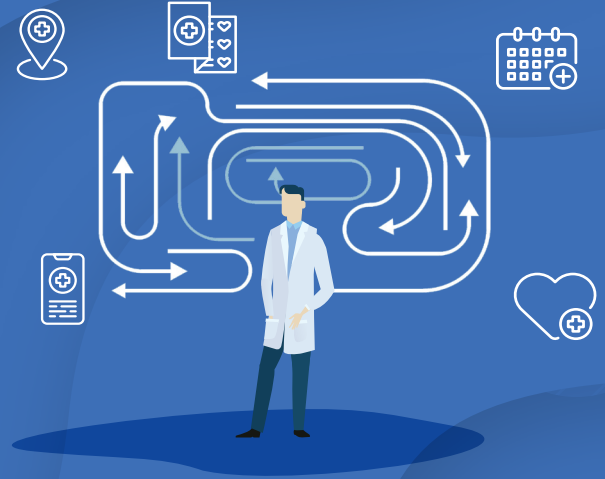


Common Misunderstandings About Outsourcing RPM & CCM



An increasing number of primary care physicians' practices have realized the value of RPM and CCM services in delivering care to the most high-cost, high-risk patient population and bringing in additional operating cash flow.

Many find themselves confronted with the "Do It Yourself vs. Outsource" conundrum and plagued with many questions like Why outsource my core competency? Why leave my most fragile patient population to the care of strangers? Why split the revenues I could potentially earn for all my non-face-to-face services?

These are typical and valid questions asked by many physicians as they assume the option of in-house services, with the mindset that it is the logical and most lucrative choice. Many have similar questions and uncertainties about clinical care quality and profit-sharing when

outsourcing RPM and CCM to a third-party vendor.

Digging deeper into this conundrum, here is a point-by-point discussion on the common questions or concerns about outsourcing your RPM and CCM services.

1. Splitting revenues deserved by the practice

For every reimbursement claim for each patient enrolled in RPM and CCM programs, a portion goes to the vendor for the services they render on behalf of the practice. As the patient volume increases, this payment increases proportionately, which is why many practices are enticed to start their own virtual care program with their eyes fixed on the thousands of dollars they could earn.



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Common Misunderstandings About Outsourcing RPM and CCM 2

Our Answer:

Practices will actually make more net revenue by outsourcing these services than by starting their own program. ACP has a proforma (available upon request) that shows it is unlikely for a practice to break even for many years. In fact, the practice will lose money without question.

There are two primary factors that lead to this situation: A) the overhead costs for practices are greater than most expect, and B) practices have a difficult time matching the RPM and CCM patient volume on their own than the value the Ascent Care Partners (ACP) can on-board and sustain. By partnering with ACP, the split is justified because we provide all the assets & expertise needed. The revenues that flow into the practice are net revenues and result in significant profit without the huge investment of time and money. The ROI remains positive and the practice stays independent without increased overhead.

2. Substantial risk involved

Perhaps topping the list of fears is the risk involved in outsourcing, especially for practices with no prior experience. Starting your own RPM and CCM is a lengthy and tedious process that will eat up your limited resources and compromise your care delivery.

Our Answer:

Partner with someone who has the expertise in this space. ACP will keep you away from the pitfalls that come with the business risk of starting a new venture. ACP can ensure that you are providing the best clinical care possible because we have extensive experience providing this type of care. We find that most practices do not have this kind of background as most of their experience is focused on office-based interactions.

Moreover, you can leverage our billing expertise to ensure you get properly reimbursed with the least headaches. Not knowing which carriers cover these services is a big risk in both time and money. Finding out that certain patients are not covered after starting services puts the practice in a tough position that usually results in discharging the patient from the program which negatively impacts patient satisfaction.

3. Clinical care could suffer

What happens if the care team provided by the vendor is insufficiently experienced or trained in providing the unique clinical care required in delivering RPM and CCM? Though the physician provides the necessary intervention, it is still up to the care team to interpret patient data and pick up changes not readily offered by



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the patients to prevent a crisis or further escalation.

Our Answer:

The challenge to primary care providers is that the type of care associated with RPM and CCM is far different from what they are currently offering. What to ask, what information to get, and what data to collect are altogether new obstacles to overcome. The types of care are so different that it could disrupt practice workflows.

ACP has spent over five years fine-tuning its processes so they can make your RPM and CCM program easy and simple. To start, ACP hires and trains medical assistants and nurses ("care coaches") who work from home and on a schedule that meets their needs. We do this on purpose so our care coaches can work in a positive environment and can easily establish a real bond with their patients. This is why many of our patients look forward to our care calls, which is a testament to how we deliver care. To show our commitment, we even continue these services if a patient moves into hospice care and CCM is no longer applicable. ACP continues the care calls for free because we won't abandon the patient just because CCM is not reimbursable for patients in hospice. ACP has built its business on patient care

and structured the costs around it to come up with a reasonable net margin for a physician practices while providing care in a meaningful way. Though a healthcare business, we acknowledge these services go deeper than just money because we provide a service that is valuable to patients and physicians alike.

4. Uncertain compliance with HIPAA requirements

HIPAA compliance is crucial for everyone since practices can get penalized for not meeting these requirements. Hence, It is only right to look into the third-party vendor's practices, software, and hardware to determine if they're up to current HIPAA standards.

Our Answer:

ACP's software is HIPAA compliant as many of our physician-clients have attested. We also have a Business Associate Agreement in place with all our suppliers to ensure we meet all the requirements mandated by law. Moreover, all our employees are healthcare workers specially trained in HIPAA compliance and we also have a HIPAA privacy officer to ensure our practices are up to standards.



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5. Untested documentation practices

How sure are you that your vendor's documentation practices comply with CMS requirements to ensure you get paid? Many practices are reluctant to hand over billing elements to third-party vendors fearing that reimbursements might not be maximized due to poor documentation practices.

Our Answer:

ACP complies with all the documentation requirements for the practice each month when we provide a care plan. Then we provide the service details so the practice can ensure that all the charges are accurate and warranted. Our sound and reliable documentation practices assure that the data we collect is used to ensure practices get paid.

6. Inappropriate certification

Hiring a third-party vendor out of state may pose some difficulties when it comes to the certification of staff performing the care in a different state. Reconciling the different certification standards could be problematic.

Our Answer:

ACP complies with all laws and regulations regarding the type of person

providing the relevant services.

7. Outdated and obsolete

Will the third-party vendor be able to improve patient access to care, which is the whole point of why CMS is incentivizing CCM and RPM services? Outsourcing may do the opposite and could further make access difficult especially for the less tech-savvy elderly patients who may consider remote care less interactive and meaningful.

Our Answer:

ACP provides full service with a business model and patient methodology anchored on developing real and meaningful relationships with patients. We leverage technology to our advantage and we develop simple ways for patients to use them. To put it simply, we actually answer calls and address immediate concerns that could save lives.

Because of our strong connection and enhanced patient engagement, our fragile patients are in a much better position. They thrive with our always-ready and available care in between their office visits with their physicians. This type of continuous care is able to reduce ER visits, which is the opposite of the traditional setup where patients can only

rely on a voicemail and 911 when reaching out to their doctors outside of clinic hours. ACP can provide preventive care and reduce hospitalizations, inpatient readmissions, and overall costs.

8. Redundant and incomplete service

Most primary care practices have existing staff working on the phone, handling medication refills, and care referrals, to name just a few day-to-day chores. It does not make sense to pay the vendor for similar services. Moreover, will the vendor be able to capture all your time to ensure all your non-face-to-face services are paid for appropriately?

Our Answer:

ACP works with a practice to capture and record all appropriate time possible for every patient for each CPT code. ACP has innovative and efficient ways of capturing information that practices generally can't match, adding more minutes that can be billed. In addition, because our care coaches are highly engaged with patients, we tend to spend more time with patients. In truth, ACP offers its expertise in various areas like inpatient enrollment, patient retention to prevent patient leakage, and billing charges to ensure requirements are duly met and the right billing codes are used.

9. Unsustainable solution

Virtual care is a high-volume low revenue business model so there's little income, to begin with, that can be shared by two businesses. The third party-vendor will have to provide the devices, software, technology, and specialists to provide true CCM and RPM services. With high risk and little reward, how can they ensure your most fragile patient population is truly cared for?

Our Answer:

ACP follows a low-cost business model. Our partner clients see a relatively higher net margin with our model because we make sure we are billing for all the codes that we are eligible for, have a fair split with them, and minimize our costs for both ourselves and our partners. Moreover, our employees work from home reducing our labor costs. We look for healthcare professionals and markets that are advantageous to us so we can hire people from low-labor-cost markets.



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Common Misunderstandings About Outsourcing RPM and CCM 6

The Verdict

When you do it yourself, you will spend a lot and lose money even if you provide services in the appropriate manner.

You may also cause disruption to your practice and compromise your care for your other patients.

When you partner with ACP, you can earn a significant income even with a revenue split. You can also provide a better quality of care to your patients to help them lead healthier, happier lives. However, not all vendors offer viable and sustainable solutions. Outsource only with an experienced and credible third-party vendor that offers full service like ACP.

In essence, you are not outsourcing your core competency, which in the traditional sense is like handing out your patient care and washing your hands of it. You are actually outsourcing to ACP your in-between office visits care that you were previously not getting paid for.

ACP provides a great opportunity to make a significant impact on your practice and in your patient's lives. Working with ACP is a competitive advantage where you gain an extra hand to keep your practice running and thriving while optimizing your patient care.

Visit myacpcare.com to learn more or email info@acpcare.net to schedule a meeting.



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