Leveraging Government Innovation

CCM: Chronic Care Management

~~Remote~~ Care Management. Evolved.™

vivifyhealth®

The Challenge

Chronic Care Management (CCM) guidelines allow you to track patient-focused care for both reporting and outcomes to qualify for new regulated reimbursement models.

Statistics say providers are far too over-taxed to track and leverage new programs which offer great benefit. However, they also have a continuing intrigue to financially expand their practice; while also improving outcomes for complex chronic patients.

NEW PROGRAMS PROVIDE GREAT BENEFIT TO PROVIDERS, BUT TYPICAL SYSTEMS DO NOT EMPOWER THEM TO LEVERAGE THE BENEFITS.

The Solution

Vivify Pathways allows the automatic delivery of clinical protocols and pathways to your patients' own smart-phones (BYOD). The Virtual Visit feature allows you to engage even deeper, as needed.

Automated messages delivered to your patient's smart-phone gets them started. Quick and easy, with a huge payoff.

The Value

By leveraging Vivify Health solutions, you are prepared to participate in Medicare CCM Reimbursement.

- ✓ Manage patients with two+ chronic conditions.
- ✓ Improve Medical Decision Making with actionable data.
- ✓ Typically qualify 2/3 of Medicare patients (500 per physician average)*.
- ✓ Earn approximately $160,000 / year additional reimbursement (typical practice).

- ✓ **Non-Complex Chronic (CPT Code 99490)**
  Provide 20 min non-face-to-face care per patient
  Obtain $42.60 monthly payment per patient**
- ✓ **Complex Chronic (CPT Code 99487)**
  Provide 60 min non-face-to-face care per patient
  Obtain $94.00 monthly payment per patient**

* Per the MGMA Cost Survey for Single Specialty Practices: 2013 Report Based on 2012 Data.

** Reimbursement amount from the CY 2016 Physician Fee Service Final Rule, averaged across 89 localities.

81%

81% of physicians describe themselves as either *over-extended* or at full capacity. Vivify can help.

Get Started Now

855-4-VIVIFY (8439) info@vivifyhealth.com **vivifyhealth.com**