# SOLUTIONS FOR VALUE BASED SCORING AND REVENUE CHALLENGES

Far Beyond the Capabilities of Your EHR







Are you providing all mandated care services to your entire patient



In 2023, there are both bonuses and severe penalties for failing to do so



The average individual provider is missing out on over 640k in estimated revenue for mandated services, and then getting penalized for not taking it



## THE BEST DECISION IS PRECISION!



#### Because of this:

We know the individual medical necessities of

After each encounter, new medical necessities and cally generated in seven categories to the CMS

Precision acts on these necessities on your behalf and complete the tasks



The results are superb value based metrics/compliance, improved patient satisfaction and patient health, along with the significant revenue that comes with it.

## PRECISION FOCUSES ON 4 PILLARS OF SERVICE



## **ANALYTICS**



#### **Microvision Analytics**

Snapshot or Estimated Practice Valuation ("EPV") of exactly how CMS scores you

#### **Dynamic Clinical Synchronization**

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

#### Strategic Coding Optimization (SCO)

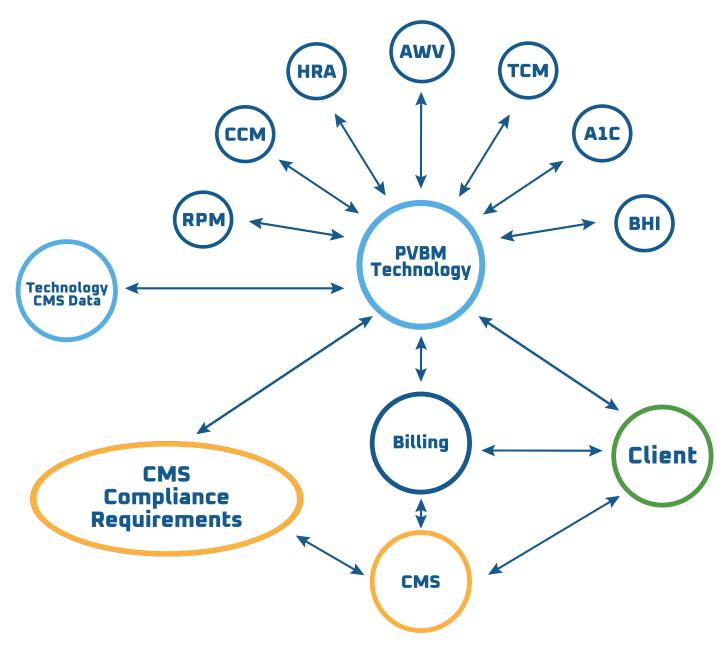
Identify coding compliance weaknesses and make recommendations

## **SERVICE FLOWCHART**

## Virtual Support Network Services\*

Remote Patient Monitoring Chronic Care Management Health Risk Assessments Annual Wellness Visit Transitional Care Management

A1C Test Behavioral Health Integration



## CMS DCE TRANSITION TO ACO REACH

Precision owns the very technology that grades and ranks Providers to the CMS Standard of Care (SOC). The Direct Contracting Entity (DCE) programs were attracting organizers with little or no healthcare experience in a market that requires very specific attention to the specific 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.

75%

Now providers and/or representatives must own 75% of the entity



DCEs 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 neglected such as AWV, TCM, CCM and RPM

## The Best Decision is PRECISION

## PRECISION RISK SHARE COOPERATIVE, LLC

#### **Precision Risk Share** Cooperative

- Optional Risk Program Offerings based on **Desired Level of Risk**
- Not limited or confined by any other Risk Share Structure
- Including ACO Reach, MSSP, PCF, ACO, MA Plan, and former **DCE Plans**

#### **Precision Risk Share** Cooperative Series LLC

- Complete freedom to engage with any risk share platform to best benefit Precision's series owners/partners
- Identifies and Acts on Mandated Gaps in Care
- Utilizes Precision's Virtual Support Network (VSN) to **Ensure Compliance**

#### **Available Enrollment Options**

- **Hybrid Eligible Provider Compensation Capitation** bonus up to \$30 PMPM
- Full Risk
- 50% Risk
- Zero Risk

#### **Precision** Series III

- 50% Ownership of Your Own Series LLC POD with Precision 50% ownership for managing
- Define Rules and Risk **Preference Together**
- Shield Against Performance Deficiencies
- Open to Hospitals, ACOs and Other Organizations

## PRECISION PLATFORM AND ANCILLARY SERVICE REVENUE

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

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 Precision 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 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 with Increased Revenue to manage your patients



#### Increased coding accuracy and gaps in care closure

- We quickly help identify Hierarchical Condition Categories (HCC) and provide solutions
- We create a full picture view of each patient generating a better care plan

## IMPLEMENTATION PROCESS



#### **Documentation and Contracting Components**

Mutual Confidentiality Agreement (MCA), Business Associate Agreement (BAA), Precision Risk Sharing Cooperative Forms and Provider Master Service Agreement (MSA).



#### **General Program Implementation**

- Accounting/Billing
- Office Logistics



#### **Service Management**

- Ongoing Delivery of Ancillary Services
- Ongoing Client Management



#### **Program Success**

 We Partner with you to Deliver Maximum Program Benefits without interfering with your staff or practice workflow.

## **NEXT STEPS**

Request

Request a Complimentary Client Analysis



**Execute** 

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



**Provide** 

Provide Detail for Complimentary
Practice Valuation

Basic Information Required



**Practice** 

Practice Analysis Results in as little as 24 Business Hours



For more information go to <u>PrecisionPVBM.com</u>

