Welcome to Care Management (For any Chronic Disease CM Copy)

Try to do two reflections for each question listening for change talk and offer a summary at the end

Week One (Mostly likely billing a G9002 or Phone Code):

- Introduction/Explanation of Care Management
    - {Practice Name}'s care management program is designed to help you get and/or stay healthy!
    - In most cases, it's covered by your insurance without cost to you.
    - What is your biggest health concern today?
        - What do you know about your condition?
    - Assessment/Surveys (PHQ9, GAD, SBIRT especially if not done recently- may affect chronic conditions)
    - Health history
    - **G9001 Part 1 (*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*:** In addition to (chronic disease) medications, briefly ask about other medications the patient is prescribed? Do they have any issues, questions, or concerns. *If you are a social worker and not comfortable with things that may come up simply say, "I am a social worker and this is not part of my knowledge set, but I will relay this information to your Dr. and get back to you OR I have an RN call you" NPO pharmacist may also be a good option for you or patient, especially if polypharmacy- email provided on last page)*
        - Do you ever have trouble affording medications?
        - Do you ever have trouble affording food?
        - Do you have transportation?
        - Do you have a place to live?
        - Can you afford your bills?
        - Would you like assistance with any of these? Are there any other needs you have? *(If patient does not have an SDOH screening on file. add one otherwise, it is ok to ask questions and document)*
    - **SO257: *(age does not matter)*** For the last piece of our assessment today….
        - If the patient is 65 or older with ACP paperwork on file: I ask all patients this, the paperwork we have on file, is that up-to-date or would you like to make changes? Do you need a copy of what we have on file? Do you have any questions about this?
        - If the patient is 65 or older with no ACP paperwork on file: I noticed, we do not have ACP paperwork on file for you? Is this something I can help you with or something you would like to discuss with your provider?
        - Patient of any age (use your discretion- maybe 12 year and up): This may sound weird, but I ask all patients this as it's never too early to consider these things. What would be most important to you if you became very

sick? What kinds of things are most important to you? Do you have any other questions about this?

- Treatment Goals or start thinking about for next sessions.
- Takeaway: learning resources, coping skills, etc.
- **G9007:** Provide quick face-to-face update to provider *(*Hint can be next day if trying to get two touches. If you are virtual perhaps a provider or providers at the office would agree to a weekly, twice a month or monthly virtual meeting to do a Care Management Care review in which a G9007 could be billed for each patient)*

Week Two (Mostly likely billing a G9002 or Phone Code):

- What condition/s are you trying to manage?
- What does this condition mean to you?
- What positives can you find from improving your condition/s
- Identify triggers/source that worsen condition.
- Learn more about your experience of your illness - history, frequency, duration, recent moments of flare up.
- What's worked in the past, what hasn't worked? Previous treatments?
- Motivation - short term vs. long term decision making/goal setting.
- **G9001 Part 2(*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*:** Does your (Chronic Condition) cause you any depression or anxiety? In general, are you struggling with feeling anxious or feeling down as or recent? Have you had any issues with this in the past as it can affect your (Chronic Condition)? *Depending on patients' response, can do a PHQ9 or GAD7 and notify PCP if concerns for higher level of care or CoCM services if the practice offers- maybe there has been change since initial visit if completed then.*
- Revisit goals, where are you at? Where would you like to go?
- Takeaway: Providing another coping skill -Behavioral Activation, etc.
- **G9007:** Provide quick face-to-face update to provider.

Week Three (Mostly likely billing a G9002 or Phone Code):

- **G9001 Part 3: (*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*:** Last week I asked you if you were feeling anxious or down. As part of our assessment this week I want to ask how you are feeling physically? Does your body limit you in any way? If the answer is Yes, ask the patient if they would like you to talk to their PCP about this.
- Have you been able to try any coping skills?
- What do you need to give yourself credit for?
- Building on success
- Revisiting goals, where are you at? Where would you like to be?
- **G9007:** Provide quick face-to-face update to provider.

Week Four (Mostly likely billing a G9002 or Phone Code AND G9001 if all information has

been gathered and visit is face-to-face or virtual; can wait until next face-to-face or virtual visit to bill if needed):

- Utilize further sessions to continue expanding on what has already been discussed.
- Utilize stress management interventions if needed.
- **G9001 Part 4:** We have talked about what I am about to ask you over the past few weeks, but can you please tell me in your own words:
    - What do you understand about your health/ what does your health mean to you?
    - How do you feel about the changes you have been working on?
    - Do you feel ready to maintain these changes or to start new changes?
    - Last, what do you feel your biggest barriers are to making change or maintaining change?
- **G9007:** Provide quick face-to-face update to provider.

Recommended Documentation for Billing G9001:

- Identify care manager responsible for overall care plan, his/her credentials, and patient's provider contact information.
- Date, duration, and modality of contact (face-to-face or virtual)
- Name and relationship of person contacted if other than patient.
- All active diagnosis assessed (and reported on claim)
- Current Physical and mental/emotional status
- Current medical treatment regimen and medication
- Risk Factors
- Available resources and unmet needs
- Level of patient understanding of condition and readiness for change
- Perceived barriers to treatment plan adherence
- Individualized long and short-term desired outcomes and target dates.
- Anticipate interventions and timeframe for follow-up.
- Patient Consent to engagement/ participate in Care Management

Most of these things can be copy and pasted from weeks prior to submit the full G9001 comprehensive Assessment.

S0257 Resources: NPO and some NPO practices have access to ACP Decisions Website that has very nice education videos that can be shared with the patient including their family and friends. Ask your practice or NPO if you are interested.

If a younger person wants resources, google five wishes. Providing a five wishes handout may be a good option and or ACP decisions: What's Important to You

NPO Pharmacist help: rx@npoinc.org

***New 2025: only one phone code 98966, 98967 or 98968 will count towards Priority Health's Care Management Target. The practice will still receive fee for service for additional codes billed but they will not count towards the PDCM target*- Otherwise this document follows BCBSM guidelines Otherwise this document follows BCBSM guidelines for more info on other payers https://micmt-cares.org/g9001-comprehensive-assessment**

Welcome to Care Management (For any Chronic Disease CM Copy)

Week One:

- Your first visit will consist of a short assessment.
- You will then establish goals with your Care Manager

Week Two:

- You will discuss what your (Condition) looks like for you.
    - How does your condition impact your life?
- What's worked in the past, what hasn't worked?
- Coping skills introduction
- Revisit Goals

Week Three:

- Continuation of identifying recent symptoms
- Defining and expanding on coping skills
- Revisit Goals

Week Four:

- Utilize further sessions to continue expanding on what has already been discussed.
- Would Stress Management interventions be helpful.