

OCULUS health

How to Evaluate **CCM & RPM Solutions**

This Guide is Designed For:

- C-Suite Executives in the advanced stages of evaluating CCM & RPM Vendors
- Proficient understanding of CCM & RPM billing requirements and revenue opportunity
- Organizations with 20+ Providers, including substantial Primary Care base
- Concerned with Value Based Care Transition

Know What to Look At and Look For:

With Remote Patient Monitoring (CPT 99454 & CPT 99457) and Chronic Care Management (CCM) (CPT 99490) still so new in the healthcare space, the greatest challenge for healthcare organizations has been to separate the snake oil from the quality. As soon as these CPT codes came about it seemed as though 100's of

vendors popped up over night making one promise after the other. Most companies have come and gone, the rest are still selling snake oil, and finally there are CCM vendors truly providing a quality solution with tangible results.

This resource streamlines all of the pertinent criteria to consider based on our thought leadership in this space.

What Objective Criteria to



PATIENT EXPERIENCE:

- Enrollment Rate
- Care Manager Assignment
- Patient Retention Rates
- Touchpoint Frequency

TECHNOLOGY QUALITY:

- Time Tracking Auditability
- Scalability
- Speed of Implementation
- EMR Integration



REVENUE REALIZATION:

- Billing periods per patient
- Percent Change in E/M visits
- Attrition Rate
- Enrollment Track Record

QUALITY OF SOLUTION:

- Clinical Performance Data
- Patient Retention
- Frequency of Engagement



LAST BUT NOT LEAST:

How much work will it take ME, my ORGANIZATION, and my PROVIDERS to get up and

Oculus Health: The Only RPM & CCM

Oculus Does RPM & CCM Differently:

The standard approach to CCM has been to get patients on the phone for 20 minutes. Keep them on the phone for 20 minutes, and hang up as soon as you hit 20 minutes. Repeat steps in 30 days.

The only problem with this is that patients are under no obligation to participate. If there is no value to the patient, there is no CCM program.

This is what Oculus understand, and truly excels.

The very first time our Care Managers call each patient, the ultimate outcome is to identify how

CCM can best work for that specific patient. Does the patient use any of the 300+ devices, wearables, and apps that Oculus integrates with for RPM? Can the patient participate in our patented rewards program via reporting medication adherence and tracking goals? Or is this patient limited to phone communication? If so - how frequently should the patient be called?

The Care Manager who makes the plan with the patient is the same person that will be working with the patient from that point forward as well.

The end result is nothing shy of great outcomes!

Results You Cannot Find Anywhere

Oculus RESULTS:

- Enroll 70-90% of eligible patients in as little as 3 months*
- 1:1 Care Manager to Patient Relationship
- 55% of patients use app 2+ times per week with 5 touch points per month
- Completely customized CCM program around patient needs



Oculus TECHNOLOGY:

- Automated Care Plans and Updating
- Perfectly Scalable Platform from Day 1
- Begin enrolling patients within 1 week of signing the CCM Agreement
- Non-invasive EMR integration that is complete in 2 weeks or less no matter how many EMRs you're on



Oculus REVENUE:

- Average 11.2 billing periods per patient per year
- Up to a 70% increase in E/M visits
- Bill for 99%+ of patients billed for the previous month
- Fast billing reports in the format needed to quickly bill CMS

Oculus' CLINICAL PROOF:

- After 9 Months on Oculus Program...
- HbA1c levels reduced by avg. 3.6%
 - Triglyceride levels reduced by 3.7%
 - 39% increase in in-network referrals and admissions
 - 96%+ Medication Adherence

Risk Free and Get Started in 10 Minutes

Getting started is EASY! Once Oculus receives both signed agreements, we will schedule a kickoff call right away. There is NO change in workflow, and only requires 1 hour of time from a practice representative.

