

# Precision Health Technology Product Feature & Engagement Steps to Implementation

Precision Health's proprietary technology and business value solutions allows medical professionals and healthcare organizations to deliver & manage patient encounters that leads to increased quality measure scores. Acting as a "shadow clinic" with minimal practice disruption, Precision Health's AI Technology was purposely designed to align with CMS Quality Payment framework. Precision Health's AI technology identifies patient medical necessities which includes risk assessments, new diagnostics, ancillaries, new problem identification and specialist referrals. Collectively these patient encounters will determine (for Healthcare Providers) CMS quality performance score (MIPS) and Percentile Ranking System. Likewise, for Health Plans and Private Payers, patient satisfaction performed via CAHPS surveys and screenings derived from the medical necessity encounters will determine CMS Star Ratings.

## Value Feature Set

### 1. Increase provider efficiency

- Allow current staff to manage acute and chronic conditions where they choose
- PVBM enables data collection for preventive and quality measure initiatives
- Customized reporting and ability to send results to current system using embedded technology from PVBM.

### 2. Identify medical necessity using specific assessments

#### Health Risk Assessment

- Physical
- Mental
- Lifestyle
- General Health

#### Family History

- Cancer
- Diabetes
- Hematology conditions

#### Elderly Conditions

- Balance
- Dementia

#### Health Intervention History

- Hospital Admission History
- Comorbidity Management

#### Patient Engagement

- Experience with health care team
- Health promotion and patient education

### 3. Increase provider performance scores

- Utilize the data collection and patient engagement to augment the data from internal provider encounters
- Add to the performance data and closing data gaps
- Increase quality of care and identify gaps of care and update care planning
- Increase performance payments

### 4. Increase positive outcomes

- Patient engagement to address chronic conditions
- Patient engagement to address outdated care plans
- Patient engagement to address other program enrollments

### 5. Broad & Seamless Implementation

- Include selection or complete list of patients to participate
- Include selection or complete list of providers to participate

### 6. Increase revenue

- New Fee for Service encounters performed by PVBM Network Medical Professionals or internal to Organization
- New billing items available

### 7. Minimal disruption to current workflow

- Utilization of separate technology
- Utilization of separate workforce
- Data extraction done outside of Organization staff
- Data analysis done through PVBM staff and technology

## Engagement Models (3 Options)

1. **Fee for Service for PVBM encounters based on billed fee with service fee schedule.**
  - a. PVBM would establish a fee schedule based for new items not already covered on the billing of the various patient assessment scope encounters provided by PVBM
    - i. PVBM would enable approved providers that would engage the patient
    - ii. PVBM would provide a super bill listing and supporting notes for each encounter
    - iii. Organization would provide status of each encounter billed
    - iv. Fee would be paid to PVBM from Organization based on a 50/50 net revenue
2. **Share of the increase of payments related to increase quality measures related to engagement \***
  - a. Organization will provide base line measures
  - b. Organization will provide current payment amounts related to measures
3. **Fee for Service for Patients Encounters not covered by assessment scope encounters provided by PVBM**
  - a. As part of the patient engagement PVBM may establish and extend new encounters that originally may have been done by internal Organization Providers with a 50/50 net revenue split.

\*PVBM and Organization will agree to the fee arrangement based on performance and baseline improvement.

Below is sample IPV for a grouping/practice of 1000 patients doing general medical care and with 60% participation. Patients may qualify for more than one program or encounter based on medical necessity. All PVBM services are driven by medical necessity.

	NUMBER OF PATIENTS	REIMBURSEMENT	TOTAL Annual	Weight (60 % Participation)	NOTES
<b>Total Patients</b>	<b>1000</b>				<b>Total Patients</b>
<b>RPM</b>	100	\$116.00	\$11,600.00	\$6,960.00	Based on Diagnosis that have RPM Protocol. Skeletal, Muscular
<b>CCM</b>	600	\$42.00	\$25,200.00	\$15,120.00	Based on Diagnosis that have CCM Protocol. Cancer, Diet/Obesity and Hypertension
<b>SLEEP</b>	80	\$116.00	\$9,280.00	\$5,568.00	Obese Diagnosis and Sleep Dx
<b>COGNATIVE/Dementia</b>	400	\$260.00	\$8,666.67	\$5,200.00	Over 65 with Medicare (Can be done monthly but weight is at once per year)
<b>BHI</b>	200	\$54.00	\$10,800.00	\$6,480.00	Based on BH and Mental Health Dx
<b>AWV</b>	400	\$240.00	\$8,000.00	\$4,800.00	Over 65 with Medicare (Once per year)
<b>TOTAL PROJECTED</b>			\$73,546.67	\$44,128.00	
<b>ADD COMMERCIAL + 20%</b>			\$14,709.33	\$8,825.60	
<b>MONTHLY CLINIC REVENUE FOR MONTHLY ITEMS</b>			\$56,880.00	\$34,128.00	
<b>ONE TIME ANNUAL ITEMS</b>			\$16,666.67	\$6,000.00	
<b>12 MONTHS POTENTIAL</b>			\$699,226.67	\$409,536.00	

Revenue per 1000 patients would increase by **\$409,536.00** based on the programs and medical necessity shown above

# Onboarding and Implementation

1. Organization Set up in PVBM
2. Provider set up in PVBM
  - a. Basic Provider info for access if needed
3. Set up Practice Groupings
  - a. Regional
  - b. Custom Grouping
4. Patient Data Upload
5. Current measure baseline determination
  - a. This is the current baseline for the reported measures
  - b. Goals set for measures
  - c. Fee arrangement for increase in performance
6. Patient Assessment Determination
7. Patient Encounter Type Determination
8. Patient Program Type Determination
  - a. Chronic Care Management
  - b. Remote Patient Monitoring
  - c. Transition Care Management
9. Patient questionnaire provided
10. Schedule encounters for #1
11. Schedule encounters for #3
12. Complete encounters for #1 and #3
13. PVBM submits superbills including documentation for all completed encounters to Organization
14. Organization submits bill based on PVBM superbill to payer for all fee for service encounters
15. Fee sharing based on paid amount distributed on as paid basis
16. Performance share distributed

