionnaire (PHQ-2)
 - Patient Health Questionnaire (PHQ-9)
 - Suicidal/Homicidal Risk
 - Health Status Assessments**
 - Framingham 10 year Risk for CAD
 - Health Assessment Questionnaire Disability Index (HAQ-DI(c))
 - The Saint Louis University Mental Status (SLUMS) Examination
 - Self Assessments**
 - Edinburgh Postnatal Depression Scale
 - Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)
 - Veterans Rand 12 Item Health Survey (VR-12)
- Website Screening Tools**
 - Web ASCVD 10 Year Risk
 - Web Bipolar Spectrum Diagnostic Scale (BSDS)
 - Web Goldberg Depression Questionnaire
 - Web Hamilton Anxiety Scale (HAM-A)
 - Web Hamilton Rating Scale for Depression (HAM-D)
 - Web UKPDS Risk Engine
 - Web Zung Self-Rating Depression Scale

Below the tool lists is a form for recording an assessment:

Screening instrument: [Dropdown] Score: [Input] Severity/Interpretation: [Input] Comments: [Input] Major Depressive Disorder (MDD) pre-treatment: [Input]

See scanned document [Exclusions](#) [Add] [Update] [Clear]

Screening Tool [Health Promotion Plan](#)

Date	Instrument	Score	Severity/Interpretation	Completed By	Comments	MDD Classification

[Edit] [Remove] [Save & Close] [Cancel]

2 Select the behavioral, health, or self-assessment you are documenting.

3 Fill out the assessment.

4 Click **Save & Close**.

The assessment is now listed in the **Screening Tool** grid.

Screening Tool [Health Promotion Plan](#)

Date	Instrument	Score	Severity/Interpretation	Completed By	Comments	MDD Classification
06/14/2017	Drug Abuse Screening Test (DAST)	3	Low level	NEXTGEN Y. Admin		

[Edit] [Remove] [Save & Close] [Cancel]

CCM Care Plan Review

Use the **CCM Care Plan Review** panel to review and submit the CCM Care Plan.

The screenshot shows the 'Care Plan Review' panel. At the top, there is a 'Care Plan Review Interval' dropdown set to '12 Months' and a text label '11 Months 21 Days till next review'. Below this, there is a checked checkbox for 'Care Plan Reviewed' with a date field '06/26/2017' and a 'Submit' button. A radio button for 'Submitted' is also present. The main section is titled '(History of POC Review)' and contains a table with three columns: 'Date Reviewed', 'Due Date', and 'Provider Name'. The table has three rows of data. To the right of the table is a 'Delete' button.

Date Reviewed	Due Date	Provider Name
06/26/2017	06/26/2018	
06/26/2017	06/26/2018	
06/15/2017	12/15/2018	

Submit a Care Plan Review

- 1 Click the date field.
- 2 Click the **Care Plan Reviewed** check box.

Today's date populates the calendar entry.

This screenshot shows the 'Care Plan Review' panel after the date field has been updated. The 'Care Plan Reviewed' checkbox is now checked, and the date field displays '06/22/2017'. The 'Submit' button is still visible. The 'History of POC Review' table is not visible in this view.

- 3 Click **Submit**.

The details of the patient's care plan review are added to the **History of POC Review** grid.

This screenshot shows the 'Care Plan Review' panel after the 'Submit' button has been clicked. The 'Update' button is now visible instead of 'Submit'. The 'History of POC Review' table is visible, and the first row (06/26/2017) is highlighted in blue. The 'Delete' button is still present to the right of the table.

Date Reviewed	Due Date	Provider Name
06/26/2017	06/26/2018	
06/26/2017	06/26/2018	
06/15/2017	12/15/2018	

Update the CCM Plan of Care Date

- 1 Highlight the CCM plan row in the **History of POC Review** grid.
- 2 Click **Update**.

The updated information is saved to the patient chart.

Delete a CCM Plan of Care

- 1 Highlight the CCM plan row in the **History of POC Review** grid.
- 2 Click **Delete**.

The grid entry is removed.

Goals

Use the **Goals** panel to document the CCM goals and time span for the patient.

Add a Goal

- 1 Click the **Goal reviewed/updated** check box.

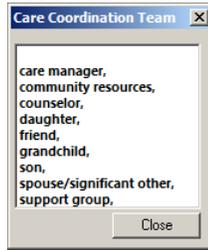
The **Goals** options appear.

- 2 Click the **Change I want to make is** field.
- 3 Type in the first priority change to be made by patient for recovery.
- 4 Click the **How important is this change to you** field.

The **Importance** window opens.

- 5 Select an importance for this goal.
- 6 Complete all the fields in the **Goals** panel.
- 7 In the **Support/Resources needed to achieve this goal** field, click the **Support/Resources** hyperlink.

The **Care Coordination Team** list opens.



- 8 Select one or more resources and click **Close**.
- 9 Click **Add**.

The goal is added to the **Goals** grid.



- > To remove goal details from all the fields prior to adding, click **Clear All**.

Update a Goal

- 1 Highlight the row in the goals grid.
- 2 Update the goal details.
- 3 Click **Update**.

Delete a Goal

- 1 Highlight the row that you want to remove from the goals grid.
The **Remove** button is enabled.
- 2 Click **Remove**.
The goals grid row is deleted.

CHAPTER 8

CCM Telephone Template

Use the **CCM Telephone** template to document telephone conversations happening outside of a formal encounter.

The screenshot shows a web-based form for documenting a CCM telephone call. Key sections include:

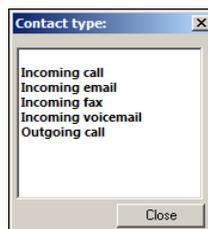
- Contact Information:** Fields for Home, Day, Other, Alternate, Cell, and Email phone numbers.
- Active Medications:** A table listing medications like Topamax 100 mg tablet.
- Current Problems:** A table listing diagnoses such as Essential (primary) hypertension and Type 1 diabetes mellitus w/ complication.
- Actions:** A list of checkboxes for actions like 'Schedule appointment', 'Send referral', 'Place new medication order', etc.
- Warning:** A red text prompt: "You MUST enter minutes before you can send CCM!!!!".

Important: Remember that you must enter the number of minutes spent on the call before sending it for CCM billing.

These phone calls are then tracked in the **CCM Management** template in the **CCM Telephone Call History** panel.

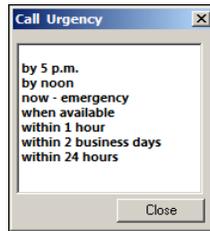
Document a CCM Telephone Call

- 1 Click the **Spoke with Patient** check box if able to talk directly with the patient.
- 2 Click the **Contact type** field.
The **Contact Type** list opens.



- 3 Select a contact type. For this example, click **Outgoing call**.
- 4 Click the **Name** field.
- 5 Type the name of the person that spoke with you.

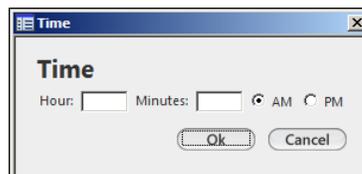
- 6 Click the **Urgency** field.
The **Call Urgency** list opens.



- 7 Select a call urgency. For this example, click **by noon**.
- 8 Click the **Relationship** field.
The **Relationship** list displays.



- 9 Select a relationship from the list. For example, **mother**.
- 10 Click the **Date of call** field.
- 11 Select a date from the calendar. For example, **Today**.
- 12 Click **OK**
The **Time** selector opens.



- 13 Enter the time of the call. For example, **9:30 a.m.**
- 14 Click **OK**.

To document an after-hours call, click the **After hours** check box. Notice that, upon return to the Telephone template, the **Contact Information** populates.

Contact Information: **Care Mgmt. Template** **Care Plan Template**

Home: () - Alternate: () - Ext:

Day: Ext: Cell: () -

Other: (this call only) Email:

* = Preferred contact

15 Scroll down and click **CCM service type**.

Communication: Chronic Care Mgmt

CCM service type:

You MUST enter minutes before you can send CCM!!!! Duration:

Sort By: Summary Phrase [CCM Service Common Phrases](#) | [My Phrases](#) | [Manage My Phrases](#)

Actions:

- Schedule appointment:
- Send referral:
- Place new medication order:
- Adjust medication:
- Send test result(s):
- Counsel patient:
- Other:

Details:

Completed:

The service type list opens.

DCE CCMServiceDisp

txt_service_desc

- Coordinate referrals
- Coordinate Transportation
- Coordinate with Home Health
- Diagnosis checkup
- Manage services
- Manage specialist visits
- Manage transition care
- Medication checkup

16 Select **Coordinate with Home Health**.

17 Click **OK**.

18 Click **Duration**.

19 Using the Number Pad, enter the call duration.

Note: Ensure that the time increments (3, 5 or more minutes) add up to at least 20 minutes before you bill under 99490 for that month.

20 Click **OK**.

The CCM service minutes documented uploads to the **Services Provided This Month** grid on the CCM Management and the CCM Service History grid on the **CCM Telephone** template.

The call displays in the **This Communication History** grid.

This Communication History:

Date	Time	Concerns/Issues	Comments	Employee	T
06/15/2017	9:30 AM	CCM		NEXTGEN Y. Admin	

Tasking:
Priority:

Status: Open Complete

Chapter 8 CCM Telephone Template

The CCM service minutes documented uploads to the **Services Provided This Month** grid on the CCM Management and the CCM Service History grid on the **CCM Telephone** template.

- To send a task and close the template, click **Send & Close** to the right of the **Communication History** grid.

The **Task Recipients** window opens.

For more information on the on updated template and document, go to the NextGen Healthcare Success Community (<https://www.community.nextgen.com/>) to access the latest version of the *Telephone Call Tasking White Paper for NextGen KBM*.

The CCM service minutes documented upload to the **Services Provided This Month** grid on the CCM Management and the CCM Service History grid on the **CCM Telephone** template.

Date	Time	Employee	Detail
06/13/2016	2:26 PM		Communication Medication request:TOPAMAX (TOPIRAMATE) 100 mg 1 tablet by Oral route 2 times per day

Add a Telephone Call

- Open the NextGen KBM **Telephone Call** template.

Date	Contact Time	Contact By	Reason	Concerns/Issues	Comments	En
07/06/2017	8:00 AM	mother	Other		Communication	NE
07/06/2017	7:57 AM	mother	Other		Communication: Urgency:by noon.	NE
07/06/2017	7:44 AM	mother	Other		Communication: Urgency:by noon.	NE
06/15/2017	9:30 AM		Other	CCM		NE
06/13/2016	2:27 PM		Medication Management		Communication Medication request:TOPAMAX (TOPIRAMATE) 100 mg 1 tablet by Oral route 2 times per day comment: Testing time	Su
06/13/2016	2:27 PM		Medical Question	bite(s)	Communication Comment:	Su

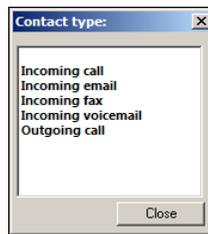
- 2 In the **Communication** panel, click **Other**.
The **CCM Telephone** template opens.

The screenshot shows a web-based form titled "11/06/2017 07:50 AM: ***CCM Telephone". The form is divided into several sections:

- Contact Information:** Includes fields for Home, Alternate, and Ext. phone numbers, and an Email field. There are radio buttons for "Home", "Alternate", and "Other (this call only)".
- Spoke with:** A checkbox labeled "Patient".
- Name and Relationship:** Text input fields.
- Urgency:** A dropdown menu.
- Date and Time of call:** Fields for "Date of call" (12/12/2017) and "Time of call" (11:43 AM), with an "After hours" checkbox.
- Active Medications:** A table with columns "Medication", "Sig", and "Description".
- Current Problems:** A table with columns "Dix Code", "Diagnosis", "Date Diagnosed", and "Chro".

Dix Code	Diagnosis	Date Diagnosed	Chro
789.09	Abdominal pain radiates to back	/ /	N
462	Acute (sudden onset) inflammation of the throat (sore throat)	/ /	N
296.80	Bipolar affective disorder	/ /	N
296.80	Bipolar affective disorder with moderate mania	/ /	N
F41.1	Generalized anxiety disorder	/ /	N
- Communication:** A checked checkbox for "Chronic Care Mgmt".
- Actions:** A list of checkboxes for tasks such as "Schedule appointment", "Send referral", "Place new medication order", "Adjust medication", "Send test result(s)", "Counsel patient", and "Other".

- 3 Click the **Contact type** field.
The **Contact type** window displays.



- 4 Select a Contact type. For example, **Outgoing Call**.
 - > You can click **Close** if you are not selecting a contact type.
- 5 Click the **Name** field, and type the name of the contact.
- 6 Click the **Urgency** field, and make a selection from the **Call Urgency** window.
- 7 Click the **Relationship** field and make a selection from the **Relationship** window.
- 8 If you spoke with the patient, check the **Spoke with** box.
- 9 Below the Active Medications panel, check the **Communication** box to indicate this is a CCM patient.

The **CCM Service type** field populates the screen.

Dx Code	Diagnosis	Date Diagnosed	Chro
789.09	Abdominal pain radiates to back	/ /	N
462	Acute (sudden onset) inflammation of the throat (sore throat)	/ /	N
296.80	Bipolar affective disorder	/ /	N
296.80	Bipolar affective disorder with moderate mania	/ /	N
F41.1	Generalized anxiety disorder	/ /	N

10 Click the **CCM Service type** field.

The service type list displays.

11 Select the service type from the list. For example, **Coordinate Referrals**.

Note: Service types are added in the *CCM Practice Setup template* (on page 9).

12 Click **OK**.

13 Click the **Duration** field.

14 Use the Number pad to enter the total minutes.

The CCM service minutes documented uploads to the Services Provided This Month grid on CCM Management and the CCM Service History grids on the **CCM Telephone** template. Click the grid immediately below and use the **Common Phrases** link to enter free-text notes.

15 To generate and forward a task and close the template, click **Send & Close**.

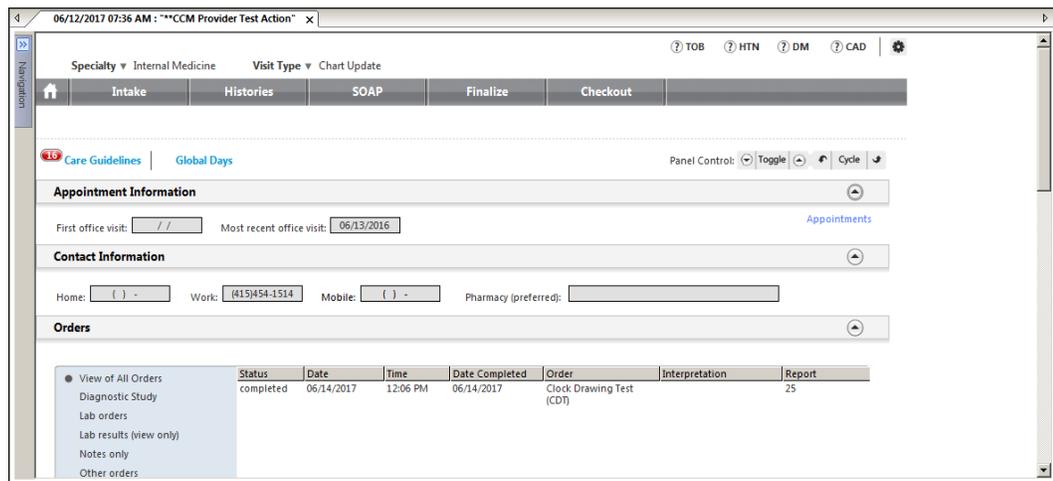
16 To close the template, click the **Save and Close**.

CHAPTER 9

CCM Provider Test Action Template

Use the CCM **Provider Test Action** template to review a CCM patient by:

- Reviewing the Appointment Information and Contact Information panels.
- Addressing the Orders in the grid.



CHAPTER 10

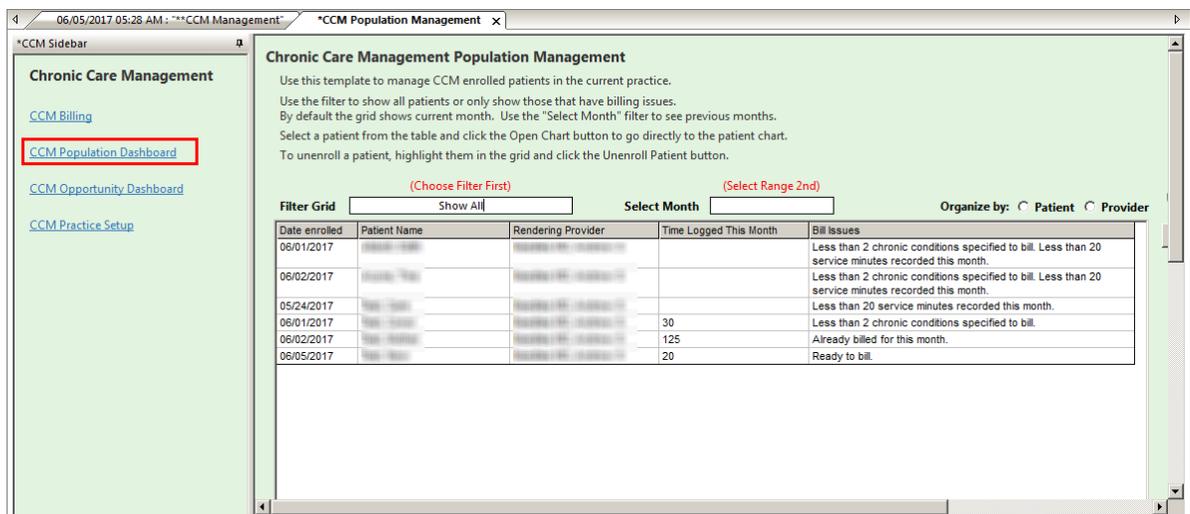
CCM Population Dashboard

The **CCM Population Dashboard** template allows you to view and manage all CCM patients enrolled in the current practice.

The **CCM Population Management** grid displays:

- > Patient Name
- > Rendering Provider
- > Time Logged This Month
- > Issues

The **Issues** column lists one or more statuses that affect a patient's enrollment into CCM care.



The billing issues/statuses that impact patient enrollment are among the following:

- > Ready to Bill
- > Patient suspended from billing
- > No CCM payer assigned
- > Already billed this month
- > Less than 2 chronic conditions specified to bill
- > Less than 20 service minutes recorded this month

Organize and Filter the CCM Opportunity Dashboard Contents

Use the CCM Opportunity Dashboard template to identify patients that meet chronic care management criteria, but are not yet enrolled in CCM.

Important: Since the CCM Opportunity Dashboard grid does not refresh upon opening the template, we recommend that you perform an update whenever you want to view the most current data.

- › To refresh the data and repopulate the grid click **Update**.

CCM Opportunity Dashboard Functionality

Use the CCM Opportunity Dashboard to:

- › Open a patient chart to view, enroll, edits or otherwise manage the patient encounter displayed in the grid
- › Change a patient's CCM status to eligible
- › Generate a Crystal report containing CCM Opportunity data

CHAPTER 11

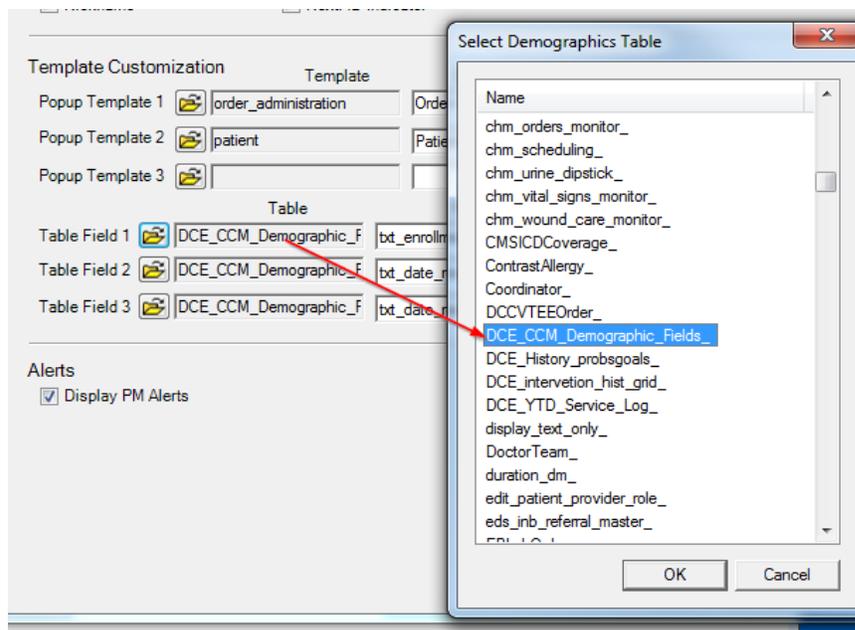
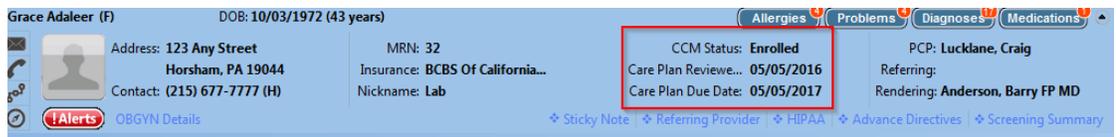
Additional Configuration and Setup

This section provides information about the following setups:

- Adding the CCM Status fields to the Patient Information Bar
- Configuring of the CPT® codes and Service Item Library (SIM) for charges and billing
- Adding CCM Manage and CCM Plan links for easier navigation

Add the CCM Status to the Patient Information Bar

- 1 In **File Maintenance**, go to **Practice Preferences**.
- 2 Navigate to the **Patient Information Bar** menu item.
- 3 In the **Table Fields** sections, search for **DCE_CCM_Demographic_Fields**.



- Input the required details in the **Field** and **Display Label** fields.

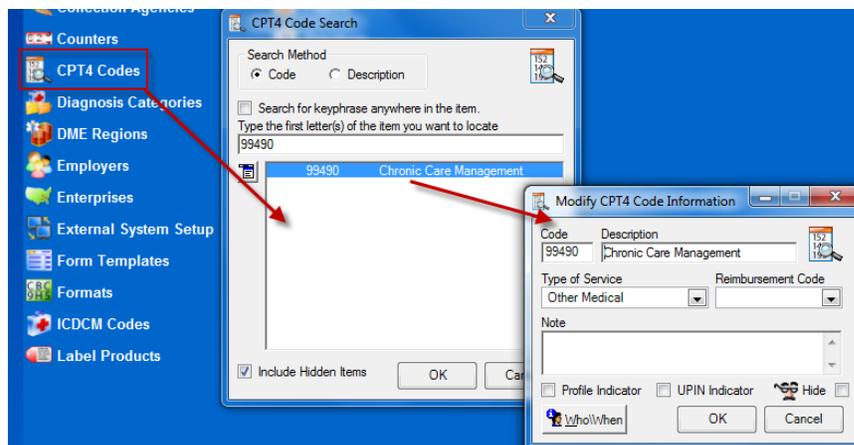
Table	Field	Display Label
Table Field 1	DCE_CCM_Demographic_F txt_enrollment_status	CCM Status
Table Field 2	DCE_CCM_Demographic_F txt_date_reviewed_care	Care Plan Reviewed
Table Field 3	DCE_CCM_Demographic_F txt_date_reviewed_care_due	Care Plan Due Date

Note: You can also add a **Care Plan Reviewed Date** and a **Care Plan Due Date**.

Configure CPT4 and SIM Codes for Charges and Billing

- Click **CPT4 Codes**.

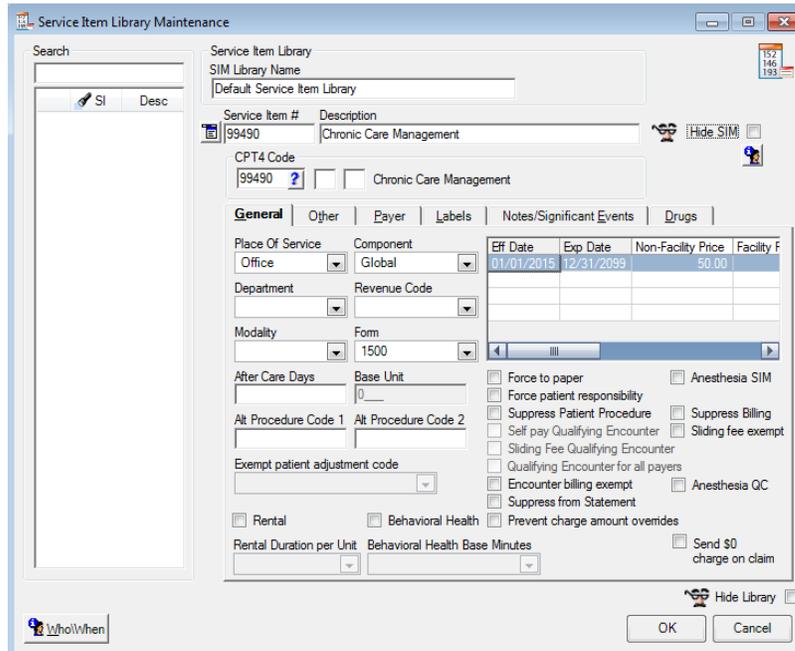
The **Modify CPT4 Code Information** window displays.



- Add the following codes, one by one, to the **Service Item Maintenance (SIM) Library** window.

CPT Code	Use for
99490	Chronic Care Management (up to 20 minutes)
99487	ComplexCCM
99489	ComplexCCM Add-On (each additional 30 minutes)
G0506	Add-On to CCM Initiating Visit

The example below shows the addition of CPT4 Code 99490.



- 3 Repeat the procedure for each of the CPT4 SIM Codes.

Navigation Setup

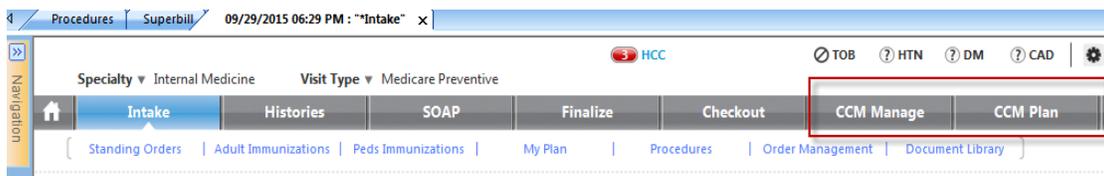
This section provides information to set up navigation links for the **CCM Manage** and **CCM Plan** templates.

Using the **Framework Content System** or **Practice** template, you can add the **CCM Manage** and **CCM Plan** template links to the Intake, SOAP, Telephone Call, and the other workflow templates. It is recommended to add the templates to the main tab, sub-navigation tab, or the left side Navigation bar.

Reference: For more information on editing the Framework content, see the *QRG KBM 8.3.8 System Template NGKBM Framework Content Quick Reference Guide*.

Add to Main Tabs

You can add the **CCM Manage** and **CCM Plan** links to the main tab on selected templates, such as Intake or Telephone Call, as displayed in the image below:



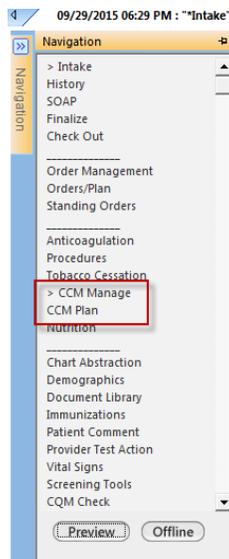
Add to Sub-Navigation Tab

You can also add the **CCM Manage** and **CCM Plan** links to the sub-navigation tab as displayed in the following image:



Add to Left Navigation Bar

You can also add the **CCM Manage** and **CCM Plan** links to the left side navigation bar as displayed below:



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