CHRONIC CARE MANAGEMENT

* Chronic care management is a service that our Medicare patients can qualify for if they have 2 or more chronic conditions.
* This will pair the patient with a care assistant who can call the patient once a month to check in on their conditions and make sure that your plan of care is being carried out.
* For patients with United Healthcare Medicare Advantage, or patients who have a secondary insurance (including Medicaid) this service is free.
* For those who only have Medicare primary, the cost is $8 per month that we contact them.
* There is now a BPA for patients who qualify.
* The video on the residency website walks you through signing up. The 2 steps are:
	1. Consent
	2. Care plan
* The consents are in the room and are reviewed with the patient and given to a care assistant.
* The care plan is created by updating the problem list and placing a general plan under the “overview” section of each plan.
* The care plan is provided to the patient on the AVS using the dotphrase **.ccmcareplan**
* That consent is essential. We can’t enroll the patient without it, so make sure it gets to the care assistants. There is a box by Kate Miller’s desk that says “CCM consents” in which you can place the consent.