CCM will help you deliver the coordinated care your patients deserve!

Chronic Care Management (CCM) services are a critical component of the care we provide to your patients with multiple chronic conditions. You have the opportunity to be separately paid for important services while improving your Medicare patients’ self-management, health outcomes, and patient satisfaction by using our compassionate Sargas Patient Care Services.

No Up-front Cost Program Enroll Now

To Sign up for Chronic Care Management and Remote Patient Monitoring, please go to www.spacinternational.com/sign-up-physician.php and we will call you and help you execute your agreement or call 844-926-CARE for more information.

How to Enroll

After identifying and mailing a welcome letter to eligible patients from your system and obtaining their verbal consent, they will receive an email with additional steps and information for completing enrollment into chronic care management. You are one step closer to providing the care management your patients need and deserve.

Advantages of Sargas

- Your patients will gain access to a dedicated Sargas case manager who will provide regular updates to their comprehensive care plan and timely availability of patient health information. Organized management of care transitions and easy access to their care team can improve patient self-management.

- CCM services are patient-centered, high value services with the potential to improve patient outcomes via our Sargas Chronic Care Management Cloud™ portals. With time tracking, patients consents, care plans and everything you need to bill chronic care management in one place, you know your patients will always have the care they need and deserve 24/7.

- Encouraging patients to use CCM services gives them the support they need between visits. Easy access may help patients think about their health more and become more conscious of activities such as taking their medications and other tasks.

- Chronic care management contributes to better health and care for individuals with multiple conditions. For dual eligible beneficiaries in one Department of Health and Human Services led pilot program, integrated care resulted in beneficiaries being 48 percent less likely to have a hospital stay, 26 percent fewer hospital stays, and 38 percent fewer emergency room visits.