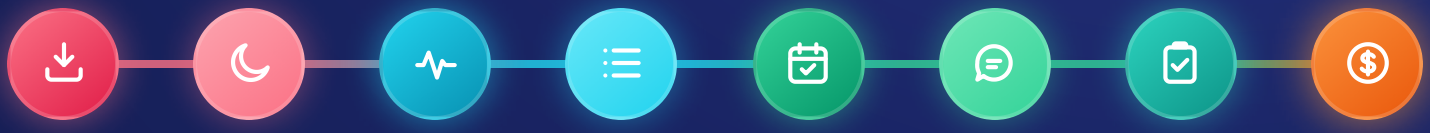
MEMBERCARE

Built for Endocrinology

GLUCOSE INTELLIGENCE ACROSS THE WHOLE PANEL

Every reading, analyzed.
Without adding data-review hours.

One intelligent platform for earlier interventions, more productive diabetes care, and cleaner reimbursement.
A sensor patient generates 288 glucose readings a day — 103,680 a year — and your CGM portal shows one patient at a time, when someone opens the report. MemberCare reads the whole panel unprompted — sensors and meters, every night — hands your team the short list with reasons attached, and stays quiet about everyone else.



The overnight low surfaces by morning.

A glucose that drifts low for hours at 3 AM never comes up at a visit — the patient slept through it. By morning it's a named worklist item, trace attached.

The quiet patient gets a name.

A 260 shows on any chart. The patient who stopped testing eleven days ago shows up nowhere — until silence itself becomes a work item with a next step.

The therapy change reports back.

Adjust a dose and the following weeks answer — time-in-range and patterns, before versus after, ready at the follow-up. Not a three-month wait for the next A1c.

Eligible between-visit work becomes visible.

Qualifying reviews, calls and coaching activities are timed, attributed and documented as they happen. Month-end becomes an export, not an investigation.

AI-ENABLED

AI reads every stream · surfaces who needs you · drafts the plan · documents the work.
Your clinicians decide.

RUNS WHAT YOU MANAGE — IN PRODUCTION TODAY

CGM + meter — one stream · Type 1 · Type 2 · GLP-1 · weight · Nutrition coaching · Patient app — EN · ES

Bring us your busiest panel.

In 20 minutes, we'll show how MemberCare takes it from last night's readings to prioritized action, coaching, and documented, billable-ready work.

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MEMBERCARE

The Bottom Line

MORE REVENUE · BETTER EXPERIENCE · SAME STAFF

Grow the practice. Not the headcount.

Practice operating costs rose ~11% last year, and support staff already consume about a quarter of revenue (MGMA, 2025) — sustainable growth cannot depend entirely on hiring. Everything on this sheet lands on one of three ledgers instead: more revenue, a better patient experience, and greater patient capacity from the team you already have.

More Revenue

- **The right patients in the right slots** — overnight patterns and slipping trends become justified visits now, not discoveries at the next A1c.
- **Capture eligible between-visit work** — qualifying reviews, calls and coaching activities are timed, attributed and documented as they occur, helping your billing team capture work that might otherwise go unrecorded.
- **Growth from the panel you already have** — more of the right visits, and month-end becomes an export, not an investigation.

A Better Experience

- **They hear from you first** — the 3 AM pattern a patient slept through becomes a caring call from your team. Patients experience proactive care — not a surprise at their next visit.
- **A coach in their pocket** — questions about their numbers, medications, and meals answered kindly from their own readings, any hour, in English or Spanish — physician-supervised.
- **Reminders that close loops** — appointments, glucose checks, and refills land where the patient lives — and your team sees what landed.

More Panel Capacity, Same Team

- **The platform does the reading** — 103,680 readings per patient, per year, read every night. Nobody on your team has to.
- **Mornings start with a short list** — ranked, reasons attached, and quiet about everyone else. No alert flood, no haystack.
- **Documentation builds as care happens** — time, attribution, and evidence captured in the moment. No month-end reconstruction, no new workflow.

QUESTIONS THAT USED TO LIVE IN SOMEONE'S HEAD

"Who ran low overnight — for hours?"	**Surfaced** — by morning, with the trace attached.
"Did last month's dose change work?"	**Answered** — before and after, in days not months.
"Who should we see this month?"	**Ranked** — the whole panel, reasons shown.
"Can we prove the between-visit work?"	**Documented** — timed, attributed, audit-ready.

THE PRACTICAL QUESTIONS — ANSWERED UP FRONT

Your EHR stays the system of record
We assemble the supporting evidence; your existing billing workflow submits the claim.

Weeks, not a software project
Configuration, not code — your team's workflows, not new ones.

Built for the audit
Time, attribution and evidence captured as work occurs — transparent, audit-supporting documentation.

Proof before commitment
A live-platform walkthrough, then a pilot with success measures agreed up front.

AI-ENABLED The platform reads · ranks · drafts · documents. **Your clinicians decide — every time.**

See last night, across your whole panel.

A 20-minute walkthrough on the live platform — not slideware.

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