

Precision Value Based Management

Revenue Boost Program

Medicare Main Mandated Assessment Package	
Patients in Practice	2,300
Percentage Medicare - 35%	805
Mandated Assessment Package Reimbursement	\$400.00
<i>(AWV, HRA, Gad7, Dementia)</i>	
Management Cost - Total Per Patient	\$80.00
\$80 Fees Breakdown As They Occur	
#1-Determine Medical necessity	\$20.00
#2-Engage the Patient	\$20.00
#3-Results to Physician for Patient	\$20.00
#4-Billing Bundle Batch File	\$20.00
Total Revenue	\$322,000.00
Expense	\$64,400.00
Net to Physician	\$257,600.00

Cost
20.00%

Ongoing/Recurring Lesser Assessments Annually	
Patients in Practice	2,300
Percentage Patients Eligible - 50%	1,150
Ongoing/Recurring Lesser Assessments*	\$75.00
<i>(BHI, DAST-10, etc)</i>	
Management Cost - Total	\$40.00
#1-Determine Medical necessity	\$10.00
#2-Engage the Patient	\$10.00
#3-Results to Physician for Patient	\$10.00
#4-Billing Bundle Batch File	\$10.00
Total Revenue	\$86,250.00
Expense	\$46,000.00
Net to Physician	\$40,250.00

Cost
53.33%

TOTALS	
Total Revenue	\$408,250.00
Expense	\$110,400.00
Net to Physician	\$297,850.00
Per Month	\$24,820.83

Cost
27.04%