

From Introduction to Contract Signup & Launch in One Lesson

Let's Make This Super Simple!

Please see the explainer website here for itemized sales steps & support

The Introduction – You cannot explain something that your market target (hospital, organization, provider group) doesn't know exists. **IF** you must try and speak it, **here's what you say or email.**
Found in Lesson 2

“Every time you submit a claim, the algorithms within CMS and other payers are looking to see if you acted on the new medical necessities revealed from your last encounter, costing you very significant revenue on missed mandated services.

This data is not accessible via your EMR, only with Precision. Since 2007 Precision Healthcare Technology has collaborated to architect and build these value-based measurement and grading systems and knows exactly what they are looking for. We will do all the work for you!

Most providers are missing out on between \$200,000 & \$350,000! Want to find out what you are missing? It's FREE!

Precision can get this compliance-based revenue for you with no upfront or out of pocket cost, and without you changing anything about how you operate today! Always FREE to ACOs and Medicare Advantage programs. We can launch in 72 hours!

[Here is a 90 second video and a one-page PDF to understand these benefits.](#)

Learn & Signup in Less Than 10 minutes

[Here is the short “Must See” provider demo for pricing and to fully understand the program!”](#)

If they don't understand our program, they won't do it! This explains in less than 10 minutes.

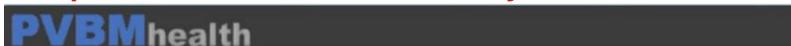
NOW, Let's get them Signed Up & Launched!

Simplifying the Precision Agreement Signup Process

[Found on Lesson Six – Rep Completes – This is your branded “More Info” page.](#)

- The provider will not read this, nor fill in the form data, so to pre-stage the contract signing, you will need to fill this out in advance for and away from the provider.

IMPORTANT NOTE – Though you get payer data from [PVBMT.com](#), for account credit and tracking you must enter the provider's data in this form on your branded “More Info” page.



Complete the form for more information about your practice and about Precision Healthcare Solutions

- Patient Relationship Management (PRM)
- Healthcare Compliance, Performance & Revenue (CPR)
- Healthcare Workflow Intelligence (HWI)

Healthcare Organizations partner with Precision and PVBMhealth to actively involve patients in their own health care. This includes sharing decision-making and using tools for reporting self-management to better care. Patient engagement is a key component of value-based healthcare, which focuses on improving the quality of care while reducing costs. Providers are incorporating technology to achieve unprecedented goals and patient participation and engagement is key to those goals.

Engaged patients are more likely to engage in preventative behaviors such as regular health checkups, immunizations, mammograms, nutritious eating, and screenings. They are more likely to eat nutritious diets, exercise regularly, and avoid risky behaviors like smoking, using drugs, and drinking excessively. An engaged patient is more likely to identify a disease or diagnosis early, often resulting in avoidance of disease intervention or a grave prognosis, factors that are costly to the healthcare system and often, the patient and their family.

Patient engagement for value-based care delivers the best care value possible. Precision Patient Engagement technology offers cost-effective ways to enlist patients in their own care. Many organizations focus patient engagement efforts on the costliest patients, those with chronic conditions. Sometimes these patients may be unsuitable for technological engagement due to physical or mental challenges, but the same patient engagement support can be delivered to through caregivers and reap the same benefits. It has been shown that it is the best approach to engage ALL patients no matter the payer as a best practice. Providing tools and technologies for all individuals to care for themselves can easily prevent very expensive care episodes.

Take advantage of new billing codes that are spurred by digital health tools that are growing in popularity, such as Precision. These tools enable patients and physicians to connect asynchronously outside of face-to-face settings, making it easier for patients with transportation and scheduling barriers to get questions answered and receive care. Increase revenue organically and establish the platform for better outcomes.

Increase Compliance & Revenue:

- A doctor with 2,500 patients, can generate additional revenue of approximately 240k per quarter in additional billing with Precision.
- Reduce shared risk costs with minimal resources from the practice.
- Shared-risk patients are activated at a fraction of your typical staff cost.

Precision Supports The Centers for Medicare & Medicaid Services health equity goals:

- Close the gaps in health care access, quality, and outcomes for underserved populations.
- Promote culturally and linguistically appropriate services to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and other diverse communication needs.

First Name*	<input type="text" value="Doug"/>
Last Name*	<input type="text" value="Sparks"/>
Practice/Group/Organization Name	<input type="text" value="Precision Healthcare Solutions"/>
Specialty*	<input type="text" value="Select Specialty"/>
NPI Number*	<input type="text" value="1234567"/>
Email Address*	<input type="text" value="polveauller@msn.com"/>
Contact Number	<input type="text" value="9495845960"/>
<input type="button" value="SUBMIT"/>	

Found at Lesson 4 – Share the CMS Report Card with the Provider

- Pull the report yourself in advance. If no CMS data, use ROI Calculator for total # of patients. Please understand both tools BEFORE you share either with the provider. [Here is a link to the PVBMT/ROI Information](#) explanation, and [here is the video link that walks you through what it means](#). You WILL be asked about some of these numbers, so you need to understand it.

Sample CMS Report Card – Page 1 of 3 – See Full Report Card Here

DR. ZHIVAGO					
LOCATION	SPECIALTY	ENTITY TYPE	NPI NUMBER		
3901 Nostrand Ave Suite L11, Brooklyn, NY, 11235	Internal Medicine	Individual	1124198304		
Risk Score 1.1206	Total Beneficiaries 536	Total Services 6023	Missed QM Opportunity \$333,901.00	EKG Opportunity \$30,495.00	
ABI Opportunity \$10,938.00	AWV Opportunity \$74,560.00	MH Opportunity \$22,896.00	RPM \$65,606.40	CCM \$20,868.81	
Sr. No.	Quality measures	QM Reported (%)	QM Not Reported (%)	QM Cost (\$)	QM Missed Opportunity cost (\$)
1	Atrial fibrillation	54(10%)	482(90%)	\$ 81	\$39,042.00
2	Alzheimer	70(13%)	466(87%)	\$ 160	\$74,560.00
3	Asthma	32(6%)	504(94%)	\$ 19	\$9,576.00
4	Cancer	70(13%)	466(87%)	\$ 20	\$9,320.00
5	Congestive Heart Failure	75(14%)	461(86%)	\$ 68	\$31,348.00
6	Chronic Kidney Disease	118(22%)	418(78%)	\$ 60	\$25,080.00
7	COPD	64(12%)	472(88%)	\$ 43	\$20,296.00
8	Depression	59(11%)	477(89%)	\$ 48	\$22,896.00
9	Diabetes	139(26%)	397(74%)	\$ 48	\$19,056.00
10	Hyperlipidemia	338(63%)	198(37%)	\$ 11	\$2,178.00
11	Hypertension	348(65%)	188(35%)	\$ 15	\$2,820.00
12	Ischemic heart disease	182(34%)	354(66%)	\$ 62	\$21,948.00
13	Osteoporosis	54(10%)	482(90%)	\$ 17	\$8,194.00

Found on Lesson 4 – The ROI Calculator – Download Here

- If no CMS Report – Enter total # of patients into ROI Calculator to mimic metrics projections
See Net Annual Value at Bottom Right in Red in Black Box

Precision Healthcare Technology							
Return on Investment & Total Value Calculator							
Input Data - Patients Counts & Risk Stratification							
Total Number of Providers in the Group	3	Enter Your Total					
Total Number of Patients in the Group	3,000	<<--Patients					
Patients with Valid Contact Information	75						
Number of Patients with Valid Contact Information	2,250						
Expected Percentage of Patient Response Rate	40						
Actual Number of Patient Responses	900	Start %	1 Year %				
Risk Stratification Breakdown		Below	Below				
Number of Green or Low Risk Patients - Typical Start - 14.33%	128.97	14.33%	8.62%				
Number of Yellow or Moderate Risk Patients - Typical Start - 29.61%	266.49	29.61%	55.77%				
Number of Red or High Risk Patients - Typical Start - 56.06%	504.54	56.06%	35.61%				
	900.00	100.00%	100.00%	Follow Up			
Patient Engagement Claim & Follow Up		#	Billed	TOTAL	Visits Needed		CPT
E-Visit-99421 - Low Risk	128.97	\$28	\$3,611	0.00	\$0	\$3,611	99421
E-Visit-99422 - Moderate - Requires Virtual or Office Visit	266.49	\$38	\$10,127	266.49	\$23,984	\$34,111	99422
E-Visit-99423 - High Risk - Requires Live Visit Plus a Follow Up	504.54	\$48	\$24,218	1,009.08	\$90,817	\$115,035	99423
TOTAL	900	Paid Claims	\$37,956	1,275.57	\$114,801	\$152,757	< TOTAL Value
	Blended			Expected PHT Cost for This Period ->>		\$18,000	
Care Coordination / Mandated Ancillaries - 30%		#	TOTAL Revenue				
Individual Patient Medical Necessity Updates With Each Encounter	270	\$10,800	Monthly				
		\$163,557	Total Gross Revenue				
		\$145,557	Total Net Revenue				
						\$134,757	Net Value
						11.78%	Cost to Benefit
Frequency of Services							
Primary Patient Engagement - Quarterly							
Care Coordination and Ancillaries - 30% Need Monthly							
Patient Engagement Claim & Follow Up - Annually		#	Billed	TOTAL	Follow Up Visits Needed		
E-Visit-99421 - Low Risk	515.88	\$28	\$14,445	0.00	\$0	\$14,445	
E-Visit-99422 - Moderate - Requires Virtual or Office Visit	1,065.96	\$38	\$40,506	1,065.96	\$95,936	\$136,443	
E-Visit-99423 - High Risk - Requires Live Visit Plus a Follow Up	2,018.16	\$48	\$96,872	4,036.32	\$363,269	\$460,140	
TOTAL	3,600.00	Paid Claims	\$151,823	5,102.28	\$459,205	\$611,028	< TOTAL Value
	Blended			Expected PHT Cost for This Period ->>		\$72,000	
Care Coordination for Mandated/Other Ancillaries - 30%		#	TOTAL Revenue				
Individual Patient Medical Necessity Updates With Each Encounter	1,080	\$43,200	Annual				
		\$654,228	Total Gross Revenue				
		\$582,228	Total Net Revenue				
						\$539,028	Net Value
						11.78%	Cost to Benefit

Found on Lesson 7 – Pick Your Program

- [Watch THIS VIDEO First](#)

Then simply check the boxes that apply where there are red arrows!

Let's Pick Your Program!

[Review Our Signup/Launch Process Video Link](#)

[Review Program Options Explainer Video Link](#)

Precision Task Force - Program Levels & Support

The Only Concierge White Glove Software as a Service in Healthcare!

✓ Identifies ongoing individual medical necessities by patient & connects to that service

NOTE - Provider is paid for all clinical encounters, Precision only charges when claim pays

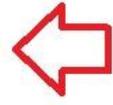


PICK YOUR LEVEL HERE - > X		X		
SERVICE-Included	●	Most	Provider/ Contractor	Contractor
SERVICE-Available	■	Popular		
Billing/Supplier NPI	Provider	Provider	Executive	Outsourced
LEVEL	Concierge	Turnkey		
CMS/Payer Report	●	●	●	●
Entire Patient Population Outreach	●	●	●	●
Risk Stratification for RAF Scores	●	●	●	●
Patient Attribution for ACO/MA	●	●	●	●
Ongoing Care Coordination	●	●	●	●
Encounter Response Admin	●	●	●	●
Encounter Report Review - \$5	■	■	■	■
Create Superbill W/Documentation	●	●	●	●
Transfer Data to Provider EMR - \$5	■	●	●	■
Submit to Claim Process - \$5 for Both	■	●	●	■
Follow Denials to Adjudication	■	●	●	■
Clinical Encounter Care Triage \$30	■	■	■	■
Virtual Visits - \$30 - Contract Staff	■	■	■	■
Ancillary Program Eligibility	●	●	●	●
Ancillary Program Enrollment	●	●	●	●
Referrals to Specialists	●	●	●	●
BASE Cost With Options Included	\$20	\$30	*\$0	*\$0
When is My Payment Payment Due	Upon Receipt	After Insurance	*Nothing Owed	*Nothing Owed

Executive & Outsourced can be billed under outside NPI as Supplier, Provider or Both

**Nothing owed by the provider, as contracted "Supplier" pays Precision.*

Collaborative Addendum Needed if	YES	NO
Do you want our staff to review?		
Do you want virtual support?		
Do you want to add ancillary services?		



AWV, CCM, RPM, BHI, etc.

[Please Sign Your Two Page Agreement Link](#)

[More Info Link?](#)

[Please Sign Your Collaborative Addendum Link](#)

[New Link from Contract?](#)

Found on Lesson 7 – Share Contract Access Page with the Provider

- When you're ready for the provider to sign the agreement, come here.
- NOTE – This is the screen that comes up after you enter the form data.**
The link to our simple two-page Agreement is the first red link below.

PVBMhealth

Please check your email to view your Practice information from CMS using our analytical tool

SEE MORE PATIENTS WITHIN THE FIRST 30 DAYS OF PROGRAM START

INCREASE PATIENT VISITS

**CLICK HERE TO START
VIEW AND SIGN AGREEMENT**

INCREASE PATIENT COMPLIANCE
NO COST TO SIGN UP

SUBSCRIPTION SERVICE TO GENERATE MORE REVENUE
ONLY PAY FOR RESULTS

THE PROCESS IS AS EASY AS 1-2-3

- 1 Click above to start, review the agreement and sign using the signature box on the agreement
- 2 Update your Practice address and contact information then upload your logo and patient contact list
- 3 Start seeing more patients

Step 1: The agreement is available electronically by [clicking HERE](#). The agreement is a 2-page agreement that establishes the relationship between your Practice and the software that will be used for patient engagement. The agreement establishes the fee for each successful response and referral back to the Practice. For more information, please [CLICK HERE](#).

Step 2: You will receive an email with a link to the signed agreement and Business Associate Agreement and you can then provide further details about your Practice along with your Logo if you have one and your link to upload a full patient contact list with an example to view. The patient contact list is basic patient contact information along

Found on Lesson 7 – Sign the Contract

- Now that the signing has been pre-staged, the provider can just sign without feeling the need to study the agreement in detail. Like every online box we have ever signed.

PVBMhealth

Services Agreement to Utilize Electronic Processes and Other Follow-up for Patient Engagement

This Agreement in conjunction with the Business Associate Agreement attached hereto provides the terms and conditions under which Precision Healthcare Technology (Service Provider) 960 Wheeler Rd #5128, Hauppauge, NY 11788 a Delaware Limited Liability Corporation will provide software as a service and services (SaaS) that will gather, capture, communicate and manage health care data provided by patients of (Contracted Organization) under their authorization, direction and control for the purposes defined in this agreement.

- A. The Parties (Collectively Service Provider and Contracted Organization) recognize and agree that no payments made under this letter agreement shall be made directly or indirectly in return for, or as to induce or reward, any federal health care program referrals or business.
- B. The Parties agree that, to the fullest extent allowed by law, all of the materials created on Contracted Organization's behalf by Service Provider in connection with its performance of this Agreement is a work made for hire and Service Provider shall therefore be deemed to be the sole owner of any and all right, title, and interest therein, including without limitation, intellectual property rights.
- C. There may be information disclosed by either party which may be deemed confidential information. If a Party designates certain information as CONFIDENTIAL then the receiving party shall not disclose the confidential information to any third party without the prior written consent of the disclosing party. The receiving party shall not use the confidential information for any purpose other than the agreed-upon purpose without the disclosing party's written consent.
- D. The agreement grants the Contracted Organization a non-exclusive, non-transferable license to access and use Service Provider SaaS offerings in accordance with the terms of the agreement.
- E. Contracted Organization will provide a patient list to the Service Provider that will include the First Name, Last Name, Date of Birth, Gender, Email, Mobile or Contact Number. The Contracted Organization will provide contact information that may be included in the patient engagement for any patient to contact about the program or other questions. If the initial program has other qualifying criteria, then that will also be included. This information will be provided to the Service Provider within 21 days of this agreement being signed.
- F. Service Provider will set an instance of the Service Provider Software (SaaS) specifically for the Contracted Organization including a Dashboard for encounter documentation, reporting, and other functionality that may be available from the Service Provider for the purpose of performing and managing the functionality deemed necessary by either Party. The SaaS instance will be available to the Contracted Organization within 14 days of the data submitted as per E above.
- G. Patient engagement and communication will be through the SaaS Application and the Service Provider will send a Contracted Organization specific communication with the program information and instructions utilizing various forms of messaging to all patients that have been determined by the Service Organization to qualify for the specific Program or Service where an email and or text or SMS number is available to the Service Provider. This Organization specific messaging will include an introduction and follow-up information for the purpose of completing the task assigned to the patient as agreed upon by the Parties. All material and processes related to this process will be provided to and approved by the Contracted Organization and such final approval will be deemed to be part of this agreement as the defined scope. The engagement is on a best-efforts basis and the scope of work is defined in Section H below.
- H. Engagement with patients where the Service Provider has received contact information as per E above will receive:
 - a. Electronic communications with the initial message that will be attached hereto that defines the program name, program statement and purpose of engagement qualifying criteria, initial introduction message for both email and text, agreement and call to action documentation that will be available to any patient receiving the message which may include a specific "landing page" that provides additional information to any respondent.
 - b. The Software (SaaS) will display responses to the messaging with a link to the PDF of documentation listed by patients. The documentation will be available in the Service Provider Application and the Contracted Organization will be provided access to this Application as a Software as a Service basis. The web link(s) and login information will be provided when available.
 - c. The Contracted Organization will utilize the application provided by the Service Organization to access results of the program and any other available information that the Service Provider makes available.
 - d. Invoices for each patient will be based on the response to the messaging and identified as a program response by the Service Provider. For clarification, once the

Alt+A

Found in Lesson 8 – Complete the Account Checklist

NOW WHAT? - Now that you have the contract signed, have the provider introduce you to the office manager to get the information we need to launch in 72 hours. Our success or failure depends on getting this information and contacts NOW while they are excited and engaged. [More information on this checklist is here.](#)

This is a separate yet simple training component but coincides with the contract signing process. We get 90% of this information within the 72 hours before launch, and the remaining 10% over the next seven days. So, in 10 days we have assured our chances of success are much greater.

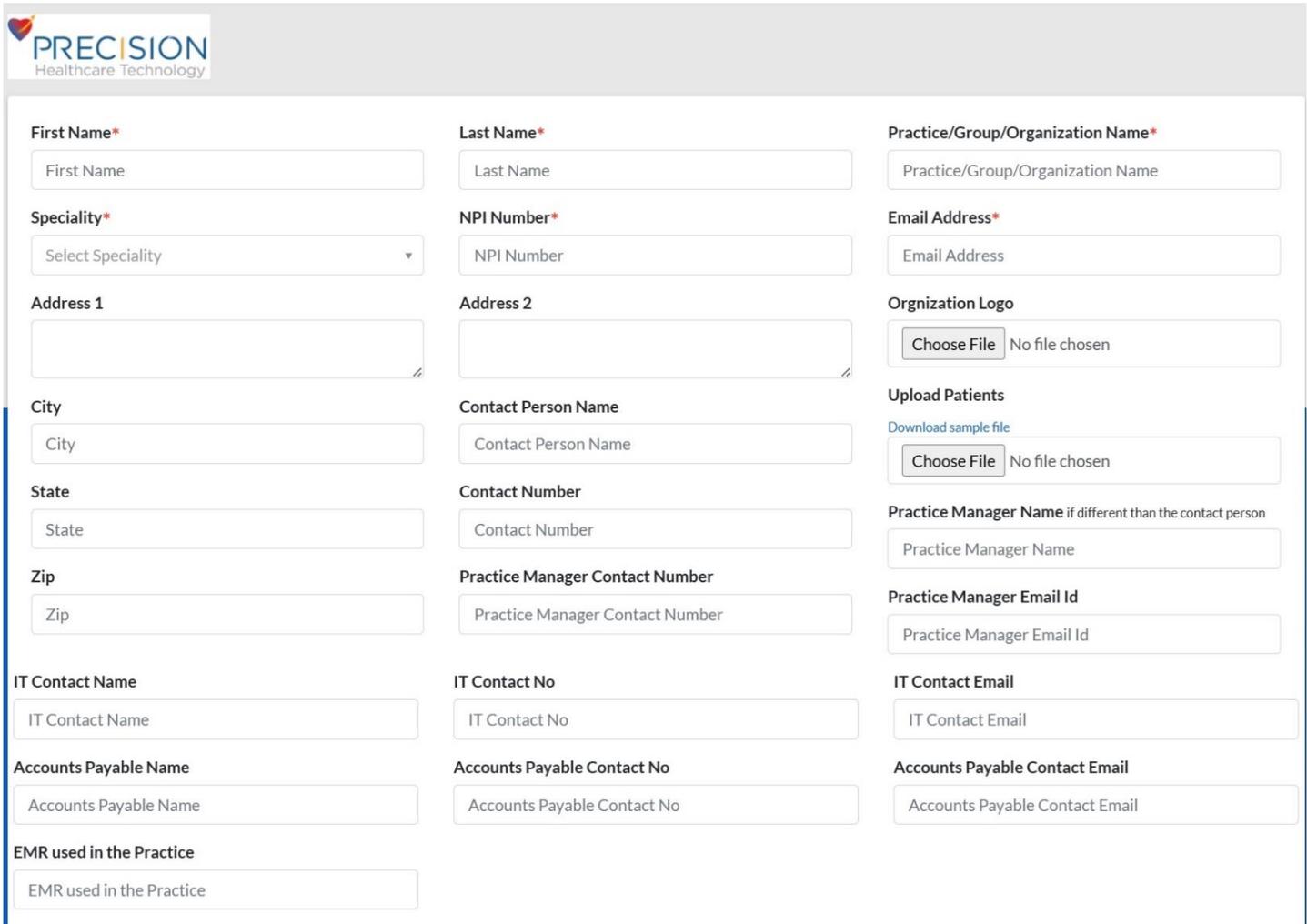
[Click here to see our management process?](#)

Precision Account Management			Important Resource Links Below	
Account Information		Who?	Name	Email
1	Main Point of Contact	Rep		
2	Organization/Provider	Rep		
3	Office Manager	Rep		
4	IT/EMR/Data Contact	Rep		
5	Patient Engagement	Rep		
6	Billing Contact	Rep		
7	Accounts Payable	Rep		
Required Actions			Name/Need	Email
8	Technology & Program Summary	Rep		
9	Program Options Explainer	Rep		
10	Sign Contract	Rep		
11	Upload Patient Contacts	Rep	Simple EMR Excel contact export	
12	Upload Logo	Rep	Or right click & save from their website	
13	Moderate Risk – Link, Email, Phone	Mgmt	Enter their choice; link, email or phone	
14	High Risk – Link, Email, Phone	Mgmt	Enter their choice; link, email or phone	
15	Important Contacts	Mgmt		
16	Banking Information	Mgmt	ACH Form - HERE	
17	Compliance Statements Reviewed	Mgmt		
18	Precision Staff Encounter Admin	PHT		
19	Data from our System to EMR	PHT		
20	Deep Data Pull Complete	PHT		
21	Submit Superbills	PHT		
22	Claims Adjudication	PHT		
23	Daily Collection Reports	PHT		
24	Record Daily Collections	PHT		
25	Collection Report & Invoice	PHT		
26	Pay Reps/Strategic Partners	PHT		
27	Targeted Next Programs	Both		
28	Enrollment? Yes/No – Who?	Both		
29	Scheduling? Yes/No – Who?	Both		
30	Verify This Form Complete - MGR	Both		
Important Resource Links				
Precision Process				

Found in Lesson 8 – Enter this Data & Additional Contact Information

Once you have entered this information it will enable you to see live tracking of encounters as they come in. These encounter completion numbers are in real time.

<https://pvbmhealth.com/moreinfo-orgupload>



The screenshot shows a web form for uploading organization information. The form is titled "PRECISION Healthcare Technology" in the top left corner. It contains several input fields and buttons arranged in a grid-like structure. The fields are as follows:

First Name* First Name	Last Name* Last Name	Practice/Group/Organization Name* Practice/Group/Organization Name
Speciality* Select Speciality	NPI Number* NPI Number	Email Address* Email Address
Address 1 [Text Field]	Address 2 [Text Field]	Organization Logo Choose File No file chosen
City City	Contact Person Name Contact Person Name	Upload Patients Download sample file Choose File No file chosen
State State	Contact Number Contact Number	Practice Manager Name if different than the contact person Practice Manager Name
Zip Zip	Practice Manager Contact Number Practice Manager Contact Number	Practice Manager Email Id Practice Manager Email Id
IT Contact Name IT Contact Name	IT Contact No IT Contact No	IT Contact Email IT Contact Email
Accounts Payable Name Accounts Payable Name	Accounts Payable Contact No Accounts Payable Contact No	Accounts Payable Contact Email Accounts Payable Contact Email
EMR used in the Practice EMR used in the Practice		

[Lesson 9 – Benefits to Ancillary Services](#)

[Lesson 10 – Total Account Management](#)

Questions & Support?

Please contact Precision Chairman/Co-Founder, Doug Sparks at doug@precisionvbm.com