FALL 2019

Proactive Patient Engagement Platform

Value Based Care: What You Need To Know

HOW ARE YOU NAVIGATING THE NEW RULES?

Value Based Care is here and your patient outcomes are being evaluated on everything you do, or don't do, in and out of your office. Value Based Care requires that your practice meets certain metrics such as quality measures, interoperability, coordination of care, etc.

We use our technology to perform 90% of these services in the background, on behalf of the physician, in order to meet and exceed these expectations in a regulatory-compliant manner. Our services have no upfront costs and nothing is owed until after the physician collects for professional services generated by our Proactive Technology Management Platform, and our Patient Engagement Center.

Avoid Penalties: Use The System To Your Advantage

2019 IS THE FIRST YEAR THAT YOU WILL INCUR SIGNIFICANT FINANCIAL PENALTIES based on the deficiencies of your value-based metrics. All of these services are mandated and incentivized. This means that you are expected to perform these services when medical necessity is found. Payers have issued specific CPT codes for reimbursement.

Financial Upside To Our Program

$20,000 to $50,000 per month net of our charges is what our low volume physicians are collecting.*

*The average physician practice has about 2,300 total patients, with a range of 30-40% Medicare. ALL patients will be due for some value based services today, but we calculate conservatively that 300 patients will need all services right away.

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OUR SERVICES

Interoperable Telemedicine/Unified Communications Platform

- -Chronic Conditions Management (CCM)
- -Complex Chronic Care
- -Transitional Care Management (TCM)
- -Behavioral Health Integration (BHI)
- -Advanced Care Planning (ACP)
- -Annual Wellness Visits (AWV)/ Health Risks Assessments (HRAs)
- -Remote Patient Monitoring (RPM)
- -Telemedicine

Protect Your Revenue and Reputation

Depending on a MIPS composite performance score, a provider will receive positive, negative, or neutral adjustments. MACRA requires CMS to publish each clinician's annual MIPS score and performance category scores after the end of the relevant performance year. More than half-a-million 2017 MIPS scores were publicly available in early 2019. In addition, a 5-star rating scale will be applied to every MIPS quality measure for purpose of peer comparisons.

MANDATED & INCENTIVIZED SERVICES: ARE YOU COMPLIANT?

Validation and actionable processes are at the forefront of the new initiative. Positive patient outcomes - pay for performance in other words – is now the methodology behind physician reimbursement. Quality measures account for 50% of the weighted score and thus the criteria on such metrics must be attained. Failure to provide positive outcomes has been a challenge mainly because physicians are not aware of a patient's status between visits. Historically, documentation has been scattered and *interoperability*, the connectivity between EMR's, has been marginal at best. The inconsistencies in documentation have caused gaps in care among our most vulnerable population - the chronically ill.

Why Choose Us?

Our executive team has more than 100 years of combined healthcare experience. With just under 21 million users, we are the largest, UC-compliant platform today. We are the only firm to offer a fully integrated service across the continuum of care. We operate the only HIPAA compliant, Patient Engagement Center staffed with Certified Behavior Change Specialists trained specifically to use the platform and drive engagement on all programs, enhancing the physician's revenue stream (CCM, Complex, BHI, RPM and Transitional, etc.) We track and log every activity to maximize revenue.

Virginia Burchett Consulting
Leading Through Service

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4th Quarter 2019

Attention CMS Providers:

12 Weeks To Close Care Gaps

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WE CAN GET YOU ACROSS THE FINISH LINE BY PERFORMING 90% OF THE WORK

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