**The Precision Automated Patient Interface (PAPI)**

An effective, low-cost tool that allows a provider to electronically engage with their patients, obtain necessary pre-assessment data and, when completed, the patient to self-schedule in the providers patient portal as an add on service option. Electronic engagement will be completed through text and email based on provided contact information provided by the Provider. The advantages of this methodology are:

* The Provider will only have to pay for services once the pre-assessments are completed
* Engagement of the patient is done away from and without distraction to the Provider’s practice or workflow
* Once pre-assessments are completed, the patient will be directed to schedule a visit with the Provider
* The Provider is only paying for those services in which the patient engaged
* There is a small one-time fee without extended contractual commitments
* Though this model can be used on a stand-alone service, expansion to full service or hybrid Fee for Service models can be accommodated if requested using the same platform, so there is no need to contract with a different vendor if practice needs change

**Fees**

Fees are very simple and straight forward. Flat fees are charged at $15 for completion of 3 assessments. As an option, the Provider fee is a $5 for connection between the PAPI and the Provider practice to allow for patient self-scheduling in the Providers Patient Portal.

**Bottom Line**

As an example, the pre-assessment work for an Annual Wellness Visit (AWV) plus the ability for the patient to self-schedule once completed is a one-time fee of $20. Once that cost is removed, the Provider is keeping approximately $120 of the reimbursement for that AWV.

Because engagement is done through leveraging electronic outreach, the ability to reach and schedule a larger proportion of patients for the AWV can be achieved. This efficiency can result in not only higher engagement, but also proportionally higher revenue.

In addition, because Standardized Assessments are used, higher quality and more consistent data is obtained, which increases Regulatory Compliance Metrics. With the potential for a 9% bonus or 9% penalty on every Medicare dollar based on the full MACRA which took affect in calendar year 2022 and will directly impact payments in 2023, ensuring accuracy is both good for business and for managing patient outcomes.

Finally, through enhanced engagement and improved accuracy of understanding a patients’ true health complexity, meaningful measures like RAF scores and other reimbursement affecting metrics will be obtained, which has a direct effect on future capitated reimbursement rates on Medicare Advantage patients. The effect can be significant over time and, when combined with potential penalties or bonuses, it is critical to be as accurate as possible in order to maximize revenue.