

### **WeCare Practice Partners**

Preventative Care Management Services dedicated to drive best patient outcome



#### WeCare – Putting Patients First

**WeCare Practice Partners** is a healthcare management firm that provides physicians, patients and healthcare organizations with coordination services that improve quality of whole patient care, streamline cost containment and strengthen practices revenues through unrealized markets. We believe the physician/patient relationship is the most important yet underserved care improvement opportunity in the healthcare system. By bringing the focus back to the basics, WeCare is able to create care from chaos and support the foundation of improved outcomes through provider relationships.

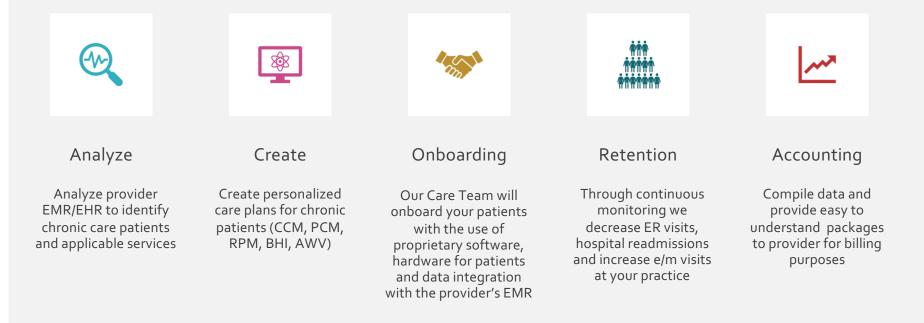
- Medicare began reimbursing physicians for chronic care management (CCM) services in January 2015 under CPT® 994901 in response to anecdotal evidence that care management services reduce the total costs of care and improve patient outcomes.
- As CMS noted in the 2020 Medicare Physician Fee Schedule Final Rule, CCM is "increasing patient and practitioner satisfaction, saving costs, and enabling solo practitioners to remain in independent practice."
- Despite this, CCM remains under utilized. Although two-thirds of traditional Medicare beneficiaries (about 35-million individuals) suffer from multiple chronic conditions, less than 10% have received these services.
- WeCare provides end-to-end care management services for primary care providers and specialists so they can in turn promote a holistic care experience to their patients and capture the revenue for these services.

# Background & Current Situation

Care Management Services

### **Patient Population Management**

WeCare will manage the entire scope of patient population management on the provider's behalf; starting with a thorough analysis of the patient pool all the way up to the billing process. Best of all, we do this without any upfront payment.



## Care Management Services – Primary Care Provider

Overview							
<ul> <li>Chronic Care Management - CCM</li> <li>Qualifier: 2 or more chronic conditions</li> <li>Billing Practitioner: Primary Care Provider</li> <li>Scope: Manage total patient care</li> <li>Trigger: General need for care coordination</li> <li>Intended Duration: Long-term, as needed</li> <li>Time Requirement: zomin./month with</li> </ul>	<ul> <li>Overview</li> <li>Annual Wellness Visit – AWV/SWV</li> <li>Oualifier: 12 months after Medicare enrollment</li> <li>Scope: Initial wellness visit (AWV) followed by subsequent wellness visit (SWV)</li> <li>Intended Duration: Long-term</li> <li>Time Requirement: 30- 40 minutes</li> </ul>	<ul> <li>Behavioral Health Integration - BHI</li> <li>Qualifier: 1 or more BH conditions</li> <li>Scope: Monitor BH condition of patient between office visits</li> <li>Trigger: General need for care coordination</li> <li>Intended Duration: Long-term, as needed</li> <li>Time Requirement: 20 min./month</li> </ul>	<ul> <li>Advanced Care Planning - ACP</li> <li>Qualifier: CCM recipients</li> <li>Scope: discuss end- of-life decisions with patient</li> <li>Trigger: AWV or stand alone</li> <li>Intended Duration: Long-term, as needed (appr. 90 day intervals)</li> <li>Time Requirement: 30 min./session with additional 30 min. extensions</li> </ul>				

Note: These summarizations are not strict service requirements, rather, a brief synopsis of intended use of the codes based on various readings of CMS regulatory guidance and other materials.

## Most Common Chronic Conditions Chart

21 most prevalent chronic conditions based on Medicare utilization and spending.

<ul> <li>Alcohol Abuse</li> <li>Alzheimer's Disease and related dementia</li> <li>Arthritis (Osteoarthritis and Rheumatoid</li> <li>Asthma</li> <li>Atrial Fibrillation</li> <li>Autism Spectrum Disorders</li> <li>Cancer (Breast, Colorectal, Lung and prostate</li> </ul>	<ul> <li>Chronic Kidney Disease</li> <li>Chronic Obstructive Pulmonary Disease</li> <li>Depression</li> <li>Diabetes</li> <li>Drug Abuse/ Substance Abuse</li> <li>Heart Failure</li> <li>Hepatitis (Chronic Viral B&amp;C)</li> </ul>	<ul> <li>HIV/ AIDS</li> <li>Hyperlipidemia (High cholesterol)</li> <li>Hypertension (High blood pressure)</li> <li>Ischemic Heart Disease</li> <li>Osteoporosis</li> <li>Schizophrenia and other psychotic disorders</li> <li>Stroke</li> </ul>
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## Let WeCare do the Heavy Lifting

- Care management requires over 2 full-time staff and Care Managers for every 200 patients enrolled
- We provide complete concierge services helping your patients with their medical services needs such as setting provider appointments, transportation assistance, and help with all things related to receiving their needs and medical care
- We spend over 2 hours each month on average with your patients during our weekly virtual visits
- Our process involves identifying acute chronic conditions, developing a personalized care plan which includes setting goals, monitoring the progress toward goal attainment, and discussing barriers and modifying the plan to enable successful achievement of the goals
- WeCare's billing department can handle all billing processes, assuring that the practice only pays for services which have been paid for by the payor. There is no risk of having to pay us for services which ultimately do not end up being approved and paid.

2022 CCM Reimbursement Rate Changes							
CPT CODE	TIME SPENT BY CLINICAL STAFF	OLD RATE	RATE PERCENTAGE CHANGE	NEW RATE			
BASIC CCM							
99490	At least 20 minutes in a given month	\$41	+51%	\$62			
99439	Additional 20 minutes	\$38	+23%	\$47			
COMPLEX CCM							
99487	At least 60 minutes in a given month	\$92	+41%	\$130			
99489	Each additional 30 minutes in a given month	\$44	+56%	\$69			
BEHAVIORAL HEALTH							
99484	At least 20 minutes in a given month	\$47	-8%	\$43			

National payment amounts, rounded non-facility  $\mathsf{price}^*$ 

### Care Management Services – Primary Care Provider

Revenue Example

Total Patients: 500

Service	#Patients	%Patients	Rate	We	Care Fee	Ν	/lonthly Revenue	Description
CCM (99490)	150	30%	\$ 61.39	\$	27.00	\$	5,159	Standard initial 20 min.
CCM (99439)	150	30%	\$ 46.41	\$	27.00	\$	2,912	2nd 20 min.
CCM (99439)	150	30%	\$ 46.41	\$	27.00	\$	2,912	3rd 20 min.
CCM (99487)	350	70%	\$ 130.32	\$	62.00	\$	23,912	Complex initial 60 min.
CCM (99489)	350	70%	\$ 68.99	\$	32.00	\$	12,947	Complex 1st add'l 30 min.
CCM (99489)	150	30%	\$ 68.99	\$	32.00	\$	5,549	Complex 2nd add'l 30 min.
RPM (99453)	350	70%	\$ 18.91	\$	18.50	\$	144	Initial Education/ Device Setup
RPM (99454)	250	50%	\$ 48.96	\$	35.00	\$	3,490	Monthly Device Fee
RPM (99457)	250	50%	\$ 47.74	\$	25.00	\$	5,685	1st 20 min/ month
Provider Revenue Per Year			\$	752,484				

Bill rates are national average rates for 2023. WeCare Fees have been applied. Chart is for illustration purposes only. Actual results my vary.



#### Increased Profitability

Because no additional resources are needed by the provider, revenue for CMS will drop to the bottom line



#### Win - Win Partnership

WeCare will provide a norisk, turn-key solution, so the provider can continue to focus on primary patient care



#### Retention

Continuous CCM and RPM will decrease hospitalization and drive patient retention for the provider

#### Improved Scores

AWVs will improve the provider's MIPS & HRSA scores which will in turn maximize his/ her bill rates

## Lasting Benefits For The Provider **Click this link to** watch an **informative**

Video

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## Thank You