



Patient Name: _____

Dr. _____

Account# _____

Understanding CCM

Chronic Care Management (CCM) is defined as the **NON-FACE-TO-FACE** services provided to Medicare beneficiaries who have multiple (two or more), significant chronic conditions. In addition to office visits and other face-to face encounters (billed separately), these services include communication with the patient and other treating health professionals for care coordination (both electronically and by phone.)

Medicare may pay for a health care professional's help to manage your health conditions if both apply:

- You have 2 or more chronic conditions.
- Your conditions are expected to last at least a year.

Chronic care management offers additional help managing conditions like these:

- Arthritis
- Asthma
- Diabetes
- Hypertension
- Heart disease
- Osteoporosis

Services may include:

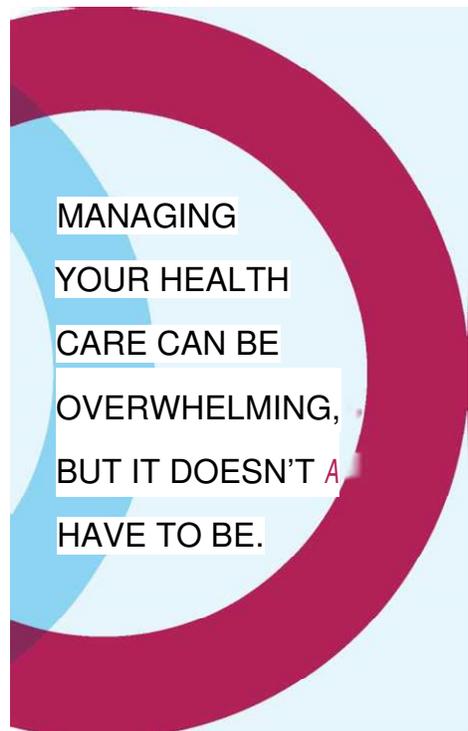
- At least 20 minutes per month of chronic care management services
- Personalized help from a health care professional to create a care plan based on your needs and goals
- Care coordinated between your doctor, pharmacy, specialists, testing centers, hospitals, and other services
- Phone check-ins between visits to keep you on track
- Emergency access to a health care professional, 24 hours a day, 7 days a week
- Expert help with setting and meeting your health goals

Who's eligible?

All people with Part B are covered. To get started, ask your health care professionals if they provide chronic care management services.

Your costs in Original Medicare

You may pay a monthly fee, and the Part B deductible and coinsurance apply. If you have supplemental insurance, or have both Medicare and Medicaid, it may help cover the monthly fee.



If you have **Medicare and live with two or more chronic conditions** like arthritis, diabetes, depression, or high blood pressure, chronic care management services can help connect the dots so you can spend more time doing what you love.

SERVICES MAY INCLUDE:

- At least 20 minutes a month of chronic care management services
- Personalized assistance from a dedicated health care professional who will work with you to create your care plan
- Coordination of care between your pharmacy, specialists, testing centers, hospitals, and more
- Phone check-ins between visits to keep you on track
- 24/7 emergency access to a health care professional

- Expert assistance with setting and meeting your health goals

Ask your doctor about chronic care management services and get the connected care you need.

For more information visit: [go.cms.gov/ccm](https://www.cms.gov/ccm)



CMS Product No. 909443, March 2017

If you have any questions about the program please feel free to contact Center for Medicare and Medicaid Service or your Health Plan 1-800-MEDICARE (1-800-633-4227)

Dear FHCMG patient,

As a patient with two or more chronic conditions (_____, _____), you may benefit from a new program that Florida Health Care Medical Group offers all Medicare patients. Our goal is to make sure you get the best care possible from everyone that is involved with your care. We can help coordinate your visits with other doctors, facilities, lab, radiology, or other testing; we can talk to you on the phone about your symptoms; we can help you with the management of your medications; and we will provide you with a comprehensive care plan. Medicare will allow us to bill for these services during any month that we have provided at least 20 minutes of non-face-to-face care of you and your conditions. You must provide your consent to participate once a year.

Your assigned clinician in charge of your care is Dr._____. Sometimes other staff from our practice will talk to you or handle issues related to your care, but please know that your assigned clinician will supervise all care provided by our staff or clinicians who may be involved in your care.

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 bill Medicare for this chronic care management for you once a month. The fee for this service allowed by Medicare is **\$44.22**, of which your portion will be \$_____ (based on any secondary insurance you provided the practice). Although you may or may not come into the office every month, your account will reflect this charge and you will be responsible for payment. 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 physician can bill for this service for you. Therefore, if another one of your physicians has offered to provide you with this service, you will have to choose which physician is best able to treat you and all of your conditions. Please let your physician or our staff know if you have entered into a similar agreement with another physician/practice.

You have a 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.
- 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 CCM 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 _____

Print Name

Patient Signature

Today's Date