



ALEGIS CHRONIC CARE MANAGEMENT PROGRAM

Care that goes the extra mile, so your patients no longer have to.

We know you want what's best for your patients. For those who are chronically ill and have difficulty getting to your office that may sometimes mean no longer having to travel to you for their care. Rest assured, your patients are in good hands with Alegis Care's Chronic Care Management program.

Since 1995, we've been working with health plans and primary care doctors to extend quality care to patients, right in the comfort of their own homes. Through this in-home care model, we make accessing care more convenient and more comfortable. And we also gain a clear view of our patients' health and daily home life. As a result, we're able to develop highly personalized care plans aimed at improving health outcomes.

To learn more about Alegis Care programs:
Visit [AlegisCare.com](https://www.AlegisCare.com) or contact us at Alg-Intake@AlegisCare.com or 877.663.1333.

FREQUENTLY ASKED QUESTIONS

HOW DOES THE CHRONIC CARE MANAGEMENT PROGRAM WORK?

- Patients who qualify for the Chronic Care Management Program are referred to Alegis Care by their health plan after consulting with you. Our physician will work with you to ensure a smooth transition of care occurs.
- Our physician will then assume the responsibility of your patient's primary care physician, directly providing and managing care exclusively in the patient's home.
- In-home care will usually begin with a full physical exam and review of your patient's medical history and medications. Ongoing visits typically occur on a monthly basis. However, the frequency of visits will depend on each patient's condition.

HOW DOES THE PROGRAM BENEFIT ME AND MY PRACTICE?

The Chronic Care Management program improves your practice's Medical Loss Ratio and P4Q, so there is a financial benefit to referring your more challenging patients into our program.

Our in-home model of care increases our ability to perform HEDIS measures in a way that is more comfortable for a patient with barriers to coming to your office. As a result, you could experience an improvement in both STARs and HEDIS ratings from this program.

WHO SHOULD BE REFERRED TO THE CHRONIC CARE MANAGEMENT PROGRAM?

Patients who are most positively impacted by the Chronic Care Management Program generally have more than two hospitalizations and/or more than three ER visits in the year prior to referral.

They are chronically ill with multiple uncontrolled comorbidities, including:

- Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)

- Asthma
- Chronic Kidney Disease
- Diabetes Mellitus
- Coronary Artery Disease
- Dementia

Patients with the following conditions are not significantly impacted by the program and are not recommended for referral.

- Patients on high-cost Part B drugs
- Immediate post-transplant patients
- Cancer patients, except those with recurrent drug treatment failures who may need palliative care
- Patients with psychiatric illnesses as sole driver for utilization
- Patients with chronic pain conditions as sole driver for utilization

WHO IS THE ALEGIS CARE TEAM?

Our medical professionals live in the area in which they work, so they are very familiar with key medical and social issues that exist in your patients' communities.

All of our physicians are board-certified, and have expertise in the management of the chronic conditions affecting your patients.

They are also backed by a full Alegis Care support team comprised of:

- Board-certified nurse practitioners
- Nurses and Medical assistants available over the phone
- 24/7 on-call provider service
- Many trusted resources, including:
 - Specialists
 - Diagnostic labs
 - Home health agencies
 - Hospice and social service agencies