



Precision Value Based Management

Before We Start - Understanding Patient Engagement

In the value-based world, results are driven by medical necessity and patient engagement. Our platform covers both with no disruption of the practice or its workflow. The landscape is littered with programs from AWWs, to CCM/RPM to ancillary services that fail because the lack of, or breakdown of these two crucial components.

As great as our program is at identifying medical necessity and engaging the patients to make these tasks billable, it requires a professional staff engage and then to share the results with the patients. Even though this is expensive, it must be done. We front those costs until collections are received.

Most provider practices don't do well on their own unless they are willing to hire professional staff who does nothing but our patient engagement and follow up. Why? Providers typically have little or no experience in navigating these mandated waters and they get way behind. Our patient engagement team typically does more in one day (or less) than a provider's staff completes in a month. For example, our team recently completed 148 CCM visits and 72 AWW visits in the last three days of the month for a new account where their previous company had failed. Another practice doing their own patient engagement had 78 patients complete their assessments from the comfort of their own home, only to have the provider's staff complete only THREE patient assessment shares needed to make billable. How is this possible?

Depending on the size of the practice we will assign 2-4 PAs/NPs who only work with those patients. Our system allows the patients to complete only the tasks required at that time, and to then provide immediate results to the patient. Patients complete these mandated tasks in the comfort of their own homes online, can complete a written version at home or in your office, or can simply call a toll-free number. We also allow the patients to schedule their own appointment times for telemedicine follow up. This greatly shortens that part of that encounter and allows us to focus on next step care plans.

When our patient engagement team handles these tasks, we don't get paid unless we complete the tasks, and then, only after the provider is paid. Obviously a much greater incentive to be thorough. If the provider is ready to do it right and hire dedicated professional staff, then we have a model for that too, but why would you want to be out of pocket for this expense?

It's matter of choice, but providers need to be honest with themselves as to their committed level of participation. We don't want to seem to fail because the practice doesn't commit to the staffing requirements and focus on only our work. We would rather do it for you in that case.

Our hard cost for patient engagement is a flat fee approximate of 30% of collections, or an average of \$60.66 per patient encounter bundle (1-4 required assessments) for an average reimbursement of \$202.21. This comes off the top so that we are sharing equally in this expense. Please continue to the next page to review our three models. We can be underway with you in 72 hours after receiving the request data from your EMR. Thank you in advance.





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Our Three Main “Menu” Choices – Please Pick One

1. [Our Provider Model](#) – [*50/50 net of fixed costs](#) – Fully turnkey service where PVBM’s platform and professional staff of PAs, NPs and MAs act as contracted extenders for the practice. Operating as a “Shadow Clinic”, we perform all mandated and incentivized assessments and required follow up actions for medical necessities, in the background, away from the practice workflow. Results and notes are simply dragged and dropped into the practice EHR for immediate access by the provider. Expensive to operate, so we share a flat rate approximating a [*50/50 share after fixed expenses](#). [By far the best approach as we have seen too many failures when depending on the practice staff to navigate these largely unknown waters](#). We also provide billing directly into your system for all services that we perform on your behalf. All actions are dependent on medical necessity as determined by our platform that grades and ranks providers for payers, hospital systems and ACOs.
2. [The License, Navigate & Support Model](#) - [*70/30 net of fixed costs plus \\$1,000 per provider per month plus](#) - Perfect for medical groups, organizations and associations - We run the show behind the scenes as we do for all providers so that you can focus on what’s important in your office. There’s an annual \$100 per provider license fee, and a startup fee of \$1,000 per provider to assemble the platform to your specific needs, populate the platform with your patient data, and to setup the patient engagement website. Then our platform usage fee is \$1,000 per provider per month plus we share in [*30%](#) of the net revenue. Remember that our Sample Initial Practice Value (IPV) showed \$554,559.26 in missed mandated services. The only thing worse than losing that much money is being penalized for not taking it. It is well worth \$1,100 per provider to start and \$1,000 per month plus 30% to have superior value-based metrics and revenue that goes with it? Yes, an individual provider can do this.
3. [Our Per Click Model](#) – [\\$1,000 per provider per month plus \\$1 Per Assessment](#) - Great for large organizations like ACOs and self-insured companies. These entities would love to be armed with our system as it would put their value-based compliance and metrics through the roof, but they can’t afford the charges. With some offsetting conditions, we allow these groups to pay only \$1,000 per provider per month and \$1 per assessment with a \$1,000 minimum. For example, an ACO with an \$800 per year per patient allowance can’t afford the \$679.02 charge against that allowance for the three required “Bundles” totaling nine assessments. Instead, their cost with us would only be \$9. In addition, we have an arsenal of over 650 invaluable medical assessments that instantly give the patient their results and alert our platform and their physician or family member if urgent result attention is required.

Thank you in advance for your time and interest. Let’s get together for a Zoom presentation to help you to decide which program is the best fit for you. [One thing is clear, you must act now or face penalties](#). [If you’re not compliant by the end of 2022, you may no longer be a Medicare provider](#). Only our platform has these capabilities. Let’s make your future a giant success for you, your staff, your patients and your families! Please see the spreadsheet for program comparisons.

***Medicare does not allow percentage revenue shares. We utilize flat rates approximating these percentages.**

