

The Partnership



For more than 75 years, Optum Medical Care, P.C. (OMC) has been a leader in providing comprehensive medical care to nearly a million patients through specialty services that few other medical groups can match. Our management team works closely with clients, formulating innovative approaches to accomplish specific goals.

OMC was founded in 1946 under the name Mount Kisco Medical Group, P.C. (MKMG). The name was later changed to CareMount Medical P.C. and now is Optum Medical Care, P.C.

Optum Medical Care, P.C. is affiliated with CareMount Health Solutions (CMHS), a management services organization that owns an independent practice association (IPA). The IPA, Optum IPA of New York, participates in advanced risk-based contracts with Medicare Advantage plans and runs an ACO REACH contract in the tri-state area as well as in other states throughout the nation. Through their predecessors and affiliates, CareMount Health Solutions and Optum IPA of New York have been part of the CMS ACO program Model since 2018.



A Better Way

Health solutions with proven results for:

- Independent Practice Associations (IPAs)
- Multi-specialty Medical Groups
- Physician Management Organizations
- Physicians Employed by Hospitals/Networks
- Primary Care Groups
- Single Specialty Groups and more

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Better Cost, Experience, Outcomes

CMHS is a collaborative management services organization with expertise in helping clients position themselves for the changing health care environment. Our practice management solutions enable physicians, hospitals and system partners to access cutting-edge resources and expertise aimed at improving margins, lowering costs and improving the patient experience.

Our team has earned the credibility and we have the insight into the needs of medical groups and their systems. We have over 75 years of experience with the policy and payer side of insurance. We can build a network development strategy for our clients with the infrastructure needed to effectively coordinate care. Our physician medical group lens delivers incredible impact and a 360-degree view of the health care industry.

We understand the culture necessary to practice in the evolving healthcare landscape.

To be successful in the constantly evolving and highly regulated health care marketplace, you need expert advice and direction. CMHS sets the standard for transformational policies; innovative approaches to delivering and paying for care; and new disruptive technologies. We have the expertise to build consensus among disparate operations and can help align teams to move forward toward the same population health goals. These goals ultimately result in better outcomes and better care coordination for your patients.



Building a Value-Based Strategy

Physician-focused risk contracting and management
Clinical care coordination and quality improvement
Population health data analytics and performance management
Preferred provider network development

Building Better Margins

Claims processing
Billing
Coding
Credentialing
Patient online payment system
Statement processing
Electronic check-in

Building a Better Administration

Provider relations and governance
Patient experience and measurement
Human resources
Facilities management
Compensation management
Information technology

Building a Better Clinical Operation

Maintain excellent clinical care
Prioritize operational challenges
Ensure a culture of consistency
Maintain clinical practice standards
Review systems and processes for patient care delivery
Implement measurable performance standards

Core focus areas

Maximizing healthcare value

Our team works with medical groups and systems of all sizes to develop risk-based contracts, increase the primary care patient base, expand preferred provider contracting, coordinate transitions of care, improve quality scores, reduce expensive clinical variation and recapture service outmigration while boosting in-network referrals.

Our clients gain efficiency, insight and actionable intelligence through technology-enabled workflows, real-time dashboards and practical analytics. The improved margin can be reinvested toward the medical group's mission - be it caring for patients, providers or the greater community.

The administrative team offers management of capital and operating budgets, review of day-to-day operations including scheduling, billing and collections, information technology and data security among other operational services that ensure the business objectives of the practice are met.

CMHS works collaboratively with medical groups to align clinical operations with quality initiatives and standards ensuring reliable, safe operations which meet state and national clinical laws and regulations.

We are driven to make medical groups successful and help them grow.