



Precision Value Based Management

Onboarding Information

Congratulations and thank you for joining PVBM!

[Link for your contract is at the bottom of this page](#)

Value based metrics and population health assessments are not optional, but rather “Mandated & Incentivized” services not supported by your EHR. “Mandated” means that services must be provided or the physician faces financial penalties. “Incentivized” means you get to bill not only for our assessments, but also an office visit. Patient engagement is the key to this success. At our website at precisionvbm.com you will see tabs for Assessments and another for Penalties if you are unfamiliar with these requirements.

Because of the complexity of the mandates, we lead with technology and support with labor. It’s much more workflow and cash flow effective than leading with labor. That labor can be an MA in your office or our Precision Patient Engagement Platform with all virtual telemedicine visits.

Medicare doesn’t allow contracts for percentage of collections, so we use a flat fee that approximates the desired result. If you use entirely your staff coupled with our technology and guidance, you retain about 80% of the revenue. If you want us to handle all workflow completely and not burden your staff, you retain about 60%. Ideally there is a combination of both which I will explain in a moment.

Once we have your patient information via your EHR, or reports that you send us from your EHR, we will initially contact your patients with an email and SMS text from you via your EHR. This lets the patient know that this is really you and that you are in control of this program. You will see that text the last page.

The patient will be provided a short message by you and a link to our patient engagement page set up specifically for you and your patients. [Here is a sample of what your draft “Landing Page”](#) can look like. Of course, it can be edited to your content preference.

At first, we will contact all Medicare patients as they are the clients most in need of services, and they have the highest demand and reward when it comes to population health assessments. Each Medicare patient is required to have four assessments annually: 1) Annual Wellness Visit, 2) Health Risk Assessment, 3) GAD7/Anxiety & Depression and 4) Cognitive for Dementia. Medicare reimburses about \$400 for this bundle before you include your office visit (virtual or in person).

We will contact your entire patient population with a link to the assessments where individual medical necessity is indicated. In three days we follow up with a reminder, and in three more days request an office or a virtual visit if they have still not responded. This is the low hanging fruit and you certainly should keep the 80% of any patients responding in this manner.

Once three attempts have been made, we isolate and follow up with those who have not responded. We will coordinate this with your MA and you continue to retain the 80%, or you could hand these tasks off to us and retain 60%. Completely your choice.

[Please click here to complete your contract](#), and then proceed to the next documents to complete the onboarding process. Thank you and welcome!

