PAIR TEAM MEDICAL GROUP
MEDICARE CARE MANAGEMENT
Patient Consent & Billing Authorization
CCM | PCM | CHI | BHI | ACCESS

SECTION 1: PROGRAM SUMMARY

Pair Team offers the following Medicare-covered care management programs.

Program	Description	Patient Copay (Yes / No)
Chronic Care Management ("CCM")	For patients with 2 or more chronic conditions expected to last at least 12 months. Includes 20+ minutes of care management services per month by clinical staff.	Yes
Principal Care Management ("PCM")	For patients with a single complex chronic condition expected to last at 3 months and requiring substantial care management. Includes 30+ minutes of care management per month focused on that condition.	Yes
Community Health Integration ("CHI")	For patients with non-medical factors (like limited access to food or your living environment) that may be impacting health or access to care. Includes 60+ minutes of care management per month.	Yes
Behavioral Health Integration ("BHI")	For patients with mental health or substance use disorders requiring integration of behavioral health services into primary care. Includes 20+ minutes per month of behavioral health care coordination, care planning, and monitoring.	Yes
Advancing Chronic Care with Scalable Solutions ("ACCESS")	For patients with Medicare who have qualifying chronic conditions included in one of the model's clinical tracks. ● Early Cardio-Kidney-Metabolic (eCKM): Hypertension (high blood pressure), dyslipidemia (abnormal or elevated lipids, including cholesterol), obesity or overweight with marker of central obesity, and prediabetes. ● Cardio-Kidney-Metabolic (CKM): Diabetes, chronic kidney disease, or atherosclerotic cardiovascular disease. ● Behavioral Health (BH): Depression or anxiety.	No

SECTION 2: WHAT THESE PROGRAMS INCLUDE

Program services may include any or all of the following:

All Programs

- A comprehensive, patient-centered care plan addressing your health goals, conditions, and treatment preferences with Pair Team's AI-enabled care orchestrator called "Flora"
- Ongoing coordination of care
- Access to a care team

- Continuity of care with a designated care team member
- Management of care transitions
- Medication reconciliation and adherence support
- Patient and caregiver education and self-management support

CCM-Specific

- Minimum 20 minutes of non-face-to-face care management per calendar month by clinical staff
- Systematic assessment of medical, functional, and psychosocial needs
- Coordination with community and social services

PCM-Specific

- Minimum 30 minutes of care management per month focused on a complex chronic condition
- Care plan development

CHI-Specific

- Minimum 60 minutes of care management per calendar month for complex patients
- Assessment, care coordination, health education, social and emotional support

BHI-Specific

- Minimum 20 minutes of behavioral health care management per month
- Assessment and ongoing monitoring using validated rating scales (e.g., PHQ-9, GAD-7)
- A behavioral health care plan and coordination

ACCESS-Specific

- Care coordination with primary care and referring clinicians
- Collection of baseline measures for each patient—such as blood pressure for hypertension or a validated patient-reported outcome measure for depression—which serve as benchmarks for tracking improvement or control.

SECTION 3: YOUR RIGHTS AS A PATIENT

By enrolling in any of these programs, you have the following rights:

- **Right to Withdraw:** You may stop receiving services under any of these programs for any reason without affecting your regular Medicare coverage or your relationship with your provider.
- **Right to Only One Billing Provider:** Only one provider may bill Medicare for CCM, PCM, CHI, BHI, or ACCESS services in a given calendar month. By enrolling, you designate this practice as your sole billing provider for these services for each month in which you receive them.
- **Right to Information:** You have the right to know which program(s) you are enrolled in, what services are being provided, and how to access your care plan at any time.
- **Right to Privacy:** Your health information will be kept confidential and shared only as permitted by HIPAA and applicable law, including with other providers involved in your care.
- **Right to No Additional Cost Surprises:** Medicare Part B covers these services, but your regular Part B cost-sharing (deductible and 20% coinsurance) may apply unless you have a supplemental plan. You will not be billed for services beyond applicable cost-sharing.
    - No cost share is required under the ACCESS program.
- **Right to Access Your Care Plan:** You may request a copy of your care plan at any time.

SECTION 4: CONSENT TO PARTICIPATE IN ALL PAIR TEAM MEDICARE PROGRAMS

I confirm and agree to the following:

- I have been informed about the care management program(s) I am enrolling in, including the services provided, my rights, and applicable cost-sharing.
- I voluntarily consent to participate in these programs. I understand participation is optional and will not affect my access to regular medical care.
- I understand that Medicare Part B cost-sharing (deductible and coinsurance) may apply each month that services are billed.
- I authorize this practice to share my health and claims information with other providers and CMS/Medicare.
- I authorize Pair Team to access my health records and share relevant information with my healthcare providers, care team, and Health Information Exchanges (HIEs) as needed to confirm my eligibility for this program and for my care coordination.
- I understand I may revoke this consent at any time by contacting the practice, with revocation taking effect at the end of the current billing period.
- I have been offered a copy of this consent form and Notice of Privacy Practices (NPP).

SECTION 5: PROGRAM SPECIFIC ACKNOWLEDGMENTS

1. CCM Acknowledgments

- I have been explained what CCM services are and how they support my care.
- I understand a dedicated care team will support my ongoing health needs.
- This program provides **non-face-to-face services** (like phone check-ins or care coordination) that happen outside of an in-person visit with my provider. This may include help with medication management, appointment coordination, answering health-related questions, and creating a personalized care plan to support the ongoing management of your chronic conditions.
- **I understand that the CCM services are NOT emergency services and my data WILL NOT BE MONITORED 24/7. If I think I am experiencing a medical emergency, I understand I should CALL 911 IMMEDIATELY or go to the nearest emergency department.I consent to a comprehensive care plan being created and updated at least annually, or when my condition significantly changes.**

2. CHI Acknowledgments

- I have been explained what CCM services are and how they support my care.
- I understand a dedicated care team will support my ongoing health and social needs.
- This program provides **non-face-to-face services** (like phone check-ins or care coordination) that happen outside of an in-person visit with my provider. This may include help with medication management, appointment coordination, answering health-related questions, and creating a personalized care plan.
- **I understand that the CHI services are NOT emergency services and my data WILL NOT BE MONITORED 24/7. If I think I am experiencing a medical emergency, I understand I should CALL 911 IMMEDIATELY or go to the nearest emergency department.**

3. PCM Acknowledgments

- I have been explained what PCM services are and how they support my care.
- I understand a dedicated care team will support my ongoing health needs.

- This program provides **non-face-to-face services** (like phone check-ins or care coordination) that happen outside of an in-person visit with my provider.
- **I understand that the PCM services are NOT emergency services and my data WILL NOT BE MONITORED 24/7. If I think I am experiencing a medical emergency, I understand I should CALL 911 IMMEDIATELY or go to the nearest emergency department.**
- I understand that I cannot simultaneously receive CCM and PCM services from Pair Team in the same calendar month.

4. BHI Acknowledgments

- I have been explained what BHI services are and how they support my care.
- I understand a dedicated care team will support my ongoing health needs.
- This program provides **non-face-to-face services** (like phone check-ins or care coordination) that happen outside of an in-person visit with my provider.
- **I understand that BHI services are NOT emergency services and my data WILL NOT BE MONITORED 24/7. If I think I am experiencing a medical emergency, I understand I should CALL 911 IMMEDIATELY or go to the nearest emergency department.**
- I consent to the use of standardized rating scales (such as the PHQ-9 or GAD-7) to monitor my behavioral health conditions.
- I consent to my behavioral health care information being shared with my care team members as clinically appropriate.

5. ACCESS Acknowledgments

- I have been explained what ACCESS services are and how they support my care and I agree to participate in the ACCESS model.
- I understand that only Pair Team as the ACCESS Participant may provide services for a given track during my enrollment in the ACCESS program.
- I understand that my participation is voluntary and I may end participation or switch receiving services from Pair Team any time 90 days after enrolling.
- I understand that if I am enrolled in the ACCESS program, I will not receive CCM, CHI, PCM, or BHI services overlapping with my ACCESS care period with Pair Team.
- I agree that Pair Team may proactively share care updates with my identified care team.
- I agree that my claims data may be shared with Pair Team for purposes of health care operations, subject to applicable privacy and security protections, including but not limited to HIPAA.

SECTION 6: MEDICARE BILLING AUTHORIZATION (SIGNATURE ON FILE)

Authorization for Release of Information

- I request that payment of authorized Medicare benefits be made either to me or on my behalf to Pair Team for any services furnished to me by Pair Team.
- I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related service.

Authorization for for the payment of benefits to Pair Team

- I request that payment of authorized Medigap benefits be made either to me or on my behalf to Pair Team for any services furnished to me by Pair Team.
- I authorize any holder of Medicare information about me to release any information needed to determine these benefits payable for related services.