



ACO Medicare CCM Platform Details

OUR M-CCM PLATFORM MISSION

Our platform mission is to redefine Medicare Chronic Care Management by streamlining collaboration between hospitals, physician groups, and providers. Our platform focuses on enhancing patient outcomes and simplifying care processes, ensuring those Medicare patients with chronic conditions receive the highest quality of care. By leveraging innovative solutions and fostering strong healthcare partnerships, our platform is committed to elevating the standards of chronic care, making it more accessible, effective, and patient-centered.

A Must for Your PCP Members

Being a primary care physician group (PCP) today means your member PCP clinics are running ever faster (and never catching up) on filing more claims to offset the decreasing reimbursement that insurers know they can force on them. But you can help them increase pmpm within a few months without seeing more patients while maintaining control of the way they practice.

MOST ACOs ARE NOT OPTIMIZED FOR M-CCM

M-CCM is a program that you might not think of as important for your ACO. But **what if activities you already perform could generate new Medicare revenues, both for your ACO directly, and for your member TINs?**

M-CCM is Natural

M-CCM pays beyond office visit based chronic care. ACO's who think outside-the-box should be able to easily extend care coordination activities to reimbursable monthly chronic care tele-health activity.

It sounds simple. After all, everyone cares for chronic patients. But most provider groups don't have the resources to take advantage of this important Medicare program that reduces costs, generates revenue, and improves patient care.

M-CCM is Lucrative

How lucrative? ACO-employed nursing staff can generate new revenue that ranges from \$56 to \$120 per patient per month, shareable between your Member TINs and ACO.

We Help Your ACO and Member Clinics Generate M-CCM Revenue

- Evaluate existing TIN-level M-CCM activity.
- Predict incremental physician-level M-CCM revenues.
- Create an ACO-level M-CCM program.
- Proprietary technology for high volume M-CCM efficiency.
- Predict revenue for your ACO.



- Operational and strategic M-CCM support.

THE ENTREPRENURIAL ACO

Your ACO can create a new business, as a virtual M-CCM vendor to your Member TINs and clinics.

M-CCM is a major new initiative for every ACO and their participating clinics 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.

Why Set Up as a M-CCM Vendor?

Your providers could (and some will) contract with outside organizations who sell CCM services. We know this because we are one of those organizations ourselves. They (we) charge a per-patient-per month fee in exchange for conducting tele-health care management visits with qualifying patients.

Those care management "calls" can overlap with your own care coordination mission and create confusion among patients. **Wouldn't it be better for your own staff to be making these calls?**

One big benefit is that under Medicare rules, you can get paid for it. And with your close relationships with your clinics, you are in the position to do a better and more cost-effective job of it.

IT that Combines Care Management with Care Coordination

IT is like any other business. You will need a template for a contract / arrangement with your clinics to provide this service. You will need software that manages Medicare compliance and supports high-volume tele-health scheduling. And you will need a library of templates for care plans, patient education, and patient consent documentation.

Beyond that, you can leverage existing capabilities, in your nursing care coordination staff, and clinical data integration with TIN EHR / Billing systems. **Our platform provides all of this and more.**

Provide Patient-Level Nursing Staff to Your Member TINs and Clinics

Sometimes the biggest obstacle is just getting started. **Who will do the initial stages, until your volume hits the level where full-time staff is profitable?**

We provide nursing staff on a per-patient (or even on a per-call) basis. The cost of these staffing arrangements comes from clinic billings (*a reasonable set-up fee applies*).



HOW YOUR ACO CAN BECOME AN M-CCM VENDOR

Software

We will license (and even white-label) our proprietary M-CCM software suite to you. The software suite is built to create staffing efficiency and integrate with clinic EHR and pass billing data to clinic practice management systems. And the tele-health tools schedule and make phone calls while tracking nurse time and documentation that Medicare requires for billing.

Further, the software comes complete with configurable care management templates and patient education materials that your nurses will need.

We also offer a software-only option that could also be the perfect solution. Advanced M-CCM software tools help to scale M-CCM upwards. If your clinics only have one care manager, and a small number of patients, their 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 all the patients who will benefit from the program.

Contracts

Sometimes the biggest speed bump is in drafting the contracts, proposals, and marketing materials that educate and commit clients. Our platform comes complete with the templates that you can use as-is or modify to fit your unique offering configuration.

Processes

There are two dimensions to M-CCM. One dimension (the obvious one) involves certified healthcare professionals interacting with consented patients according to a physician-approved care plan. In this dimension, all activity is paid for under Medicare.

The second dimension often gets overlooked and becomes a big obstacle to a rapid ramp-up. That dimension involves analyzing your existing patient population and reaching out to them and is pre-funding. Patients need to understand that they have the option to work with their own dedicated nurse every month, at no cost to themselves. We support this need with outreach tools that help your team efficiently educate patients and get them enrolled into the "for-pay" component of your offering.

ACO care coordination activity is a natural patient outreach, giving you a huge advantage in achieving high penetration into your chronic condition population.

Staffing

Our contract will enable - but does not require - you to tap into a knowledgeable and certified nursing staff. We call it demand-based staffing that helps kick-start your operation.



Startup Strategy

Think of our platform as something of a "franchise" partner. We have already developed the software, templates, and processes that get you a quick start.

Why M-CCM is Mission Critical for ACOs

- CMS estimates that M-CCM reduces Medicare cost by \$74 pmpm.
- M-CCM and ACO overlap in mission-critical areas.
- Chronic condition-based quality.

Where clinical Quality Measures reference chronic conditions, the presence of M-CCM goes far in sustaining visibility into chronic patients. And visibility is a first step in managing quality.

Chronic Condition-Based Cost

Cost measures are completely based on Medicare patients. This makes M-CCM particularly powerful in the ability to influence utilization of expensive services, by pre-empting the need with ongoing clinical care.

Care Coordination

Care coordination and care management involve both clinical staff interacting with active Medicare patients. The goal of both is to prevent the need for expensive services. The difference is that you can get paid for M-CCM.

Physician / Clinic Relationship Management

Imagine a scenario where your activities generate new revenue for your physician population - daily. In some cases, you enable those revenues in ways the physicians cannot. **Might that improve physician recruitment and retention?**

Patient Recruitment (REACH-Model ACO)

REACH-Model ACOs are allowed to provide incentives to patients to be a member of the ACO.

What better incentive for a patient than having monthly access to their own nursing staff?