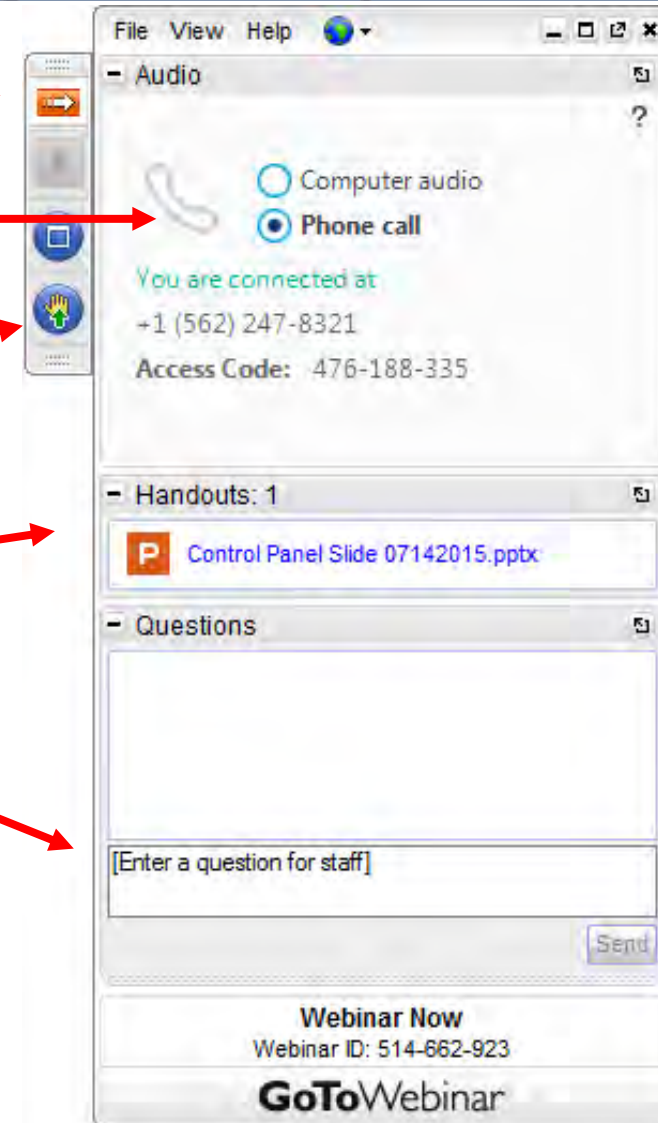


Connected Care Medicare's Big Push

7 Reimbursements you can use now + 3 on the way

Attendee Control Panel

- **Grab Tab** – Click arrow to open/close Control Panel.
- **Audio pane** – Select audio format. Select Telephone or Mic & Speakers devices. When using telephone, be sure to use your pin number.
- **Raise Hand** – When vocal questions/comments are allowed, please select the hand icon to get the presenter's attention. A red arrow means your hand is raised.
- **Handouts** – when available, you are now able to download handout materials from this pane.
- **Questions pane** – If turned on by an organizer, attendees can submit questions and review answers. Broadcast messages to attendees will also show here.
- Type your question and click **Send** to submit it to the organizer





Matt Ethington has nearly two decades of experience in the healthcare tech space since being diagnosed with Type 1 diabetes at age 30. He's also a care giver to senior parents with chronic disease. He's the CEO and Co-Founder of ChronicCareIQ.

ChronicCareIQ – Uniquely enables practices through patent pending technology to become successful Connected Care practices without capital investments or outsourcing to third parties. Benefits include:

- Significant Net New Revenue
- Increased Patient Satisfaction
- Reduced Administrative Burden and Stress
- Measurably Better Outcomes
- Higher Patient Satisfaction

CMS Has a Big Problem



“... both programs face fiscal crises. Medicare’s main trust fund is projected to run out in just eleven years, and Medicaid is the second largest budget item for states on average and is growing rapidly.”

“Improving quality and reducing costs are imperative”

Fiscal Crises = Chronic Disease

Today

- 99% of Medicare payments ⁽¹⁾
- 86% of all US Healthcare Costs ⁽²⁾
- 7 of 10 deaths ⁽³⁾

Tomorrow

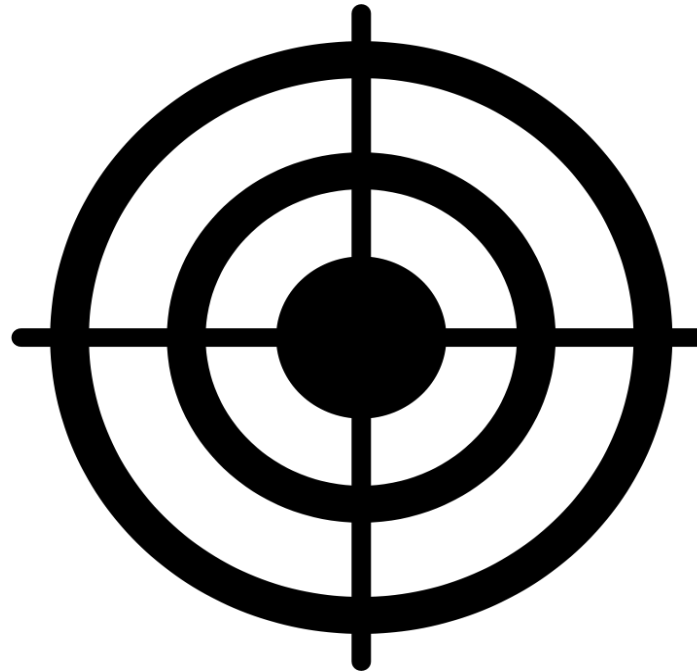
- 10,000 new enrollees per day for the next 15 years
- 69% of new enrollees have 2 or more chronic diseases

Cardiology is Ground Zero

1 in 6 healthcare dollars is spent on CV disease ⁽¹⁾

CVD cost is \$555 billion yr & 2 of top 5 causes of death ⁽²⁾

Will surpass \$1 Trillion by 2035 ⁽²⁾



In 2011, the AHA predicted that 100 million Americans would have heart disease by 2030

That prediction came true in 2015 ⁽²⁾

“...a crushing economic and health burden on the nation’s financial and health care systems”

snooze...

You already know these things



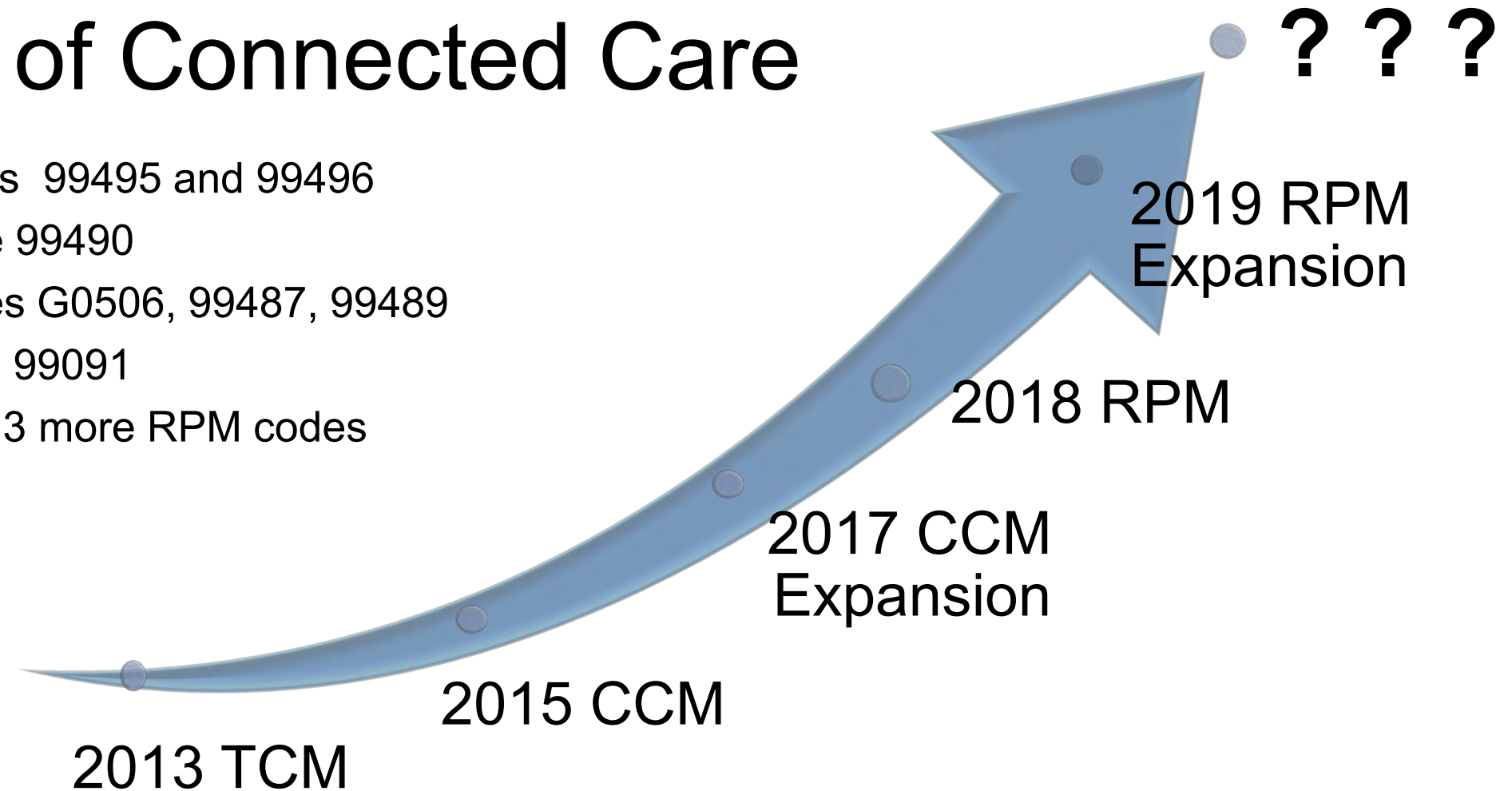
SURPRISE !

CMS is doing something about it



The Rise of Connected Care

- 2013 – TCM Codes 99495 and 99496
- 2015 – CCM Code 99490
- 2017 – CCM Codes G0506, 99487, 99489
- 2018 – RPM Code 99091
- 2019 - (or sooner) 3 more RPM codes
(See Appendix)



Carrots – Bonus Reimbursement

TCM pays \$122 more w CCM than office visits

| 99495 vs 99214 | | |
|----------------|-------------------------|------------------------|
| Visits per day | Annual premium with CCM | Annual Premium w/o CCM |
| 1 | 31,574 | 14,973 |
| 2 | 63,148 | 29,946 |
| 3 | 94,722 | 44,919 |
| 5 | 157,870 | 74,865 |
| 10 | 315,740 | 149,730 |

Moderate TCM pays \$ 167 per visit
+ G0506 pays \$ 65 per visit

99214 pays \$ 109 per visit

Complex TCM pays \$153 more w CCM than office visits

| 99496 vs 99215 | | |
|----------------|-------------------------|------------------------|
| Visits per day | Annual premium with CCM | Annual Premium w/o CCM |
| 1 | 39,900 | 23,119 |
| 2 | 79,800 | 46,238 |
| 3 | 119,700 | 69,357 |
| 5 | 199,500 | 115,595 |
| 10 | 399,000 | 231,190 |

Complex TCM pays \$ 237 per visit
+ G0506 pays \$ 65 per visit

99215 pays \$ 145 per visit

Chronic Care Management – reimbursement for non-face-to-face time caring for chronic patients.

- Introduced in 2015 & under-utilized. Expanded in 2017. CMS aggressively moving in this direction
- 69% of all Medicare beneficiaries are eligible. Not all advantage plans pay.

Ex. 700 Straight Medicare patients per doctor = 483 eligible patients. 20% enrollment per year = 8 patients per month. 15 minutes MA time to explain. 20 minutes MA time to monitor

| Projections | | 1 Yr | 2 Yr | 3 Yr | Total |
|-------------------------|---|--------|--------|---------|---------|
| New patients each month | 8 | | | | |
| Cumulative patients | | 96 | 192 | 288 | |
| Revenue | | 35,868 | 90,612 | 145,355 | 271,835 |
| Expenses | | 3,486 | 9,258 | 15,029 | 27,773 |
| Net | | 32,382 | 81,354 | 130,325 | 244,061 |

2018 – Remote Patient Monitoring \$59 per 30 minutes of Remote Patient Monitoring
(brand new – trying to figure it out)

- Must be licensed provider time
- No chronic disease requirement
- Time can be collected over multiple months – but only billed 1x per month
- Can be co-billed with TCM and CCM
- Must create a 'feed-back loop' i.e. can't be a fit-bit or a standard 'app.' It must connect with the doctor.
- Uses? Newly diagnosed or labile hypertensives, medication adherence, home-based INR, diabetes management, pre & post transplant, fragile patients
- Expanding – 3 more codes already through committees & waiting on RVU assignment (un-official)
Set up, 10 minutes, and a longer time

Shameless Plug: this is something we already do. Where do your providers or APPs spend time?

Be a Connected Practice

Think Strategically about Connected Care because CMS is.

Cardiovascular diseases is in the cross hairs, which will translate to you.

“You can’t manage what you can’t measure.”

Connected Care is Inevitable – Actions speak louder than words.

- Rapid introduction of ‘connected care’ codes – 0 to 7 in five years. 0 to 10 in six.
- Medicare now calls its website about these programs the ‘Connected Care Hub.’
- Rapid advancement of telemedicine (video conferencing) small slice of the market compared to “tele-management.”
- People thought CCM would be canceled. They made it easier and more valuable.
- 3 boxes get checked in MACRA (Practice Improvement Activities & Advancing Care Information)
- Bundles –Your controllable risk is Post Acute. How do you manage patients you can’t see?
- APMs – all about quality.

Learn More

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