

Chronic Care Management (CCM) – Program Overview for Medicare Beneficiaries and Families

Provided by Med Care Outreach, a Non-Profit 501(c)(3)

What Is CCM?

Chronic Care Management (CCM) from Med Care Outreach, a non-profit 501(c)(3), is a Medicare-covered service that helps people with two or more chronic conditions—such as diabetes, heart disease, COPD, arthritis, or depression—receive continuous, coordinated support between regular doctor visits.

Through CCM, the Med Care Outreach care coordination team works every month to connect patients, physicians, and community resources so that each patient's care plan stays organized and effective.

Why CCM Matters

Med Care Outreach serves as the bridge between patients, families, and the many healthcare providers involved in ongoing care. Our team helps reduce confusion, manage appointments, and improve communication among doctors, labs, and specialists.

Patients benefit from:

- Monthly follow-ups from our Med Care Outreach care team
 - Help with appointments, prescriptions, and lab coordination
 - Education on managing long-term conditions
 - Ongoing communication with your entire healthcare network
 - Assistance coordinating care and addressing barriers related to insurance coverage or access to needed healthcare services
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How CCM Helps Patients

Through Med Care Outreach's CCM program, patients receive:

- A dedicated care coordinator who manages their care plan
- A personalized strategy tailored to their conditions
- Regular monthly check-ins to prevent missed care steps
- Better quality of life through coordinated follow-up and guidance

Every interaction is designed to help Medicare patients stay engaged, reduce stress, and avoid unnecessary hospitalizations.

How CCM Helps Families

Families often feel the strain of managing multiple doctors, medications, and appointments. Med Care Outreach provides caregivers with peace of mind through consistent communication, health updates, and support.

Our non-profit team helps families stay informed, eases the administrative load, and ensures that everyone involved in the patient's care works together seamlessly.

Who Qualifies

You qualify for Med Care Outreach's Chronic Care Management program if you have:

- Two or more chronic conditions expected to last 12 months or longer
- Conditions that place you at risk for worsening health or hospitalization

Common qualifying conditions include: Alzheimer's disease, arthritis, asthma, cancer, diabetes, COPD, depression, heart disease, hypertension, and others.

Med Care Outreach helps confirm eligibility and guides you through every step.

What Services Are Included

Each month, Med Care Outreach provides:

- At least 20 minutes of non-face-to-face care coordination (60 minutes for complex cases)

- A comprehensive care plan shared among all your providers
- 24/7 access to our care team for urgent questions about your care plan (not for emergencies—call 911 for emergencies)
- Medication management and follow-up after hospital or ER visits
- Links to community and social support services

Your comprehensive, patient-centered care plan is maintained in our certified electronic record and is shareable with you and your other providers upon request.

Services are furnished by clinical staff under the general supervision of our billing practitioner (Medical Director or designee), consistent with Medicare CCM requirements.

All activities are documented and securely stored in compliance with HIPAA and CMS regulations.

Your Consent

To participate in Med Care Outreach's CCM program, you must give verbal, written, or electronic consent. This means:

- You agree to receive ongoing care coordination from our non-profit 501(c)(3).
- You understand that only one provider or organization can bill for CCM each month.
- You may stop participation at any time by notifying Med Care Outreach.

Standard Medicare Part B cost-sharing may apply, though many patients have no out-of-pocket cost depending on their coverage.

Billing and Payment

Med Care Outreach bills Medicare only after services have been delivered each month.

Common billing codes include:

- **99490** – Basic CCM (20 minutes of coordination)
- **99439** – Each additional 20 minutes
- **99487 / 99489** – Complex CCM (60 minutes or more)

Complex CCM (99487/99489) applies when medical decision making is of moderate or high complexity and at least 60 minutes of clinical staff time is provided in a month.

Time counted for CCM cannot be simultaneously counted for other time-based care management services (e.g., RPM 99457, BHI). Med Care Outreach only bills after services have been delivered that month.

Our administrative team ensures all billing follows Medicare and CMS compliance standards.

Benefits at a Glance

For Patients:

- Improved management of chronic conditions
- Fewer hospital visits and emergencies
- Greater confidence in your care plan

For Families:

- Less stress from coordinating multiple providers
- Regular updates and a direct contact at Med Care Outreach

For Providers:

- Accurate care plans and better communication with patients and families
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Chronic Care Management (CCM) – Q & A

Q1: What is Chronic Care Management?

CCM is a Medicare-covered service provided by Med Care Outreach to help patients with multiple chronic conditions receive coordinated care between appointments.

Q2: How does Med Care Outreach help me?

We act as the bridge between you, your doctors, specialists, labs, and pharmacies to reduce confusion, improve scheduling, and keep your care plan organized.

Q3: Who provides the service?

Your Med Care Outreach care coordination team, supervised by licensed clinicians and our Medical Director (RN/LPN/MA or other qualified clinical staff, per policy), manages your care plan and communication with providers.

Q4: How often will I hear from the team?

You'll receive at least one monthly check-in call and can reach Med Care Outreach anytime for questions or concerns.

Q5: What does the program cost?

CCM is covered by Medicare Part B. Med Care Outreach bills Medicare each month after providing services. Patients with supplemental or dual coverage typically have little to no cost.

Q6: Can I stop if I change my mind?

Yes. You may withdraw consent at any time by contacting Med Care Outreach, and we'll discontinue CCM services immediately without penalty.

Q7: What conditions qualify?

If you have two or more chronic conditions—like diabetes, COPD, heart disease, hypertension, arthritis, or depression—you qualify for Med Care Outreach's CCM program.

Q8: What activities count toward my CCM time?

Med Care Outreach coordinates appointments, reviews test results, updates care plans, manages medications, and provides monthly phone check-ins.

Q9: Is my information secure?

Yes. Med Care Outreach follows all HIPAA privacy standards. Your information is stored in encrypted systems, and only authorized care staff may access it.

Q10: How do I enroll?

You can enroll by completing a secure consent form or by providing verbal consent during a call with Med Care Outreach. We'll verify eligibility and start your personalized care plan.

Final Note

Med Care Outreach, a non-profit 501(c)(3), is committed to improving access, continuity, and coordination of care for Medicare beneficiaries living with chronic conditions. Our CCM program gives patients and families the confidence of having a dedicated team managing their health journey every month.

All CCM services are delivered remotely by licensed or certified clinical staff under the general supervision of our Medical Director in accordance with Florida AHCA and CMS regulations.

