

Chronic Care Management: Patient Information Sheet

For years, the physicians in our practice have worked tirelessly to coordinate the care of our patients during the actual office visit but also during the many hours we spend after our patients leave the office. Many times we are required to manage the referral process, answer patient questions by phone and, more recently, by email or via secure messaging. In addition, our team coordinates the prescription refill process and the completion of the various forms that are required by insurance companies, schools or work.

Studies show that if we do a good job coordinating care, especially for patients with more than one chronic condition, there is a measurable decrease in the total cost of care for those patients and a commensurate improvement in their overall health.

1. **Medicare recognizes the financial burden that care coordination imposes** on medical practices and now offers Medicare patients a new benefit that allows physicians to bill for some of the work they do between office visits. Specifically, Medicare will now compensate physicians for care management of patients with two or more (multiple) chronic conditions. This new benefit is called Chronic Care Management (CCM) services.
2. **A chronic condition is a condition that is expected to last at least 12 months, and that increases the risk of death, acute exacerbation of disease, or a decline in function.** Common diseases such as hypertension and diabetes are examples of chronic diseases, but the full list of those conditions is too long to include in this document. Around two thirds of all Medicare Patients have multiple chronic conditions.

What Your Physician Must Do:

Your physician must furnish the following capabilities:

- a. **Use a certified EHR** – our practice uses an electronic health record that meets the certification criteria mandated by Medicare’s Meaningful Use program
- b. **Provide a written or electronic version of your care plan** – an electronic version of your latest care plan is available on the patient portal.
- c. **Ensure access to care 24/7** – our practice policy is to provide access to care relating to any acute condition including evenings and weekends.
- d. **Facilitate transitions of care** – we help manage your care before and after your appointment, including any coordination or communication between our practice and other healthcare providers.
- e. **Oversee and manage your medications** – when you visit our office, we review your medications and compare the list of medications you currently take with the list we record in our EHR.

How CCM Services Are Billed:

1. **Your provider can only bill Medicare for CCM services when a patient has multiple chronic conditions.** If you don't have multiple chronic conditions, our practice may still ask you to sign the attached agreement but Medicare will not be billed for CCM services unless it is determined by your personal physician that you have multiple chronic conditions. If you are unsure whether you have multiple chronic conditions, please consult your physician.
2. **Your provider must spend 20 minutes each billing period performing non face-to-face care coordination.** Some of those activities may include: providing medication refills, coordinating referrals or communicating with you via phone or secure messaging. Each billing period is 30 days; therefore you can expect that Medicare will never be billed more than one time per 30 day billing period for CCM services.

What Are Patients Asked To Do?

1. Medicare requires that you sign a written consent acknowledging that your physician may bill Medicare for the CCM Services provided for you. This written permission need only be provided one time.
2. You may only provide written consent to bill for CCM to just one physician, but you can always visit with any doctor that accepts Medicare.
3. Should you choose to revoke this permission you are required to notify us.

Frequently Asked Questions

Q. How much does Medicare allow for Chronic Care Management Services?

A. *Your provider may bill Medicare \$42.60 for each 30-day billing period.*

Q. Am I responsible for the co-insurance amount?

A. *Yes, the Medicare law does not allow us to "write off" the co-insurance amount.*

Q. What can I expect my co-insurance amount to be?

A. *The co-insurance amount is approximately just \$8.00 for each 30-day billing period.*

Q. If I have a secondary insurance, will it cover this co-insurance amount?

A. *If your secondary insurance usually covers Medicare co-insurance, the answer is yes.*

Q. Will my provider be billing for every 30-day billing period?

A. *Your provider may only bill for CCM Services if they provided at least 20 minutes of non face-to-face care (care before or after the office visit) during the 30-day period.*

Q. If I don't have multiple Chronic Conditions, will Medicare be billed for this service?

A. *No, a patient must have multiple (more than one) chronic condition to qualify for this benefit.*

Thank you,

Beaumont Internal Medicine & Geriatric Associates

ONLINE COMMUNICATIONS INFORMED CONSENT AGREEMENT--PATIENT PORTAL

Instructions for Using Online Communications with Beaumont Internal Medicine & Geriatric Associates

You agree to take steps to keep your online communications confidential including:

Do not store messages on your employer-provided computer; otherwise personal information could be accessible or owned by your employer.

Use a screen saver or close your messages instead of leaving your messages on the screen for passersby to read and keep your password safe and private.

Do not allow other individuals or other third parties access to the computer(s) upon which you store medical communications.

Do not use email for medical communications. Standard e-mail lacks security and privacy features and may expose medical communications to employers or other unintended third parties.

Withdrawal of this Informed Consent must be done by written online communications or in writing to my office.

Charges for Using Online Communications:

My office may charge for certain online communications. You will be informed in advance when/if these charges apply and you will be responsible for payment of these charges if you accept and use any fee-based service. You may choose to contact your insurance carrier to determine if they cover online communications.

Conditions of Using Online Communications; the following agreements and procedures relate to online communications:

Beaumont Internal Medicine & Geriatric Associates office will keep a copy of all medically important online communications in your medical record in encrypted format.

You should print or store (on a computer or storage device owned and controlled by you) a copy of all online communications that are important to you.

Beaumont Internal Medicine & Geriatric Associates will not forward online communications with you to third parties except as authorized or required by law.

Online communications will be used only for limited purposes. Online communications cannot be used for emergencies or time-sensitive matters. It should be used with caution. If there is other information that you don't want transmitted via online communications, you must inform your practice. Beaumont Internal Medicine & Geriatric Associates cannot be held responsible.

Please note that online communications should never be used for emergency communications or urgent requests. These should occur via telephone or using existing emergency communications tools.

Beaumont Internal Medicine & Geriatric Associates is not liable for improper disclosure of confidential information.

Follow-up is solely your responsibility. You are responsible for scheduling any necessary appointments and for determining if an unanswered online communication was not received.

You are responsible for taking steps to protect yourself from unauthorized use of online communications, such as keeping your password confidential. Beaumont Internal Medicine & Geriatric Associates is not responsible for breaches of confidentiality caused by you or an independent third party.

I will not engage in any illegal online communications, including illegally practicing medicine across state lines.

Access to Online Communications

The following pertains to access to and use of online communications:

Online communications does not decrease or diminish any of the other ways in which you can communicate with your provider. It is an additional option and not a replacement.

Beaumont Internal Medicine & Geriatric Associates may stop providing online communications with you or change the services I provide online at any time without prior notification to you.

Risks of Using Online Communications:

All medical communications carry some level of risk. While the likelihood of risks associated with the use of online communications, particularly in a secure environment, is substantially reduced, the risks are nonetheless real and very important to understand. It is very important that you consider these risks each time you plan to communicate with me, and communicate in such a fashion as to mitigate the potential for any of these risks.

These risks include, but are not limited to:

Online communications may travel much further than you planned. It is easier for online communications to be forwarded, intercepted, or even changed without your knowledge.

Online communication is easier to falsify than handwritten or signed hard copies. A dishonest person could attempt to impersonate you to try to get your medical records.

It is harder to get rid of an online communication. Backup copies may exist on a computer or in cyberspace, even after you have deleted your copies.

Online communication is not private simply because it relates to your own medical information. I use a secure network to avoid using standard e-mail or e-mail systems provided by employers. Employers and online services have a right to inspect and keep online communications transmitted through their system.

Online communications are also admissible as evidence in court. Online communications may disrupt or damage your computer if a computer virus is attached.

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY**

Beaumont Internal Medicine & Geriatric Associates (“BIMGA”) is required by law to maintain the privacy of Protected Health Information (“PHI”), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Beaumont Internal Medicine & Geriatric Associates is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

Your Health Information Rights:

You have the following rights with respect to PHI about you:

Obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact us or you may send a written request to BIMGA addressed to the contact information below.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request on the standard “Request for Additional Privacy” form to: BIMGA addressed to the contact information below.

We are not required to agree to most restrictions, however we must agree to your request to restrict disclosure of PHI to a health plan if (A) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and (B) the PHI pertains solely to a healthcare item or service for which you, or someone on your behalf other than the health plan, has paid us in full.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as Beaumont Internal Medicine & Geriatric Associates maintains the PHI. The designated record set usually will include laboratory tests, prescription information, progress notes, and billing records. To receive a summary of PHI about you contact: Beaumont Internal Medicine & Geriatric Associates. To inspect or copy detailed PHI about you, you must send a written request on the standard “Authorization to Release Healthcare Information” form to: BIMGA addressed to the contact information below. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request on the standard “Request for Amendment” to: BIMGA addressed to the contact information below. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a

statement of disagreement with the decision and we may give a rebuttal to your statement.

Your Health Information Rights Continued:

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing on the standard “Request for Accounting” form to: BIMGA addressed to the contact information below. Your request must specify the time period for which you wish an accounting, which may not be longer than six years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing on the standard “Request for Additional Privacy” form. All completed forms must be submitted in person at Beaumont Internal Medicine & Geriatric Associates. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests. In the event of an emergency regarding your treatment, if we cannot reach you promptly using the alternative means or alternative location you requested, we may try to reach you by other means or at another location.

Examples of How We May Use and Disclose PHI:

The following are descriptions and examples of ways we use and disclose PHI:

We will use PHI for treatment. For example, information obtained by the Physician will be used to plan your care and treatment, and may be used to monitor the effectiveness and compliance of your treatment plan. In addition, we may contact you to provide appointment reminders, information about treatment alternatives, educational information about current or new therapeutic products, or information about other health-related benefits and services that may be of interest to you. We will document in your record information related to the medications dispensed to you and services provided to you.

We will use PHI for payment. For example, we will contact your health insurer to determine whether it will pay for the services provided by us and the amount of your copayment. We will bill you or your health insurer for the cost of services provided to you. The information on or accompanying the bill may include information that identifies you, as well as the services you received.

We will use PHI for health care operations. For example, BIMGA may use information in your health record to monitor the quality of care you receive from us while we are providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We also are permitted or required to use or disclose PHI for the following purposes; however, some of these disclosures may never occur at our practice.

Business associates: There are some services provided by us through contracts with business associates. For example, we may contract with a third party to perform ancillary services for us. We may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

Communication with individuals involved in your care or payment for your care: Health professionals such as Physicians, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person’s involvement in your care or payment related to your care.

Examples of How We May Use and Disclose PHI Continued:

Abuse, Neglect And Other Related Circumstances: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence. We may also disclose the information to avert a serious health crisis that could affect you or the health or the safety of others.

Worker's compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Public health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process. *As required by law:* We must disclose PHI about you when required to do so by law.

Health oversight activities: We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

Research: We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, medical examiners, and funeral directors: We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

Organ or tissue procurement organizations: Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

National security and intelligence activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others: We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct

special investigations.

Other Uses and Disclosures of PHI:

Beaumont Internal Medicine & Geriatric Associates will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. Your authorization is required for uses and disclosures of PHI for marketing purposes or disclosures that constitute a sale of PHI. You may revoke an authorization in writing at any time. Within five (5) days of the receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

Beaumont Internal Medicine & Geriatric Associates' Employees:

We may disclose PHI about you for a work-related illness or injury or a workplace-related medical surveillance.

Minors:

If you are a minor who has lawfully provided consent for treatment and you would like BIMGA, to the extent permitted by your state's laws, to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify the Physician.

For More Information or to Report a Problem:

If you have questions or would like additional information about the Beaumont Internal Medicine & Geriatric Associates privacy practices, please contact:

Administrator
Beaumont Internal Medicine & Geriatric Associates
755 N. 11th Street, Suite P5200,
Beaumont, TX 77702
(409) 898-2994

If you believe your privacy rights have been violated, you can file a complaint in writing by submitting a standard "Complaint" form to the Beaumont Internal Medicine & Geriatric Associates' Practice Administrator or to the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Texas Law Supplement

The following Texas law supplements the listed "Examples of How We May Use and Disclose PHI," except as otherwise permitted or required by law:

We will only release your confidential record to you, your agent, or to:

- a) a practitioner or another Physician if, in the Physician's professional judgment, the release is necessary to protect your health and well being;
- b) the medical board or another state or federal agency authorized by law to receive the record;
- c) a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevention and Control Act of 1970;
- d) a person employed by a state agency that licenses a practitioner, if the person is performing the person's official duties; or an insurance carrier or other third party payer authorized by the patient to receive the information.
- e) an insurance carrier or other third party payer authorized by the patient to receive the information

Effective Date: This Notice is effective as of April 14, 2003. Revised as of September 1, 2013.

OFFICE POLICIES AND PROCEDURES

To our Valued Patients,

To make sure that we are able to provide you with the service you deserve in our office we appreciate it if you will take a few minutes to read over our office policies and procedures. These policies and procedures are set in place to help better our office work flow and make our jobs easier so we may focus on your needs.

- Please bring your up to date insurance card and photo ID to every visit.
- If you are a new patient please make sure you have filled out all necessary new patient paperwork.
- Please only 1-2 family members to accompany patient back to rooms.
- If at all possible turn your phones on silent or vibrate when physician is with you.
- Please bring your medication bottles or an up to date medication list with you to every visit. Many of the drugs we recommend or prescribe can counter act with other meds you are taking so it is very important that staff and physicians know the exact medications and doses of medications you are currently on.
- Please try to the best of your knowledge to provide the staff and physicians with the most accurate information regarding your problem and your past. This will help us to better help manage your problems and take care of you.
- If you need to cancel your appointment, please do so 24 hrs prior to your appointment time. This allows us to fill your scheduled time with another patient that needs to see the physician or see urgent care patients. Failure to cancel 24 hrs before will result in us charging you a \$25 fee.
- If you have any questions regarding your bill, please ask to speak to our billing department or to our Business Office Manager.
- Please make sure to read and sign a HIPAA form, a release of information, and a financial agreement if have not done so in the last year.
- Please note we are using an automated system for appointment reminders and you are required to confirm your appointments.
- Due to the restructuring of the Healthcare system and the changes in Healthcare that have come with it... BIMGA providers will now assign his/her inpatients to a hospitalist.

PATIENT FINANCIAL AGREEMENT

PLEASE READ THOROUGHLY. The following information is regarding the financial agreement terms set by Beaumont Internal Medicine and Geriatrics Associates (BIMGA). After reading the following information you will be asked to initial on the agreement page and sign stating you understand the terms. This will required annually. In consideration of the receiving services from Beaumont Internal Medicine and Geriatric Associates, You Agree:

1. All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. If you would like to know the cost of a service, please inquire prior to treatment. Please be aware that not all services are a covered benefit with different insurance companies. You are responsible for knowing what services are or are not covered. KNOW YOUR BENEFITS.
2. We must bill your insurance company and/or Medicare even if we know the activity is not going to be reimbursed. If we believe a service is not covered under Medicare; you will be offered the opportunity to decline the service. If you decide to have the service, you will be asked to sign an Advanced Beneficiary Notice (ABN) that is required by Medicare. You will be responsible for the payments.
3. Upon check-in, we will collect your deductible, co-pay, and payment for any uncovered services as well as the patient's portion as determined by insurance. We accept cash, check, and credit card of Master Card, Visa, Discover, & American Express. There will be a service fee of \$25 dollars for any returned checks.
4. Your insurance policy is a contract between you, your employer, and the insurance company! We are NOT a party to that contract. It is your responsibility to notify us of any insurance policy changes or benefits changes. We will assist but it is your responsibility to make sure we have all information needed to bill properly.
5. You are responsible for knowing, if a referral is required. Make sure you know what physicians are in your plan, what facilities are covered and what ancillary services you must use. (Such as laboratory, hospitals etc.) If we can be of assistance, please let us know.
6. We will bill your insurance company once as a courtesy, but you are still ultimately responsible for payment of all services you receive. If your insurance company does not respond within 30 days we will follow up with an inquiry on your behalf. If, however, your insurance does not respond within 60 days of claim submission, a statement will be sent to you. You should call your insurance to question why the claim is not paid. Our office will assist you only after you have contacted your insurance.
7. If your medical claim has not paid and your insurance company has not resolved your dispute you may register a complaint with the Texas Department of Insurance. Our office will do everything we can to assist you however; you must understand you cannot delay payment while you are awaiting the outcome of your complaint.
8. Any unpaid charges over 90 days old will turn to outside collection agency with additional collection agency fee. You are responsible for any collection fees, legal fees, or court costs incurred in the collections process. This agency will report your failure to pay to the THREE (3) national credit reporting agencies.
9. Returned checks are sent to Quik Chek for processing. There is a \$30 fee charged by Quik Chek.
10. If you are unable to pay your balance, call our Business Office at (409)898-2994 immediately for payment options. We may be able to arrange a payment plan for you. You will be required to make an immediate payment if a plan is set up and regular payments after that. All payment plans must be finalized within 45 days of receiving your first statement to avoid the balance being sent to a collection agency.
11. Due to large volume, we require notification of one business day or 12 hours regarding a cancelation of your appointment so please contact the office during office hours as needed. No show patients will also be charged a fee of \$25.00. Remember, this charge is not billable to your insurance company; this is your full responsibility. We provide appointment reminders via automated systems for every appointment scheduled in our systems 2 days prior to the appointment. During that message you have the opportunity to confirm.