



WHAT IS CHRONIC CARE MANAGEMENT?

If you have Medicare or are dually eligible (Medicare and Medicaid) and live with two or more chronic conditions that worsen your quality of life and put your health at risk, chronic care management (CCM) services can help connect the dots so you can spend more time doing what you love. Examples of these chronic conditions include—but are not limited to—arthritis, cancer, depression, diabetes, and high blood pressure. Services may include:



At least 20 minutes a month of care coordination from a health care professional outside of in-person office visits, such as phone check-ins and access to a secure electronic patient portal



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



24/7 emergency access to a qualified health care professional and expert assistance with setting and meeting your health goals

WHAT ARE THE BENEFITS OF CCM?

CCM allows you to better manage your care and spend more time focusing on your health by helping you work toward your health and quality of life goals. CCM can help you avoid trips to the emergency department, falls, or worsening health.

Coordinated care means you will receive personal attention and help from a provider you know and who knows about your health conditions and helps to keep you healthy. You will receive a comprehensive care plan to support your goals, along with more frequent communication and support between visits, resources, community services, and other educational information.



WHAT IS REQUIRED TO PARTICIPATE IN CCM?

As a CCM participant, you must give written or verbal consent to ensure you are involved with your care plan and aware of any applicable cost sharing. You will need to provide informed consent only once unless you switch to a different CCM practitioner, and you can disenroll from CCM services at any time by speaking to your health care provider.

You should also be aware that only one health care practitioner and/or hospital can provide CCM services each calendar month.

Talk to your provider about CCM services and your coverage. The usual cost-sharing rules apply to CCM services, so you may be responsible for the usual Medicare Part B cost sharing (deductible and copayment/coinsurance) if you do not have supplemental, or wraparound, insurance. Most dually eligible individuals are not responsible for cost sharing. Medigap plans provide wraparound coverage of cost sharing for CCM, and many individuals have Medigap or other supplemental insurance.

For more information visit: go.CMS.gov/ccm

