

Medicare Program Offers Support for Chronic Disease Management

An estimated **117 million Americans have 1 or more chronic health conditions**, including heart disease and cancer, which are among the leading causes of death in the United States.¹ [Chronic Care Management \(CCM\)](#) is care coordination services for patients with Medicare who have 2 or more chronic conditions. These services, provided outside of regular office visits, routinely require extra time and resources for providers and clinical staff.

With CCM, patients will gain:

- Extra help planning and staying on track with health goals
- A comprehensive care plan to help support disease control and health management goals
- Support between health care visits

Some providers have reported that CCM services helped improve their practice's efficiencies, enhanced patient satisfaction and compliance, and decreased hospitalization and emergency department visits.

Providers can use separate Medicare billing codes when least 20 minutes per month are spent on CCM services. **Helpful tip:** Clinical staff can deliver these services under a billing provider, saving the practice time and resources!

Review [this booklet](#) for more details and information about CCM, its benefits, and how to start implementing it in your practice. This [printable flyer](#) and [provider testimony](#) may also be helpful tools when discussing CCM with eligible patients.



¹ Centers for Disease Control and Prevention. (2022). Leading causes of death. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>