

Dear Personal Physician Care Patient,

We are writing to you about a new program that we are being asked to institute by Medicare and which directly impacts you. As part of the Affordable Care Act, Medicare will be changing physician payment over the next few years, having more of a focus on management of chronic medical conditions and less of actual patient visits. As a participating Medicare practice, we will now be allowed to charge patients for services that were previously non-reimbursed, including communication with patients/families/nurses, filling out certain forms, changing medicines, treating illness outside of the scope of a visit, coordinating care, reviewing labs, ect. Medicare will pay us up to $45 per month for such services; the program is called Chronic Care Management (CCM). At the same time, starting in 2016, Medicare will be cutting our payment for office visits by 10%, a very large cut for a small practice like ours, and one that Medicare expects us to make up by collecting CCM revenue. Therefore, we are compelled to shift some of our efforts to the collection of CCM revenue for services that we previously have done without charge.

If during a given month we perform any services eligible for CCM reimbursement, we will be billing Medicare for that service. We can only bill for this once a month, and will only bill if we perform a covered service for that month. Patients have two options. They can sign a permission slip enabling us to bill Medicare for CCM services; the slip is available on our website, and will be attached to this letter. Or they can sign the permission slip stating that they do not want to participate in the CCM program, in which case we will be unable to perform some of the services listed above unless the patient is seen for a visit by one of our providers, including communication about anything other than simple or urgent issues with either our staff or providers, filling out any forms, and communication with pharmacies and other agencies about the patient.

These changes in Medicare are not of our making, but they have such enormous impact on our practice and our ability to continue delivering care to our patients, that we are compelled to participate in them. Without CCM visits, the 10% cut will be enough to compromise our ability to continue caring for our patients, answering emails, filling out forms, and doing the hours of work that are not directly related to patient visits. Therefore, we implore you to fill out the form as soon as possible, in which case it will be put in your chart and make you a participant in the CCM program. Any Medicare patient who has not filled out the form will be assumed to not be part of the program, and can expect to have some curtailment of services that are not deemed to be medical emergencies.

Thank you for your cooperation and your understanding. As more Medicare and Affordable Care Act changes hit us over the next few years, we will try to make their institution as easy as possible. Please feel free to contact the office for any questions at office@ppcmd.com, or you can go to the CMS website to find out more about CCM and other programs that will be coming soon.

Sincerely,

Andy Lazris, MD

Allison Carew, CRNP

Kathy Jantac, CRNP

Michelle Klima, CRNP

Libby Shadis, CRNP

**PPC CHRONIC CARE MANAGEMENT CONSENT FORM**

 As a patient with two or more chronic conditions, you may benefit from a new program that Personal Physician Care is now offering all Medicare patients. Our goal is to make sure you get the best care possible from everyone that is involved with your care. Medicare will allow us to bill for services such as; care coordination, correspondence with patients and family, discussion with nurses or specialists, and medication management during any month that we have provided at least 20 minutes of non-face-to-face care of you and your conditions. However, you must provide your consent to participate in this program. The assigned practitioner in charge of your care will be a licensed care team member from Personal Physician Care. Failure to consent to CCM may mean that certain services done outside the scope of an office visit may no longer be able to be performed unless they are deemed to be medical emergencies.

You agree and consent to the following:

* As needed, we will share your health information electronically with others involved in your care. Please rest assured that we continue to comply with all laws related to the privacy and security of your health information.
* We will bill Medicare for this chronic care management for you if and when the services are provided. Our office will have a record of our time spent managing your care if you ever have a question about what we did each month.
* Only one practitioner can bill for this service for you. Therefore, if another one of your practitioners has offered to provide you with this service, you will have to choose which practitioner is best able to treat you and all of your conditions. Please let our staff know if you have entered into a similar agreement with another practitioner/practice.

You have the right to:

* A comprehensive care plan from our practice to help you understand how to care for your conditions so that you can be as healthy as possible. This will be provided to you upon request.
* Discontinue this service at any time for any reason. Because your signature is required to end your chronic care management services, please ask any of our staff members for the Chronic Care Management termination form.

Our goal is to provide you with the best care possible, to keep you out of the hospital, and to minimize costs and inconvenience to you due to unnecessary visits to doctors, emergency rooms, labs, or hospitals. We know your time and your health is valuable and we hope that you will consider participation in the program with our practice.

I agree to participate in the Chronic Care Management program. Yes\_\_\_ No\_\_\_

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Patient or POA Signature Date

(Please circle Patient or POA)

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 Print Patient Name POA Email Address