CoagMgr

A Complete At Home INR Management System from WebCareHealth
A structured model to enhance relationships between health care providers and patients, CoagMgr facilitates efficient management of INR testing. Focused attention to quality, improved access to care, efficient data collections and provider incentives, makes the CoagMgr approach truly turnkey. It’s a complete approach to accountable healthcare.

Complete at home INR Management System

CoagMgr offers a unique, streamlined, systematic approach to managing the at home INR patient. At home INR monitoring is currently approved for patients on chronic anticoagulation therapy with atrial fibrillation, mechanical heart valves and previous DVT/hypercoagulable states.

- The First Provider-Patient Driven Home Care Management System
- Improved TTR
- Financial Outcomes
- Ease of Enrollment
- Web-Based
- Automated Billing Reports
- Educational Resources
- Improved Patient Compliance
- Provider Notifications

A PROVIDER-PATIENT PARTNERSHIP

Improves Quality

Reduces Cost & Staffing Burden

Increases Revenue

Improves Patient Satisfaction

Powered by WebCareHealth®
**Better Outcomes**
Benefits of weekly patient self-testing include increased compliance and more time in therapeutic range, leading to reduced risk of stroke, major bleeds and death. \(^2\) \(^4\)

Studies show most patients prefer the freedom of self-testing. \(^3\)

CoagMgr improves Time in Therapeutic Range (TTR) by 22-46\%. \(^5\)

**Improved Efficiency**
Patient self-testing with CoagMgr reduces staff time devoted to in-office INR testing and management so office staff are free to accomplish other necessary tasks.

Weekly self-testing also helps the physician to be more proactive in patient care, allowing for immediate adjustments to the treatment plan and/or medications thus reducing unnecessary and unscheduled calls and visits. CoagMgr helps break the cycle of emergency care and hospital admission for patients with chronic illness.

**Increased Revenue**
Home INR testing offers significantly higher reimbursement and is more consistent than in-office or lab testing models. CoagMgr accurately tracks all necessary data and provides timely reports allowing providers to submit and collect all proper revenues.

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"CoagMgr has changed the way I view my INR tests. It was always a frustration and a burden to go to a clinic several times a month. Now it has turned into a Tuesday morning bonding time with my 3-year-old daughter, Kinley, who plays nurse and lays out all my supplies for me."

Nic B., Patient

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5. Independent WebCareHealth data.
The CoagMgr Advantage

**TURNKEY EFFICIENCIES**
CoagMgr is designed by providers for providers. Our system provides unparalleled physician-patient communication.

Focused attention to quality care, improved access to care by efficient data collection, and incentivizing providers to coordinate care, means the CoagMgr approach is truly turnkey.

**PROVIDER REIMBURSEMENT**
CoagMgr offers the only automated patient self-testing INR management reporting system that allows the provider to submit for full reimbursement.

Billable events are tracked by CoagMgr and automated reports stimulate accurate and timely provider claims submission.

**CUSTOMER SERVICE**
From enrollment to billing, our secure web-based application boasts ease of use, educational resources, patient tracking and compliance, and provider notifications that include delinquent and critical lab value monitoring.

CoagMgr customer service is there at every step to reduce staff costs and time for efficient INR management.

**PATIENT SATISFACTION**
CoagMgr offers ease of use, convenience, and flexibility that lead to greater patient satisfaction.

Self-testing empowers patients to actively engage in their anticoagulation therapy to improve compliance and clinical outcomes.


**COMPARISONS OF PATIENT INR TESTING SOLUTIONS**

<table>
<thead>
<tr>
<th></th>
<th>Office or Lab Based Coag</th>
<th>CoagMgr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursements?</td>
<td>LOW</td>
<td>HIGH</td>
</tr>
<tr>
<td>Reduces office visits?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Patient Compliance</td>
<td>LOW MOD</td>
<td>HIGH</td>
</tr>
<tr>
<td>Remote management &amp; monitoring?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Results in one place?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Reduces staff burden?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Meets medical necessity?</td>
<td>YES/NO</td>
<td>YES</td>
</tr>
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Protected by copyright and trademark under U.S. law. Patent pending.
Published studies support patient self-testing (PST) for appropriate patients. For some chronic warfarin patients, self-testing may be a better option than traditional lab or office testing. Before enrolling in PST, verify the patient has been on warfarin for ≥ 90 days.

Patients who are suitable for INR self-testing should:
- Have one of the following conditions requiring long-term warfarin therapy including:
  - Atrial fibrillation
  - Mechanical heart valve
  - Hypercoagulable state
  - Deep vein thrombosis
  - Pulmonary embolism
- Be mentally and physically capable of using a testing device as demonstrated by teaching.
- Be motivated to participate in their own care.
- Be compliant in following a schedule of testing frequency and reporting of results.

Increase Time in Therapeutic Range (TTR)
A randomized study (Byeth RJ et al. Annals of Internal Medicine 2000; 133:687-695) of 365 patients on warfarin therapy demonstrated that those who self-tested were in range 56% of the time while patients who received usual care were in range only 32% of the time.

Lower Risk
An analysis of studies on PST (Henagen C. et al. Lancet 2006; 367:404-11) revealed that,“patients capable of self-monitoring their warfarin therapy could benefit from a one-third reduction in death from all causes.”

CMS has Approved INR Self-Testing for Selected Patients on Long-Term Warfarin Therapy
In a 2001 decision memorandum, CMS concluded, “that home prothrombin monitoring significantly improved time in therapeutic range for selected groups of patients, compared to testing done in physician offices or anticoagulation clinics. Increased Time in Therapeutic Range (TTR) leads to improved clinical outcomes with reductions in thromboembolic and hemorrhagic events.” (CMS Decision Memorandum #CAG-00087N, September 18, 2001)
**SELF-TESTING CAN INCREASE TIME IN RANGE**

- **Usual Care**: 32%
- **Patient Self-Testing**: 56%
- **CoagMgr Self-Testing**: 77.5%

**WEEKLY SELF-TESTING CAN IMPROVE PATIENT OUTCOMES**

<table>
<thead>
<tr>
<th>Event</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thromboembolic Events</td>
<td>-55%</td>
</tr>
<tr>
<td>Major Hemorrhagic</td>
<td>-35%</td>
</tr>
<tr>
<td>Death</td>
<td>-39%</td>
</tr>
</tbody>
</table>

**WebCareHealth Quick Stats**

**Testing Frequency**
- 7.2 days

**Results**
- 77.5%
  - Time in therapeutic range

**Stats Improvement**
- 22% - 46%
  - Increased time in therapeutic range
**EASY AS 1-2-3**

1. **IDENTIFY**

   Identify Qualifying Patients
   - The patient must have been anti-coagulated for at least 3 months prior to use of the home INR device, and
   - The patient must undergo a face-to-face educational program on anticoagulation management and must have demonstrated the correct use of the device prior to its use in the home.

2. **ENROLL**

   Enroll Patients & Provide Initial Training
   - Initial training is eligible for reimbursement under code G0248.
   - Highly-certified CoagMgr trainers provide on-site enrollment to make patient education a snap.
   - CoagMgr will support you every step of the way.

3. **MONITOR**

   Easily Monitor Patient Testing Results
   - CoagMgr is ready on day one to provide all necessary customer service to reduce staff burden of INR management.
   - Integrated automatic notifications from our all-in-one web portal allow for easy ongoing INR monitoring.

**IMPLEMENTATION AND ENROLLMENT PROCESS**

- **Required List of Coumadin Patients**
- **Newly Identified Patients**

**Pre-Screening Appointment Scheduling**
- Qualification Process
- Prior Authorization Screening

**Patient Evaluation**
- Verify Qualification
- Enroll / Train

**COLOR KEY**
- Clinic
- WebCareHealth
- Patient

- **YES**
  - Patient Begins Home Testing
- **NO**
  - Needs Re-evaluation

**Qualifying Diagnoses Include:**
- Atrial fibrillation
- Mechanical heart valve
- Hypercoagulable state
- Deep vein thrombosis (DVT)
- Pulmonary embolism (PE)

For a full list of qualifying codes, contact your WebCareHealth representative.
Frequently Asked Questions

CoagMgr Home INR Services

CUSTOMER SERVICE:
- Technical Support & Troubleshooting
- Lab Reporting
- Patient & Nurse Training
- Critical Alerts & Delinquent Lab Monitoring & Notification

EQUIPMENT & SUPPLY MANAGEMENT:
- Device and supply chain management
- Inventory tracking for the FDA & Roche Manufacturing Warranties

BILLING SUPPORT:
- Automated tracking of all billable events

REPORT CARDS:
- Documentation of your success with program

REIMBURSEMENT OF HOME PT/INR MONITORING

Since 2006, Medicare has covered home PT/INR monitoring for eligible patients with mechanical heart valve, chronic atrial fibrillation and venous thromboembolism (VTE). These services are covered and reimbursed by Medicare as physician-directed diagnostic services and not as durable medical equipment (DME).

This section outlines the CMS Medicare policy regarding coding, coverage and payment for home PT/INR monitoring services.

PATIENT ELIGIBILITY

What are the eligibility and coverage criteria for home PT/INR monitoring?

Medicare coverage is available for home PT/INR monitoring for chronic oral anticoagulation management for patients with mechanical heart valves, chronic atrial fibrillation, or venous thromboembolism (including deep vein thrombosis and pulmonary embolism) on warfarin.

The monitor and the home testing must be prescribed by a treating physician and the patient must meet all of the following requirements:

- The patient must have been anticoagulated for at least 3 months prior to use of the home INR device.
- The patient must undergo a face-to-face educational program on anticoagulation management, and must have demonstrated the correct use of the device prior to its use in the home.
- The patient continues to correctly use the device in the context of the management of the anticoagulation therapy following the initiation of home monitoring and self-testing with the device should not occur more frequently than once a week unless directed by provider.

PHYSICIAN-DIRECTED DIAGNOSTIC SERVICES FOR HOME PT/INR MONITORING

In order to obtain reimbursement from Medicare for home PT/INR monitoring services, the services must be provided under the direction of a physician with equipment and supplies dispensed by the physician (or designated entity as explained below). That is, the equipment and supplies are not purchased by the patient. Payment is made to the physician or designated entity and differentiated between technical and professional components of the diagnostic services.

How does the physician-directed diagnostic services home PT/INR benefit work?

The benefit involves three codes which are defined as either technical or professional:

- Provider or IDTF
- Provider or IDTF
- Provider or IDTF

The professional code can be provided by the physician only.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>PROVIDER</th>
<th>CODE</th>
<th>SHORT DESCRIPTOR</th>
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<tbody>
<tr>
<td>Provide face-to-face training on the use of the home PT/INR monitor</td>
<td>Provider or IDTF</td>
<td>G0248</td>
<td>Demonstrate use home INR monitor</td>
</tr>
<tr>
<td>Issue PT/INR monitoring equipment and supplies to the patient for home testing</td>
<td>Provider or IDTF</td>
<td>G0249</td>
<td>Provider/in test meter/equip</td>
</tr>
<tr>
<td>Physician review and interpretation of results and patient management</td>
<td>Provider or IDTF</td>
<td>G0250</td>
<td>MD INR test review interp mg/DL</td>
</tr>
</tbody>
</table>

Does this mean the patient does not purchase the PT/INR monitor and supplies?

Yes, the physician or IDTF purchases the equipment and supplies, not the patient. Medicare reimburses the physician or IDTF for the equipment and supplies under the reimbursement of G0249.

Must the physician speak directly to the patient to qualify for billing for the professional code?

No. Qualified personnel of the physician may obtain test results from the patient, but the physician must review and interpret the results. These test results must be documented in the patient record. It is recommended that the physician acknowledge his/her review of all test results thus documented.

CODING AND BILLING HOME PT/INR MONITORING

Which codes must a physician use to bill home PT/INR services to Medicare?

CMS has designated three Level II Healthcare Common Procedure Coding System (HCPCS) codes for billing home PT/INR monitoring. These codes are paid under the Medicare physician fee schedule:

G0248 Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria under the direction of a physician includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient’s ability to perform testing and report results.

G0249 Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria includes provision of materials for use in the home and reporting of test results to physician testing not occurring more frequently than once a week: testing materials, billings units of service include: 4 tests.

G0250 Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria: testing not occurring more frequently than once a week: billing units of service include: 4 tests.

What limits does CMS set on how often home PT/INR codes may be billed?

Code G0248 may generally be billed only once, as it refers to initial training in the use of the home PT/INR testing monitor.

Codes G0249 and G0250 may be billed only once every four tests.

Which codes can hospital outpatient facilities bill under the HOPPS?

The technical codes — G0248 and G0249 — are billable by the hospital. The professional code — G0250 — is not billable under HOPPS. However, the physician may bill for the G0250 service under the Medicare Physician Fee Schedule.

What is the patient’s financial responsibility for home PT/INR testing?

This depends on where the service is provided, whether in a physician office, IDTF, or hospital outpatient unit. Hospital outpatient units bill patients directly.

- For services paid under the physician fee schedule (physician office or IDTF), patients are responsible for 20% of the Medicare allowed amount after they satisfy the annual Medicare Part B deductible (slightly higher co-payments may be charged if the services are billed by a non-participating physician who does not accept assignment. Charges are subject to the limiting charge rules for these circumstances).
- For services paid under APCs (hospital outpatient clinic), patients are responsible for a co-payment for each billable service after they satisfy the annual Medicare Part B deductible.

- Standard deductible and co-pays apply to commercial insurance. Some carriers require prior authorization.

How Does CoagMgr Assist with the Billing?

WebCareHealth Tracks all billable events through our secure FDA registered web portal.

All three billable codes: G0248, G0249, G0250 are tracked according to payer guidelines. When a billable event occurs our software will create an event that is pushed into a billing portal. Your billing department will have secure access to the automated billing reports for accurate and timely claims submission and reimbursement.

What if a patient leaves the CoagMgr Program?

In the event that a patient becomes deceased, relocates, changes providers, comes off of Coumadin, or is deemed a poor candidate for the program, the device cannot be reused. You may be eligible for a prorated credit.

Can the Stand Alone FDA Registered WebCareHealth Electronic Health Record be integrated with our EHR?

Yes. We can work with your internal IT department to integrate the two EHRs.

How do our patients report their results to the WebCareHealth secure web portal?

Patients report their weekly test results through our secure web site, mobile app, secure network, or directly to WebCareHealth Customer Service.
WebCareHealth is a technology-based company devoted to providing physician and healthcare organizations turnkey solutions for patient monitoring and billing services.