Improve the health of your chronically ill patients and the financial health of your practice. Now you can provide more efficient, collaborative care to chronically ill patients while collecting extra revenue for your care planning activities. Chronic Care Management, LLC provides an online, interactive care planning and care connection hub for patients with chronic conditions and their healthcare providers.

Connecting the person-centered care community
Your passion is looking after those who need your help the most — the chronically ill aging population. Our passion is helping you to create a person-centered care community by focusing on interacting with patients in ways that are meaningful to them.

We developed My Care Connector™ to facilitate a friendly, online, ongoing relationship between you, your patients, and the extended clinical care community. The system meticulously tracks your interactions with patients documenting the time spent on “non-visit” chronic care management and care plan oversight services, enabling reimbursement for work you’re already doing.

Get the CCM Advantage
Our solution captures new revenue via CCM and CPO platforms, while improving the patient experience.
**BENEFITS FOR...**

**Home Health and Hospice**
- Our suite provides physicians and home health agencies a comprehensive solution to collaborate on patient care.
- Stores all documentation securely within the suite, eliminating the paper chase and expediting patient care and home health agency payment.
- Fosters efficient, timely interactions with patients and referring physicians.
- Home health agencies can send all required documentation, including initial certifications, recertifications, face-to-face encounters, verbal orders, and clinical updates, to physicians for secure CMS-485 electronic signature.

**For Nursing Homes / Skilled Nursing Facilities**
- Our suite aligns Nursing facilities with the entire person-centered care sphere.
- Connects Nurse with onsite and community-based primary care practitioners.
- Improves the patient experience.
- Helps drive reductions in avoidable hospital readmissions.

---

**CCM Suite Features**

- **My Care Connector™ puts the patient at the center of their care sphere, developing robust collaboration and connections among all involved in their care.**
- A powerful patient feature unique to this software suite, My Wishes, My Words™ gives patients the ability to express their main healthcare goals in their own words, published in plain sight, for all members of the care team to see.
- Simple, time-consuming requests, such as Refill Requests, Prior Authorizations, Physical Therapy referrals and many others can be initiated easily by patients or their advocates, and conveniently communicated using the primary care practice’s care coordination hub.
- Provider-facing tools include specialized modules to enable efficient communication between patients and their primary care and specialty physicians, home health and hospice agencies, and assisted living and nursing facilities.
- Physicians, regardless of specialty, advanced practice registered nurses, physician assistants, and clinical nurse specialists are all eligible to bill Medicare for CCM. Using our software solutions, you can expand both your practice’s level of care – and monthly revenue.

**Designed By An Expert In Care Management**
Approaching the software suite design as a clinician approaches patients is an important distinction for CCM, LLC. Our founder, William Mills, M.D., is a physician expert with years of experience caring for chronically ill elderly patients and running a successful home–centered care delivery system. Dr. Mills designed and specified thoughtful, useful functions throughout the system.

---

**New Revenue For Care You Are Already Providing**

*Here’s how CCM, LLC uniquely generates new revenue for your practice:*

- No other software suite offers the ability to capture and document care plans for both CPT Codes 99490 (CCM) and G0181 (CPO) within a dynamic, person-centered care plan. Care Plan Oversight (CPO) is becoming increasingly common for primary care practices interacting with home health agencies.
- The national average for the Current Procedural Terminology (CPT®) code 99490 Chronic Care Management is approximately $43. For Care Plan Oversight code G0181, the average is $109.3. Your practice needs a system that enables you to bill for all the coordination work you do.
- Physician practices can generate new revenue for their efforts coordinating home health agency care for their patients seamlessly. Our robust billing reports include certification and recertification codes and time tracking for care plan oversight (CPO).
- Our person-centered care plan provides comprehensive insight into a patient’s goals and status. It includes all Medicare required aspects, as well as important functional assessment tools, and is accessible on a 24/7 basis.

Our care coordination and planning technologies turn an overwhelming care documentation process into an opportunity to vastly improve patient experience and medical outcomes, with a positive impact on your bottom line. We capture the needed information and documentation for billing reimbursement as part of your daily routine.

---

**CCM’s system provides practices with a more than 86% return on investment.**

No other software suite offers the ability to capture and document care plans for both CPT Codes 99490 (CCM) and G0181 (CPO) within a dynamic, person-centered care plan. Care Plan Oversight (CPO) is becoming increasingly common for primary care practices interacting with home health agencies.
The Bottom Line
Our solutions serve and support, enabling more informed care for patients and helping ease the transition for all involved. Benefits to you include:
- Immediate revenue realization with no net cost to the practice
- A cloud-based care plan management system with no software to download
- Robust billing reports and audit trails

Practice Transformation Services
Still have questions? CCM, LLC provides complete practice transformation consulting services.

We can help primary care groups and facilities better coordinate patient care, expedite consent and certifications efficiently, develop significant increases in non-face-to-face revenue and enable secure message and document exchange.

Our practice transformation team has decades of experience. We focus on solutions that fit into your workflows and which require low-to-no investment. We offer options and outcomes that are good for both healthcare provider organizations and patients.

You Can’t Afford To Wait
For more information or to schedule a demonstration of the Chronic Care Management suite of solutions please contact us at 844-CCM-6500 or visit ChronicCareManagement.com.

Chronic Care Management, LLC
30575 Bainbridge Road
Suite 180
Solon, OH 44139
Phone: 844-CCM-6500 (844-226-6500)
info@chroniccaremanagement.com

1) http://www.cdc.gov/chronicdisease/overview/
2 CPT® is registered trademark of the American Medical Association.
3) $42.60 per month is the national average. Actual amounts will vary by region.
4) For detailed information on CMS Chronic Care Management and Care Plan Oversight reimbursement please go to ChronicCareManagement.com/pricing

© 2015. Chronic Care Management, LLC. My Care Connector™ and My Wishes, My Words™ are trademarks of Chronic Care Management, LLC. All rights reserved.