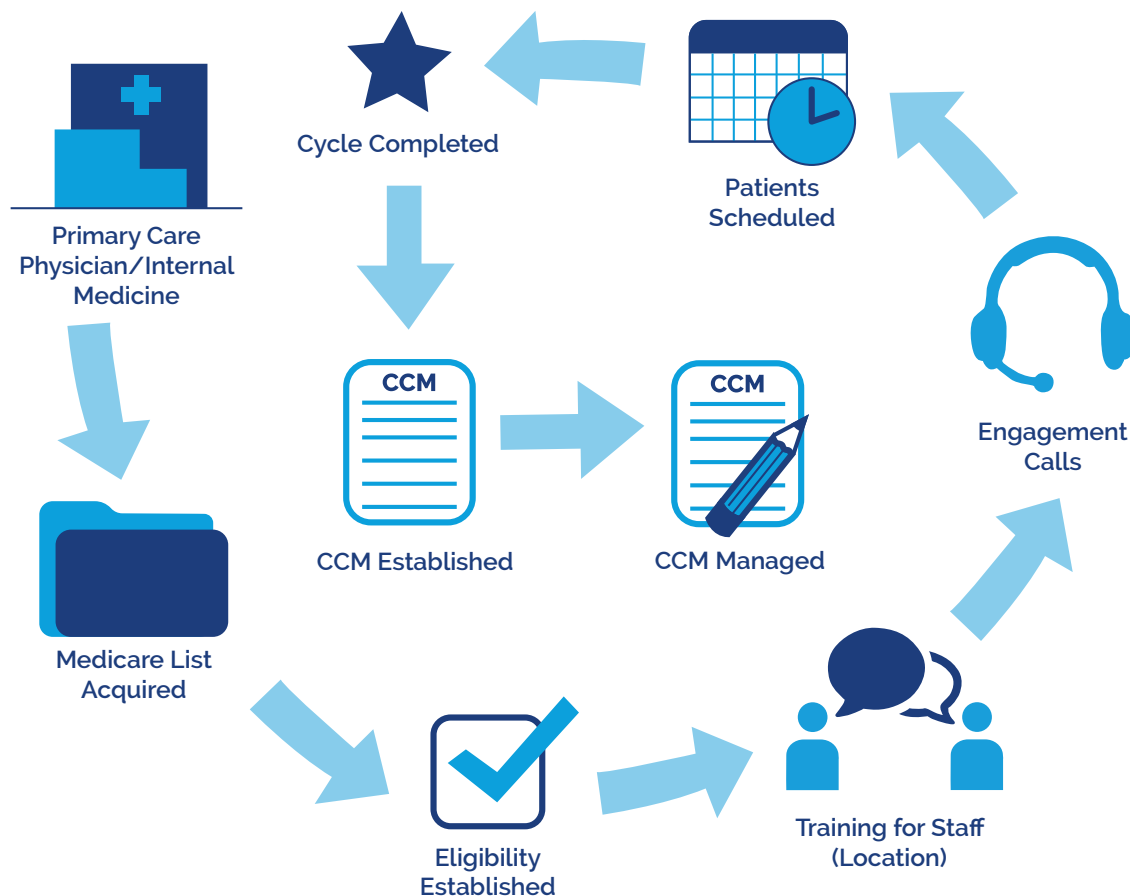




Healthy PLUS

Our Full-Service Healthy Plus Program

By empowering you to more easily schedule and complete the Annual Wellness Visits for your Medicare patients, we help you generate revenue and predict risk. At the same time, we can provide a seamless Chronic Care Management (CCM) solution for your practice that improves the health and satisfaction of your patients.



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Primary Care Physician/ Internal Medicine- Once we complete our service agreement and the BAA for both parties we are then granted access with your teams help to pull your “Medicare” patients. This is for Part B and Medicare Advantage Patients.

Medicare List Acquired- Once we acquire this list we place them in a batch to prepare them for our “eligibility” run. This gives the assurance that they are eligible for the AWV screen as well as the assurance that the billing will be completed with no issues on errors.

Eligibility Established- Once we run the eligibility check Medicare will send back a report to our team indicating when the patient’s eligibility date is for their AWV screen. As you are aware the patient can complete 1 AWV per 365 days. Our eligibility check gives you the confidence that the patient is indeed eligible with a specific date straight from our eligibility center.

Training for Staff- We immediately set up a training date for the staff or the additional staff we will add to your location. Our goal is to get everyone that will be completing the screens familiar with the software and then educating the front desk staff on the workflow and the typical responses that may come from the engagement campaign. Keep in mind when training is complete we immediately send out “**mailers**” that your staff approves to your eligible Medicare patients informing them of the need for their AWV to be scheduled.

Engagement Calls Begin- The engagement calls begin 3 days after training as we need a window for the mailer, that is created and agreed upon gets to the patients. This is a GREAT reference for the engagement call with the patient.

Patients Scheduled- The engagement process serves two goals, education to the patient as to the reason for the AWV and that it is “**different**” than the Welcome to Medicare Physical. We operate as an extension of your practice the engagement call displays your practice name on the caller ID, we then route the return call to our engagement center with a similar number again mimicking the caller ID of your practice. Our goal again is to give the patient a high level of comfort and to get them on the schedule for this encounter. We do a reminder call 24-48 hours to the patient to make sure they are still scheduled for their visit and that they still have transportation to the physician office.

Patient Completes AWV- Patient then arrives at the provider location, they check in and they are handed the PQRS & Dietary assessment form. This is a clear way for the patient to be confident and be more accurate on these two forms and it generally keeps the visit flowing and on time. Once patient is complete patient can leave with the personalized health advise sheet required by Medicare and we train the staff to walk the patient to the front to schedule their follow up visit to go over the findings of the AWV.

CCM Established- If you are looking to enroll the patients that are eligible into the Chronic Care Management program our software give indicator of those who are eligible, and we can get the consent forms filled out before the patient leaves the office. This had been the most efficient way to get the patients comfortable about the CCM program and to educate them on the need of this program.