



Ramey Management Solutions

Helping Practices Become and Remain Sustainable

Executive Summary 2025

Driving High-Performance Value-Based Care Across Home-Based, Geriatric and Palliative Programs



Executive Summary

Ramey Management Solutions (RMS) partners with organizations to accelerate performance in today's value-based care environment. We bring decades of experience strengthening clinical quality, improving operational execution, and optimizing risk adjustment accuracy across home-based medicine, geriatrics, and complex/palliative care.

What sets RMS apart is our integrated perspective on value-based care. Our team understands how to bridge healthcare and social care ecosystems, connecting the dots across clinical workflows, community resources, and patient needs.

This whole-person approach improves outcomes and patient experience while driving stronger results in shared savings, total cost of care, and risk-bearing models. We help organizations build the infrastructure and capabilities required for sustainable, scalable success.

The RMS Advantage

RMS delivers systems and strategies that help organizations achieve care that is:

- Higher quality
- More coordinated
- More efficient
- Lower cost
- Better aligned with value-based payment models

We don't simply assess programs; we embed durable workflows, elevate documentation accuracy, level up team skillsets, and guide leaders through the operational and financial changes required for long-term, value-driven success.



Core RMS Service Categories

Foundational Assessment & Strategic Positioning

Comprehensive Practice Assessment

360° review of quality performance, risk adjustment, operations, staffing, workflows, financials, and data infrastructure. Identifies performance gaps and provides a prioritized, actionable roadmap.

Market Analysis & Growth Strategy

Evaluation of demographics, referral flows, patient risk mix, competitive landscape, and market opportunities to guide sustainable expansion in high-value populations.

Credentialing & Payer Contracting

Market positioning, credentialing support, and negotiation strategies that strengthen payer relationships and create opportunities in VBC and shared-risk models.

Operational Workflow Optimization

Workflow Redesign & Accountability Systems

Team-based workflows that enable proactive outreach, reliable care gap closure, efficient care coordination, and consistent execution across the organization.

Quality Measure (QM) Compliance Optimization

Training and workflow development for documentation accuracy, care gap closure, and consistent achievement of VBC quality benchmarks.

Remote Practice Management

Executive-level guidance on operations, staffing, quality improvement, compliance, financial stability, population health strategy, and organizational performance.

Clinical Documentation, Coding & Risk Adjustment

Chart Audits & Documentation Optimization

Clinical and coding audits designed to improve specificity, capture complexity, strengthen quality performance, and enhance financial outcomes under risk-bearing contracts.

HCC Scoring & Risk Adjustment Education

Real-world provider training on accurate HCC capture, documentation specificity, RAF integrity, and alignment with risk-adjusted payment systems.

Financial Infrastructure & Revenue Management

Revenue Cycle Management (RCM)

Fee-for-service stability paired with VBC readiness—optimizing reimbursement, reducing denials, and strengthening the financial backbone of risk-bearing programs.



Technology, Data, and Longitudinal Care Enablement

EHR Selection & Implementation

Support with choosing, implementing, and optimizing EHR systems that streamline documentation, improve care coordination, support quality reporting, and enhance risk adjustment workflows.

Chronic Care Management (CCM/PCM/APCM)

Longitudinal care models that reduce avoidable utilization, improve caregiver support, strengthen patient experience, and deliver meaningful total-cost-of-care impact.

SDOH & Community Health Worker (CHW) Programs

Integration of SDOH screenings, workflows, and CHW engagement pathways to improve equity, patient activation, and overall VBC performance.

Workforce Training & Clinical Excellence Development

Provider, nursing, and staff development programs that enhance documentation accuracy, strengthen clinical reasoning, support complex-care management, and reinforce high-value population health practices.

RMS: Your Partner in High-Value Care Transformation

RMS helps organizations move from reactive, visit-based care to proactive, team-based population health models that consistently deliver strong quality outcomes, optimized risk performance, and improved patient and provider experience.

What Makes RMS Different?

“Real-world, front-line leadership experience.”

“Hands-on transformation, not passive consulting.”

“Expertise across home-based, geriatric, and complex-care populations.”