

CHRONIC CARE MANAGEMENT PROGRESS NOTE



**Ready to Join Us to Transition From Volume Based
To Value Based Care?**

PATIENT INFORMATION

- Name: [Patient Name]
- DOB: [Date of Birth]
- MRN: [Medical Record Number]
- Date of Service: [Date]
- Time Spent: [Minutes]
- Care Manager: [Name and Credentials]

ACTIVE CHRONIC CONDITIONS

- Primary Diagnosis:
 - ICD-10:
 - Status: [Improved/Stable/Worsening]
- Secondary Diagnoses:
 - ICD-10:
 - Status: [Improved/Stable/Worsening]

COMPREHENSIVE CARE PLAN REVIEW

CURRENT MEDICATIONS

Medication Name:

- Dosage:
- Frequency:
- Adherence: [Yes/No]
- Side Effects:
- Concerns:

VITAL SIGNS/METRICS

- Blood Pressure:
- Heart Rate:
- Weight:
- Blood Glucose (if applicable):
- Other:

CARE PLAN GOALS

- Short-term Goals:
 - Goal:
 - Progress:
 - Barriers:
 - Interventions:
- Long-term Goals:
 - Goal:
 - Progress:
 - Barriers:
 - Interventions:

CARE COORDINATION ACTIVITIES

- Blood Pressure:
- Heart Rate:
- Weight:
- Blood Glucose (if applicable):
- Other:

CARE COORDINATION ACTIVITIES

RECENT HEALTHCARE UTILIZATION

- ED Visits:
- Hospitalizations:
- Specialist Visits:
- Upcoming Appointments:

PATIENT ENGAGEMENT

Self-Management Support

- Current challenges:
- Resources provided:
- Education completed:
- Patient understanding:

Lifestyle Modifications

- Diet:
- Exercise:
- Sleep:
- Stress Management:

RISK ASSESSMENT

Current Risk Factors

- Fall risk
- Social isolation
- Medication interactions
- Financial barriers
- Transportation issues
- Other:

Preventive Care Status

- Vaccinations due:
- Screenings needed:
- Referrals required:

ASSESSMENT & PLAN

Clinical Assessment

- Changes since last contact:
- New concerns:
- Progress toward goals:

Care Plan Updates

1. Modifications needed:
2. New interventions:
3. Referrals made:
4. Follow-up schedule:

NEXT STEPS

Scheduled Follow-up

- Next contact date:
- Priority issues:
- Planned interventions:

Emergency Plan

- Warning signs reviewed:
- Action steps for emergencies:
- Emergency contacts updated:

Billing Information

- Time spent on CCM services: [Minutes]
- CPT Code: [99490/99487/99489]
- Date of last CCM service:
- Consent verification: [Date]

Care Manager Signature & Date

Supervising Provider Signature & Date