Precision Value Based Management

Program Components

ALL eight programs are mandated and incentivized with specific CPT codes for reimbursement. Programs are driven by medical necessity from our Assessments

1. <u>HRA – Health Risk Assessment</u> – <u>Mandated by the ACA, therefore, no deductible or copayment</u>. This is required annually for ALL patients and will produce medical necessity for many high complexity lab and other diagnostics in order to get ahead of big disease states. We make sure those happen.

2. <u>AWV – Annual Wellness Visit</u> - <u>Mandated by the ACA, therefore no deductible or copayment</u>. This is done once a year for all Medicare and managed Medicare patients. If less than 60% of your patients have the AWV you will face a 4% penalty against all of your Medicare reimbursements.

3. <u>CCM – Chronic Care Management</u> – Includes the oversight and management of processes and protocols to help patients who suffer from chronic illness. Currently there are over 31 disease states that qualify. CCM also identifies and drives medical necessity for many other action items.

4. <u>BHI – Behavioral Health Integration</u> - BHI is required for any patients on narcotics or other controlled substances. BHI also supports patients between visits with a variety of mood, anxiety, cognitive and psychotic disorders in addition to patients with drug and alcohol addiction.

5. <u>RPM – Remote Patient Monitoring</u> - RPM technology enables monitoring of patients outside of clinical settings, which increases access to care and decreases healthcare delivery costs.

6. <u>TCM – Transition Care Management</u> - Mandated and incentivized. TCM includes services provided to a patient involving a transition of care from one facility (usually a hospital or other acute care facility) to another type of facility (usually rehab or SNF). The physician has seven to fourteen days to exercise this control or will lose this reimbursement opportunity to direct where the patient goes.

7. <u>ACP – Advance Care Planning</u> - ACP is a process that enables individuals to make plans about their future health when/if they are unable to make or communicate their own healthcare choices.

8. <u>Telehealth</u> - Includes services that are similar to office visits, consultations etc., but are furnished using a face to face technology platform. Currently there exist over 100 codes for CMS that qualify. We only use the most commonly utilized codes. PAs/NPs can provide these services for.