



Mastering Chronic Care Management in Arkansas

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Co-Founder & Chief Strategy Officer

EXPERIENCE

- **Largest** Medicare care coordination provider in the U.S.
- **3 million+** monthly unique patient encounters
- Invested **\$50,000,000** into infrastructure, technology, people and processes.



ChartSpan Investors



VENTURES



SJF
VENTURES



BSC

CAPITAL PARTNERS


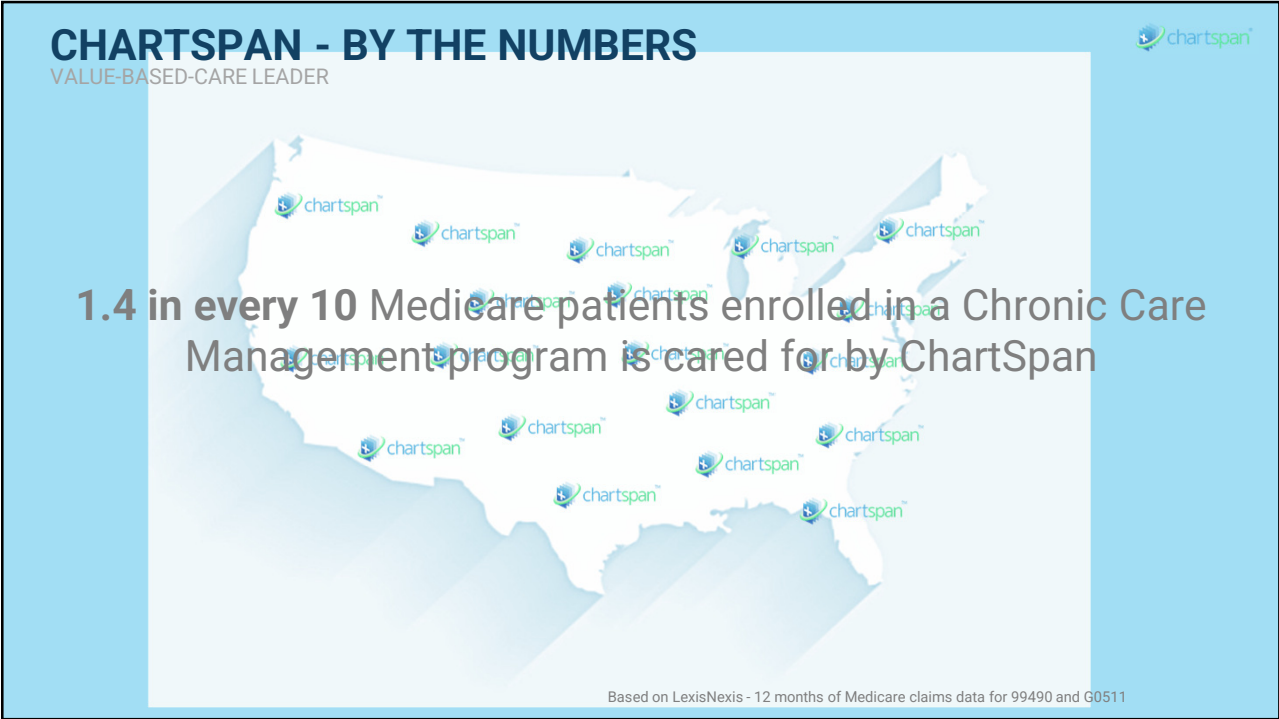


CROFT & BENDER



BLUE HERON
CAPITAL

CYPRESS
GROWTH CAPITAL



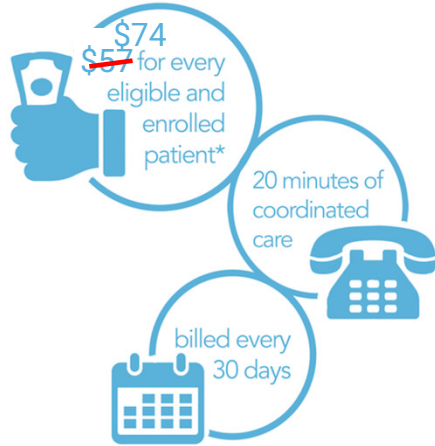
Chronic Care Management

A Medicare preventative care program

CHRONIC CARE MANAGEMENT (2024 Rate Doc Fix Bill)



PREVENTATIVE CARE PROGRAM FOR MEDICARE PATIENTS



* Based on the CCM national average

Patient must have

TWO CHRONIC CONDITIONS



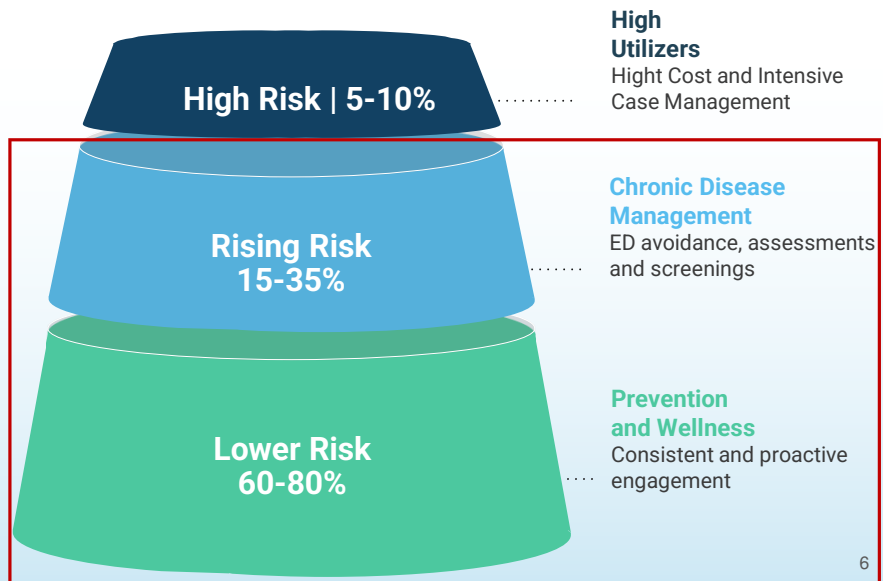
Patient must have

24/7 access to care management

MEDICARE PATIENT COHORT COMPOSITION



CCM IS NOT CASE MANAGEMENT

Cost of care increases as illness burden increases



HOSPITAL CARE TEAM

INTEGRATING WITHIN AND SUPPORTING CLIENT NAME HUDDLED CARE TEAM





- Huddled Team Member
- Care Gap Closure
- Medicare/MA Cohort
- Case Management Handoffs
- Analytics Focused
- Force Multiplier

CCM SERVICES

REINFORCE PROVIDER CARE INSTRUCTIONS



 <p>Medications Medication Reviews</p>	 <p>History Patient Health History</p>	 <p>Community Center of Care Continuum</p>	 <p>Records Records Clearinghouse</p>	 <p>Services Health Services Inventory</p>	 <p>Adherence Appointment Adherence</p>
 <p>Care Plan Support Provider Instructions</p>	 <p>Goals Patient Focused Goals</p>	 <p>24/7/365 Triage & Care Support</p>	 <p>Assessments Assessments & Screenings</p>	 <p>Behavioral Psychosocial Assessments</p>	 <p>Social Social Determinants of Health</p>

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CCM Operations

CCM PROGRAM OPERATIONAL WORKFLOW

TURN-KEY, FULLY MANAGED CCM SERVICE

Enrollment never ends

Eligible patient lists reviewed and approved

Patient consents recorded and archived

Address care gaps in CCM population

Patient satisfaction scores and audits



Data extraction and processing

Ringless voicemails, digital and mail campaigns

24/7/365 Clinical patient support

Real time billing drives cash flow








Patient questions and support

The most challenging part of running a CCM program

OMNICHANNEL COMMUNICATIONS

TWO-WAY PATIENT ENGAGEMENT THROUGH TEXT, CALLS, EMAIL

What your patients receive:

-  24-7 nurse line
-  Live Chat
-  Monthly phone calls
-  Two-way texting
-  Two-way email
-  Direct mail
-  Patient portal



What CMS requires:

“Provide patients and caregivers enhanced opportunities to communicate with their practitioners about their care by phone and through secure messaging, secure web, or other asynchronous non-face-to-face consultation methods (like email or secure electronic patient portal)”

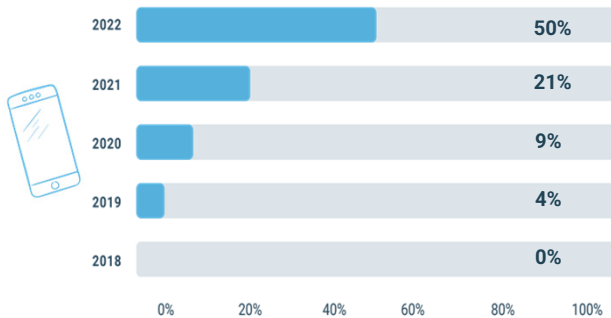
(MLN CCM Sep. 2022, pg. 14)

CHARTSPAN PATIENT SLAs & ENGAGEMENT

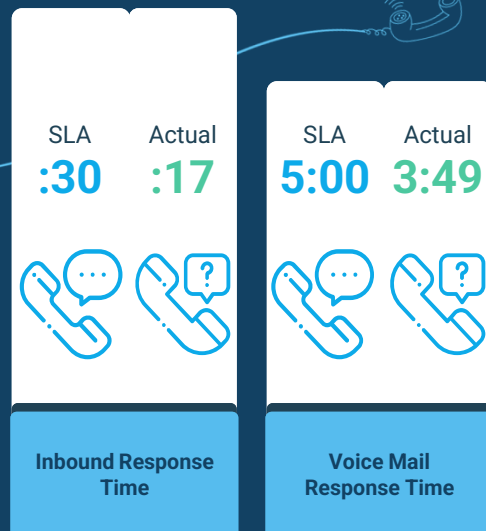
OPERATIONAL METRICS



Percent - Patients Texting



Response Times





Enrollment

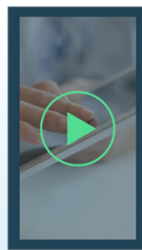
EDUCATING PATIENTS ABOUT CCM

PATIENT MARKETING



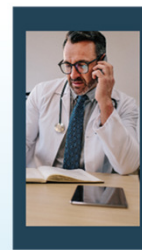
Email Campaigns

Enrolled patients receive monthly educational emails



Video Education

Compelling informational videos for patients



Ringless Voicemail

Provider-recorded messages to drive patient engagement



Printed Materials

Introductory letters or postcards and welcome packets mailed to patients



Practice Materials

Brochures, posters, and waiting room slideshow

Enhanced Call Branding Technology

FOR ALL PRACTICES

ChartSpan offers customers enhanced call branding!

This new technology shows **your practice's name*** when we call your patients. And it's **compatible with major cell carriers**—T-Mobile, Verizon, and Sprint.

**Character limits apply*



Call branding helps:



Increase
patient trust



Separate our calls
from the spam Medicare
patients often receive



Build a strong
connection with
your practice

Customers who chose call branding saw:



A 10%
increase in patients
who answered calls



A 3%
increase in CCM
enrollment rates



Clinical Services

NURSES FIRST

ChartSpan's Clinical Services Model



Employed Nurses Lead the Care of Every Patient

- ✓ Each patient's care is supervised by a nurse
- ✓ Effective management of chronically ill patients' clinical needs
- ✓ Dedicated nurses are assigned to specific practices & patients
- ✓ Clinicians and patients matched regionally
- ✓ Better patient outcomes, patient retention, and oversight of lower-level clinical staff

CHARTSPAN CHART-MARKERS™

12 MONTH, SEQUENCED PATIENT CARE JOURNEY



	Inventory Markers <i>Assess</i>	Identify Markers <i>Detect</i>	Intervene Markers <i>Action</i>
Patient Engagements 1-6	<ul style="list-style-type: none"> ✓ Health History Review ✓ Care Continuum Inventory ✓ (provider record retrieval) ✓ SDOH Screenings ✓ Medication Adherence Screenings ✓ Cognitive Screenings ✓ Functional (ADL) Assessment ✓ Client focused preventative screenings ✓ Establish SMART Care Goals 	<ul style="list-style-type: none"> ✓ Condition Management Challenges ✓ Health Education Needs ✓ Provider Access/Health Equity Issues ✓ Social Barrier Discovery ✓ Medication Problem Identification ✓ Mental and Social Indicators ✓ Tertiary Service Need Identification ✓ SMART Care Goal Non-Adherence 	<ul style="list-style-type: none"> ✓ Provider and Service Accessibility ✓ Social Partner Connections ✓ Improved Condition Self-Management ✓ Provider Awareness ✓ Medication Compliance ✓ Engage Tertiary Service Providers ✓ SMART Care Goal Adherence
Patient Engagements 7-12	<ul style="list-style-type: none"> ✓ Fall Risk Screening ✓ Durable Medical Equipment Needs ✓ Daily Health Assessment ✓ Client focused preventative screenings ✓ SMART Care Goals Management ✓ Care Plan Management 	<ul style="list-style-type: none"> ✓ Fall Risk Indications ✓ Medical Device Suitability ✓ Tertiary Service Need Identification ✓ Early Impairment Association ✓ SMART Care Goal Non-Adherence 	<ul style="list-style-type: none"> ✓ Provider Awareness ✓ Medical Equipment Needs Filled ✓ Engage Tertiary Service Providers ✓ Mental Health Support ✓ SMART Care Goal Adherence

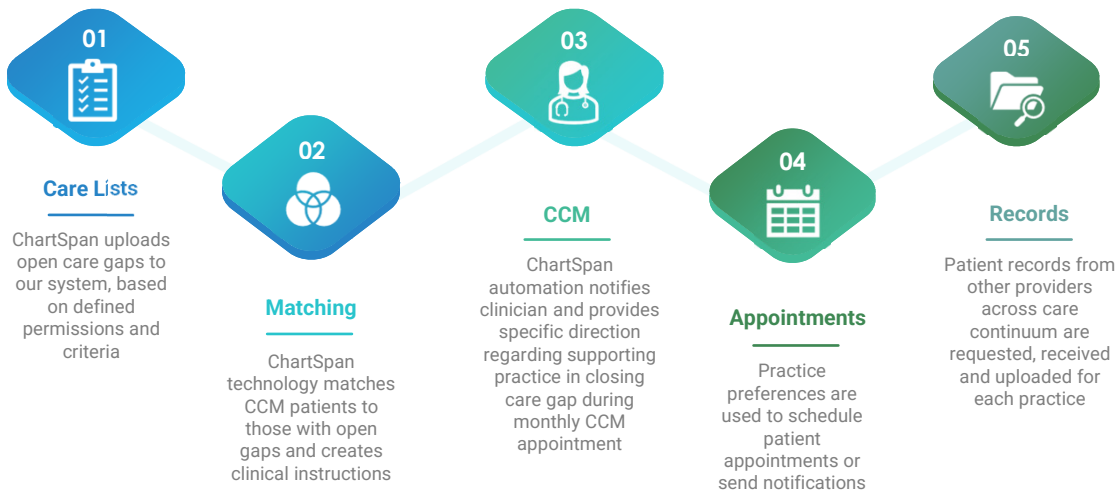
Annually
6-12 Screenings & Assessments
12-24 Outreach Attempts
2-3 Clinical Notifications
1-2 Condition Detections
2-3 Care Gap Assists
3-4 Patient Assists



Pop Health/Quality Support

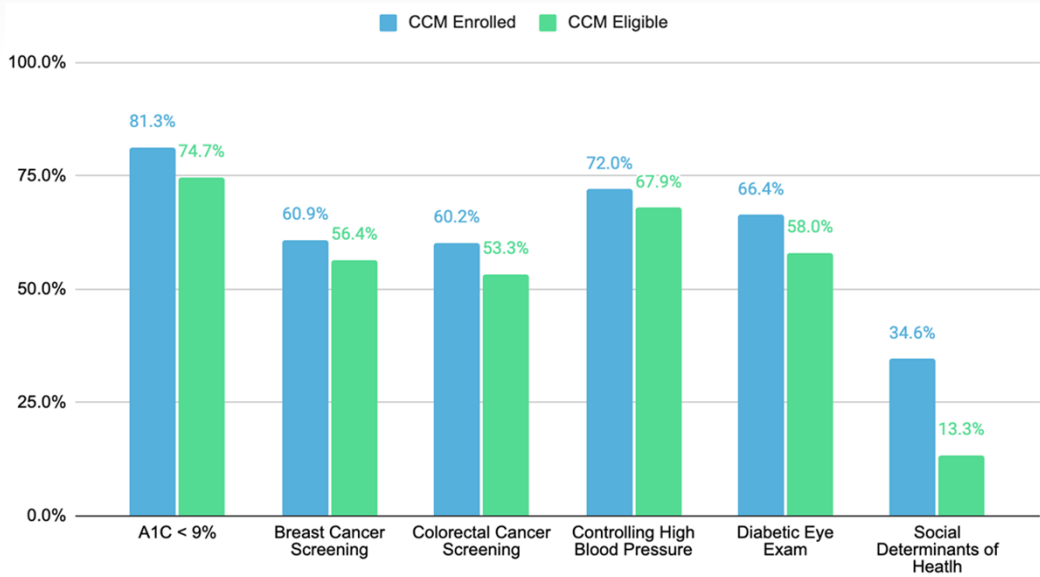
CCM CARE GAP WORKFLOW

HOW CHARTSPAN SUPPORTS YOUR QUALITY PROGRAMS



QUALITY MEASURE PERFORMANCE

PRACTICES WITH CCM SCORE HIGHER ON QUALITY MEASURES



Billing

RAPIDBILL

AUTOMATING CCM CLAIMS



\$ Fully integrated into practice management/billing workflow

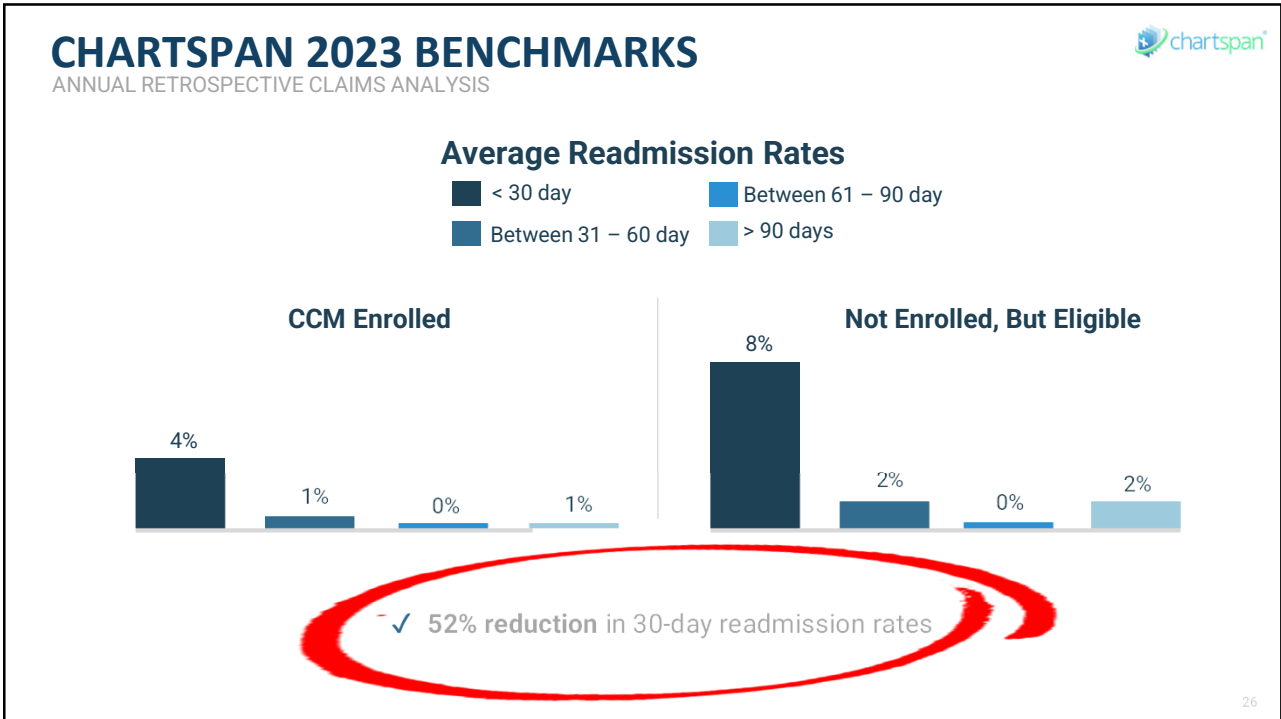
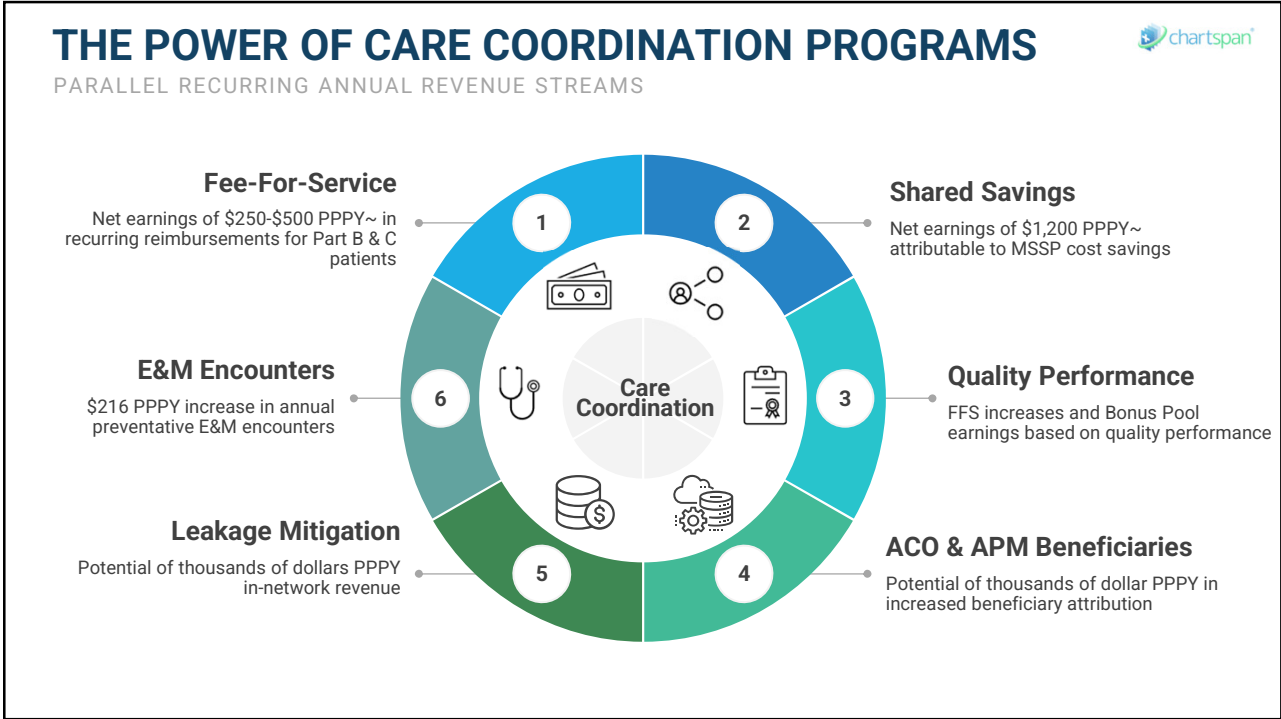
\$ Ensure CCM program success doesn't overwhelm your billing department

\$ RapidBill ensures enrolled patients will only require seconds to bill

The screenshot shows the 'Rapid Bill' interface in the chartspan engage system. The left sidebar contains navigation options: MAIN, CCM (highlighted), PATIENT ENROLLMENT, and UTILITIES. The main content area is titled 'CCM > Rapid Bill' and includes a 'Patient List' dropdown, 'Patient Status', and a 'RAPID BILL' button. Below this is a table with columns for 'All', 'PID', 'Month', and 'Servicing Provider'. The table lists four entries, each with a checkmark in the 'All' column, a PID number, the month 'Nov', and the name 'Charles Slate'. At the bottom right of the table is a page number '23'. Buttons for 'SUBMIT BILLING' and 'PHS BULK DOWNLO' are visible at the top right of the interface.



CCM EFFECTIVITY





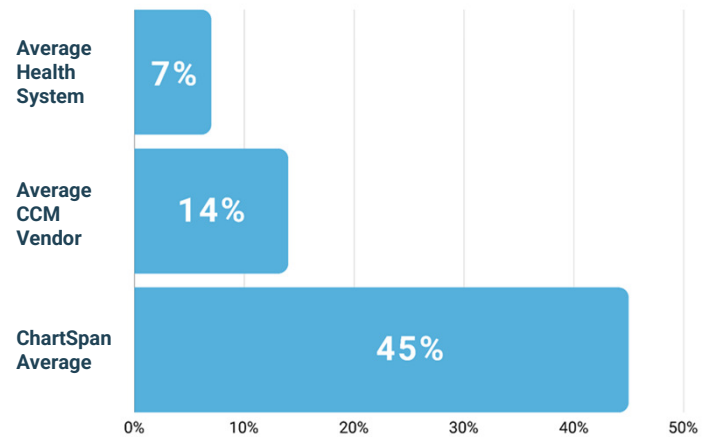
Differentiators

ENROLLMENT CONVERSION

THE HIGHEST ENROLLMENT CONVERSION IN THE INDUSTRY

For a cohort of 10,000 Medicare patients, ChartSpan generates **\$1,169,107 more** in annual revenue than its competitors

For a cohort of 10,000 Medicare patients, ChartSpan generates **\$1,118,546 more** in revenue than if a health system runs their own program

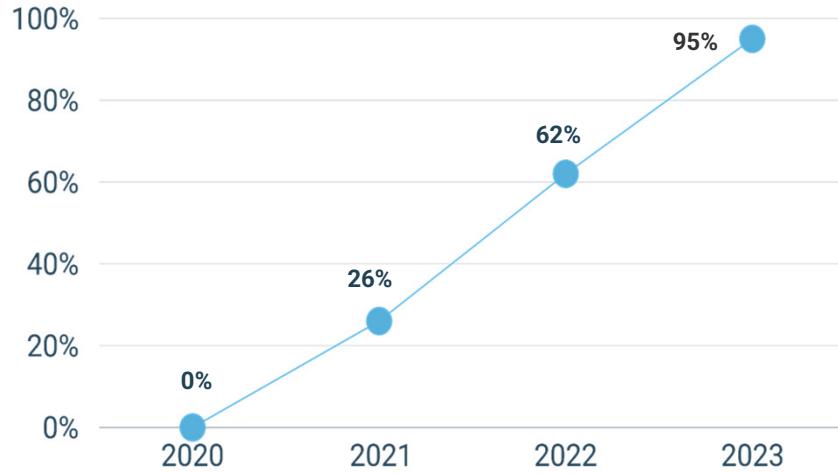


POINT APPOINTMENT TECHNOLOGY

ENGAGEMENT GAME CHANGER



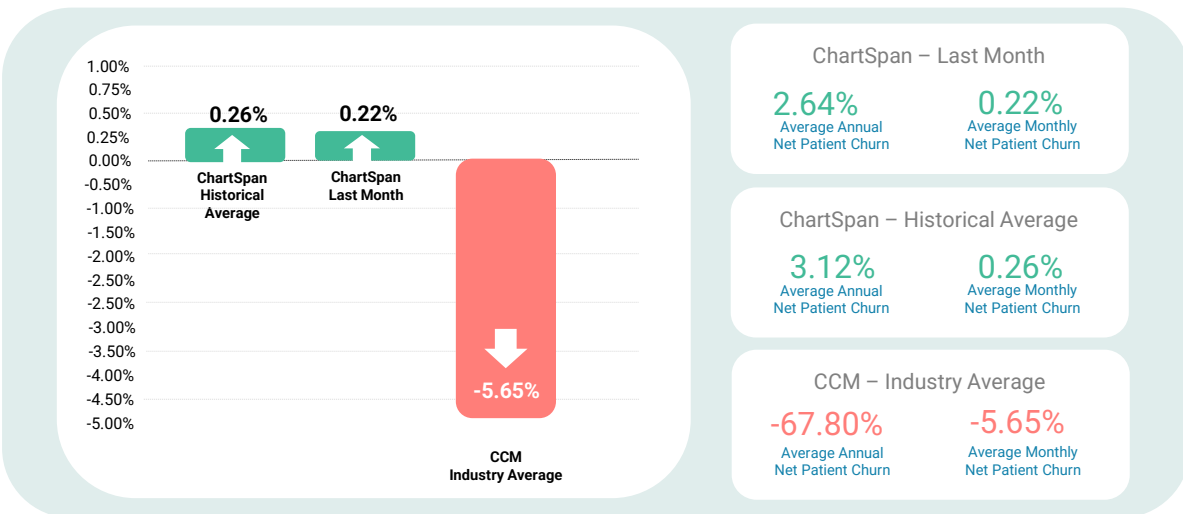
Percent - Patient Appointments



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NET PATIENT CHURN (after 12 months)

POSITIVE NET PATIENT CHURN ACROSS ENTIRE CUSTOMER BASE





AR PPS Hospital – 99490 (outsourced model)			chartspan®
Traditional Ambulatory - Annual FFS Revenue			
	Patients	Financial	Net ARR
Medicare Part B & C	5,000 Medicare Patient Population	\$57.69 Medicare Reimbursable Rate	\$429,896* Annual Recurring Revenue
82% Conversion	4,100 Medicare Eligible Population	\$36.18 ChartSpan Service Fee	*Assumes national average, 82% patient co-pay collection rate
45% Conversion	1,845 CCM Enrolled Population	\$21.51 Net Profit	

AR CAH – G0511 (outsourced model)



Traditional Ambulatory - Annual FFS Revenue

	Patients	Financial	Net ARR
Medicare Part B & C	2,000 Medicare Patient Population	\$74.20 Medicare Reimbursable Rate	\$272,164* Annual Recurring Revenue
82% Conversion	1,640 Medicare Eligible Population	\$39.18 ChartSpan Service Fee	*Assumes national average, 82% patient co-pay collection rate
45% Conversion	738 CCM Enrolled Population	\$35.02 Net Profit	



THANK YOU!

Questions?

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