



## **Important Information Regarding Medicare and Chronic Care Management**

The Centers for Medicare & Medicaid Services (CMS) recognizes care management as one of the most important components of primary care that contributes to better health and care for individuals. Effective January 1, 2015, federal regulations now provide for Medicare to pay for chronic care management. Chronic conditions are ongoing medical problems that must be managed in a partnership between the health care team, led by your physician, and you to maintain the best possible health outcome. Examples of chronic conditions include: **diabetes, high blood pressure, heart disease, depression, and others.** At Florida Care Medical Center (FCMC) our goal is to provide you with comprehensive primary care services by introducing a Chronic Care Management (CCM) program throughout our locations.

### **What is chronic care management?**

Your physician and care management team will carefully monitor and provide comprehensive care for your chronic health conditions. This will include periodic telephone outreach calls, coordination of care with other health providers, and education on disease and symptom management. With your input, your chronic care coordinator, in conjunction with your primary care physician, will develop an individualized plan of care to meet your health care goals. All of these activities are in addition to your regular office visits.

### **What are some of the CCM program benefits?**

- CCM services include 24 hours a day, 7 days a week access to a health care provider in my FCMC physician's practice
- Scheduled preventative care services; including medication review
- A personalized plan of care covering my health care issues
- Coordination of care by my physician and his/her staff including care received at other locations, such as specialist offices, hospitals, imaging facilities, and other health care facilities.

### **What you need to know?**

- You must sign an agreement to enroll in the program and receive these services

**Please let us know if you have any questions about our Chronic Care Management program.**



## CONSENT AGREEMENT FOR PROVISION OF CHRONIC CARE MANAGEMENT

By signing this Agreement, I consent to have Florida Care Medical Center providers and their support staff provide chronic care management (CCM) services to me as described below.

CCM Services are available to me because I have been diagnosed with two (2) or more chronic conditions which are expected to last at least twelve (12) months and which pose significant risks to my health.

CCM Services include 24-hour-a-day, 7-day-a-week access to a health care provider in my CPC Physician's practice to (a) address my acute and/or chronic care needs; (b) provide systematic assessment of my health care needs; (c) develop and institute a personalized a plan of care covering my health issues; (d) assure I receive timely preventative care services; medication reviews and oversight; and (e) manage transitions of care among other health care providers and different settings of care. My FCMC Physician will discuss with me the specific services that will be available to me and how to access these services.

### Florida Care Medical Center Physician's Obligations:

- Explain to me (and my caregiver, if applicable), and offer to me, all the CCM Services that are applicable to my conditions.
- Provide a written or electronic copy of my care plan.

### Beneficiary Acknowledgment and Authorization

By signing this agreement, I agree to the following:

- I consent to my FCMC Physician and staff under her or his direction providing Chronic Care Management Services to me.
- I agree to work with my physician and her or his staff in establishing and following my care plan, including keeping my appointments and communicating in advance when I am unable to do so.
- I authorize electronic communication of my medical information with other treating providers as part of coordination of my care.

### Beneficiary Rights

I have the following rights with respect to FCMC services:

- My Primary Care Provider will provide me a written or electronic copy of the care plan developed for me.

Physician: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_