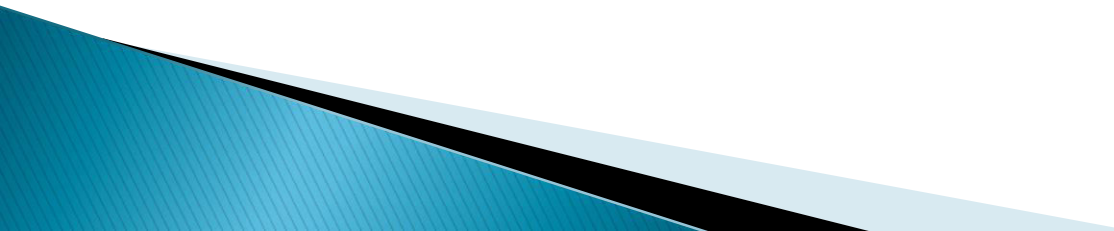


Increase Practice Profits

- ▶ Prevention Plus is a turnkey, value added, patient centered, fully integrated solution. When fully implemented, it will provide significant practice profits. Key Components:
 - ▶ Medicare Chronic Care Management program
 - ▶ Medicare Annual Wellness Visit
 - ▶ Cognitive Assessment
 - ▶ “Pull Through” revenue
- ▶ These 4 programs will generate an average of approximately **\$50,000 a month** in additional profit for a practice with 1200 Medicare patients.

How well are you doing the AWV?

- ▶ How many Medicare patients do you have?
 - ▶ How many AWVs do you currently do each week?
 - ▶ Who is doing the AWV?
 - ▶ How much TIME is the AWV taking to do?
 - ▶ Does the patient receive a short and long term care plan?
 - ▶ Do you receive \$350 to \$550 for your AWV patient risk assessments?
- 


How well are you doing the AWV?

- ▶ If you are not doing sufficient AWVs to get through your Medicare patients within 12 months
- ▶ If you are not giving the patient a compliant report
- ▶ If your doctor is doing the AWV
- ▶ If you are not making over \$350 per AWV
- ▶ If you are taking longer than 20 mins to do the AWV

We have the solution!!

- ▶ **MA training provided**
- ▶ **Ongoing program support**
- ▶ **Additional preventive testing provided – up to \$425 additional PROFIT per patient PLUS pull through revenues**
- ▶ **Compliant reports**
- ▶ **20 minute assessment for the AWV**
- ▶ **ADD ON Chronic Care Management and have the CARE plan ready to go from the AWV**

How Does It Work?

- ▶ These are established programs that are integrated and delivered in a fully compliant manner.
 - ▶ **Minimal provider time required and/or can also be delivered by PA or NP.**
 - ▶ Very minimal initial out of pocket costs.
 - ▶ **Profitable from day ONE of the program.**
 - ▶ We provide complete program installation, training and daily management.
 - ▶ **We deliver additional revenue programs to you as they become available.**
- 

Cadence of Care

- ▶ **Visit 1** – performed by a medical technician (dedicated to the AWW) – 75 minute appt covering all the testing outlined above (G0438,9 G0442,4, 96102, 96119)
- ▶ **Visit 2** – review with the HCP of the neurocognitive test (96118 and/or 99214)
- ▶ **Visit 3** – review with HCP of genetic based testing (99213/4)

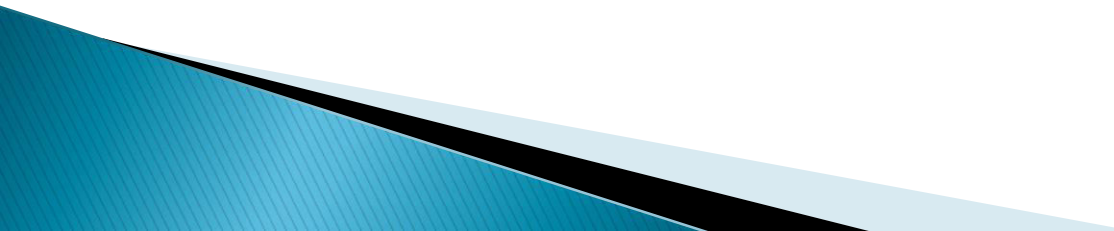
Health Care Provider Revenue

- ▶ Visit 1 will generate approx \$350
- ▶ Visit 2 will generate \$100
- ▶ Visit 3 will generate \$70 to \$100
- ▶ Estimated **additional** Pull through revenue is \$100 to \$150 per patient
- ▶ Add on Fall Prevention and/or ANS testing \$170 to \$700 per patient
- ▶ Every 100 patients can generate \$50 000 each month or more in revenues

Improved Patient Care

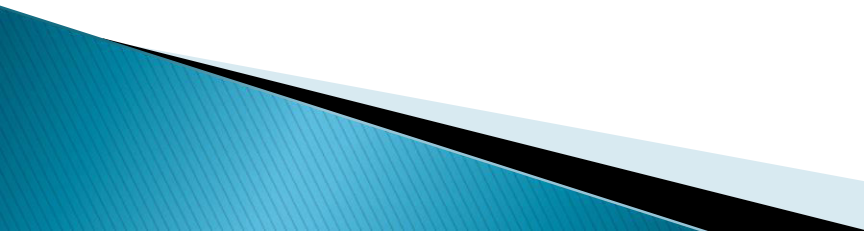
- ▶ Annual Wellness Visit—This program is designed by CMS as a preventative program that will identify patient health risk and then address those risks with needed screenings, tests and programs to improve overall healthcare.
- ▶ Chronic Care Management—Started 1-2015, this program is focused on delivering another layer of care to needy Chronic Care patients. They will receive additional service each month including medication adherence and reconciliation.
- ▶ Cognitive Assessment—76% of dementia and pre-dementia cases go undiagnosed in the primary care setting. CMS says Medicare patients are at high risk for suicide. Cognitive Assessment is an identification tool that will guide patients to early care and services.
- ▶ “Pull Through” Screenings—These screenings are identified in the Health Risk Assessment and are to be administered to the beneficiary as preventative services that will keep the patient living a healthy, independent lifestyle.

Why Chronic Care Management?

- ▶ 7 of the Top 10 Causes Of Death In 2010 Were From Chronic Illnesses.
 - ▶ 85% Of Healthcare Spending Goes To Chronic Care Illnesses.
 - ▶ 2/3 Of Medicare Dollars Goes To Patients With 5 Or More Chronic Conditions.
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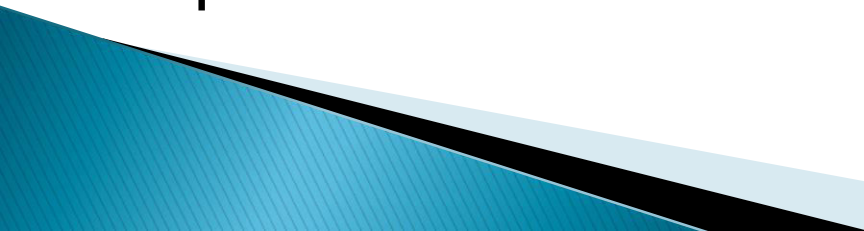
Chronic Care Management

5 Key Benefits

- ▶ Requires No Provider Time
 - ▶ No Out Of Pocket Expenses
 - ▶ Reduces Overall Medical Costs By 26%
 - ▶ Give Qualified Patients An Extra Layer Of Care 24/7/365
 - ▶ Pays The Practice Monthly For Each 4–500 Patients In The Program (An average of \$15,000–\$20,000 per month)
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Chronic Care Management

How it works ..

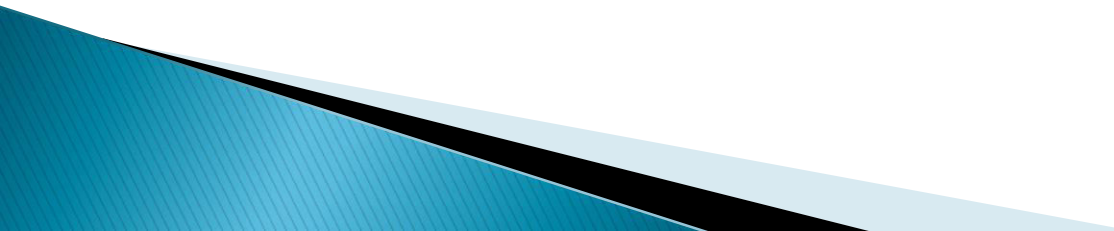
- ▶ Health Assistants collect medical records from all providers to build a **comprehensive Care Plan** and health summary that include the CMS required elements.
 - ▶ Health Assistants spend a **minimum of 20 minutes per patient** per month assisting with care coordination tasks.
 - ▶ Health Assistants are **available 24/7** by phone, online and through in-app messaging to help patients with chronic care issues and care tasks.
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Chronic Care Management

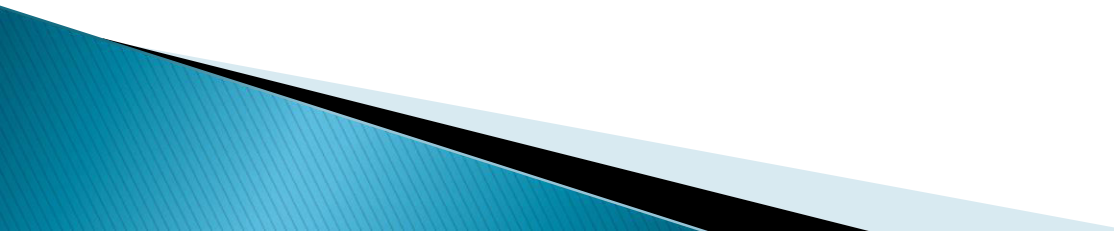
How it works cont..

- ▶ Health Assistants **facilitate care** transitions, document the information and keep all members of the care team up-to-date.
- ▶ Each medical visit is recorded and every provider has access to the application and updates.
- ▶ Offers the unique ability for families **to access and review information**, review before office visits and to respond to notifications when a reminder is missed.

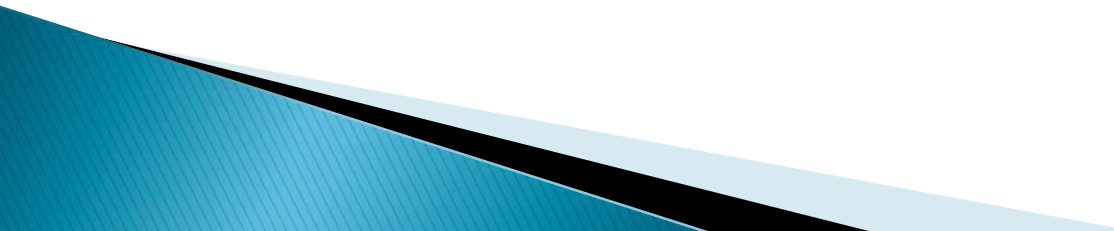
Healthcare Savings

- ▶ When CMS introduced the Annual Wellness Visit, this was CMS changing their philosophy from “reactive” care to “proactive” preventative care for Medicare patients.
 - ▶ Chronic Care Management, introduced this year, is their second program to offer proactive care.
 - ▶ Research consistently shows that effective chronic care management reduces the cost of care for chronic disease patients while improving their overall health.
 - ▶ A Carnegie Mellon study in 2007 concluded that disease management resulted in: Hospital admissions reduced 38%, Hospital stays reduced by 36%, 30% reduction emergency room visits and overall cost reductions by 26%.
- 

Healthcare Savings

- ▶ Providing proactive care will keep Medicare beneficiaries living a healthy, independent life style and reduce overall medical costs.
 - ▶ Studies show the cost for these independent patients will range from \$1–\$80 per day for care.
 - ▶ For patients in Assisted Living, Nursing Home or Hospital Care costs range from \$100–\$10,000 per day.
- 

Another Level of Benefits

- ▶ PQRS, HEDIS and Meaningful Use 1 & 2 credits. All of this with very minimal cost to the practice and no disruption to the daily workflow.
 - ▶ A SINGLE SOURCE, FULLY INTEGRATED SOLUTION: We are not about offering one service and walking away like other companies. We have spent over a year researching what CMS wants for their beneficiaries. The result is a bundled comprehensive, preventative, care coordination program for Medicare patients.
- 

Another Level of Benefits

▶ **COMPLIANCE, COMPLIANCE, COMPLIANCE**

- ▶ Prevention Plus is specifically designed to deliver compliant services and reports. We also work closely with our practices to inform them on how to deliver compliant follow-up patients visits. All of the components in our program are HIPPA, CMS or FDA compliant as required.

How does our program compare?

- ▶ Most offices are not covering the volume of Medicare patients that qualify for the AWV using their existing methodology.
- ▶ Our program effectively DOUBLES the revenue from the AWV by the addition of further risk assessment testing.
- ▶ The KEY is **Compliance**. Our report is fully compliant with the patient receiving a WRITTEN report with SHORT and LONG term care plans.
- ▶ Many offices are not covering all aspects of this report in a compliant manner, risking paying back Medicare if audited
- ▶ The AWV Care plan is central to the provision of the chronic care service program. Without an AWV it is challenging to create the patient care plan.
- ▶ To service every 250 Medicare patients for the monthly call would require 1 FT staff member PLUS the 24 hour access to care via phone
- ▶ The layers of the Chronic Care Program make it difficult to manage without a 3rd party provider
- ▶ EMR integration with Chronic Care to qualifying offices
- ▶ Choose from the AWV or CCM or both