

Benefits to Accountable Care Organizations & Medicare Advantage Programs

Value-based care is reaching its inflection point as more providers and payers agree to share risk and receive fixed global payments to manage patient care with more efficiency and improved outcomes.

Specific to Medicare Advantage Plans; ACOs, MSOs, payers, and providers are compensated based upon a system that is composed of fixed, risk-adjusted payments (HCC) with added incentives for clinical quality performance benchmarks as well as patient satisfaction. PVBM and its resources help to efficiently maximize all these areas.

How PVBM and its resources provides benefits to any risk-share and population health entities?
PVBM provides:

- Customized programs based on the needs of the individual provider and/or organization. We remain flexible to create macro or micro strategies rather than forcing one particular program that doesn't fit the objectives of the organization.
- Improved risk prioritization of the patients.
- The capabilities to enable the highest compliant complexity scores which result in a significantly high ROI and increased revenue to manage your patients.
- Increased Coding Accuracy and Gaps in Care closure and improving quality scores. Large Entities have limited time to work with and educate physicians. PVBM can quickly help identify HCC gaps and suggest suspects based on clinical inferences. This creates a full picture view of each patient which ultimately generates a better care plan for the patients they serve and allows them access to appropriate benefits and programs through their MA plan.
- Enhanced care coordination with real-time data to actively engage patients in improved treatment plans and preventative care.
- The necessary process and services to simplify the providers workflow
- A national virtual support network of over 20,000 PAs/NPs away from the provider's workflow to benefit through revenue earnings for AWV/HRA/CCM/RPM carveouts that are performed remotely.
- The capability for you to form your own DCE or join ours. Only we can make that happen for you.

General Scope of Work

- Our Precision Risk Share Specialists / PRSS division of PVBM has developed a database of 1,500 generic and branded drugs tied to Hierarchical Condition Categories (HCC). PRSS has also prioritized over 9,000 ICD10 codes that are tied to an HCC by Chronic Conditions that are relevant to a Primary Care Provider (PCP). This comprehensive list of ICD10 codes are generated to also correspond to any clinically relevant comorbidities.

- Our service works on behalf of ACO and MA Plans to engage Primary Care Physicians. Our service takes a complex proprietary process to:
 - Document Risk Adjusted Diagnoses that were improperly coded using non-risk adjusted codes.
 - Document conditions evident in the patient’s medical chart, which have not been previously recognized, documented, or reported as risk adjusted conditions.
 - Document and readdress all previous and appropriate diagnoses.

Services Provided

1. We utilize Health Risk Assessments and/or Annual Wellness visits to engage with Medicare Beneficiaries to identify and code applicable diagnosis
2. We ensure correct diagnosis and implement proper care plans for Physicians
3. We provide “point-of-care” tools to improve clinical documentation
4. We verify all EHR/EMR vendors and billing system vendors are sending the proper detail to ACO and MA Plans
5. We review risk scores by patient to benchmark Practices for ACO and MA Plans
6. We validate and fill coding and quality gaps for ACO and MA Plans

Outcomes to Expect

- Improved documentation at the “point-of-care” reducing manual coder dependency
- Improvement in new and appropriate diagnoses per patient
- Improvement in re-documentation of previous health conditions.

Improved adoptions of value-based care models has a direct impact on physicians’ incomes. Higher risk scores for a population translates into a higher benchmark for costs, while the same relation applies to a lower risk score. This is why having an accurate and standardized risk score is necessary for accomplishing higher savings. Integration with PVBM

1. We provide the 79 HCCs and 80,000 diagnosis codes necessary to provide the service to be integrated with PVBM technology
2. We will provide RAF score weights to identify value of HCC risk score.
3. We will identify those patients with a Chronic Condition and add/recommend Chronic Care Management (CCM)/Remote Patient Monitoring (RPM) services when appropriate.