



Precision Value Based Management

REQUEST FOR COMPLIMENTARY PRACTICE ANALYSIS

Physicians are losing out or being on fined hundreds of thousands of dollars annually in missed mandated value-based metrics and population health assessments not supported by their *EHRs.

Precision Value Based Management owns the very technology that grades and ranks physicians for payers, hospital systems and ACOs, with over 21 million patients currently being tracked by our institutional partners. Because these institutional partners have ownership in Precision, this is a one of a kind platform with access to the very latest in institutional grading and ranking technology.

With our technology, we know exactly what is expected of each provider and every individual medical necessity for each of their patients. Every time there is an update to the condition or patient record, new medical necessities are found within those results, which our system then acts upon. We have a robust patient engagement team of PAs and NPs that performs these services in the background on behalf of the provider so there is no interruption to the practice workflow. **No EHR can do this as they are forensic tools, tracking only what has been done but not the hundreds of items missed, nor can it engage the entire patient population in the comfort of their own homes with one click based on individual medical necessities. Nor do they have a patient engagement team to finish these tasks.*

For example, even if physicians did Annual Wellness Visits/AWV and Health Risk Assessments/HRA for every patient, they will still be penalized for failing to act on medical necessities found within those results. Physicians are completely unaware this is even happening. Only our platform can identify these deficiencies, engage your patients, and drive this missed revenue for you!

In our actual sample practice you will see missed revenue for medically necessary mandated services of \$554,559.26. This is our lowest example as most are well into seven figures. The only thing worse than missing out on this revenue is being penalized for not taking it. That is exactly what is happening.

Do you have ancillary services you are trying to grow? How about CCM or RPM? We own our own CCM and RPM tracking/billing app but we're happy to help you grow all of your programs by finding who has medical necessity and then engaging those patients to enroll. We also have several high value ancillary service revenue partners that use our system to determine medical necessity for their products and services. We're happy to connect and implement those as well.

To start, simply go to our website at precisionvbm.com, and either watch the short video near the top, or click on the PDF version just above it. This will show you the current Medicare Penalties, what our technology does that no other can, and a sample of what revenue you are not only missing but getting fined for not taking. Just below the video is a list of Benefits to the Provider.

If you are looking to apply the program to hospitals, ACOs, ALFs/SNFs, ancillary service providers or even rep groups, there are a series of one-page explanations under the Opportunities tab of our website. We also do licensing and white labeling for larger organizations and associations if that is a better fit. We even have a pay per click model for ACOs and self-insured companies. For more information, please click on the Program Options tab.

Once finished here, please click on the Signup tab at the top of the page to see exactly what your practice is missing to the penny. Thank you in advance and we sincerely look forward to working with you. Please read on to learn about your Patient Risk Stratification and what penalties await in 2022.



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Understanding Penalties & Risk for Your Organization

Here is the CMS Penalty Chart showing current and future penalties. In 2022 when “Full MACRA” kicks in, high performing physicians will be able to earn more, and lower ranking physicians will have reimbursements diminished to the point they cannot continue as a Medicare provider. [Please click here for an informative article about this subject.](#)

PERFORMANCE YEAR	MEDICARE PART B PAYMENT ADJUSTMENT YEAR	MAXIMUM -% MIPS PENALTY	MAXIMUM +% MIPS BASE INCENTIVE	MAXIMUM +% MIPS EXCEPTIONAL PERFORMANCE BONUS
2017	2019	-4%	+4%*X (Actual 0.29%)	+10%*Y (Actual 1.59%)
2018	2020	-5%	+5%*X (CMS predicts 0.30%)	+10%*Y (CMS predicts 1.75%)
2019	2021	-7%	+7%*X (CMA predicts 1.11%)	+10%*Y (CMS predicts 3.58%)
2020	2022	-9%	+9%*X	+10%*Y
2021	2023	-9%	+9%*X	+10%*Y
2022	2024	-9%	+9%*X	+10%*Y

Is your practice at risk because of your patient demographic and their insurers?

Precision VBM performs an initial “[Risk Stratification](#)” or ranking of all of your patients from the sickest to the healthiest top to bottom so that you can triage your care appropriately. Certainly, the required population health assessments pay a huge role in this, as does our patient engagement on your behalf, but going forward we need to know who is most in need statistically. Sound complicated? Just wait.

The Covid pandemic has revealed the need and expedited the demands for our “[Social Determinants of Health Assessments](#)” and access to “[Mental and Emotional Health](#)” follow up services. In other words, our assessments have found mental or emotional issues so now what? We have that solution and again, it’s run completely in the background on the provider’s behalf away from the practice workflow.

Once underway, we offer a “[Complete Risk Stratification](#)” of your practice for a very nominal cost. This “[CRS](#)” includes all medical history, family history, diagnosis, medications, a Health Risk Assessment (HRA) and our Social Determinants of Health Assessment. From these results your risk profiles for each individual patient, and thus your practice risks, may sway dramatically once the effects of the patient’s family, living and social conditions are applied to their medical condition and short and long term prognosis. This single action will dictate if you survive or thrive in this ever-changing environment.