

McLaren Print System Order

Order No: 91882
Order Date: 2025-01-27
Order Request Date:
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Ship Location: Clare Clinic - Heather
1509 E McEwan
Clare , MI 48617

Brochures
Quantity: 100
Paragon Dept No: 50668
Dept Name: Clare Clinic
Company Number:

Order Total Price: 34.10

Item Number: MMG-444
Item Description: CCM Some things to Know Flyer
Revision Date: 11/2024
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 8.5x11 SS Bleed 80# Offset

CHRONIC CARE MANAGEMENT
SOME THINGS TO KNOW

Who can participate in McLaren's Chronic Care Management program?

Currently, the program is available through most of our primary care clinics. It is a covered benefit for patients enrolled in Medicare with two or more chronic health conditions.

If I don't have multiple chronic conditions, will Medicare be billed for this service?

No, a patient must have multiple chronic conditions to qualify for this benefit.

What if I do not have Medicare, but qualify for the Chronic Care Management program?

If you have a commercial plan, check with your plan to determine what will be covered and any cost you will be responsible for.

I qualify but I don't think I need this.

While you may not have any immediate issues, the Chronic Care Management program is designed to work with you proactively to help maintain your health and support any needs along the way.

What does the program include?

Within a few days after enrolling in our Chronic Care Management program, a McLaren registered nurse will be assigned to be your care coordinator. Over the phone, the nurse will gather information and get to know you to create a personalized care plan. The nurse will determine the best time to have monthly calls to go over anything needing attention to manage your health. You will have the phone number to reach the nurse if you have questions between regular calls.

How do I sign up?

Enroll at your doctor's office. Medicare requires that you sign a written consent acknowledging that your physician or provider may bill Medicare for the Chronic Care Management services provided for you. You only need to provide this written permission once.

If I switch to another doctor or provider, can I stay enrolled with chronic care management?

If it is a McLaren doctor, you may stay with the same program. Let your care manager know if you will be switching providers. They can help you navigate the change.

Can I quit this program anytime?

Yes. You can opt out anytime. You are required to notify the office or the Care Management department at (844) 368-1817.

How much does this cost?

As with other Medicare services, you will be responsible for a 20% coinsurance payment monthly, unless you have a supplemental plan that covers this amount. Care management services includes time the nurse spends with you and coordinating your care with your provider.

Am I responsible for the co-insurance amount?

Yes, the Medicare law does not allow us to "write off" the co-insurance amount.

If I have a secondary insurance, will it cover this co-insurance amount?

If your secondary insurance usually covers Medicare co-insurance, the answer is yes.

Will my provider be billing for every 30-day billing period?

Your provider may only bill for CCM Services if they provided at least 20 minutes of non face-to-face care (care before or after the office visit) during the 30-day period. Non face-to-face care includes calls with the nurse, time spent reviewing your records, or coordinating your care with other providers.

Spec Info: Original Poster Size