



## Precision Value Based Management

Physicians are losing out on hundreds of thousands of dollars annually in missed mandated value-based metrics and population health assessments not supported by their EMRs.

Most physicians think that they are already doing these things via their EMRs. Not true! Our Initial Practice Analysis record for a physician achieving best practice potential is only 8%, and they had a staff of three that did nothing but these tasks. Further evidence that only technology can manage these demands! Your EMR is a forensic tool in that it only tells you what you did and not the hundreds of things you missed. It also can't engage your patient to complete the task. Only PVBM can!

Precision Value Based Management owns the very technology that grades and ranks physicians for payers, hospital systems and ACOs, with over 21 million patients currently being tracked. We know exactly what is expected of each physician practice. For example, even if you did Annual Wellness Visits/AWV and Health Risk Assessments/HRA for every patient, you will still be penalized for failing to act on medical necessities found within those results. Physicians are completely unaware this is even happening. Only our platform can identify these deficiencies, engage your patients, and drive this missed revenue for you! [Get your complimentary analysis today!](#)

### Benefits to Hospitals & ACOs

**Hospitals** – the low hanging fruit are small to medium sized hospitals with physician employees. Our platform drives \$10,000 to \$30,000 per month per NPI for services the physicians are required but failing to do. Our platform will also identify medical necessity for the entire patient population for other hospital departments and services. We provide the glue to lift all departments within your hospital system.

### ACOs - Even the Best ACOs Can't Save Their Way to Prosperity

There are no better masters of the management of minutiae than ACO leaders. That said, the game is fixed. Just like in sales where the reward for hitting a "quota" is usually to cut the territory in half and double the next quota, the shared savings pool is shrinking to the point that many ACOs are going under because they can no longer pay their own administration costs. What's worse is that statistically, even though most ACOs reach or exceed their production and cost savings targets, barely over 10% make distributions to their physician members with the average being around \$1,800 per year or \$150 per month! It's time for some REAL revenue.

We don't touch the ACO side of the business. Rather we focus on the non-ACO part of the physician's practice, beginning with straight Medicare patients. As a managing partner with us, your earnings can considerably offset your administrative costs making your ACO capable of issuing true distributions. Meanwhile your physician partners also receive the new and significant revenue from their non ACO business through our program.

NOW – when you participate with us on the physician's non ACO business, we allow you to use all 32 of our mandated assessments for only \$1 per assessment. For example, every Medicare patient requires three bundles of assessments that reimburses \$679.02. You're not doing these because of the cost, yet your value-based metrics would be much higher if you did. Our cost to you per patient is \$9.

