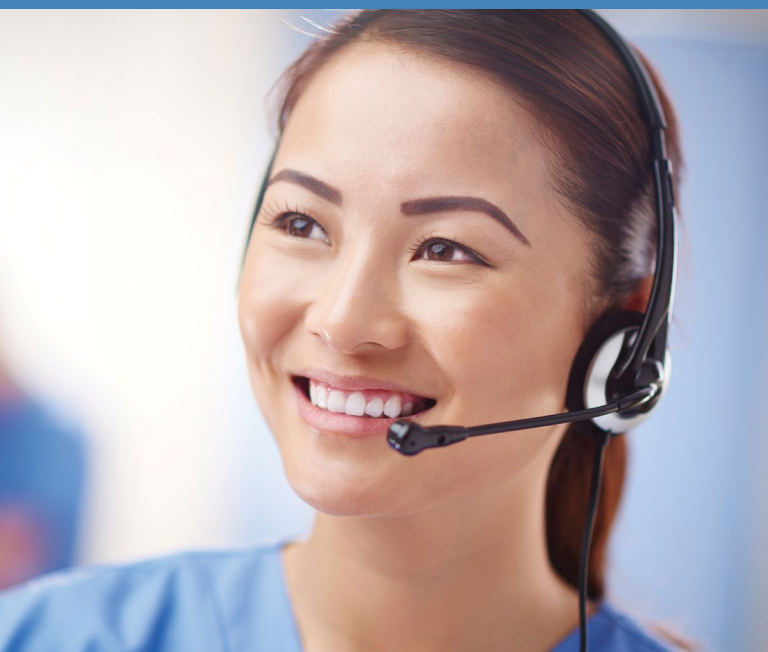


Extra support to manage your health between doctor visits

Why having a care coordinator
may be right for you





What are Chronic Care Management Services?

Chronic Care Management Services are offered through your doctor's office to people who are covered by Medicare and have multiple chronic conditions.

From taking the right medications at the right times to following advice from different doctors, these services can help you manage your conditions between doctors' visits.

What are multiple chronic conditions?

A chronic condition is a health condition or disease that lasts more than 3 months.

There are many chronic conditions. Some of the more common ones are arthritis, diabetes, depression, and high blood pressure. People with multiple chronic conditions have 2 or more of these conditions.¹

Managing your health on your own isn't easy. Extra support can help.

During visits with your doctor, you get the care you need.

Your doctor makes recommendations, and together you decide on a plan to help you improve your health. If you have a few different conditions, such as diabetes, high blood pressure, or heart disease, this plan is especially important.

Once you leave your doctor's office, managing your health on your own can be challenging.

It can be hard to keep track of medications and know what to take and when. It can be frustrating to change your diet or start exercising. And it can even be hard to understand what's affecting your health and why.

That's why your doctor is recommending extra support.

With **Chronic Care Management Services**, a care coordinator will call you once a month to help you manage your conditions and track your progress.



How will Chronic Care Management Services help you?

A dedicated care coordinator will work with you to create a care plan that will address your specific needs.

Once you have a care plan, your coordinator will also:

- **Check in with monthly calls** to help keep you on track
- **Answer any questions** you may have
- **Share notes and an updated care plan** with your doctor monthly so that the doctor knows how you're doing between office visits
- **Review your medications** to make sure you're taking them correctly
- **Offer additional materials and information** that can help you take control of your health



How do you get started with Chronic Care Management Services?

If you qualify for Chronic Care Management Services, your doctor will ask for your consent and then will enroll you.



What happens once you are enrolled?

You will receive a call from your care coordinator. He or she will ask a number of questions about your health and listen to any concerns you may have. After this call, your care coordinator will put together your care plan and have it approved by your doctor.



What is the commitment and cost?

Chronic Care Management Services may be covered by your secondary insurance. If you do not have secondary insurance or Medicaid, you would have a copay each month for the months you receive service.



You can take more control of your health **between doctor visits**

With Chronic Care Management Services, you get:

- **Dedicated support** from a care coordinator
- **Access to medical experts** who can help you manage your health
- **Coordinated care** between your care coordinator and your doctor



Talk to your doctor to learn more about Chronic Care Management Services.

Reference

1. HHS.gov. About the multiple chronic conditions initiative. Available at www.hhs.gov/ash/about-ash/multiple-chronic-conditions/about-mcc/index.html. Accessed June 22, 2017.

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