

SESSION SYNTHESIS · PROJECT HANDOFF · LOCKED FIRST

Protect the PCP loop. Harvest 99493. Never split CoCM collections with the psychiatrist.

Carry this Letter into the Linear project. Product version 2.11-mix. The treating PCP (or independently billing NP/PA) captures the claim. The psychiatric consultant enables it and is paid fair-market hourly. On the default book the scarce input is protected inbox time, not another consultant hour. *Labels: transcript = this chat; sourced = product registry or cited paper; inferred = engine math.*

Decision in one sentence

Do not relitigate who bills. Open inbox if n* is stuck. Choose mix with the Mix LP tab — refuse 99492-as-a-lifestyle even when per-head allowed is higher. Paste FMV before calling collections a margin.

TABLE 1. Locked this session (abridged)

Item	Decision	Label
Who bills	Treating PCP / NP / PA NPI. Consultant NPI is a hard block.	transcript
Clock	BHCM minutes only. PCP E/M never counts. Consultant is not a second clock.	transcript
Loop SLA	Product standard ≈ 72 hours. Not a CPT threshold.	transcript
Floors	70 / 60 / 30 operational. WPS midpoint not imported.	transcript
\$/BHCM-min	99493 > 99492 > 99494 > G2214 (2.31 / 2.19 / 1.96 / 1.93).	inferred
Per-head, n capped	99492 \$153.19 > 99493 \$138.71 — and 99492 is month 1 only.	inferred
99494	Leftover on a capped book. Never stacked on G2214.	transcript
Unpriced mix	Medicaid / commercial burn triad time at \$0 computed allowed here.	transcript
Coworker pay	FMV hourly. Shapley 1/3 is attribution, not payroll (AKS).	transcript
Default binder	PCP inbox. n* ≈ 50 on one 60-min block / week.	inferred

Item	Decision	Label
Top lever	+15 min inbox / PCP / week. Consultant +1 h = \$0 until inbox opens.	inferred
Gross return	Layer 3 collections. Contribution withheld until labor is pasted.	transcript
Mix LP	Steady grid $g \leq 15\%$, $s = 0$. Unconstrained $g = 40\%$ refused.	transcript
NP/PA	Independent 85% of physician WI PFS. Incident-to not modeled.	transcript
PDF / PHI	No PDF/A/X/UA. De-identified. Not CME.	transcript

WI PFS physician rows (computed allowed, not a receipt; effective 2026-01-01, product registry):
 99492 \$153.19 · 99493 \$138.71 · 99494 \$58.72 · G2214 \$58.01. Collection 80% and denial 8% are
 labeled assumptions, not pasted contracts.

SESSION ARC · LIVE CLUSTERS ONLY

What was asked — from skill summaries to a Finance project.

The thread opened on ACCME / CME / orchestrator / workstation skills, then, at user direction, became a PCP-first Collaborative Care engine, an AIMS and value-based exhibit, an audit of earnest logic, a PCP × consultant billing matrix, a four-layer gross-return stack, a combined Finance chapter, and a mix linear program. Cluster C (owned fleet) did not fire. Cluster E (DEA / TMB) is omitted.

TABLE 2. User turns that shaped the product

Turn	Ask	What shipped
1–3	Summarize then build CME / orchestrator / workstation.	Studio workbench preserved; not this Letter's majority.
4–5	CoCM revenue engine; engine for PCPs.	PCP Engine: enroll, scripts, huddle, load, drill.
6	Session PDF + CoCM for PCPs, AIMS, VBC.	AIMS chapter + 27 Aug brief.
7	Reevaluate earnest code and assumptions.	G2214+99494 block; 72 h unified; item-9 overlay; BHCM-only clock.
8	Matrix × PCP × consultant; optimize; math.	Dyad LP, \$/min, Shapley-as-attribution, shadow prices.
9	Further enhance.	Inbox constraint; unpriced mix; levers / tornado / week; Sync Load.
10	enterprise-search + session PDF.	6 Sep Letter. Unread items labeled, not invented.
11	Deep dives: finances and gross returns.	Four-layer stack; 12-month ramp; break-even withhold.
12	Combine.	Matrix + Returns → one Finance chapter.
13	Explore LP mix optimization.	Mix LP tab; strategy table; (g, s) grid; 99492-lifestyle refused.
14	Package this chat into a project.	This Letter + markdown brief + Linear project.

Clusters included

- **D — CoCM / revenue.** PCP jobs, AIMS components, Finance LP, coworker FMV, mix strategies. Majority.
- **F — Skill catalog / export.** Orchestrator: this synthesis → professional-pdf-design. skill-creator is a bundled platform tool, not an NEH Implemented name.
- **A — Education (light).** Designed hours ≠ awarded CME. Simulation pack = OSCE / ops.

Omitted on purpose

No Path C / Threadripper BOM. No TMB file. No org-GitHub push. No scorecard cell values — native xlsx remains unread unless converted.

CLUSTER D · PCP FIRST

The PCP keeps the patient. The consultant does not become the treating psychiatrist.

User constraint: primary-care physicians interact with the codes differently. Explain CoCM with the PCP role first. Define a well-run model as AIMS (University of Washington) defines it. Then place the model in value-based care. The product trains treating clinicians, not a referral desk.

Six PCP jobs

- Keep the patient — this is not a hand-off to psychiatry.
- Identify (PHQ-9 / GAD-7 / item 9) and consent.
- Let the BHCM run the month on a registry.
- Take consultant advice as recommendations to the PCP, not orders around the PCP.
- Implement or explicitly decline; close the loop in about 72 hours.
- Bill a true month under the treating NPI. NP/PA independent = 85% of the physician WI PFS row.

AIMS well-run components remain the fidelity backbone: team, registry, systematic caseload review, measurement-based care, treat-to-target, and accountability. Value-based / shared-savings dollars are **not** in the Layer 1–4 stack. No term sheet was pasted this session.

Audit that changed the engine (turn 7)

- G2214 never stacks with 99492 / 99493 / 99494 in the same month.
- Loop copy unified at 72 hours (was mixed 48 / 72).
- Item 9 = 1 is an overlay (same-day ping), not a crisis hold; ≥ 2 is safety-first.
- Time clock is BHCM activity only.
- Midpoint language removed from huddle copy; product floors vs MAC midpoint labeled.
- Specialty-psych boolean softened: do not dual-treat the same condition — not an automatic no for every psychiatrist in the chart.

CLUSTER D · FINANCE IDENTITY

Collections are the gross return. Allowed is not cash. Mix is a decision.

Turns 11–13 combined the coworker matrix and the returns deep-dive into one Finance chapter, then opened mix as a linear program. Status-quo optimized Dyad still maxes census given exogenous shares. Mix LP chooses the shares.

TABLE 3. Four layers

Layer	Name	Default book
1	WI PFS allowed on the priced share	≈ \$6,641 / month
2	After denial (8% labeled assumption)	≈ \$6,110
3	Gross collections (practice return)	≈ \$4,887
4	Contribution after pasted labor	Withheld — FMV not pasted

Default book: 1 BHCM FTE, 1 PCP, 60-minute protected inbox, 80% collection, 8% denial, 0% unpriced. Binder = PCP loop. $n^* \approx 50$. Twelve-month Layer 3 ≈ \$43,105 with 8% monthly churn (heuristic, not CMS). Not a receipt.

TABLE 4. Mix strategies on the default (PCP-bound) book

Strategy	Layer 3	Note
Status quo (15% 99492 / 10% G2214)	\$4,887	Old LP: mix fixed, max n
Harvest (5% / 0% short)	\$5,131	Closed panel
Steady grid ($g \leq 15\%$, $s = 0$)	\$5,184	Applied optimum
Growth 40% 99492	Higher \$	Ramp only — not a lifestyle
Access G2214-heavy	Loses vs harvest	Trap if the objective is Layer 3
Unconstrained $g = 40\%$	Refused	99492-as-a-lifestyle

When BHCM minutes bind (inbox opened, caseload 200, consultant 80 h): harvest $n \approx 120$ and \$12.3k; access $n \approx 150$ and \$11.8k. More patients, less return. KKT: the shadow price sits on the binder.

Program (physician WI PFS, priced share)

$\max (1-d) \cdot k \cdot (153.19 x_{92} + 138.71 x_{93} + 58.01 x_G + 58.72 x_{94})$ s.t. $70 x_{92} + 60 x_{93} + 30 x_G + 30 x_{94} \leq \text{BHCM min}$; $x_{92} + x_{93} + x_G \leq \min(\text{PCP, consultant, caseload})$; $x_{94} \leq \text{addOnCap} \cdot (x_{92} + x_{93})$; $x_{92} \geq g_{\min} \cdot N$ (month 1 only); $x_G =$ honest shorts.

PROJECT MAP · WHERE TO RESUME

Open PCP Engine → Finance. Paste labor before talking margin.

TABLE 5. Source files

File	Owns
pcp-engine.ts	Enroll, capacity, jobs, AIMS, LOGIC_ASSUMPTIONS, quiz
dyad-matrix.ts	n*, resource caps, shadow prices, FMV, coworker law
returns-engine.ts	Layers 1–4, 12-month ramp, break-even withhold
mix-lp.ts	Strategies, (g, s) grid, steady vs unconstrained
data.ts	WI PFS rows · META 2.11-mix
clinic-guidebook.tsx	PCP Engine shell; Finance chapter
dyad-matrix-panel.tsx	Inner tabs: Roles Yield Mix Optimize Stack Ramp Levers Week
mix-panel.tsx / returns-panel.tsx	Mix grid UI · waterfall / ramp panes

How to continue in a new chat

- Sync Load into Finance if staffing changed.
- Paste FMV and BHCM cost on Optimize before Layer 4.
- Use Mix LP before changing 99492 / G2214 shares by gut.
- Do not invent WI Medicaid or commercial rows. Paste them or leave unpriced.
- Do not starve the 72-hour loop or caseload review to raise gross — those months are not CoCM.
- Carry the markdown brief at
artifacts/NEH_CoCM_PCP_Finance_Project_Brief_20260908.md.

Skills routed: skill-orchestrator → cocm-revenue-optimization-engine → value-based-cocm-shared-savings-playbook (exhibit only) → neh-session-synthesis-pdf v1.1.0 → professional-pdf-design. enterprise-search on 6 Sep labeled empty-or-unread items; not re-used as a cell source on 8 Sep.

OPEN ITEMS · CITE-OR-REFUSE · PROVENANCE

Paste fees. Do not scrape them. Do not call this CME.

TABLE 6. Open, with owners

Item	Owner	Why open
WPS midpoint vs 70/60/30 floors	User / counsel	Noridian JE publishes 36/31/16; WPS not pasted.
WI Medicaid 99492/93/G2214	User	Unpriced. Still burns triad time.
Commercial / MA schedule	User	Same. Do not invent.
Consultant FMV	User / counsel	\$0 until pasted. No scraped WI market rate.
BHCM loaded monthly cost	User	Same.
Shared-savings term sheet	User	VBC dollars not in Layer 1–4.
PCP-vs-consultant scorecard.xlsx	User	Source unread (binary). Convert to Sheet first.
Incident-to 100% NP/PA	User / counsel	Explicitly not modeled.
FQHC/RHC / APCM packaging	User	Separate MAC confirmation.

Rejected (do not reopen without new evidence)

- Consultant NPI on the CoCM claim; percent-of-collections coworker pay.
- PCP E/M minutes in the CoCM clock; G2214 stacked with 99492/93/94.
- Computed allowed as a receipt; collections as margin with labor unpasted.
- 99494 as a growth product; G2214 as panel-building revenue.
- 99492 as a steady mix; invented Medicaid / commercial alloweds.
- Simulation pack as CME; PDF/A, PDF/X, or PDF/UA claims.

Cite-or-refuse — still refused

- WI Medicaid max-fee rows, commercial / MA alloweds, WI psychiatrist FMV — not pasted.
- WPS midpoint memo — not pasted.
- Shared-savings dollars — no term sheet.
- ACCME fees / credit — this pack is not CME.

- PDF/UA or PDF/A conformance — not run through Acrobat/veraPDF this turn.
- Unread Office-binary scorecard cells.

Provenance: Grok session ending 8 Sep 2026. Product META 2.11-mix. WI PFS rows from the in-app registry (as-of 30 Jul 2026, carrier 06302, locality 00, nonfacility, non-QP). IMPACT / Cochrane citations live in the AIMS chapter and are not re-opened here. Design: navy #0B1F3A, gold #C4A35A, cream, 1.5" margins, 11 / 16.5 body, /Lang=en-US. Visual WCAG AA targeted. Tagging is a manual Acrobat/veraPDF step. No PHI.