



ON-SITE PRIMARY CARE

Vantage Healthcare brings their primary care team onsite for residents of **Harriet & Ralph Kaplan Estates**. The on-site team includes a lead Physician and Nurse Practitioner.

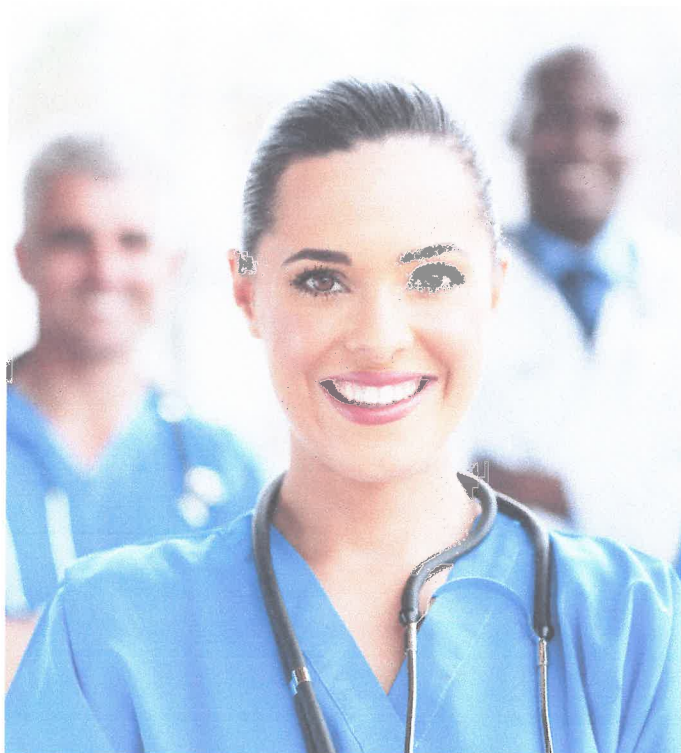
CARE COORDINATION WHEN ENROLLED IN CCM

For Residents enrolled in Chronic Care Management (CCM), you receive the services of a Nurse Care Coordinator.



CHELSEA JEWISH LIFECARE
CELEBRATING LIFE THROUGH
THE JEWISH TRADITION

A Legacy Lifecare Affiliate



Medicare pays 80% and 20% subject to co-payment. Residents with Medicare co-insurance plan covers co-pay; otherwise, 20% may be out-of-pocket expense.

Medical

Mark Messenger, MD
Physician

Care Coordination

Kim McGuire, LPN
Licensed Nurse

Cell phone: 781-867-0380

Email: kmcguire@vantagehcs.com

Personalized Care

Concierge-level service without the fee (when ENROLLED in CCM).

Residents and their families experience **personalized** medicine with the support of a Care Coordinator. The Vantage **Care Team** participates in Medicare's Chronic Care Management (CCM) program, covered by Medicare & Medicare Advantage (co-payment applies). Most seniors qualify.

Vantage coordinates care with Home Care, Pharmacy, Rehab, Lab, Specialists, Hospital, and more.

Go to "Resident Intake" tab at
www.myvantagehcs.com to enroll.

ON-SITE PRIMARY CARE TEAM *when ENROLLED IN CCM*

Chronic Care Management (CCM) is a **Medicare benefit**. The program provides services of a **Care Coordinator between appointments** with the Physician and Nurse Practitioner. The resident or their family must sign the **consent in the enrollment packet** to access CCM services.

Between appointment services **WITHOUT CCM**

Between onsite, in-person visits your Physician and Nurse Practitioner will order medications and other basic services. Beyond that, without CCM, **responsibility for coordinating between visit tasks falls to ALF staff and the resident and/or family member(s).**

Between appointment services **WITH CCM**

Between onsite, in-person visits your Physician and Nurse Practitioner will order medications and other services. Beyond that, with CCM, **responsibility for coordinating between visit tasks is handled entirely by the Care Coordinator.** The Nurse Care Coordinator will coordinate services with:

- ALF clinical staff
- Primary care physician
- Nurse Practitioner
- Behavioral health
- Home health
- Outpatient rehab
- Pharmacy
- Lab
- X-ray
- Ambulance
- Dental
- Podiatry
- Optometry
- Specialists
 - Cardiologist
 - Pulmonologist
 - Neurologist
 - Urologist
 - Dermatologist
 - Psychiatrist
- Emergency department
- Hospital
- Skilled Nursing Facility
- Rehab Hospital
- and more.

In addition to coordination of services listed above, with your CCM benefit you get the following:

- A care plan is developed with the resident and/or family to better manage the resident's chronic conditions.
- The Nurse Care Coordinator educates the resident and/or the family on chronic conditions and reviews medications and treatments related to the conditions.
- The Nurse Care Coordinator is available by phone to respond to resident and family questions.
- The Nurse Care Coordinator is a resource for ALF staff that identify changes in resident condition, the Nurse can arrange for between appointment interventions and services as necessary.

Chronic Care Management (CCM) consent is part of the enrollment packet. The enrollment packet and the CCM consent form itself may be found at www.myvantagehcs.com under the **Resident Intake & Consent** tab.