# Chronic Care Management (CCM) Enrollment Informed Consent

## What is CCM?

Chronic Care Management (CCM) services by a physician or non-physician practitioner (Physician Assistant [PA], Nurse Practitioner [NP], Clinical Nurse Specialist [CNS], Certified Nurse Midwife [CNM], and their clinical staff, per calendar month, for patients with multiple (two or more) chronic conditions in the last 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline. Only practitioner can bill CCM per service period (month).

- Use of a Certified Electronic Health Record (EHR)
- Continuity of Care with Designated Care Team Member
- Comprehensive Care Management and Care Planning
- Transitional Care Management
- Coordination with Home- and Community-Based Clinical Service Providers
- 24/7 Access to Address Urgent Needs
- Enhanced Communication (for example, email, or patient portal)
- Advanced Consent

**Have you the patient or the acting health care agent, read the literature on CCM, agree to participate in CCM services and understands the following:**

- There may be a possible copay (Refer to your insurance card for copay information)
- Patient can cancel the CCM program at any time
- Patient's Care Plan may be shared with other providers
- Only one practitioner per month can bill for the CCM service

**Failure to enroll in CCM services prevents the Sequoia practitioners from managing chronic conditions "in-house" there-in leading to a greater chance of requiring out of facility appointments with specialists for appropriate management.**

☐ **If Medicaid is your <u>primary</u> insurance, CCM services are an uncovered benefit. <u>Please check this box to op-out.</u>**

_____ _____

Signature of Patient Date

_____ _____

Signature of Legally Authorized Representative/Relationship Date