

UnityPoint Health

An integrated nonprofit health system based in West Des Moines, Iowa, with chronic care management and remote monitoring running across 101 primary-care clinics and 662 providers, and 11,359 patients enrolled today

Remote Care Service Line Optimization Report

2026 Strategy Report

A scalable, profitable remote care service line for UnityPoint Health: the program UnityPoint already runs, carried over without a gap for current patients, staffed by CoachCare where UnityPoint wants it, documented into the permanent Epic record, and grown into the eligible patients it does not yet reach

Purpose of this document

Prepared by CoachCare, October 2026, as a discussion document for UnityPoint Health's leadership. It is the companion to UnityPoint's remote care strategy page and follows the answers UnityPoint published on October 20, 2026: how the work divides between UnityPoint's team and CoachCare, how current patients move without a gap, how documentation reaches the permanent record, how enrollment improves on today's results, and what UnityPoint would see each month.

The Value Analysis comes after that, as a check that the program pays for itself at Iowa's Medicare rates. It is not the argument for the program.

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Table of Contents

Executive Summary.....	3
1. Why Now: Medicare Pays for the Work Between Visits.....	4
1.1 Four shifts, one destination.....	4
1.2 Policy watch: the CY2027 proposed rule.....	5
2. UnityPoint Health Today.....	6
2.1 The program UnityPoint already runs.....	6
2.2 Already working inside UnityPoint Health.....	7
2.3 Accountable care and blood pressure control.....	7
2.4 Rural reach and the Medicare market.....	7
3. The Service Line: Who Does What.....	8
3.1 The recommended operating model.....	8
3.2 One platform for every population: hybrid by payer.....	8
3.3 Why CCM and RPM belong together.....	9
3.4 The clinical and billing stack.....	10
3.5 Enrollment: building on today's results.....	10
3.6 After discharge: a pathway into CCM.....	11
3.7 Advanced primary care management, available.....	11
3.8 The care team, and the hours it keeps.....	11
4. Epic & MyUnityPoint: Documentation in the Permanent Record.....	11
5. Clinical Governance & Escalation.....	12
5.1 One escalation engine.....	12
5.2 The emergent pathway.....	13
5.3 Routing, on business hours.....	13
5.4 The post-discharge cadence.....	13
5.5 Language access and continuity.....	13
6. Value Analysis: Two Layers and the Combined View.....	14
6.1 The combined view.....	14
6.2 Layer one: the vendor-managed patients, carried over.....	15
6.3 Layer two: expansion at onboarding pace.....	16
6.4 Managed, hybrid or Self Service.....	16
6.5 What moves the forecast, and what does not.....	18
6.6 What the program produces.....	18
6.7 Published results from CoachCare programs.....	18
7. Implementation: Phased, Continuity First.....	19
7.1 The timeline.....	19
7.2 Continuity at transition.....	19
7.3 Reporting on UnityPoint's own measures.....	20
7.4 Who runs what.....	20
7.5 The model inputs.....	20
7.6 What we would confirm together.....	21
8. Recommendations.....	21
About CoachCare.....	22
References & Data Sources.....	22

Executive Summary

UnityPoint Health runs chronic care management (CCM) and remote physiologic monitoring (RPM) across 101 primary-care clinics and 662 providers, with 11,359 patients enrolled. UnityPoint's own interdisciplinary team manages CCM for the 2,219 highest-risk patients; a vendor's nurses manage CCM for rising-risk patients and RPM at every risk level. UnityPoint names the program's strengths itself: strong patient experience, positive outcomes and established workflows.¹

UnityPoint's answers of October 20, 2026 set the brief. Success in the first twelve months starts with continuity for current participants. UnityPoint keeps ordering, provider relationships, oversight and complex care. It favors a managed service for CCM and is open on RPM. Documentation belongs in the permanent Epic record, and UnityPoint keeps billing. About 62,000 more CCM-eligible and 69,000 more RPM-eligible patients are not yet enrolled.²

What CoachCare proposes

Keep what works, carry it over without a gap, then reach the patients not yet enrolled.

UnityPoint's team keeps its highest-risk CCM patients, the orders and every clinical decision. CoachCare takes over CCM for rising-risk patients and RPM as a managed service, with technology-enabled RPM available wherever UnityPoint's own nurses want to review the readings. CoachCare already monitors patients for UnityPoint clinics in Cedar Rapids, Waterloo and Des Moines, so the care team is not new to UnityPoint's clinicians.

1. **Continuity first.** The 9,140 vendor-managed patients move in six market waves from April 2027, Des Moines metro first. Each patient gets a CoachCare cellular device before the old device loses its feed, and a care-team call before the switch, so no month goes without service.
2. **The work divides the way UnityPoint described it.** UnityPoint's team: the 2,219 highest-risk CCM patients, ordering, escalation response and clinical decisions. CoachCare: rising-risk CCM, RPM, devices, onboarding, technical support, alert configuration and data. The patient has one point of contact.
3. **Documentation lands in the permanent record.** CoachCare's notes, care plans, consent and time records interface into Epic, and a monthly billing file of qualifying patients and codes runs through UnityPoint's own billing. CoachCare staff do not need Epic access (Section 4).
4. **Enrollment builds on today's results.** Today 57% of patients are reached; 23% of those reached enroll in CCM and 18% in RPM. On-site enrollment at the visit, repeated outreach across channels, coinsurance explained at consent and provider-level conversion reports work on the limits UnityPoint named (Section 3.5).
5. **Reporting mirrors UnityPoint's measures.** Patient and provider experience, outcomes, enrollment growth and conversion, retention, acute-care use, and the three monthly financials UnityPoint tracks: gross estimated revenue, vendor costs and estimated net contribution, by provider (Section 7.3).
6. **CCM and RPM together, from one team.** For a patient in both programs the readings drive the monthly CCM call, and one vendor means one platform fee and one Epic fee: about \$13.65 more to UnityPoint per patient-month, roughly \$696,000 a year across today's 4,249 dual-enrolled patients (Section 3.3).
7. **One platform for every population, if UnityPoint wants it.** Medicare patients on the full CoachCare service; commercial, Medicaid, uninsured and UnityPoint at Home patients run by UnityPoint's own staff on the same software and devices (Section 3.2).

¹ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 1, 11, 18 and 39: 101 clinics, 662 providers, 11,359 enrolled in five cohorts; UnityPoint's team manages the highest-risk CCM patients.

² UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 2, 12, 13, 18, 20 and 34.

8. **After discharge, a pathway into CCM.** UnityPoint already makes transitional care calls and visits. Post-discharge monitoring hands each patient into monthly care management once the 30 days end (Section 3.6).

What the Value Analysis returns over 36 months

36 months	Vendor-managed patients, carried over	Expansion, net-new	Combined
Net reimbursement	\$34,804,205	\$21,652,646	\$56,456,851
CoachCare fees	\$19,841,097	\$12,476,340	\$32,317,437
Net to UnityPoint Health	\$14,963,109	\$9,176,306	\$24,139,414
Margin to UnityPoint	43.0%	42.4%	42.8%
Unique patients at month 36	5,611	9,437	15,049
Hospitalizations avoided	About 849	About 554	About 1,403

CoachCare Value Analysis, managed model, 36 months, CY2026 Iowa locality 00 amounts. The 2,219 highest-risk patients UnityPoint's own team keeps are not in these figures. Margin is net to UnityPoint divided by net reimbursement.

The forecast is a check, not the case. Across both layers UnityPoint keeps 42.8% of net reimbursement after CoachCare's fees, with no new care-management hires: about 91 CoachCare care managers carry the work by month 36. Section 6 shows each layer and the operating-model comparison. The CY2027 proposed rule takes 4.6% off the expansion layer; CoachCare reprices both layers at the final rule before contract (Section 1.2).

The ask is a working session: confirm the order of the six market waves and the device handover, set the Epic interface scope ahead of the January 2027 kickoff, and agree which markets start with managed RPM and which with technology-enabled RPM.

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

1.1 Four shifts, one destination

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

The shift	What it means for UnityPoint Health
1. From visits to panels	UnityPoint Clinic saw 1,069,814 unique patients. Today about 11% of CCM-eligible patients and 6% of RPM-eligible patients are enrolled, which leaves about 62,000 CCM-eligible and 69,000 RPM-eligible patients not yet in the program.
2. Accountability for total cost	UnityPoint Accountable Care is in the ENHANCED track of the Medicare Shared Savings Program, with prospective assignment. Every admission among its assigned patients counts against the benchmark.
3. Value-based care, with Medicare Advantage at 47.4%	CMS wants every Traditional Medicare beneficiary in an accountable care relationship by 2030, and since 2025 advanced primary care management has paid a monthly amount for running the whole panel. Across UnityPoint's 13 Iowa and Illinois counties, 47.4% of Medicare beneficiaries are in Medicare Advantage.
4. Codes for the work between visits	Remote monitoring pays when a patient takes readings on 16 or more days, and two codes new in 2026, 99445 and 99470, pay for shorter months. At Iowa's CY2026 rates one hypertensive patient on RPM and CCM (99454, 99457 and 99490) is worth \$158.05 a month in Medicare allowed charges. ³

³ CY2026 Physician Fee Schedule, Iowa locality 00, non-facility: 99454 \$47.50, 99457 \$48.41, 99490 \$62.14.

Each shift pays for, or measures, what happens between visits. UnityPoint already does that work for 11,359 patients. The question now is how to keep it running well while reaching the eligible patients it does not yet cover.

1.2 Policy watch: the CY2027 proposed rule

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, three months before the first wave. The proposal cuts the remote-monitoring device-supply codes. Every code in the expansion layer was repriced at Iowa locality 00 on its own billing mix, with enrollment held constant.⁴

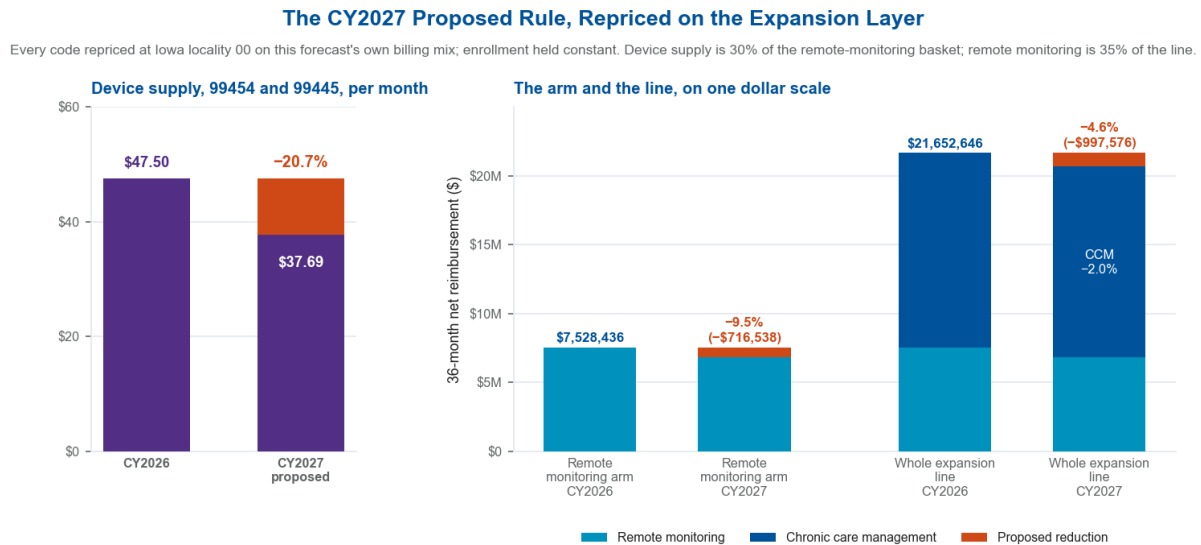


Figure 1. The CY2027 cascade on the expansion layer: the one code CMS proposes to cut, then the remote-monitoring arm and the whole line on one dollar scale, with the proposed reduction in orange. CoachCare repricing at the proposed CY2027 amounts.

Level	CY2026 basis	Proposed CY2027 effect	Why each step is smaller
Device supply, 99454 and 99445	\$47.50 a month	\$37.69 a month, -20.7%	The code CMS proposes to cut
The remote monitoring arm	\$7,528,436 over 36 months	-9.5%, -\$716,538	Device supply is 30% of the remote monitoring basket
Chronic care management	\$14,124,210 over 36 months	-2.0%, -\$281,039	Routine rate changes only; not targeted
The whole expansion line	\$21,652,646 over 36 months	-4.6%, -\$997,576, to \$20,655,069	Remote monitoring is 35% of the line

Each number is smaller than the last only because its base is larger. UnityPoint's program is weighted toward CCM, which the proposal does not target, so the line moves much less than the device code. The carried-over patients bill the same codes and move by a similar share. CoachCare will rerun both layers at the final rates in November, before contract.

⁴ CMS-1848-P, published July 2026. CoachCare repricing of the expansion layer at Iowa locality 00, conversion factor \$32.8409 against \$33.4009.

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

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

2. UnityPoint Health Today

2.1 The program UnityPoint already runs

UnityPoint Health runs 18 regional hospitals and 17 community network hospitals, with 1,140 employed physicians, 31,707 team members and 1,069,814 unique patients seen in its clinics. Epic runs system-wide, and patients use MyUnityPoint, powered by MyChart. The CCM and RPM program sits in primary care: 101 clinics and 662 providers, with no hospitals in the initial scope.⁵

Who manages the patient today	Patients	Under this proposal
UnityPoint team, CCM only	2,219	Stays with UnityPoint's interdisciplinary team
UnityPoint team CCM, vendor RPM	220	CCM stays with UnityPoint; CoachCare takes the RPM
Vendor-managed CCM only	4,306	Carried over to CoachCare
Vendor-managed CCM and RPM	4,249	Carried over to CoachCare
Vendor-managed RPM only	365	Carried over to CoachCare
Total enrolled	11,359	9,140 patients carried over to CoachCare, in part or in full

UnityPoint Health responses to vendor questions, October 20, 2026. The program holds 10,994 CCM and 4,834 RPM enrollments.

The program works the way a mature one should. Centralized UnityPoint nurse care managers find eligible patients through Epic reports and pend orders for the primary-care provider's signature. The clinic's own clinical support team answers escalations. RPM covers heart failure, diabetes, hypertension and COPD or asthma, on cellular scales, glucometers, blood pressure cuffs and pulse oximeters that UnityPoint owns. UnityPoint at Home adds 30 days of remote monitoring after a Hospital at Home episode; UnityPoint was one of six systems in CMS's first Acute Hospital Care at Home cohort in 2020.⁶

None of this needs replacing. The proposal keeps UnityPoint's identification workflow, its ordering, its highest-risk team and its clinic escalation route, and changes only who staffs the vendor-managed work and how that work reaches the record.

⁵ UnityPoint Health System Profile, updated January 2026; MyUnityPoint patient portal page; UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answer 39.

⁶ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 5, 18, 19, 24, 25 and 29; UnityPoint Health Connected Health request-for-information response, February 28, 2022.

2.2 Already working inside UnityPoint Health

CoachCare is already working inside UnityPoint Health. It runs cardiology remote monitoring for UnityPoint clinics in Cedar Rapids, Waterloo and Des Moines, and remote care for several Des Moines-area Family and Internal Medicine clinics. UnityPoint clinicians already refer patients to CoachCare, receive its escalations and act on them, and some of the Des Moines clinics in Wave 1 already know how the care team works.

UnityPoint has said it wants fewer vendors and less fragmentation. Primary-care CCM and RPM is the scope here; Section 3.2 shows how the same platform could also carry home care monitoring and patients outside Medicare, if UnityPoint chooses.

2.3 Accountable care and blood pressure control

UnityPoint has run accountable care since 2012, when its Fort Dodge market joined the Pioneer ACO model. Today **UnityPoint Accountable Care** is in the Medicare Shared Savings Program's ENHANCED track with prospective assignment, in an agreement period that began January 1, 2026, and UnityPoint Clinic's billing entity is a participant.⁷ Its PY2024 score on Controlling High Blood Pressure was **87.6** against a Shared Savings Program mean of 79.49, a measure where monthly home readings do their best work.⁸ Two UnityPoint hospitals, St. Luke's in Cedar Rapids and Finley in Dubuque, also carry TEAM episode accountability for the 30 days after certain surgeries; they are outside the initial scope.⁹

2.4 Rural reach and the Medicare market

Iowa was 36.8% rural in the 2020 Census against 20.0% nationally, and 18 of the hospitals in UnityPoint's network are Critical Access Hospitals. In 2022 UnityPoint told a federal request for information that broadband gaps and the cost of devices and wireless service hold back patients on fixed incomes. Cellular devices answer that, and UnityPoint's program already uses them; CoachCare's are cellular as well, with nothing to pair.¹⁰

The 338,451 Medicare-eligible residents of UnityPoint's 13 Iowa and Illinois counties are 47.4% in Medicare Advantage, weighted by county: 44.3% in Polk, 48.3% in Linn, 60.9% in Dubuque and 59.2% in Rock Island. About half of the patients enrolled today are in Medicare Advantage plans. Medicare Advantage plans must pay at least the Medicare rate, a floor; individual contracts set their own terms for the care-management code families.¹¹

Iowa is one statewide payment locality, locality 00 under the WPS J5 contractor, so a single rate table covers the Iowa footprint. Every dollar in this report is priced at those CY2026 amounts.¹²

⁷ CMS Shared Savings Program Accountable Care Organizations and ACO Participants, PY2026: ACO A5170, ENHANCED track, prospective assignment, agreement period starting January 1, 2026. CMS Pioneer ACO Model fact sheet.

⁸ CMS Shared Savings Program Performance Year Financial and Quality Results, PY2024 (revised July 17, 2026): Controlling High Blood Pressure (measure 236), 87.6 against a program mean of 79.49.

⁹ CMS TEAM participant list, updated September 2026: CCNs 160045 and 160117, mandatory from January 1, 2026. UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answer 39: no hospitals in the initial scope.

¹⁰ Iowa State University Indicators Program, 2020 Census urban and rural population; CMS Care Compare hospital type; UnityPoint Health Connected Health RFI response, 2022; UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answer 24.

¹¹ CMS Medicare Advantage State/County Penetration, October 2026, 13 counties: Polk, Dallas, Linn, Woodbury, Black Hawk, Scott, Rock Island, Webster, Dubuque, Muscatine, Marshall, Poweshiek and Jones; 160,341 of 338,451 eligibles. UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answer 4.

¹² CY2026 Physician Fee Schedule: WPS J5, carrier 05102, Iowa locality 00 (statewide); geographic indices work 1.000, practice expense 0.915, malpractice 0.397.

3. The Service Line: Who Does What

3.1 The recommended operating model

UnityPoint favors a managed service for CCM and is open to managed, hybrid or technology-enabled RPM, with room to move between them. CoachCare recommends managed CCM for rising-risk patients and managed RPM, with technology-enabled RPM ready for any market whose nurses want to review readings themselves. All three run on the same platform, devices and Epic interfaces, so a move changes who does the work, not the technology.¹³

Work	UnityPoint's team	CoachCare
Highest-risk CCM	The 2,219 patients, as today	—
Rising-risk CCM	Orders; oversight	Managed: care plans, monthly calls, medication and appointment follow-up, documentation
RPM, managed	Orders; escalation response; clinical decisions	Devices, onboarding, technical support, alert configuration, data transmission, reading review and outreach
RPM, technology-enabled option	Reviews readings; escalation response; clinical decisions	Devices, onboarding, technical support, alert configuration, data transmission
Identification and ordering	Nurse care managers find patients in Epic and pend orders; providers sign	Enrolls the patients ordered, on site or by phone
Billing	Keeps billing; claims go out under UnityPoint's NPIs	Monthly billing file of qualifying patients and codes

The patient sees one point of contact whichever model a market uses. UnityPoint's existing care-management staff stay in place and keep the high-touch work.

3.2 One platform for every population: hybrid by payer

UnityPoint runs primary-care CCM and RPM with one vendor and home care monitoring through UnityPoint at Home with another, and it wants fewer vendors. This proposal is about Medicare fee-for-service and Medicare Advantage patients. If UnityPoint wants to go further, CoachCare can put every population on one platform and one device program, with the operating model matched to how each population is paid.¹⁴

Population	Operating model	Who does the clinical work	How CoachCare is priced
Medicare fee-for-service and Medicare Advantage	Full service	CoachCare's care team for rising-risk CCM and RPM; UnityPoint's team for the highest-risk patients	Program fees; the CCM and RPM codes pay for the work
Commercial, Medicaid and uninsured	UnityPoint's care team, on CoachCare	UnityPoint nurses and care managers, working in the CoachCare platform with CoachCare devices	Self Service: \$5 per patient per month for software, plus \$10 per active device per month
Home health (UnityPoint at Home)	UnityPoint's care team, on CoachCare	UnityPoint at Home clinicians, on the same platform and devices	Self Service: \$5 per patient per month for software, plus \$10 per active device per month

Why split it this way. For Medicare and Medicare Advantage patients the CCM and RPM codes pay for the care-management time, so a staffed CoachCare team pays for itself and enrollment grows without

¹³ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 13 to 18.

¹⁴ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 7, 9, 10, 13 and 16.

hiring. For commercial, Medicaid and uninsured patients, coverage of these services varies by plan and state program, and home health agencies are paid for an episode of care rather than per monitoring code. In those settings UnityPoint's own staff are already the care team. What they need is the technology: devices that work out of the box, readings in one place, alert rules, and documentation that reaches Epic.

What one platform gives UnityPoint

- One device program and one logistics process (buying, shipping, activation, replacement, returns) across primary care and UnityPoint at Home.
- One point of contact for the patient on devices and technical support, whoever does the clinical work.
- A patient who moves from home health to primary care, or changes coverage, keeps the same device, care plan and history; only the care team changes.
- One set of Epic interfaces and one reporting view across every population, split by payer and setting.
- The same flexibility UnityPoint asked for: any population or clinic can move between full service and UnityPoint-staffed on the same platform.

The extension is optional and priced separately; nothing in it is needed for the primary-care program. The Value Analysis in Section 6 covers Medicare fee-for-service and Medicare Advantage patients only.

3.3 Why CCM and RPM belong together

UnityPoint may award CCM and RPM separately if one vendor fits each better. CoachCare recommends keeping them together, because for the 4,249 vendor-managed patients enrolled in both today the readings are what make the monthly care-management work count.¹⁵

- **Readings drive the CCM conversation.** The care manager opens the monthly call with two to four weeks of home blood pressure, weight, glucose or oxygen readings rather than a recalled symptom, and sets medication follow-up, goals and education against real numbers.
- **RPM escalations open CCM work.** A heart failure patient's weight gain or a run of high readings starts outreach, a care-plan update and a call to the clinic in the same workflow, by the care manager who already knows the patient.
- **CCM gives readings their context.** The care manager knows the medication list, recent visits, social needs and goals, so an out-of-range reading is triaged with the whole patient in view.
- **One care manager, one plan, one call.** The patient hears from one person, the clinic has one escalation path, and there is one record of time, consent and documentation. Two vendors would mean two care teams, two sets of calls and two documentation streams for UnityPoint to reconcile.
- **Billing stays clean.** CMS allows RPM and CCM for the same patient in the same month when no minute is counted twice. One platform keeps one time log for both programs and checks each code's requirements in one place.

Per patient-month, Iowa CY2026	CCM only	RPM only	Both programs
Medicare net reimbursement	\$103.94	\$89.27	\$193.21
CoachCare fees, one contract	\$63.79	\$54.86	\$105.00
CoachCare fees, the two programs bought separately			\$118.65
What UnityPoint keeps by buying both together			\$13.65 a month

¹⁵ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 1, 3 and 14.

A patient in both programs brings in about \$193.21 a month in Medicare net reimbursement, against \$103.94 for CCM alone and \$89.27 for RPM alone. From one vendor that patient carries one platform fee and one Epic fee instead of two: about \$13.65 a month more to UnityPoint than the same two programs bought separately on CoachCare's own pricing, or roughly \$696,000 a year across today's 4,249 dual-enrolled patients.¹⁶

3.4 The clinical and billing stack

Program	What it does clinically	Who it fits	Net 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	Rising-risk primary-care patients with two or more chronic conditions	\$103.94
Remote physiologic monitoring (RPM)	Cellular scales, glucometers, blood pressure cuffs and pulse oximeters send readings between visits against thresholds UnityPoint's clinicians set; 99453, 99454 or 99445, 99457, 99458, 99470	Heart failure, diabetes, hypertension, COPD and asthma	\$90.65

Codes	What they pay for	CY2026 Iowa locality 00
99490 · 99439	Chronic care management, first 20 minutes · each additional 20	\$62.14 · \$47.27
99453	Remote monitoring setup and education, once	\$19.52
99454 · 99445	Device supply, 16+ days · 2 to 15 days in 30 (99445 new in CY2026)	\$47.50 · \$47.50
99457 · 99458	Treatment management, first 20 minutes · each additional 20	\$48.41 · \$38.94
99470	Treatment management, 10 to 19 minutes (new in CY2026)	\$24.37
G0556 · G0557 · G0558	Advanced primary care management, levels 1 to 3	\$15.34 · \$50.53 · \$109.94

How the rates apply

CY2026 non-facility amounts, Iowa locality 00 (WPS J5, carrier 05102): work 1.000, practice expense 0.915, malpractice 0.397, conversion factor \$33.4009. One device code, one first-tier management code and one care-management program bill per patient per month.

Medicare Advantage plans must pay at least 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.

3.5 Enrollment: building on today's results

UnityPoint's own numbers set the starting point: 57% of patients are reached, and 23% of those reached enroll in CCM and 18% in RPM. UnityPoint named what holds those numbers back: provider awareness and workflow, reach, follow-up, channel, cost-sharing and technology. CoachCare works on each one without changing who orders.¹⁷

Limit UnityPoint named	What CoachCare adds
Provider awareness and workflow	Provider-level reports of orders, reach and conversion, so each provider sees where patients stall; orders stay in the workflow UnityPoint's nurses already use

¹⁶ CoachCare Value Analysis, carried-over layer: net reimbursement and CoachCare fees per patient-month by program combination at CY2026 Iowa rates; fees include the platform, device and monitoring increments and the Epic per-patient fee.

¹⁷ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 30 and 31.

Limit UnityPoint named	What CoachCare adds
Reach and follow-up	Repeated outreach attempts by phone, text and email, with reminders until the patient answers or declines
Channel	CoachCare-funded on-site enrollment specialists who enroll patients during the visit, alongside telephonic outreach
Cost-sharing	Coinurance explained plainly at consent, before the first bill
Technology	Cellular devices that arrive set up; device troubleshooting by the care team

CoachCare sets no enrollment target here. The provider-level report shows the change against UnityPoint's own baseline every month, and the two teams decide together where to push.

3.6 After discharge: a pathway into CCM

UnityPoint already makes transitional care calls and visits, and it is exploring post-discharge monitoring as a way into CCM. That is the post-discharge pathway in Section 5.4: a call within two business days, medication reconciliation, a follow-up visit inside the window, a device at home before that visit, and at day 30 a handoff into monthly CCM for patients who qualify. UnityPoint keeps the transitional care visit and its billing. The forecast carries no transitional care dollars.¹⁸

3.7 Advanced primary care management, available

Advanced primary care management (G0556 to G0558) pays a monthly amount per patient for running the whole panel, tiered by complexity, and CMS ties it to a value-based arrangement. UnityPoint Clinic's participation in UnityPoint Accountable Care clears that gate.¹⁹ APCM appears here at zero dollars. It bills in place of CCM for a patient, and its top tier is for Qualified Medicare Beneficiaries. Which patients move from CCM to APCM is a program decision to make together.

3.8 The care team, and the hours it keeps

In the managed model CoachCare hires, trains and manages the care managers, at 165 patients each: about 91 by month 36 for the 15,049 unique patients across both layers. UnityPoint hires nobody new.

Monitoring runs on business hours. Devices transmit daily, and care managers review readings, run outreach and send escalations Monday to Friday, 8:00 a.m. to 5:00 p.m. in the patient's local time. Patients are told at consent to call 911 for an emergency and their UnityPoint clinic for anything urgent; UnityPoint's clinicians and on-call teams cover nights, weekends and holidays, as they do today.²⁰

4. Epic & MyUnityPoint: Documentation in the Permanent Record

UnityPoint defines Epic-first as documentation and data in the permanent record, inside normal Epic workflows, and does not plan to give vendor staff Epic access beyond, at most, read-only EpicCare Link. The design follows that. CoachCare's care team works in its own platform, and what it produces interfaces into the permanent Epic record, with exchange timing set with UnityPoint's IT team during the build. Providers and UnityPoint's nurses stay in Epic.²¹

¹⁸ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answer 8.

¹⁹ CY2025 and CY2026 Physician Fee Schedule final rules: APCM (G0556 to G0558) effective January 1, 2025; G0558 for Qualified Medicare Beneficiaries with multiple chronic conditions; billed in place of CCM for the same patient and month.

²⁰ CoachCare Care Management Programs standard operating procedures, March 2026: care coordinators available Monday to Friday, 8:00 a.m. to 5:00 p.m. local patient time; the clinic provides medical coverage outside those hours.

²¹ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 20 to 23 and 26.

What	How it reaches UnityPoint
Identification and orders	Unchanged: UnityPoint's nurse care managers work Epic reports and pend orders for the provider's signature; the signed order starts enrollment
Care documentation	Care plans, monthly care notes, consent and time records interface into the permanent record, auditable there
Readings	Device readings interface into the chart as discrete values, so the clinician sees home averages at the next visit
Escalations	Sent to the primary-care clinic's clinical support team by the route each clinic chooses, with the recent readings and a recommended next step
Billing	A monthly billing file of qualifying patients and codes, routed through UnityPoint's billing systems; UnityPoint keeps billing
MyUnityPoint	No separate patient portal; readings and care documents in the record are visible in MyChart under UnityPoint's release rules
Compass Rose	Planned at UnityPoint for CCM and TCM from 2027; CoachCare would build toward it with UnityPoint's Epic team as a 2027 workstream

UnityPoint runs Epic's ambulatory, MyChart, Healthy Planet, Resolute billing and scheduling modules, and moves to the August 2026 Epic version in December 2026, so the interface build starts on the version UnityPoint will run. The build costs \$4,000 for setup, \$150 a month and \$1.50 per enrolled patient-month. On the expansion layer, with implementation and telephonic outreach, the ancillary items total \$406,020 over 36 months, inside its \$12,476,340 of CoachCare fees.²²

Consent, documentation and time records belong to CoachCare's team and sit in the permanent record for audit: eligibility, consent, documentation integrity, time tracking and billing accuracy are the compliance points UnityPoint listed, and the billing file is built from those same records.

5. Clinical Governance & Escalation

Every reading routes through one escalation engine with defined thresholds, trend rules, routing and documentation, so UnityPoint never carries surveillance liability it did not agree to. Thresholds and routing are set with UnityPoint's clinicians, market by market, before the first wave goes live.²³

5.1 One escalation engine

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

²² UnityPoint request for proposals, October 2026, section 2.2: upgrade to the August 2026 Epic version on December 6, 2026. Interface fees from the CoachCare Value Analysis.

²³ CoachCare Care Management Programs standard operating procedures, March 2026: escalation logic, trend definitions, emergent protocol, post-discharge sequence and discharge governance.

5.2 The emergent pathway

Non-negotiable, and stated as such

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

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

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

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

5.3 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 clinic notified
Needs the clinic	A critical reading, or an out-of-range reading or trend confirmed after a retake	The primary-care clinic's clinical support team, by the route the clinic chooses, with the recent readings and a recommended next step
Stable or resolved	Worked, retaken and resolved	Documented as an FYI that reaches the record, without paging anyone

In the technology-enabled RPM option the same rules apply, and UnityPoint's nurses work the out-of-range readings instead of CoachCare's. Care managers work readings and escalations Monday to Friday, 8:00 a.m. to 5:00 p.m. local patient time; a reading that arrives on a Saturday or overnight is worked the next business day, and the patient's standing instruction for anything urgent is the clinic's own line or 911.

5.4 The post-discharge cadence

Any emergency visit or hospitalization in the previous 60 days triggers the cadence. Among UnityPoint Accountable Care's assigned patients, each admission it prevents is spending that never posts against the benchmark.

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

5.5 Language access and continuity

A patient who cannot follow a welcome call cannot take a reading that counts, so language access is scoped with UnityPoint before the first wave: enrollment scripts, consent language, device instructions and outreach by language, and how preferred language is flagged in the record.

1. **Unreachable patients escalate on a fixed clock.** A monitoring patient unreachable 45 days from enrollment goes to the clinic; non-compliance at 90 days triggers a second escalation; CCM's first escalation comes at six months.
2. **There is a hard backstop.** Without an instruction from the clinic, discharge from monitoring proceeds at 180 days, with the clinic notified.

3. **UnityPoint always decides.** Discharge criteria, thresholds and routing belong to UnityPoint's clinicians, with the single exception of the emergent floor in Section 5.2.

6. Value Analysis: Two Layers and the Combined View

6.1 The combined view

The Value Analysis shows that the recommended program pays for itself at Iowa's Medicare rates; the monthly reporting in Section 7.3 is what UnityPoint would manage by. It runs 36 months on CoachCare's current Value Analysis workbook, with a deliberately slow enrollment ramp, and models two layers. Layer one carries the 9,140 vendor-managed patients onto CoachCare in six market waves, then 1.5% monthly attrition with no top-up. Layer two is net-new RPM and CCM enrollment across 662 providers. The 2,219 patients UnityPoint's own team keeps, APCM, transitional care and any ACO payment are not in these numbers.²⁴

Managed model	Year 1	Year 2	Year 3	36 months
Layer one: vendor-managed patients, carried over				
Net reimbursement	\$11,524,173	\$12,692,670	\$10,587,362	\$34,804,205
CoachCare fees	\$6,569,673	\$7,235,807	\$6,035,618	\$19,841,097
Net to UnityPoint	\$4,954,501	\$5,456,864	\$4,551,744	\$14,963,109
Margin	43.0%	43.0%	43.0%	43.0%
Layer two: expansion, net-new				
Net reimbursement	\$1,120,434	\$6,995,038	\$13,537,173	\$21,652,646
CoachCare fees	\$663,925	\$4,038,612	\$7,773,803	\$12,476,340
Net to UnityPoint	\$456,509	\$2,956,427	\$5,763,370	\$9,176,306
Margin	40.7%	42.3%	42.6%	42.4%
Combined				
Net reimbursement	\$12,644,607	\$19,687,709	\$24,124,535	\$56,456,851
CoachCare fees	\$7,233,598	\$11,274,418	\$13,809,421	\$32,317,437
Net to UnityPoint	\$5,411,010	\$8,413,291	\$10,315,114	\$24,139,414
Margin	42.8%	42.7%	42.8%	42.8%

CoachCare Value Analysis. Margin is net to UnityPoint divided by net reimbursement. Fees include the Epic interfaces, implementation and telephonic outreach.

²⁴ CoachCare Value Analysis for UnityPoint Health, 2026: the expansion layer is the workbook; the carried-over layer and the combined view are computed from the workbook's own per-patient-month rates and attrition and UnityPoint's cohort counts.

Two Layers, One Service Line: 15,049 Unique Patients by Month 36

CoachCare Value Analysis - 9,140 vendor-managed patients carried over in six waves, plus net-new enrollment at CoachCare's onboarding pace - CY2026 Iowa amounts

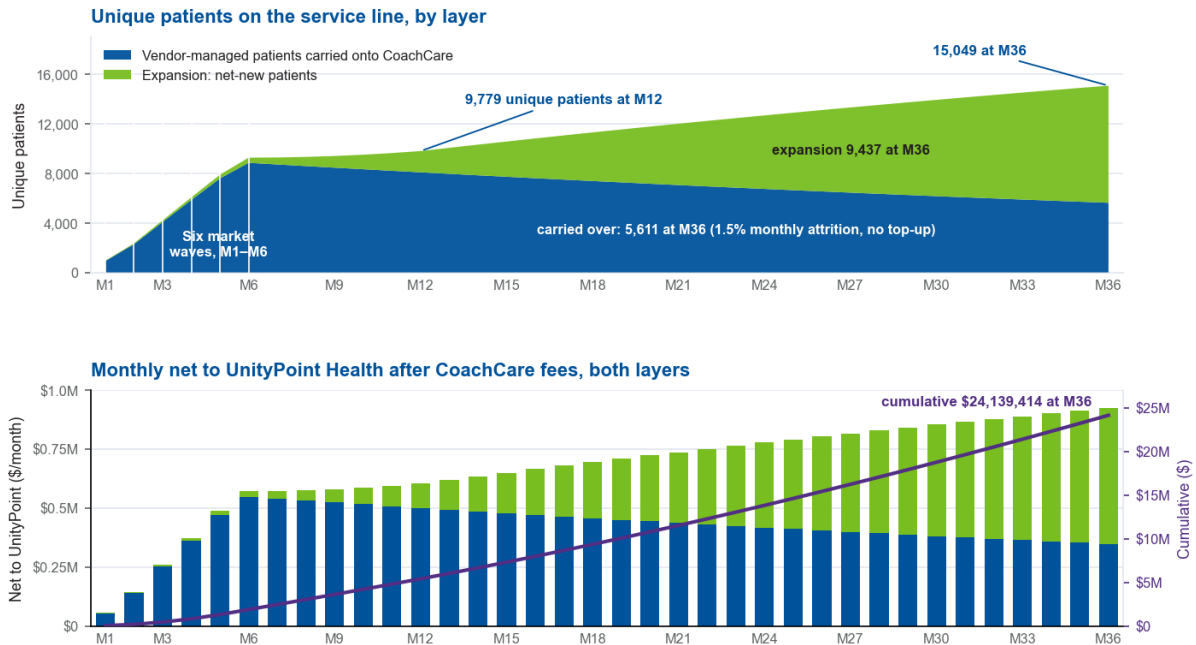


Figure 2. Unique patients by layer and monthly net to UnityPoint Health after CoachCare fees, with cumulative net across both layers. CoachCare Value Analysis, managed model.

The combined program is positive from month 1, because the carried-over patients arrive billing. Unique patients reach 9,779 at month 12, 12,652 at month 24 and 15,049 at month 36; with the 2,219 patients UnityPoint's own team keeps, the whole program covers 17,268 at month 36. About 1,403 hospitalizations are avoided over the 36 months, 849 among the carried-over patients and 554 from expansion.

6.2 Layer one: the vendor-managed patients, carried over

Layer one is the 9,140 patients CoachCare would take over: 4,306 in CCM only, 4,249 in both programs, and 585 in RPM only, which includes the 220 whose CCM stays with UnityPoint's team. That is 8,555 CCM and 4,834 RPM enrollments. The waves carry a cumulative 10%, 25%, 45%, 65%, 85%, 100% of them by the end of months 1 to 6, so 8,830 are on CoachCare by month 6. After that the layer thins at 1.5% a month, the workbook's own attrition rate, to 8,065 at month 12, 6,727 at month 24 and 5,611 at month 36. Replacing patients who leave is the expansion layer's job.

Wave	Model month	Share of layer one	Where
Wave 1	Month 1, April 2027	10%	Des Moines metro
Wave 2	Month 2	15%	Next market, in the order set with UnityPoint
Wave 3	Month 3	20%	Next market, in the order set with UnityPoint
Wave 4	Month 4	20%	Next market, in the order set with UnityPoint
Wave 5	Month 5	20%	Next market, in the order set with UnityPoint
Wave 6	Month 6	15%	Next market, in the order set with UnityPoint

The layer earns \$103.94 per CCM patient-month and \$89.27 per RPM patient-month, the expansion layer's rates without the one-time RPM setup code, because a carried-over patient is not a new

monitoring episode. This is revenue UnityPoint earns today. What changes is the team that staffs it and how its documentation reaches the record.

6.3 Layer two: expansion at onboarding pace

Say the constraint out loud

The eligible pool is large: UnityPoint counts about 62,000 CCM-eligible and 69,000 RPM-eligible patients not yet enrolled. The forecast never comes near them. What sets it is how fast CoachCare onboards net-new patients, and the ramp is deliberately conservative: referrals, on-site enrollment and phone outreach build from 10% to full pace over the first twelve months, reaching about 306 new patients a month by month 12 and 407 a month from year two. Expansion holds 1,714 unique patients at month 12, 5,925 at month 24 and 9,437 at month 36.

The forecast does not grow with panel size. A smaller panel trims it slightly; a larger one runs into the same onboarding pace. More enrollment capacity reaches full pace sooner but does not raise it.

Expansion layer, 36 months	Net reimbursement	CoachCare fees	Net to UnityPoint
Chronic care management	\$14,124,210	\$7,639,098	\$6,485,112
Remote physiologic monitoring	\$7,528,436	\$4,431,221	\$3,097,214
Implementation, Epic interfaces, per-patient EMR fee, telephonic outreach		\$406,020	-\$406,020
Total	\$21,652,646	\$12,476,340	\$9,176,306

Month 1 of the expansion layer nets -\$4,918, because the one-time implementation fee and the Epic setup post against the first 44 enrollments; it is positive from month 2 and reaches \$575,580 a month by month 36. At month 36 the layer carries 13,684 active program enrollments for 9,437 unique patients, because most monitored patients also hold a CCM enrollment.

Expansion layer	Month 1	Month 2	Month 6	Month 12	Month 24	Month 36
Unique patients	31	76	417	1,714	5,925	9,437
Net reimbursement	\$4,667	\$11,297	\$60,683	\$247,564	\$849,202	\$1,350,212
Net to UnityPoint	-\$4,918	\$4,292	\$24,807	\$103,371	\$360,619	\$575,580

6.4 Managed, hybrid or Self Service

UnityPoint will judge the recommended model, so the comparison below is context for it. It is a steady-state year at 10,000 and 20,000 enrolled patients on UnityPoint's own mix of 45% CCM only, 45% both programs and 10% RPM only, with equal execution assumed in every model so the table is not tilted toward managed.²⁵

- **Managed (recommended).** CoachCare runs CCM for rising-risk patients and RPM, including reading review and outreach. UnityPoint hires nobody.
- **Hybrid: managed CCM, technology-enabled RPM.** CoachCare runs CCM and handles RPM devices, onboarding, technical support, alert configuration and data; UnityPoint's nurses review readings and handle escalations. Priced at the Self Service fees plus CoachCare's CCM monitoring.
- **Self Service.** UnityPoint runs the whole program on CoachCare's platform and employs the whole care team, priced here on UnityPoint's own employed-labor costs. CoachCare charges \$5 per patient per month for software, one fee whatever the programs, plus \$10 per active device per

²⁵ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 3 and 17.

month for devices as a service: buying, setup, shipping, cellular data, support, replacement and returns. A CCM-only patient is \$5 a month; a patient on RPM, with or without CCM, is \$15.

10,000 patients · \$17,116,900 net reimbursement a year	CoachCare fees	UnityPoint staffing	Net to UnityPoint	Margin
Managed	\$9,774,590	None; 61 CoachCare care managers	\$7,342,310	42.9%
Hybrid	\$6,856,812	27.25 clinical FTEs, \$2,428,396	\$7,831,691	45.8%
Self Service	\$1,441,800	89.5 clinical FTEs, \$7,986,183	\$7,688,917	44.9%

20,000 patients · \$34,233,800 net reimbursement a year	CoachCare fees	UnityPoint staffing	Net to UnityPoint	Margin
Managed	\$19,547,379	None; 121 CoachCare care managers	\$14,686,421	42.9%
Hybrid	\$13,711,824	54.25 clinical FTEs, \$4,786,954	\$15,735,021	46.0%
Self Service	\$2,881,800	179 clinical FTEs, \$15,924,366	\$15,427,634	45.1%

Three Operating Models on One Platform: What UnityPoint Keeps in a Steady-State Year

Solid: net to UnityPoint Health · hatched: UnityPoint's own care-team staffing · grey: CoachCare fees. Equal execution assumed in every model.

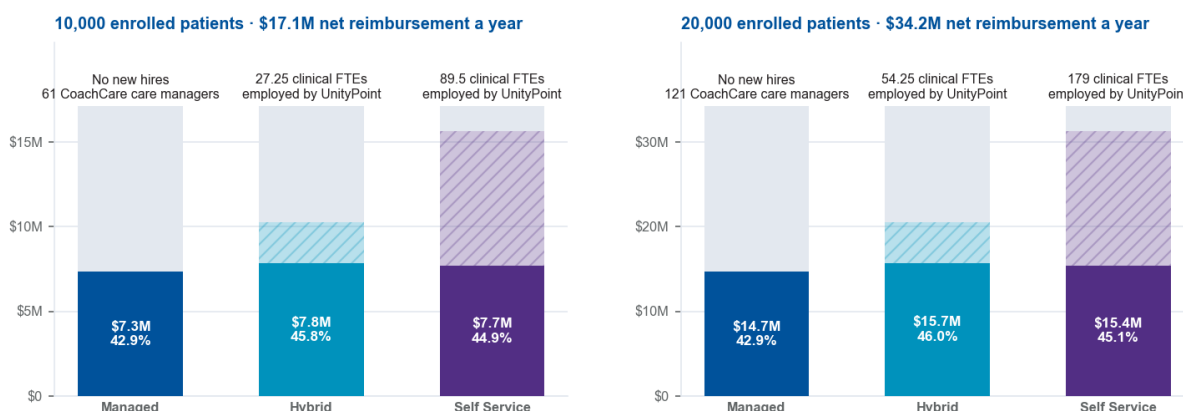


Figure 3. What UnityPoint Health keeps in a steady-state year under each operating model, with its own staffing and CoachCare fees. CoachCare Value Analysis, Iowa CY2026 rates.

Recommendation: start managed, then move where UnityPoint's team has capacity

On paper, hybrid and Self Service leave UnityPoint slightly more than managed. At 10,000 patients a year hybrid nets \$489,381 more and Self Service \$346,606 more, on UnityPoint's own labor costs and assuming its team enrolls patients and logs minutes as fully as CoachCare's would.

The case for starting managed is what that assumption leaves out. Hybrid needs 27.25 clinical FTEs on UnityPoint's payroll at 10,000 patients and Self Service 89.5; managed needs none. Hiring ahead of the census, turnover, and minutes that go unlogged in a busy month all eat into the difference, and a staffed enrollment team sets the pace of growth while 9,140 patients change teams in six months. Start managed, then move any market or population to hybrid or Self Service once UnityPoint's team has the capacity, on the same platform and devices.

6.5 What moves the forecast, and what does not

Each run below changes one input on the same 36-month workbook. They move the expansion layer only; the carried-over patients do not change.²⁶

Expansion-layer scenario	36-month net reimbursement	Net to UnityPoint	Unique patients at M36	Change
Base: 95,000 panel, 662 providers, one enrollment specialist	\$21,652,646	\$9,176,306	9,437	—
Faster ramp: full pace by month 5	\$26,564,907	\$11,271,934	10,296	+22.7%
Panel of 75,000	\$21,011,246	\$8,904,020	9,171	-3.0%
300 referring providers, of 662	\$13,232,043	\$5,603,649	5,699	-38.9%
No on-site enrollment specialist	\$18,445,649	\$7,814,878	8,103	-14.8%

The ramp is the largest single assumption: reaching full pace by month 5 instead of month 12 would add \$4,912,261 to the expansion layer's net reimbursement (+22.7%), which is how much the conservative ramp holds back. A smaller panel barely moves the expansion layer (-3.0%). Losing the on-site enrollment specialist moves it by -14.8%, and fewer referring providers by -38.9%. The forecast is set by onboarding capacity, so the levers are enrollment staffing and provider participation, not the size of the eligible pool.

6.6 What the program produces

Expansion layer, 36 months	Volume	What it represents
Physiologic readings received	871,981	Blood pressure, glucose, weight and oxygen values arriving between visits
Claims and billable units	435,743	Listed in the monthly billing file for UnityPoint's billing team
Care-management tasks	871,486	Outreach, care-plan updates and medication reviews
Patient conversations	130,723	Live contacts across 7,262 hours of call time
Care-team hours	200,159	About 96.2 full-time-equivalent years of work UnityPoint does not employ
Hospitalizations avoided	About 554	About 849 more among the carried-over patients, about 1,403 in all

Two ledgers, kept separate

Fee margin funds the program. \$24,139,414 to UnityPoint over 36 months across both layers, paid claim by claim.

Avoided admissions and quality speak to the ACO. About 1,403 admissions avoided, plus monthly work on blood pressure, diabetes and readmissions. Under the ENHANCED track's two-sided risk the Part B care-management spend also sits on the ACO's ledger, which is why the avoided admissions and the quality measures carry the argument there, more than the fee revenue does.²⁷

6.7 Published results from CoachCare programs

- **Blood pressure.** Cardiac Solutions, a physician-owned cardiology practice in West Phoenix, put 2,738 patients on CoachCare remote monitoring for 12 months or more. Stage 2 hypertension

²⁶ CoachCare Value Analysis sensitivity runs, one input changed at a time on the workbook.

²⁷ CoachCare Value Analysis: hospitalizations avoided use the workbook's baseline admission rate and reduction, applied to RPM patient-months in both layers.

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.²⁸

- **Hospital use.** At Advocate Aurora, on the VitalTech platform, now part of CoachCare, 127 patients with heart failure, hypertension or diabetes had 74% fewer hospital admissions, 63% fewer emergency visits and 85% fewer hospital days in their first six months against the six months before.²⁹

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

7. Implementation: Phased, Continuity First

7.1 The timeline

When	What happens	Result
January 4, 2027 Kickoff	Program charter and governance; leads named on both sides, including IT, Population Health, Coding, Billing and Compliance; wave order and clinic readiness set by market	Signed protocol, wave plan
January to March 2027 Epic interfaces	Order intake, discrete readings, care documentation, consent and time records into the permanent record; the monthly billing file tested with UnityPoint billing; escalation routes, thresholds and the language plan agreed per market	Interfaces tested and live
April 2027 Wave 1, Des Moines metro	The first 10% of layer one moves on the continuity sequence in Section 7.2; net-new enrollment starts beside it	945 unique patients in month 1
May to September 2027 Waves 2 to 6	The remaining markets, one wave a month, on the same sequence; post-discharge monitoring offered as a pathway into CCM	9,247 unique patients by month 6
Month 7 onward Grow and decide	Expansion at onboarding pace; technology-enabled RPM offered market by market; the APCM mix decided together; Compass Rose work with UnityPoint's Epic team; both layers repriced at the final CY2027 rates	9,779 unique patients at month 12, 12,652 at month 24, 15,049 at month 36

7.2 Continuity at transition

UnityPoint put continuity for current participants first, and the waves are built around it. UnityPoint owns the devices in use today, and they stop sending readings when the program changes hands, so each patient's replacement comes before the cutover.

1. **The list.** Each clinic confirms its patients, programs and current care plans before its wave.
2. **The device.** A CoachCare cellular device ships, set up, before the old device loses its feed; the first readings are checked before the switch.
3. **The call.** A CoachCare care manager calls each patient before the switch, confirms consent and explains what stays the same.
4. **The plan.** The current care plan carries over and is reviewed in the first month; nothing the clinic set changes without the clinic.
5. **The month.** Billing moves to the new monthly file in the month each wave switches, so no patient-month is lost or billed twice.

²⁸ Cardiac Solutions case study, April 2026: 2,738 remote-monitoring patients enrolled 12 months or more.

²⁹ Advocate Aurora case study: patients active May 14, 2021 (N=127), first six months against the six months before; outcomes on the VitalTech platform, now part of CoachCare.

7.3 Reporting on UnityPoint's own measures

The reporting package is built to UnityPoint's own list rather than CoachCare's default dashboards, and it reports by market, clinic and provider.³⁰

UnityPoint's measure	What the monthly report shows
Patient experience	Nurse accessibility, listening, care coordination, education, device usability, overall satisfaction and Net Promoter Score
Provider experience	Provider feedback on escalations and workflow
Clinical outcomes	Blood pressure control, glucose and A1c follow-up, weight trends for heart failure, escalations and their outcomes
Enrollment growth and conversion	Orders, reach, consent and enrollment by provider, against UnityPoint's baseline
Retention	Active patients, disenrollment and reasons, unreachable patients
Acute-care use and days at home	Emergency visits and admissions among enrolled patients, from the discharge pathway
Efficiency and sustainability	Care-team caseload, minutes per patient, billing-file accuracy and exceptions
The three monthly financials	Gross estimated revenue, vendor costs and estimated net contribution, by program and market

7.4 Who runs what

Function	CoachCare	UnityPoint Health
Transition and enrollment	Wave logistics, device shipping and replacement, transition calls; on-site enrollment specialists and telephonic outreach for net-new patients	Confirms each wave's patients; nurse care managers identify and pend orders; providers sign
Care management and monitoring	Rising-risk CCM and RPM, business-hours alert triage and the post-discharge pathway, at 165 patients per care manager	Highest-risk CCM; escalation response through clinic support teams; nights, weekends and holidays
Documentation, billing, reporting	Documentation, consent and time records interfaced into the record; the monthly billing file; the reporting package in Section 7.3	Keeps billing under its own NPIs; keeps the revenue; names a program lead
Clinical governance	Works to the signed protocol; supervises its care managers	Owens orders, medical decisions, care plans and discharge criteria

7.5 The model inputs

Input	Value in this forecast
Layer one	9,140 vendor-managed patients carried over in six waves, months 1 to 6; 1.5% monthly attrition; no top-up
Outside the figures	The 2,219 highest-risk CCM patients UnityPoint's team keeps
Layer two: eligible pool	62,000 CCM-eligible and 69,000 RPM-eligible patients not yet enrolled, across 662 providers
Programs	RPM and CCM; APCM and transitional care available at zero dollars
Acceptance and referrals	RPM 35% accept, CCM 30%; 8 referrals per provider a month at 80% acceptance
Onboarding pace	Pathways build from 10% to full pace over months 1 to 12, then about 407 new patients a month; 1,714 net-new unique patients at month 12, 5,925 at month 24, 9,437 at month 36; one CoachCare-funded on-site enrollment specialist plus telephonic outreach
EMR	Epic interfaces: \$4,000 setup, \$150 a month, \$1.50 per patient-month

³⁰ UnityPoint Health, responses to vendor questions on the CCM and RPM RFP, October 20, 2026, answers 33, 41, 43 and 44.

Input	Value in this forecast
Rates	CY2026 fee schedule, non-facility, Iowa locality 00; every patient priced at the Medicare amount

7.6 What we would confirm together

1. **The device handover.** Return or disposal of UnityPoint-owned devices, and the data each patient's history needs to carry over.
2. **The wave order.** Which markets follow the Des Moines metro, and which clinics in each are ready first.
3. **The Epic interfaces.** Which documents, flowsheet rows and messages UnityPoint wants, the escalation route per clinic, and whether read-only EpicCare Link is granted.
4. **The billing file.** Format, timing and exception handling with UnityPoint's billing team.
5. **RPM model by market.** Where managed RPM starts and where technology-enabled RPM does.
6. **The payer mix.** Traditional Medicare and Medicare Advantage among the patients carried over and the eligible pool. Medicare Advantage plans must pay at least the Medicare rate, a floor; individual contracts set their own terms for the care-management code families.
7. **Language, MyUnityPoint, APCM and coinsurance.** The language mix by market, release settings for readings and care documents, which patients move from CCM to APCM, and how coinsurance is explained at consent.

8. Recommendations

1. **Put continuity first.** Carry the 9,140 vendor-managed patients over in six waves from April 2027, Des Moines metro first, with a new device and a care-team call before each switch.
2. **Keep UnityPoint's team where it is.** The 2,219 highest-risk CCM patients, ordering, oversight and clinical decisions stay with UnityPoint; the program's strengths stay intact.
3. **Start CCM for rising-risk patients and RPM as a managed service.** Move markets or populations to hybrid or Self Service, on the same platform, as UnityPoint's own team gains capacity.
4. **Build the Epic interfaces first, January to March 2027.** Documentation, consent, time records and readings into the permanent record; the monthly billing file through UnityPoint's billing; Compass Rose as a 2027 workstream.
5. **Grow enrollment from UnityPoint's own baseline.** On-site enrollment, repeated outreach and provider-level conversion reports, measured against 57% reach and 23% / 18% enrollment.
6. **Award CCM and RPM together.** One care manager, plan and time log per patient, and about \$696,000 a year more to UnityPoint across today's dual-enrolled patients.
7. **Keep the hybrid-by-payer extension open.** Commercial, Medicaid, uninsured and UnityPoint at Home patients can run on the same platform with UnityPoint's own staff, whenever UnityPoint wants one device program.
8. **Offer post-discharge monitoring as a pathway into CCM.** UnityPoint keeps the transitional care visit; CoachCare carries the patient from discharge into monthly care.
9. **Manage by UnityPoint's measures.** Monthly reporting on experience, outcomes, conversion, retention, acute-care use and the three financials, by provider.
10. **Reprice both layers at the final CY2027 rule before contract.** Over 36 months the program returns \$24,139,414 to UnityPoint at a 42.8% margin at CY2026 rates; the final rule sets the number.

UnityPoint built a program with 11,359 patients, strong patient experience and established workflows. The proposal keeps all of that, takes on the staffing UnityPoint wants handed over, puts the documentation in the permanent record, and reaches more of the patients the program does not yet cover.

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.

- **Already working inside UnityPoint Health.** Cardiology monitoring in Cedar Rapids, Waterloo and Des Moines, and remote care for several Des Moines-area Family and Internal Medicine clinics.
- **Documentation in the record UnityPoint already uses.** Notes, care plans, consent, time records and readings interface into Epic.
- **Fully staffed, no hiring.** Care managers at 165 patients each, enrollment, devices, business-hours alert triage and the billing file on CoachCare's payroll, with fees per active patient per month.
- **Clinicians stay in charge.** UnityPoint's clinicians order, set the protocols, sign the care plans and make every clinical decision.
- **Flexible by design.** Managed, hybrid or Self Service on the same platform and devices, market by market.

The ask is a working session to confirm the wave order and the device handover, set the Epic interface scope ahead of the January 2027 kickoff, and agree where managed and technology-enabled RPM start.

Contact

Connor Knapp · Head of Sales · CoachCare · connor.k@coachcare.com

Prepared by CoachCare for discussion with UnityPoint Health. © 2026 CoachCare.

References & Data Sources

- **UnityPoint Health:** System Profile, updated January 2026; hospitals and locations, accountable care and MyUnityPoint pages; the Connected Health request-for-information response, February 2022; the CCM and RPM request for proposals, October 2026, and UnityPoint's answers to vendor questions, October 20, 2026.
- **CMS accountable-care and model files:** Medicare Shared Savings Program ACO Participants and Organizations, 2026; Performance Year Financial and Quality Results, PY2024 (revised July 2026), for the quality measure only; TEAM participant list, updated September 2026.
- **Medicare payment rules:** the CY2026 Physician Fee Schedule final rule, Addendum B, RVU file and Iowa locality 00 geographic indices; CMS-1848-P, the CY2027 proposed rule.
- **Market:** CMS Medicare Advantage State/County Penetration, October 2026; 2020 Census urban and rural classification for Iowa; CMS Care Compare hospital general information.
- **CoachCare:** Care Management Programs standard operating procedures, March 2026; the Cardiac Solutions case study; the Advocate Aurora case study, on the VitalTech platform, now part of CoachCare; and the Value Analysis for UnityPoint Health, 2026, the source of every financial, enrollment, clinical-output and operational figure in Sections 6 to 8.

Unique patients and program enrollments are different numbers. At month 36 the expansion layer holds 13,684 active program enrollments belonging to 9,437 unique patients, because a patient may hold both a CCM and an RPM enrollment. Patient counts in this report are unique patients unless they say otherwise.