Case Study

Optimizing CCM & RPM in a Leading FQHC with ChronicCareIQ

THE OBJECTIVE:

Solving CCM/RPM Inefficiencies Across Care Teams & Programs

"Before switching to ChronicCareIQ, ARcare was administering chronic care management (CCM) and remote patient monitoring (RPM) across 20+ care managers as separate programs and trying to organize in Microsoft® Excel. This inefficient process led to challenges in patient management, increased workload for staff, and a lack of cohesive patient care experience. We also looked to solve for time-tracking since the EHR could not."

THE SOLUTION:

A Comprehensive and Integrated Platform with CCIQ

To address this problem, ARcare adopted ChronicCareIQ, a platform uniquely capable of integrating CCM and RPM as well as tracking billable time. ***"This integration allowed for a more streamlined approach to patient care, enabling staff to manage both aspects through a single platform, saving hundreds of hours each month across all care managers."*** The solution provided by ChronicCareIQ enhanced operational efficiency, improved patient engagement as well as compliance, and led to an effective, cohesive, and scalable care management driven by best practices.

ARcare

Provider Background

ARcare, a Federally Qualified Health Center (FQHC) with a rich history spanning over three decades, is dedicated to providing quality care across Arkansas, Kentucky, and Mississippi. The practice offers a wide range of services, including behavioral health, women's health, and primary care. ARcare stands out for its commitment to treating every member of the family, regardless of their ability to pay, continually integrating the latest medical advances to ensure the highest standard of care.

3,500+ Managed CCM Patients

Adding 250+ Patients Each Month to CCM/RPM Programs

1,900%+ ROI on CCIQ Investment

Learn More

ChronicCareIQ

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INGREDIENTS FOR SUCCESS

How CCIQ Helped Us Scale and Optimize Our CCM & RPM

- Categorized patient cohorts that optimized the revenue cycle for CCM & RPM patients
- Created staff utilization reports that allowed ARcare to improve clinic-wide productivity
- Encouraged monthly CCM & RPM strategy as well as best practices sessions with CCIQ
- Authored CCM best practices guide with daily, weekly and monthly tasks to run an efficient, scalable program
- Offered data, reports and metrics to share with clinic leadership

"These results led to a very successful program where 95% of our managed CCM/RPM patients are trending in the right direction and their social determinants of health (SDoH) protocols are also being managed. ARcare is now able to efficiently scale their CCM & RPM program by adding 250 new patients each month."

Looking Ahead:

For 2024, a pivotal change empowers FQHCs & RHCs—allowing the billing of multiple instances of the general care management code G0511. This move by CMS enables FQHCs/RHCs to bill for RPM and CCM services per patient, transcending the limitations of a one-time G0511 service per month.

HOW IT WORKS

Under the new regulations, providers can bill for CCM time, RPM time, RPM device usage and other care management codes per patient, provided that patients meet the requisite criteria such as consent, two chronic diagnoses, utilizing an RPM device for 16 days, and accumulating 40 minutes or more of CCM/RPM care management time, leading to billing for multiple G0511 instances.

"ChronicCareIQ has not only streamlined our processes but also brought us closer to our patients. The ability to quickly respond to patient needs, sometimes even preemptively, has been a game-changer. Our nurses can now manage more patients effectively, ensuring better care and improved outcomes. This platform has transformed how we engage with our patients, making healthcare more accessible and responsive."

Amanda Austin, MSN-NE, RN
Director of Remote Care Management at ARcare

Learn More

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