**FAMILY MEDICINE SPECIALISTS ANOUNCES SPECIAL SERVICES FOR MEDICARE PATIENTS. TO HELP YOU MANAGE YOUR CHRONIC HEALTH CONDITIONS**

**MEDICARE PATIENT CHRONIC CARE MANAGEMENT PROGRAM**

* According to the Center for Disease Control (CDC), about half of all adults—117 million people—have one or more **chronic health conditions**. And one of four adults has **two or more chronic health conditions.** Seven of the top 10 causes of death in 2010 were **chronic diseases**.
* The Centers for Medicare & Medicaid Services (CMS) recognizes **Chronic Care Management** **(CCM)** as a critical component of primary care that contributes to better health and care for individuals

**Patient Eligibility/Benefits**

* Patients with multiple (two or more) chronic conditions expected to last at least 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 are eligible for CCM services. Studies done by Medicare and other sources such as the CDC have shown that close continuous monitoring of persons with two or more chronic conditions reduces stress, improves outcomes, improves patient satisfaction, and improves your overall quality of life.
* You and your Healthcare team will create a patient-centered care plan based on a physical, mental, cognitive, psychosocial, functional and environmental (re) assessment, and an inventory of resources. Once the Comprehensive Care Plan is established, implemented, revised and continually monitored, we will assure that all of your care team is aware of any changes that arise. This comprehensive plan of care will address all of your ongoing chronic diseases. With your permission we will keep your other medical providers informed of your progress.
* By signing up for CCM services you will receive the extra attention utilizing a team approach to: reduce hospital admissions, improve your quality of life, and receive assistance in coordinating your care with different specialists.
* Reviewing all your medications and making sure you have the right prescriptions and are taking them as directed.
* Receiving a monthly call from Family Medicine Specialists to check in with you, answer questions/concerns related to your chronic conditions. Our goal is to help you stay healthier without extra office visits.
* ***The program assures you have the resources for the following four things:***

1. A phone number (1-847-526-2151) available 24 hours a day, 7 days a week. Your concerns will be answered by a Primary Care Provider at FMS.
2. If you have a computer, our plan offers you a way to communicate with your Health Care Professional. Visit our website [www.fmsmed.com](http://www.fmsmed.com) and click on the Chronic Care Management page to submit your questions via secure email.
3. Your Health Care Team consists of many different professionals. The most important person on the team ***IS YOU.*** Your primary care provider will include other healthcare providers as necessary. The goal is to keep you out of the hospital, and improve your quality of life.
4. FMS will treat you with dignity, respect and understanding in a non-judgmental environment.

FMS is committed to spend time with you or your family member to answer questions, make recommendations, and ***teach*** you how to best manage your health issues.

FMS provides many professionals to be a part of***YOUR*** health care team. Your team is led by your Primary Care Physician and is always up to date regarding the Chronic Care Management (CCM) utilizing the most up to date recommendations.

**Taking part in the Chronic Care Management Program is another valuable tool towards improving overall quality of life.**

**By signing up for the program, you agree to:**

* **Sign this enrollment form, which allows Family Medicine Specialists to when necessary, to allow your Health Care Team to share your electronic medical record with other medical specialists as you and your primary care provider deem necessary.**
* **I agree that I have read and understand all of the above information and I agree to be enrolled in the Chronic Care Management Program. I have had all my questions/ concerns answered. I understand that I do not have to enroll in this program. It is entirely voluntary.**
* **I also swear that I am the patient or I have the power of health care to sign for the patient.**
* **I can decide at any time to stop participating in this CCM program. To provide you with the most comprehensive care, it is recommended that participate for one year to gather/investigate your health care needs over time.**

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Signature of Patient or Responsible Party Relationship to Patient Date

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Witness Date