Chronic Care Management

Increase Practice Revenue, While Increasing Patient Care

Presented by
Steven Kress
CEO, Renova PCA

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Introduction

Mr. Kress is a founding Member and Serves on the Board of Directors of Renova, LLC.

Mr. Kress along with his partners founded Renova, developed the business model and brought the company from a vision to a reality.

His past experience in pharmacy, patient care advocacy, , operational strategy and developing profit driven wellness programs for physicians and hospitals has made Renova an exciting new health care company.

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Poll Questions

Let’s start today’s webinar with a few poll questions

The answers will be shared at the end of today’s session

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Agenda

- What is Chronic Care Management (CCM)?
- Why Renova?
- The Benefits for Physicians
- The Benefits for Patients
- Program details
- What is Transitional Care Management (TCM)?
- Questions & Answers

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What is Chronic Care Management (CCM)?

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Chronic Care Management

According to CMS

- 2/3 of Medicare patients have 2 or more chronic conditions.
- In 2015, Medicare introduced a chronic care management program to reimburse physicians who create a care plan for these patients.

Chronic Care Management Program (CCM)

- General supervision by a physician
- Patient care plan
- 20 minutes per month of non-face-to-face management of patients

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Why Renova?

- **Patient**-centered
- **No up-front** physician out of pocket costs *EMR vendor fees may apply to export patient data
- **24/7 access for patients** - Extending your practice services without increasing costs
- **Complete Care Coordination** with your office
- **Removes the administrative burden** so your practice can efficiently provide CCM care to qualifying patients

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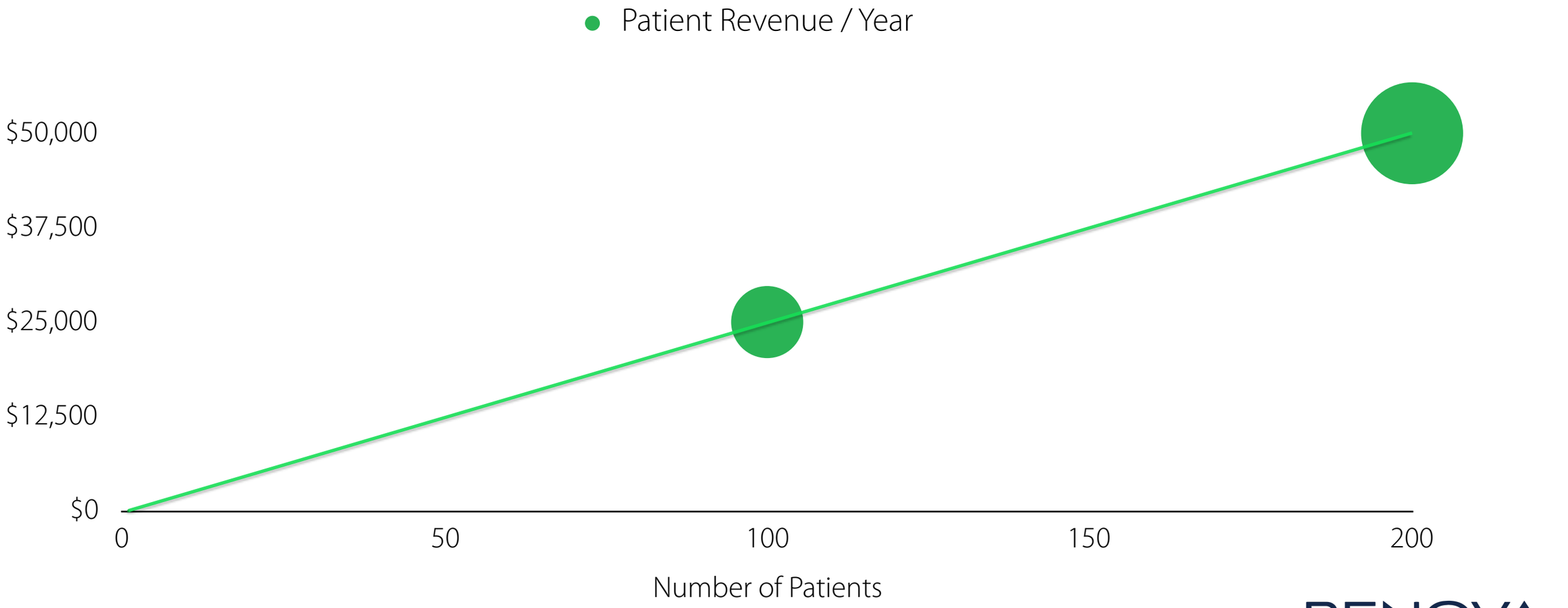
Revenue Opportunity

A practice with **200 Fee-for-Service Medicare patients** enrolled in the Chronic Care Management (CCM) program has the potential to increase revenue by up to $48,000 per year



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Revenue Opportunity

Physician Partners has chosen Renova as its exclusive Chronic Care Management vendor. The initial launch of this CCM program focuses primarily on **Medicare Fee-for-Service patients** -

- CCM CPT Code 99490 - **$42.37 / mo** (San Diego County)
- Renova's CCM Fee / patient - **$22.37 / mo**
- Practice Revenue - **$20.00 / mo** (Includes patient deductible)
    - Deductible is either collected from the patient, or provided by supplemental coverage

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Patient Wellness

- Increase your **patient satisfaction**
- Improve **patient compliance** with the medications and care plan
- **Assistance with providing your patients** with follow-up visits
- Identify additional **community resources** for patients
- Where appropriate, **communications with the patient's care giver**
- Help **reduce hospital admissions**

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Program Requirements

- The physician must utilize a currently **Certified EHR**
- The patient must have **2 or more chronic conditions**
- The physician must create a **Care Plan** for the qualified CCM patient
- The patient must **consent to participate** in the program
- **20 minutes of non-face-to-face patient care** under general supervision of a physician

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Consent Requirements

For a qualifying patient to participate in the CCM program, a written consent from the patient is required

The provider must communicate the nature of CCM

Only one provider at a time can furnish CCM for the patient

Provider

The patient may stop CCM at any time by revoking consent

The patient will be responsible for any associated co-payment or deductible

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Monthly Non-Face to Face Care

Renova's Patient Care Advocates (PCAs) work as an extension of your medical practice to provide your patients **20 minutes of non-face to face care** each month

The Renova PCA will preform a medication inventory of ALL medications taken by the patient, and a reconciliation if needed while overseeing the patient's self-management of medications

The Renova PCA will ensure receipt of all recommended preventive services according to the physician Care Plan

Renova will monitor the patient's condition -

- Physical
- Mental
- Social

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The 5 Capabilities of CCM

1. Use of certified EHR for specific purposes
2. Maintain an electronic care plan
3. Ensure patient access
4. Facilitate transition of care
5. Coordinate care

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Use Certified EHR for Specific Purposes

Renova documents -

- Patient demographics
- Problems, medications, and medication allergies - all consistent with 45 CFR 170.314(a)(3)-(7)

The Provider creates a summary care record -

Renova enables the provider to transmit the summary care record electronically for purposes of care coordination

Renova documents -

- Patient consent
- Provision of care plan to patient
- Communication to and from home and community-based providers regarding patient's psychosocial needs and functional deficits

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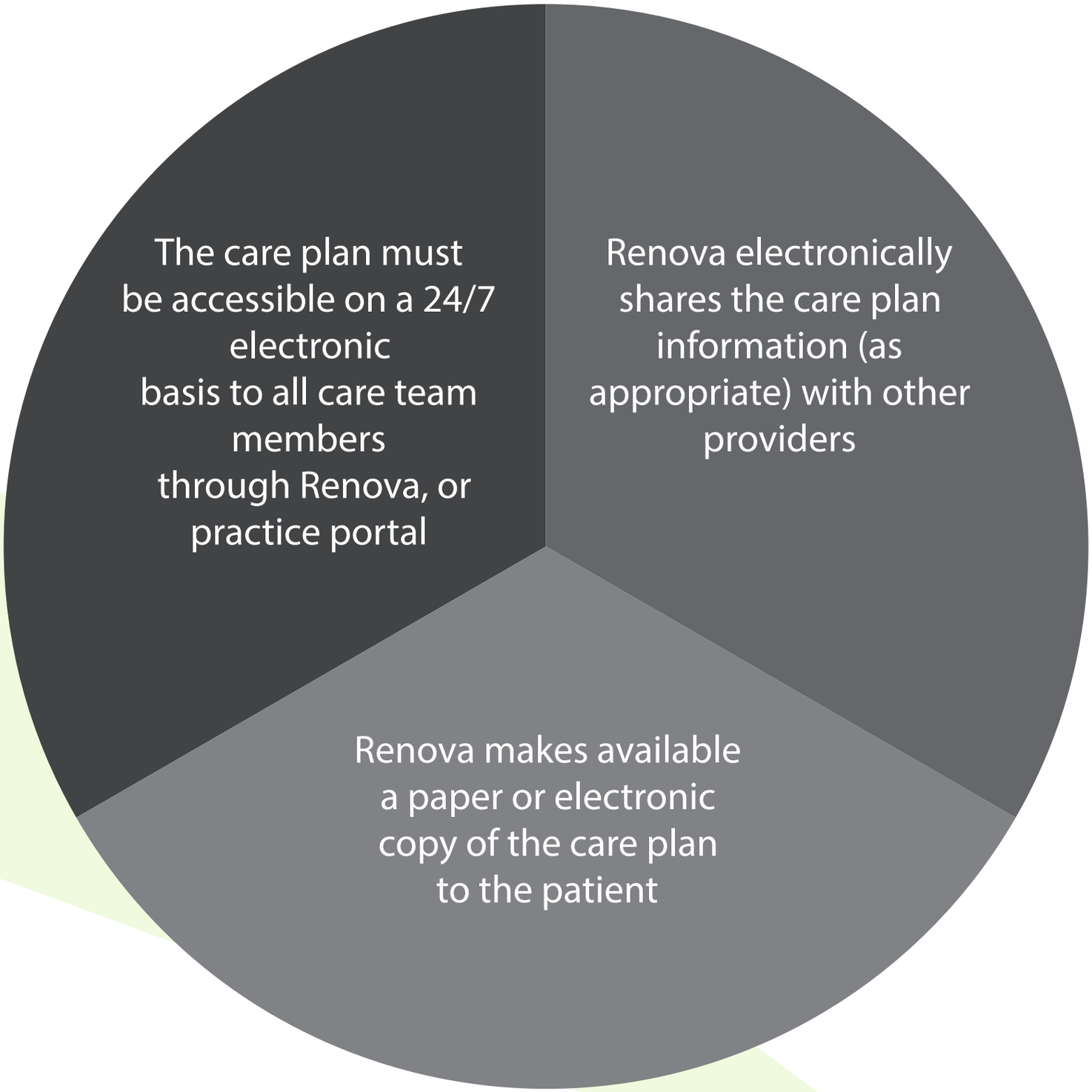
Maintain an Electronic Care Plan



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Ensure Beneficiary Access

1. Renova provides a means for the patient to access a member of the care team on a 24/7 basis to address acute/urgent needs in a timely manner

2. Renova is responsible for the patient having successive routine appointments with a designated practitioner, or having access to a member of their care team

3. Renova provides enhanced opportunities for patient-provider communication

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What is Transitional Care Management?

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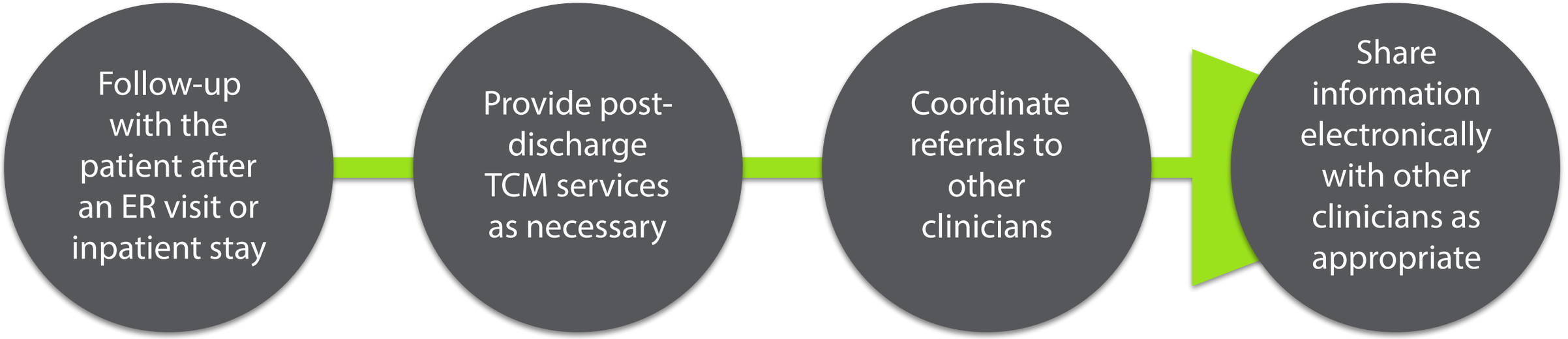
Transitional Care Management

Help your patients with post-discharge care coordination to facilitate a return to healthy living -



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Coordination of Care

Providers of home, health, and hospice

Nutrition services

Outpatient therapies

Renova coordinates with home and community- based clinical service providers to meet patient's psychosocial needs and functional deficits

Transportation services

Durable medical equipment

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Questions & Answers

Please type your questions into the webinar tool

We'll answer all questions in the order they are received

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Poll Questions

Let’s review the group’s answers to the poll questions…

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Thank you…

We appreciate your attendance in today’s webinar

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