

What Happens in the First 30 Days with OnCare360

This onboarding approach is designed for practices launching care management programs for the first time as well as practices transitioning from an existing RPM/CCM vendor.

Week 1: Discovery, Readiness & Compliance Guardrails

- Confirm care programs in scope (e.g., CCM, RPM, TCM, PCM, APCM, RTM, assessments)
- Validate patient eligibility by program and payer
- Align on CMS compliance requirements, including consent, care plans, interactive communication, and physician supervision
- Confirm EMR access and data flow (typically one-way to start)
- Finalize care delivery workflows

For first-time programs, OnCare360 guides program selection, eligibility criteria, and care model design.

For transitioning practices, existing workflows, devices, consents, and billing processes are reviewed and stabilized before any changes are made.

Outcome: *A clearly defined, CMS-aligned operating model before patient care begins.*

Week 2: Platform Configuration & Care Team Enablement

- Configure program-specific workflows with program-level time tracking to prevent double-counting across CCM/RPM/TCM
- Enable CMS-required interactive communication safeguards for applicable services
- Set up omni-channel communication (voice, text, video) with practice-approved phone numbers
- Enable medication adherence management, adverse event management, and pain reporting
- Configure individualized care plans aligned with provider goals and CMS requirements
- Assign NP-led care management team operating under general supervision of the referring physician (if full service)
- Configure device logistics and RPM alert thresholds using FDA-approved cellular devices

Outcome: *The platform, care team, and compliance controls are fully prepared to deliver and document billable care.*

Week 3: Patient Onboarding, Consent & Soft Launch

- Import and validate practice-approved patient referral lists
- Perform separate validation of eligibility, consent, and enrollment for audit defensibility
- Obtain and document patient consent on behalf of the practice (verbal and/or written per CMS requirements), including consent date, method, and revocation tracking
- Initiate patient education, outreach, and device provisioning (if applicable)
- Begin care activities, monitoring, assessments, and interactive communications

- Ensure all time, care activities, and communications are logged and audit-ready

For transitioning practices, patient and device migrations are sequenced to avoid gaps in care, monitoring, or billing.

Outcome: *Patients are actively receiving compliant, documented care with minimal disruption.*

Week 4: Billing Readiness, Validation & Review

- Review documentation completeness and billing readiness by program
- Support billing preferably within the customer's EHR to avoid documentation gaps
- Deliver the monthly billing report with CPT mapping for the practice's billing team to submit
- Conduct denial and no-pay review with the practice's billing team, identifying items that require correction for the practice to resubmit
- Validate dashboards for clinical, operational, and leadership visibility
- Conduct a 30-day review to confirm compliance, early outcomes, and scaling plan

Outcome: *The practice is live, compliant, and positioned to scale with confidence.*

What OnCare360 Handles vs What the Practice Handles

OnCare360 Handles	The Practice Handles
• Patient eligibility checks by program • Patient consent outreach, documentation, storage, and revocation tracking (based on practice referral) • CMS-aligned workflows, care plans, and compliance safeguards • Care coordination and outreach (NP-led team, if full service) • Device provisioning, monitoring, and logistics • Omni-channel patient communication and documentation • Program-level time tracking, audit-ready reporting, and monthly billing reports • Denial and no-pay review with the practice's billing team • Ongoing operational and compliance oversight	• Clinical oversight and general supervision • Final billing submission, with denial review support from OnCare360 • Clinical decision-making and escalation preferences • EMR access and approvals • Strategic decisions on program scope and growth

What Practices Typically Notice in the First 30 Days

- Reduced operational burden on staff
- Clear visibility into care delivery, consent, and documentation
- Confidence that CMS requirements are met consistently
- A stable, defensible foundation for long-term program growth