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HBPC Strategic Vendor & Outsourcing Review

Home-Based Primary Care | Arifa Senior Medicine

Elation -> Epic EHR | Front-End & Back-Office Vendor Considerations | RPM / CCM / APCM

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Executive Summary

This document was prepared as a high-level strategic vendor and outsourcing review for Arifa Senior Medicine to support evaluation of operational infrastructure options for a home-based primary care (HBPC) practice in Sacramento (and surrounding counties), California. The review focuses on comparative vendor considerations across front-end operations, after-hours coverage, revenue cycle management, and RPM/CCM/APCM support services within an Epic-centered workflow environment.

The document is intended as a comparative planning reference only and does not constitute a recommendation, endorsement, legal opinion, reimbursement guarantee, implementation directive, procurement decision, or operational certification by Home Centered Care Institute (HCCI) or the HCCI Advisor. Vendor capabilities, pricing, implementation timelines, integration depth, ratings, recognition, and performance metrics referenced throughout this document are based on publicly available, vendor-reported, industry-reported, or third-party published information that has not been independently validated by HCCI.

Consultant Disclosure

This document presents multiple vendor options for comparative evaluation purposes only. Home Centered Care Institute (HCCI) and the HCCI Advisor do not endorse, promote, certify, recommend, rank, or receive compensation from any vendor referenced herein. All vendor capabilities, integration claims, pricing estimates, implementation timelines, ratings, recognition data, operational metrics, and payer-specific performance claims should be independently verified directly with the vendor, legal/compliance counsel, and the applicable Epic host organization prior to contracting or implementation.

Key Regulatory & Operational Updates

- CMS-0057-F prior authorization operational requirements for impacted payers generally begin January 1, 2026, while most API interoperability implementation requirements are generally phased for January 1, 2027.
- RPM and CCM may be reported for the same patient/month only when each service independently meets applicable Medicare requirements, services are medically necessary and separately documented, and the same clinical time or activity is not counted more than once.
- APCM is subject to CMS monthly billing and service-overlap limitations; it should not be assumed billable in the same month as CCM, PCM, or other overlapping care management services without code-level validation against current CMS guidance and payer rules.
- The HHS OIG has publicly identified Medicare Part B remote patient monitoring utilization and billing practices as a program-integrity oversight area, including Work Plan activity and published monitoring work.

- California medical record retention requirements and operational compliance obligations should be validated directly with legal counsel and applicable regulatory authorities.

Vendor Review Framework

Vendor review criteria included Epic interoperability considerations, Elation-to-Epic transition flexibility, California payer and delegated-model familiarity, HBPC workflow alignment, scalability for a single-physician practice with one NP and one MA, outsourced staffing availability, denial management capabilities, quality reporting readiness, audit readiness, and publicly reported operational maturity.

EHR Transition Considerations: Elation → Epic

Arifa Senior Medicine is currently utilizing Elation Health and evaluating transition planning toward an Epic-centered workflow environment. As a result, vendor selection considerations should include not only long-term Epic interoperability, but also transitional flexibility, implementation sequencing, and operational continuity during migration.

Vendor selection must prioritize demonstrated flexibility supporting both Elation and Epic environments during transition, including phased parallel workflows and preservation of RPM/CCM/APCM continuity. All Epic interoperability claims must be validated directly with the chosen Epic host organization / Community Connect administrator.

Because the practice remains in an early operational growth stage, the EHR transition itself may represent one of the most significant operational and implementation risks during launch and stabilization. Vendor selection should therefore prioritize workflow continuity, practical interoperability, and scalability rather than enterprise optimization alone.

Key Strategic Priorities:

- Preference for vendors with publicly reported interoperability experience involving both Elation and Epic environments.
- Validation of whether integrations are native, App Orchard-based, API-driven, HL7/FHIR-enabled, or dependent on Community Connect configuration.
- Ability to support phased onboarding and temporary parallel workflow operations during implementation.
- Preservation of RPM, CCM, APCM, and patient enrollment continuity during migration.
- Minimization of duplicate documentation, scheduling, and charge-entry workflows during transition periods.
- Independent validation of historical data migration capabilities, implementation support, training scope, and downtime contingency planning.
- Confirmation that operational assumptions, staffing requirements, and implementation timelines are appropriate for a small HBPC practice environment rather than a large health system deployment.

Epic interoperability, implementation scope, and integration functionality can vary significantly based on whether the practice uses Epic Community Connect, a hosted Epic environment, or a direct enterprise Epic instance, as well as the host organization, enabled APIs, interface scope, third-party vendor relationships, and negotiated implementation pathway. All Epic-related capabilities referenced by vendors should therefore be independently verified directly with the applicable Epic host organization and implementation partner.

Front-End Vendor Review

The vendors below were identified as potentially relevant options for prior authorization, eligibility verification, intake optimization, and after-hours communication support. Inclusion does not imply endorsement or preferred vendor status.

Category	Credible Vendors to Consider	Illustrative Differentiators	Integration Notes	Important Caveat
Prior Authorization	Waystar Auth Accelerate	Publicly reported Epic interoperability and denial workflow tools	Vendor publicly reports Epic interoperability and/or Epic-related connectivity capabilities	Vendor-reported; integration depth, workflow functionality, and configuration requirements must be validated with the applicable Epic host organization
Prior Authorization	Availity AuthAI	Vendor-reported FHIR-enabled prior authorization workflow support	Reported payer connectivity and CMS interoperability alignment	FHIR-enabled; verify California payer adoption, authorization transaction scope, and Epic-host compatibility
Prior Authorization	Cohere Health	AI-supported medical necessity workflow tools	Epic FHIR integration publicly referenced	Epic/FHIR connectivity referenced publicly; payer-specific adoption, service categories, and delegated-model applicability vary
After-Hours / On Call	PerfectServe	Clinical communication, answering service, and escalation workflow support	Vendor-reported EHR/workflow connectivity capabilities; Epic-specific workflow must be demonstrated	Validate after-hours escalation rules, provider routing, documentation handoff, HIPAA/BAA terms, and small-practice pricing
After-Hours / On Call	OhMD	Messaging and scheduling workflow support	Vendor-reported Epic/Cadence and scheduling-related connectivity capabilities	Verify whether connectivity applies to the specific Epic host environment and HBPC scheduling workflow
After-Hours / On Call	Whippy	AI-supported communication and multilingual workflow tools	Vendor reports HL7/API/EHR interoperability capabilities	Validate integration depth, escalation workflows, AI governance, documentation capture, and bilingual/multilingual support needs

Back-Office RCM & Billing Review

The following vendors were identified as potentially relevant outsourced billing and revenue cycle management considerations for a California HBPC practice operating within or alongside Epic Resolute workflows.

Credible Vendors to Consider	Potential Strengths	CA / HBPC Considerations	Cautionary Notes
Waystar	Large clearinghouse ecosystem; publicly reported denial management tools	Potentially strong for Epic-centered workflows	Pricing, implementation, and appeal functionality subject to verification
Athenahealth RCM	Large physician network and workflow infrastructure	May require bridge architecture when used alongside Epic	Clarify technical workflow, Epic Resolute ownership, data bridge/interface requirements, and vendor/practice responsibility before implementation
I-Med Claims	California-focused operational positioning	Vendor reports Medi-Cal familiarity and competitive pricing	Boutique/vendor-reported metrics not independently validated by HCCI
CorroHealth	Coding and autonomous workflow tools	May become more relevant if MA, RAF/HCC, coding quality, or delegated-risk participation expands over time	Automation performance, coding oversight, clinician query process, and audit defensibility should be reviewed carefully
Bridge Billing Services	Local Sacramento market familiarity	Potentially higher-touch support model	Reference checks and Epic workflow validation strongly recommended

RPM / CCM / APCM Vendor Review

The following vendors were identified as potential operational support options for RPM, CCM, APCM, and related care management workflows. Vendor capabilities, code logic, consent workflows, documentation templates, supervision model, billing edits, and service-overlap controls should be validated directly with the vendor against current CMS guidance, payer policies, and the CY 2026 Medicare Physician Fee Schedule.

Credible Vendors for Consideration:

- **Nsight Health** — publicly positioned as a fully managed outsourced care management model.
- **Prevounce** — publicly reported APCM and RPM workflow support with multi-EHR interoperability.
- **Cadence** — Epic-centered RPM workflow positioning with health system adoption references.
- **Optimize Health** — smaller independent-practice-focused RPM support model.
- **ChronicCareIQ** — may be more appropriate for larger or more mature patient panels depending on workflow design, staffing model, and minimum-volume expectations.

Validate explicit vendor support for current CY 2026 RPM, RTM, CCM, APCM, and related care management billing requirements, including code-level documentation logic, consent tracking, minimum-service thresholds where applicable, and automated edits intended to prevent duplicate billing or overlapping care-management claims.

Quality Reporting & Population Health Infrastructure

As the practice matures and evaluates future Medicare Advantage, value-based care, delegated risk, ACO, or population health participation opportunities, additional quality reporting, analytics, RAF/HCC, and population health infrastructure may become operationally relevant. These capabilities may not represent day-one operational priorities for a small HBPC startup environment, but early awareness may help reduce future workflow disruption or infrastructure redesign.

The vendors below were identified as illustrative examples of organizations publicly positioned in quality reporting, population health analytics, risk adjustment, or value-based care infrastructure support. Inclusion does not imply endorsement, operational necessity, or implementation recommendation.

Credible Vendors for Consideration:

- **Arcadia** — population health analytics and value-based care reporting infrastructure.
- **Innovaccer** — interoperability, quality reporting, and population health workflow platform.
- **Azara Healthcare** — FQHC and quality reporting analytics support tools.
- **HealthEC** — population health and payer/provider reporting infrastructure.
- **Lightbeam Health Solutions** — analytics and care management workflow tools.
- **Reveleer** — RAF/HCC abstraction and quality documentation support workflows.
- **Cedar Gate Technologies** — value-based analytics and performance management infrastructure.

Future appropriateness of these platforms may depend on attributed patient volume, payer participation, delegated risk exposure, MIPS participation, quality-measure reporting obligations, Epic reporting capability, and value-based contract maturity.

Many quality reporting and population health platforms are enterprise-oriented and may exceed the operational needs of an early-stage solo HBPC practice. Certain reporting capabilities may also already exist within Epic modules, Community Connect infrastructure, payer reporting platforms, delegated entities, or future ACO participation arrangements. Vendor capabilities, interoperability, implementation requirements, and reporting functionality should be independently validated directly with the vendor and applicable Epic host organization.

Illustrative Epic Cost & Implementation Overview

Epic Community Connect pricing, implementation support costs, and timeline estimates referenced during planning discussions should be treated only as illustrative market estimates. Actual costs, implementation timelines, staffing requirements, interface scope, quality-reporting functionality, hosting arrangements, and ongoing support obligations vary significantly by host organization, region, implementation partner, and negotiated contract structure.

Illustrative Vendor Due Diligence & Evaluation Framework

Technical & Epic Integration

- Validate whether integration is native, App Orchard-based, HL7/FHIR-enabled, API-driven, clearinghouse-supported, or dependent on Epic Community Connect configuration.
- Confirm interface ownership, build responsibilities, implementation fees, maintenance responsibilities, data-sharing pathway, user provisioning, support obligations, and downtime contingency process.
- Request demonstration of Elation-to-Epic transitional workflow support, including scheduling, intake, documentation, charge capture, care-management documentation, and reporting workflows.
- Confirm whether vendor functionality differs materially between Epic Community Connect, hosted Epic, and enterprise Epic environments.

Operational & Workflow

- Validate HBPC workflow competency including POS 12, home/residence E/M coding, mobile documentation, home-visit scheduling logistics, intake scripting, eligibility verification, authorization workflow, patient communications, and charge-entry handoffs.
- Review staffing model, escalation pathways, after-hours workflows, implementation support structure, training scope, quality review process, and supervisor oversight.
- Confirm fit for a single-physician practice with one NP and one MA, including whether minimum volumes, implementation costs, or enterprise workflows exceed near-term operational needs.

California Payer & Delegated Model Experience

- Confirm Medi-Cal managed care, TAR/SAR, dual-eligible, Medicare Advantage, delegated IPA, MSO, and California risk-bearing entity workflow experience.
- Evaluate familiarity with Knox-Keene operational workflows, California MA payer requirements, delegated-model authorization processes, county-specific payer variation, and Sacramento-area network dynamics.
- Validate whether vendor experience is California-specific or only generally national/ambulatory.

Compliance, Audit & AI Governance

- Review audit response support, documentation retention workflows, HIPAA/BAA obligations, SOC 2 or comparable security posture, breach-notification procedures, access controls, role-based permissions, and compliance escalation processes.
- Validate AI oversight, clinician review requirements, audit logging, explainability, PHI protections, human-in-the-loop controls, and vendor use of subcontractors where AI-enabled workflows are utilized.

Financial & Contractual

- Review implementation fees, minimum volume requirements, PMPM charges, percentage-of-collections pricing, clearinghouse fees, interface costs, payer-enrollment fees, prior authorization fees, quality-reporting fees, and termination provisions.
- Confirm SLA expectations, cyber liability coverage, BAA obligations, subcontractor disclosure requirements, indemnification provisions, data ownership, transition assistance, and post-termination data return rights.
- Require RCM dashboard reporting aligned to industry-standard practice-management KPIs, including days in A/R, A/R aging, denial rate, clean-claim rate, net collection rate, gross collection rate, charge lag, payment lag, and appeal overturn rates.

Business Continuity & Scalability

- Review downtime procedures, disaster recovery protocols, redundancy planning, business-continuity process, staffing backup model, call coverage backup, and future scalability assumptions.
- Validate whether vendor infrastructure remains appropriate as attributed lives, MA participation, delegated-risk arrangements, quality-reporting obligations, or value-based arrangements expand.

Source & Citation Framework

References throughout this document were derived from publicly available vendor materials, KLAS Research publications, Becker's Hospital Review, Black Book Research, G2, Capterra, CMS guidance, Federal Register materials, HHS OIG Work Plan and RPM oversight materials, MGMA practice-management KPI resources, and publicly available healthcare technology reporting. HCCI has not independently validated vendor-reported metrics, rankings, operational outcomes, pricing, integration claims, payer connectivity, or implementation claims.

Selected Regulatory and Industry Source Basis

- CMS, Calendar Year (CY) 2026 Medicare Physician Fee Schedule Final Rule (CMS-1832-F) and related Federal Register publication, used for Medicare PFS, remote monitoring, care-management, and payment-policy context.
- CMS, Advanced Primary Care Management Services guidance, used for APCM G0556-G0558 framing, monthly billing structure, consent, and service-overlap caution.
- CMS, Interoperability and Prior Authorization Final Rule (CMS-0057-F), used for impacted-payer prior authorization operational timing and API implementation phasing.
- HHS Office of Inspector General, RPM oversight, Work Plan, and Medicare RPM billing/utilization monitoring materials, used for RPM audit-risk and program-integrity caution.
- MGMA practice-management benchmarking and KPI resources, used only as a general industry reference for RCM due-diligence categories; no proprietary MGMA benchmark values are represented as independently validated in this document.
- Vendor websites, third-party rating/recognition platforms, and publicly available market materials were used only for preliminary identification and comparative planning context; HCCI has not independently validated vendor claims.

Disclaimer

This document is intended solely as a strategic planning and comparative vendor review reference for Dr. Waris / Arifa Senior Medicine. It should not be construed as legal advice, reimbursement guidance, coding advice, operational certification, implementation approval, procurement direction, or a formal recommendation of any vendor, workflow, or technology platform. Independent legal, compliance, financial, reimbursement, coding, operational, cybersecurity, and technical review is strongly recommended prior to execution of any vendor agreement.