

GCM Contact Information

Community Care Coordinator:

***Faith Hope Horpestad BSN, RN, CHC
Phone: 406-323-3337***

***After Hours: Call
406-323-2301***

The Centers for Medicare & Medicaid Services (CMS) recognize care management as one of the critical components of primary care that contributes to better health and care for individuals, as well as reducing overall healthcare cost



Roundup Memorial Healthcare
1207 2nd St. W.
P. O. Box 40
Roundup, MT 59072
Address Correction Required



GENERAL CARE MANAGEMENT SERVICES

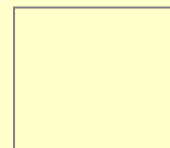
GCM

**Roundup Memorial
Healthcare**



**Delivering Healthcare
We would want for
ourselves, our family,**

Phone: 406-323-3337
Web site: www.rmhmt.org



How Do I Get Started?

- Have Medicare part A & B
- Have 2 or more chronic conditions
- Be established with an RMH Provider
- Ask your RMH provider if you qualify for GCM Services during your next Annual Wellness Visit, Welcome to Medicare Appointment, or during your next RMH scheduled clinic visit
- You may also call the General Care Management (GCM) Nurse to request enrollment into GCM services, if you are established with an RMH provider and have been seen in the clinic within the past 12 months



Caring today for a healthier tomorrow

Medicare Guidelines for the GCM Services

- You will have 24/7 access to your CCM provider through the after-hour RMH clinical care team-or nurse line, who will have access to your personal care plan and can communicate your needs to your GCM care team members
- You may be self-referred to GCM services if you are established with an RMH healthcare Provider and if you have been seen in the past 12 months or less
- There can only be one Primary Care Provider (PCP) assigned during any given calendar month to manage your non-face to face care GCM care coordination
- To elect a different GCM provider in another town, you must sign a “Stop GCM Service Form” prior to initiating a new GCM service provider
- GCM services is an optional Medicare benefit—the service can be stopped at any time for any reason
- A monthly co-pay in the amount of \$12.00 may be billed to GCM participants, who receive at least 20-minutes of non-face-to-face care coordination by the RMH-GCM team: Provider, RN Care Coordinator, or licensed RMH clinical staff

Benefits for the Patient

- Become a partner in creating your personalized comprehensive plan of care
- You will be assigned a GCM-RN and Health Coach to help you self-manage your chronic symptoms, medication, and treatment changes as well as to set and achieve personal health goals
- The GCM-RN will help you coordinate your care with outside healthcare providers to help maintain your continuity of care
- Improve your quality of health locally by providing symptom management, care coordination, coaching, caregiver support, assessment, resource referral and triaging early intervention from the comfort of your home
- Have 24/7 access to an RMH healthcare provider afterhours for chronic symptoms issues and concerns
- Access and/or conference with your GCM-team and RN Care Coordinator monthly or as needed to help coordinate your care

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