



**Ramey Management Solutions**

Helping Practices Become and Remain Sustainable

## Executive Summary 2026

### 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.”*