



Chronic Care Management Can Benefit Your Practice and Your Patients

Chronic Care Management (CCM) & Its Benefits

CCM is care coordination services conducted outside regular office visits for Medicare patients with 2+ chronic conditions who routinely require extra time from you and your staff. With CCM, you can:

- Engage patients in their own care to reduce trips to urgent care or the hospital
- Develop a care plan that can be carried out by clinical staff, gaining cost and time efficiencies in your practice
- Bill Medicare for extra time spent managing patients' care



[Hear from providers](#)

how rewarding CCM is for both their practice and for improving their patients' health!

Getting Started with Chronic Care Management

1. **Check out the CCM booklet** for details on billing requirements, provider and patient eligibility, CCM service elements, and more.
2. **Check eligibility and talk to your patients**—Determine a patient's eligibility, discuss the benefits, and obtain patient consent (p. 6–7).
3. **Create a care plan**—Use an extended office visit to collaborate with your patient on a care plan. (p. 8).
4. **Use a shared approach to implementing the care plan**—Once the plan is created, clinical staff can carry it out. You can bill for staff time when at least 20 minutes a month are spent on these activities. (p. 11–12).



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