



# AXIOMeds — Executive Brief

*A wellness-first, virtual-first care model that complements insurance*

## 1) Summary

AXIOMeds is a health benefits membership that solves everyday access, prevention, and continuity. Members receive 24/7 virtual care, a longitudinal Health Coach relationship, and coordinated local services for eligible annuals, vaccinations, routine labs, and minor procedures. AXIOMeds is not insurance and does not pay ER or inpatient claims; instead, it complements traditional insurance placed by licensed brokers. The model is designed to be humane for clinicians, predictable for employers, and clear for members.

## 2) How It Works

- Virtual-first clinical front door for non-emergent urgent concerns, primary touchpoints, chronic follow-ups, preventive counseling, behavioral health check-ins, and medication management (within state scope).
- Hybrid escalation with defined criteria for in-person evaluation, diagnostics, imaging, routine labs, vaccinations, minor procedures, and higher-acuity settings when warranted.
- Closed-loop coordination: referral/authorization IDs, local fulfillment, result ingestion, documentation, and scheduled follow-up with the same clinician whenever feasible.

## 3) Who It's For

- Individuals: uninsured or underinsured; between jobs; students; travelers; rural/remote residents.
- Small/midsize employers: reduce avoidable ER/urgent-care use, improve access and productivity, offer modern benefits to distributed workforces.
- Industries with variable schedules and mobile staff: trucking, construction, manufacturing, retail, services.

## 4) Value Proposition

- Members: faster answers, prevention cadence, and clear local pathways when needed.

- Employers: predictable PMPM, aggregate/de-identified reporting, measurable diversion from urgent/ER use.
- Clinicians: right-sized panels (typically 100–500+ with extenders), continuity, documentation standards, and QA/peer support.

## 5) Clinical Model at a Glance

- Scope: non-emergent urgent care, primary care touchpoints, chronic follow-ups, preventive counseling, behavioral health check-ins, medication management.
- Medication policy: evidence-based optimization and reconciliation; no controlled-substance prescribing in this program.
- Safety: protocolized escalation thresholds; time-boxed episode management; medication interaction checks; loop closure by design.

## 6) Wellness Score (WS): Alignment without Penalty

WS is the year-over-year ratio of days in Member Mode versus Patient Mode for eligible tiers. It activates after a 12-month waiting period, excludes minor self-limited illnesses, and risk-adjusts serious diagnoses. WS never changes dues mid-year; it is used prospectively to tune prevention intensity and recognize clinical stewardship. Affordable tiers (Basic, Preferred) are excluded from WS; Premium (Silver, Gold) and Platinum tiers include WS.

## 7) Practice Paths

Clinicians may deliver care through two structures:

- In-House (employee): Medical Director oversight, internal leads, malpractice coverage, operations support, outcome dashboards.
- External (partner): contract through state-registered entities while maintaining an independent clinic; receive eligible in-person referrals for annuals, vaccines, routine labs, and minor procedures.

## 8) Referral & Remittance (Eligible Local Services)

- Referral & authorization issued with an ID; local service performed; claim submitted with CPT/ICD and notes.
- Program validates eligibility and remits payment for covered services; member responsibilities disclosed up front.
- Results routed back to the clinician for documentation and follow-up to close the loop.

## 9) Outcomes & Employer KPIs

- Access: time-to-first-touch, after-hours responsiveness, virtual diversion from urgent/ER.
- Prevention: annuals, vaccinations, medication adherence, care-gap closure.
- Recovery: time-to-resolution for qualifying episodes; relapse/readmission proxies.
- Experience: NPS/CSAT; retention; complaints resolved within SLA.

## 10) Pricing & Tiers (PMPM Membership)

Multiple tiers allow organizations and individuals to right-size access and prevention: Affordable (Basic, Preferred) and Premium (Silver, Gold) with Platinum at the highest touch. All tiers include virtual-first access; higher tiers expand prevention cadence, coordination, and incentives.

## 11) Compliance & Privacy

- Clinical services delivered under the UniteDoctors PLLC framework with standardized documentation and peer review.
- HIPAA-aligned privacy; role-based access; minimum-necessary sharing; incident escalation within 24 hours.
- Employer reporting is aggregate/de-identified; no individual PHI disclosed without consent.
- Clear lane separation: membership handles access/prevention; insurance for hospital/ER costs is placed via licensed brokers.

## 12) Implementation Roadmap

- Discovery & Pilot (30–60 days): roster, sites, tier mix, KPIs; co-branded communications (email, posters/QR, webinars).
- Go-Live: enrollment flow, virtual-first triage, referral partners activated, outcome dashboards configured.
- Quarterly Review: KPI trends, prevention cadence adjustments, member feedback, renewal planning.

## 13) Why Now

Delayed access, fragmented continuity, and avoidable ER use are costly to people and budgets. AXIOMeds compresses time-to-care, closes gaps, and aligns incentives toward prevention and recovery. It complements existing insurance rather than competing with it, creating clear lanes and measurable value.

## Call to Action

Explore a 30–60 day pilot with KPIs that matter to your organization. Request the full White Paper, the two-page overview, or a live walkthrough of the clinical workflows and dashboards.

Disclosure: AXIOMeds is a wellness-first membership and not insurance. Separate insurance products are issued by carriers and governed by their terms. For medical emergencies, call 911.