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

Sr. No.	Quality measures	QM Reported (%)	QM Not Reported (%)	QM Cost ($)	QM Missed Opportunity cost ($)
14	Rheumatoid Arthritis	220(41%)	316(59%)	$ 17	$5,372.00
15	Seizures	11(2%)	525(98%)	$ 19	$9,975.00
16	Stroke	16(3%)	520(97%)	$ 62	$32,240.00
				Total	$333,901.00

SERVICES PROVIDED BY THIS PROVIDER

ID	HCPCS Code	Description	Drug	Place of Service	No. of Services	No. of Benificiaries	Avg. Submitted Charge	Avg. Medicare Allowed Amount	Avg. Medicare Payment	Completed (%)	Missed (%)	Rate ($)	Missed Opportunity ($)
1	0011A	Adm sarscov2 100mcg/0.5mlist	N	O	51	51	$50.00	$23.59	$23.59	9.51%	90.49%	$ Enter Rate	
2	0012A	Adm sarscov2 100mcg/0.5ml2nd	N	O	51	51	$50.00	$47.64	$47.64	9.51%	90.49%	$ Enter Rate	
3	36415	Insertion of needle into vein for collection of blood sample	N	O	859	398	$10.00	$2.98	$2.98	74.25%	25.75%	$ Enter Rate	
4	80061	Blood test, lipids (cholesterol and triglycerides)	N	O	314	235	$39.73	$13.31	$13.31	43.84%	56.16%	$ Enter Rate	
5	82270	Stool analysis for blood to screen for colon tumors	N	O	50	50	$25.00	$4.36	$4.36	9.33%	90.67%	$ Enter Rate	
6	82306	Vitamin d-3 level	N	O	165	159	$100.00	$29.51	$29.51	29.66%	70.34%	$ Enter Rate	
7	83036	Hemoglobin ale level	N	O	61	45	$25.00	$9.68	$9.68	8.40%	91.60%	$ Enter Rate	
8	84439	Thyroxine (thyroid chemical) measurement	N	O	262	213	$25.27	$8.96	$8.96	39.74%	60.26%	$ Enter Rate	
9	84443	Blood test, thyroid stimulating hormone (tsh)	N	O	263	214	$86.75	$16.69	$16.69	39.93%	60.07%	$ Enter Rate	
10	85025	Complete blood cell count (red cells, white blood cell, platelets), automated test	N	O	469	306	$25.12	$7.71	$7.71	57.09%	42.91%	$ Enter Rate	
11	90662	Vaccine for influenza for injection into muscle	Y	O	198	194	$75.00	$60.76	$60.76	36.19%	63.81%	$ Enter Rate	
12	90670	Pneumococcal vaccine for injection into muscle	Y	O	37	37	$400.00	$225.86	$225.86	6.90%	93.10%	$ Enter Rate	
13	90732	Vaccine for pneumococcal polysaccharide for injection beneath the skin or into muscle, patient 2 years or older	Y	O	75	74	$70.00	$69.76	$69.76	13.81%	86.19%	$ Enter Rate	
14	93000	Routine ekg using at least 12 leads including interpretation and report	N	O	287	272	$75.00	$20.07	$14.31	50.75%	49.25%	$ Enter Rate	
15	99203	New patient office or other outpatient visit, typically 30 minutes	N	O	12	12	$150.00	$121.98	$81.99	2.24%	97.76%	$ Enter Rate	

ID	HCPCS Code	Description	Drug	Place of Service	No. of Services	No. of Benificiaries	Avg. Submitted Charge	Avg. Medicare Allowed Amount	Avg. Medicare Payment	Completed (%)	Missed (%)	Rate ($)	Missed Opportunity ($)
16	99204	New patient outpatient visit, total time 45-59 minutes	N	O	17	17	$250.00	$203.64	$153.36	3.17%	96.83%	$ Enter Rate	
17	99212	Established patient office or other outpatient visit, typically 10 minutes	N	O	913	370	$100.00	$46.94	$34.79	69.03%	30.97%	$ Enter Rate	
18	99213	Established patient office or other outpatient visit, typically 15 minutes	N	O	735	368	$150.00	$80.85	$53.42	68.66%	31.34%	$ Enter Rate	
19	99214	Established patient office or other outpatient, visit typically 25 minutes	N	O	462	292	$200.00	$120.53	$74.59	54.48%	45.52%	$ Enter Rate	
20	99215	Established patient office or other outpatient, visit typically 40 minutes	N	O	18	18	$200.00	$161.27	$86.21	3.36%	96.64%	$ Enter Rate	
21	99441	Physician telephone patient service, 5-10 minutes of medical discussion	N	O	43	34	$125.00	$66.06	$52.85	6.34%	93.66%	$ Enter Rate	
22	99442	Physician telephone patient service, 11-20 minutes of medical discussion	N	O	11	11	$130.00	$111.16	$61.79	2.05%	97.95%	$ Enter Rate	
23	99497	Advance care planning by the physician or other qualified health care professional	N	O	13	13	$150.00	$94.68	$68.32	2.43%	97.57%	$ Enter Rate	
24	G0008	Administration of influenza virus vaccine	N	O	198	194	$25.00	$19.73	$19.73	36.19%	63.81%	$ Enter Rate	
25	G0009	Administration of pneumococcal vaccine	N	O	113	111	$25.00	$19.69	$19.69	20.71%	79.29%	$ Enter Rate	
26	G0179	Physician re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient	N	O	46	31	$100.00	$47.02	$32.12	5.78%	94.22%	$ Enter Rate	
27	G0l80	Physician certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review J of reports of patient st	N	O	14	14	$100.00	$60.96	$48.20	2.61%	97.39%	$ Enter Rate	
28	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	N	O	12	12	$200.00	$184.99	$184.99	2.24%	97.76%	$ Enter Rate	
29	G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	N	O	258	258	$150.00	$130.02	$130.02	48.13%	51.87%	$ Enter Rate	
30	G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an establ	N	O	123	85	$25.00	$14.79	$10.26	15.86%	84.14%	$ Enter Rate	

About This CMS Report Card

Understanding Hidden Penalties

Since 2007, Precision Healthcare Technologies has built the value-based compliance grading algorithms used by CMS and payers to determine compliance and contract performance. This report reflects those same methodologies, now applied across more than 1 million providers nationwide. Each provider profile is updated on a rolling 90-day basis with nightly data refreshes to ensure accuracy and real-world alignment.

What This Report Shows

Missed QM Opportunity

The $333,901 Missed QM Opportunity represents CMS-defined medical necessity that was identified but not acted upon. These are mandated services tied directly to compliance and reimbursement. When they are not performed or documented, the result is lost revenue and hidden penalties. Without **Precision Stealth Workflow Intelligence**, providers have no visibility into what was missed.

Quality Measures

CMS evaluates providers across 16 Quality Measures, each requiring at least 60% compliance to avoid penalties. In this example, only 2 of the 16 measures meet that threshold. This indicates that preventive assessments are not consistently completed and, more importantly, that patients are not being connected to services once medical necessity is identified.

Compliance is achieved by identifying medical necessity, offering or connecting the service, and documenting the outcome. The patient does not need to accept the service; the requirement is that the offer and follow-up are documented.

Medicare Allowed vs. Actual Payment – Hidden Penalties for What You DID do.

The Medicare Allowed Amount represents the full reimbursable value of a service, including both Medicare payment and patient responsibility. Actual payment reflects what was ultimately collected. A 100% payment does not confirm that copays were collected; it simply indicates that the claim was reimbursed at the full allowed rate.

If payment differences were driven only by standard coinsurance, values would cluster near 80 percent. Instead, the data shows a wide range of outcomes, indicating that revenue is being lost before billing occurs.

The Core Issue

The primary financial impact reflected in this report is not billing inefficiency, but missed, reimbursable care tied to CMS-defined medical necessity that was never performed or documented. This is what creates the significant gap represented by the Missed QM Opportunity.

Operational Impact

Most organizations invest heavily in data systems, patient engagement, and risk adjustment programs, yet still fail to meet compliance thresholds. This is because they are reacting to data rather than operating within the actual CMS grading logic that determines outcomes.

The Precision Approach

Precision operates at the level of CMS grading itself, identifying medical necessity as it is created, connecting patients to required services in advance of encounters, and ensuring proper documentation. This allows providers to achieve full compliance and capture the revenue associated with required care.

Conclusion

This report is a direct view into compliance and financial performance. Quality gaps create compliance risk, compliance gaps result in revenue loss, and revenue loss reflects care that should have occurred but did not. The Missed QM Opportunity represents real, recoverable value tied to required services that were never completed.