



Chronic Care Management — The Monthly Check-In Medicare Pays For

The Monthly Check-In Medicare Pays For — In Plain English

————— **An Extended Guide · No. 1744** —————

Tech Made Simple. Service Made Personal.

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SUMMARY

The 60-Second Version

If you read one page first, make it this one. Chronic care management — CCM for short — is a service your doctor's office can offer when you have two or more lasting health conditions. Someone on the care team keeps a written plan for you and checks in by phone each month to make sure nothing falls through the cracks between visits.

- It's coordination, not a device — there's nothing to plug in or charge. The main thing you'll notice is a short monthly phone call.
- You qualify if you have two or more chronic conditions expected to last at least a year — things like diabetes, heart disease, or arthritis.
- Medicare Part B helps pay; after your yearly deductible you generally pay 20%, and a supplement may cover that share.
- You have to say yes first. The office gets your consent, writes your care plan, and handles all the billing — your job is mostly to answer the monthly call.

WATCH OUT

This is information, not medical advice. I help you understand and set up the technology and the paperwork. Your doctor and nurse handle your health and every decision about your care. If you ever feel truly unwell, don't wait for a check-in call — call your doctor, or call 911 in an emergency.

THE BASICS

1. What Chronic Care Management Actually Is

A quarterback for care that's spread across several doctors.

Picture everything that goes into managing a couple of long-term conditions: a primary doctor, maybe a cardiologist and an eye doctor, a handful of prescriptions, lab work, and a pharmacy. Each one does its part, but nobody's job is to stand back and make sure the whole picture hangs together. Chronic care management fills that gap.

In plain terms, it's a service where your doctor's office takes responsibility for coordinating your care between visits. They keep a written plan, they check in with you by phone each month, and they make sure the right hand knows what the left hand is doing. Medicare pays them to do this because, done well, it keeps people healthier and out of the hospital.

GOOD TO KNOW

The word "chronic" just means long-lasting — a condition you manage over years rather than one that clears up in a week. It's not a judgment about how sick you are. Plenty of active, independent people have chronic conditions.

NOT A DEVICE

2. It's Coordination, Not a Gadget

If you were expecting a box in the mail, relax — there isn't one.

This is the first thing to get straight, because it trips people up. Chronic care management does not come with a device. There's no cuff to wrap, no scale to step on, no sensor on your arm. Nobody is going to mail you a gadget to plug in. The whole service lives in phone calls, a written plan, and the behind-the-scenes work of keeping your care organized.

That matters because you may have heard of remote patient monitoring, where a connected device sends your blood pressure or weight to the office. That's a different program. Chronic care management is about the human coordination around your conditions — the phone call, the medication list, the hand-off between your doctors. A later chapter shows how the two compare and how they pair.

GOOD TO KNOW

If someone tells you chronic care management requires you to buy or use equipment, they've mixed it up with a monitoring program — or they're trying to sell you something. The service itself needs nothing but your phone.

WHO QUALIFIES

3. Two or More Chronic Conditions

The simple rule of thumb for who it's for.

The basic yardstick is right there in the rules: you qualify if you have two or more chronic conditions that your doctor expects to last at least a year. Not one condition — two. And they need to be the kind you live with over time, not a passing illness.

- Common qualifying conditions include diabetes, high blood pressure, heart disease, arthritis, COPD or asthma, kidney disease, and depression.
- The two don't have to be related to each other.

- The conditions should be serious enough to need ongoing attention — the kind that could worsen without steady management.
- Your doctor makes the call about whether you fit; you don't have to diagnose yourself. If you're not sure whether you qualify, that's an easy question to bring to your next visit. Most people managing a couple of long-term conditions are surprised to learn this help has been available all along.

WHY IT HELPS

4. Why a Doctor Might Suggest It

The quiet work of keeping everything from colliding.

The more conditions and doctors you juggle, the more chances there are for something to slip — a medicine that two doctors don't realize clash, a referral that never got made, a follow-up test that fell off the calendar. Chronic care management exists to catch those slips before they cause trouble.

- It keeps one up-to-date list of every medicine you take, so clashes and duplicates get spotted.
- It makes sure referrals, tests, and follow-ups actually happen rather than getting lost.
- It gives you a single number to call with a question, instead of guessing which office to try.
- It smooths the risky stretch right after a hospital stay, when instructions pile up fast. None of this replaces your regular visits. It fills the long weeks between them, so your care doesn't go quiet the moment you walk out of the exam room.

THE PLAN

5. Your Written Care Plan

Everything about your health, gathered on one page.

At the heart of chronic care management is a written care plan — a plain document that pulls your whole health picture together in one place. It's built for you, and you're entitled to a copy. Many people find that just having it written down brings a sense of order to something that used to feel scattered.

- A list of your health conditions and how each is being managed.
- Every medicine you take, with the dose and why you take it.
- Your health goals — what you and your doctor are working toward.

- Who's on your care team, from specialists to your pharmacy.
- Any community services or supports that help you day to day.

TIP

Ask for a printed copy of your care plan and keep it on the refrigerator or in a kitchen drawer. If you ever land in the emergency room, handing that page to the staff answers half their questions in one go.

SAYING YES

6. Consent — What You're Agreeing To

Nothing starts until you give the okay.

Chronic care management can't begin until you agree to it. Your doctor's office has to get your consent first — usually a quick conversation at a visit, sometimes a form to sign. This isn't red tape for its own sake; it's there so you understand what you're joining and that a monthly cost may apply.

- You're agreeing to receive the monthly service and to let the team coordinate your care.
- You're acknowledging that a cost-sharing amount may apply, the same as other Part B services.
- You're agreeing that only one practice provides this service for you in a given month.
- You can withdraw your consent and stop at any time, effective at the end of the month.

GOOD TO KNOW

Giving consent does not lock you into a contract. It's permission to start, not a trap. If it turns out not to be for you, a phone call ends it — no penalty, and your regular care goes on exactly as before.

THE CALL

7. What the Monthly Check-In Covers

A short, friendly phone call — not an interrogation.

The part of this service you'll actually feel is the monthly phone call. Someone from the care team — often a nurse or a trained care coordinator — calls to see how you've been getting along. It's usually brief and conversational, not a medical exam over the phone.

- How you've been feeling, and whether anything has changed.
- Whether you're taking your medicines, and if any are running low.
- Any upcoming appointments or tests, and whether you need help arranging them.

- Questions you've been meaning to ask but didn't want to bother the doctor with.
- Whether anything at home — getting to the pharmacy, say — is making your care harder.

TIP

Keep a little running list through the month of things you want to mention. By the time the phone rings, it's easy to forget the small stuff that's actually worth raising. A sticky note by the phone does the trick.

THE VOICE

8. Who's on the Other End of the Line

A real person who gets to know your situation.

The call doesn't come from a machine or a stranger reading a script. It's usually a nurse or a care coordinator who works with your doctor's office and has your care plan in front of them. Over a few months they get to know your situation, which is part of what makes the service worth having.

They work under the direction of your doctor, so when something comes up on a call that needs a doctor's decision, they carry it back to the doctor rather than guessing. Think of them as a steady point of contact who knows your history and can get you to the right person quickly.

GOOD TO KNOW

It's perfectly fine to ask the coordinator's name and write it down. Having a name to ask for when you call the office makes everything feel less like shouting into a void.

ALWAYS OPEN

9. A Number That's Always Staffed

Round-the-clock access for the urgent stuff.

Part of what the office agrees to when they enroll you is around-the-clock access to someone who can help with an urgent care need. That doesn't mean your coordinator answers at three in the morning, but it does mean there's a way to reach a clinician who can see your care plan, day or night.

In practice this often means a nurse line or an on-call arrangement. It's meant for the in-between moments — a new symptom that worries you, a question about a medicine — that aren't a 911 emergency but shouldn't wait until Monday either.

WATCH OUT

This after-hours line is for urgent questions, not emergencies. If you have chest pain, trouble breathing, or signs of a stroke, call 911 — don't spend time on a nurse line. When in doubt, 911 is always the safe choice.

THE COVERAGE

10. What Medicare Covers in 2026

The plain-English version of the billing.

Medicare Part B helps pay for chronic care management when your doctor sets it up for a medical reason. The office bills for it once a month, based on the time the care team spends coordinating your care under your plan — commonly at least twenty minutes of staff time in a month.

You never touch those billing details. What matters to you is the cost: after your yearly Part B deductible — a few hundred dollars in 2026 — Medicare generally pays 80% and you pay the other 20%. If you have a Medigap plan, Medicare Advantage, or Medicaid, that coverage may pay some or all of your share.

WATCH OUT

Coverage rules and the exact dollar amounts change year to year, and Medicare Advantage plans set their own terms. Before you enroll, ask the office what your out-of-pocket cost will be, and check Medicare.gov or call 1-800-MEDICARE if you want to confirm.

THE BILL

11. What It Costs You

A small charge that shows up every month it's active.

Because chronic care management is billed every month the service is provided, a small cost can appear on your statement each month rather than just once. For most people with Original Medicare that's the 20% coinsurance after the yearly deductible, and a Medigap plan often covers that share entirely.

- Ask the office for a plain estimate of your monthly out-of-pocket cost before you say yes.
- If you have a Medicare Advantage plan, ask the plan directly — its rules and costs can differ.

- If you have a Medigap supplement or Medicaid, ask whether it covers the coinsurance for this service.
- If money is tight, say so plainly; the billing staff have options and have heard the question many times.

GOOD TO KNOW

A monthly charge for a phone call can feel odd at first. What you're paying for isn't the call alone — it's the behind-the-scenes coordination, the care plan, and the around-the-clock access that come with it.

COST HELP

12. If the Monthly Share Is a Worry

There are usually options — just ask.

Because this is billed month after month, even a small coinsurance adds up over a year, and that's a fair thing to raise out loud. Don't let a cost you haven't even asked about quietly talk you out of help that could keep you out of the hospital.

- A Medigap (supplement) plan often covers the 20% coinsurance for covered services like this one.
- People with limited income may qualify for a Medicare Savings Program or Medicaid that helps with costs.
- Ask the office's billing staff to spell out your real monthly number before you decide.
- Ask what happens to the cost if a month goes by with little contact — some months the service may not be billed at all.

GOOD TO KNOW

Deductibles and coinsurance reset each calendar year. If you start late in the year, ask how that affects what you'll pay once January rolls around.

THE ASK

13. How to Ask Your Doctor for It

The exact words to use.

You don't need special language, but a simple sentence ready in your pocket makes it painless. At your next visit, or in a portal message, try something like this:

GOOD TO KNOW

"I've got a few ongoing conditions to keep track of. Do you offer chronic care management, and do you think I'd be a good fit? I'd like to understand what it would cost me."

If your own doctor doesn't offer it, ask whether another practice in the health system does, or whether a clinic that handles one of your main conditions runs a program. Not every office participates, and that's all right — there's often another door.

- 1 Bring it up at a visit or send a portal message.
- 2 Ask who on the team would be your point of contact.
- 3 Ask what it will cost you each month after Medicare pays.
- 4 Ask how and when the monthly check-in call will happen — and get the number to reach them.

GETTING STARTED

14. The First Visit and Getting Set Up

It usually begins with a regular appointment.

Signing up generally starts at a regular office visit — sometimes an annual wellness visit, sometimes any appointment where your doctor can review your conditions and talk you through the program. That visit is where consent is taken and the first version of your care plan gets built.

- 1 At the visit, your doctor explains the service and asks if you'd like to join.
- 2 You give your consent, and the office notes it in your record.
- 3 The team drafts your care plan from your conditions, medicines, and goals.
- 4 You get a copy of the plan and the phone number for your monthly check-ins.

TIP

Bring your actual pill bottles or a current medicine list to that first visit. The care plan is only as good as the medication list it's built on, and starting it right saves a lot of back-and-forth later.

YOUR MEDS

15. Keeping Your Medicine List Handy

The single most useful thing you can keep current.

If there's one habit that makes chronic care management work, it's keeping an accurate, up-to-date list of every medicine you take. The care team builds your plan around it, checks it for clashes, and leans on it during every monthly call. A stale list is worse than no list.

- Write down each medicine, the dose, and how often you take it.
- Include over-the-counter pills, vitamins, and supplements — they count too.
- Note any medicine that was recently started or stopped.
- Keep the list where you'll find it during the monthly call — by the phone or on the fridge.

TIP

Snap a photo of your pill bottles with your phone, or line them up on the table during the call. If the coordinator asks what the little white one is, you can just read the label right off it.

BETWEEN VISITS

16. Care Coordination in Plain English

What 'coordinating your care' really means day to day.

"Care coordination" sounds like jargon, so here's what it looks like in real life. It's the office calling the pharmacy when a refill stalls. It's making sure your cardiologist's note actually reaches your primary doctor. It's catching that two of your medicines don't play well together and flagging it before it's a problem.

It's also the smaller kindnesses: a reminder that you're due for lab work, help scheduling an appointment you keep putting off, or simply answering the question you've been chewing on all week. The point is that someone whose job it is to see the whole picture is paying attention, so you don't have to hold all of it in your own head.

GOOD TO KNOW

You're allowed to ask the team to help with the practical hurdles, not just the medical ones. Trouble getting to appointments or affording a medicine is exactly the kind of thing coordination is meant to smooth out.

TRANSITIONS

17. Help Moving Between Care Settings

The hand-off after a hospital or rehab stay.

The riskiest stretch in managing chronic conditions is often right after a hospital or rehab stay, when instructions pile up, medicines change, and follow-up appointments all land at once. Part of chronic care management is helping you through those hand-offs so nothing gets dropped on the way home.

- The team helps make sense of new discharge instructions and medicine changes.
- They make sure your follow-up appointments actually get on the calendar.
- They reconcile the medicines you were sent home with against your old list.
- They're a number to call when the discharge paperwork leaves you with questions.

GOOD TO KNOW

Call your care coordinator soon after you get home from a hospital stay, even if no one told you to. That first week is when a quick conversation prevents the most trouble.

PAIRING

18. CCM and Remote Monitoring Together

They're not either-or — many people have both.

People often assume they have to pick between chronic care management and a monitoring program. You don't. They do different jobs, and your doctor can set up both at once. Remote monitoring watches a specific number — your blood pressure, say — with a device; chronic care management coordinates the bigger picture around all your conditions.

When they're paired, the monitoring device feeds real numbers into the same care the coordinator is managing. A blood pressure that's been creeping up shows up on the monitoring side, and the monthly check-in becomes the place to talk it through. The two fit together naturally.

GOOD TO KNOW

If you're interested in both, ask your doctor to explain how the costs stack, since each is billed separately. It's worth knowing the combined monthly share before you sign on to both at once.

COUSINS

19. CCM, RPM, and RTM — The Plain Difference

Three sets of letters you may hear, sorted out.

You may run into a few program names that blur together on paperwork. Here's the short version so none of it looks like a foreign language.

- CCM (chronic care management) is coordination for two or more ongoing conditions — a care plan and a monthly call, no device.
- RPM (remote patient monitoring) uses a connected device to send body numbers like blood pressure, weight, or blood sugar.
- RTM (remote therapeutic monitoring) tracks things you report yourself, mostly around breathing or physical therapy.

You don't have to tell them apart or choose among them. Your doctor matches the program — or programs — to your situation. It only helps to know the words so you recognize them when they come up.

PRIVACY

20. Who Can See Your Information

Your plan stays with your care team, not marketers.

It's fair to wonder where all this information about your health ends up. Your care plan and the notes from your monthly calls live in the same protected medical record your doctor already keeps, covered by the same privacy laws. It's for your care team, not for anyone trying to sell you something.

- Ask who, specifically, on the team can see your care plan.
- Ask whether the office uses an outside company to help run the service, and how that company protects your information.
- You can ask to see the privacy notice, the same as for any medical record.
- You can ask for a copy of your own care plan any time — it's yours.

GOOD TO KNOW

If an outside company helps your doctor run the program, that's common and allowed — but they work under your doctor's roof and the same privacy rules. You can always ask the office to name who's involved.

SCAMS

21. Nobody Legitimate Cold-Calls You to Enroll

The one red flag that should always end the call.

Here's a rule worth taping to your phone: a real chronic care management program comes through your own doctor, who already knows you and your conditions. It never starts with a stranger calling out of the blue. If someone phones claiming they can "sign you up for a Medicare care program" and asks for your Medicare number, that's a scam. Hang up.

- Your doctor's office enrolls you — a caller you don't know does not.
- No legitimate program needs your Medicare number over an unexpected phone call.
- Don't confirm your name, birth date, or address to a cold caller either; it all helps them.
- If you're unsure whether a call is real, hang up and phone your doctor's office at the number you already have.

WATCH OUT

Scammers know these program names and use them to sound official. The safest move is simple: never give your Medicare number to anyone who called you. You can report Medicare fraud at 1-800-MEDICARE.

PREP

22. Getting Ready for the Monthly Call

Five minutes of prep makes the call twice as useful.

The monthly call is yours as much as theirs. A little preparation turns it from a box-ticking check-in into something that genuinely moves your care forward. You don't need to do anything fancy — just have a few things within reach when the phone rings.

- Your medicine list or the bottles themselves.
- A short list of anything new — symptoms, worries, or questions.
- Any letters or results you've gotten since the last call.
- A pen and paper to jot down what they tell you to do.

TIP

If the call tends to come at a bad time, ask whether they can set a regular day and time that suits you. Most programs are happy to work around your routine rather than catch you mid-dinner.

GOALS

23. Setting Goals in Your Care Plan

The plan works best when the goals are really yours.

A care plan isn't just a list of problems; it also names what you're working toward. The best goals are the ones that matter to you in plain life terms — being steady enough to garden, keeping up with the grandkids, getting through the day without dizziness — not just numbers on a chart.

When you share a goal like that, the care team can shape the coordination around it. It gives the monthly calls a point, and it helps you notice real progress instead of feeling like you're just maintaining. Speak up about what you actually want out of your health, even if it feels too simple to say.

GOOD TO KNOW

Goals can change, and that's fine. The plan is meant to be revisited and revised over time — it's a living document, not something carved in stone at the first visit.

MANY DOCTORS

24. When You See Several Specialists

Where coordination earns its keep.

If you see a primary doctor plus a couple of specialists, you already know the frustration: each one knows their own slice, and you end up being the messenger who carries news from one office to the next. Chronic care management is built to take that job off your shoulders.

- The team helps make sure each doctor's notes and changes reach the others.
- They can flag when two specialists' instructions seem to conflict, so your primary doctor can sort it out.
- They keep one master medicine list that reflects what every doctor has prescribed.
- They can help line up appointments so you're not making five separate trips in one week.

TIP

Tell the coordinator about every doctor you see, including ones outside the main health system. They can only coordinate the care they know about, so a complete list is worth the two minutes it takes to give.

MED REVIEW

25. The Medicine Check

A regular second look at everything you take.

One of the most valuable things the care team does is review your medicines on a regular basis. When several doctors prescribe over time, it's easy to end up on two pills that do the same job, or a combination that nobody meant to put together. A steady review catches that.

They're not changing your medicines on their own — that's your doctor's call. What they do is spot the questions worth raising, so your doctor can decide whether something should be adjusted, stopped, or left alone. It's a safety net, not a shortcut around your physician.

WATCH OUT

Never stop or change a medicine on your own because something you read or heard made you nervous. Raise it with the care team or your doctor first. Stopping a medicine abruptly can be riskier than the worry that prompted it.

QUESTIONS

26. Common Worries, Answered

The things people actually ask me.

"Is this just a way to bill me for a phone call?" No. The call is the visible part; the value is the coordination, the care plan, and the always-open line behind it.

"Do I have to take the call every month?" It's strongly encouraged, since it's the heart of the service, but life happens. If you miss one, they'll try again — just don't ignore it for months on end.

"Will this replace my regular doctor visits?" No. It adds a layer between visits. You'll still see your doctor the usual way.

"What if I don't like it?" You can stop any time. Tell the office, and the service ends at the close of that month — no penalty, no effect on your regular care.

SAFETY

27. When to Call the Doctor — or 911

A check-in call is not an emergency line.

This matters, so I'll say it plainly. Chronic care management is a coordination service, not an emergency system. The monthly call and even the after-hours line are for managing your conditions over time, not for a crisis unfolding right now.

If you have chest pain, sudden trouble breathing, signs of a stroke like a drooping face or slurred speech, or you simply feel that something is very wrong, don't wait for a scheduled call or try the coordinator — call 911. For worrying but non-emergency questions, the office line or after-hours nurse is the right call.

WATCH OUT

Never assume "my care team is watching, so they'll catch it." This service coordinates care between visits; it does not watch you in real time. For anything urgent, you reach out — to the office for concerns, 911 for an emergency.

FIRST MONTH

28. What the First Month Looks Like

A gentle start, not a flurry of activity.

The first month is mostly about getting your care plan right and meeting whoever will be your point of contact. It's usually calmer than people expect — a visit to sign up, a plan to review, and a first check-in call to get acquainted.

- You enroll at a visit and go home with a copy of your care plan.
- Someone reaches out to introduce themselves and confirm your best phone number and times.
- The first check-in tends to be a bit longer, as they get to know your situation and tidy up the medicine list.
- By the end of the month you know who to call and roughly when to expect your monthly check-in.

TIP

If the first month feels like a lot of names and numbers, write them on a single index card — your coordinator's name, the daytime number, and the after-hours number. That one card answers most of the "who do I call?" moments.

FOR THE HELPER

29. A Note for the Family Helper

If you're helping a parent manage this.

If you're the adult child or the spouse helping make this work, chronic care management can be a genuine relief — it gives you a professional partner in the coordination you may have been doing alone. A few things make it smoother.

- Ask whether you can be listed as someone the team may speak with, with your parent's permission — the care plan can be shared with a caregiver.
- Help keep the medicine list current; you often have the clearest view of what's actually being taken.
- Sit in on a monthly call now and then so you know the coordinator and they know you.
- If you help from a distance, there's a companion guide on getting proxy access to a parent's patient portal.

GOOD TO KNOW

Your parent gives permission for the team to talk with you; it's their consent, not yours. Once that's in place, you become a second set of ears on the coordination instead of the only one holding it together.

MYTHS

30. A Few Myths, Cleared Up

What it is — and isn't.

"It's only for people who are very sick." Not so. It's for anyone with two or more lasting conditions — including active, independent people who just want to stay that way.

"There's a device involved." There isn't. That's remote monitoring, a separate program. Chronic care management needs nothing but your phone.

"Signing up locks me in." It doesn't. You can stop at the end of any month, no penalty.

"It replaces my doctor." No. It supports your doctor and keeps everyone coordinated between your regular visits.

A MONTH

31. A Month in the Life

What this really adds up to over thirty days.

Strip away the clinical words and here's what the service feels like across an ordinary month. Most days, nothing visible happens — you go about your life while the office quietly keeps your plan current and your doctors in the loop. A refill clears without you having to chase it. A lab result reaches the right doctor.

Once in the month, the phone rings and a familiar voice spends a few minutes asking how you've been, checking your medicines, and sorting out anything that's come up. Now and then that call leads to a small change — a nudge to your doctor about a dose, an appointment that gets scheduled. The rest of the time it's working quietly in the background so you can think about your health less, not more.

GOOD TO KNOW

The goal isn't to put your health front and center every day. It's the opposite — to let you get on with life knowing someone trustworthy is keeping the pieces organized for you.

HOW LONG

32. How Long It Lasts and Stopping

It continues as long as it's helping — and not a day more.

Chronic care management is usually an ongoing service, since the conditions it's built around are long-term by definition. But it's never a trap. It continues month to month as long as it's useful to you, and you can end it whenever you decide it isn't.

- To stop, just tell the office; the service ends at the close of the current month.
- Stopping doesn't affect your regular care — your visits and prescriptions carry on as always.
- You can restart later if your situation changes; a quick conversation with your doctor reopens it.
- There's no equipment to return, since there was never any to begin with.

GOOD TO KNOW

If you find yourself rarely needing the calls, that's worth mentioning rather than silently resenting the monthly charge. The office can talk through whether it still makes sense for you.

THE PLANS

33. Medicare Advantage and Other Coverage

The rules can differ from Original Medicare.

Everything above describes how Original Medicare generally handles chronic care management. If you have a Medicare Advantage plan, the benefit is often there too, but the plan sets its own rules, network, and costs. The only reliable answer is the one from your own plan.

- 1 Find the member-services number on the back of your plan card.
- 2 Ask whether chronic care management is covered and what you'd pay each month.
- 3 Ask whether you must use a doctor in the plan's network to get it.
- 4 Write down who you spoke with and when, in case a bill later looks wrong.

TIP

Keep that note of your call somewhere safe. If a statement later doesn't match what you were told, a name and a date is worth its weight in gold when you ring back.

KEEPING NOTES

34. Jotting Things Down Between Calls

A simple notebook makes you a better partner in your care.

The monthly call is only as good as what you remember to bring to it, and a month is plenty of time to forget the small things. A cheap notebook or a notes app on your phone turns scattered worries into a tidy list you can actually read off.

- Jot the date and a word or two whenever something feels off or new.
- Note any medicine you ran out of, skipped, or had trouble affording.
- Write down questions the moment they occur to you, not later.
- Keep the notebook near the phone so it's there when the call comes.

TIP

After each call, write down one line about what you agreed to do next. When the next call comes, you both start from the same page instead of reconstructing it from memory.

YOUR RIGHTS

35. Your Rights in the Program

You're in charge the whole way through.

It's worth knowing that this is always your choice. You agree to join, you can ask questions at any point, and you can leave whenever you like. Nothing about chronic care management signs away your say in your own care.

- You give your consent to enroll, and you can withdraw it later.
- You can ask exactly who is on your care team and who sees your plan.
- You can ask for your own copy of the care plan; it's part of your record.
- Only one practice provides this service for you in a month, and you choose which.

TIP

If anything about the program feels unclear or pushy, slow down and ask. A good program welcomes your questions. If you'd like a second set of ears when they explain it, that's something I'm glad to help with.

YOU'RE NOT ALONE

36. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made chronic care management feel a little less daunting and a lot more doable. Keep it in a drawer with your other home papers, come back to a page whenever you need it, and don't worry about memorizing anything. Nobody expects you to.

When you'd rather have a hand, that's exactly what I do. I come to your home, work at your pace, and never make you feel rushed or silly for asking. A first visit is a flat ninety-nine dollars, and for the parts that don't need me on-site I can often help right on your screen for less. Every visit comes with a 30-day, come-back-free guarantee.

I'm a patient tech helper — not a doctor, nurse, or your insurance company — so I stick to the technology: the apps, the logins, the cameras, the gadgets and getting them talking to each other. Anything about your health, your medicines, or what a number means, I'll always point you back to your doctor or nurse.

GOOD TO KNOW

When you call, I answer — or Sophie, my friendly AI helper, takes a message so nothing gets lost. Sophie isn't a runaround; she's just making sure I call you back.

TIP

Call or text me at (330) 200-8042, or visit BillsHomeTech.com. Serving Atwater and all of Portage County, with 30+ years of patient, plain-English tech help. If you're ever not 100% happy with a visit, I'll make it right or refund it. That's a promise. — Bill

CHEAT SHEET

Everyday Cheat Sheet

Keep this by your phone.

- Chronic care management is coordination for two or more ongoing conditions — a care plan and a monthly call, no device.
- You have to say yes first; the office gets your consent and writes your plan. Ask for a printed copy.
- Keep your medicine list current and within reach for the monthly call.
- Cost is usually the 20% coinsurance after the Part B deductible; a supplement may cover it. Ask the office for your real number.
- Use the after-hours line for urgent questions — but call 911 for chest pain, breathing trouble, or stroke signs. Don't wait on a call.
- Nobody legitimate cold-calls to "enroll" you. Never give your Medicare number to a caller you don't know; hang up.
- You can stop at the end of any month, no penalty — your regular care goes on as always.

AT A GLANCE

A Picture to Follow Along

How Chronic Care Management Works

A steady hand between visits — no device, just coordination.



Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

Care Management vs. Remote Monitoring

Two different programs — and your doctor can use both.

	What it is	What you do
CCM	A monthly care plan, no device	Take a check-in call
RPM	Body numbers from a device	Take readings at home
Together	Often paired by your doctor	Both at once is fine

Illustration - a schematic, not to scale. Your setup may differ.

BEFORE YOU GO

A Note From Bill

A quick note from Bill. I write these guides to make home tech a little less frustrating, and I do my best to keep every step accurate and up to date. Still, every home, device, and setup is a bit different, so I can't promise a guide will match yours exactly or fix your particular problem. These guides are for general information only — they're not professional, legal, or financial advice, and they don't replace your device's own manual or the manufacturer's instructions. Please go slow, use your own good judgment, and use everything here at your own risk. If a step involves electrical wiring, a gas appliance, a water heater, plumbing, or climbing a ladder — or if anything just doesn't feel safe — please stop and call a licensed professional (or give me a call at 330-200-8042). Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results.



HOW I CAN HELP

Your Visit — and My Promise

In-home visit — \$99 flat for your first visit. No contracts and no surprise charges, and a 30-day follow-up is included.

Remote Support — \$49 for a screen-share session. I only connect with your permission, you watch the whole time, and you can end anytime. If I can't fix it over the screen-share, I refund the \$49 — and if it turns out you need me in person, that \$49 goes toward your visit. It's included free for Support Plan members (\$39/mo).

GOOD TO KNOW

My promise — If you're not 100% satisfied with your visit, I'll come back at no charge, or refund the full \$99. No questions, no awkwardness. That's how I'd want to be treated.

Call or text **(330) 200-8042** · Book a visit: billshometech.com/book · bill@billshometech.com

This free guide is for general information only — not professional advice, and no substitute for your device's own manual. Any prices or outside products mentioned can change; please confirm current details before you buy. Please use your own good judgment and follow it at your own risk — for anything involving electricity, gas, water, or heights, stop and call a licensed professional. Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results. © 2026 Bill's Home Tech, LLC.