

# Complex Care Management

The care you need, when and where you need it.



## Frequently Asked Questions

The Tandigm Complex Care Management (CCM) Program extends the care you receive from your Primary Care Provider (PCP).

### Your Dedicated Care Team Will:

- Assess your physical and mental health needs, as well as your social and environmental well-being
- Review your medications with you
- Call you as needed to check in, and provide home visits when needed
- Provide clear information and education to help you manage your health
- Provide advance care planning and support
- Connect you to additional resources
- Coordinate with your healthcare providers

### Your Care Team

Your main point of contact is a Nurse Care Manager who works closely with your PCP and involves other team members as needed, including:

- Pharmacist
- Social Worker
- Field-Based Nurse
- Behavioral Health Clinician



The Complex Care Management Program is accredited by the National Committee for Quality Assurance (NCQA), a private, nonprofit organization dedicated to improving healthcare quality.

### Will I still be able to see my doctor?

Yes, it is very important that you continue to have a strong relationship with your PCP and see them regularly. We closely coordinate your care with your PCP.

### How will you support my family and caregivers?

Your family and caregivers are welcome to join us during visits and discussions to ensure that they understand how best to support you while you are in our Program.

### Is there a cost for the CCM Program?

No. The CCM Program is available at no additional cost.

For more information, call **844.898.4448** or ask at your PCP office.