

Westview Family Medicine

An independent, physician-founded family medicine practice in Maricopa County, Arizona: offices in Avondale, Glendale and central Phoenix, seven clinicians, care in English, Vietnamese and Spanish, and a Medicare panel inside an Enhanced-track Medicare Shared Savings Program ACO

Remote Care Service Line Optimization Report

2026 Strategy Report

A scalable, profitable remote care service line for Westview Family Medicine: remote monitoring and chronic care management for the Medicare panel its clinicians already manage, billed under Westview's own NPIs at Arizona's CY2026 Medicare rates, staffed by CoachCare and run inside eClinicalWorks

Purpose of this document

Prepared by CoachCare, October 2026, as a discussion document for the leadership of Westview Family Medicine. It is the companion to Westview's remote care strategy page and makes the same argument at report length: why Medicare's payment rules make this the year, what Westview's own Medicare claims show, how the service line runs, what it returns over 24 months at Westview's own locality rates, and why CoachCare is the partner to run it.

The argument is short. Westview already manages an older, multi-chronic Medicare panel, already bills chronic care management for part of it, and is in its fourth year inside an ACO that is scored on what happens between visits. What the claims do not show is daily readings for the hypertension and diabetes patients, or monthly care management for every eligible patient of all seven clinicians. This report shows what that program returns, who does the work, and how it starts without capital or a hire.

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Executive Summary

Westview Family Medicine, P.C. is an independent, physician-founded family medicine practice with three offices in Maricopa County: Avondale, its main office, and Glendale, each open weekdays from 7 a.m. and on Saturday mornings, and a smaller office on Central Avenue in Phoenix. Seven clinicians, two physicians and five nurse practitioners and physician assistants, see patients of all ages in English, Vietnamese and Spanish, with labs and diagnostics on site. The practice runs eClinicalWorks.¹

Westview's own CY2024 Medicare claims describe the panel. The weighted risk score is 1.17 against a national 1.00, and 49% of the traditional-Medicare patients also qualify for AHCCCS, Arizona's Medicaid program. **Hypertension and high cholesterol sit at CMS's 75% reporting cap for most clinicians; diabetes runs at 46%, chronic kidney disease 28%, dementia 20%, depression 16% and heart failure 13%.** Westview already bills chronic care management for about 130 of these patients under one physician, and wellness visits and cognitive care planning for about 190 each. No remote monitoring or transitional care program appears at meaningful scale.²

Since January 2023 Westview has taken part in an **Enhanced-track Medicare Shared Savings Program ACO**, the two-sided track; 2026 is its fourth year, and its clinicians are Qualifying APM Participants. Every admission avoided among the ACO's assigned patients is spending that never posts against the ACO's benchmark, and the quality measures the ACO is scored on turn on what happens between visits.³

The observation this report is built on

Turn the panel Westview already manages into a profit-generating service line.

Westview has the panel, the conditions, the record system and the accountable-care position. What its claims do not show is daily readings for the hypertension and diabetes patients, or monthly care management for every eligible patient of all seven clinicians. This service line fills that gap: staffed by CoachCare, governed by Westview's clinicians, billed under Westview's NPIs from inside eClinicalWorks.

What the Value Analysis returns

Full service line	Year 1	Year 2	24 months
Net reimbursement	\$415,627	\$527,895	\$943,522
CoachCare fees	\$243,138	\$297,273	\$540,411
Net to Westview	\$172,489	\$230,622	\$403,111
Practice margin	41.5%	43.7%	42.7%

CoachCare Value Analysis: 1,200 Medicare patients across three offices, 960 in scope, remote monitoring and chronic care management, 7 referring clinicians, one CoachCare-funded on-site enrollment specialist, CY2026 Arizona locality 00 amounts. Margin is net to Westview divided by net reimbursement.

¹ westviewfamilymedicine.com, retrieved October 20, 2026: offices at 13065 W McDowell Rd, Avondale, 8811 N 51st Ave, Glendale and 5133 N Central Ave, Phoenix; two physicians (family medicine, internal medicine), two nurse practitioners, three physician assistants; onsite labs, EKG, echocardiography, vascular ultrasound, spirometry. The patient portal is hosted on eClinicalWorks' domain under the healow name.

² CMS Medicare Physician & Other Practitioners, CY2024, ten clinicians: HCC risk 1.17; dual-eligible 49% of 623 beneficiaries with a reported count; hypertension 74%, high cholesterol 74%, diabetes 46%, CKD 28%, ischemic heart disease 21%, dementia 20%, depression 16%, heart failure 13%, COPD 12%; chronic care management 130 beneficiaries, 335 services; wellness visits 189; 99483 189.

³ CMS Shared Savings Program ACO Participants, 2023 to 2026 (2026 dataset 9767cb68): Enhanced track, prospective assignment, start January 1, 2023, second agreement period from January 1, 2025. CMS Quality Payment Program eligibility, 2026: Advanced APM, Qualifying APM Participant status.

Westview can take this two ways, and both are net-positive. CoachCare can run the remote monitoring while Westview keeps chronic care management with its own team: **\$445,900 of net reimbursement and \$190,804 to Westview over 24 months**, for 218 patients. Or CoachCare can run both programs across the panel, the forecast of record above, for 283 unique patients.

1. **Positive from month 2, with nobody hired.** Implementation and the eClinicalWorks setup post in month 1; every month after is positive, and from month 7 the program holds \$19,219 a month. CoachCare delivers 8,102 care-team hours over 24 months, about 3.9 full-time-equivalent years, with two care managers at 165 patients each.
2. **The binding constraint is the size of the eligible Medicare panel.** Remote monitoring reaches its ceiling of 218 in month 5 and chronic care management its ceiling of 216 in month 6, after which the program holds 434 active program enrollments across 283 unique patients. A larger chart count moves the forecast almost one for one, so the Medicare chart count by payer is discovery item number one.
3. **The margin holds whatever the panel turns out to be.** At an 800-patient panel the program returns \$274,846 to Westview over 24 months, and at 2,000 it returns \$636,349. The fee scales with the census, so the practice margin barely moves with panel size (Section 6.5).
4. **The program lives in eClinicalWorks.** CoachCare is the only care-management application integrated with eClinicalWorks that creates claims automatically, and a flagged patient reaches the first day of service in under five days (Section 4).
5. **Transitional care belongs on the stack, at every discharge.** CoachCare makes the two-business-day call and Westview bills 99495 (\$215.45) or 99496 (\$292.37). The forecast carries no transitional care dollars.
6. **Advanced primary care management is the named next lever, at zero dollars.** Westview's ACO participation opens the gate. APCM bills in place of chronic care management, and which patients move is a program decision to make together.
7. **The CY2027 proposed rule takes 5.6% off this line.** A 20.6% cut to device supply is 9.5% on the remote-monitoring arm and \$52,902 over 24 months on the whole line. Section 8 draws the cascade.

The ask is a working session: confirm the Medicare chart count by payer, walk through how chronic care management runs today and alongside the ACO's care coordination, scope the eClinicalWorks integration, and set the language plan for patients who prefer Vietnamese or Spanish.

1. Why Now: Medicare Pays for the Time Between Visits

Medicare is changing what it pays primary care for. Four shifts are under way at once, and each lands in the same place: the weeks between a patient's visits.

The shift	What it means for Westview
1. From visits to panels	Four office visits a year leave 361 days without a reading. Managing a panel means knowing which of Westview's roughly 1,200 Medicare patients are trending the wrong way before they reach an emergency department, and that takes home data and a team assigned to act on it every month.
2. Accountability for total cost	2026 is Westview's fourth year in an Enhanced-track Medicare Shared Savings Program ACO, with patients assigned at the start of each year. Every admission among them counts against the ACO's spending benchmark, and the Enhanced track shares the difference in both directions.
3. Value-based care, with Medicare Advantage at 51%	CMS wants every Traditional Medicare beneficiary in an accountable care relationship by 2030, and since 2025 advanced primary care management has paid a monthly amount for running the whole panel. In Maricopa County 51.47% of Medicare beneficiaries are in Medicare Advantage.
4. Codes for the work between visits	Remote monitoring pays when a patient takes readings on 16 or more days in a month, and two codes new in 2026, 99445 and 99470, pay for shorter months; in this forecast they carry 17% of remote-monitoring reimbursement. ⁴ At Arizona's CY2026 rates one hypertensive patient on remote monitoring and chronic care management (99454, 99457 and 99490) is worth \$165.95 a month in Medicare allowed charges.

Each shift pays for, or measures, what happens between visits. A remote care service line is how Westview covers that time for every eligible patient, and remote monitoring and chronic care management bill for it under Medicare fee-for-service today.

2. Westview Today: A Practice Built Around Its Patients

For nearly twenty years Westview has cared for families in Avondale, Glendale and central Phoenix, in English, Vietnamese and Spanish. Its Medicare patients carry more chronic illness than the national average, and about half of its traditional-Medicare patients also qualify for AHCCCS.

2.1 Three offices, seven clinicians, three languages

Office	Hours	What it means for this program
Avondale 13065 W McDowell Rd	Weekdays 7 to 5; Saturday 7 to noon	The main office and launch site, with labs, EKG, echocardiography, vascular ultrasound and spirometry. Avondale is 53% Hispanic; 36% speak Spanish at home
Glendale 8811 N 51st Ave	Weekdays 7 to 5; Saturday 7 to noon	Launched with Avondale. Its ZIP runs high blood pressure at 32.2%, coronary heart disease at 6.2% and COPD at 7.0%, each above the county, and holds about 2.3 times the county share of Vietnamese residents. Glendale is 42% Hispanic, 28% Spanish at home
Central Phoenix 5133 N Central Ave	A smaller office with fewer hours	Readings arrive every day whether or not the office is open

westviewfamilymedicine.com, October 20, 2026; American Community Survey 2020–2024, city level; CDC PLACES 2025, ZIP 85302 against Maricopa County.

The roster is two physicians, one in family medicine and one in internal medicine, plus two nurse practitioners and three physician assistants, all billing Medicare under Westview. The onsite

⁴ CoachCare Value Analysis for Westview Family Medicine, 2026: 99445 and 99470 carry 17.2% of 24-month remote-monitoring gross reimbursement.

echocardiography, vascular ultrasound and spirometry mean the heart, vascular and lung patients this program targets are already being found in the office.⁵

2.2 What the CY2024 claims say

The CY2024 Medicare by-provider and by-provider-and-service files were queried for every clinician billing through Westview that year. Ten carry a row, three of whom have since left, so the profile describes the fee-for-service patients the clinicians billing through Westview in CY2024 saw.⁶

Panel	CY2024	Condition	Share
Beneficiary-clinician pairs	736	Hypertension	75%+ (at the cap)
Medicare allowed	\$282,029	High cholesterol	74% (near the cap)
Weighted HCC risk score	1.17	Diabetes	46%
Dual-eligible	49%	Chronic kidney disease	28%
Chronic care management	About 130, one physician	Ischemic heart disease	21%
Annual wellness visits	About 190	Dementia	20%
Cognitive care planning (99483)	About 190	Depression	16%
Depression screening	About 180	Heart failure	13%
Remote monitoring, transitional care	No program at meaningful scale	COPD	12%

CMS Medicare Physician & Other Practitioners, CY2024, the ten clinicians billing through Westview. Program rows are beneficiaries; pairs count a patient once per clinician seen. CMS caps published prevalence at 75%, so hypertension and high cholesterol are floors, and suppresses lines under 11 beneficiaries.

This is the panel remote care is built for: hypertension and high cholesterol in at least three of four patients, diabetes in nearly half, kidney disease in more than a quarter, dementia in one in five. Most patients qualify for chronic care management, and hypertension with diabetes is the largest group whose home readings would change treatment. Westview already documents a continuing relationship with these patients, but **no remote monitoring, transitional care or behavioral health integration program appears at meaningful scale under any Westview clinician**, and chronic care management runs under one clinician's name only.⁷

2.3 Nearly twenty years, four of them in an ACO

Year	What happened
2007	Westview Family Medicine, P.C. receives its organization NPI; its founding physician had enrolled in Medicare the year before ⁸
2022	Five Westview clinicians join a Medicare Direct Contracting entity, the model later renamed ACO REACH: the practice's first arrangement built on total cost and quality
2023	Westview joins an Enhanced-track Medicare Shared Savings Program ACO, two-sided, with prospective assignment, scored every year on blood pressure, diabetes, depression screening and admissions
2025	The ACO's second agreement period begins with Westview still on the participant list; its clinicians are Qualifying APM Participants

⁵ westviewfamilymedicine.com services page; CMS Doctors and Clinicians, October 2026.

⁶ CMS by Provider (8889d81e) and by Provider and Service (92396110), CY2024, queried by NPI for every clinician linked to Westview's billing organization: 736 beneficiary-clinician pairs, 712 with an established-patient visit, \$282,029 allowed.

⁷ CMS by Provider and Service, CY2024, searched for the remote monitoring, chronic care management, transitional care, APCM and behavioral health integration codes. Present: 99490 and 99439 under one physician; G0439 (189); 99483 (189); G0444 (179). CMS suppresses lines under 11 beneficiaries.

⁸ NPPES: organization record enumerated June 25, 2007; the founding physician's Medicare enrollment approved in 2006. CMS ACO REACH Providers, 2022: five Westview clinicians as participant providers.

Year	What happened
Today	Three offices, seven clinicians, three languages, and chronic care management, wellness visits and cognitive care planning already billed
Next	Daily readings and monthly care management for every eligible Medicare patient, run by a CoachCare care team inside eClinicalWorks

2.4 What Westview already runs, and the gap

What exists	Status	What it means for this program
eClinicalWorks and its portal	Live	The program's host: flags, orders, readings, care documents and claims (Section 4)
Chronic care management	About 130 patients, one physician	Credited and kept. CoachCare can carry every other eligible patient of all seven clinicians
Wellness visits, cognitive care planning, depression screening	About 190, 190 and 180	The wellness visit becomes the consent-and-enroll moment; monthly care management keeps each plan moving
The ACO's care-coordination team	Offered for assigned patients	Nurses, behavioral health coaches, social workers and navigators. The program sits beside them
Remote monitoring and transitional care	No program at meaningful scale	Devices, monitoring, business-hours alert triage and the post-discharge call come from CoachCare

The gap is specific: daily readings for the hypertension and diabetes patients, and monthly care management for the eligible patients of the other six clinicians.

2.5 The market, and the rate basis

Maricopa County had 823,407 Medicare-eligible residents in October 2026, and 51.47% were in a Medicare Advantage plan; about 399,000 remain in Original Medicare, and 14.3% are dual-eligible. Medicare Advantage plans must reimburse at no less than the Medicare rate, a floor; individual contracts set their own terms for the care-management code families. Westview takes most Medicare Advantage plans plus two plans for dual-eligible patients, so its own Medicare Advantage share may run above the county figure; the payer mix is the second thing to confirm after the chart count.⁹

All three offices sit in Arizona's single statewide payment locality, locality 00, under the Noridian JF contractor. Every dollar in this report is priced at those CY2026 amounts.¹⁰

3. The Service Line: Remote Monitoring and Chronic Care Management

3.1 The clinical and billing stack

Two monthly programs and one episode code, with one enrollment conversation, one care team and one billing pipeline into Westview's own billing through eClinicalWorks. The forecast carries the two monthly programs; transitional care is recommended at every discharge and carries no dollars.

⁹ CMS Medicare Advantage State/County Penetration, October 2026: Maricopa 51.47% (423,846 of 823,407). CMS Medicare Monthly Enrollment, June 2026: 398,985 in Original Medicare; 116,299 dual-eligible (14.3%).

¹⁰ CY2026 Physician Fee Schedule, Noridian JF carrier 03102, Arizona locality 00: geographic indices work 1.000, practice expense 0.969, malpractice 0.856; conversion factor \$33.4009.

Program	What it does clinically	Who it fits on this panel	Net reimbursement per patient-month
Chronic care management (CCM)	A documented care plan and at least 20 minutes of clinical staff time a month for patients with two or more chronic conditions; 99490, 99439	The multi-chronic core: hypertension with diabetes, kidney disease, heart disease, dementia or COPD	\$108.55
Remote physiologic monitoring (RPM)	Cellular cuffs, glucometers and scales send readings between visits against thresholds Westview's clinicians set; 99453, 99454 or 99445, 99457, 99458, 99470	Hypertension and diabetes first, then kidney disease and heart failure	\$94.96
Transitional care management (TCM)	Contact within two business days of discharge, medication reconciliation, a visit within 14 days (99495) or 7 days (99496)	Every panel patient discharged from a hospital or observation stay	Per discharge; not in the forecast

Codes	What they pay for	CY2026 Arizona locality 00
99490 · 99439	Chronic care management, first 20 minutes · each additional 20	\$64.85 · \$49.41
99453	Remote monitoring setup and education, once	\$20.96
99454 · 99445	Device supply, 16+ days · 2 to 15 days in 30 (99445 new in CY2026)	\$50.45 · \$50.45
99457 · 99458	Treatment management, first 20 minutes · each additional 20	\$50.65 · \$40.61
99470	Treatment management, 10 to 19 minutes (new in CY2026)	\$25.49
99495 · 99496	Transitional care, visit within 14 days · within 7 days	\$215.45 · \$292.37
G0556 · G0557 · G0558	Advanced primary care management, levels 1 to 3	\$16.04 · \$52.72 · \$114.88
99484	Behavioral health integration, 20 minutes a month	\$56.41

How the rates apply

CY2026 non-facility amounts, Arizona locality 00 (Noridian JF, carrier 03102), ZIP 85392. One device code, one first-tier management code and one care-management program (chronic care management or advanced primary care management) bill per patient per month; transitional care bills once per discharge alongside either.

Medicare Advantage plans must reimburse at no less than the Medicare rate, a floor; individual contracts set their own terms for the care-management code families. The forecast prices every patient at the Medicare amount.

3.2 The care team, and the hours it keeps

CoachCare hires, trains and manages the care managers, at 165 patients each: two care managers for the 283 unique patients the program holds from month 6. An on-site enrollment specialist on CoachCare's payroll works beside Westview's medical assistants and enrolls patients during the visit, and telephonic outreach reaches the rest. Devices are cellular, with no Wi-Fi, smartphone or pairing needed. Monitoring runs on business hours: devices transmit daily, and care managers review readings, run outreach and send escalations Monday to Friday, 8 a.m. to 5 p.m. in the patient's time zone. Patients are told at consent to call 911 for an emergency and Westview for anything urgent.

3.3 Transitional care at every discharge

Transitional care management (99495 at \$215.45, 99496 at \$292.37) pays for the month after a hospital or observation stay: contact within two business days, medication reconciliation and a Westview visit within 14 days, or 7 for high-complexity patients. CY2024 claims show none at meaningful scale. The

post-discharge cadence in Section 5.4 is that episode: CoachCare makes the first call and books the visit, and Westview furnishes the visit and bills the code. The forecast carries no dollars for it, because the case for Westview is the panel rather than the discharge. The trigger is the hard part: whether a discharge notice reaches Westview from the hospitals where Westview's patients are admitted is discovery item number five.

3.4 The next levers: APCM and behavioral health integration

Advanced primary care management (G0556 to G0558) pays a monthly amount per patient for running the whole panel, tiered by complexity, and CMS ties it to a value-based arrangement; Westview's Shared Savings Program participation clears that gate.¹¹ It appears here at zero dollars. APCM bills in place of chronic care management for a patient, and its highest tier is for Qualified Medicare Beneficiaries, a group within the dual-eligible half of Westview's traditional-Medicare panel. Moving patients from chronic care management to APCM is a program decision to make together. Remote monitoring bills alongside either, and the same staff and workflow carry over.

Behavioral health integration is the adjacency. Depression appears on 16% of the panel's claims and dementia on 20%, and Westview already bills cognitive care planning and depression screening. Behavioral health integration (99484, \$56.41 a month) can run on the same care-manager calls once the program is running. It carries no dollars here.

3.5 Two deployments, and what Westview keeps

Westview has already built part of the answer to build-versus-partner: it bills chronic care management, and its ACO offers care coordination for assigned patients. CoachCare can take on as much or as little of the care management as Westview wants.

Deployment	What CoachCare runs	What Westview keeps
RPM alongside Westview's own CCM	Remote monitoring for the hypertension, diabetes and kidney-disease patients	Chronic care management as it runs today, with home readings in the chart
Full service line, RPM + CCM (the forecast of record)	Both programs, enrolling every eligible patient into care management as well as monitoring	The patients its own staff already manage, if it chooses

- **Westview keeps clinical governance, the patients and the revenue.** Its clinicians set thresholds, routing and discharge criteria and sign the care plans; claims go out under Westview's NPIs, and in the full service line Westview keeps 42.7% of net reimbursement after CoachCare's fee.
- **CoachCare supplies the program.** Devices, an on-site enrollment specialist, care managers, business-hours alert triage, monthly documentation and automated claims, all priced per active patient per month. None of it is Westview's headcount, inventory or software.
- **The ACO's team is a co-existing layer.** Which assigned patients it supports, and whether any of that work is billed, is discovery item number three. The forecast counts chronic care management from zero, so the overlap with today's 130 patients is settled in the same session.
- **Independence is part of the return.** A recurring service line with its own margin is an alternative to selling the practice to fund the next hire.

¹¹ CY2025 and CY2026 Physician Fee Schedule final rules: APCM (G0556 to G0558) effective January 1, 2025; G0558 for Qualified Medicare Beneficiaries with multiple chronic conditions; billed in place of chronic care management for the same patient and month.

4. eClinicalWorks: The Program Lives in the Chart

CoachCare works inside eClinicalWorks' own workflows, so Westview's clinicians and staff do not learn a second system. Evidence of care, vitals and care plans are attached to each chart every month, enrollment status is visible at every office, and a flagged patient reaches the first day of service in under five days.¹² CoachCare is the only care-management application integrated with eClinicalWorks that creates claims automatically.

Integration pillar	What happens in eClinicalWorks
Integrated enrollment	Flags in the chart prompt the order for patients who meet criteria Westview's clinicians approve, at a visit, a wellness visit or on an outreach list
Enrollment by services and devices	The clinician orders by service and by device (cuff, glucometer, scale), the way a lab is ordered
Exchange of health history	Diagnoses, medications, vitals and labs pass to the care team at intake; the care plan comes back
Integrated vital reports	Home readings land in the chart, so the clinician sees home averages at the next visit
Compliance documentation and care summary	Evidence of care, vitals and the care plan attached monthly for every enrolled patient
Automated claim generation	Claims built for every patient, every month, once a code's requirements are met; Westview's billing team reconciles and files them

The integration costs \$4,000 for setup, \$150 a month and \$1.50 per enrolled patient-month. With implementation and telephonic outreach the ancillary items total \$24,877 over 24 months, inside the \$540,411 of CoachCare fees. The build runs alongside onboarding, so it does not hold up the first enrollments.

5. Clinical Governance & Escalation

Every reading routes through one escalation engine with defined thresholds, trend rules, routing and documentation, so Westview never carries surveillance liability it did not agree to. Thresholds and routing are set with Westview's clinicians, office by office, before the first patient enrolls.¹³

5.1 One shared escalation engine

Branch	The rule	Why
Critical value	Escalate to the practice, regardless of symptoms	No client preference can suppress it. A critical reading on its own goes to the office, not to 911
Out of range, not critical	Retake, then a structured symptom check	Most out-of-range readings resolve here, which keeps inboxes usable
Trend	Three consecutive readings an hour or more apart for blood pressure or glucose; three within seven days for heart rate; weight gain past the agreed threshold	A confirmed trend escalates like a single threshold breach
Patient unreachable	Document, leave a callback message, and escalate anyway if the reading was critical or a confirmed trend	Silence never downgrades a clinical finding
Documentation	Six fields: vital · findings · method · contact · outcome · follow-up	Any episode can be reconstructed end to end

¹² CoachCare eClinicalWorks integration overview, 2026: the six pillars; patients begin chronic care management and remote monitoring in less than five days.

¹³ CoachCare Care Management Programs standard operating procedures, March 2026: escalation logic, trend definitions, emergent protocol, care-management hours (Monday to Friday, 8:00 a.m. to 5:00 p.m. local patient time), post-discharge sequence and discharge governance.

5.2 The emergent pathway

Non-negotiable, and stated as such

Triggers. Chest pain · new shortness of breath · signs of stroke · syncope · worst-ever headache · sudden swelling, reported by the patient on a call.

Action. The care team calls 911 with the patient on the line, then notifies the Westview office the same day. A critical reading alone, without those symptoms, goes to the office instead.

If the patient refuses. The office is called with the patient still on the line and directs care; if the office cannot be reached, CoachCare activates emergency services.

The floor. CoachCare's emergent policy supersedes any client escalation preference. Westview shapes routing for everything else.

5.3 Three-way routing, on business hours

Route	What goes there	Who sees it
Emergency	Active emergent symptoms reported on a call	911 with the patient on the line; the office notified
Needs the practice	A critical reading, or an out-of-range reading or trend confirmed after a retake	The clinician or nurse each office designates, in eClinicalWorks, with readings and a recommended next step
Stable or resolved	Worked, retaken and resolved	Documented as an FYI in the chart, without paging anyone

The matrix is agreed per office, and the Central Avenue office keeps shorter hours. Care managers work readings and escalations Monday to Friday, 8 a.m. to 5 p.m. local patient time; a reading that arrives on a Saturday or overnight is worked the next business day, and the patient's standing instruction for anything urgent is Westview's own line or 911. The Saturday-morning sessions in Avondale and Glendale give a patient flagged late in the week a place to be seen.

5.4 The post-discharge cadence

Any emergency visit or hospitalization in the previous 60 days triggers the cadence. After a hospital or observation stay it is also the transitional care episode, and inside the ACO each admission it prevents is spending that never posts against the benchmark.

Touch	Window	What happens
1 · Stabilize	Day 1–2	What led to the visit; discharge medications reconciled against what is in the house; a follow-up visit confirmed within 7 to 14 days
2 · Detect	Day 5–8	Adherence verified, triggers re-checked, appointment and ordered labs confirmed
3 · Secure	Day 12–14	Medication and risk review, visit outcome, and a handoff into monthly monitoring

5.5 Language access, designed in

In Avondale 36% of residents speak Spanish at home and in Glendale 28%, and the Glendale office's ZIP holds about 2.3 times the county share of Vietnamese residents.¹⁴ A patient who cannot follow a welcome call cannot take a reading that counts, so language is a design requirement, settled before launch. Enrollment scripts, consent language, device instructions and outreach are scoped by language with Westview, including who carries the calls for patients who prefer Vietnamese or Spanish and how preferred language is flagged in eClinicalWorks. Westview's own multilingual team is part of that design. It is discovery item number four.

5.6 Continuity and discharge governance

1. **Unreachable patients escalate on a fixed clock.** A monitoring patient unreachable 45 days from enrollment goes to the office; non-compliance at 90 days triggers a second escalation; chronic care management's first escalation comes at six months.
2. **There is a hard backstop.** Without an instruction from the office, discharge from monitoring proceeds at 180 days, with the office notified.
3. **Westview always decides.** Discharge criteria, thresholds and routing belong to Westview's clinicians, with the single exception of the emergent floor in Section 5.2.

6. Value Analysis: The 24-Month Forecast

6.1 The headline economics

The forecast covers remote monitoring and chronic care management across a Medicare panel of 1,200 at the three offices, 960 in scope, at the CY2026 Arizona locality 00 amounts, with 7 referring clinicians and one CoachCare-funded on-site enrollment specialist at 80 enrollments a month. No transitional care, APCM, behavioral health integration or ACO payment is in these numbers.¹⁵

Full service line	Year 1	Year 2	24 months
Chronic care management	\$216,259	\$281,363	\$497,623
Remote physiologic monitoring	\$199,368	\$246,532	\$445,900
Net reimbursement	\$415,627	\$527,895	\$943,522
CoachCare fees, including eClinicalWorks integration and implementation	\$243,138	\$297,273	\$540,411
Net to Westview	\$172,489	\$230,622	\$403,111
Practice margin	41.5%	43.7%	42.7%

The margin rises from 41.5% in year one to 43.7% in year two as the one-time setup falls away and the census is full all year. Year two is the steady state: **\$527,895 of net reimbursement, \$230,622 of it kept by Westview.**

6.2 Two deployments, side by side

Each deployment is priced on its own, and the full service line is the forecast of record. The avoided admissions are the same in both because they come from the monitoring. The full line adds chronic care management for 216 patients, 65 of them patients the monitoring does not reach, and \$212,307 more to Westview over 24 months.

¹⁴ American Community Survey 2020–2024: Avondale 53.4% Hispanic, 36.3% Spanish at home; Glendale 42.2% and 27.8%; ZIP 85302 1.4% Vietnamese against 0.6% county-wide.

¹⁵ CoachCare Value Analysis for Westview Family Medicine, 2026, the source of all Section 6 figures; sensitivity runs change one input at a time on the same workbook.

24 months	RPM alongside Westview's own CCM	Full service line, RPM + CCM
Net reimbursement	\$445,900	\$943,522
Net to Westview after fees	\$190,804	\$403,111
Unique patients at month 24	218	283
Hospitalizations avoided	About 31	About 31

6.3 Where the revenue comes from

24 months	Net reimbursement	CoachCare fees	Net to Westview
Chronic care management	\$497,623	\$255,691	\$241,932
Remote physiologic monitoring	\$445,900	\$259,843	\$186,056
Implementation, eClinicalWorks integration, per-patient EMR fee, telephonic outreach		\$24,877	-\$24,877
Total	\$943,522	\$540,411	\$403,111

Chronic care management is the larger line, \$497,623 on 216 enrollments at month 24, because the multi-chronic core of the panel is large and the 99439 add-on is earned in most months. Remote monitoring carries \$445,900 on 218 enrollments and produces the readings, alerts and avoided admissions. The **434 active program enrollments at month 24 belong to 283 unique patients**, because most monitored patients also hold a care-management enrollment. The two codes new in 2026 carry 17% of remote-monitoring gross reimbursement on this mix.¹⁶

6.4 The ramp, month by month

Month 1 nets -\$4,968, because the one-time implementation fee and the eClinicalWorks setup post against 38 enrollments. The program is positive from month 2, with \$4,293 on 100 enrollments; new enrollments peak at about 83 patients a month during the launch, and from month 7 the program holds \$19,219 a month. The first month's draw is repaid in month 3, and cumulative net to Westview passes \$57,178 at month 6, \$172,489 at month 12 and \$403,111 at month 24.

Month	Net reimbursement	CoachCare fees	Net to Westview
M1	\$4,199	\$9,167	-\$4,968
M2	\$10,738	\$6,445	\$4,293
M3	\$19,708	\$11,588	\$8,119
M4	\$30,378	\$17,661	\$12,717
M5	\$42,665	\$24,637	\$18,028
M6	\$43,991	\$25,003	\$18,988
M7 onward	\$43,991	\$24,773	\$19,219

¹⁶ CoachCare Value Analysis: 99445 \$71,071 and 99470 \$11,970 of \$481,403 remote-monitoring gross reimbursement over 24 months.

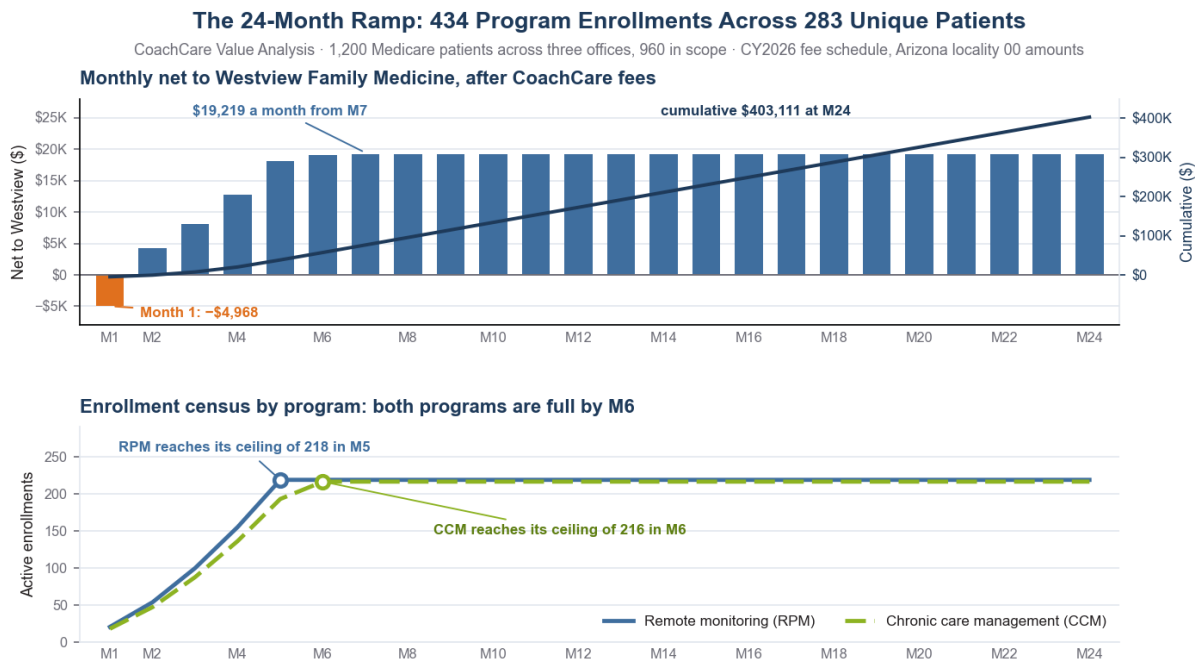


Figure 1. Monthly net to Westview after CoachCare fees, with cumulative net, and the enrollment census by program with the two ceiling months marked. CoachCare Value Analysis, full service line.

6.5 Ceilings, and what moves them

Program	Eligible share of the 960 in scope	Acceptance	Ceiling	Reached
Remote physiologic monitoring	65%, 624 patients	35%	218	M5
Chronic care management	75%, 720 patients	30%	216	M6

Say the constraint out loud

The binding constraint is the size of the eligible Medicare panel, not enrollment capacity. By month 6 every patient the two programs can take is enrolled. A second on-site enrollment specialist cannot raise the ceiling but reaches it sooner, in month 4, and adds \$38,117 of net reimbursement over 24 months (\$981,639 against \$943,522). With no on-site specialist the forecast falls to \$784,162.

The chart count is discovery item number one. The 1,200 is sized from Westview's own CY2024 claims across all payers. A chart pull by payer replaces it, and a larger chart count moves the forecast almost one for one.

Scenario	24-month net reimbursement	Net to Westview	Unique patients at M24	Ceilings reached
Base: panel 1,200, 960 in scope, 7 clinicians, one enrollment specialist	\$943,522	\$403,111	283	M5 / M6
Panel 800, 640 in scope	\$650,403	\$274,846	189	M4 / M5
Panel 1,000, 800 in scope	\$798,645	\$339,751	236	M5 / M5
Panel 1,600, 1,280 in scope	\$1,218,937	\$523,577	378	M7 / M7
Panel 2,000, 1,600 in scope	\$1,476,956	\$636,349	472	M8 / M8
Panel 1,200 with 60% in scope (720)	\$724,936	\$307,461	212	M5 / M5

Scenario	24-month net reimbursement	Net to Westview	Unique patients at M24	Ceilings reached
Panel 1,200 with all of it in scope	\$1,151,512	\$494,100	354	M6 / M7
No on-site enrollment specialist	\$784,162	\$331,401	283	M11 / M15
A second on-site enrollment specialist	\$981,639	\$420,076	283	M4 / M4
Eight referring clinicians	\$947,590	\$404,917	283	M5 / M6
Nine referring clinicians	\$951,659	\$406,722	283	M5 / M6
The two physicians referring alone	\$913,528	\$390,058	283	M7 / M7

CoachCare Value Analysis sensitivity runs, one input changed at a time; panel runs keep 80% in scope. Ceilings reached: remote monitoring / chronic care management.

Revenue is close to linear in the panel because both programs are ceiling-limited: from 800 to 2,000 patients, 24-month net to Westview runs from \$274,846 to \$636,349 at about the same margin. Clinician count and enrollment staffing change timing only. An eighth referring clinician adds less than \$2,000, while losing the on-site specialist pushes the ceilings out to months 11 and 15. The panel is the lever.

6.6 What the program produces clinically and operationally

Output over 24 months	Volume	What it represents
Physiologic readings received	49,306	Blood pressure, glucose and weight values arriving between visits
Claims and billable units	18,133	Created in eClinicalWorks for Westview's billing team
Care-management tasks	36,266	Outreach, care-plan updates and medication reviews
Patient conversations	5,440	Live contacts across 302 hours of call time
Care-team hours	8,102	About 3.9 full-time-equivalent years of work Westview does not employ
Hospitalizations avoided	About 31	About \$470,000 at \$15,000 per admission

CoachCare Value Analysis, 24-month totals, full service line. The avoided-admission count uses the workbook's baseline admission rate; at a 40% annual admission baseline, realistic for a multi-morbid panel at this risk score, it is about 63.

Two ledgers, kept separate

Fee margin funds the program. \$403,111 to Westview over 24 months, paid claim by claim.

Avoided admissions and quality speak to the ACO. About 31 admissions avoided, about \$470,000 at \$15,000 each, plus monthly work on the five measures in Section 7. Under two-sided risk the new Part B care-management spend also sits on the ACO's ledger, which is why the avoided admissions and the quality measures carry the argument there, more than the fee revenue does.¹⁷

6.7 Published results from CoachCare programs

- **Blood pressure, in West Phoenix.** Cardiac Solutions, a physician-owned cardiology practice with three West Phoenix offices, put 2,738 patients on CoachCare remote monitoring. Stage 2 hypertension patients saw a 29.1 mmHg average systolic drop, and 94.8% improved. Patients who took readings consistently dropped 8.53 mmHg against 3.54 mmHg for those who did not.¹⁸

¹⁷ CoachCare Value Analysis: 31.3 hospitalizations avoided over 24 months at the workbook's baseline admission rate, \$15,000 each.

¹⁸ Cardiac Solutions case study, April 2026: 2,738 remote-monitoring patients enrolled 12 months or more.

- **Readmissions, at the same practice.** Across 26,689 patients, the 30-day readmission rate was 7% for CoachCare patients against 15% for the rest.¹⁹
- **Heart failure, in Iowa.** Iowa Heart enrolled 450 advanced heart-failure patients and recorded zero readmissions over six months.²⁰

The result followed the patients who kept taking readings, so the care team's monthly work is outreach and engagement, and clinician time goes to the escalations that need it.

7. Quality: The Measures the ACO Is Scored On

The Shared Savings Program scores every ACO each year on a fixed set of quality measures, and the score decides whether the ACO meets the program's quality standard. Five move with this program's monthly work, and Westview's patients count in all five.²¹

Measure	What it counts	What the program does each month
Q236 Controlling high blood pressure	Hypertensive patients whose latest blood pressure is under 140/90	Home averages give an accurate reading of control and a monthly chance to act
Q001 Diabetes: A1c poor control (> 9%)	Patients with diabetes whose latest A1c is above 9%; lower is better	Care management keeps A1c testing and medication changes on schedule; home glucose shows slippage early
Q484 Admissions, multiple chronic conditions	Unplanned admissions among patients with several chronic conditions, from claims	Daily readings, outreach on a confirmed trend, a fixed cadence after any admission
Q134 Depression screening and follow-up	Patients screened, with a follow-up plan when the screen is positive	PHQ-2 and PHQ-9 in monthly care management; positives routed to Westview
Q479 Hospital-wide 30-day readmission	Unplanned readmissions within 30 days of discharge, from claims	A call within two business days, devices home before the follow-up visit

Two of the five come from claims, so an admission that does not happen does not count. With hypertension in at least three of four Westview Medicare patients and diabetes in nearly half, Q236 and Q001 between them cover most of the panel.

8. Policy Watch: The CY2027 Proposed Rule, Repriced on This Forecast

CMS published its proposed CY2027 physician fee schedule in July 2026. The comment period closed September 14, 2026, the final rule is expected in early November 2026, and the changes take effect January 1, 2027. The proposal cuts the remote-monitoring device-supply codes. Every code in this forecast was repriced at Arizona locality 00 on Westview's own billing mix, with enrollment held constant.²²

¹⁹ Cardiac Solutions readmissions case study: 7% against 15% across 26,689 patients.

²⁰ Iowa Heart case study, 2026: 450 NYHA class III to IV patients over six months.

²¹ Shared Savings Program quality reporting through the APM Performance Pathway: measures 001, 134 and 236 reported by the ACO; 479 and 484 calculated by CMS from claims.

²² CMS-1848-P, published July 2026. CoachCare repricing at Arizona locality 00, conversion factor \$32.8409 against \$33.4009: device supply 32.1% of the remote monitoring basket; remote monitoring 47.3% of the line.

The CY2027 Proposed Rule, Repriced on This Forecast: Three Numbers, One Scale

Every code repriced at Arizona locality 00 on Westview's own billing mix; enrollment held constant. Device supply is 32% of the remote-monitoring basket; remote monitoring is 47% of the line.



Figure 2. The CY2027 cascade on this forecast: the one code CMS proposes to cut, then the remote-monitoring arm and the whole service line on one dollar scale, with the proposed reduction in orange. CoachCare repricing at the proposed CY2027 amounts.

Level	CY2026 basis	Proposed CY2027 effect	Why each step is smaller
Device supply, 99454 and 99445	\$50.45 a month	\$40.06 a month, -20.6%	The code CMS proposes to cut
The remote monitoring arm	\$445,900 over 24 months	-9.5%, -\$42,398	Device supply is 32% of the remote monitoring basket
Chronic care management	\$497,623 over 24 months	-2.1%, -\$10,504	Routine rate changes only; not targeted
The whole service line	\$943,522 over 24 months	-5.6%, -\$52,902, to \$890,621	Remote monitoring is 47% of the line

Each number is smaller than the last only because its base is larger: this line rests on two programs of similar size, and only one holds the code being repriced. CoachCare will rerun the forecast at the final rates. Two contingencies are already in build: an unbundled arrangement, with the software platform, device logistics and program enablement priced separately, and one in which CoachCare manages the staffing while Westview owns the clinical program and the billing.

Code	What it pays for	CY2026 national	Proposed CY2027 national	Change
99453	Remote monitoring setup	\$21.71	\$20.03	-7.7%
99454 / 99445	Device supply, 16+ days / 2–15 days	\$52.11	\$41.38	-20.6%
99457	Treatment management, first 20 minutes	\$51.77	\$49.59	-4.2%
99458	Each additional 20 minutes	\$41.42	\$40.39	-2.5%
99470	Treatment management, 10–19 minutes	\$26.05	\$20.69	-20.6%
99490	Chronic care management, first 20 minutes	\$66.13	\$64.04	-3.2%
99439	Each additional 20 minutes	\$50.44	\$49.92	-1.0%

CY2026 Addendum B and CMS-1848-P proposed CY2027 Addendum B, national non-facility amounts; the repricing above uses Arizona locality 00 amounts, and the two bases do not reconcile to the dollar, by design. Section 1848(c)(7) of the Act limits how far a code's relative value can fall in one year.

9. Implementation Roadmap

9.1 Who runs what

Function	CoachCare	Westview Family Medicine
Identification and enrollment	Registry query in eClinicalWorks starting with the hypertension, diabetes, kidney and heart-failure patients; an on-site enrollment specialist at 80 enrollments a month; telephonic outreach; devices shipped, cellular-paired and replaced	Approves the criteria and target list by office; clinicians order at the visit or the wellness visit
Language	Scripts, consent, device instructions and outreach scoped by language before launch	Sets the language plan; flags preferred language in the chart
Transitional care	Two-business-day contact and medication reconciliation; visit booked inside the 7- or 14-day window	Furnishes the visit and bills 99495 or 99496
Monitoring and escalation	Reading review, monthly outreach, business-hours alert triage and the post-discharge cadence, at 165 patients per care manager	Sets thresholds and routing per office; receives escalations
Documentation, billing, reporting	Monthly care documents in eClinicalWorks, claims created automatically, operational and clinical outcomes reports	Reconciles and files under its own NPIs; keeps the revenue; names a program lead

9.2 The model inputs

Input	Value in this forecast
Medicare panel	1,200 patients across the three offices, 960 in scope; all payers
Referring clinicians	7: two physicians, two nurse practitioners, three physician assistants
Programs	Remote monitoring and chronic care management; transitional care, APCM and behavioral health integration at zero dollars
Eligibility and acceptance	Remote monitoring 65% eligible, 35% accept; chronic care management 75%, 30%; 8 referrals per clinician a month at 80% acceptance; 70% of monitored patients also in care management; 1.5% monthly attrition
Enrollment staffing	One CoachCare-funded on-site enrollment specialist at 80 a month, plus telephonic outreach
EMR	eClinicalWorks: \$4,000 setup, \$150 a month, \$1.50 per patient-month
Rates	CY2026 fee schedule, non-facility, Arizona locality 00, ZIP 85392; every patient priced at the Medicare amount

9.3 The first 90 days, and after

Window	What happens	Result
Weeks 0–6 Integrate and charter	eClinicalWorks workshop with the practice and billing leads; chart counts and payer mix by office; today's chronic care management patients and the ACO's coordination mapped so nobody is called twice; thresholds, routing and the language plan agreed	Integration live, protocol and language plan signed
Weeks 6–12 Launch in Avondale and Glendale	The enrollment specialist working both schedules; remote monitoring for hypertension and diabetes, care management for two-plus conditions; the post-discharge cadence live	38 enrollments in month 1, 100 by month 2, 187 by month 3
Months 3–6 Add Central Avenue	Same protocols; remote monitoring reaches 218 in month 5 and chronic care management 216 in month 6	434 enrollments, 283 unique patients
Months 7–24 Widen the definition	Eligibility re-checked against chart data; the APCM mix decided together; behavioral health integration scoped; documentation aligned with the ACO's measures	Year 2: \$230,622 to Westview at 43.7%

Remote monitoring and chronic care management carry Part B coinsurance, so the consent conversation explains the monthly cost plainly; Qualified Medicare Beneficiaries cannot be billed for Medicare cost-sharing.

9.4 What we would confirm together

1. **The Medicare chart count, by payer and office.** Traditional Medicare against each Medicare Advantage plan and the dual-eligible plans, and how many patients carry hypertension, diabetes or two or more conditions. Every ceiling in Section 6 moves with it.
2. **The payer and Medicare Advantage mix.** Medicare Advantage plans must reimburse at no less than the Medicare rate, a floor; individual contracts set their own terms for the care-management code families. Westview's own share may run above the county's 51%, because it takes most plans plus two for dual-eligible patients.
3. **Today's chronic care management and the ACO's care coordination.** Who works the 130 patients billed in CY2024, which assigned patients the ACO's team supports, and whether that work is billed.
4. **The language mix and the language plan.** The share of patients who prefer Vietnamese or Spanish, by office, and who carries their calls.
5. **The hospital feed for transitional care.** Where Westview's patients are admitted, and whether a discharge notice reaches the practice today.
6. **The eClinicalWorks version and modules.** The version, the healow and care-management modules licensed, and any device connection already in place.
7. **Coinsurance at consent.** How the monthly coinsurance is explained, and how AHCCCS handles the crossover for dual-eligible patients.

10. Recommendations

1. **Launch the full service line in Avondale and Glendale, and add Central Avenue by month 3.** \$403,111 to Westview over 24 months at a 42.7% margin, positive from month 2, with nobody hired.
 2. **Pull the Medicare chart count by payer in week one.** The eligible panel is the binding constraint, and the registry sets the number.
 3. **Start with the hypertension and diabetes patients.** Care management for the plan, a cellular cuff and glucometer for the readings, the wellness visit as the enrollment conversation.
 4. **Keep the chronic care management Westview runs today, and let CoachCare carry the rest.** Or hand over only the monitoring; both deployments are net-positive.
 5. **Bill transitional care at every discharge Westview learns of.** CoachCare makes the call; Westview bills 99495 or 99496.
 6. **Set the language plan before the first patient enrolls.** Scripts, consent, device instructions and outreach for Vietnamese- and Spanish-preferring patients, flagged in the chart.
 7. **Aim the monthly work at the ACO's quality measures.** Each of the roughly 31 admissions avoided over 24 months is spending that never posts against the ACO's benchmark.
 8. **Hold APCM as the next lever, and scope behavioral health integration once running.** Both run on the same care team and the same chart.
 9. **Keep clinical governance where it is.** Westview's clinicians decide; CoachCare does the work and documents it.
-

The Medicare panel Westview already manages supports a \$943,522 service line at a 42.7% practice margin over 24 months, on staff Westview does not hire and devices it does not buy. What remains is to build it once, with a partner, and run it as Westview's own.

About CoachCare

The experience to get it right

CoachCare manages more than 500,000 patients across over 400 conditions, with more than 10,000 clinicians running remote care programs on its platform day to day. Its teams have stood up more than 1,000 programs, built the care-plan coding and billing behind more than 5 million claims, and recorded over 100 million vitals.

- **It builds on what Westview already does.** Remote monitoring adds daily readings to the chronic care management, wellness visits and cognitive care planning Westview already bills.
- **It runs inside the chart Westview already uses.** Readings, documentation and claims live in eClinicalWorks.
- **Fully staffed, no hiring.** Care managers at 165 patients each, enrollment, devices, business-hours alert triage and billing preparation on CoachCare's payroll, with fees per active patient per month.
- **Clinicians stay in charge.** Westview's clinicians set the protocols, sign the care plans and make every clinical decision.
- **Designed for Westview's patients.** Cellular devices with nothing to pair, and a language plan scoped with Westview before the first enrollment.
- **Published results, nearby.** A 29.1 mmHg drop in Stage 2 hypertension at Cardiac Solutions in West Phoenix, half the 30-day readmission rate at the same practice, and zero readmissions among 450 advanced heart-failure patients at Iowa Heart.

The ask is a working session to confirm Westview's Medicare chart count by payer, walk through chronic care management today and alongside the ACO's care coordination, scope the eClinicalWorks integration, and set the language plan before the first enrollment.

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- **CoachCare:** eClinicalWorks integration overview, 2026; Care Management Programs standard operating procedures, March 2026; Cardiac Solutions and Iowa Heart case studies; and the Value Analysis for Westview Family Medicine, 2026, the source of every financial, enrollment, clinical-output and operational figure in Sections 6 to 10.

Unique patients and program enrollments are different numbers. At month 24 the program holds 434 active program enrollments belonging to 283 unique patients, because a patient may hold both a care-management and a monitoring enrollment. The 1,200-patient panel covers all offices and payers; the 736 beneficiary-clinician pairs in the CY2024 claims are fee-for-service only and count a patient once per clinician seen.