

Chronic Care Management: CMS Guidelines, Regulations & Codes Webinar #T3052

DATE AND TIME

July 19, 2016
12:30 - 1:30 p.m. CT

OVERVIEW

This program will explore the eight major components of the CCM guidelines, regulations and codes, and will discuss each of these in the context of establishing a program in each practice or facility.

The CMS recognizes care management as one of the critical components of primary care that contributes to better health and care for individuals, as well as a reduced spending. Beginning January 1, 2015, Medicare pays separately under the Medicare Physician Fee Schedule (PFS) under American Medical Association Current Procedural Terminology (CPT) code, for non-face-to-face care coordination services furnished to Medicare beneficiaries with multiple chronic conditions. Additionally beginning January 1, 2016, RHCs & FQHCs may receive payment for CCM services furnished to Medicare beneficiaries having multiple (2 or more) chronic conditions that are expected to last at 12 months or until the death of the patient, and place the patient at significant risk of death, acute exacerbation/decompensation or functional decline.

TARGET AUDIENCE

CEOs, CFOs, physicians, rural health care providers (RHCs), federally qualified health centers (FQHCs), health information management (HIM) coders, utilization management personnel, case management and quality staff.

OBJECTIVES

1. Define chronic care management (CCM)
2. Identify supervision requirements
3. Discuss patient legibility requirement
4. List patient agreement requirement
5. Define CCM scope of services

6. Identify technology requirements of CCM
7. Explain billing requirements of CCM
8. Establish and use a library of regulatory guidelines and resources

FACULTY

Jean Ann Hartzell-Minzey RHIA, CPC, CHA
AHIMA Approved ICD-10 Trainer, CEO & Chairman of the Board, Certified ICD-10 Trainer
Healthcare Education Strategies, Inc.

Jean Ann Hartzell-Minzey has over 35 years of professional experience in the areas of documentation, education, chargemaster review, coding and billing, and compliance. She was a director of several medical record departments for hospitals in Louisiana and Mississippi. Jean Ann has experience in physician practices, acute care hospitals, ambulatory surgery centers, home health, and nursing homes. She has presented over 3,000 workshops nationwide for health care audiences. Jean has no real or perceived conflicts of interest that relate to this presentation.

PRICE

\$195 per connection.

Note: The fee is for one phone line with unlimited participants. For example, 10 employees can participate for only \$19.50 ea!

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