



**PRECISION**  
Value Based Management

**Solutions for Value-Based Scoring  
& Revenue Challenges**

**Far Beyond the Capabilities of  
Your EHR**



**Are you providing all mandated care services to your entire patient population?**

**In 2022 there are both bonuses and severe penalties for failing to do so**

**The average individual provider is missing out on over \$1.2 million in revenue for mandated services, and then getting penalized for not taking it**

# The Best Decision...



**PRECISION**  
Value Based Management

- Platform provided at no upfront cost or expense

- PVBM completes all mandated services through our “Virtual Support Network (VSN)”

in the background away from your practice workflow

- Patients receive mandated levels of care resulting in potential bonuses

- No EHR integration required or needed

*- Failure to act on Medical Necessities Results in Penalties*

*Even if you Don't Know They Exist*

# The Best Decision is Precision!

- **PVBM owns the very technology that grades and ranks Providers to the CMS Standard of Care (SOC). No EHR or other service company has access to our technology.**
- **Because of this:**
  - **We know exactly what is expected of every provider**
  - **We know the individual medical necessities of each patient**
  - **After each encounter, new medical necessities and care plans are automatically generated in seven categories to the CMS Standard of Care**
- **We act on these necessities on your behalf and complete the tasks**
- **The results are superb value-based metrics/compliance, and the very significant revenue that comes with it**



**PVBM  
FOCUSES  
ON  
4 PILLARS  
OF SERVICE**

**Practice and Clinical Analytics**

**PVBM Platform and  
Ancillary Service Revenue**

**Compliance**

**ACO REACH**

# Analytics

1

## Microvision Analytics

- Snapshot or Estimated Practice Valuation (“EPV”) of exactly how CMS scores you

2

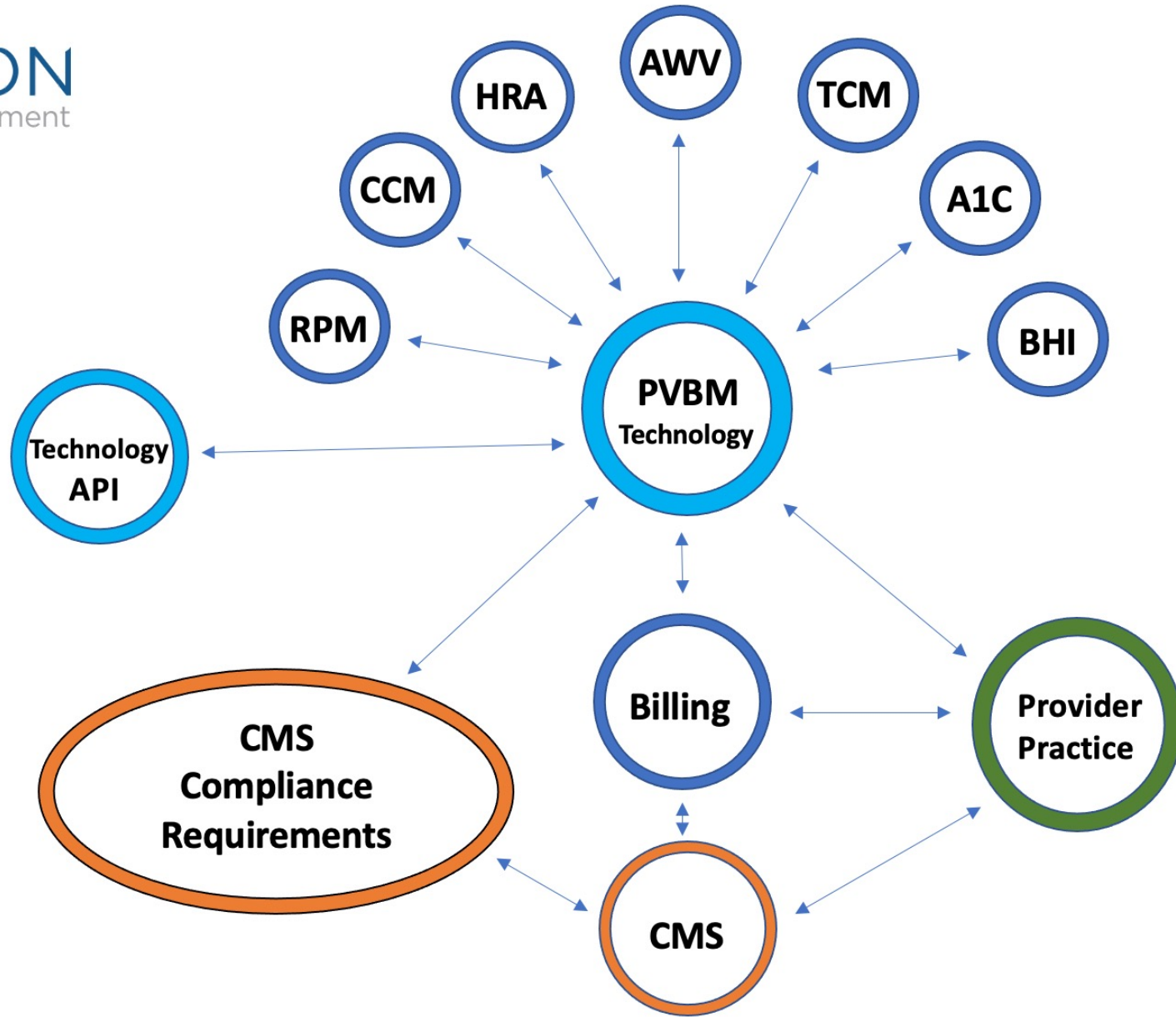
## Dynamic Clinical Synchronization

- MACRA/MIPS, HEDIS, STAR – PVBM Pivots to maximize scores while incorporating the CMS Standard of Care (SOC)

3

## Strategic Coding Optimization (SCO)

- Identify coding weaknesses – make recommendations



- Virtual Support Network Services\*:**
- Remote Patient Monitoring
  - Chronic Condition Management
  - Health Risk Assessments
  - Annual Wellness Visit
  - Transitional Care Management
  - A1C test
  - Behavioral Health integration

\*Partial listing of 46 Services Provided

**Service Flow Chart**

# CMS DCE Transition to ACO REACH

- The DCE program was attracting organizers with little or no healthcare experience in a market that requires very specific attention to the needs of Medicare beneficiaries
- Lawmakers were concerned that most DCEs were owned by large corporations and private equity groups, thus again removing the providers from control of how healthcare is delivered
- Now providers and/or their representatives must own 75% of the entity
- DCE would in essence convert traditional Medicare patients with full benefits, to limited or rationed services found in some Medicare Advantage and ACO models
- ALL providers regardless of DCE/MA/ACO/ACO REACH status MUST NOW provide services they have largely been halfway attempting to provide such as AWW, TCM, CCM and RPM
- The Best Decision is Precision



# Precision Risk Share Cooperative, LLC

- Precision Risk Share Cooperative
  - Optional Risk Program Offerings based on your Desired Level of Risk
  - Not limited or confined by any other Risk Share Structure
    - Including ACO Reach, MSSP, PCF, ACO, MA Plan, Former DCE Plans
- Precision Risk Share Cooperative Series LLC
  - Has complete freedom to engage with any risk share platform to best benefits our series owners/partners
  - Identifies and Act on Mandated Gaps in Care
  - Utilizes PVBM's Virtual Support Network to Ensure Compliance

# Precision Risk Share Cooperative, LLC

- Available Enrollment Options
  - Hybrid Eligible Provider Compensation- Capitation bonus \$30 PMPM
  - Full Risk
  - 50% Risk
  - Zero Risk
- PVBM Series LLC
  - 50% Ownership and Management of Your Own Series LLC POD
  - Define Rules and Risk Preference Together
  - Shield Against Performance Deficiencies
  - Open to Hospitals, ACOs and Other Organizations

# PVBM Platform and Ancillary Service Revenue

What medically necessary services are needed based on each individual provider?

What services need to be added, removed, enhanced, etc.?

What service providers, by ancillary, are the best fit for the practice and patient population needs?

What specific staffing team will PVBM assign?

Are the targets, Medicare, Medicare Advantage, ACO and/or commercial patients, or all of the above?

# Compliance

- Customizable program based on the needs of the provider
  - Flexible to create macro or micro strategies rather than forcing one particular program
- Improved provider risk scores (RAF) and triage of high-risk patients
- We drive the highest compliant Patient Complexity Scores for Medicare Advantage and ACOs to assure maximum shared savings
  - Higher ROI-Increased Revenue to manage your Patients
- Increased coding accuracy and gaps in care closure
  - We quickly help identify HCC Gaps and provide solutions
  - We create a full picture view of each patient generating a better care plan

# Implementation Process



- Documentation and Contracting Components
  - NDA, BAA, Precision Risk Sharing Cooperative Forms & PVBM MSA
- General Program Implementation
  - Submission of Patient Data for EPV or Live Practice Valuation (LPV)
  - Joint Review of Initial EPV or LPV
  - Final Scoping of Project-Execution of MSA
  - Staff Orientation & Initiation of Program by PVBM
- Service Management
  - Initial and Ongoing Delivery of Ancillary Services
- Ongoing Program Management
  - We Partner with you to Deliver Maximum Program Benefits without interfering with your staff or practice workflow.

## Next Steps

### Request

Request a Complimentary Practice Analysis

### Execute

Execute PVBM Mutual Confidentiality Agreement (MCA) and HIPAA Business Associate Agreement (BAA)

### Provide

Provide Detail for Complementary Practice Valuation

- Basic Information:

### Practice

Practice Analysis Results in as little as 24 Business Hours

# The Best Decision...



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Thank you for your time

For more information, please visit  
[www.precisionvbm.com](http://www.precisionvbm.com)

or contact your local representative