



## THE M-CCM FULL-SERVICE OPTION IS SMART, SAFE & VITAL

- IMPROVED PATIENT CARE.
- REVENUE ENHANCEMENT.
- ADVANCED SOFTWARE.
- COMPLIANCE & QUALITY IMPROVEMENT.
- INCREASED PATIENT SATISFACTION.
- PARTNER WITH EXPERTS IN M-CCM.
- LIMITED ADDITIONAL WORKLOAD.
- NO STAFFING REQUIREMENTS.
- BEST-IN-CLASS SERVICE, GUIDANCE, AND SUPPORT.
- 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, facilitator, and coordinator for a leading expert service provider that specializes in the processes and implementation of Medicare CCM compliance and optimization solutions for financial ROI.

Together, we deliver **Maximum Value** to physicians, hospital-based physicians & clinicians, multi-TIN organizations, and ACOs & Advanced APMs with vital CMS program guidance and the most effective and innovative Medicare CCM business solutions that improve patient care, care coordination, reimbursement, and efficiency. In addition, streamline costs and reduce hassles.

## CMS’s Mission for Their Medicare CCM Program (M-CCM) is to Enhance Patient Outcomes and Simplify Care Processes

**CMS reports that most organizations are still not opting-in eligible Medicare patients into the program.**

### What is M-CCM

M-CCM is voluntary. CMS does not compel healthcare organizations to participate. It’s all about whether you want to stay the course or improve your current Medicare care management and increase revenue by billing its related CPT codes.



- M-CCM is the solution that improves care management for patients, physicians, and nurses.
- It creates checklists and protocols to manage chronic disease for traditional Medicare patients via short-term nurse telephone visits. After an initiating visit, mid-level nurses conduct consultations, and providers confirm the diagnosis and treatment plan. The result is happier patients, improved care management, and a billable event that captures pmpm revenue.
- M-CCM will help you reimagine what it means to care for Medicare patients with chronic disease, because it takes care management and makes it proactive and relational, rather than reactive and transactional.

### M-CCM Obstacles Have Proven to Be Difficult to Overcome

- Staffing levels continue to be challenged, depleted, and costly.
- Gaps in Care are identified by EHRs and payor sources, but closing those gaps is challenging.





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- M-CCM was created to address the issues, but TINs and ACOs struggle to increase patient onboarding and demonstrate revenue gains

### M-CCM Is Very Different From Your Existing CCM Activities

#### The program allows for:

- Reimbursement for monthly telehealth visits by mid-level providers.
- Patients must opt-in to the program.
- Specific care management templates (policies) are required to make it a billable event.
- Billing is under the CPT codes:
  - **Single Chronic Condition** - 99424, 99425, 99426, 99437, and 99439.
  - **Multiple Chronic Conditions** - 99487, 99489, 99490, and 99491.

*CPT 99490 is the general code used to determine if you are participating in M-CCM. Check with your billing department to verify if you are currently submitting these codes.*

### M-CCM Billing Landscape

#### Opportunities:

- **Fewer than 3% of TINs / ACOs are Billing M-CCM Codes** (*cms.data.gov*). Everyone is doing physician-based CCM. This means the competitive advantage M-CCM delivers can be substantial.
- **Significant Financial Incentives.** The additional revenue can make a huge difference in your bottom line.
- **Improved Patient Care & Happier Patients.** (Beyond traditional physician-based CCM programs).

#### Challenges:

- **Compliance.** There are specific policies and procedures that must be followed to make M-CCM a billable event.
- **Implications On Operations.** Additional staffing requirements and workload.
- **Patient Engagement.** There are specific policies that must be followed.
- **Billing / Financial.** Some degree of billing complication.
- **Technology Integration.** Complexity and training disruptions.
- **Program Level Implementation.** Integration can cause operational disruptions.

All these challenges are very easy to overcome with the right software technology platform.

### M-CCM Billing is Complex

#### It is a Large-Scale Project.

- Who will do the heavy lifting to create the significant new revenue – You or a vendor?
- Your organization must overcome complex issues across multiple clinics and/or doctors.
- M-CCM must align with the goals of your organization and physicians, which are related – but different.



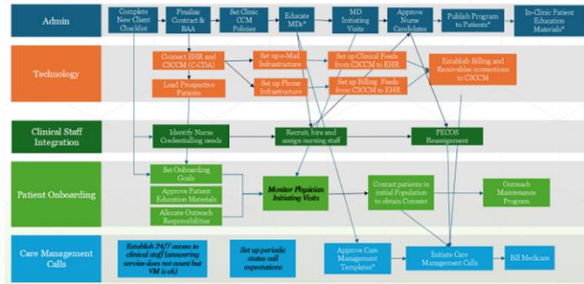


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- M-CCM requires the implementation of strategies that are tied your organization's culture and relationship with ownership / board.
- Your organization or vendor must fully "staff up" for implementation.
- The effort must help your organization gain a unique advantage in overcoming the biggest obstacle to success (patient recruitment and onboarding).

A picture is worth a thousand words. The graph below illustrates the complexity of a successful M-CCM effort. As you can see, there are many steps required.



There are very specific patient onboarding policies that must be followed.

Category	ID	Title	Rule Set
Patient Onboarding	PO-1	Population Onboarding Strategy	Will patients be onboarded as a result of: 1. Office Visits? 2. Population-level outreach?
Patient Onboarding	PO-2	Onboarding timetable	What is the expected duration from project start through when target population of patients has been fully onboarded?
Patient Onboarding	PO-3	Onboarding target percentage	What is the expected volume of patients to be onboarded
Nurse Management	NM-1	Staffing Assignment and Approval	How will nurses be assigned to physicians? What input will physicians have?
Care Plan Management	CPM-1	What is the process for Care Plan Approval?	1. Medical Director approval? 2. Physician approval? 3. Care Manager approval?
Billing and Receivables	BR-1	What data shall be provided to C3 Partners to reconcile billing with reimbursement?	1. Medicare EOB 2. Other claims-level detail reporting
Reimbursement	BR-2	What shall be the billing frequency for services that can be billed prior to month end?	1. Hold all until month end; 2. Weekly billing; 3. Daily billing
Physician Involvement	MD-1	What are the clinic's expectations for physician involvement in patient onboarding?	1. e-Mail over physician's signature 2. Personal contact by physician at outset 3. Physician involvement if patient has questions

### Approaching M-CCM Billing

It starts with answering several important questions:

1. What is your current M-CCM strategy?
2. How do you envision implementing M-CCM?
3. Should you outsource the heavy lifting?
4. What are the qualifications you must identify in a vendor?
5. Have you billed CPT 99490, 99491, 99487, 99489, 99424, 99425, 99426, 99437, and 99439 since the last CMS published data set? (If so, perhaps our proprietary software platform can help you).



### Why Our M-CCM Optimization Platform is Your Best Choice

M-CCM is a major new initiative for every clinic that goes down the path. In many ways, it is a lot like a business startup. Your best chance of success is to align yourself with a team experienced in big initiatives.

Our team is deeply experienced in healthcare and largescale program implementation and operations. And has a deep investment in the proprietary CCM software platform.





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And continuous updates in response to industry changes make our technology platform crucial for meeting quality metrics and achieving better patient outcomes.

We will transform your approach to M-CCM; making it more accessible, proactive, personalized, patient-centered, and effective for the Medicare patients you serve. It is offered on a Clinic-by-Clinic basis and features options that are tailored to your organization's specific needs. It requires very little workload and no additional staffing requirements on your part.

Our M-CCM platform is the empowering solution that ensures you succeed with unparalleled technology, guidance, and support.

Understanding the benefits and implications of M-CCM helps in making the decision on whether to partner with a highly qualified vendor, or stay the course with your ACO, current vendor, or your own efforts - very easy.

### M-CCM Snapshot

We will show you what your M-CCM opportunity looks like. We will email you a pdf and jpeg image of a CMS M-CCM data snapshot on your organization, which will show you how much more revenue you can capture by billing CPT 99490 and its related codes.

The summary will break down the data for you in very simple language.

**CMS M-CCM SNAPSHOT**  
(Based on the Latest data.gov Published Data)

Name of Organization	MCC Location
ABC MEDICAL	FL

**Summary**

- Out of 27,547 Traditional Medicare Patients - Potential M-CCM Beneficiaries: **12,615**
- CPT 99490 Related Billing as of December 31, 2023: **0**
- CPT 99490 Related PMPRA: **\$0.00**
- Annual M-CCM Billing Potential & Improved Patient Care (Below Expense): **\$653,728.00 (100% enrollment to 12,615, 100% (100% enrollment))**

\* Since these numbers are based on the latest CMS published data, a current snapshot requires a deeper analysis (fee applies).  
\* If you are a member of an ACO, we can also show you the Annual Cost Savings.

### M-CCM Analysis



Because you need to know what is happening right now, you require a M-CCM Analysis, which is an invaluable tool to present to your decision makers, board, stakeholder, or to review other vendors. It will include an M-CCM Strategy Report and data spreadsheet that calculates your M-CCM opportunity based on PY 2024 and the current PY.

The execution of a BAA and our M-CCM Analysis Agreement is required (a non-refundable analysis fee applies).

### Currently Utilizing EHR for Program Management

If you are currently offering your eligible patients M-CCM and utilize your EHR for program management, you require a software platform that integrates and provides all necessary billing data, our software-only option could be the perfect solution for you because its advanced software tools will scale your M-CCM efforts upwards.

If you only have one care manager and a small number of patients, your staff can manage the process manually. But as patient volume grows, those manual processes create errors and bottlenecks that will constrain efficiency and the ability to reach patients who will benefit from the M-CCM program.





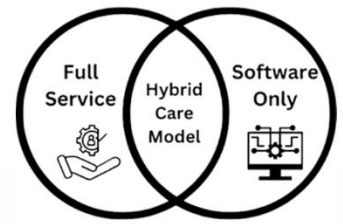
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### Three Service Options

In the 30-60-minute Zoom call, we will talk in detail about our core team and qualifications, our three service options, and the analysis that will provide you with something you will be proud to show your decision makers, ownership, board, and/or stakeholders.



### Reserve a Call with Us

Log onto our **Medicare CCM** webpage and take a few moments to download our brochures, platform details, and CMS data items and reserve your Zoom call with us. On our Calendly page complete the required fields and when asked purpose of call click: **Medicare CCM..**

