

URGENT – Onboarding Procedures

As much as PVBM provides fully turnkey models on behalf of the providers, there are certain permissions and access that we need to avoid bottlenecks and delays in the process. The reward is enhanced patient services, fewer compliance penalties and the very significant revenue that comes with it. It is absolutely necessary that we get the contact information from those in the practice in our areas of need, AND the provider tells that person to respond to us promptly. The great majority of delays happen at this point in the beginning from the provider's staff being nonresponsive.

Here's what we need to expedite this process. Please check the box when complete. Details to these requirements follow this summary.

- Data Request file – Need name, position and contact information for the best EHR tech person in the practice or organization. Who pulls data for the practice and/or records request? ONLY this person should attempt to retrieve this data and we need to be in communication with he or she. Once underway this person will also show us how to drag and drop or upload patient reports and results into your EHR to keep anyone in the practice from having to learn or login to our system.
- Email/Text Communications – Need name, position and contact information for the person who regularly communicates with your patients via email and/or text. ONLY this person should attempt to communicate our three editable messages to your patients.
- Billing person or company – Need name, position and contact information for the billing coordinator or person in the practice or organization. Value based billing is complicated, thus we submit and manage claims on your behalf daily for JUST the work we do on your behalf. We do not interfere with any of your current billing relationships or processes that you presently use. Again, the provider needs to tell this person to work with us so we can promptly begin collecting revenue for you.
- We need our contact signed with your choice of programs – The [Signup](#) sheet you signed to get your Initial Practice Value (IPV) was a soft letter on intent but is not the contract. Without the contract we cannot begin our work within the 72 hours that we promised. [Click here](#).

Data Request Form

Please give the Data Request form to your top EHR tech person. ONLY that person should try and pull the initial data that we need from your system. This will only take them about 10 minutes. We need to be in contact with that person to help simplify and expedite the process.





Precision Value Based Management Message & Methodology for Patient Communications

Messaging – Please feel free to edit to your taste

[Message 1 \(Preferably sent on a Wednesday\)](#)

Greetings,

I wanted to send out a short message informing you that you may be receiving some emails, phone calls and text messages regarding services we offer and certain required population health assessments. As of 2021 all insurance companies including Medicare now require their patients to complete various certain short assessment annually based upon medical neccisity.

When you get these messages or calls, please rest assured it is from Your Physician and/or companies we have contracted with to help best serve our patients in between visits to our office. If you have a question, please call MA Name at this extension.

Please click the link below that will take you directly to the assessments designed for you.

[Message 2 \(Sent on the next Wednesday\)](#)

If you have not yet completed your required Medicare assessments, please click here and do so ASAP. You may do so on your own devices at home, via a paper form or simply call [this number](#) or email our office and we can set you can do it over the phone. Thank you!

[Message 3 \(Sent on the next Wednesday\)](#)

I'm sorry but we have not received your needed assessments. Please contact us via [this link](#) to set a time for a virtual to complete your required Medicare assessments. Thank you.

Methodology

1. As you see above, we start with three separate emails one week apart.
2. Though you have the right to edit these emails, you par being penalized for patient's failure to engage. Please see the [Penalties tab of our website here](#).
3. We will need to work with whomever sends emails to patients on behalf of the practice so that these communications look no different to the patient than any other communications.
4. We need the provider to ask this person to respond promptly to our needs as this is a potential bottleneck in an otherwise simple process.
5. After these three emails we are able to communicate with the patient via our system, branded with your practice name.

Thank you in advance!

