

Internal Process Overview

Precision Healthcare Technology



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Process

Patient Engagement starts with the Patient initiating an e-visit when they complete the form below. This form is made available to all Patients in the Practice Group and can be used any time the Patient wants to use it.

By completing this assessment, I agree to share this information with my provider and agree to an e-visit if necessary.

Health Risks

1 Physical Activity
In the past 7 days, how many days did you exercise? days
Select Physical Activity

2 Tobacco Use
In the last 30 days, have you used tobacco in any form?
Select Tobacco Use

3 Alcohol Use
In the past 7 days, how many drinks have you had that contain alcohol?
Select Alcohol Use

4 Seat Belt Use
Do you always fasten your seat belt when you are in a car? Y/N
Select Seat Belt Use

5 Life satisfaction
In the past 2 weeks, how often have you felt down, depressed, or hopeless?
 Almost all of the time

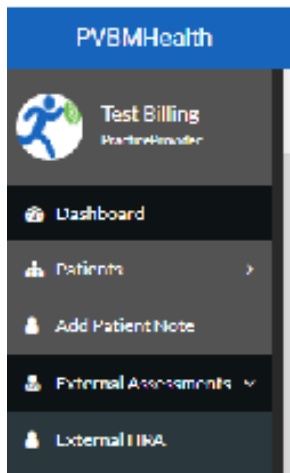
Biometric Measures— Self-Reported

11 Blood Pressure
If your blood pressure was checked within the past year, what was it when it was last checked?
 Low or normal (at or below 120/80)
 Borderline high (120/80 to 139/89)
 High (140/90 or higher)
 Don't know/not sure

12 Cholesterol
If your cholesterol was checked within the past year, what was your total cholesterol when it was last checked?
 Desirable (below 200)
 Borderline high (200-239)
 High (240 or higher)
 Don't know/not sure

13 Blood Glucose
If your glucose was checked, what was your fasting blood glucose (blood sugar) level the last time it was checked?
 Desirable (below 100)

After logging into the application as a Provider or Service Provider you can see all inquiries from the Patient engagement listed on the side panel under External Assessments and External HRA. There may be other forms that come back this way and any available for the Group would be available here to be seen.



Click on External HRA to view the HRA inquiries

Sr.No	Patient Name	Email Id	Date of Birth	Gender	Address	Create Date	Action
1	Test BillTest	ray@precisionvbm.com	01/01/1970	Male	...	01/22/2024	Make to Patient View PDF

View a PDF of the HRA Inquiry by clicking on View PDF. Here you will see a score and also each item will be coded in red, yellow or green. This is a view of the submission by the Patient.

Patient Information			
Patient Name : Test BillTest	Address 1 :		
System PID :	City :		
Email Id : ray@precisionbmn.com	State :		
Date of Birth : 01/01/1970	Zipcode :		
Submitted By : Self	Gender : Male		
Health Risk			
By completing this assessment, I agree to share this information with my provider and the agree to an e-visit if necessary.			
Health Score :36			
Health Risk: Elevated Health Risk			
Health Risk	Risk Level	Answer	Description
Physical Activity	Medium	2	Physical activity can be defined as any movement of the body that requires energy expenditure. This includes any motion you do through the day excluding sitting still or lying down.
Tobacco Use	High	Yes	Tobacco use may be defined as any use of the tobacco plant leaf and its products.
Alcohol Use	Medium	4	Alcohol use disorder is a pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems.
Seat Belt Use	Low	Yes	A seat belt is a vehicle safety device designed to secure the driver or a passenger of a vehicle against harmful movement that may result during a collision or a sudden stop.
Life Satisfaction	Medium	Some of the time	Life satisfaction is the way in which people show their emotions, feelings and how they feel about their directions and options for the future.
Anxiety	Medium	Some of the time	Anxiety is a normal and often healthy emotion. However, when a person regularly feels disproportionate levels of anxiety, it might become a medical issue.
Stress	High	Always	Stress is the body's reaction to any change that requires an adjustment or response. The body reacts to these changes with physical, mental, and emotional responses. Stress is a normal part of life. You can experience stress from your environment, your body, and your thoughts.
Pain	High	A lot	A pain scale is one way for you to measure your pain so that doctors can help plan how best to manage it.
Perception of General Health	High	Fair	Perception of general health refers to the perception of a person's health in general. Health means not only the absence of disease or injury but also physical, mental and social well being.
Sleep	Low	8	Getting enough sleep is important, but good sleep quality is also essential. Signs of poor sleep quality include feeling sleepy or tired even after getting enough sleep, repeatedly waking up during the night, and having symptoms of a sleep disorder (such as snoring or gasping for air). Better sleep habits may improve the quality of your sleep. If you have symptoms of a sleep disorder, such as snoring or being very sleepy during the day after a full night's sleep, make sure to tell your doctor.

Click on Move to Patient to assign the HRA inquiry to a Specific patient. Here you must Assign to a Practice Group as there may be more than one that is part of the Organization.

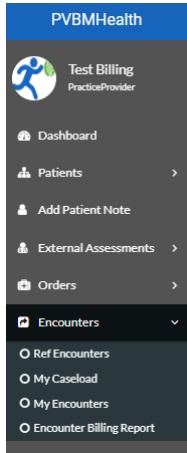
The screenshot shows the 'External HRA' interface. At the top, there is a table with columns: Sr.No, Patient Name, Email Id, Date of Birth, Gender, Address, Create Date, and Action. The first row contains: 1, Test BillTest, ray@precisionbmn.com, 01/01/1970, Male, and 01/22/2024. Below the table is a 'Move to Patient' dialog box. It has two main sections: 'Select Organization' and 'Assign Practice Group(s)'. The 'Select Organization' section has a dropdown menu with 'PVBMI Demo' selected. The 'Assign Practice Group(s)' section has a dropdown menu with 'PVBMI-HDRGROUP-16' selected. There are also input fields for 'First Name', 'Middle Name', 'Last Name', 'Date of Birth', 'Address', 'City', 'State', and 'Zip code'. At the bottom of the dialog, there is a 'Submit' button.

Upon assignment you will see a confirmation

The screenshot shows a confirmation dialog box with a white background and a blue border. It contains the text 'Data Updated Successfully' in the center. Below the text is a blue button with the text 'OK' in white.

ENCOUNTER

To view and complete the review and encounter click on Encounters and then My Encounters



You will see a listing of these encounters in Draft and here you can EDIT Draft or Remove Draft. We will Edit Draft

Actions	Seq No	MBN	Encounter Id	Patient Name	Date of Birth	Contact No	Visit	Type Of Contact	Date of Encounter	Start Time	End Time	Duration	CPT Code	Status
Edit Draft Remove Draft	1			Test BillTest	01/01/1970									Draft

When you click on Edit Draft you will then see a new Page load where you can see the Patient HRA enquiry under encounter notes and Assessment. You should click on that to view the Patient HRA that they submitted

Patient Details

Address: City, State, Zip code, Contact No, Group Id, Self / Guarantor, Mobile No, Member ID, Contact Mobile No, Contact Email Id, Email, Preferred language

Authorized Contact: First Name, Last Name, Phone No, Email Id, Relation, Passcode, Authorized to share PHI, Authorized for Emergency Contact, Special Instructions

Escalation Contact: First Name, Last Name, Email Id, Phone No

Buttons: [Send Escalation Email](#), [Send Visit Email](#), [Send Appointment \(Mail\)](#), [Patient Email History](#), [Save Authorized and Escalation Contact](#)

Reports, Documents, Encounter Note & Assessments: TestBillTest-944557-969949-health_risk.pdf, Submitted By: Test Billing On: 01/22/2024

Take note of the Score and Level of Risk

Patient Information			
Patient Name :Test BillTest	Address1 :		
System PID :	City :		
Email Id : ray@precisionvbm.com	State :		
Date of Birth : 01/01/1970	Zipcode :		
Submitted By : Self	Gender : Male		
Health Risk			
By completing this assessment, I agree to share this information with my provider and the agree to an e-visit if necessary.			
Health Score :36			
Health Risk: Elevated Health Risk			
Health Risk	Risk Level	Answer	Description
Physical Activity	Medium	2	Physical activity can be defined as any movement of the body that requires energy expenditure. This includes any motion you do through the day excluding sitting still or lying down.
Tobacco Use	High	Yes	Tobacco use may be defined as any use of the tobacco plant leaf and its products
Alcohol Use	Medium	4	Alcohol use disorder is a pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems.
Seat Belt Use	Low	Yes	A seat belt is a vehicle safety device designed to secure the driver or a passenger of a vehicle against harmful movement that may result during a collision or a sudden stop.
Life Satisfaction	Medium	Some of the time	Life satisfaction is the way in which people show their emotions, feelings and how they feel about their directions and options for the future.
Anxiety	Medium	Some of the time	Anxiety is a normal and often healthy emotion. However, when a person regularly feels disproportionate levels of anxiety, it might become a medical issue.
Stress	High	Always	Stress is the bodys reaction to any change that requires an adjustment or response. The body reacts to these changes with physical, mental, and emotional responses. Stress is a normal part of life. You can experience stress from yours environment, your body, and your thoughts.
Pain	High	A lot	A pain scale is one way for you to measure your pain so that doctors can help plan how best to manage it.
Perception of General Health	High	Fair	Perception of general health refers to the perception of a persons health in general. Health means not only the absence of disease or injury but also physical, mental and social well being.
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Scroll down to the Encounter Section towards the bottom

The screenshot shows the PIVM Health interface with a sidebar on the left containing navigation options like Dashboard, Patients, Orders, Encounters, and Assessments. The main content area displays a list of assessments for a patient, including Vital Signs, Medical History, SOAP Notes, and Health Risk Calculator (highlighted in green). At the bottom right, there are buttons for 'Back', 'Save as Draft', and 'Submit Encounter'.

Open the Encounter Section

Complete the sections marked with an asterisk

Type of Contact: E-Visit

Visit: E-Visit

CPT Code: Select based on Level of Risk (Rule of thumb which can be assign although all could be one code depending on accumulated time (High 99423, Medium 99422, Low 99421))

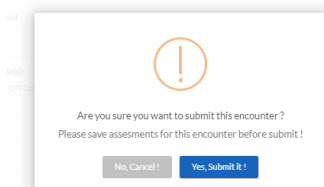
Status: Complete

Date: Date of Review

Start Time: Time of review

Duration: 10-15 Low, 16-20 Medium, High 21+ (Rule of thumb which can be assign although all could be one code depending on accumulated time (High 99423, Medium 99422, Low 99421))

Click on Submit Encounter



Review Encounter

Click on Completed Encounters here you can view as well as other functions including creating a new encounter and Edit the exiting encounter.

Actions	Sr.No	MRN	Encounter Id	Patient Name	Date of Birth	Contact No	Visit	Type Of Contact	Date of Encounter	Start Time	End Time	Duration	CPT Code	Status	Service By
<input type="checkbox"/>	1		ENC1136716954	Test BillTest	01/01/1970		E-Visit (online digital evaluation and management service)	E-Visit	01/22/2024	7:30 AM	7:51 AM	21 Mins	99423	Complete	Test Billing
<input type="checkbox"/>	2		ENC1551342130	rayvirest rayvirest	01/01/1980		E-Visit (online digital evaluation and management service)	E-Visit	01/13/2024	2:17 PM	2:36 PM	19 Mins	99422	Complete	EVISIT TEST
<input type="checkbox"/>	3		ENC6891716124	zhilipad zoprupdts	01/01/1976		E-Visit (online digital evaluation and management service)	E-Visit	01/13/2024	3:15 PM	3:30 PM	15 Mins	99422	Complete	EVISIT TEST

Here we will Send to Bill. You can select one at a time by checking on the check box as there is a box at the top of the column where you can check all that have NOT been submitted to bill.

Encounters Completed Encounters

From* To*

Send to bill Export to Excel Sync Assessments

Show 10 entries

Actions	<input type="checkbox"/>	Sr.No	MRN	Encounter Id	Patient Name	Date of Birth	Contact No
Edit New Encounter View Delete Send E-Visit Email Patient Email History	<input checked="" type="checkbox"/>	1		ENC1136716954	Test BillTest	01/01/1970	

Encounters Completed Encounters

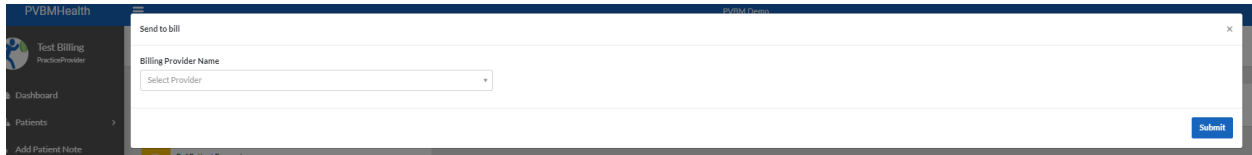
From*

Send to bill Export to Excel Sync Assessments

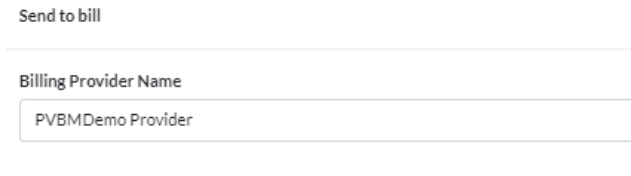
Show 10 entries

Actions	<input type="checkbox"/>	Sr.No	MRN
Edit New Encounter View Delete Send E-Visit Email Patient Email History	<input checked="" type="checkbox"/>	1	
Edit New Encounter View Send E-Visit Email Patient Email History	<input type="checkbox"/>	2	
Edit New Encounter View Delete Send E-Visit Email Patient Email History	<input checked="" type="checkbox"/>	3	
Edit New Encounter View Delete Send E-Visit Email Patient Email History	<input checked="" type="checkbox"/>	4	

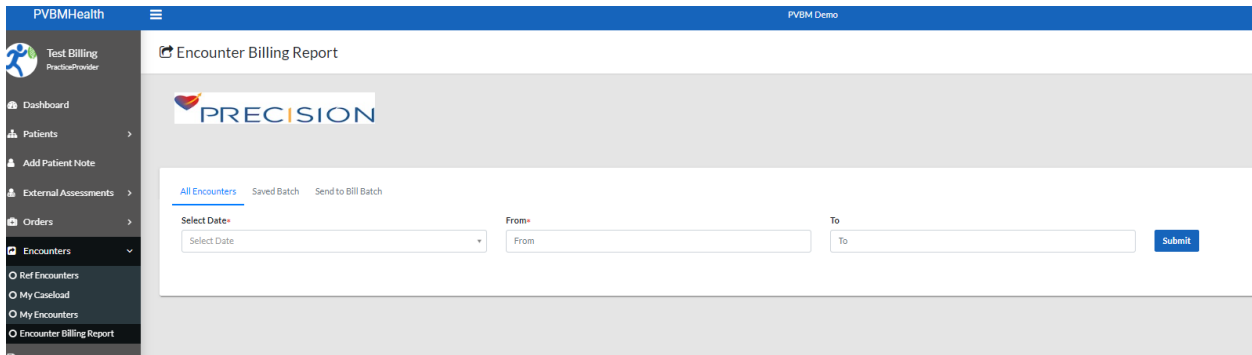
You must select a Billing Provider Name form the drop-down list and then click on Submit



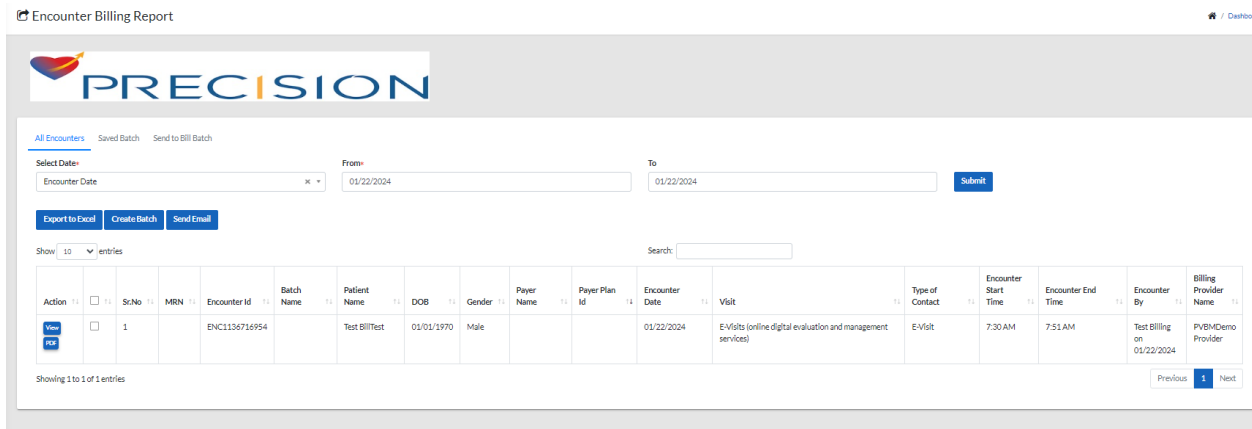
Select a Billing Provider Name form the drop down list and then click on Submit



Click on Encounter billing Report from the LEFT menu



Enter a Date Range to get a list of Completed Encounters that have been sent to bill



Click on the top selection box to select all

All Encounters Saved Batch Send to Bill Batch

Select Date* x From*

[Export to Excel](#) [Create Batch](#) [Send Email](#)


Show entries

Action	<input checked="" type="checkbox"/>	Sr.No	MRN	Encounter Id	Batch Name	Patient Name
View PDF	<input checked="" type="checkbox"/>	1		ENC1136716954		Test BillTe

Showing 1 to 1 of 1 entries

Click on the individual lines to select one at a time. You can also View the Encounter in Screen or also View the PDF of the Encounter

Encounter Billing Report



All Encounters Saved Batch Send to Bill Batch

Select Date* x From*

[Export to Excel](#) [Create Batch](#) [Send Email](#)

Show entries

Action	<input type="checkbox"/>	Sr.No	MRN	Encounter Id	Batch Name	Patient Name	DOB	Gender	Paye Nam
View PDF	<input checked="" type="checkbox"/>	1		ENC1136716954		Test BillTest	01/01/1970	Male	

Showing 1 to 1 of 1 entries

CREATE BATCHES

You will then be able to create a batch where you can select to add to existing or add to a New Batch. If you save it then you can go back to complete the steps and add more encounters to an existing Saved Batch

The screenshot shows the 'Create Batch' window with a table containing one entry:

Sr.No	MRN	Encounter Id	Patient Name	DOB	Gender	Payer Name	Payer Plan Id	Encounter Date	Visit	Type of Contact	Encounter Start Time	Encounter End Time	Encounter By
1	944587	ENC1136716954	Test BillTest	01/01/1970	Male			01/22/2024	E-Visits (online digital evaluation and management services)	E-Visit	7:30 AM	7:51 AM	Test Billing on 01/22/2024

Here we will add a New Batch. Name the Batch and Click on Send to Bill.

The screenshot shows the 'Create Batch' window with the 'Add New Batch' field filled with 'Test Batch 1.22.24'.

You will then be able to view the Send to Bill Batches

Encounter Billing Report

The screenshot shows the 'Send to Bill Batch' report with the following table:

Sr.No	Batch Name	Actions
1	Test Batch 1.22.24	Export to Excel

You will get a list of all encounters in the batch and also Export to Excell

Encounter Billing Report

The screenshot shows the 'Send to Bill Batch' report with a detailed table of encounters:

Sr No	Patient Name	Encounter Id	Encounter Date
1	Test BillTest	ENC1136716954	01/22/2024

When you export to Excel you will get a list of all items. This is a super bill, and each row is an encounter. This is the basis for the reports that go out to Practice Group for billing purposes.


This CSV file can be used to Map to any billing system that allows for import and mapping of CSV for charge entry

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
System Pk MRN	Encounter Patient Fir	Patient MI Patient La	Gender	DOB	Address1	Address2	City	State	Zipcode	Payer Nam	Member Id	Group Id	Email Id	Contact N	Problems	Diagnosis	Encounter	Encounter	Encounter	Encounter	CPT Code	Visit	Type of Co	Modifier			
944587	ENC11367	Test	BillTest	Male	01/01/1970								ray@precisionvbm.com				01/22/2024	7:30 AM	7:51 AM	21 Min	99423	E-Visits	(o-E-Visit				

Column AL has a link to the Encounter PDF

AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
Type of Contact	Modifier	Subjective	Objective	Assessment/Diagnosis	Plan	Assessments	Encounter By	Encounter Submitted Date	Submitted to Bill	Batch	Encounter Link	
Visit				Health Risk(36)	Test Billing		01/22/2024		Submitted	Yes	https://pvbhealth.com/encounter_combined_pdf/dWdmZTbVUFVUjdRcFJuaW80cHfSNHkzSHRBMzYUGNHUyYR6IG5W5NNDD=	Z13.89

You can view the Encounter PDF by using that link in a browser and it will pull up the Encounter information as a PDF that can then be added to any other EHR.



Address : 123 Main Street
City : Any Town
State : NY
Zipcode : 10026

Organization : PVBM Demo
Email Id : PVBMDEMO@pvbhealth.com

Patient Information

<p>Patient Name : Test BillTest</p> <p>MRN :</p> <p>System PID : 944587</p> <p>Email Id : ray@precisionvbm.com</p> <p>Contact No :</p> <p>Date of Birth : 01/01/1970</p> <p>Gender : Male</p>	<p>Address :</p> <p>City :</p> <p>State :</p> <p>Zipcode :</p>
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Note

<p>Date : 01/22/2024</p> <p>Reason for Visit :</p> <p>Visit : E-Visit (online digital evaluation and management services)</p> <p>Type of Contact : E-Visit</p> <p>Modifier :</p> <p>Note :</p> <p>Duration of Encounter :</p> <p>Start Time : 7:30 AM</p> <p>End Time : 7:51 AM</p> <p>Total Time : 0 Hours 21 Min</p> <p>Goal :</p> <p>Objective :</p> <p>Method :</p> <p>Service By : Test Billing On 01/22/2024</p> <p>Billing provider Name : PVBM Demo Provider</p> <p>Encounter Uploaded Scan Documents :</p>	<p>Recommendation to Plan :</p> <p>Subjective :</p> <p>Objective :</p> <p>Patient Note :</p> <p>Assessment/Diagnosis :</p> <p>Problems :</p> <p>Medications :</p> <p>Diagnosis :</p> <p>COVID-19 Validator :</p> <p>CPT Code : 99423</p> <p>ICD10 : Z13.89</p> <p><input type="checkbox"/> Content Provided for Phone Encounter</p> <p><input type="checkbox"/> Patient Uploaded Scan Documents</p>
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Assessments

Health Risk

Health Score - 36

Health Risk: Treatment Health Risk

Health Risk	Risk Level	Answer	Description
Physical Activity	Medium	2	Physical activity can be defined as any movement of the body that requires energy expenditure. This includes any motion you do through the day excluding sitting still or lying down.
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