

MASTERING COMPLIANCE AND RISK SHARE REVENUE IN THE MSSP MARKET

Utilizing Precision's ACO REACH Compliance Assurance Program



PRECISION
Value Based Management

TRACKING MEDICARE SHARED SAVINGS PROGRAMS (MSSPs)

For two years, Precision tracked a total of 468 Accountable Care Organizations (ACOs). Precision learned that only 18% of the ACOs paid out dividends. Even worse, ACOs forced their providers into forgoing valuable fees for service encounters such as Annual Wellness Visits (AWVs) and Chronic Care Management (CCM) to preserve capital for the end-of-year bonus," which seldom happens. The 2023 change to the ACO REACH standard will prove fatal for many ACOs due to the services that continue to be avoided that will now be mandated as a requirement even to be accepted into an ACO in 2023.

Simply stated, value-based care is about maximizing compliance and revenue in the Medicare Fee-for-Service (MFFS) sector while delivering additional services than providers ever imagined possible in the capitated space for little or no labor cost. This can ONLY be accomplished by leading with technology supported by human capital. This requires a very special, one-of-a-kind technology exclusively developed by Precision.

ABOUT OUR TECHNOLOGY

EHR data analytics, are essentially historical forensic data that identifies what was completed for the patient and does not necessarily identify the hundreds of items that were missed. Further, these systems do not provide a care coordination workflow to solve the gaps in care expected, much less engage the patient on the provider's behalf. Precision's exclusive and proprietary technology knows the individual medical necessities of each and every patient. With each new encounter, the technology documents and updates the patient's record with new medical necessities and care plans in seven specific areas expected and mandated by the CMS standards of care.

Whether the measuring standard is MACRA/MIPS/STAR/HEDIS/QCM, Precision can pivot its system by payer to enable these metrics while at the same time weaving in the CMS Standard of Care to provide the necessary value-based metrics. With this road map to success, Precision assists providers in the delivery of appropriate care to patients with several best-fit options.

Currently, Precision's Virtual Support Network (VSN) can provide over 150,000 virtual patient encounters per week. This is a national network of Physician Assistants (PAs), Nurse Practitioners (NPs), Medical Assistants (MAs), Health Coaches, etc. Precision's VSN team will perform the services as a natural extension of the provider's staff in the background away from the provider's normal workflow. The information related to the services performed is then dragged and dropped into the provider's EHR without the need for full systems integration.

On the MFFS side, there is never an upfront cost, and nothing is owed until after the provider is paid. The providers' profit margin for engaging Precision to perform these services is 2-3 times what the typical margin would be for work performed by their own staff in their own clinics, yet our system requires no software to learn and requires no additional staffing.

The new requirements of Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) to now perform previously limited services such as the Annual Wellness Visits (AWVs) and Chronic Care Management (CCM), Remote Patient Monitoring (RPM), Behavioral Health Initiatives (BHI) and Transitional Care Management (TCM) are causing great consternation. Providers and groups have little or no idea how they will meet these new standards. Even more troubling is the question, where will providers get the technology, staff, and money to perform to these new standards?

Precision's Virtual Urgent Care with our Comprehensive Patient Wellness Portal is the answer.

By using the Precision technology to determine what services are required based on each individual patient's medical necessities, Precision through its Virtual Support Network (VSN) will then begin the process of engaging patients remotely. This is the "Box Checking" portion of the requirements for acting where medical necessities are found.

From within the results of the initial assessments, the risk levels for action are identified. A patient with no significant risk level will repeat the same assessments in 90 days.

A patient with moderate risk should be followed up with a billable telemedicine call to determine the next steps. The provider's staff can try do this, or Precision can ensure this is for you.

A patient with elevated risk is automatically scheduled for an office visit and pre-registered in our software. In some borderline cases, or if staffing is a challenge, providers may engage with Precision's licensed staff to perform these services remotely in the background away from the office and staff workflow.

Precision's national network of Physician Assistants (PAs), Nurse Practitioners (NPs),

Medical Assistants (Mas), Health Coaches, etc. is able to effectively perform these services on the providers behalf.

Here is the "Triage" aspect of what Precision does; Precision will perform by scheduling 20% of the patients that are in present need of your services for you and will continue to monitor the other 80% remotely, all without the direct cost to the provider for each encounter. Leading with technology allows us to be very high touch when labor is a challenge.

So far, all of this box-checking and triage work has been performed by our **Precision Care Coordination Technology**, and not one penny has been expended on your staff labor.

In the ACO REACH or other MSSPs, you are required to perform these services and submit a claim to get HEDIS credit as well as drive the metrics needed to drive risk share revenue. You merely address the patients with moderate or elevated risk via telemedicine or an office visit as you deem appropriate. If your MSSP does not have a carve-out for these services, they will return a zero claim. If they do, then you will be reimbursed the full amount yet pay us only a fraction for the technology engagement.

How do providers plan to engage and actually pay for the Annual Wellness Visits (AWVs), Chronic Care Management (CCM), Remote Patient Monitoring (RPM), Behavioral Health Index (BHI), and Transitional Care Management (TCM) where cost avoidance is no longer an option?

Precision has several solutions!

UNDERSTANDING THE COST AVOIDANCE MYTH

Providers' end-of-year risk share revenue in its entirety is based on the specific metrics that are found in the AWV and CCM services. By not performing these services, providers are not only penalizing their ability for immediate cash flow, but they have also stopped ANY chance of realizing a truly significant risk share gain. The more complex risk of the patients served, the higher the reimbursement. No documented and compliance metrics, no rewards.

Provider Risk share gains are dependent upon individual patient diagnosis complexity information found in the AWV and subsequent follow-ups. With 15 years of experience in turning around failing ACOs and MA programs with one of the largest MA plans in the country, Precision's Risk Sharing Specialists division will increase the effectiveness of your RAF score and turn this on for your providers for a small Per Member Per Month (PMPM) fee in addition to a shared percentage of the improvement that we generate. The ROI for this program is substantial.

For every .25 point increase in the Risk Adjustment Factor (RAF) score increases earnings by \$2,400 Per Member Per Year (PMPY) to the bottom line of the risk share. The AWV + CCM for one year pays the provider \$894, leaving a net of \$1,506 in profit for the MSSP. Not performing these services robs the providers of revenue and provides zero profits for the MSSP.











TOP TO BOTTOM

Precision is the Best Decision for Compliance and True Sustainable MSSP Revenue

- **DATA ANALYTICS** – Precision begins by showing you exactly how CMS sees any provider group along with each of its member providers. It is important to know the current RAF scores and where are they trending in mandated services under the ACO REACH guidelines. Providers have until the end of 2022 to get underperforming RAF scores corrected resulting in higher reimbursements in 2023. You will be notably alarmed by the actual number and the financial value of missed mandated services that CMS expects to be performed by your provider group. Under ACO REACH standards you can no longer ignore these mandated services.
- **RISK ALIGNMENT** – high-risk providers should not be in the same risk pool as your top-performing providers. Those in the middle shouldn't be in the same risk pool as the others as well. The isolation of these various risk pools is essential to maximize performance while Precision work with the provider groups to raise every provider's level of compliance.
- **MSSP FORMATION** – Precision's partnering sponsors are experts, and they will assist you in starting your own MSSP. Precision will provide one of our nine, \$1+ billion dollar sponsors and underwriters to secure your financial guarantees, partner with you, manage, offer care coordination, and patient engagement both electronically and remotely to increase your compliance and by default increase your revenue. You may choose from a broad menu of services that Precision offers.

PRECISION'S MENU OF SERVICES FOR MEDICARE SHARED SAVINGS PROGRAM (MSSP) MASTERY

-  Precision will help you to establish your own participation in an established ACO/MSSP with the complete support of our proven success team.
-  Precision provides an underwriter for your risk guarantee if you can't provide or secure your own financial reserves. Precision has nine - \$1+ billion who support Precision partnering sponsor MSSP programs.
-  Precision data analytics will validate how CMS scores your providers and then automatically maps out and executes the care plans that the CMS Standard of Care requires.
-  Precision will separate and isolate the risks within your provider roster so poor performers don't drag down the risk share revenue of the stronger performers.
-  Precision will partner with you, manage the entity for you, and/or provide the technology and the care coordination with Precision's electronic patient engagement and VSN.
-  Precision shares in a percentage of only the revenue lift that we provide in your risk share over last year, leaving the lion's share of revenue to you.
-  Precision provides all of these services for a small Per Member Per Month (PMPM).
-  Precision will provide Coding support, chart preparation support, and a hotline for your staff to ask questions about either program.

HOW DO YOU PAY FOR THESE TECHNOLOGY SERVICES?

Precision technology operates in the background away from your office and staff workflow for a very small Per Member Per Month (PMPM) fee. These are services that providers are now required to perform but are largely not paying for via the standard Precision platform offerings and the results and notes are readily available to you.

To provide a telemedicine visit for a moderate risk patient, either your staff performs that work or Precision's technology will perform the service on your behalf for \$20 per encounter.

On services such as AWW that you may choose to bill, we will deliver everything needed to your Electronic Health Record (EHR) completed by our PAs/NPs for \$65. Your bill for the services and you keep the rest. You only pay for what you need. Consider the program your "Compliance Assurance"!

For more information, connect with Precision and do a walk through for your specific needs. Leading with technology while supporting with labor, only where needed, is the only way that any value-based or fully capitated program can increase performance. To bill or not to bill for services is your choice and can vary based on your protocols.



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