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NEXT LEVEL

WHAT COMES NEXT:

Acronyms Matter

The Starting Acronyms

CCM – Chronic Care Management
- Physician-billed
- Heavy documentation
- Office-phone intensive
- Hard to operationalize in pharmacy
- License/certification required

RPM – Remote Patient Monitoring
- Device-based (cuffs, scales, etc.)
- 16-day data requirement
- Inventory logistics
- Physician-controlled billing
- Billing agreement with local provider

Both = Barriers to entry for independent pharmacy

Not All Acronyms Are Built the Same

RTM - Remote Therapeutic Monitoring

- Software-based (no device inventory burden)
- Focused on medication adherence & therapy response
- Lower documentation complexity
- Designed for scalable workflow integration
- Pharmacy-aligned clinical model

**Own the Process. Expand Care.
Create Recurring Revenue.**

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A New Flavor

You gain:
✔ Technology platform – **NO** cost
✔ Compliance structure – **NO** cost
✔ Billing support – **NO** cost, BAA required
✔ Patient enrollment workflow
✔ Recurring revenue framework

**You're not renting access —
you're building a service line.**

Strategic Impact

RTM allows independent pharmacies to:
- Create predictable monthly recurring revenue
- Increase patient retention
- Strengthen prescriber relationships
- Move beyond shrinking dispensing margins
- Increase enterprise valuation

**This isn't just reimbursement.
It's clinical revenue ownership.**

Show Me the Impact

Revenue Projection – Assumptions:
1,500–2,000 monthly patients, ~60% Medicare eligible @ 25% participation rate
@ $25 per patient per month

Conservative (1,500 patients)
1,500 × 60% = 900 eligible
900 × 15% = 135 enrolled
135 × $25 = **$3,375/month**
= **$40,500/year**

Upper Range (2,000 patients)
2,000 × 60% = 1,200 eligible
1,200 × 25% = 300 enrolled
300 × $25 = **$7,500/month**
= **$90,000/year**

RTM + BrainHealth+
for Community Pharmacies

Community pharmacies are facing:

- Shrinking reimbursement margins
- PBM pressure
- Staffing shortages
- Increased competition

At the same time:

- Medicare is paying for remote therapeutic services
- Seniors are actively concerned about memory and falling
- This program addresses both

2 Fundamental Patient Fears

As we age, two primary concerns dominate:

- Loss of memory & cognitive ability
- Loss of balance → falls → fractures → hospitalization

These are:

- Quality-of-life issues
- Healthcare cost drivers
- Independence threats
- Now preventable through structured intervention

BrainHealth+ includes:

- BrainSavers cognitive & balance retraining
- Remote Therapeutic Monitoring (RTM)
- MedTrac™ biometric facial scan monitoring
- Monthly progress tracking
- Medicare-covered clinical oversight
- Delivered in partnership with *Remote Care Today*

Clinical Efficacy

Research cited by Remote Care Today demonstrates:

- ~9.7% improvement in cognitive scores (MoCA)
- ~27.6% reduction in anxiety
- Improved executive function
- Enhanced resilience in older adults

These outcomes support:

- Better adherence
- Fewer medication errors
- Reduced fall risk
- Improved independence

MedTrac™
Biometric Facial Scan Technology

A non-invasive facial scan that:

- Tracks biometric markers
- Identifies health risk patterns
- Monitors changes over time
- Enhances patient engagement

Why this matters:

- Early identification of risk trends
- Increased patient accountability
- Ongoing participation reinforcement
- Adds measurable health data layer to BrainHealth+

This is not guesswork — it is trackable engagement.

Medicare Coverage

The program is reimbursable under:
- Medicare Part B
- Most Medicare Advantage plans
- May have co-pay/co-insurance

That means:
- Recognized healthcare service
- Not a retail product
- Covered clinical monitoring benefit
- Recurring monthly reimbursement structure

What's in it **THEM** (your patients)

Patient Benefits:

✔ Improved cognitive function

✔ Reduced anxiety

✔ Improved balance & coordination

✔ Lower fall risk

✔ Increased independence

✔ Ongoing health monitoring through MedTrac™

✔ Medicare-covered benefit

Patients feel proactive — not reactive

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What's in it **THEM** (your patients)

Why Patients Stay Engaged:

- Daily app-based exercises
- Simple interface
- Progress tracking
- Biometric feedback
- Pharmacy-supported program

This builds:

- Trust
- Loyalty
- Continued prescription retention

What's in it for Your Pharmacy

Monthly review payment:
- $25 per patient per month
- Review takes ~1 minute per patient

Example:
200 enrolled Medicare patients x $25
= $5,000 per month x 12 months
= $60,000 annually

Recurring. Predictable. Scalable.

But, but, but...

No Operational Burden

This is critical:

✔ **NO** upfront costs

✔ **NO** equipment purchase

✔ **NO** additional personnel

✔ **NO** in-house Medicare billing

✔ **NO** AR management

✔ Third-party Medicare billing is fully managed.

Compliance, documentation, coding — handled centrally.

Fully Turnkey Structure

Under the business agreement, remote team handles:

- Patient engagement

- Clinical documentation

- Medicare billing

- Compliance oversight

Pharmacy responsibilities:

- Identify eligible patients

- Support enrollment

- Review monthly progress reports

- No additional workflow complexity

Why's this Different

Most RTM programs require:

- Staff hiring

- Internal billing

- Compliance risk

- Equipment investment

This model:

- Eliminates infrastructure burden

- Outsources billing

- Reduces compliance exposure

- Allows pharmacies to focus on patients

But, but, but...

What You Actually Do

- Identify Medicare-eligible patients
- Introduce program as covered benefit
- Review monthly progress report (~1 minute)

That's it.

- **No** outbound call campaigns
- **No** documentation burden
- **No** billing submission

But, but, but...

Where Do I Begin?

- Notify Amy or Seth of your interest:

  agentsupport@myicbn.com

- Execute simple business agreement

- Onboarding & training (brief)

- Receive pharmacy enrollment link

- Begin patient enrollment

- Launch: streamlined and guided

Elevating Your Pharmacy

This positions you as:

- Brain health partner
- Fall prevention advocate
- Medicare service provider
- Clinical care collaborator

Moves pharmacy from:

Dispensing center → Preventive care hub

Final Thoughts

- No upfront cost

- No additional personnel

- No billing requirement

- Medicare-covered service; may have co-pay/co-insurance

- **Improves patients' lives**

- **Improves pharmacy profitability**

Appendix

The Stats

According to the U.S. Centers for Disease Control and Prevention (CDC) and other falls research:

- Fourteen million, or 1 in 4 Americans age 65+, falls each year.[1]

- Falls are the leading cause of fatal and non-fatal injuries among older adults.[2]

- In 2021, falls caused 38,000 deaths among those age 65+, and emergency departments reported 3 million visits due to older adult falls.[2]

- The cost of treating injuries caused by falls among older adults is projected to increase to over $101 billion by 2030.[3]

- Among older adults who fall, over half receive care in a hospital; the estimated annual average cost per inpatient visit for falls injuries is $18,658 and $1,112 per emergency department visit.[4]

Source: https://www.ncoa.org/article/get-the-facts-on-falls-prevention/. Pulled 2/15/2026

The Stats

- Based on data from 2020, the total health care cost of non-fatal older adult falls is $80 billion per year, up from $50 billion in 2015. Sixty-seven percent of fall-related costs are paid for by Medicare, 4% by Medicaid, and 29% is paid privately/out-of-pocket by older adults and families.[5]

Falls risk factors
- Falling once doubles the risk of falling again.[6]

- People with vision loss have almost twice the risk of falls as adults without vision impairment.[7]

- People with hearing loss are nearly three times as likely to fall compared to those with normal hearing, but wearing a hearing aid reduces the risk of falling by 50%.[8]

Source: https://www.ncoa.org/article/get-the-facts-on-falls-prevention/. Pulled 2/15/2026

The Stats

- Lower body weakness and difficulties with walking and balance increase someone's risk for falls.

- Certain medications can have side effects and interactions, such as dizziness and fatigue, that increase the risk of falls.

- Chronic conditions such as diabetes and arthritis can increase the risk of falls due to neuropathy, pain, and other symptoms that can affect walking and balance.[9]

- Hazards in the home, inlcuding clutter, poor lighting, and lack of supports such as grab bars, can cause falls. Home modifications can address these hazards to reduce falls risk in the home.[10]

Falls, with or without injury, also carry a heavy quality of life impact. A growing number of older adults fear falling and, as a result, **limit their activities and social engagements**. This can result **in further physical decline, depression, social isolation, and feelings of helplessness**.

The Stats

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Source: https://www.ncoa.org/article/get-the-facts-on-falls-prevention/. Pulled 2/15/2026

National Falls Prevention Awareness Week:

Every September, the Falls Free® Initiative promotes National Falls Prevention Awareness Week. States are encouraged to host and promote falls prevention awareness and screening activities to draw attention to the problem and offer older adults' practical solutions.

Week of September 21, 2026