



## PATIENT OUTREACH OPTIMIZATION IS SMART, SAFE & VITAL

- IMPROVE PATIENT SATISFACTION.
- IMPROVE QUALITY OF CARE.
- REDUCE OPERATING COSTS.
- INCREASE BILLING ENCOUNTERS.
- INCREASE REIMBURSEMENT.
- BRIDGE COMPLIANCE GAPS & VULNERABILITIES.
- IMPROVE QUALITY SCORES.
- INCREASE SHARED SAVINGS.
- IMPROVE PATIENT RAF SCORES.
- “BEST-IN-CLASS” PROFESSIONALS.
- NO UPFRONT COST OR RISK.
- NO ADDITIONAL WORKLOAD.
- NO STAFFING REQUIREMENTS.
- AND MORE.



## Live Well A.P.S., Inc. — Who We Are

**We subscribe to the motto — In an environment of government “incentivized” regulations, superior business intelligence is the ONLY way to triumph.**

We are a contracted agency and facilitator for leading experts that specialize in the processes of MIPS (QPP & MACRA), RAF Compliance, Health Information Exchange, and Patient Outreach Optimization for financial ROI.

Together we support thousands of independent and hospital-based physicians & clinicians, multi-TIN, Medicare Advantage plan providers, and ACO and Advanced APM members. And we deliver **Maximum Value** with vital CMS program guidance and the most effective and innovative clinical and non-clinical business solutions that improve compliance, patient attribution, reimbursement, and efficiency. In addition, streamline costs and reduce hassles.

## To Meet & Exceed CMS and Commercial Payor Requirements, Patient Outreach is Now Vital

**The Patient Outreach Optimization platform is a vital and proactive solution for all payor classes (Medicare, Medicare Advantage, Medicare Shared Savings Plans (MSSP), Medicaid, Commercial – Insured and Employer Self-Funded Plans, and other Risk Based Reimbursement Plans).**

Increasing Quality of Care starts by directly assessing and highlighting gaps in care at the individual patient level. You are required to gather specific standardized and health risk assessments on up to 60% of your entire patient population and integrate this data into your EHR system.

Under the **National Quality Strategy (NQS), Value-Based Care, and Standards of Care Guidelines** where a medical necessity is found, action must be taken, unless the patient declines the service. Failing to do so can result in the reduction of Quality Scores and/or the penalty of lower reimbursement. Even if you're doing Annual Wellness Visits (AWVs) and Health Risk Assessments (HRAs) for every patient, you must act on any medical necessities found within those results. And each time a patient encounter is completed, new medical necessity “next steps” must be immediately identified.

### Compliance is Now Incentivized

Though most TINs did an okay job with patient engagement compliance in the past, due to complexity and the failure of vendors and EHRs, 98% are NOT meeting the new requirement benchmarks and targets.

Administrators even boast about their EHR, robust QA audit teams, and provider education. Unfortunately, too many are still apathetic about actions







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needed because up until now the requirements have not amounted to any significant increase in revenue. This has now changed.

So, now when ownership, boards, and/or stakeholders ask why your TIN's reimbursement has been reduced and no one can explain why or do anything about it, ignorance or apathy will not be an accepted excuse. Don't let this to happen to you!

### **The Top Patient Outreach Optimization Platform**

Our platform provides electronic beneficiary engagement and completion of the assessments.

Specific types of assessments are sent to your entire patient population throughout the year for completion including Health Risk Assessments, Social Determinants of Health Assessments, and others. They are delivered electronically via email and/or text/SMS and designed to gather relevant health information and engage patients in between visits, as well as obtain updated contact information as part of the process. Then patients can be engaged based on their low, moderate, or elevated risk.

The gathered information is also helpful at identifying elevated health risks and prompt the patient to come into the office prior to next scheduled visit. Thus, potentially helping to minimize hospital admissions and Urgent Care or ER visits. The patient is also asked to confirm and consent to the provider's review of the assessment results, which will result in a billable E-visit.

They are designed to gather the maximum relevant health information, whether the treatment standard is MIPS, HEDIS, STAR or Quality Care Measures, the platform pivots to those measures.

The patient communications are a combination of compliance statements and rewards that creates a 45-65% response rate, while the response rate of all other patient engagement methods is in the low to mid-single digits. The best part, in as little as 30-45 days the platform can significantly improve your billing encounters.

You will receive a monthly report showing the detailed encounters information. This includes patient demographics and a unique encounter ID.

Most services are provided at zero up-front cost and are only reimbursed when you are paid for patient services rendered.

### **What About Your EHR?**

You might think your EHR handles your outreach requirements. Your EHR is only the start - not the finish.

Even the best EHRs only create numerator/denominator values. None can address the hundreds of individual patient medical necessities and “next step” requirements, nor can they maintain compliance standards because they're a forensic tool, tracking only what has been done or what is left to do off a taskmaster list. Without assistance, none one can identify individual medical necessities, nor can they directly engage each patient to begin the next steps electronically. Assessments and their resulting medical necessi-







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All EHR platforms generate raw assessments but cannot expose new medical necessities or guide the CMS Standard of Care plan. So, even if you're do an assessment on 100% of your patient population, you can still be penalized with a lower score for failing to act on new medical necessities found within the results.

Patient Assessments that Reflect the Health Status of Patients Accurately and Compliantly Are the Cornerstone for Increasing MIPS and Patient RAF Scores, Billing Encounters, and Reimbursement. In addition, Bridging Compliance Gaps and Vulnerabilities.

### Once You Capture the Data Points

Based on the individual risk level, patients can receive an email or phone call based on their needs and your staff's direction to facilitate additional electronic services, a virtual appointment, or in-office visit. This could be a scheduling phone line, an email address, or even a link to book their own virtual or live appointment. You decide how you want each category handled.

Patients with High Risk Factors are asked to schedule an appointment with their PCP within the next 7, 30 or 90 days, based on approved protocol. Follow-up actions from here are additional electronic engagement, virtual care, or in-office visits. And this creates immediate revenue for you and achieves enrollment attribution for your patients.

The information contained in the assessments can be used prior to the in-office visit while also allowing the patient to update their information including email and cell phone. The data is helpful at identifying patients to come into the office prior to the next scheduled visit, thus potentially helping minimize hospital admissions, Urgent Care or ER visits.

### Take the Next Step

In a 30-minute Zoom call, we'll talk about how our platform will help you meet NQS requirements and data that is both invaluable and actionable.

Log onto our **Patient Outreach Optimization** webpage and complete our Mutual NCND and email it to: [support@livewellaps.com](mailto:support@livewellaps.com). Then reserve a Zoom call with us. On our Calendly page, complete the required fields and when asked purpose of call click: **Patient Outreach**.

