



Precision Value Based Management

How It Works - Our Three Main “Menu” Choices

1. [Our Provider Model](#) – ***50/50** - A turnkey service where PVBm’s platform and professional staff of PAs, NPs and MAs act as contracted extenders for the practice. Operating as a “Shadow Clinic”, we perform all of the mandated and incentivized assessments and required follow up actions for medical necessities, in the background, away from the practice workflow. Results and notes are simply dragged and dropped into the practice EHR for immediate access by the provider. This is very expensive to operate, hence a ***flat rate** approximating a 50/50 share. By far the best approach as we have seen too many failures when depending on the practice staff to navigate these largely unknown waters. We also provide billing directly into your system for all services that we perform on your behalf. All actions are dependent on medical necessity as determined by our platform that grades and ranks providers for payers, hospital systems and ACOs.
2. [The License, Navigate & Support Model](#) - ***70/30** – Perfect for Medical Groups, Organization and Associations - We run the show behind the scenes as we do for all providers so that you can focus on what’s important in your office. There’s an annual \$100 per provider license fee, and a startup fee of \$1,000 per provider to assemble the platform to your specific needs, populate the platform with your patient data, and to setup the patient engagement website. No further payments for 90 days, and then our fee is \$1,000 per provider per month. Remember that our Sample Initial Practice Value showed \$554,559.26 in missed mandated services. The only thing worse than losing that much money is being penalized for not taking it. It is well worth \$1,100 per provider to start and \$1,000 per month to have superior value-based metrics and revenue that goes with it? Our Patient Engagement Team contracts as your extenders.
3. [Our Per Click Model](#) – [\\$1 Per Assessment](#) - Great for large organizations like ACOs and self-insured companies. These entities would love to be armed with our system as it would put their value-based compliance and metrics through the roof, but they can’t afford the charges. With some offsetting conditions, we allow these groups to pay only \$1 per assessment. For example, an ACO with an \$800 per year per patient allowance can’t afford the \$679.02 charge against that allowance for the three required “Bundles” totaling nine assessments. Instead, their cost with us would only be \$9. In addition, we have an arsenal of over 650 invaluable medical assessments that instantly give the patient their results and alert our platform and their physician or family member if urgent result attention is required.

Thank you in advance for your time and interest. Let’s get together for a Zoom presentation to help you to decide which program is the best fit for you. One thing is clear, you must act now or face penalties. If you’re not compliant by the end of 2022, you may no longer be a Medicare provider. Only our platform has these capabilities. Let’s make your future a giant success for you, your staff, your patients and your families!

***Medicare does not allow percentage revenue shares. We utilize flat rates approximating these percentages.**

