



Chronic Care Management Frequently Asked Questions

What is CCM?

CCM, or Chronic Care Management, is a collection of resources available to Medicare beneficiaries with two or more chronic conditions.

Who qualifies?

Anyone who has Medicare Part B, or both Medicare and Medicaid, is eligible for these additional services.

Why is this helpful? What are the benefits of CCM?

Regular Chronic Care Management means you can manage your care and spend more time focusing on your health. CCM can help you work toward your health and quality of life goals.

Better care management can help you avoid health events such as trips to the emergency department, falls, or worsening health.

Coordinated care means you will get personal attention and help from a health care provider you know and who knows about your health conditions and helps to keep you healthy.

How do I sign up?

Patients must provide consent (verbally or in writing). You must understand that only one provider can provide these services, so you cannot receive CCM from each doctor you see. You can request to stop CCM at any time.

If you are interested, please tell any member of your Care Team, they will review a Treatment Plan with you to enroll you in CCM.

What's the cost?

If you have Medicare Part B cost sharing, you may be responsible for the usual deductible/coinsurance.

If you have Medicare Part B with supplemental (wraparound) insurance, it is no out-of-pocket cost to you.

Who will call me?

A member of our clinical team who works directly with your Primary Pulmonologist will call you at least once a month. This could be a member of our Nursing department, a Pharmacist, a Nurse Practitioner, a Physician Assistant, or your Doctor (your Primary Pulmonologist), depending on the type of follow-up call needed.

What if I have problems – who do I call? or how do I reach you?

If you are experiencing problems, please call our Nurse Triage line at 402-483-8600 x301 or for non-urgent items, please send us a message on the Patient Portal.