SERVICE LINE STRATEGY · **Connected Care, by CoachCare.**

Texas Primary Care Specialists

An independent, physician-owned primary care practice in Frisco, Texas, founded in 2013: six adult primary care clinicians on one eClinicalWorks system, with a Medicare panel of about 300

Remote Care Service Line Optimization Report

2026 Strategy Report

A scalable, profitable remote care service line for Texas Primary Care Specialists: the remote monitoring program the practice already runs with CoachCare, taken across its whole Medicare panel, billed under its own group enrollment at Texas's CY2026 Medicare rates and run inside eClinicalWorks

Purpose of this document

Prepared by CoachCare, November 2026, as a discussion document for the physician leadership of Texas Primary Care Specialists. It is the companion to the practice's remote care strategy page and makes the same case at report length. It starts from the practice's own Medicare claims and the program already in place, then prices the next step over 24 months at the Rest of Texas rates.

The practice has run remote monitoring with CoachCare since early 2025, and about 22 patients are enrolled today. About 195 patients on a Medicare panel of 300 meet the criteria the forecast uses. This report shows what reaching more of them returns, who does the work, and what decides how large the program gets.

Prepared by CoachCare for discussion with Texas Primary Care Specialists. © 2026 CoachCare.

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Executive Summary

Texas Primary Care Specialists (TPCS) is an independent, physician-owned primary care practice in Frisco, Texas, founded in 2013. Its six adult primary care clinicians, three internal medicine physicians, two family nurse practitioners and one physician assistant, see patients at two Frisco locations in Denton County, on one eClinicalWorks system.[1]

TPCS already runs remote monitoring with CoachCare. The program started in early 2025, and about 22 patients are enrolled today, with cellular blood pressure cuffs, scales and glucose meters sending readings between visits. About 195 of the practice's roughly 300 Medicare patients meet the criteria this forecast uses, so today's program reaches about one in nine of them. **This report is the business case for taking the program TPCS already runs across its whole Medicare panel.**

The observation this report is built on

Turn the panel TPCS already manages into a profit-generating service line, powered by CoachCare.

The practice has the panel, the record system, the clinicians and a remote monitoring program that already works inside its week. What it does not yet have is that program reaching the other 173 patients who qualify. CoachCare staffs the expansion. TPCS's clinicians govern it, and the practice bills for it under its own group enrollment from inside eClinicalWorks.

What the Value Analysis returns

Remote monitoring service line	Year 1	Year 2	24 months
Contribution margin	**$25,130**	**$31,197**	**$56,327**

CoachCare Value Analysis: today's 22 remote monitoring patients carried forward plus new enrollment from the rest of a Medicare panel of 300, 6 referring clinicians, one CoachCare-funded on-site enrollment specialist, CY2026 Rest of Texas locality 99 amounts. Contribution margin is what TPCS keeps from the service line.

1. **$56,327 of contribution margin over 24 months.** Today's 22 patients carry $20,131 of it, and new enrollment from the rest of the panel adds $36,195 (Section 6.2).
2. **New enrollment fills in month 3.** One enrollment specialist and 6 referring clinicians bring on the 43 new patients the forecast counts as reachable by month 3. From then on the program holds about 64 patients.
3. **The panel sets the limit.** Across the panel sizes the claims support, 165 to 530 Medicare patients, 24-month contribution margin runs from $33,419 to $93,646. A second enrollment specialist adds only $1,202, because the pool is already full by month 3.
4. **Positive from month 2.** Contribution margin runs −$5,037 in month 1 while the expansion ramps; every month after is positive, and the cumulative total is above zero by month 3.
5. **No hiring.** CoachCare staffs the care team, the on-site enrollment specialist and the devices. At its peak of about 64 patients the whole program sits inside one care manager's 165-patient caseload.
6. **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).
7. **The CY2027 proposed rule takes $12,477 off this line's 24-month contribution margin.** A 20.6% cut to the device-supply codes, on a line that is all remote monitoring, moves contribution margin from $56,327 to $43,849 over 24 months (Section 7).

[1] txprimary.com, retrieved November 4, 2026: about, physicians and services pages; NPPES and the CMS Medicare revalidation reassignment list for the practice's group enrollment. The practice's urgent care, lab, imaging and specialty services sit outside this program.

The ask is a working session: review today's program together, confirm the Medicare chart count by payer and clinician, scope the eClinicalWorks integration, and agree how the on-site enrollment specialist works the two locations before the first new patient enrolls.

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

Medicare has changed what it pays primary care for, and the changes point at the weeks between a patient's visits. For a patient with high blood pressure, those weeks are where a reading drifts after a dose change. For a patient with diabetes or heart failure, they are where weight and glucose move before anyone sees it.

The shift	What it means for TPCS
1. From visits to panels	A patient on a chronic medication sees a clinician a few times a year. Managing a panel means knowing which of roughly 300 Medicare patients are trending the wrong way between those visits, and that takes home data and a team assigned to act on it.
2. 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 and shorter calls. At the Rest of Texas CY2026 rates one patient on remote monitoring (99454 and 99457) is worth **$99.54 a month** in Medicare allowed charges.[2]
3. A program that already works here	TPCS does not have to prove the model. Its clinicians already order remote monitoring, its patients already take readings at home, and the claims already go out under the practice's group enrollment. The open question is how many patients it reaches.

The practice's billing team also adopts new codes quickly. The two clinicians with an office panel in CY2024 billed the visit-complexity add-on, G2211, 158 times in the code's first year, alongside 60 annual wellness visits and 82 intensive behavioral therapy visits for cardiovascular risk. Those visits are where a patient who qualifies for remote monitoring is already in the room.

2. Texas Primary Care Specialists Today

TPCS is a physician-owned practice that bills Medicare as one group: six adult primary care clinicians, two Frisco locations and one eClinicalWorks system. Its traditional-Medicare patients average 72.7 years old, with a risk score close to the national 1.00, and at least three in four carry hypertension.

2.1 Six adult primary care clinicians in Frisco

What	Today	What it means for this program
Adult primary care clinicians	**Three internal medicine physicians, two family nurse practitioners and one physician assistant**	Every one of them can order remote monitoring from the chart; the forecast counts all six as referring clinicians
Locations	Two in Frisco, both in Denton County	One on-site enrollment specialist can cover both on a set weekly schedule
Record system	eClinicalWorks, with the healow patient portal and online booking	The program's host: flags, orders, readings, care documents and claims (Section 4)
Preventive and chronic-care visits	Annual wellness visits, cardiovascular risk counselling, A1c testing and depression screening, on a steady rhythm	The natural moments to check eligibility and take consent
Remote monitoring	**Running with CoachCare since early 2025; about 22 patients today**	The protocols, devices and billing pipeline the expansion builds on

txprimary.com, November 4, 2026; NPPES; CMS revalidation reassignment list; CoachCare program records.

[2] CY2026 Physician Fee Schedule, non-facility amounts, Novitas Solutions JH carrier 04412, Rest of Texas locality 99: 99454 $49.43 and 99457 $50.11.

The roster has grown. In CY2024 two of today's six clinicians had an office panel in the Medicare claims; the other four joined since, or saw patients in other settings that year. That matters for sizing: the CY2024 claims describe the practice as it was, and the panel today is larger.[3]

2.2 What the CY2024 claims say

The CY2024 Medicare by-provider and by-provider-and-service files were queried for each of the six clinicians. The profile below is the traditional-Medicare office panel of the two clinicians who had one that year.[4]

Panel	CY2024	Condition	Share
Traditional-Medicare office patients	193	**Hypertension**	**75% (a floor)**
Average age	**72.7**	High cholesterol	75% (a floor)
Weighted HCC risk score	**1.01**	Arthritis	50%
Dual-eligible share	13.1%	**Diabetes**	**39%**
Annual wellness visits	**60**	Ischemic heart disease	27%
Cardiovascular risk counselling (G0446)	82 services	Depression	24%
A1c tests	95 services	COPD	23%
Depression screening	71 services	**Chronic kidney disease**	**22%**
Visit-complexity add-on, G2211	158 services	Atrial fibrillation	17%
		Heart failure	**15%**

CMS Medicare Physician & Other Practitioners, CY2024, the two clinicians with an office panel that year. CMS caps published prevalence at 75%, so hypertension and high cholesterol are floors, and suppresses lines under 11 beneficiaries; COPD, chronic kidney disease, atrial fibrillation and heart failure come from the larger of the two panels, where CMS publishes them.

Hypertension reaches at least three patients in four, diabetes about two in five, and a fifth or more carry chronic kidney disease or COPD. Those are the patients whose home readings change what a clinician does next, and they are spread across every clinician's schedule. The panel is older and only lightly dual-eligible (13.1%), so most patients bill to traditional Medicare or a Medicare Advantage plan rather than Medicaid.

2.3 The remote monitoring program already running

TPCS's clinicians already order remote monitoring, and CoachCare already runs it for them: cellular blood pressure cuffs, scales and glucose meters, a care team that reviews the readings and makes the monthly calls, and claims built for the practice's billing team. About 22 patients are on the program today. Nothing in this report changes how those patients are cared for.

[3] CMS Medicare Physician & Other Practitioners by Provider, CY2024, queried by NPI for the six adult primary care clinicians: two have an office primary care row; four have no office row in CY2024.

[4] Medicare Physician & Other Practitioners, CY2024, by Provider and by Provider and Service: 193 traditional-Medicare beneficiaries across the two office panels; prevalence weighted by beneficiaries. Code counts are services, counted per clinician and per code, never added across codes as patients.

What exists	Status	What the expansion adds
Remote monitoring with CoachCare	**About 22 patients, since early 2025**	The same program offered to the other 173 patients who qualify
Devices	Cellular cuffs, scales and glucose meters already in patients' homes	The same devices, shipped ready to use to each new patient
Enrollment	Clinician orders as patients come up	An on-site enrollment specialist on CoachCare's payroll, plus telephonic outreach to the rest of the panel
eClinicalWorks	The practice's record and billing system	Flags, orders, readings, monthly care documents and claims inside the chart (Section 4)

The gap is reach. About 195 of the panel's Medicare patients meet the criteria the forecast uses, and today's program covers about 22 of them. The expansion is an enrollment job. The protocols, the devices and the care team are in place, and the forecast assumes one in four of the remaining 173 accepts (43 new patients).

2.4 The market and the rate basis

Both Frisco locations sit in Denton County, which held 137,404 Medicare beneficiaries in July 2026. About 45.0% of them are in a Medicare Advantage plan, close to neighbouring Collin County's 42.7%. Medicare Advantage plans cover these Part B services and pay them on each plan's own contract terms. Which plans TPCS's patients hold, and how each pays for remote monitoring, is the second thing to confirm after the chart count.[5]

Every Frisco ZIP code maps to the Rest of Texas payment locality, locality 99, under the Novitas Solutions JH contractor, not to the Dallas locality next door. Every dollar in this report is priced at the Rest of Texas CY2026 amounts.[6]

3. The Service Line: Remote Monitoring Across the Medicare Panel

3.1 The clinical and billing stack

The service line is one monthly program: remote physiologic monitoring, with one enrollment conversation, one care team and one billing pipeline into TPCS's own billing through eClinicalWorks. It is the program the practice already runs, offered to more of its patients.

Codes	What they pay for	CY2026 Rest of Texas locality 99
99453	Remote monitoring setup and education, once	$20.57
99454 · 99445	**Device supply, 16+ days · 2 to 15 days in 30 (99445 new in CY2026)**	**$49.43 · $49.43**
99457 · 99458	Treatment management, first 20 minutes · each additional 20	$50.11 · $40.28
99470	**Treatment management, 10 to 19 minutes (new in CY2026)**	**$25.22**

[5] CMS Medicare Monthly Enrollment, July 2026: Denton County 137,404 beneficiaries. CMS Medicare Advantage State/County Penetration, October 2026: Denton 44.98%, Collin 42.70%; the forecast uses 45.0%.

[6] CY2026 Physician Fee Schedule, Novitas Solutions JH carrier 04412, Rest of Texas locality 99, ZIP 75033: geographic indices work 1.000, practice expense 0.949, malpractice 0.903; conversion factor $33.4009.

How the rates apply

CY2026 non-facility amounts, Rest of Texas locality 99 (Novitas Solutions JH, carrier 04412), ZIP 75033. One device code and one first-tier management code bill for a patient in a given month, with 99458 for each further 20 minutes; setup bills once.

About 45.0% of the area's Medicare beneficiaries are in Medicare Advantage. Medicare Advantage plans cover these Part B services and pay them on each plan's own contract terms. The forecast prices every patient at the Medicare amount, so the plan-by-plan terms are worth confirming early.

3.2 Who it fits on this panel

Patients on this panel	What the readings do	Device
Hypertension, at least 75% of the panel	A week of home readings after each dose change, and a trend flag before the next visit	Cellular cuff
Diabetes, about 39%	Glucose between A1c tests, with out-of-range readings worked the same business day	Cellular glucose meter
Heart failure (15%) and chronic kidney disease (22%)	Daily weight and blood pressure, where fluid gain shows days before symptoms do	Cellular scale and cuff

Eligibility in the forecast is 65% of the panel, about 195 patients, including the 22 already enrolled. Patients carrying more than one of these conditions are counted once. The forecast assumes 25% of the eligible patients not yet enrolled accept, which brings 43 new patients onto the program.

3.3 The care team, and the hours it keeps

CoachCare hires, trains and manages the care managers, at 165 patients each. At its peak of about 64 patients the whole program sits inside one care manager's caseload, so the expansion needs no new team. An on-site enrollment specialist on CoachCare's payroll works the clinic schedules beside TPCS's medical assistants 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, run outreach and send escalations Monday to Friday, 8 a.m. to 5 p.m. in the patient's time zone, when the practice is staffed. Patients are told at consent to call 911 for an emergency and the practice for anything urgent.

- **TPCS 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 the practice's group enrollment, and TPCS keeps $56,327 of contribution margin over 24 months.
- **CoachCare supplies the capacity.** It brings the devices, the on-site enrollment specialist, care managers, business-hours alert triage, monthly documentation and automated claims. None of it is the practice's headcount, inventory or software.
- **Independence is part of the return.** A recurring service line with its own margin, built on TPCS's own panel, adds a revenue line the practice's physicians control.

4. eClinicalWorks: The Program Lives in the Chart

TPCS runs on eClinicalWorks, with healow for the patient portal and booking, and CoachCare works inside eClinicalWorks' own workflows, so 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 both locations, and a flagged

patient reaches the first day of service in under five days.[7] 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 TPCS's clinicians approve, at a chronic-care visit, a wellness visit or on an outreach list
Enrollment by services and devices	The clinician orders by service and by device (cuff, scale, glucose meter), the way a lab is ordered
Exchange of health history	Diagnoses, medications, vitals and 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	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; TPCS's billing team reconciles and files them

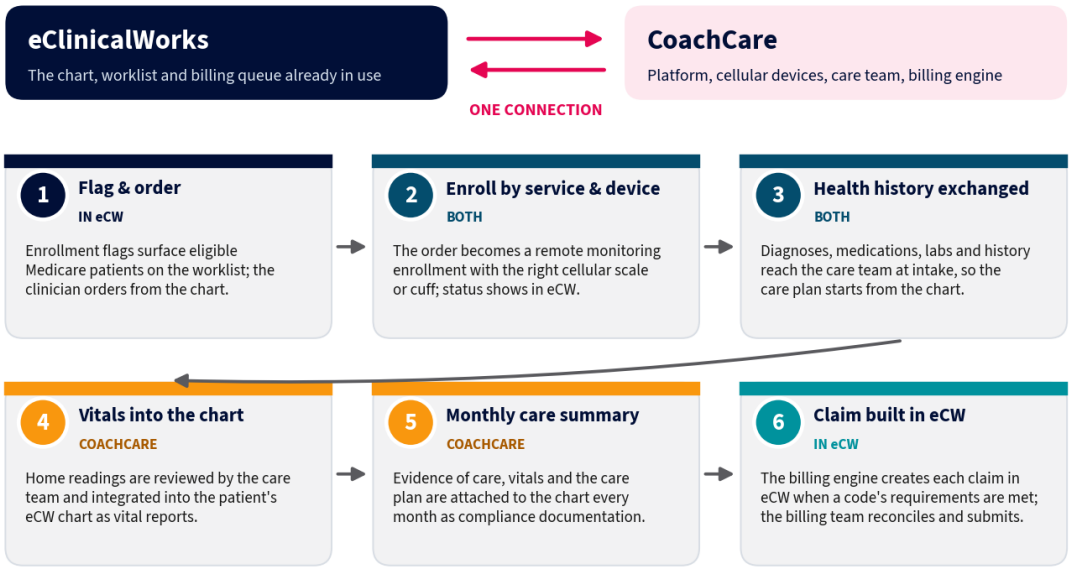


Figure 1. From a flag in the chart to a claim: the six steps CoachCare and eClinicalWorks run every month for every enrolled patient. CoachCare eClinicalWorks integration overview.

The integration build runs alongside the expansion's first weeks, so it does not hold up new enrollment, and today's patients keep their readings and calls without a gap.

5. Clinical Governance & Escalation

Every reading routes through one escalation engine with defined thresholds, trend rules, routing and documentation, so TPCS never carries surveillance liability it did not agree to. The expansion is the moment to

[7] CoachCare eClinicalWorks integration overview, 2026: the six integration pillars; patients begin remote monitoring in less than five days. The practice's system: its patient portal and every clinician's booking page run on eClinicalWorks and healow (txprimary.com, November 2026).

review the thresholds and routing with the practice's clinicians, so new and current patients run on one agreed protocol.[8]

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 practice, 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 blood pressure readings an hour or more apart; three heart-rate readings within seven days; weight gain past the agreed threshold**	A confirmed trend escalates like a single reading past the threshold
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 · 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 practice the same day. A critical reading alone, without those symptoms, goes to the practice instead.

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

The floor. CoachCare's emergent policy supersedes any practice escalation preference. This cannot be configured away. TPCS 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 practice notified
Needs the practice	A critical reading, or an out-of-range reading or trend confirmed after a retake	The clinician or nurse TPCS 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 routing matrix names who takes an escalation at each location. 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 weekend or overnight is worked the next business day, and the patient's standing instruction for anything urgent is the practice's own line, or 911. When an enrolled patient has an emergency visit or a hospital stay, a three-touch follow-up runs over the next two weeks: medications reconciled, trends re-checked, and a follow-up visit confirmed.

[8] 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.

5.4 Built for an older, phone-first panel

TPCS's traditional-Medicare patients average 72.7 years old. 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 call and every escalation call are made by phone, so no patient has to learn an app. Patients who already use the healow portal can keep using it, and nothing in the program depends on it. A monitoring patient unreachable 45 days from enrollment is escalated to the practice; without an instruction from the practice, discharge from monitoring follows at 180 days, and discharge criteria always belong to TPCS's clinicians.

6. Value Analysis: The 24-Month Forecast

6.1 The headline economics

The forecast covers remote monitoring for a Medicare panel of 300, on traditional Medicare and Medicare Advantage, at the CY2026 Rest of Texas locality 99 amounts, with 6 referring clinicians and one CoachCare-funded on-site enrollment specialist. It has two layers: today's 22 patients, carried forward on the same billing mix, and new enrollment from the rest of the panel.[9]

Remote monitoring service line	Year 1	Year 2	24 months
Contribution margin	**$25,130**	**$31,197**	**$56,327**

Year two is larger than year one because new enrollment is full for all twelve months of it: it reaches its 43-patient ceiling in month 3 and holds it, replacing about 1 patient a month who leaves. Year one carries the ramp and the first month's start-up. Year two returns **$31,197 of the $56,327 contribution margin**.

6.2 Today's patients and the new enrollment, side by side

Each layer is shown on its own. Today's patients keep billing as they do now. New enrollment adds the patients the program does not reach yet, and it is the larger of the two over 24 months.

24 months	Today's patients, carried forward	New enrollment from the panel	The service line
Patients	About 22, from month 1	43, full by month 3	About 64 at month 3
Contribution margin	**$20,131**	**$36,195**	**$56,327**

CoachCare Value Analysis. The new-enrollment layer carries the program's one-time start-up in month 1; today's patients carry none.

6.3 The ramp, month by month

Contribution margin runs −$5,037 in month 1 while the expansion ramps, with today's patients billing and 10 new patients joining. It is positive from month 2, at $2,183, and cumulative contribution margin is above zero by the end of month 3. New patients join at about 10, 15 and 19 a month in the first three months, new enrollment reaches its ceiling in month 3, and monthly contribution margin peaks at $3,027 that month. Cumulative contribution margin passes $8,659 at month 6, $25,130 at month 12 and $56,327 at month 24.

[9] CoachCare Value Analysis for Texas Primary Care Specialists, 2026, the source of all Section 6 figures: the workbook prices the new enrollment; a companion layer carries today's patients at the workbook's own billing mix per patient-month. Sensitivity runs change one input at a time on the same workbook.

Month	Monthly contribution margin	Cumulative contribution margin
M1	**−$5,037**	−$5,037
M2	$2,183	−$2,854
M3	$3,027	$172
M6	$2,809	$8,659
M12	$2,701	$25,130
M18	$2,605	$40,996
M24	**$2,521**	**$56,327**

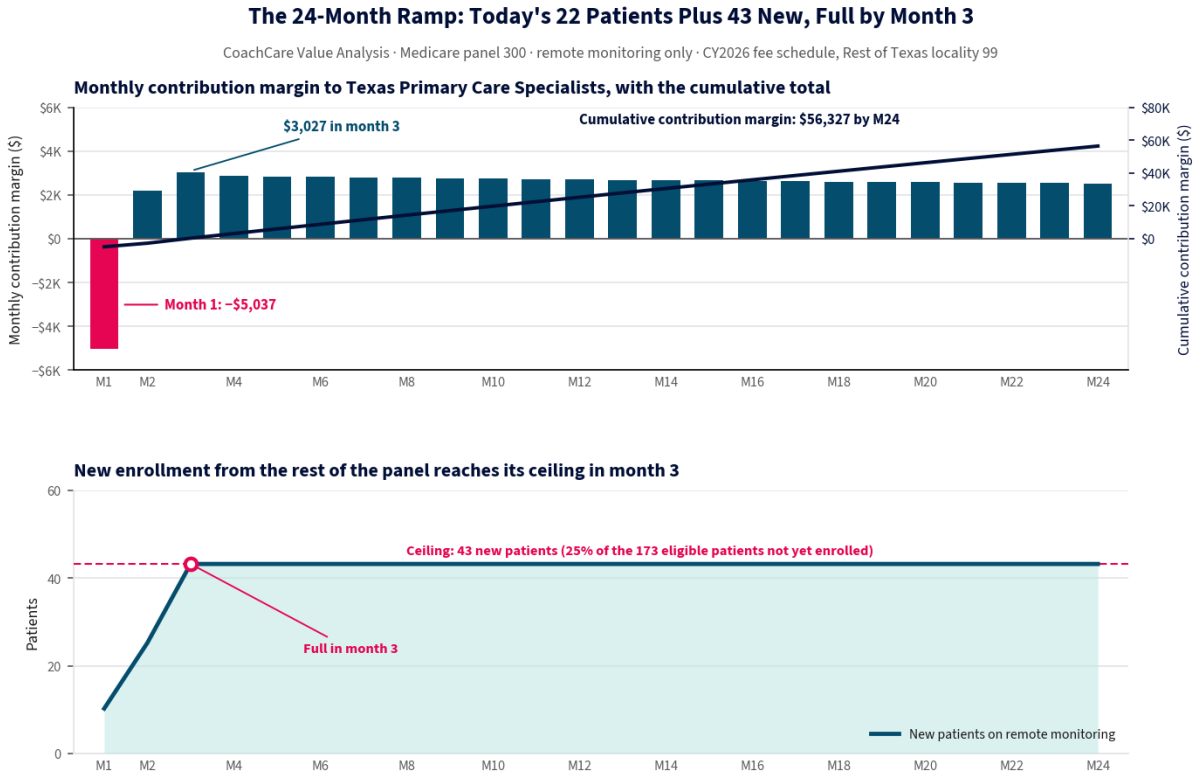


Figure 2. Monthly contribution margin for the whole service line, with cumulative contribution margin, and new enrollment against its ceiling. CoachCare Value Analysis.

6.4 What sets the ceiling: the size of the panel

New enrollment	Eligible, not yet enrolled	Acceptance	Ceiling	Reached
Remote physiologic monitoring, the rest of the Medicare panel	173 patients	25%	**43**	**Month 3**

Say the constraint out loud

At TPCS the size of the panel is the constraint, not outreach. One enrollment specialist and 6 referring clinicians bring on every new patient the forecast counts as reachable by month 3. From then on new enrollment only replaces patients who leave.

Enrollment capacity cannot raise the ceiling, but it reaches it sooner. A second CoachCare-funded enrollment specialist fills it by month 2 and adds $1,202 over 24 months. Without the on-site specialist it fills in month 7 and contribution margin is $4,920 lower.

Panel size moves the ceiling itself. A larger Medicare panel holds more patients who qualify, so the chart count is the number that sets this forecast.

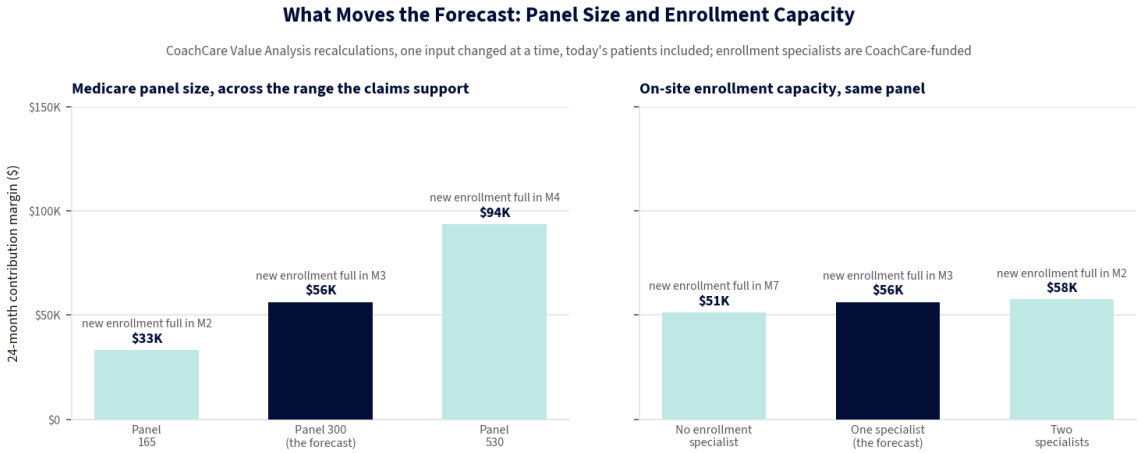


Figure 3. 24-month contribution margin across the panel sizes the claims support, and with no, one or two on-site enrollment specialists on the same panel, with the month new enrollment fills. CoachCare Value Analysis recalculations, today's patients included.

Scenario	24-month contribution margin	New-patient ceiling	Ceiling reached
Base: panel 300, six referring clinicians, one enrollment specialist	**$56,327**	**43**	**M3**
Panel 165	$33,419	21	M2
Panel 500	$88,712	76	M4
Panel 530	$93,646	81	M4
No on-site enrollment specialist	$51,407	43	M7
Two on-site enrollment specialists	$57,528	43	M2
Two referring clinicians, the two with a CY2024 office panel	$56,094	43	M3

CoachCare Value Analysis recalculations, one input changed at a time, today's 22 patients included in every row. Ceiling reached: the month new enrollment brings on every patient the forecast counts as reachable.

Panel size moves this forecast more than anything else. From 165 to 530 Medicare patients, the panel adds $60,227 of 24-month contribution margin, because every panel size fills its pool within the first four months and a larger panel holds a larger pool. Enrollment capacity and the referring roster move the 24-month figure by $232 to $4,920, because they change how fast the pool fills rather than how large it is.[10]

[10] Panel sizes bracket the practice's CY2024 claims: 193 traditional-Medicare office patients, deduplicated across the two clinicians at 0.70 and grossed up for the 45.0% Medicare Advantage share, give about 246; the floor is about 163; adding the four clinicians who joined since at the same volume

6.5 What the new enrollment produces

Output over 24 months, new patients	Volume	What it represents
Physiologic readings received	**10,363**	Blood pressure, weight and glucose values arriving between visits
Claims and billable units	**1,823**	Created in eClinicalWorks for TPCS's billing team
Care-management tasks	3,647	Outreach, reading reviews, chart updates and medication checks
Patient conversations	547	Live contacts with patients and families
Care-team hours	**703**	**Work the practice does not staff**
Hospitalizations avoided	**About 7**	Across the new patients, whatever their coverage

CoachCare Value Analysis, the new-enrollment layer; today's patients produce the same kinds of output on top.

6.6 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.[11]
- **Readmissions, at the same practice.** Across 26,689 patients, the 30-day readmission rate was 7% for CoachCare patients against 15% for the rest.[12]
- **Heart failure.** Iowa Heart enrolled 450 advanced heart-failure patients and recorded zero readmissions over six months.[13]

7. 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 Rest of Texas locality 99 on the forecast's own billing mix, today's patients included, with enrollment held constant.[14]

gives about 531. The forecast uses 300.

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

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

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

[14] CMS-1848-P, published July 2026. CoachCare repricing at Rest of Texas locality 99, conversion factor $32.8409 against $33.4009: device supply 31.9% of the remote-monitoring basket; remote monitoring is the whole line.

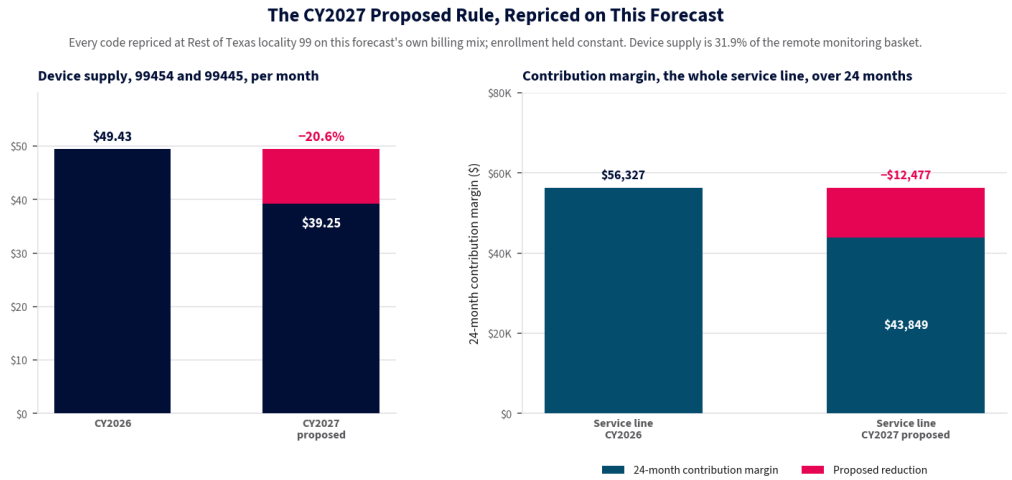


Figure 4. The CY2027 cascade on this forecast: the code family CMS proposes to cut, then the whole service line over 24 months, with the proposed reduction in coral. CoachCare repricing at the proposed CY2027 amounts.

Level	CY2026 basis	Proposed CY2027 effect	How it flows through
Device supply, 99454 and 99445	$49.43 a month	**$39.25 a month, −20.6%**	The code family CMS proposes to cut
The whole service line, contribution margin	$56,327 over 24 months	**−$12,477, to $43,849**	Device supply is 31.9% of the remote monitoring basket; management time and setup move a few points through routine rate changes, and the cut reaches contribution margin dollar for dollar

Device supply is under a third of what each patient-month bills, so most of each patient-month is untouched by the cut. The line stays positive at the proposed rates, at $43,849 over 24 months. CoachCare will rerun the forecast at the final rates.

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%

CY2026 Addendum B and CMS-1848-P proposed CY2027 Addendum B, national non-facility amounts; the repricing above uses Rest of Texas locality 99 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.

8. Implementation Roadmap

8.1 Who runs what

Function	CoachCare	TPCS
Identification and enrollment	Registry query in eClinicalWorks for patients who meet the agreed criteria and are not yet enrolled; an on-site enrollment specialist; telephonic outreach; devices shipped, cellular-paired and replaced	Approves the criteria and target list; clinicians order at the chronic-care or wellness visit
Monitoring and escalation	Reading review, the monthly treatment-management time, business-hours alert triage and the follow-up after a hospital stay	**Sets thresholds and routing; receives escalations**
Today's patients	No change: the same devices, calls and care team	No change
Documentation, billing, reporting	Monthly care documents in eClinicalWorks, claims created automatically, operational and clinical outcomes reports by clinician	**Reconciles and files under its group enrollment; keeps the revenue; names a program lead**

8.2 The model inputs

Input	Value in this forecast
Medicare panel	**300 patients, all in scope, all Medicare coverage**
Payer mix	About 45.0% of the area's Medicare beneficiaries are in Medicare Advantage; every patient priced at the Medicare amount. Medicare Advantage plans cover these Part B services and pay them on each plan's own contract terms.
Referring clinicians	6: three internal medicine physicians, two family nurse practitioners and one physician assistant
Program	Remote physiologic monitoring on traditional Medicare and Medicare Advantage
Today's patients	22, carried forward on the same billing mix, with no new enrollment counted in this layer
Eligibility and acceptance	65% of the panel eligible (195 patients, today's included); 25% of the 173 not yet enrolled accept; 3% monthly attrition among new patients, replaced
Enrollment capacity	One CoachCare-funded on-site enrollment specialist plus telephonic outreach
EMR	eClinicalWorks, integrated as described in Section 4
Rates	CY2026 fee schedule, non-facility, Rest of Texas locality 99, ZIP 75033

8.3 The first 90 days, and after

Window	What happens	Result
Weeks 0–4 Review and charter	Review today's program with the practice's team; chart counts and payer mix by plan; the eClinicalWorks integration scoped; thresholds and routing agreed for new and current patients; the enrollment specialist's weekly schedule across the two locations set	Protocol signed, integration underway, target list approved
Months 1–3 Enroll from the panel	The enrollment specialist works the clinic schedules; telephonic outreach to the rest of the target list	10 new patients in month 1, 25 by month 2, 43 by month 3
Months 4–24 Hold and report	Patients who leave are replaced each month; outcomes reported by clinician each quarter	Year 2: $31,197 of contribution margin

Remote monitoring carries Part B coinsurance, so the consent conversation explains the monthly cost plainly before the device ships, as it does for today's patients.

8.4 What we would confirm together

1. **The Medicare chart count, by payer and clinician.** Traditional Medicare against each Medicare Advantage plan, for each of the six clinicians. It confirms the panel size, the number this forecast turns on.
2. **Today's program, in detail.** Which patients are enrolled, on which devices, and what the practice's clinicians would change, so the expansion starts from what already works.
3. **The Medicare Advantage plans, one by one.** Medicare Advantage plans cover these Part B services and pay them on each plan's own contract terms. Which plans TPCS's patients hold, and how each pays for remote monitoring, decides how much of the Medicare Advantage share bills at the Medicare amount.
4. **Which clinicians refer.** All six adult primary care clinicians from the start, and how much of each one's schedule is adult Medicare.
5. **The eClinicalWorks configuration.** The version, the healow modules licensed, and how today's program connects to the chart.
6. **Coinsurance at consent, and the enrollment schedule.** How the monthly Part B coinsurance is explained at enrollment, and which days the on-site enrollment specialist works at each location.

9. Recommendations

1. **Take remote monitoring across the whole Medicare panel.** $56,327 of contribution margin over 24 months ($25,130 in year one, $31,197 in year two), positive from month 2, with nobody hired.
2. **Keep today's patients exactly where they are.** The 22 patients already enrolled carry $20,131 of that total on the program they know.
3. **Pull the Medicare chart count by payer and clinician in week one.** The panel sets the ceiling: at 165 patients the forecast reads $33,419, and at 530 it reads $93,646.
4. **Put the enrollment specialist in the clinic from the first week.** Without one, new enrollment fills in month 7 instead of month 3 and contribution margin is $4,920 lower.
5. **Run the expansion inside eClinicalWorks.** Flags, orders, readings, care documents and claims in the chart the practice already uses.
6. **Plan for CY2027 at the final rates.** The proposed device-supply cut takes $12,477 off 24-month contribution margin; the line stays positive at $43,849.
7. **Keep clinical governance where it is.** TPCS's clinicians decide; CoachCare does the work and documents it.

TPCS has already shown that remote monitoring works in its practice. Taking it from about 22 patients to every patient on the panel who qualifies and accepts returns $56,327 of contribution margin over 24 months, on staff the practice does not hire and devices it does not buy. What remains is to reach the rest of the panel and keep the program 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.

- **It builds on what the practice already runs.** TPCS's clinicians already order remote monitoring and its patients already take readings at home. The expansion takes a program that already works to more of the panel.

- **It runs inside the chart the practice already uses.** Readings, documentation and claims live in eClinicalWorks, and enrollment status is visible at both locations.
- **Fully staffed, no hiring.** Care managers at 165 patients each, enrollment, devices, business-hours alert triage and billing preparation on CoachCare's payroll.
- **Clinicians stay in charge.** TPCS's physicians and advanced practice clinicians set the protocols, sign the care plans and make every clinical decision.
- **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 today's program, confirm the Medicare chart count by payer and clinician, scope the eClinicalWorks integration, and set the enrollment specialist's schedule before the first new patient enrolls.

Contact

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Prepared by CoachCare for discussion with Texas Primary Care Specialists. © 2026 CoachCare.

References & Data Sources

- **Texas Primary Care Specialists:** txprimary.com, retrieved November 4, 2026, for history, locations, services, the clinician roster and the patient portal; NPPES.
- **CMS provider and claims files:** Doctors and Clinicians and the revalidation reassignment list, 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 Rest of Texas locality 99 geographic indices; CMS-1848-P, the CY2027 proposed rule.
- **Market:** CMS Medicare Monthly Enrollment, July 2026; CMS Medicare Advantage State/County Penetration, October 2026.
- **CoachCare:** eClinicalWorks integration overview, 2026; Care Management Programs standard operating procedures, March 2026; Cardiac Solutions and Iowa Heart case studies; program records for the practice's current remote monitoring patients; and the Value Analysis for Texas Primary Care Specialists, 2026, the source of every financial, enrollment, clinical-output and operational figure in Sections 6 to 9.

Patients, panel and claims are different counts. At month 3 the program holds about 64 patients on remote monitoring, each enrolled once. The 300-patient panel covers all Medicare coverage; the 193 office patients in the CY2024 claims are traditional Medicare only, for two clinicians.