

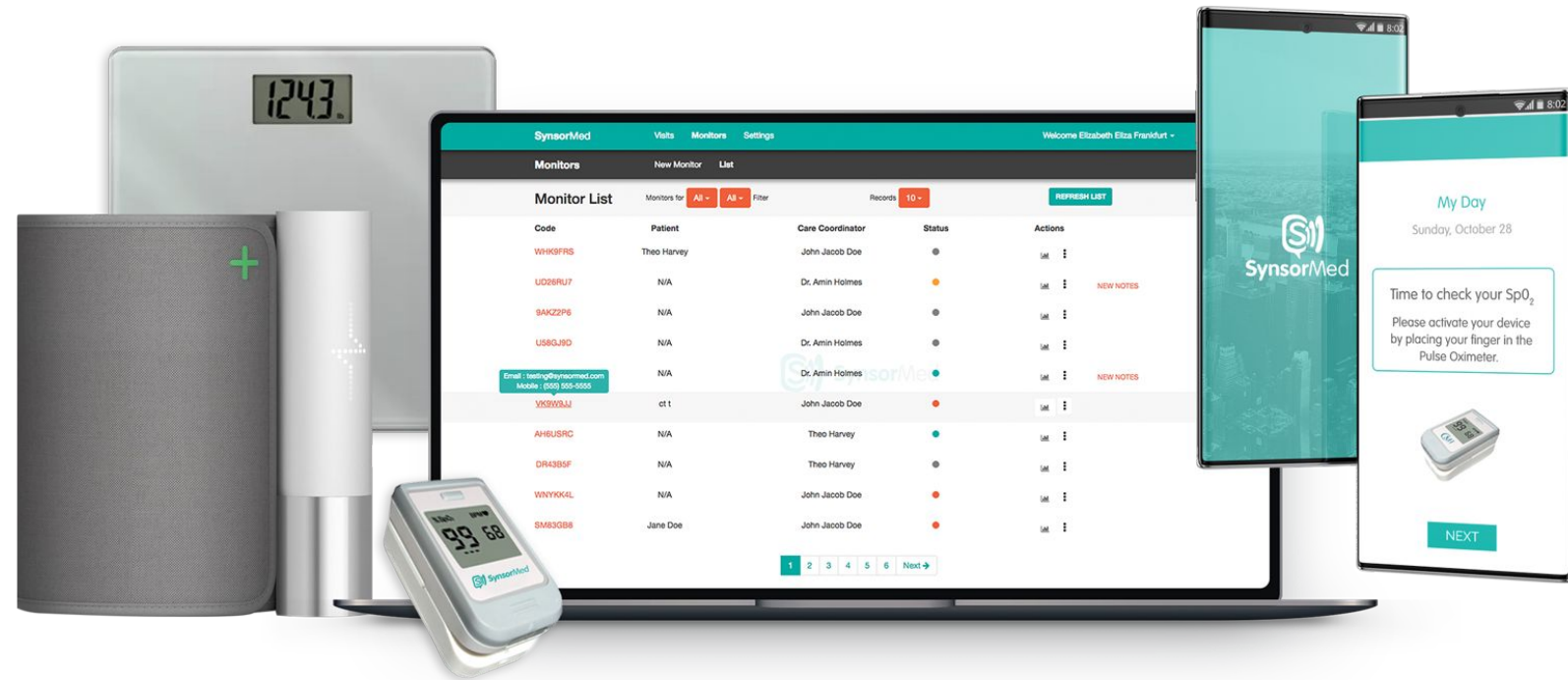


Easy Remote Monitoring

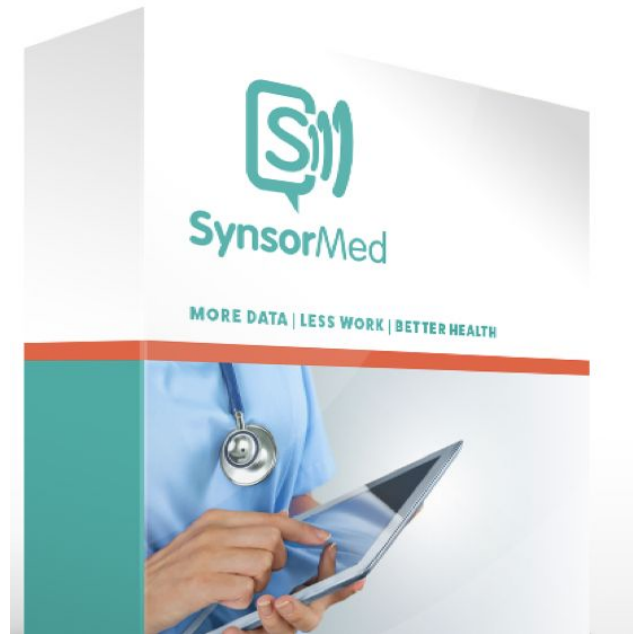
 SynsorMed

- **Patients struggle at home to stay compliant**
- **The need for patient monitoring due to COVID-19**
- **Work being done and without compensation**

# SynsorMed :AI-Powered Care Management



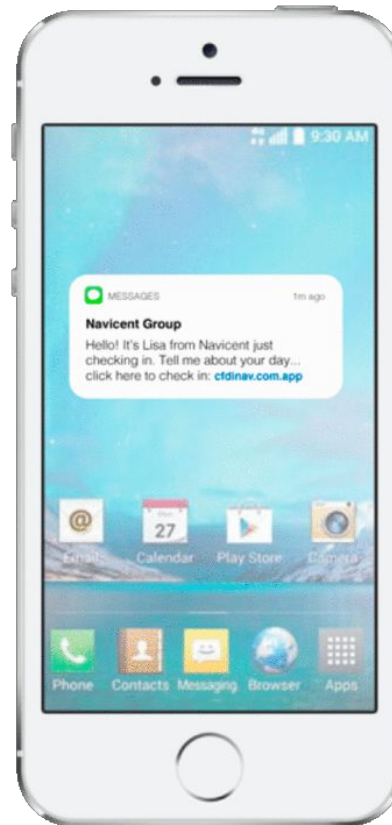
# SynsorMed :AI-Powered Care Management in a Box



# Devices: FDA Approved and Cellular Enabled



# Mobile App



**CPT CODE 99453**

“Remote monitoring of physiologic parameter(s) initial; set-up and patient education on use of equipment.”

**Pays \$21 per patient**

**CPT CODE PCM**

“Principle Care Management.” ONE complex condition with 30 minutes of follow-up.  
HCPCS G2064 / G2065

**Pays \$40 per patient**

**CPT CODE 99454**

“Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.”

**Pays \$69 per patient per month**

**CPT CODES 99457 / 99458**

“Remote physiologic monitoring treatment management services, 40 minutes or more of clinical staff / physician / other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.”

**Pays \$94 per patient per month**

# Real World Example

**Number of Patients Monitored: 100**

**Data View Requirement : 40 min per patient per month**

**CPT Code 99453: \$20**

**CPT Code 99454: \$50**

**CPT Code 99457/99458: \$80**

**Per Patient Revenue: \$150**



### Revenue:

*Technology Setup (1 time):* \$2000

Monitoring Reimbursement: \$5000

Data View Reimbursement : \$8000

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**Revenue 1<sup>st</sup> Month:           \$15,000**

**Monthly:                         \$13,000**

**Yearly:                         \$170,000**

## **CCM and RPM Billing Together**

*CCM Time: 30 minutes*

*RPM Time: 40 minutes*

*Total Time: 70 minutes per patient per month  
allowed for reimbursement*

**Total Reimbursement Per Month: \$190 per patient**

- RPM services can be furnished to **both new patients and established patients**, and that these RPM services can be provided for both **acute and chronic conditions** and for patients with only one disease.
- CMS announces that CPT code 99454 for the duration of the PHE, can be billed for as few as **2 days. Regardless if suspected of COVID-19 or not.**
- For code 99457 “interactive communication” has be defined as 20 minutes of a **real-time synchronous, two-way audio interaction** that is capable of being enhanced with video or other kinds of data transmission. This does NOT include care management services that are not associated with directly speaking with the patient are care giver.
- For Code 99458, it can be billed **multiple times in a month** at 20-minute increments.

# Workflow



**Choose Patient**

Medicare Age



**Consent**

Simple form SynsorMed  
setups with patient



**Deployment**

SynsorMed setups all  
patients for you



**Analysis**

View Data in Portal  
Time Log in Portal



**Billing**

Data Export



Choose Patient

Billing

# SynsorMed

Medicare Age

Simple form SynsorMed  
setups with patient

SynsorMed setups all  
patients for you

View Data in Portal  
Time Log in Portal

Data Export



Help meet the requirements of CPT  
99457 and CPT 99458

On demand staff augmentation

Certified RPM Nurses with  
understanding of patient  
engagement and compliance

**We have seen patient compliance  
increase by 60% with SynsorMed  
Nurse Services**

- Dr Anthony Jones

## Patient Handouts




**SynsorMed**

Talk to your care provider today about the advantages of using SynsorMed as a part of your care plan.

Our secure mobile app can easily be downloaded on your smart device through Apple iTunes or the Google Play Store.

Once downloaded, your Care Provider will give you a code to access the benefits of the app. Once a day, a health notification will display on your smart device which leads to a few simple questions. Your answers help the care provider understand your general well-being for the day and may prompt them to connect with you based on their assessment.

There is also the option of setting convenient medication reminders throughout the day.

SynsorMed is an unobtrusive way to strengthen your care support network and helps to promote healthy habits at home.



Contact us at:  
[www.SynsorMed.com](http://www.SynsorMed.com)



**STAY CONNECTED**  
with your care provider through a simple and secure support network.



**SIMPLE DAILY WELLNESS ASSESSMENTS** to optimize care and assure you have the support you need.



**AUTOMATED REMINDERS** assist in encouraging healthy habits at home.



At SynsorMed, we partner with medical providers to create a simple and safe support network for COPD patients.

Our secure mobile app solution takes up very little space on your phone. And, there are many proven benefits:

**Save money and time** going to see your doctor in person or possibly going to the emergency room. Our goal is to assist you before it becomes necessary to come in to see the doctor.

**Personalized care** in the comfort of your own home.


Knowing you have a **supportive network** of care is comforting.

**Healthy reminders** for proactive at-home care.

**Improved health outcomes** due to accessible care team.



## Case Studies


CASE STUDY

### Reducing Patient Readmissions and Increasing RPM Revenue Through Patient Engagement

**The Challenge**

Reduce Costly COPD HRRP penalties for economically-disadvantaged populations

The Hospital Readmission Reduction Program was designed by CMS to encourage hospitals to monitor the 30-day readmission rate of patients who were discharged home. It is a pay-for-performance program that lowers payments to hospitals for various chronic conditions like, heart failure, pneumonia, and COPD. For each eligible hospital, a payment adjustment factor is calculated. This adjustment factor estimates what percent a hospital's payment is reduced which in some cases can be as high as 5%.

Here is how SynsorMed works with hospitals to assist with this patient population after discharge for COPD to reduce readmissions and encourage better patient behavior.

**How We Work**

Through effective mobile monitoring, SynsorMed keeps doctors, patients and caregivers connected after discharge like never before. The data we provide is actionable and easy for patients to understand.

From our experience, technology alone is not able to effectively engage this particular patient population. That is why SynsorMed provides a complete solution for our clients. Not only do we provide a platform that quietly tracks a patient's process and monitors clinical areas of concern, but we are able to provide mobile and connected devices for patients who are in need. With our clinical staff, we are able to handle simple patient requests for medication refills, home concerns, and patient transportation needs through local third-party partners.

Our complete care management turnkey product and service allows us to partner with our hospital clients to increase revenue through the new CPT remote patient monitoring codes. With our services, clients can bill up to \$60 per patient per month for viewing the physiologic data coming from our platform. A typical hospital or clinic can see revenue up to \$12,000 a month.<sup>1</sup>

But not all patients are created equal. Patients who identify as lower socio-economic have been shown to be a positive predictor of readmissions<sup>2</sup> and typically these patients have multiple social-determinants, such as food insecurity, access to medication, and home issues that affect readmissions. According to research, these non-medical concerns make up more than 70% of health outcomes.<sup>3</sup> That is why connecting with this population outside the hospital can have a positive effect on satisfaction and outcomes.

"Eliminating healthcare disparities in regards to COPD readmissions is a key focus for our hospital. With SynsorMed we are able to intervene quicker and ensure we can sustain long term health equity."  
- Vice President of Respiratory Services  
637- Bed Hospital in Georgia

Sources:  
1. "Socioeconomic Status as an Independent Risk Factor for Hospital Readmission for Heart Failure"  
2. University of Washington County Health Services  
3. Assumptions: 200 patients under monitoring. Minimum of 30 min per month per patient.

[www.synsormed.com](http://www.synsormed.com)

## Patient Communication Templates

**Welcome**

It was a pleasure talking to you earlier today

As promised here is the material I wanted to send your way in regards to using


## Educational Videos



## Posters


### Living with COPD?

*Our Patient Support App can help you breathe easier...*



We are offering an opportunity for COPD patients in the area to participate in a free program to promote healthy habits at home.


Our cellphone based solution is free, secure, easy to implement and a quick daily support network.



**STAY CONNECTED**  
with your care provider through a simple and secure support network.




**SIMPLE DAILY WELLNESS ASSESSMENTS** to optimize care and assure you have the support you need.



**AUTOMATED REMINDERS** assist in encouraging healthy habits at home.

For more information, ask the office front desk staff. +  
Or, contact Lisa at SynsorMed  
404-520-3353 for more information.





## Award Winning Product at Medtrade

Providers Choice Award - " CAIREview™ powered by SynsorMed is a new telehealth solution app from CAIRE Inc. It allows medical equipment providers to track the location of their assets, troubleshoot alarm codes, monitor oxygen flow rates, and avoid costly after-hours visits."



## Navicent Health Partners with SynsorMed for Benefit of COPD Patients

Navicent Health lowers readmission disparities, wins AHA award  
"Navicent Health has made tremendous strides in addressing the healthcare disparities found among COPD patients. We want to ensure we continue to manage that disparity and minimize hospital readmission rates for COPD patients. By partnering with SynsorMed, we will sustain success and enhance in-home care for this patient population," said Rodney Cooper, Assistant Vice President of Respiratory Services for Navicent Health.

GeorgiaTrend

## Helping patients remain healthy

[Navicent Health](#) in Macon and [SynsorMed](#), a startup born at Navicent Health's Center for Disruption and Innovation, have launched a mobile app to help patients who have Chronic Obstructive Pulmonary Disease (COPD) remain healthy and avoid hospitalization. The app is a digital solution that enables COPD patients to take charge of their care. It also allows care coordinators to connect with patients and intervene before a hospital or emergency room visit becomes necessary.



# SynsorMed Navicent Case Study

Reducing 30-day COPD readmissions IRB

Innovation Champions:  
 • Rodney Cooper AVP Navicent Health



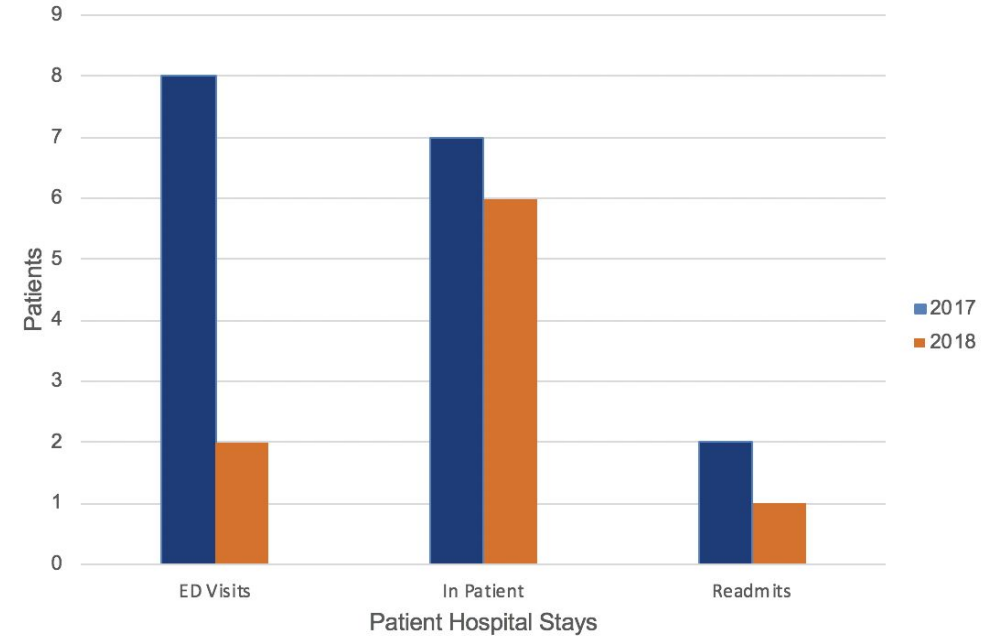
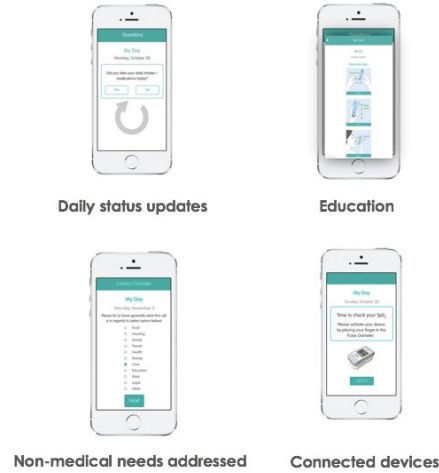
In-home personal device (smartphone, tablet) application for monitoring patient compliance with treatment plan.  
 IRB Time Frame: 8 months / # of patients: 25

Initial RT Educator program helped mitigate health disparities. But several concerns began to arise:

- 1) Understanding of patient behavior outside the hospital can increase the RT educator process.
- 2) Health disparate was starting to reappear.

Current Status:

- Integrating into current RT Educator workflow
- Creating an algorithm to help with patient selection
- SynsorMed provides mobile devices to patients for a 30-day period
- SynsorMed staff to augment with their nurse staff to reach out to patients
- Total Medicare COPD Admissions a month: 37
- Target: 15 a month on the program



**IMPACT:**  
 21% 30-day readmission rate across cohort in 2017  
 12% 30-day readmission rate across the same cohort during May-Dec 2018

### Features Include:

- Monitoring devices provided
- E-consent
- Alert-based System
- Marketing Support
- Staff training and support
- HIPAA compliance
- Patient technical support
- Device shipping
- Device support, replacement, and repair
- Misc equipment provided – test strips, batteries
- Portal for reporting and billing support
- Nurse Services (additional fees)

- **Telehelath** is here to stay and practices that don't get on board will be left behind
- **RPM Services** will increase practice revenue and improve patient care today.
- **SynsorMed** is your all-in-one solution for your product, software and service needs for an effective patient monitoring program

*Trusted by*

THE  
CRAWFORD  
CLINIC



GEORGIA VASCULAR INSTITUTE  
VASCULAR AND INTERVENTIONAL RADIOLO-

**RHN**  
Rural Health Network of Oklahoma

*Renewed Serenity*



## Easy to Start

1. **Sign Business Associate Agreement and Demo Contract**
2. **Ship equipment.**
3. **Customer Success Team will help train and onboard patients**



**SynsorMed**

*Inspiring Patients to live healthier happier lives at home*



# Mobile App

## Demo

[https://www.youtube.com/watch?v=NZZjHLgC6ul  
&feature=youtu.be](https://www.youtube.com/watch?v=NZZjHLgC6ul&feature=youtu.be)