



THE MEDICARE CCM PROGRAM IS SMART, SAFE & VITAL

- IMPROVES CARE MANAGEMENT FOR PATIENTS, PHYSICIANS, AND NURSES.
- CREATES CHECKLISTS AND PROTOCOLS TO MANAGE CHRONIC DISEASES FOR MEDICARE PATIENTS VIA MID-LEVEL NURSE TELEPHONE VISITS, WHICH AFTER AN INITIATING VISIT, ARE NOT REQUIRED TO BE IN PERSON OR FACE-TO-FACE.
- MID-LEVEL NURSES WORK UNDER THE DIRECTION OF A PHYSICIAN AND CONDUCT PROACTIVE MONTHLY OUTREACH.
- SPECIFIC CARE PLANS FOR EACH PATIENT AGREED UPON BETWEEN THE CARE MANAGER (NP), PATIENT, AND PHYSICIAN.
- INCLUDES FIVE SETS OF REIMBURSEMENT CODES WHICH ARE REPORTED MONTHLY ON A TIMED BASIS, EACH SET WITH A BASE CODE OF 20 TO 60 MINUTES AND AN ADD-ON CODE FOR EACH ADDITIONAL 30 MINUTES.
- RESULTS IN HAPPIER PATIENTS AND BILLABLE EVENTS THAT CAPTURE PMPM REVENUE FOR PROVIDERS.
- ACO CARE COORDINATORS CAN MANAGE AND BILL MEDICARE ON THEIR MEMBER CLINIC'S BEHALF FOR M-CCM ACTIVITIES.

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 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 97% of healthcare organizations are not participating in the M-CCM program and billing its CPT codes.

What is the Medicare CCM Program (M-CCM)?

CMS has implemented coding and payment for medically necessary care management activities that are performed outside of a face-to-face, in-person visit by clinical staff on behalf of patients with complex health care needs.

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 Is Very Different From Existing CCM Activities

The Difference:

- Patients must explicitly opt-in to the program.
- Specific care management templates and engagement policies are required to make it a billable event.
- Each patient receives at least 20 minutes of telehealth interaction per month.
- Each interaction bills at MAC location reimbursement level. Additional billings are available depending on the level of interaction.





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- Billing is under the CPT codes:
 - **Single Chronic Conditions** - 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 Landscape

Opportunities:

- **Significant Financial Incentive.** The pmpm revenue M-CCM delivers can be substantial and its profitability can make a huge difference to your bottom line.
- **Improved Patient Care.** Positive results focused on care managers and their efficiencies - to increase efficiency.

Patients Love M-CCM

Not every Medicare patient will opt-in the program, but those that do, value having a nurse, NP, or a PA that they can talk to every month. They also appreciate the:

- Dedicated personal care managers.
- Comprehensive care plans.
- Reduced annual and out-of-pocket medical expenses.
- Health goal setting.
- Medication management and support.
- 24/7 support.

Challenges:

- **Compliance.** There are specific policies and procedures that must be followed to make M-CCM a billable event.
- **Implications On Operations.** There are additional staffing requirements and workload.
- **Patient Engagement.** There are specific policies that must be followed.
- **Program Level Implementation.** Initial clinic and physician level education, clinical policy, and patient identification are required.

There Are Additional M-CCM Obstacles Have Proven to Be Difficult to Overcome

- ACO and TIN staffing levels continue to be challenged, depleted, and costly.
- Most TINs believe their ACO has M-CCM covered, but ACO Care Coordinators do not bill Medicare on their member clinic's behalf for M-CCM activities, because most do not possess the expertise to manage the program—due to its complexity.
- Those ACOs and TINs who participate in M-CCM struggle to increase patient onboarding and demonstrate revenue gains.





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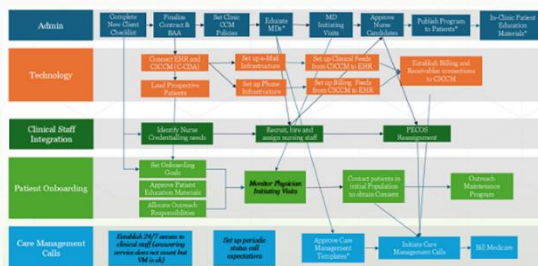
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M-CCM is Complex

It is a Very Large-Scale Project.

- Who will do the heavy lifting that creates the significant new revenue – You or a professional firm?
- Your organization must overcome complex issues across multiple clinics and/or doctors.
- Must align with the goals of your organization and physicians, which are related – but different.
- Requires the implementation of strategies that are tied to your organization's culture and relationship with ownership / board.
- Your organization or professional firm 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. Half at end 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



Overcoming the challenges and obstacles and achieving M-CCM success starts with answering a couple of very important questions:

Have you ever considered the M-CCM program?

Because of its complexity, it is prudent and desirable to first test assumptions, define strategies, evaluate data, and develop plans that would enable success. You cannot just jump into it. Accordingly, a Feasibility Analysis is recommended.

What are your thoughts on having an M-CCM feasibility analysis done for your organization?





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Why Our Platform is Your Best Choice for a Feasibility Analysis

Top-Performing ACOs, TINs, and Physicians Should Only Utilize the Services of Top-Performing Professionals.

- Our service provider is the most qualified and the “best-in-class” at identifying M-CCM feasibility.
- Their skillset, strategies, tools, and support provide the structure that ensures M-CCM success.
- Their team is deeply experienced in healthcare and largescale program implementation and operations.
- Their comprehensive understanding of regulatory requirements and advanced proprietary software technology, which the leadership team has a deep investment in, and continuous updates in response to industry changes make their technology platform crucial for meeting quality metrics and achieving better patient outcomes.

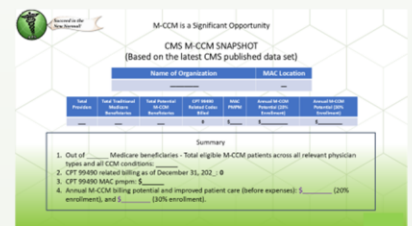
All these points make them ideal for conducting your feasibility analysis and becoming your service provider partner.

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

Understanding the implications and benefits of the M-CCM program helps in making the decision on whether to invest in a feasibility analysis - very easy.

M-CCM Snapshot

We will show you what your M-CCM opportunity looks like. We will email you a pdf of a CMS M-CCM Data Snapshot for your organization, which will show you how much more revenue you can capture with the M-CCM program. The summary will break down the numbers for you in very simple language. See [the link on our webpage](#).



It will also have the program CPT codes to check with your billing department to verify if you are currently submitting them and the next step you will need to take.

Reserve a Call with Us

In a 30-to-60-minute Zoom call, we will talk about your M-CCM Snapshot, our team, qualifications, and the Feasibility Analysis that will provide you with something that you will be proud to show all your decision makers, ownership, board, and/or stakeholders. In the least case, you can learn about a CMS program you have yet to benefit from.

See your snapshot, or there is a link on our webpage, to reserve your Zoom call with us. On our Calendly page complete the required fields and when asked purpose of call, click: **M-CCM**.

