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CCM and RPM: What's the Big Deal?

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Learning Objectives

- Understand the difference between CCM and RPM and all the other monitoring acronyms that exist today.
- Learn where we are with the adoption of monitoring services in general and in the rural communities.
- Discuss the challenges of adopting Chronic Care Management and Remote patient monitoring services in rural areas.
- Learn the benefits of implementing a CCM or RPM Program for your Rural Health Clinic

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Acronyms

General Care Management Services:

- CCM: Chronic Care Management
- RPM: Remote Patient Monitoring
- BHI: Behavioral Health Integration
- CHI: Community Health Integration
- AWV: Annual Wellness Visits
- PCM: Principal Care Management
- TCM: Transitional Care Management
- RTM: Remote Therapeutic Monitoring

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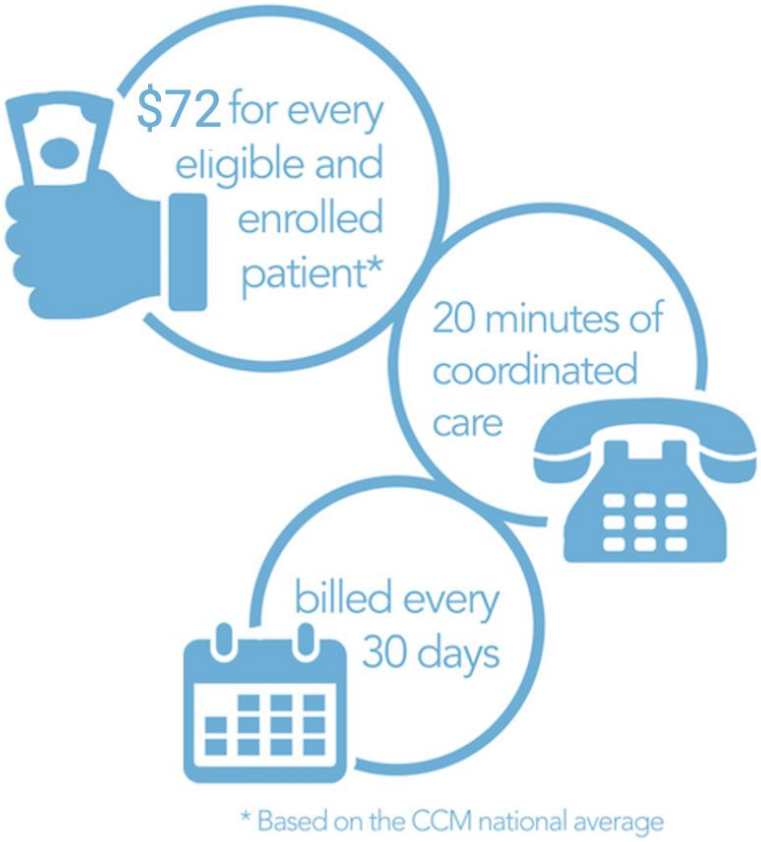
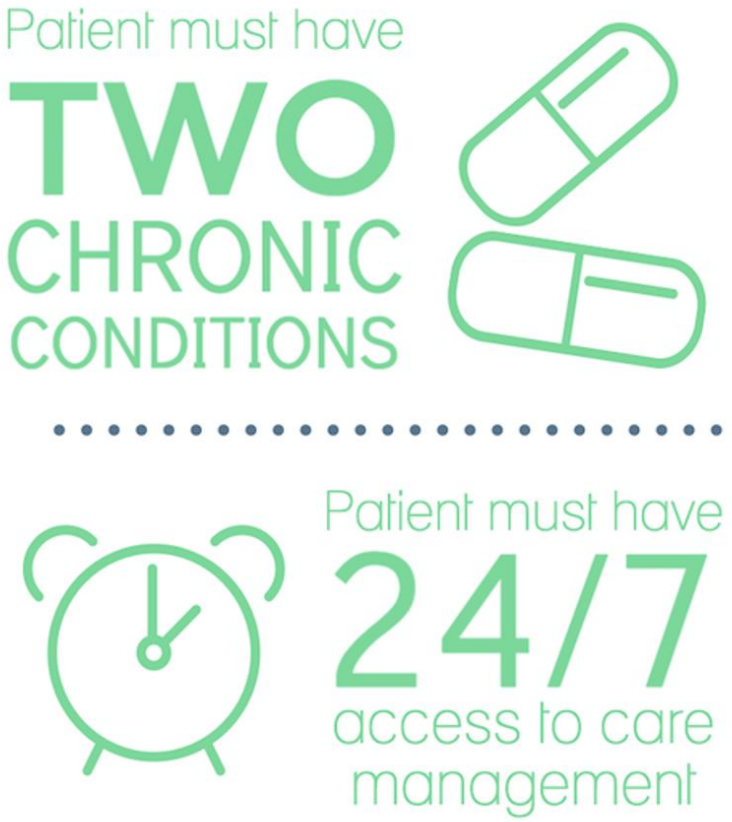
CCM – CHRONIC CARE MANAGEMENT





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RPM – REMOTE PATIENT MONITORING

- Requires a connected device provided by clinic/provider that transmits data electronically to the practice for review
- Patient must be “at-risk” for a chronic condition
- Requires 16 unique days of readings per calendar month
- 20-minutes of follow up which includes one patient interaction for additional billing codes

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Where are we with current adoption of RPM/CCM

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RHC's face unique challenges

- Lack of Resources (time/staff)
- Typically serve low-income, uninsured or underinsured, aging, chronically ill patient population
- Rural communities with limited access to healthcare providers and/or specialists
- Challenged by SDoH (transportation, financial struggles, isolation, etc)
- Patient Co-Pays

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The CCM/RPM opportunity

- Improved Patient Care – prompt intervention, medication adherence, satisfaction, fewer ER Visits and hospitalizations
- Health equity and access for underserved populations
- Overall cost of care reduction
- Higher performance ratings, scores, and quality metrics (HEDIS, NCQA)
- Heightened provider efficiency, productivity, and care quality
- Reimbursements

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Since January 1, 2024 RHC's and FQHC's can now bill for multiple instances of G0511

G0511 can be billed multiple times in the same month for different care management services if the resource costs associated with each of the services are separately accounted for.

The Final Rule does not appear to establish a maximum number of times the code may be billed in a given month.

For each code successfully completed, an instance of G0511 can be billed:
Example: 20 Minutes of CCM + 16 Unique Day Readings transmitted for RPM = 2 billing instances of G0511

Billing for 20 Minutes of RPM follow-up (independent of CCM time) = 3rd billing instance

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Medicare G0511 Rate for 2024: $71.68 (per instance)

Number of Patients	Monthly Revenue	Annual Revenue	Annual Revenue for 2 Instances
25	$1,792	$21,504	$43,008
50	$3,548	$43,008	$86,016
100	$7,168	$86,016	$172,032
200	$14,336	$172,032	$344,064

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Thank You

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Kathy Boedeker
Carematix, Inc
(312) 420-8348
kboedeker@carematix.com

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Frank Gremaud
Chartspan
(618) 660-9410
frank.gremaud@chartspan.com