Healthcare Solutions
Optimizing Provider Performance

WHO WE ARE

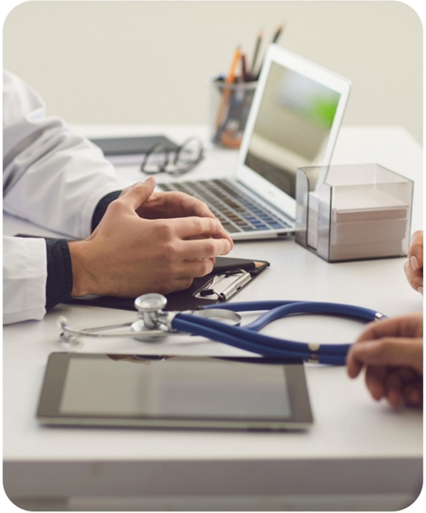
SCALING YOUR CARE MANAGEMENT INFRASTRUCTURE

P3Care helps medical practices launch, manage, and scale Medicare Care Management programs through dedicated patient outreach, EMR-based documentation, and full-cycle billing management. We handle the administrative heavy lifting so you can focus entirely on patient health and clinical outcomes.

- 10+ Years of Healthcare Experience
- 500+ Providers Supported Nationwide
- 10,000+ Care Management Patients Handled Monthly
- 95% Patient Engagement Rate
- Speciality Expertise: Internal Medicine, Cardiology, Primary Care, and Orthopaedics.
- Revenue Opportunity: A typical practice with 100 eligible CCM patients can generate

PATIENT ENROLLMENT & RPM REVENUE FORECAST

ELIGIBLE PATIENTS	CONSENT RATE	ACTIVE PATIENTS	ESTIMATED MONTHLY REVENUE	ESTIMATED ANNUAL REVENUE
150	50%	75	$3,750 TO $5,250	$45,000 TO $63,000
250	50%	125	$6,250 TO $8,750	$75,000 TO $105,000



HOW IT WORKS

FROM ASSESSMENT TO REVENUE: OUR 7-STEP JOURNEY

01

PRACTICE ASSESSMENT:

We review your patient population and eligibility.

02

PROGRAM SELECTION:

Identifying the best-fit programs (CCM, RPM, etc.).

03

ENROLLMENT SUPPORT:

Managing patient consent and compliance-ready onboarding.

04

MONTHLY OUTREACH:

Dedicated clinical coordination and outreach by our team.

05

EMR DOCUMENTATION:

Real-time care plan updates directly in your system.

06

BILLING SUPPORT:

Preparation of billing logs and code validation before submission.

07

PERFORMANCE REVIEW:

Monthly reporting to track patient health and revenue growth.

THE P3 ADMINISTRATIVE SAFEGUARD

Protecting Your Practice From Operational Load We Manage The Rigorous Administrative Requirements Of Every Program To Ensure Your Practice Remains Efficient And Audit Ready:

ELIGIBILITY REVIEW:
- Verification of patient coverage before enrollment.

PATIENT CONSENT:
- Handling and logging patient consent where required.

SERVICE TIME TRACKING:
- Precise monthly tracking of all clinical activity.

EMR CARE PLANS:
- Seamless documentation of all care plans in your EMR.

CODE VALIDATION:
- Ensuring accuracy to avoid duplicate or conflicting services.

MONTHLY REPORTING:
- Comprehensive data for provider review with reduced administrative burden.

SPECIALIZED CARE MANAGEMENT PROGRAMS

1. CHRONIC CARE MANAGEMENT (CCM)

BEST FOR:
Patients with 2 or more chronic conditions (12+ months).

P3 ROLE:
Outreach, care plan updates, specialist coordination, and documentation.

PRACTICE BENEFIT:
Better patient engagement and eligible monthly recurring revenue.

COMPLIANCE FOCUS:
Consent, care plans, activity logs, and EMR documentation.

2. REMOTE PATIENT MONITORING (RPM)

BEST FOR:
Patients needing vitals monitoring (BP, Glucose, Weight).

P3 ROLE:
Device deployment, real-time alert triage, and technical oversight.

PRACTICE BENEFIT:
Reduced ER visits and high-value reimbursement for data monitoring.

COMPLIANCE FOCUS:
20-min monthly monitoring time and validated device logs.

3. PRINCIPAL CARE MANAGEMENT (PCM)

BEST FOR:
High-risk patients with a single, complex chronic condition.

P3 ROLE:
Intensive disease-specific monitoring and patient education.

PRACTICE BENEFIT:
Targeted gap closure and stabilization of high-risk cases.

COMPLIANCE FOCUS:
Disease-specific care plans and high-complexity notes.

4. REMOTE THERAPEUTIC MONITORING (RTM)

BEST FOR:
Respiratory or musculoskeletal monitoring (therapy adherence).

P3 ROLE:
Tracking non-physiological data and medication response via digital platforms.

PRACTICE BENEFIT:
Real-time adjustments to treatment and improved therapy outcomes.

COMPLIANCE FOCUS:
Therapy adherence logs and EMR-integrated notes.

5. BEHAVIORAL HEALTH INTEGRATION (BHI)

BEST FOR:
Integrating mental health into the primary care setting.

P3 ROLE:
PHQ-9/GAD-7 screenings and care team coordination.

PRACTICE BENEFIT:
Improved mental health outcomes and holistic patient wellness.

COMPLIANCE FOCUS:
"Treat-to-Target" documentation and systematic screenings.

6. CHRONIC PAIN MANAGEMENT (CPM)

BEST FOR:
Patients with persistent pain lasting 3 months or more.

P3 ROLE:
Pain assessment logs, medication safety reviews, and non-drug support.

PRACTICE BENEFIT:
Improved functional status and reduced medication-related risks.

COMPLIANCE FOCUS:
Multi-modal pain logs and medication reconciliation safety.

7. PRINCIPAL ILLNESS NAVIGATION (PIN)

BEST FOR:
Patients with life-altering illnesses (Cancer, COPD, Dementia).

P3 ROLE:
Identifying SDOH barriers and connecting patients to community resources.

PRACTICE BENEFIT:
Higher adherence to complex treatment schedules.

COMPLIANCE FOCUS:
Resource coordination logs and barrier identification notes.

8. ADVANCED PRIMARY CARE MANAGEMENT (APCM)

BEST FOR:

Practices focused on value-based payment success.

P3 ROLE:

Workflow alignment and tracking against CMS quality metrics.

PRACTICE BENEFIT:

Success in advanced Medicare payment models with zero extra staffing.

COMPLIANCE FOCUS:

Unified reporting standards and coordination logs.

9. COLLABORATIVE CARE MODEL (CoCM)

BEST FOR:
Team-based care involving a PCP and a psychiatric consultant.

P3 ROLE:
Patient registry management and cross-team communication.

PRACTICE BENEFIT:
Systematic psychiatric progress and streamlined mental health billing.

COMPLIANCE FOCUS:
Registry maintenance and psychiatric consultation time-tracking.

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TAKE THE NEXT STEP

IS YOUR PRACTICE READY TO SCALE?

Schedule a 30-Minute Care Management Readiness Review.
We will provide a hands-on assessment to help you understand your practice's potential:

- *Assess* your patient population.
- *Identify* eligible Medicare programs.
- *Estimate* your monthly and annual revenue opportunity.
- *Recommend* the best launch and scaling plan for your team.

Contact Us Today:

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