Websites and LPs

CareSync Website

https://caresync.com/



Coordinated Care Is Better Care

Care coordination is about proactively managing the health and well-being of patients even when they are not in the doctor's office. CareSync provides you with this between-visit care as part of your doctor's care coordination program.



night with phone and online access to healthca



Save money by avoiding duplicate tests, inecessary treatments, trips to the emergen room, and hospitalizations



Remove burdens with support for finding mor affordable medications and arranging



Receive a personalized care plan that helps yo stay on track with your care and follow throug

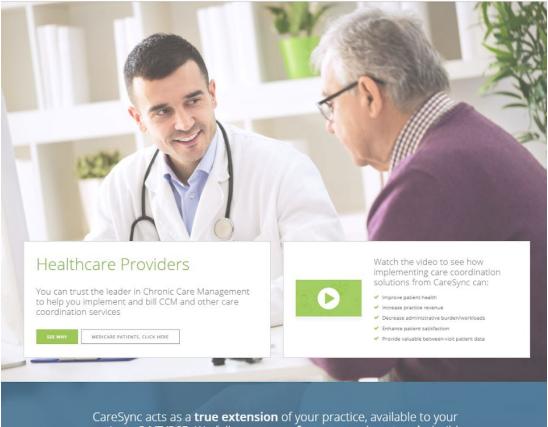


Connect with valuable services, such as preventive care, specialist appointments, health are resources, and community programs



omplications, medical errors, and problen with your medications





CareSync acts as a **true extension** of your practice, available to your patients **24/7/365**. We follow your **preferences** and **protocols**, build **relationships** with your **patients** and their **caregivers**, and effectively deliver Chronic Care Management and other services on your behalf.

Chronic Care Management

Implement Chronic Care Management with CareSync and count on us to deliver optimal between-visit care opportunities for your practice. Here are just a few of the things you can expect with CCM from CareSync:



with all your patient's providers



24/7 online and phone patient access to clinical







existing systems



patients, their family, and other caregivers



required by Medicare



messaging for effortless information exchange



trackers and wearable devices



Help patients make important decisions about the type of care they receive and when they receive it. Advance Care Planning CPT codes 99497 and 99498 are free from service or specialty limitations, may be added to existing patient visits, and can be accomplished without placing additional burdens on physicians.

How Advance Care Planning Works In Your Practice



Refore Visit

Add an advance care planning session to patient visit, ideally an AWV visit



During Visit

Conduct the advance care planning session and answer any patient questions



After Visit

Collect reimbursement for session \$85*/first 30 min, \$75*/next 30 min



Ongoin

Add additional appointments as needed (no limit to the number of sessions per year)

In 2016, CMS reimbursed \$43 million for Advance Care Planning discussions. Are you missing out? Use our turnkey program to add ACP services for fast, easy implementation, and yield great returns for you and your patients!

- Training for you and your staff to guide service delivery and maximize patient engagement and outcomes
- Session documentation and billing support for successful reimbursement
- A fully-featured, easy-to-use, HIPAA-compliant online app with planning tools, patient educational materials, legal advance directives for all U.S. states and territories, and 24/7 online access to completed plans
- In-app guidance and legal forms
- The ability to leverage existing visits, ideally delivering with an Annual Weliness Visit (there is no patient responsibility when advance care planning is administered with the AWV)
- Additional advance care planning appointments can be billed as peeded.
- Advance care planning CPT codes 99497 and 99498 allow for a team-based approach under the order and medical management of the treating physician

Advance Care Planning CPT Codes 99497 and 99498 \$85*/first 30 min, \$75*/next 30 min as many times as needed

*National average reimbursement, actual amount varies by region 1,000 Medicare patients yield roughly \$85,000 with a better than 40% return.

CareSync ACP, Powered by Honor My Decisions Advance care planning should be a regular topic you cover with all patients, whether they are currently seriously ill or not. Accidents can happen at any time, regardless of age and health status. And even those who have an advance care plan may find their wishes about end-of-life change as their circumstances change. Learn more about adding advance care planning services and leveraging ACP codes 99497 and 99498 with the help of the experts at CareSync. Contact us today!



See how Advance Care Planning and other care coordination services from CareSync can make a difference for your organization

Tell us how to reach you, and we'll be in touch soon. You can also reach us at 800-501-2984.



CareSync Pharmacy Discount Card Program Overview and FAQs http://info.caresync.com/rx-discount



THE LEADER IN CHRONIC CARE MANAGEMENT™



One Simple Card With So Much To Offer

This valuable benefit is included with your CareSync membership and is honored at over 66,000 pharmacies nationwide.

- ▶ Save up to 85% on FDA-approved prescription drugs
- Average of 15% savings on brand name drugs
- Average of 55% savings on generic drugs
- Already activated and ready to use
- Access to a free online drug pricing tool with cost comparison by pharmacy

Pharmacy Card and Discount Program FAQs

How do I use this card?

Simply present your card to the pharmacist and ask, "What is my discount drug card price?" or use the free online drug pricing tool to find participating pharmacies near you and the one with the lowest price for your prescriptions when using the card.

3 steps to savings at the pharmacy counter:







Present your card to the pharmacist, ask what your discount price would be for your medication in comparison to the direct retail price or insurance copay, then save with your card if it's the lowest price option.

3 steps to savings using the online tool:







<u>Search</u> your medication, compare prices at participating pharmacies, and save money at the register when you present your card. You can also text, email, or print your discount results for the pharmacy of your choice and present your results to the pharmacist along with your card. Then, pay the lowest available price at the register.

Many times, your discounted price will be less than your copay. Discounts may also apply to medications not covered by your prescription plan.

JUMP TO ANSWERS

How do I use this card?

Do I have to pay for this card?

Who can benefit from using this card?

What drugs does it work for?

How much can I save?

What are some example savings?

How do I use the online drug pricing tool?

How do I get the most benefit from this program?

Which pharmacies accept the pharmacy card?

Can I use the CareSync pharmacy card for drugs that are excluded by my insurance

What if the pharmacist is unfamiliar with my card?

Who do I contact if I have trouble using my

Why do pharmacies negotiate these types of savings?

Is this insurance

Does my doctor need to know about the CareSync pharmacy card?

Are there any age or enrollment restrictions?

What if my pharmacist said the card will not save me any money?

CareSync Scribe Product LP

http://info.caresync.com/scribe



GET SCRIBE



Speak Freely, See Results Faster

This isn't just transcription. More than Voice-to-Text functionality, Scribe is Voice-to-Text-to-ACTION (VTA) technology.

With Scribe, an audio file of your instructions is sent directly to your CareSync Health Assistant who hears your recording (which means you don't have to worry about a computer auto-correcting the words or other usual dictation woes), transcribes your instructions, and turns them into action items.

Leverage Scribe However, Whenever, Wherever You Want

Use Scribe to enroll a patient in Chronic Care Management and we can help you meet the documentation requirements for the G0506 code for care planning and explaining CCM.



Request records from a community provider.



Ensure patients get access to the resources they need, such as transportation assistance.



Get a note to the hospitalist taking care of your patient.

CareSync MACRA LP

http://info.caresync.com/macra



THE LEADER IN CHRONIC CARE MANAGEMENT.



MACRA DOCUMENT LIBRARY







Featured Webinars



Episode 13: Getting Started with CPC+ MACRA



Episode 12: Understanding Care Coordination



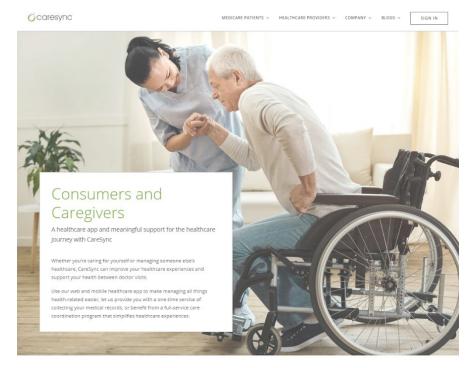
Episode 11: Care Coordination in 2017



Episode 10: Winning with MACRA

CareSync Plus Product Page (Consumers and Caregivers)

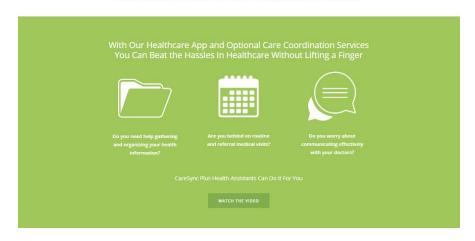
https://caresync.com/consumers-and-caregivers/





Software That Makes Sense Out of Healthcare

The CareSync healthcare app allows you to take your care plan, medical records, vital information about your medications and allergies, and valuable healthcare tools with you wherever you go. Access it online through the Internet or download our healthcare app from the Apple Store or Google Play to your smartphone or tablet.





THE LEADER IN CHRONIC CARE MANAGEMENT™

Annual Wellness Visits

Improve patient health and increase practice revenue with care coordination solutions from CareSync, including support for providing Annual Wellness Visits.

The CDC estimates only 33% of women and 40% of men in the Medicare population are up to date on their age-appropriate preventive services. Help change that by actively providing Annual Wellness Visits to your patients with AWV services from CareSync.

The AWV is designed to proactively collect health, social, and functional information, and to create personalized prevention plans for patients and their care teams. It identifies preventive opportunities that result in:

- ▶ Improved health outcomes
- Increased patient satisfaction for the quickly growing Medicare population
- New reimbursements for your practice

When you partner with CareSync, we perform the non face-to-face Health Risk Assessment, generate the AWV report, create the patient's 5-year personalized prevention plan, and more. Over 25 measures may be identified by the CareSync AWV program.

Don't miss out on the potential to gain total NET annual ROI of close to 76K for every 1,000 Medicare patients.

Ask us how today!







Discover What We Can Do For You.

For more information or a demo of our complete care coordination solution, call us at 800-501-2984 or fill out the form below.

First Name *	Last Name *
Kaerrie	Hall
Location *	
Florida	
I am Interested In	
- Please Select -	
I work for a:	
- Please Select -	
Currently billing for CCM	i
O Yes No	
Specialty	

SUBMIT

- Please Select -



THE LEADER IN CHRONIC CARE MANAGEMENT™

Comprehensive Primary Care Plus (CPC+)

CPC+ changes the way clinicians approach primary care, payers pay for it, and patients experience it.

Comprehensive Primary Care Plus (CPC+), a national advanced primary care medical home model, has been described by the Centers for Medicare and Medicaid Services (CMS) as the "largest-ever initiative to improve primary care in America."



To participate in CPC+, primary care practices transform how they deliver care and public and private payers transform how they pay for care.

This guide will not only help you understand the requirements of CPC+, but also ways you can maximize your performance and reimbursements. Plus, you'll discover how a program like CPC+ moves us all closer to an individualized, value-based healthcare system that improves health outcomes and lets doctors get back to the business of medicine.

Please complete the form on this page to get our CPC+ White Paper.

First Name	* Last Nam	ne *
Kaerrie	Hall	
Email *		
kaerrie.hall	@caresync.com	
Location *		
Florida		
CPC+ Partic	ipation *	
- Please Sel	ect -	
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Currently b	lling for CCM	
Yes	0	
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No		
	SUBMIT	

TAKE FULL ADVANTAGE OF CPC+

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MACRA FAQs

http://info.caresync.com/macra-faq



THE LEADER IN CHRONIC CARE MANAGEMENT™



The details of MACRA can be intimidating, but CareSync is here to help you handle it all.

Can CareSync help me with MACRA?

In so many ways! The spirit of what the Center for Medicare and Medicaid Services (CMS) is trying to accomplish with MACRA is paying providers for the value and quality of the care they provide. Care coordination is at the core of MACRA. The measurement period for 2019 payment adjustments starts on January 1, 2017. Providers who are not prepared to report on quality care measures for their Medicare patients will face a -4% reduction in payment, and the clock is ticking.

Alternatively, providers who understand care coordination, embrace proactive between-visit care, and engage patients to become active participants in their health are well-positioned to succeed.

The latter description? That's how a great CareSync client thinks. When a practice partners with CareSync, they get a trusted partner to help them in the shift to this new care delivery model.

CareSync serves as a 24/7/365 nursing extension of a practice, providing exceptional care coordination services that can help providers meet many of the requirements and quality measures associated with MACRA. Key areas where we can have an impact on reporting include care coordination, efficiency, patient experience, high quality care, patient safety, patient engagement, electronic access, and health information exchange.

What is MACRA?

As CMS continues to shift the healthcare industry and Medicare reimbursements from fee-for-service to value-based care, it's time to implement the key provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Designed to replace the Sustainable Growth Rate formula, MACRA is bipartisan legislation that takes a new approach to reimbursement models. Instead of measuring the value and quality of care providers give using multiple programs, including the Physician Quality Reporting System, the Value Modifier Program, and the Medicare Electronic Health Record (EHR) Incentive Program, MACRA streamlines these programs into one single program: the Quality Payment Program.

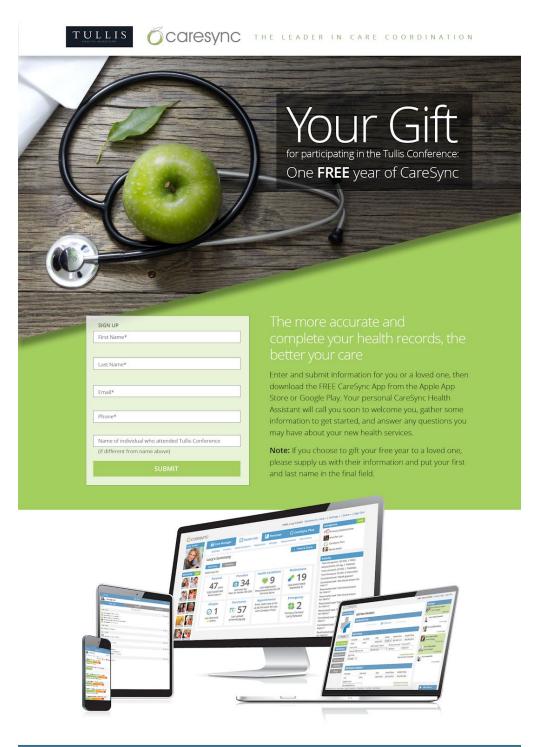
Learn how CareSync can help you increase revenue, improve patient health outcomes, and prepare you for success with MACRA.

First Name *	Last Name *
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Location *	W 20
Florida	
I am Interested In	
- Please Select -	
I work for a:	
- Please Select -	
Currently billing for CCM	
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Specialty	
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SUBMIT

Tullis Summit LP

http://info.caresync.com/tullis-conference



CareSync and Me LP

info.caresync.com/caresync-and-me

ocaresync

Call Us: +1 (800) 331-6017



What Is Care Coordination?

Care coordination services, like those associated with Medicare's Chronic Care Management program, allow doctors to proactively manage the health and well-being of patients even when they are not in the doctor's office. Your doctor has partnered with CareSync to provide you with these between-visit services to help you plan for your health, say on track with your care, and take advantage of every opportunity to make healthcare less complicated and less costly.

A Team You Can Count On 24/7/365

CareSync helps everyone involved in your healthcare - you, any family members or caregivers you choose, and all your doctors - work together as a team so you get the best possible care. This includes:

- Fast, 24/7/365 access to CareSync Health Assistants to get your healthcare questions answered
- The ability to easily share your health information with emergency responders, hospitals, all your doctors, and any family members or caregivers you choose
- An extra advocate for your health someone your doctor can count on to look out for you and ensure you get the help, appointments, treatments, and preventive care you need
- Peace of mind, knowing you can get healthcare information and support day or night, from the comfort of your own home



Call to Enroll Today!

Now that you know a little more about CareSync and our services, we invite you to enroll. Just call 1-800-331-6017 today and we'll get you started!

Want to learn more even more about care coordination? Read the article Get to Know Care Coordination



CareSync Provider and Patient Blogs

http://blog.caresync.com/ccm and http://blog.caresync.com/



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Posted by The CareSync Team Jun 4, 2018 12:56:43 PM





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Helping Patients With Chronic Illness





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http://info.caresync.com/ccm-report-for-fghcs-and-rhcs



THE LEADER IN CHRONIC CARE MANAGEMENT™

CCM Report for FQHCs and RHCs

Read this white paper to get the latest information on Chronic Care Management for RHCs and FQHCs.



New codes like G0511 for General Care Management and a higher reimbursement rate for Chronic Care Management (CCM) make it easier than ever for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to implement CCM in their practice and provide between-visit care coordination services to their patients.

In "RHC and FQHC CCM White Paper: CCM and Care
Management Services," CareSync takes a closer look at
Chronic Care Management for RHCs and FQHCs in 2018, as
well as the other care management services:: Transitional
Care Management (TCM), General Behavioral Health

Integration (BHI), and Psychiatric Collaborative Care Model (CoCM). And we explore the value providing CCM and other care coordination services can bring to RHC and FQHC practices, their patients, and their communities.

Please complete the form on this page to download the free report.

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Kaerrie	Hall
Email *	
kaerrie.hall@car	resync.com
Location *	
Florida	
CPC+ Participat	ion*
- Please Select -	
Specialty	
- Please Select -	
Currently billing	g for CCM
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