



Cooperative Health

Chronic Care Management

Caring for the Community

What is Chronic Care Management?

Chronic Care Management (CCM) is a Medicare sponsored program which allows your Cooperative Health care team to monitor your health between office visits to keep you healthy.

How does Chronic Care Management work?

After enrolling in CCM, you will be assigned a Care Coordinator. The Care Coordinator is a nationally licensed health care professional trained to discuss your chronic conditions and treatment as directed by your provider, in addition to being your health advocate.

How can I qualify for Chronic Care Management?

You must have Medicare and two or more chronic conditions.





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Participation in our CCM program will keep your provider updated on all aspects of your health including specialty care, to improve outcomes between your office visits.

Additional Care Coordination Benefits:

- Assistance with specialty referrals
- Medication management
- Review and discuss treatment goals
- Provide greater access to your health care team



**Ask your physician today about
the benefits of
Chronic Care Management and
how you can enroll.**

Chronic Care Management (CCM) Enrollment Requirements



- Consent to receive CCM services.
- Authorize electronic communication of your medical information.
- Only one company can provide CCM services to you in a calendar month.
- You will be responsible for a financial cost-sharing (co-pay) in order to receive CCM services.



**For more information
on Chronic Care Management
visit www.cms.gov
or call 803-888-4168.**