



SERVICE LINE STRATEGY • Connected Care, by CoachCare.

Eagle's Landing Diabetes & Endocrinology

A physician-owned endocrinology practice in Stockbridge, Henry County, Georgia, since 2003: a board-certified endocrinologist and two family nurse practitioners in one office, on eClinicalWorks, with about 650 patients already enrolled in chronic care management

Remote Care Service Line Optimization Report

2026 Strategy Report

A scalable, profitable remote care service line for Eagle's Landing Diabetes & Endocrinology: the chronic care management program the practice already runs, billed for nine in ten enrolled patients every month, plus remote monitoring for the Medicare panel, billed under the practice's own NPIs and run by a CoachCare care team inside eClinicalWorks

Purpose of this document

Prepared by CoachCare, October 2026, as a discussion document for the leadership of Eagle's Landing Diabetes & Endocrinology. It is the companion to the practice's remote care strategy page and makes the same case at report length: what the chronic care management program earns today and what the same patients earn with a fully staffed care team, what the practice's own Medicare claims show, how the service line runs inside eClinicalWorks, what it returns over 24 months at Atlanta-area Medicare rates, and why CoachCare is the partner to run it.

The practice has already done the hard part. About 650 patients have consented and enrolled in chronic care management, and the practice reads glucose-sensor data remotely for about 220 traditional-Medicare patients a year. What it is not yet doing is billing for most of the enrolled patients in a given month, or watching blood pressure and weight at home. This report shows what closing those two gaps returns, who does the work, and how the first 90 days run.

Prepared by CoachCare for discussion with Eagle's Landing Diabetes & Endocrinology. © 2026 CoachCare.

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Executive Summary

Eagle's Landing Diabetes & Endocrinology has treated diabetes, thyroid and hormone disorders in Stockbridge since 2003 and is still physician-owned. A board-certified endocrinologist and two family nurse practitioners see patients in one office off Eagles Landing Parkway, with an in-house lab, thyroid and carotid ultrasound, ultrasound-guided biopsy, continuous glucose monitoring and insulin pump care, all on eClinicalWorks.¹

The practice's CY2024 traditional-Medicare claims describe a panel built for remote care: 622 patients averaging 71 years old with a weighted risk score of 1.55 against a national 1.00. Seven in ten have diabetes, at least three in four have hypertension, and about half have chronic kidney disease. The practice already reads glucose-sensor data remotely for about 220 of them.²

It also runs chronic care management for about 650 enrolled patients today, with its own staff and an outside care-management service that keeps half of what the program collects. In a typical month only about 30% of the enrolled patients reach the 20 minutes that bill, so about 455 generate no claim. **The practice carries the consent, the care plan and the outreach for every one of them and is paid for under a third.**

The observation this report is built on

Move the program Eagle's Landing already runs from enrolled to billed, then add home monitoring for the rest of the panel.

At a caseload of 165 patients per care manager, a CoachCare care team reaches nine in ten enrolled patients every month. On the same 650 patients the practice nets \$28,881 a month instead of \$11,853: \$204,334 more a year, 2.4x today's net, with no practice staff on the program. Remote blood-pressure and weight monitoring and new chronic care management enrollment then grow the line from the panel the practice already sees.

What the Value Analysis returns

Full service line	Year 1	Year 2	24 months
Net reimbursement	\$1,222,550	\$1,439,006	\$2,661,557
CoachCare fees	\$711,899	\$823,525	\$1,535,423
Net to Eagle's Landing	\$510,652	\$615,481	\$1,126,133
Practice margin	41.8%	42.8%	42.3%

CoachCare Value Analysis: today's 650 chronic care management patients carried over to CoachCare, plus new chronic care management and remote monitoring for a Medicare panel of 1,600, 3 referring clinicians, one CoachCare-funded on-site enrollment specialist, CY2026 Georgia locality 01 amounts. Practice margin is net to Eagle's Landing divided by net reimbursement.

Eagle's Landing can take this two ways, and both are net-positive from month 1. CoachCare can take over the program the practice runs today and stop there: **\$1,394,472 of net reimbursement and \$559,124 to the practice over 24 months.** Or CoachCare can move the program and grow it, the forecast of record above, for 1,042 unique patients at month 12.

1. **The same 650 patients are worth \$204,334 more a year.** 585 billing a month instead of 195, at the same collections per billed patient-month. To match it under today's arrangement, 73% of enrolled patients would have to bill every month (Section 6).

¹ eldiabetes.org, retrieved October 26, 2026: home, about, diabetes, thyroid and weight-loss program pages, and the 2025 new patient packet; healow online booking for the practice, rendered October 26, 2026, which lists the three clinicians and the one office.

² CMS Medicare Physician & Other Practitioners by Provider and by Provider and Service, CY2024, for the practice's endocrinologist: 622 beneficiaries, \$283,898.61 allowed, average age 71, HCC risk 1.5468; diabetes 72%, hypertension and hyperlipidemia 75% (the CMS publication cap), CKD 49%; 95251 for 215 beneficiaries and 95250 for 96.

2. **The panel sets the ceiling, and the practice reaches it inside a year.** New chronic care management fills its eligible share of the panel by month 7 and remote monitoring by month 11. Across the Medicare panel sizes the claims support, 1,450 to 2,000 or more, 24-month net reimbursement runs from \$2,525,335 to \$2,992,152, so the chart count is the first thing to confirm.
3. **Net-positive from month 1.** The carried-over patients bill from the first wave, so implementation and the eClinicalWorks setup are covered in month 1, and cumulative net to the practice reaches \$1,126,133 by month 24.
4. **A staffing plan, with no practice hires.** About 4 CoachCare care managers carry today's 650 patients at 165 each, and 6 carry the full line at month 12. The practice's own staff time on the program comes back to the office.
5. **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).
6. **The CY2027 proposed rule takes 4.3% off this line.** A 20.6% cut to device supply is 9.4% on the remote-monitoring arm; chronic care management, 70.6% of the line, moves only -2.2% (Section 9).

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. In Henry County about 62% of Medicare beneficiaries are in Medicare Advantage, so which plans the practice's patients hold is the second thing to confirm.

The ask is a working session: review a month of the current program's billed-versus-enrolled report, confirm the Medicare chart count by payer, scope the eClinicalWorks integration and the hand-off of the current enrolled patients, and agree how the first 90 days run before anyone is moved.

1. Why Now: From an Enrolled Program to a Billed One

Eagle's Landing already did the hard part of chronic care management: about 650 patients have consented and enrolled. Four things make this the year to be paid for all of them, and each one lands in the weeks between a patient's quarterly visits.

The shift	What it means for Eagle's Landing
1. Enrolled is not the same as billed	Chronic care management pays when a patient receives 20 minutes of care-team time in a calendar month, documented against a care plan. A patient who is enrolled but not reached that month earns nothing, however much work went into the attempt. At about 650 enrolled and 30% billing, about 455 enrolled patients a month produce no claim. Closing that gap is worth more than enrolling anyone new.
2. Accountability for the year	The practice bills inside an Enhanced-track Medicare Shared Savings Program ACO, the two-sided track. Admissions and total spending for assigned patients count against the ACO's benchmark, and the ACO is scored every year on diabetes control (the share of patients with an A1c above 9%), blood-pressure control and depression screening.
3. Medicare Advantage is most of the market	In Henry County about 62% of Medicare beneficiaries are in Medicare Advantage. 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. A program built for traditional Medicare reaches the Advantage patients too, and the plans' own quality programs reward the same diabetes and blood-pressure control.
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 the shorter months; in this forecast they carry 17% of remote-monitoring reimbursement. ³ At Atlanta-area CY2026 rates one patient on remote monitoring and chronic care management (99454, 99457 and 99490) is worth about \$173 a month in Medicare allowed charges.

³ CoachCare Value Analysis for Eagle's Landing Diabetes & Endocrinology, 2026: 99445 \$125,499 and 99470 \$20,885 of \$844,102 remote-monitoring gross reimbursement over 24 months.

Each shift pays for, or measures, what happens between visits. Eagle's Landing has the patients enrolled; a fully staffed care team is how each of them is reached every month, and how blood pressure and weight are watched at home.

2. Eagle's Landing Today: Diabetes and Endocrine Care Since 2003

Eagle's Landing is a specialty practice by design: one office, one record, one lab and diagnostics under one roof. Its Medicare patients are older and sicker than average, and diabetes is the rule rather than the exception. The practice already runs the visit rhythm a remote care program needs, from the quarterly follow-up with labs drawn a week ahead to the sensor download.

2.1 One office, three clinicians, one record

What the practice has	Detail	What it means for this program
Clinicians	A board-certified endocrinologist and two family nurse practitioners	Three referring clinicians who order from the chart
One office	Off Eagles Landing Parkway in Stockbridge, Henry County, Georgia	One worklist, one escalation route, one billing office
Diagnostics in house	Walk-in lab four days a week; thyroid and carotid ultrasound; ultrasound-guided thyroid biopsy; nerve conduction testing	The care team tracks labs and imaging due, so results are in the chart for the visit
Diabetes technology	Continuous glucose monitoring and insulin pump starts and titration	Sensor trends feed the monthly call; the care team checks supplies, site problems and lows
Weight management	A semaglutide weight-management program, added in 2025	A cellular scale shows the weekly trend between visits
Record and portal	eClinicalWorks, with healow online booking and the patient portal	The program's host: flags, orders, readings, care documents and claims (Section 4)

2.2 What the CY2024 claims say

The practice's CY2024 traditional-Medicare claims are billed under the endocrinologist's NPI; the nurse practitioners have no published CY2024 row.⁴

Panel	CY2024	Condition	Share
Traditional-Medicare patients	622	Diabetes	72%
Medicare allowed	\$283,899	Hypertension	75% (a floor)
Average age	71	High cholesterol	75% (a floor)
Weighted HCC risk score	1.55	Arthritis	50%
Dual-eligible	15%	Chronic kidney disease	49%
Remote glucose-sensor interpretation (95251)	215	Ischemic heart disease	25%
Sensor start and training (95250)	96	Heart failure	17%
Thyroid ultrasound · guided biopsy	115 · 18	Anxiety · depression	20% · 17%

CMS Medicare Physician & Other Practitioners, CY2024. Code rows are beneficiaries. CMS caps published prevalence at 75%, so hypertension and high cholesterol are floors, and suppresses lines under 11 beneficiaries.

⁴ Medicare Physician & Other Practitioners, CY2024, by NPI for the practice's endocrinologist: 622 beneficiaries, 3,159 services, \$283,898.61 allowed. Prevalence is CMS's published share of beneficiaries with each condition.

This is the patient chronic care management was written for: diabetes in seven of ten, hypertension and high cholesterol in at least three in four, kidney disease in about half, and a risk score half again above the national average. Two or more chronic conditions is the norm. The practice already works in remote data: it billed remote interpretation of glucose-sensor data for 215 patients and started sensors for 96 more. **No remote blood-pressure or weight monitoring appears in the CY2024 claims at any scale**, and the chronic care management program the practice runs today postdates them.⁵

2.3 Twenty-three years in Stockbridge

Year	What happened
2003	The practice opens with a single board-certified endocrinologist in a small office in Stockbridge, treating diabetes and thyroid disease for Henry County and the south metro
2018	The office is a site for a national trial of once-weekly semaglutide in type 2 diabetes, one of several diabetes and lipid trials the practice has run
2025	A semaglutide weight-management program extends the practice's metabolic care to patients whose weight drives their diabetes and blood pressure
Today	An in-house lab, thyroid and carotid ultrasound, guided thyroid biopsy, nerve conduction testing, continuous glucose monitoring and insulin pumps, with healow on eClinicalWorks; chronic care management for about 650 patients, about 30% of them billed in a given month
Next	A CoachCare care manager for every enrolled patient at 165 each, so nine in ten bill every month, plus remote blood-pressure and weight monitoring for the panel, inside eClinicalWorks and billed under the practice's NPIs

2.4 What the practice already runs, and the gap

What exists	Status	What it means for this program
Chronic care management	About 650 enrolled; about 30% bill in a month	The starting point. Every enrolled patient moves to a named CoachCare care manager in three monthly waves, and the consent already on file carries over
Who runs it today	Practice staff plus an outside care-management service	The outside service keeps half of collections; CoachCare replaces it and takes the work off the practice's staff
Remote glucose-sensor reads	About 220 traditional-Medicare patients	Credited and kept as the practice runs it. Sensor trends feed the monthly care-management call
eClinicalWorks and the healow portal	Live	The program's host, from the first flag to the claim
In-house lab and ultrasound	Walk-in lab four days a week	Home readings and the care plan tell the care team which labs are due
Remote blood-pressure and weight monitoring	Not in the claims	Cellular cuffs and scales, daily readings and business-hours alert triage come from CoachCare

The gap is specific. The enrollment work is done, but most enrolled patients are not reached for 20 minutes in a given month, so most of the program's effort goes unbilled. And the hypertensive and kidney patients, at least three in four of the panel, have no blood-pressure or weight data between visits. Glucose sensors already cover part of the diabetes picture; blood pressure, weight and the monthly call are the open ground.

2.5 The market, and the rate basis

Henry County held 43,998 Medicare beneficiaries in July 2026, and about 62% of them were in a Medicare Advantage plan. Medicare Advantage plans must reimburse at no less than the Medicare rate, a floor; individual

⁵ CMS by Provider and Service, CY2024, searched for 99490, 99439, 99491, 99487, 99453 to 99458, 99445, 99470 and 99424 to 99427: none appears at 11 or more beneficiaries. The NPI billed 13 codes, 9 of them published.

contracts set their own terms for the care-management code families. The practice's own payer mix is the second thing to confirm after the chart count.⁶

The office sits in Georgia's Atlanta payment locality, locality 01, under Palmetto GBA, carrier 10212. Every dollar in this report is priced at those CY2026 amounts.⁷

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

3.1 The clinical and billing stack

Two monthly programs with one enrollment conversation, one care team and one billing pipeline into the practice's own billing through eClinicalWorks. Chronic care management carries the patients already enrolled and the rest of the multi-chronic panel; remote monitoring adds home blood pressure and weight.

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	Today's 650 enrolled patients first, then diabetes with hypertension, kidney or heart disease	\$109.42
Remote physiologic monitoring (RPM)	Cellular cuffs and scales send readings between visits against thresholds the practice's clinicians set; 99453, 99454 or 99445, 99457, 99458, 99470	Hypertension with diabetes first, then kidney disease and heart failure, and the weight program	\$99.06

Codes	What they pay for	CY2026 Georgia locality 01
99490 · 99439	Chronic care management, first 20 minutes · each additional 20	\$67.19 · \$51.25
99453	Remote monitoring setup and education, once	\$22.18
99454 · 99445	Device supply, 16+ days · 2 to 15 days in 30 (99445 new in CY2026)	\$53.00 · \$53.00
99457 · 99458	Treatment management, first 20 minutes · each additional 20	\$52.58 · \$42.06
99470	Treatment management, 10 to 19 minutes (new in CY2026)	\$26.46
99426 · 99427	Principal care management, first 30 minutes · each additional 30	\$68.89 · \$54.98

How the rates apply

CY2026 non-facility amounts, Georgia locality 01, Atlanta (Palmetto GBA, carrier 10212), ZIP 30281. One device code (99454 or 99445) and one first-tier management code (99457 or 99470) bill per patient per month; chronic care management bills alongside them.

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, at 165 patients each

CoachCare hires, trains and manages the care managers, at 165 patients each. That caseload is what leaves time to reach every enrolled patient and log 20 minutes against the care plan before the month closes. About 4 care

⁶ CMS Medicare Monthly Enrollment, July 2026, Henry County, Georgia: 43,998 Medicare beneficiaries, 62.0% in Medicare Advantage.

⁷ CY2026 Physician Fee Schedule, Palmetto GBA carrier 10212, Georgia locality 01 (Atlanta), ZIP 30281: geographic indices work 1.003, practice expense 1.016, malpractice 1.201; conversion factor \$33.4009.

managers carry today's 650 enrolled patients; the full line needs 6 at month 12, when about 1,042 unique patients are enrolled, and 6 at month 24 for 950.

An on-site enrollment specialist on CoachCare's payroll works the clinic schedule and enrolls patients during the visit, telephonic outreach reaches the rest, and the clinicians order from the chart. Devices are cellular, with no Wi-Fi, smartphone or pairing needed. Monitoring runs on business hours: devices transmit daily, and care managers review readings, make the monthly calls 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 the office for anything urgent.

For the practice's nurses and medical assistants, who already carry prior authorizations, refills and a busy phone line, the monthly calls, the documentation and the claim preparation move to CoachCare. The staff time the current program takes comes back to the office.

3.3 Moving today's program in three waves

The patients already enrolled move first, highest-risk first, each to a named CoachCare care manager. Consent is already on file with the practice, and nothing is re-signed. Patients who leave the program are replaced by new enrollment from the panel.

When	What happens	Enrolled patients billing
Weeks 1–2 Registry and care plans	The enrolled list and care plans are read from eClinicalWorks; thresholds and routing agreed	About 30% today
Month 1 First wave	About a third of patients move to a named care manager, with a welcome call	About 51%
Month 2 Second wave	The next third moves; the first wave is already on the 20-minute monthly rhythm	About 72%
Month 3 on Every patient, every month	Every enrolled patient has a named care manager at 165 each	About 90%, 585 of 650

3.4 The next programs on the same care team

The staff, protocols and eClinicalWorks workflow built for chronic care management and remote monitoring can take on the next programs the panel qualifies for, without a second hiring plan. None of them carries dollars in this forecast.

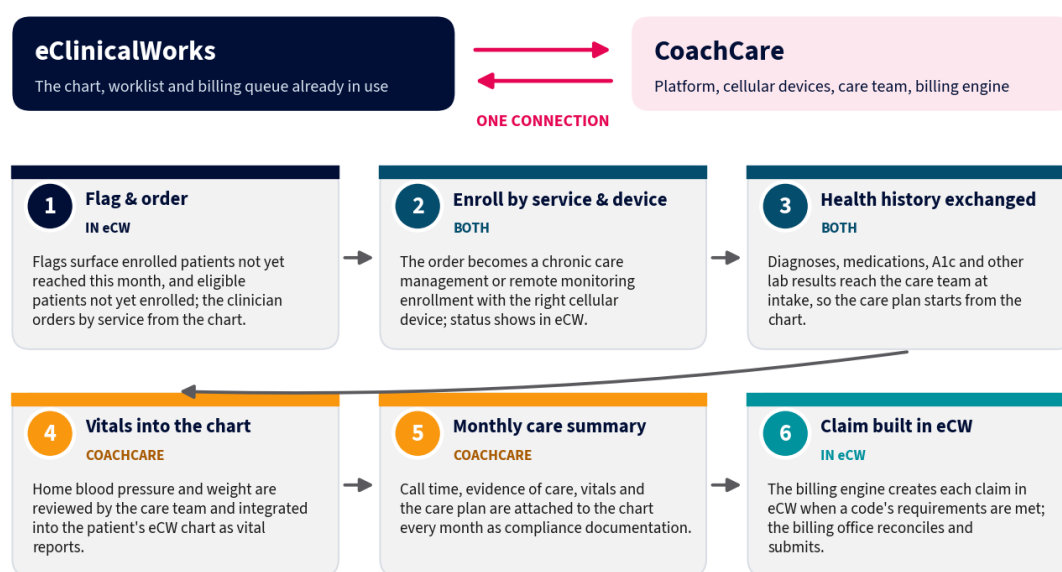
- **Principal care management** (99426, 99427) fits patients whose care centers on one complex condition, such as hard-to-control thyroid disease or osteoporosis on treatment, in place of chronic care management.
- **Behavioral health integration** fits the same care-manager calls: about 20% of the practice's traditional-Medicare patients carry anxiety and 17% depression.
- **Weight management support** pairs a cellular scale and a monthly call with the practice's weight program, with trends and side effects in the chart between visits.

4. eClinicalWorks: The Program Lives in the Chart

CoachCare works inside eClinicalWorks' own workflows, so the practice's clinicians and staff do not learn a second system. Call time, evidence of care, vitals and care plans are attached to each chart every month, enrollment status is visible in the chart, and a flagged patient reaches the first day of service in under five days.⁸ CoachCare is the only care-management application integrated with eClinicalWorks that creates claims automatically.

⁸ CoachCare eClinicalWorks integration overview, 2026: the integration pillars; patients begin chronic care management and remote monitoring in less than five days.

Integration pillar	What happens in eClinicalWorks
Integrated enrollment	Flags in the chart mark enrolled patients not yet reached this month and eligible patients not yet enrolled, on criteria the practice's clinicians approve
Enrollment by services and devices	The clinician orders by service and by device (cuff, scale, glucometer), the way a lab is ordered
Exchange of health history	Diagnoses, medications, A1c and other lab results 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	Call time, 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; the practice's billing office reconciles and files them



Repeats every month for every enrolled patient, from the same chart. Source: CoachCare eClinicalWorks integration overview.

Figure 1. From a flag in the chart to a claim: the six steps CoachCare and eClinicalWorks run every month for every enrolled patient. CoachCare eClinicalWorks integration overview.

The integration costs \$4,000 for setup, \$150 a month and \$1.50 per enrolled patient-month. With the \$2,500 implementation and telephonic outreach, the one-time and fixed items total \$32,019 over 24 months, inside the \$1,535,423 of CoachCare fees. The build runs alongside the first wave, so it does not hold up the hand-off.

5. Clinical Governance & Escalation

Every reading and every call routes through one escalation engine with defined thresholds, trend rules, routing and documentation, so the practice never carries surveillance liability it did not agree to. Thresholds and routing are set with the practice's clinicians before the first patient moves.⁹

⁹ 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) and discharge governance.

5.1 One shared escalation engine

Branch	The rule	Why
Critical value	Escalate to the practice, regardless of symptoms	No practice 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 the inbox usable
Trend	Three consecutive readings an hour or more apart for blood pressure or glucose; repeated lows reported on a call; 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

5.2 The emergent pathway

Non-negotiable, and stated as such

Triggers. Chest pain · new shortness of breath · signs of stroke · syncope · a severe low with confusion · sudden swelling, reported by the patient on a call.

Action. The care team calls 911 with the patient on the line, then notifies the 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 practice escalation preference. This cannot be configured away. The practice 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 the practice 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 with the three clinicians before launch. Care managers work readings, calls and escalations Monday to Friday, 8 a.m. to 5 p.m. local patient time, and an escalation goes to the clinician the practice designates while the office is open. A reading that arrives after the office closes is worked the next business day, and the patient's standing instruction for anything urgent is the office's own line, or 911.

5.4 Built for an older, phone-first panel

The practice's traditional-Medicare patients average 71 years old, and many manage insulin, a sensor and several other medications. The program is set up for them. Devices are cellular and arrive ready to use, with no home internet, smartphone or pairing. The welcome call, the monthly care-management call and every escalation call are made by phone, so no patient has to learn an app, and nothing in the program depends on the portal. A monitoring patient unreachable 45 days from enrollment is escalated to the office; without an

instruction from the office, discharge from monitoring follows at 180 days, and discharge criteria always belong to the practice's clinicians.

6. The Same 650 Patients, Run Two Ways

What are the patients the practice has already enrolled worth today, and what are they worth with a CoachCare care manager for every 165 of them? Both columns describe a steady month, once every patient has moved, at the same collections per billed patient-month, \$121.57, at Atlanta-area CY2026 Medicare rates (99490 with the 99439 add-on) after denials and coinsurance. Today's column leaves out the cost of the practice's own staff time on the program; with CoachCare that time is zero.¹⁰

6.1 Today and with CoachCare, a steady month

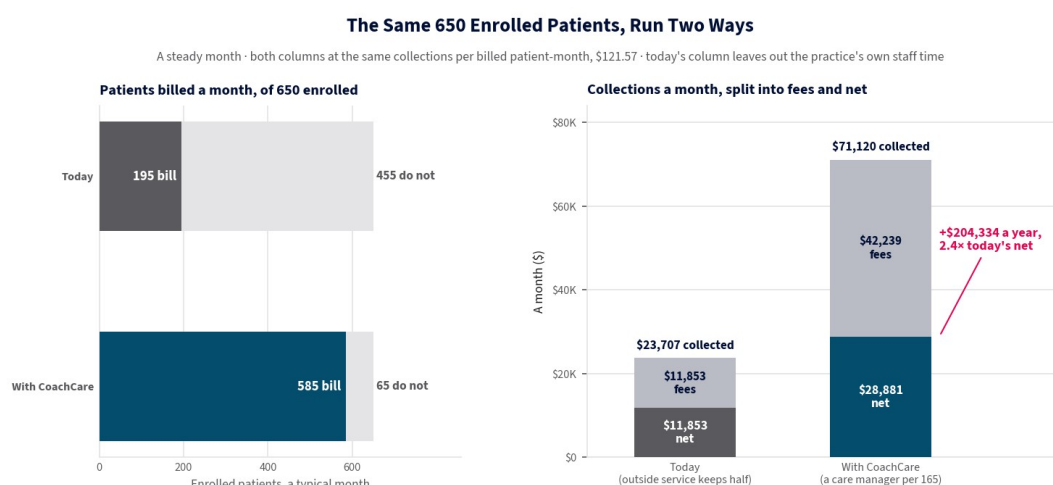


Figure 2. The same 650 enrolled patients, a steady month: patients billed, and collections split into fees and net. CoachCare Value Analysis.

The same 650 enrolled patients, a month	Today	With CoachCare
Share billing in a month	30%	90%
Patients billed a month (no claim)	195 (455)	585 (65)
Collections a month	\$23,707	\$71,120
Care-management fees a month	\$11,853, 50% of collections to the outside service	\$42,239, CoachCare including eClinicalWorks
Practice staff on the program	Yes, and not counted here	None; about 4 CoachCare care managers
Net to the practice a month	\$11,853	\$28,881
Net to the practice a year	\$142,240	\$346,574

¹⁰ CoachCare Value Analysis, comparison layer: collections per billed patient-month = net reimbursement per enrolled chronic care management patient-month (\$109.42) divided by the 90% of months that bill 99490; today's column keeps 50% of collections with the outside service; CoachCare's column carries its per-patient and per-service fees plus the \$150 monthly eClinicalWorks fee.

The difference

\$204,334 more a year to Eagle's Landing from patients it has already enrolled: \$346,574 against \$142,240, or 2.4× today's net.

390 more patients billed every month, 585 instead of 195, from the same enrolled list and the same consent.

\$568,960 more collected a year, \$853,440 against \$284,480, before any new patient is enrolled.

6.2 Why the practice keeps more

CoachCare's fees are a larger share of what the program collects than today's: about 59% against 50%. The practice still keeps more dollars, because three times as many patients bill. Today's outsourced arrangement takes half of every dollar collected, but only 30% of enrolled patients produce a dollar. With CoachCare, 90% produce one, and the practice keeps \$28,881 a month instead of \$11,853.

CoachCare's fees fire only per enrolled patient and per completed 20 minutes. A patient the care team does not reach in a month carries the small per-enrolled-patient fee and nothing else, so the fees rise only when the practice is paid. Per enrolled patient, the practice nets about \$219 a year today and about \$533 with CoachCare.

6.3 The break-even line, and the staffing

To match CoachCare's \$28,881 a month under today's arrangement, 73% of enrolled patients, about 475 of 650, would have to bill every month while the outside service kept half. The practice bills about 30% today. Even if CoachCare reached only 80% billing, today's arrangement would need 62% to match.

The staffing behind it is about 4 CoachCare care managers for the 650 patients, at 165 each. They are hired, trained and managed by CoachCare, and the practice's nurses and medical assistants come off the program. Today's column carries that in-house staff time as a cost the practice pays and this comparison does not count; with CoachCare it is zero.

6.4 If today's numbers are different

The two billing shares are the numbers that matter most, and the practice knows its own. The grid below reruns the comparison at other values, on the same 650 enrolled patients and the same collections per billed patient-month. The bold cell is the case above.

Billing each month today	Net to the practice a year, today	With CoachCare at 80% billing (gain)	With CoachCare at 90% billing (gain)
20%	\$94,827	\$295,646 (+\$200,819)	\$346,574 (+\$251,747)
30%	\$142,240	\$295,646 (+\$153,406)	\$346,574 (+\$204,334)
40%	\$189,653	\$295,646 (+\$105,993)	\$346,574 (+\$156,921)
50%	\$237,067	\$295,646 (+\$58,579)	\$346,574 (+\$109,507)

CoachCare Value Analysis, comparison layer, 650 enrolled patients, today's outside service keeping 50% of collections; CoachCare fees include the \$150 monthly eClinicalWorks fee. Gain is the CoachCare figure less today's.

At every combination the practice nets more with CoachCare. The gain narrows as today's billing share rises, which is why a month of the current program's billed-versus-enrolled report is the first thing to review together.

7. Value Analysis: The 24-Month Forecast

7.1 The headline economics

The forecast carries today's 650 chronic care management patients onto CoachCare in three monthly waves, then adds new chronic care management and remote monitoring for the rest of a Medicare panel of 1,600, at the CY2026 Georgia locality 01 amounts, with 3 referring clinicians and one CoachCare-funded on-site enrollment specialist. No shared-savings or Medicare Advantage risk dollars are in these numbers.¹¹

Full service line	Year 1	Year 2	24 months
Today's CCM patients, carried over	\$728,945	\$665,527	\$1,394,472
New chronic care management	\$205,570	\$279,666	\$485,236
Remote physiologic monitoring	\$288,036	\$493,814	\$781,849
Net reimbursement	\$1,222,550	\$1,439,006	\$2,661,557
CoachCare fees, including eClinicalWorks integration and implementation	\$711,899	\$823,525	\$1,535,423
Net to Eagle's Landing	\$510,652	\$615,481	\$1,126,133
Practice margin	41.8%	42.8%	42.3%

The margin rises from 41.8% to 42.8% as the one-time setup falls away and the new enrollment, full by month 11, bills all year. Year two returns **\$1,439,006 of net reimbursement, \$615,481 of it kept by Eagle's Landing.**

7.2 Two deployments, side by side

Each deployment is priced on its own, and both are net-positive from month 1. Moving today's 650 enrolled patients alone, with no new enrollment, captures the Section 6 gap while the list thins as patients leave. The full service line replaces them from the panel and adds remote monitoring, for \$567,009 more over 24 months.

24 months	Move the program	Full service line
Net reimbursement	\$1,394,472	\$2,661,557
CoachCare fees	\$835,348	\$1,535,423
Net to Eagle's Landing after fees	\$559,124	\$1,126,133
Practice margin	40.1%	42.3%
Patients active · care managers, month 24	466 · 3	950 unique · 6

7.3 Where the revenue comes from

24 months	Net reimbursement	CoachCare fees	Net to Eagle's Landing
Today's CCM patients, carried over	\$1,394,472	\$825,248	\$569,224
New chronic care management	\$485,236	\$241,395	\$243,840
Remote physiologic monitoring	\$781,849	\$436,761	\$345,089
Implementation, eClinicalWorks integration, telephonic outreach		\$32,019	-\$32,019
Total	\$2,661,557	\$1,535,423	\$1,126,133

¹¹ CoachCare Value Analysis for Eagle's Landing Diabetes & Endocrinology, 2026, the source of all Section 7 figures: the workbook covers new enrollment; a comparison and carry-over layer on the same rates covers today's enrolled patients; sensitivity runs change one input at a time.

Chronic care management is most of this line: \$1,394,472 of net reimbursement over 24 months comes from the patients already enrolled, and \$485,236 from new enrollment. Remote monitoring adds \$781,849 on 420 enrollments at its ceiling, and it produces the readings and alerts. The **1,099 active program enrollments at month 24 belong to 950 unique patients**, because most remote-monitoring patients are also in chronic care management.

7.4 The ramp, month by month

Month 1 nets \$4,973, because the first wave of carried-over patients bills in the same month the implementation and the eClinicalWorks setup post. The monthly net climbs through the waves and the new enrollment to a peak of \$54,506 in month 10, then eases as carried-over patients leave the program and new enrollment holds each ceiling. Cumulative net to Eagle's Landing passes \$194,231 at month 6, \$510,652 at month 12 and \$1,126,133 at month 24.

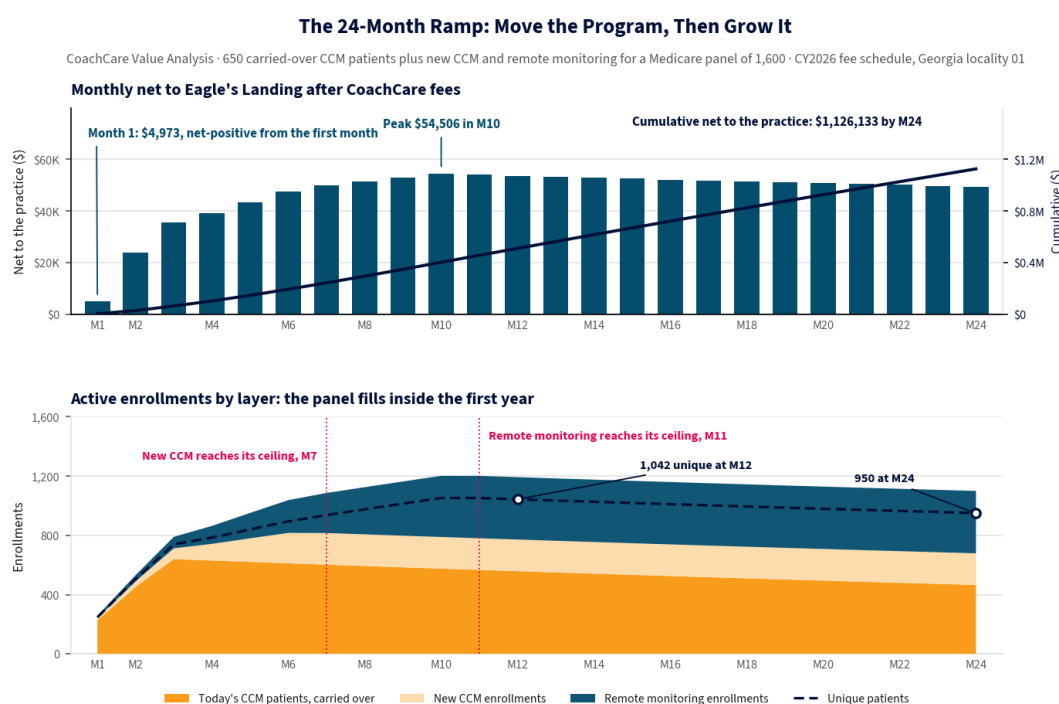


Figure 3. Monthly net to Eagle's Landing after CoachCare fees, with cumulative net, and active enrollments by layer: today's patients carried over, new chronic care management and remote monitoring, with unique patients. CoachCare Value Analysis, full service line.

Month	Active enrollments	Net reimbursement	CoachCare fees	Net to Eagle's Landing
M1	258	\$28,357	\$23,384	\$4,973
M2	532	\$58,260	\$34,392	\$23,867
M3	790	\$86,230	\$50,656	\$35,575
M6	1,037	\$111,949	\$64,538	\$47,411
M12	1,191	\$125,559	\$71,966	\$53,593
M18	1,143	\$120,262	\$68,831	\$51,431
M24	1,099	\$115,424	\$65,968	\$49,456

7.5 The panel sets the ceiling

Program	Eligible share of the 1,600 in scope	Acceptance	Ceiling	Reached
Remote physiologic monitoring	75%, 1,200 patients	35%	420	Month 11
New chronic care management	1,360 with two or more conditions, less the 650 enrolled: 710	30%	213	Month 7

Say the constraint out loud

At Eagle's Landing the limit is the size of the Medicare panel, not enrollment capacity. New enrollment fills the eligible share of the panel inside the first year: new chronic care management by month 7, remote monitoring by month 11. After that, new enrollment replaces the patients who leave, and the census holds at the ceiling.

The chart count decides the ceiling. The CY2024 claims support a Medicare panel between about 1,450 and 2,000 or more; the forecast uses 1,600. With 650 patients already enrolled, the panel is likely at the upper end of that span, and the Medicare chart count by payer is the first thing to confirm.

7.6 What moves the forecast

Two inputs move this forecast: how fast patients enroll, and how many there are to enroll. The on-site enrollment specialist sets the pace. A second specialist cannot raise the ceiling, but reaches it sooner: new chronic care management by month 5 and remote monitoring by month 7, worth \$107,742 of additional net reimbursement over 24 months. Without the specialist, neither ceiling is reached inside two years and the line gives up \$764,899. The panel size sets the ceiling itself.

Scenario	24-month net reimbursement	Net to Eagle's Landing	Margin	Ceilings reached, new CCM / RPM
Base: panel 1,600, 3 clinicians, one enrollment specialist, 650 enrolled today	\$2,661,557	\$1,126,133	42.3%	M7 / M11
No on-site enrollment specialist	\$1,896,658	\$785,118	41.4%	Not by M24
Two on-site enrollment specialists	\$2,769,299	\$1,173,433	42.4%	M5 / M7
Medicare panel 1,450	\$2,525,335	\$1,063,277	42.1%	M6 / M10
Medicare panel 2,000	\$2,992,152	\$1,278,740	42.7%	M9 / M13
Medicare panel 2,500	\$3,337,641	\$1,438,359	43.1%	M12 / M16
500 enrolled today	\$2,427,509	\$1,037,947	42.8%	M8 / M11
800 enrolled today	\$2,890,712	\$1,211,887	41.9%	M6 / M11

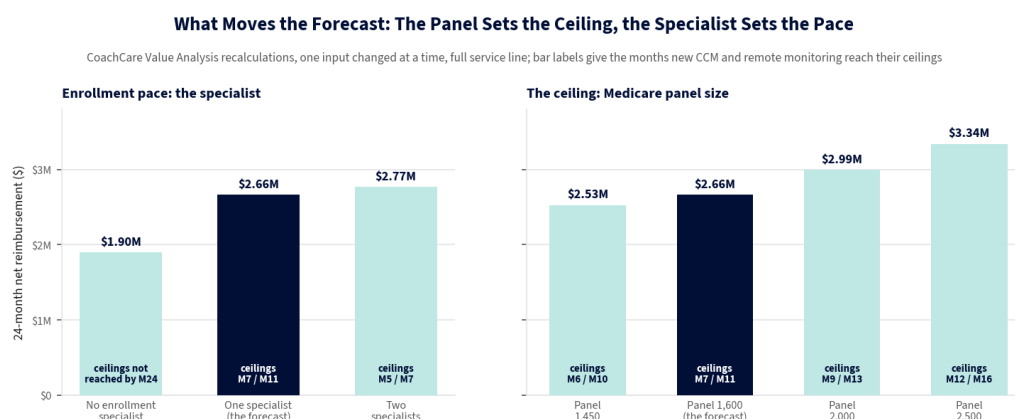


Figure 4. 24-month net reimbursement for the full service line with zero, one and two on-site enrollment specialists, and across Medicare panel sizes. CoachCare Value Analysis recalculations, one input changed at a time; the table above gives the months new CCM and remote monitoring reach their ceilings.

Referring clinicians barely move the forecast, because the panel binds before referrals do: with the endocrinologist referring alone the line returns \$2,623,210, and with five clinicians \$2,690,580. The margin holds between about 41% and 43% in every run, because the fee scales with the census.¹²

7.7 What the program produces

Output	Volume	What it represents
Patients billed for chronic care management	585 a month, from month 3	Today's enrolled patients reached for 20 minutes every month, up from about 195
Physiologic readings received	82,877	Home blood pressure and weight values arriving between visits over 24 months
Care-team hours	18,717	Monthly calls, monitoring and documentation over 24 months, on CoachCare's payroll
CoachCare care managers	6 at month 12	Hired, trained and managed by CoachCare, at 165 patients each

Two ledgers, kept separate

Fee margin funds the program. \$1,126,133 to Eagle's Landing over 24 months, paid claim by claim.

Avoided admissions and quality speak to the ACO. Monthly work on the diabetes, blood-pressure and depression measures in Section 8. Under two-sided risk the new Part B care-management spend also sits on the ACO's ledger, which is why the quality measures carry the argument there more than the fee revenue does. The Value Analysis is fee-for-service and does not model shared savings.

7.8 Published results from CoachCare programs

- **Blood pressure.** 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.¹³

¹² Panel sizes 1,450 to 2,000 bracket the practice's CY2024 claims: established-visit patients (551 to 622) grossed up for Henry County's Medicare Advantage share, before the nurse practitioners' panels.

¹³ 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.¹⁴
- **Heart failure.** Iowa Heart enrolled 450 advanced heart-failure patients and recorded zero readmissions over six months.¹⁵

8. 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 diabetes measure leads the list. Four move with this program's monthly work, and Eagle's Landing's patients count in all four.¹⁶

Measure	What it counts	What the program does each month
Q001 Diabetes: A1c poor control (> 9%)	Patients with diabetes whose latest A1c is above 9%; lower is better. A patient with no A1c on file counts as poorly controlled	Care management keeps A1c draws and insulin changes on schedule; sensor and glucometer data show where control is slipping before the next lab
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
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 the clinician
Q484 Admissions, multiple chronic conditions	Unplanned admissions among patients with several chronic conditions, from claims	Daily readings, outreach on a confirmed trend, a call after any emergency visit

With diabetes in seven of ten of the practice's Medicare patients, Q001 covers most of the panel, and a missed draw costs the measure as surely as a high result. Q484 comes from claims, so an admission that does not happen does not count.

9. 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 Georgia locality 01 on the forecast's own billing mix, with enrollment held constant.¹⁷

Level	CY2026 basis	Proposed CY2027 effect	Why each step is smaller
Device supply, 99454 and 99445	\$53.00 a month	\$42.10 a month, -20.6%	The code CMS proposes to cut
The remote monitoring arm	\$781,849 over 24 months	-9.4%, -\$73,741	Device supply is 32.3% of the remote monitoring basket
Chronic care management	\$1,879,707 over 24 months	-2.2%, -\$40,852	Routine rate changes only; not targeted
The whole service line	\$2,661,557 over 24 months	-4.3%, -\$114,592, to \$2,546,964	Remote monitoring is 29.4% of the line

¹⁴ Cardiac Solutions readmissions case study: 7% against 15% across 26,689 patients.

¹⁵ Iowa Heart case study, 2026: 450 NYHA class III to IV patients over six months.

¹⁶ Shared Savings Program quality reporting through the APM Performance Pathway: measures 001, 134 and 236 reported by the ACO; 484 calculated by CMS from claims.

¹⁷ CMS-1848-P, published July 2026. CoachCare repricing at Georgia locality 01, conversion factor \$32.8409 against \$33.4009: device supply 32.3% of the remote-monitoring basket; remote monitoring 29.4% of the line.

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

Every code repriced at Georgia locality 01 on this forecast's own billing mix; enrollment held constant. Remote monitoring is 29.4% of the line.

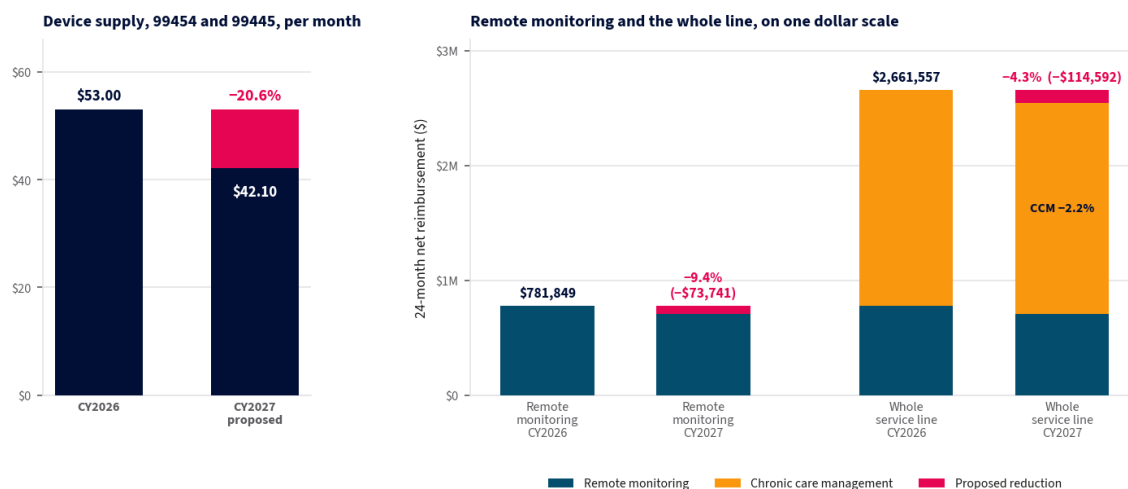


Figure 5. The CY2027 cascade on this forecast: the one code CMS proposes to cut, then the remote-monitoring arm and the whole service line on one dollar scale, with the proposed reduction in coral. CoachCare repricing at the proposed CY2027 amounts.

Each number is smaller than the last because its base is larger. Chronic care management is 70.6% of this line and moves only -2.2%, so a 20.6% cut to one remote-monitoring code becomes -4.3% on the whole line. 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 the practice owns the clinical program and the billing.

10. Implementation Roadmap

10.1 Who runs what

Function	CoachCare	Eagle's Landing
The hand-off of today's program	Reads the enrolled list and care plans from eClinicalWorks; moves patients in three monthly waves, highest-risk first, each with a welcome call from a named care manager	Confirms the list, the timing and the notice to the outside service
Identification and enrollment	Registry query in eClinicalWorks for diabetes with hypertension, kidney or heart disease; an on-site enrollment specialist; telephonic outreach; cellular devices shipped and replaced	Approves the criteria and target list; clinicians order at the visit
Monitoring and escalation	Reading review, the monthly 20-minute call, business-hours alert triage, at 165 patients per care manager	Sets thresholds and routing; receives escalations
Documentation, billing, reporting	Monthly care documents in eClinicalWorks, claims created automatically, an operational report (minutes per patient, patients not yet reached) and a clinical outcomes report	Reconciles and files under its own NPIs; keeps the revenue; names a program lead

10.2 The model inputs

Input	Value in this forecast
Medicare panel	1,600 patients, all in scope; traditional Medicare and Medicare Advantage
Patients enrolled today	650 in chronic care management, moved in three monthly waves (35%, 70%, 100% cumulative); 1.5% monthly attrition
Referring clinicians	3: a board-certified endocrinologist and two family nurse practitioners

Input	Value in this forecast
Programs	Chronic care management and remote monitoring; principal care management and behavioral health integration at zero dollars
Eligibility and acceptance	Chronic care management: 85% of the panel with two or more conditions (1,360), less today's 650, 30% accept; remote monitoring 75%, 35% accept; 70% of monitoring patients also in care management
Billing	90% of enrolled chronic care management patients bill 99490 each month, from month 3; today, about 30%
Enrollment	One CoachCare-funded on-site enrollment specialist plus telephonic outreach
EMR	eClinicalWorks: \$4,000 setup, \$150 a month, \$1.50 per patient-month
Rates	CY2026 fee schedule, non-facility, Georgia locality 01, ZIP 30281; every patient priced at the Medicare amount. 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.

10.3 The first 90 days, and after

Window	What happens	Result
Weeks 0–4 Integrate and charter	eClinicalWorks workshop with the practice's administrator and billing office; a month of the billed-versus-enrolled report reviewed; the enrolled list and care plans read; thresholds, routing and the wave order agreed	Integration live, protocol signed, waves set
Months 1–3 Move the program	Three waves of about a third each, highest-risk first; the enrollment specialist starts on the clinic schedule; remote monitoring for hypertension with diabetes	258 enrollments in month 1, 790 by month 3; about 90% of enrolled patients billing by month 3
Months 4–12 Grow to the ceiling	New chronic care management reaches its ceiling by month 7 and remote monitoring by month 11; kidney, heart and weight cohorts added	1,191 enrollments, 1,042 unique patients at month 12
Months 13–24 Hold and replace	New enrollment replaces patients who leave; principal care management and behavioral health integration scoped	Year 2: \$615,481 to Eagle's Landing at 42.8%

Chronic care management and remote monitoring carry Part B coinsurance, so the consent conversation explains the monthly cost plainly, and the welcome call to each carried-over patient repeats it.

10.4 What we would confirm together

1. **The Medicare chart count, by payer.** Traditional Medicare against each Medicare Advantage plan, and how many patients carry two or more chronic conditions. It sets both ceilings.
2. **A month of the current program's billed-versus-enrolled report.** How many enrolled patients billed, and why the rest did not: the 20 minutes not reached, patients unreachable, or documentation. It sets the left-hand column of Section 6.
3. **Today's outsourced arrangement.** Its terms, its notice period, who holds the care plans and call history, and how the hand-off is timed so that no patient misses a month.
4. **The 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. Which plans the practice's patients hold, and whether those plans pay chronic care management and remote monitoring, is confirmed plan by plan.
5. **The in-house staff on the program today.** Who makes the calls now, and what they move to once CoachCare carries the monthly work.
6. **The eClinicalWorks configuration.** The version, the care-management and healow modules licensed, and any device connection already in place.

7. **Coinsurance at consent.** How the monthly Part B coinsurance is explained, and who answers billing questions afterwards.
8. **Quality reporting.** How the practice's diabetes, blood-pressure and depression results reach the ACO today.

11. Recommendations

1. **Move today's chronic care management program to CoachCare in three monthly waves.** 585 billing a month instead of 195, and \$204,334 more a year to the practice from patients it has already enrolled.
2. **Then grow it: launch the full service line.** \$1,126,133 to Eagle's Landing over 24 months at a 42.3% margin (41.8% in year one, 42.8% in year two), net-positive from month 1, with nobody hired.
3. **Review a month of the billed-versus-enrolled report together first.** It confirms the comparison on the practice's own numbers.
4. **Pull the Medicare chart count by payer in week one.** It confirms the ceilings the new enrollment fills. 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.
5. **Keep the on-site enrollment specialist.** It cannot raise the ceiling, but reaches it sooner, and without it the line gives up \$764,899.
6. **Start remote monitoring with the hypertensive patients who have diabetes.** A cellular cuff and the monthly call, ordered at the quarterly visit; the practice's own sensor reads stay as they are.
7. **Aim the monthly work at the ACO's diabetes, blood-pressure and depression measures.** A1c draws on time, home blood-pressure averages and PHQ screening in every call.
8. **Keep clinical governance where it is.** The practice's clinicians decide; CoachCare does the work and documents it.

The patients Eagle's Landing has already enrolled support \$204,334 more a year once nine in ten of them bill, and the panel the practice already sees supports a \$2,661,557 service line at a 42.3% practice margin over 24 months, on staff the practice does not hire and devices it does not buy. What remains is to move the program once, with a partner, and run it as the practice'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.

- **Every enrolled patient, every month.** A caseload of 165 per care manager is what turns an enrolled list into a billed one: nine in ten of the 650 patients reach 20 minutes every month, against about 30% today.
- **It runs inside the chart the practice already uses.** Call time, readings, care plans and claims live in eClinicalWorks.
- **Fully staffed, no hiring.** Enrollment, devices, business-hours alert triage, the monthly calls and billing preparation are on CoachCare's payroll. Fees are per enrolled patient and per completed service, with no capital outlay.
- **Clinicians stay in charge.** The practice's clinicians set the protocols, sign the care plans and make every clinical decision. Claims go out under the practice's own billing entity and NPIs.
- **Designed for an older panel.** Cellular devices with nothing to pair, and outreach by phone, so no patient has to learn an app.

- **Published results.** A 29.1 mmHg drop in Stage 2 hypertension across 2,738 patients at Cardiac Solutions, half the 30-day readmission rate across 26,689 patients at the same practice, and zero readmissions among 450 advanced heart-failure patients at Iowa Heart.

The ask is a working session to review a month of the current program's billed-versus-enrolled report, confirm the Medicare chart count by payer, scope the eClinicalWorks integration and the hand-off of the current enrolled patients, and agree how the first 90 days run before anyone is moved.

Contact

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Prepared by CoachCare for discussion with Eagle's Landing Diabetes & Endocrinology. © 2026 CoachCare.

References & Data Sources

- **Eagle's Landing Diabetes & Endocrinology:** eldiabetes.org and the 2025 new patient packet, retrieved October 26, 2026, for history, services, diagnostics, the weight program and hours; healow online booking for the roster and the office.
- **CMS accountable-care and eligibility files:** Medicare Shared Savings Program ACO Participants, performance year 2026; Quality Payment Program eligibility, 2025 and 2026.
- **CMS provider and claims files:** NPPES; Doctors and Clinicians, July 2026; PECOS reassignment, September 2026; Medicare Physician & Other Practitioners by Provider and by Provider and Service, CY2024.
- **Medicare payment rules:** the CY2026 Physician Fee Schedule final rule, Addendum B, RVU file and Georgia locality 01 geographic indices; CMS-1848-P, the CY2027 proposed rule.
- **Market:** CMS Medicare Monthly Enrollment, July 2026, Henry County, Georgia.
- **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 Eagle's Landing Diabetes & Endocrinology, 2026, the source of every financial, enrollment, comparison and operational figure in Sections 6 to 11.

Unique patients and program enrollments are different numbers. At month 24 the program holds 1,099 active program enrollments belonging to 950 unique patients, because a patient may hold both enrollments. The 1,600-patient panel covers traditional Medicare and Medicare Advantage; the 622 patients in the CY2024 claims are traditional Medicare only.