



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 contracted agency and coordinator for a CMS certified clinical expert that specializes in the processes and implementation of business solutions that deliver Maximum Value to health systems, medical groups, hospitals, physicians, clinicians, and ACOs.

Together, we provide vital CMS program guidance and the most effective and innovative services that capture additional CMS reimbursement, maximize financial performance, improve patient care, simplify care processes, and more. In addition, streamline costs and reduce hassles.

CMS's Goal for The Medicare CCM Program (M-CCM) is to Help ACO's Reduce Total Cost of Care and Increase Shared Savings

CMS reports that more than 97% of health systems, medical groups, hospitals, clinics and their providers are not participating in the program.

Overview

When it comes to Medicare, reimbursement has always been the problem. Everyone knows it. To address this, CMS created the specific Medicare Chronic Care Management Program (M-CCM).

Most ACO member clinics and their providers are NOT participating. There are several reasons for this; M-CCM is telehealth interactions by mid-level nurse practitioner's – physician-based CCM & telehealth outreach is staff centric. There is confusion between the two, which has resulted in under-utilization. CMS wants this to change **NOW**.

M-CCM does not change or take away from your member clinics current CCM and/or telehealth outreach activities – **IT ADDS TO THEM!**

CMS configured the program to help ACO's reduce Total Cost of Care and increase shared savings distributions, and help member clinics and their providers capture additional reimbursement, maximize financial performance, simplify care processes, and more.

The program takes care management and makes it proactive and relational, rather than reactive and transactional. **And the program is the missing piece of your member clinics reimbursement puzzle.**



THE MEDICARE CCM PROGRAM IS SMART, SAFE & VITAL

- **CREATES CHECKLISTS AND PROTOCOLS TO MANAGE CHRONIC DISEASES FOR ELIGIBLE MEDICARE PATIENTS VIA MID-LEVEL NURSE TELEHEALTH VISITS.**
- **MID-LEVELS ASSIGN THEIR BILLING RIGHTS TO THE ORGANIZATION AND WORK UNDER THEIR NPI & INSURANCE.**
- **MID-LEVELS WORK UNDER THE DIRECTION OF A PHYSICIAN AND CONDUCT PROACTIVE MONTHLY TELEHEALTH OUTREACH.**
- **SPECIFIC CARE PLANS FOR EACH PATIENT ARE AGREED UPON BETWEEN THE CARE MANAGER (NP) 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.**
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A Must for PCP's

Primary care physician's (PCP's) 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 the M-CCM Program can help them capture the additional CMS reimbursement they need within a few months, while maintaining control of the way they practice.

Why M-CCM is Mission Critical for ACOs

- CMS estimates that M-CCM reduces Total Cost of Care by \$74 ppm.
- 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.

Physician/Clinic Relationship Management

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

Physician Involvement

CMS has configured the specific program to improve physician leverage. A physician, a nurse on their staff, a care manager or nurse or NP on your ACO staff, or an outsourced certified mid-level NP - on the physicians behalf (who assign their billing rights to the physicians organization and work under their NPI and insurance) are the only authorized people that can discuss the program with a patient (this can be done in-person or on the phone). Then the patient must schedule an 'initiating visit', which can be any face-to-face evaluation, management visit, annual wellness visit, or initial preventive physical exam. This creates indirect benefits in terms of generating more engagement and thus more in-office visits and more billable events for the member clinic and provider.

Physicians collaborate with the mid-level nurse who configures each patient's care plan. And the mid-level work under the direction of a physician, which is not required to be in person or face-to-face. Patients receive 20-to-30-minutes of telehealth interaction per month. Each is billed





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on a time basis at the local MAC reimbursement level. Primary billing is under CPT Code 99490 with additional billing codes based on the level of interaction.

Once the processes are accomplished, the monthly patient interaction only requires the physician's involvement at the discretion of a care manager.

Mid-Level Providers Carry the Load

One of the primary benefits of the M-CCM Program is that the telehealth outreach, patient care, and its associated billing do not require regular physician involvement. Care managers do not need to be employees of the billing clinic. They can be employed by an ACO (or other third party) and simply re-assign their Medicare billing rights to the organization and their providers where the patient relationship resides.

Eligible Patients

M-CCM services are a Medicare-covered benefit for individuals with multiple chronic conditions that are expected to last at least 12-months and put the patient at significant health risk. The program not only helps manage physical symptoms, but also alleviates the emotional burden of living with a chronic illness.

The program empowers Medicare beneficiaries to take control of their health by offering education, guidance, and resources that foster a better understanding of their condition. Through consistent monitoring and interventions, the program aims to prevent complications, hospitalizations, and ER and Urgent Care visits. And ultimately enhance the quality of life.

Why the Program Matters

- Over two-thirds of Medicare beneficiaries have two or more chronic conditions.
- A Patient-Centered Primary Care Collaborative found that comprehensive CCM can lead to a 20% reduction in hospital admissions for patients with chronic conditions.
- CMS wants all qualified providers to get on the uptake **NOW**.

Benefits to ACOs

- Meets ACO mission goals.
- Reduces Total Cost of Care.
- Improves clinic/physician recruitment and retention.
- Increases shared savings distributions.

Benefits to Member Clinics & Providers

- Improves patient outcomes.
- Increases patient satisfaction.
- Captures additional CMS reimbursement.
- Maximizes financial performance.
- Streamlines workflow.





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Benefits to Eligible Patients

- At least 20-minutes of telehealth interaction per month.
- Reduced annual and out-of-pocket medical expenses.
- Dedicated personal care manager.
- Comprehensive care plans.
- Health goal setting.
- Medication management and support.
- 24/7 support.

Feasibility Analysis is Required for Success

Without a deep analysis, program success is nearly impossible. This is why both vendors and ACOs have failed to generate adequate program adoption and enrollments. The program is a complex initiative. It is very much like a new business venture. Therefore, it is prudent and desirable to first test assumptions, define strategies, evaluate data, and develop plans that would enable results that meet the goals and needs of your member clinics and their providers.

The analysis completes all preliminary work necessary for program success (i.e. establishing clinical policy, providing physician education, conducting patient identification, developing the patient engagement/ onboarding strategy, and more). This combined with a full-service support system, SaaS technology, and a team experienced in big initiatives – your ACO, member clinics and providers can double or even triple average cadence results.

Request Your ACO's M-CCM Info Email

We will send an information email with several links. The first 2 will provide a quick overview of the program (synopsis video) and 3 of your member clinic's additional annual reimbursement potential (CMS M-CCM Data Set Snapshot). In just a few minutes, your decision makers will know if they want to take the next step. Links 3 & 4 will provide the detailed information they need. We make the process very easy by breaking everything down in quite simple language.

See the link on our website (URL below) to request your ACO's M-CCM Info Email.

