

# Proactive Engagement Platform

## A Guide to Value-Based Care

July, 2019

### How To Avoid Penalties And Other Keys To Using The System To Your Advantage

Value Based Care is here and you're being graded on everything you do, or don't do, in and out of your office. We have turned this "grading technology" around to show the physician what value based care expects from a practice. Our services have no upfront costs and no payments owed until after insurance pays the physician. 2019 is the first year that you will have 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, and CMS has determined there should be an incentive for doing so. 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.

### MANDATED AND INCENTIVIZED SERVICES: ARE YOU COMPLIANT?

Validation and actionable processes are at the forefront. Outcome based – pay for performance in other words – is how physicians are being reimbursed. The criteria is strict on which quality measures must be attained. Failure to provide positive outcomes has been a challenge mainly because physicians don't know what is happening to the patient between visits. If you currently subscribe to more than one of these services and they are not on an interoperable/Unified Communication (UC) platform, you are out of compliance and those services you send out of your office will not be recorded for the benefit of your value based metrics.

# Value-Based Care

## Our Services

Our services link all aspects of care, which increases MIPS and MACRA scores as well as reduces RAF scores through appropriate documentation in the EMR every step of the way. We segment the patient population based on chronic conditions and other factors, then proactively apply an HRA for further engagement and follow up (referral list for AWV compliance and labs/ancillary services for medical necessity).

Our Services Include:

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

No upfront cost to the physician. Nothing is owed until after the physician collects for professional services generated by our Proactive Technology Management Platform, and our Patient Engagement Center.

# An Interoperable Telemedicine/Unified Communications Platform



## Value Proposition

\$30,000 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.

## Quick Facts

Our executive team has over 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 all 8 lines 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 billing.