

Chronic Care Management

An estimated 117 million adults have one or more chronic health conditions, and one in four adults have two or more chronic health conditions. **Chronic Care Management (CCM)** is a coordinated approach to meeting your health care goals with the assistance of our care team.



What is Chronic Care Management?

As of January 1, 2015, the Centers for Medicare and Medicaid Services began providing reimbursement for Chronic Care Management (CCM). The benefit covers 20 minutes of time per month over a 12 month period. It was expanded in 2017 to include complex CCM for individuals who require more than 20 minutes of clinical staff time each month.

If you have **Medicare**, and have **two or more chronic conditions**, Medicare is offering Chronic Care Management services to help you manage your health and spend more time doing the things you enjoy, in good health.

CCM is the care coordination that is outside of the regular office visit for patients with two or more chronic conditions. Chronic conditions are those which are expected to last at least 12 months or for the rest of your life. The CCM benefit allows you and your doctor to follow your medical care plan, practice preventive health care, and more effectively manage your health.

Examples of chronic conditions include, but are not limited to:

- **Alzheimer's Disease & Related Dementia**
- **Osteoarthritis & Rheumatoid Arthritis**
- **Asthma / COPD**
- **Atrial Fibrillation**
- **Autism Spectrum Disorders**
- **Cancer**
- **Heart / Vascular Disease**
- **Depression**
- **Diabetes**
- **Hypertension**
- **Infectious Diseases**
- **Substance Use Disorders**

What are the Benefits of CCM?

CCM can help you work toward your health and quality of life goals. Better care management can help you avoid health events such as trips to the hospital, a fall, or worsening health.

Coordinated care means you will get personal attention and help from a health care provider you know and who knows about your health conditions and helps to keep you healthy. The following services are included in our CCM program:

- **Care management and transitional care management services**
- **Communicating with the Medicare beneficiary in person, by phone, or electronically for care coordination**
- **Communicating with other health professionals and agencies**
- **Community resource referral**
- **Disease self-management education and support**
- **Symptom management**
- **Medication management**
- **Preventive health counseling**



Will My Insurance Cover CCM?

Medigap Policies: Medigap policies, which are sold by private insurance companies, pay some of the health care costs not covered by Original Medicare, potentially including co-payments, co-insurance, and deductibles.

Medicare Advantage: All Medicare Advantage plans cover all Part A and Part B services. Since CCM is a current Part B benefit, all Medicare Advantage plans have CCM as a covered benefit for enrolled members. Any Medicare beneficiary or Medicare Advantage beneficiary that meets the medical necessity requirements for CCM is eligible to receive the CCM services as a covered benefit.

Co-insurance: Medicare Part B requires a co-insurance payment of 20% of the coverage limit. The individual receiving services is responsible for the co-insurance payment amount.

Please see a SAMC CCM team member to discuss your coverage.

How to Enroll:

- 1 Upon checkout from your visit today, ask for a CCM team member to answer any further questions you have about the CCM program.
- 2 Read and sign the SAMC Chronic Care Management Consent Form.
- 3 Schedule a comprehensive assessment with your preferred primary care provider. This visit will establish your list of chronic conditions, outline your health goals, and create a personalized care plan.



SAMC Chronic Care Management Consent Form

I agree to allow Dr _____ to provide me with Chronic Care Management (CCM) services and to be my designated CCM provider. I also understand that other physicians may from time to time provide CCM services to me under this consent.

I understand that these services will include:

- Consultation and guidance in managing my chronic conditions so I can be as healthy as possible.
- Reviewing my medications and any related questions that I have.
- Help with scheduling office visits and tests that my designated CCM provider may order.
- Receiving a plan of care with personal health goals.
- Sharing of my care plan with other health care providers that I see and the staff who are assisting with my care.
- Working closely with home health and other health care resources in my area.

I understand that other health care providers that I see will receive my medical information electronically or via a secure FAX line.

I understand that only one physician can provide CCM services for me each month.

I understand that I may have to pay a monthly co-payment charge depending on what my insurance does or does not cover.

I understand that I can stop CCM services at the end of any month by contacting the office or my designated CCM provider through telephone or the patient portal. If I decide to stop these services, I understand that I will no longer receive CCM from South Austin Medical Clinic. Terminating CCM will not have any effect on my usual primary care services at South Austin Medical Clinic.

Patient or guardian signature _____

Printed name _____ **Date** _____