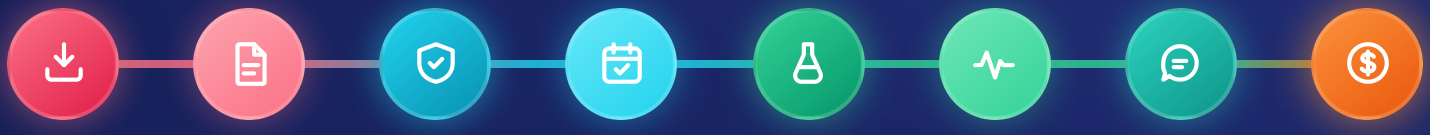
MEMBERCARE

Built for Neurology

THE INFUSION SUITE AND THE DEMENTIA PANEL — ONE PLATFORM

Every infusion, carried.
Every family, supported.

One intelligent platform for safer infusions, a stronger dementia program, and cleaner reimbursement — across both wings of your practice. Anti-amyloid brought oncology-grade complexity — ARIA surveillance, titration, registry-gated coverage — and MemberCare carries it beside every chair in your suite: MS biologics, IVIG, CGRP. Beyond the chair: dementia care management purpose-built for neurology, not a generic template.



Referral — memory clinic · PCP

Eligibility — PET · CSF · APOE · MRI

Coverage — auth · CED registry

Scheduled — infusions · MRIs, one clock

Infused — safety-gated

Watched — ARIA · MRI gates next dose

Supported — patient · caregiver

Counted — eligible work, documented

The MRI gates the dose.

The surveillance scan has to be read before the next infusion goes in. The platform holds the dose until it is — every patient, every cycle, titration ramp included.

The auth letter drafts itself.

Diagnosis criteria, drug facts, and the anticoagulant screen assembled into a payer-ready medical-necessity letter — AI-drafted, verified against the chart, signed by your physician.

One suite, every chair.

Kisunla and Leqembi run beside the rest of your infusion suite — MS biologics, IVIG, CGRP — each on its own protocol clock, with its own gates and its own clean superbill.

The dementia panel becomes billable care.

A care-management program built for dementia — caregivers on the record, respite tracked, staging followed, eligibility screened. Month-end becomes an export, not an investigation.

PROVEN AT SCALE

A 20-physician neurology group runs its dementia panel on MemberCare — **85% of patients enrolled in billable care.**

AI-ENABLED

AI reads the referral · verifies coverage · watches every cycle · drafts the letter. **Your clinicians decide.**

RUNS WHAT YOU DELIVER — IN PRODUCTION TODAY

Kisunla · Leqembi | MS · IVIG · CGRP | ARIA · CED | CCM · PCM · RPM — dementia-built | GUIDE-ready

Bring us both wings of your practice.

In 20 minutes: eligibility to infusion to registry-clean claims — and a dementia panel enrolled, supported, and documented.

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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

- **85% enrolled, in production** — a 20-physician neurology group enrolls 85% of its dementia panel in billable care management — purpose-built, not adapted.
- **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.
- **Denials caught before the claim** — auth gaps and registry markers surface weeks ahead; the superbill assembles clean: J-code units, JW/JZ split.

A Better Experience

- **The caregiver is on the record** — named, included, and supported; respite use tracked month by month, so strain is seen, not guessed.
- **The plan follows the staging** — functional stage and assessment scores live on the chart, so care follows the disease, not the calendar.
- **Support beyond your walls** — community day-care options mapped to the patient's own ZIP; education and check-ins on the protocol clock, family included.

More Panel Capacity, Same Team

- **The platform does the tracking** — imaging windows, titration steps, registry obligations, tier reviews — held by the platform, not in anyone's head.
- **Eligibility screening, built in** — dementia patients identified, screened, and aligned to the program, with status tracked. No spreadsheet census.
- **Documentation builds as care happens** — time, attribution, and evidence captured in the moment; the monthly billing run assembles from it.

QUESTIONS THAT USED TO LIVE IN SOMEONE'S HEAD

"Has the surveillance MRI been read?"	**Gated** — the dose won't advance until it is.
"Are we registry-current on this patient?"	**Checked** — before the claim goes out.
"Which dementia patients qualify?"	**Identified** — screened and aligned, status tracked.
"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 it carry the load.

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

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