



Precision Value Based Management

Understanding Patient Engagement

As you know, our program offers the provider to retain a flat fee approximate of 80% of the revenue if they use their own MA, or 60% if they use our staff. So, what is the difference? With regard to the stats surrounding patient engagement, I can offer the following general observations;

As great as our program is at identifying medical necessity and engaging the patients, to make these tasks billable, it requires someone (typically an MA) to share the results with the patients. For our first three contacts with the provider's patients, we expect conservatively 40% to 60% patient engagement. What is the difference between the 40% and the 60%?

Most provider practices don't do well on their own unless they are willing to assign an MA who does nothing but our follow up. The math is simple in that an MA costs \$20 to \$22 per hour and earns the provider \$200 to \$300 per hour. That said, providers typically have that MA do six other jobs and they get way behind on what we do to generate mandated and otherwise simple revenue.

When our patient engagement team handles these tasks, we don't get paid unless they complete the task, 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, the 80% flat rate approximate they retain is worth it but also earned. That said if they aren't willing to do have an MA do the follow work, they typically keep 80% of very little revenue.

We are happy to do it either way, but this is a fair overview of what we usually see. Sometimes providers will do the work for the low hanging fruit and then turn it over to us when the digging begins. We call this the "Hybrid" because the provider keeps the 80% on the easy tasks and then hands it off to use for those non-responders, who still must be contacted.

For example, if after the first three contacts 60% of the patients respond to our link, then does the provider want to chase the final 40%, or do they want us to do it? 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 your staff doesn't commit to the work. We would rather do it for you in that case. Hope this makes sense. Thank you in advance for your considered decision. [To finalize your contract please click here.](#)

