What is CHRONIC CARE MANAGEMENT (CCM)?

Chronic Care Management (CCM) is a Medicare-covered program designed to support patients with two or more chronic conditions. At MRHC, our CCM team works to enhance patients' health, independence, and quality of life—while reducing unnecessary hospital visits and healthcare costs.

How the Program Works

Identification
Your provider refers you based on chronic condition criteria.

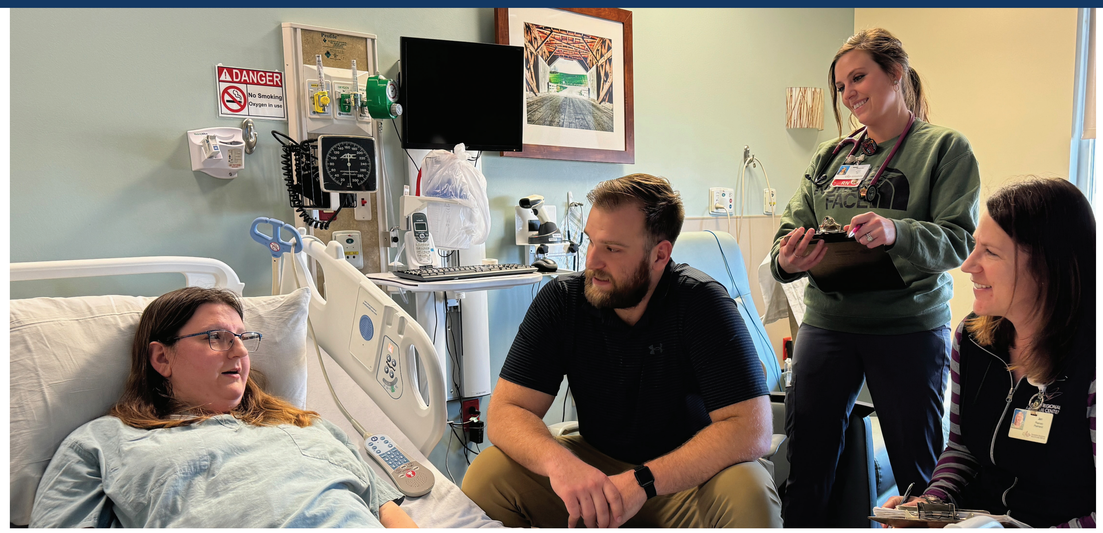
Care Plan Creation
A personalized care plan is developed with your input.

Consent & Assessment
A face-to-face visit gathers health history, medications, and preventative care status.

Ongoing Support
- Monthly check-ins (minimum 20 minutes)
- Coordination of appointments and medications
- Monitoring changes in health status
- Education and encouragement every step of the way

"Our patients are engaged and invested in their health journey. We serve as a consistent point of contact for patients - helping them stay on track with appointments, manage medications, monitor preventative care, and adapt to changes in their medical, functional, or emotional needs."

— MRHC CCM Team



Real Results from MRHC's CCM Program

Patient #1:
- 1 ER visit year prior to enrollment
- **0 ER visits or hospitalizations** since joining CCM

Patient #2:
- 4 ER visits, 2 hospitalizations before CCM
- **2 ER visits, 0 hospitalizations** after joining

Patient #3:
- **No hospitalizations or ER visits** before or after enrollment
- Ongoing preventative care and support

The Benefits of CCM

Improved Health Outcomes
Fewer emergency visits and better condition management.

Enhanced Quality of Life
Maintain your independence with proactive care and support.

Lower Healthcare Costs
Avoid costly complications through ongoing care and education.

Continuity of Care Group

MRHC also hosts a monthly support group focused on maintaining long-term health through shared education, support, and continuity of care.

Key Features of MRHC's CCM Program

Care Coordination
Seamless communication between your healthcare providers, specialists, and pharmacies.

Personalized Care Plans
Tailored plans to support your health goals and manage medications and treatments.

Self-Management Support
Education and tools to help you manage your conditions confidently.

24/7 Access to Care
Help is available anytime you need support or have questions.

Remote Monitoring
Technology may be used to track health changes and provide timely interventions.

Who is Eligible?

CCM is available to Medicare Part B patients with two or more chronic conditions, expected to last 12+ months or that put them at risk of death, acute exacerbation, or functional decline.

Common Chronic Conditions:
- Diabetes
- Heart Disease
- COPD
- Depression
- Arthritis
- And more

Meet Our CCM Team

AMBER CROGHAN
Health Coach

MANNING REGIONAL HEALTHCARE CENTER
An Affiliate of MERCYONE