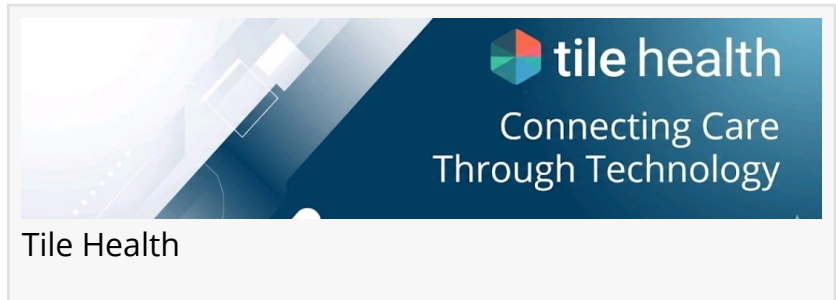


Tile Health Analysis Reveals CCM Billing Could Generate Over \$1 Million Annually for Mid-Size Primary Care Practices

AI voice agents automate patient enrollment, monthly check-ins, and billing for CCM and APCM — helping practices capture Medicare revenue without adding staff.



BETHESDA, MD, UNITED STATES, March 9, 2026 /EINPresswire.com/ -- The

revenue potential of Medicare's [Chronic Care Management](#) program is more significant than most primary care practices recognize, according to a new financial analysis published by Tile Health. Despite compelling reimbursement figures, the majority of eligible practices have yet to enroll a single patient.

“

Our platform removes every operational barrier between a practice and that revenue; the AI handles the calls, documentation, and reports. Everything else runs automatically.”

Ali Elmarsafawy, CEO, Tile Health

The core financial premise is straightforward. Medicare pays a monthly recurring fee for each enrolled patient who receives the required care management contact. Unlike visit-based revenue, which requires an in-person appointment, CCM generates payment for every month of active enrollment -- even months when no office visit occurs. For practices with large Medicare populations, that recurring monthly revenue base can become a significant and predictable income stream.

REVENUE PROJECTIONS BY PRACTICE SIZE

The following projections are based on national average 2025 reimbursement rates for CPT 99490 (\$60.49) and the first add-on code CPT 99439 (\$45.93). A patient generating 40 minutes of monthly contact produces approximately \$106 in combined CCM revenue. These figures are pre-cost; operational expenses vary by staffing model.

100 enrolled patients generate approximately \$10,600 per month, \$127,200 annually, and \$195,000 or more per year with an RPM stack. 250 enrolled patients generate approximately \$26,500 per month, \$318,000 annually, and \$487,500 or more per year with an RPM stack. 500

enrolled patients generate approximately \$53,000 per month, \$636,000 annually, and \$975,000 or more per year with an RPM stack. 750 enrolled patients generate approximately \$79,500 per month, \$954,000 annually, and \$1.46 million or more per year with an RPM stack.

Projections are based on 2025 national average CPT 99490 and CPT 99439 reimbursement rates. RPM stack assumes approximately \$55 per patient per month in concurrent billing.

THE ENROLLMENT RATE VARIABLE

These projections assume full enrollment of the stated patient count. In practice, enrollment rates vary. Industry data suggests that well-run CCM programs with active outreach achieve 30 to 50 percent enrollment of eligible patients within the first year. A practice with 500 eligible patients achieving 40 percent enrollment would have 200 enrolled patients -- generating approximately \$254,400 annually from CCM alone before stacking.

The enrollment rate is the single variable with the highest leverage on CCM revenue. A 10 percentage point improvement in enrollment -- from 30 percent to 40 percent of eligible patients -- increases annual revenue by roughly \$127,200 for a practice with 500 eligible patients. Patient outreach and enrollment automation are therefore the highest-value investments a practice can make once a CCM program is underway.

THE COST SIDE OF THE EQUATION

Revenue projections are only meaningful alongside a realistic cost estimate. Three staffing models carry materially different cost structures.

In-house dedicated staff: An RN care coordinator dedicated to CCM earns a national median salary of approximately \$77,000 per year. At the standard 1:250 patient ratio, a practice with 250 enrolled patients can sustain one FTE, with the remaining CCM revenue -- approximately \$241,000 annually -- flowing as margin. At 100 enrolled patients, in-house staffing is not financially viable on CCM revenue alone.

Outsourced CCM services: Full-service vendors typically charge 30 to 45 percent of collected CCM revenue or a per-patient monthly fee of \$20 to \$35. At the mid-range, a practice collecting \$106 per enrolled patient per month might pay \$35 to the vendor, retaining \$71 in net revenue. For 250 patients, that represents approximately \$213,000 in annual net revenue with zero internal staffing cost.

AI-automated platforms: Platforms that deploy AI voice agents for outreach, check-ins, and documentation -- such as <https://www.tilehealthcare.com> -- typically charge flat per-patient fees or platform fees that represent a fraction of collected CCM revenue. This cost structure enables practices to run programs at smaller panel sizes of 100 or more patients without the revenue dilution of full-service outsourcing or the headcount requirements of in-house staffing.

Ali Elmarsafawy

Tile Health

+1 281-404-5981

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