



**PRECISION PVBMT
PROVIDER COMPLIANCE
METRICS DATABASE
& ROI CALCULATOR
EXPLAINED**

Feel free to download and print this guide
for quick reference while you work

Since 2007 Precision has been taking the same data used to penalize providers and show them how to win. One of the most used and invaluable resources for prospecting and presentation are the [PVBMT \(Precision Value Based Management Technology\)](#) website, and our [ROI Calculator](#). We built and own both tools.

In short, [PVBMT](#) is fed by CMS and eight other data sources. We default to CMS (Medicare), so everyone gets an apples and apples comparison. We would lose that simple reflection if we mixed in other data sources that may not apply to everyone.

CMS updates all providers on a rolling 90-day schedule, and we update our database nightly. Not only can we tell the organization of provider where they are today in the eyes of CMS, but we can track our progress as we work through each subsequent quality measures target. We have the most current compliance data on 1,061,000 providers.

Medicare data represents an estimated 20% of the total practice, but likely reflects the same care gap types across other payers. We can extrapolate these numbers by five and have an accurate portrayal of the entire practice. If the practice knows their percentage of Medicare patients within the population, we can adjust that number to the total.

PVBMT is our proprietary dashboard that connects all these various data inputs. According to one "CMS Handler". Yes, you are appointed a handler if you work with CMS, they apparently love our graphic expression of their data summary. If you have ever looked at even the limited CMS post pay data, usually 18-24 months old, there are tens of columns of data that makes little sense to most of us.

WE PROVIDE UNLIMITED PVBMT ACCESS TO OUR MANAGING & STRATEGIC PARTNERS, YOU!

Why Is this so important? Your RAF Score (Risk Assessment Factor) is your public credit report and affects your contracted rates!

- 1.** The CMS Standard of Care requires that you act on each individual medical necessity for every patient. Only Precision has this real time data which updates after each subsequent encounter.
- 2.** If you find no CMS data because your services were billed under another provider number, or you have no billing history with Medicare, our ROI Calculator mimics those metrics exactly.
- 3.** On the attached sample, CMS says the provider missed \$333,901. Typically, per 100 patients responding, and you only pay if they respond, you can expect revenue of \$12,100 for \$2,000 after you are paid by the payer."

*From just the first 10 PVBMT reports for an organization with 700+ providers, they were averaging missed revenue of \$353K EACH!



LIMITATIONS OF DATA AVAILABILITY

If the provider is the “[Supplying Provider](#)” rather than the “[Billing Provider](#)”, or does not, or has not seen Medicare patients, there will be no data available. This is when we pivot to the ROI Calculator.

THE PRECISION ROI CALCULATOR

Our [ROI Calculator](#) only requires you to put in the total number of patients and then we apply other known metrics to the calculations. We use this as a primary source if we have no provider data in PVBMT. The purpose of this new “[Explained](#)” document is to guide how to read or interpret each and/or both reports from PVBMT and the ROI Calculator.

PVBMT EXPLAINED

The top half of the PVBMT report shows [RAF Score](#), [Missed Opportunity](#), and [Quality Measures](#) where the dollar value in missed services is represented. The bottom half of the report shows the percentage compliance in the 16 most common Quality Measures.

We have over 50 Quality Measures that we can measure but these are the most often tracked. Unfortunately, without Precision, these organizations and their providers are largely in the dark.

1

RAF SCORE

Is a combination of the risk profile of the entire patient base, then compared to outcomes of other providers with similar risk profiles. This [Risk Stratification](#) tells the payer how risky it is to work with that provider. The RAF Score has been likened to a public report and will ultimately affect reimbursements to that provider.

2

MISSED OPPORTUNITY

Missed Mandated Services (Opportunity) is quite simply a failure to act where medical necessity was found, which is the base requirement for the [CMS Standard of Care](#). Not only does the provider miss this revenue, but they are penalized in various ways for not taking it.

3

QUALITY MEASURES

Value Based Medicine is about getting ahead of big disease states and are tracked for compliance with Quality Measures. Like the tax code, there are incentives for behaving in a preferred or required manner, which is pay for completed mandated assessments and services, or penalties for failure to comply.

These can be financial penalties, adverse effect on your Shared Risk/ACO/Medicare Advantage programs, or a negative impact to your RAF score. All these directly or indirectly impact your future reimbursement.

Again, without Precision, there is no way to know where you stand, act on these deficiencies, gain the rewards and/or much less, with your staff doing nothing different from what they do today.



THE ROI CALCULATOR IS SO SIMPLE TO WORK

LET'S MAKE IT
EASY TO READ



PART ONE

PER ENGAGEMENT NUMBERS - MONTHLY

1. On row 5 you enter the total number of patients in the practice or group.
2. Row 6 says we expect 75% of those patient contacts to be valid.
3. Row 7 gives us the number of patients with valid contact information.
4. Row 8 tells us that we expect a 40% patient response rate.

**BTW this is also 30% of the gross number of patients if you want a quick calculation.*

5. Row 9 is the actual number of patients responding. Precision is paid \$20 for the technology that generated each of these completed responses.



RISK STRATIFICATION SECTION

1. Every Moderate Risk patient will, by medical necessity, require a virtual or in office visit at about \$90 to the provider. We take none of that.
2. Every High Risk patient will, by medical necessity, require an in office visit AND a virtual live or follow-up visit for about \$180. We take none of that either, just our \$20 after the provider is paid.
3. We immediately facilitate these patients onto the provider's schedule at their direction.
4. Patients are prompted to take these scheduling actions within the autoresponder from our AI Embedded Assessments (AI-E).
5. Our current database metrics across all groups show that we expect 14.33% to be Low Risk, 29.61% to be Moderate Risk, and 56.06% to be High Risk. Surprised?



PATIENT ENGAGEMENT & CLAIM FOLLOW-UP

We have incorporated those numbers into the calculations and value.





CARE COORDINATION & FOR MANDATED/OTHER ANCILLARY SERVICES

1. We conservatively estimate that 30% of the total patients will need follow-up care over the following two months.
2. We very conservatively say that net value would be about \$40 for each encounter to the provider. Don't most of your ancillaries exceed this estimate?
3. The other 70% will either receive further [Precision AI Embedded Assessment](#) (AI-E) specific to their individual patient's medical necessities, or a rotation of AI-E Health Risk Assessment (HRA), AI-E General Anxiety & Depression (GAD7), and AI-E Social Determinants of Health (SDoH).



FREQUENT OF SERVICES - ANNUAL TOTAL

AI-E HRA - Quarterly

Others - Monthly at a 30% participation rate.

[CLICK HERE](#)

PLEASE CLICK THE LINK ABOVE TO SEE YOUR ROI CALCULATOR



DR. ZHIVAGO

LOCATION

3901 Nostrand Ave Suite L11,
Brooklyn, NY, 11235

SPECIALTY

Internal Medicine

ENTITY TYPE

Individual

NPI NUMBER

1124198304

Risk Score

1.1206

Total Beneficiaries

536

Total Services

6023

Missed QM Opportunity

\$333,901.00

EKG Opportunity

\$30,495.00

ABi Opportunity

\$10,938.00

AWV Opportunity

\$74,560.00

MH Opportunity

\$22,896.00

RPM

\$65,606.40

CCM

\$20,868.81

Sr. No.	Quality measures	QM Reported (%)	QM Not Reported (%)	QM Cost (\$)	QM Missed Opportunity cost (\$)
1	Atrial fibrillation	54(10%)	482(90%)	\$ 81	\$39,042.00
2	Alzheimer	70(13%)	466(87%)	\$ 160	\$74,560.00
3	Asthma	32(6%)	504(94%)	\$ 19	\$9,576.00
4	Cancer	70(13%)	466(87%)	\$ 20	\$9,320.00
5	Congestive Heart Failure	75(14%)	461(86%)	\$ 68	\$31,348.00
6	Chronic Kidney Disease	118(22%)	418(78%)	\$ 60	\$25,080.00
7	COPD	64(12%)	472(88%)	\$ 43	\$20,296.00
8	Depression	59(11%)	477(89%)	\$ 48	\$22,896.00
9	Diabetes	139(26%)	397(74%)	\$ 48	\$19,056.00
10	Hyperlipidemia	338(63%)	198(37%)	\$ 11	\$2,178.00
11	Hypertension	348(65%)	188(35%)	\$ 15	\$2,820.00
12	Ischemic heart disease	182(34%)	354(66%)	\$ 62	\$21,948.00
13	Osteoporosis	54(10%)	482(90%)	\$ 17	\$8,194.00

Sr. No.	Quality measures	QM Reported (%)	QM Not Reported (%)	QM Cost (\$)	QM Missed Opportunity cost (\$)
14	Rheumatoid Arthritis	220(41%)	316(59%)	\$ 17	\$5,372.00
15	Seizures	11(2%)	525(98%)	\$ 19	\$9,975.00
16	Stroke	16(3%)	520(97%)	\$ 62	\$32,240.00
				Total	\$333,901.00

SERVICES PROVIDED BY THIS PROVIDER

ID	HCPCS Code	Description	Drug	Place of Service	No. of Services	No. of Beneficiaries	Avg. Submitted Charge	Avg. Medicare Allowed Amount	Avg. Medicare Payment	Completed (%)	Missed (%)	Rate (\$)	Missed Opportunity (\$)
1	0011A	Adm sarscov2 100mcg/0.5mlist	N	O	51	51	\$50.00	\$23.59	\$23.59	9.51%	90.49%	\$ Enter Rate	
2	0012A	Adm sarscov2 100mcg/0.5ml2nd	N	O	51	51	\$50.00	\$47.64	\$47.64	9.51%	90.49%	\$ Enter Rate	
3	36415	Insertion of needle into vein for collection of blood sample	N	O	859	398	\$10.00	\$2.98	\$2.98	74.25%	25.75%	\$ Enter Rate	
4	80061	Blood test, lipids (cholesterol and triglycerides)	N	O	314	235	\$39.73	\$13.31	\$13.31	43.84%	56.16%	\$ Enter Rate	
5	82270	Stool analysis for blood to screen for colon tumors	N	O	50	50	\$25.00	\$4.36	\$4.36	9.33%	90.67%	\$ Enter Rate	
6	82306	Vitamin d-3 level	N	O	165	159	\$100.00	\$29.51	\$29.51	29.66%	70.34%	\$ Enter Rate	
7	83036	Hemoglobin ale level	N	O	61	45	\$25.00	\$9.68	\$9.68	8.40%	91.60%	\$ Enter Rate	
8	84439	Thyroxine (thyroid chemical) measurement	N	O	262	213	\$25.27	\$8.96	\$8.96	39.74%	60.26%	\$ Enter Rate	
9	84443	Blood test, thyroid stimulating hormone (tsh)	N	O	263	214	\$86.75	\$16.69	\$16.69	39.93%	60.07%	\$ Enter Rate	
10	85025	Complete blood cell count (red cells, white blood cell, platelets), automated test	N	O	469	306	\$25.12	\$7.71	\$7.71	57.09%	42.91%	\$ Enter Rate	
11	90662	Vaccine for influenza for injection into muscle	Y	O	198	194	\$75.00	\$60.76	\$60.76	36.19%	63.81%	\$ Enter Rate	
12	90670	Pneumococcal vaccine for injection into muscle	Y	O	37	37	\$400.00	\$225.86	\$225.86	6.90%	93.10%	\$ Enter Rate	
13	90732	Vaccine for pneumococcal polysaccharide for injection beneath the skin or into muscle, patient 2 years or older	Y	O	75	74	\$70.00	\$69.76	\$69.76	13.81%	86.19%	\$ Enter Rate	
14	93000	Routine ekg using at least 12 leads including interpretation and report	N	O	287	272	\$75.00	\$20.07	\$14.31	50.75%	49.25%	\$ Enter Rate	
15	99203	New patient office or other outpatient visit, typically 30 minutes	N	O	12	12	\$150.00	\$121.98	\$81.99	2.24%	97.76%	\$ Enter Rate	

ID	HCPCS Code	Description	Drug	Place of Service	No. of Services	No. of Beneficiaries	Avg. Submitted Charge	Avg. Medicare Allowed Amount	Avg. Medicare Payment	Completed (%)	Missed (%)	Rate (\$)	Missed Opportunity (\$)
16	99204	New patient outpatient visit, total time 45-59 minutes	N	O	17	17	\$250.00	\$203.64	\$153.36	3.17%	96.83%	\$ <input type="text" value="Enter Rate"/>	
17	99212	Established patient office or other outpatient visit, typically 10 minutes	N	O	913	370	\$100.00	\$46.94	\$34.79	69.03%	30.97%	\$ <input type="text" value="Enter Rate"/>	
18	99213	Established patient office or other outpatient visit, typically 15 minutes	N	O	735	368	\$150.00	\$80.85	\$53.42	68.66%	31.34%	\$ <input type="text" value="Enter Rate"/>	
19	99214	Established patient office or other outpatient, visit typically 25 minutes	N	O	462	292	\$200.00	\$120.53	\$74.59	54.48%	45.52%	\$ <input type="text" value="Enter Rate"/>	
20	99215	Established patient office or other outpatient, visit typically 40 minutes	N	O	18	18	\$200.00	\$161.27	\$86.21	3.36%	96.64%	\$ <input type="text" value="Enter Rate"/>	
21	99441	Physician telephone patient service, 5-10 minutes of medical discussion	N	O	43	34	\$125.00	\$66.06	\$52.85	6.34%	93.66%	\$ <input type="text" value="Enter Rate"/>	
22	99442	Physician telephone patient service, 11-20 minutes of medical discussion	N	O	11	11	\$130.00	\$111.16	\$61.79	2.05%	97.95%	\$ <input type="text" value="Enter Rate"/>	
23	99497	Advance care planning by the physician or other qualified health care professional	N	O	13	13	\$150.00	\$94.68	\$68.32	2.43%	97.57%	\$ <input type="text" value="Enter Rate"/>	
24	G0008	Administration of influenza virus vaccine	N	O	198	194	\$25.00	\$19.73	\$19.73	36.19%	63.81%	\$ <input type="text" value="Enter Rate"/>	
25	G0009	Administration of pneumococcal vaccine	N	O	113	111	\$25.00	\$19.69	\$19.69	20.71%	79.29%	\$ <input type="text" value="Enter Rate"/>	
26	G0179	Physician re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient	N	O	46	31	\$100.00	\$47.02	\$32.12	5.78%	94.22%	\$ <input type="text" value="Enter Rate"/>	
27	G0180	Physician certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient st	N	O	14	14	\$100.00	\$60.96	\$48.20	2.61%	97.39%	\$ <input type="text" value="Enter Rate"/>	
28	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	N	O	12	12	\$200.00	\$184.99	\$184.99	2.24%	97.76%	\$ <input type="text" value="Enter Rate"/>	
29	G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	N	O	258	258	\$150.00	\$130.02	\$130.02	48.13%	51.87%	\$ <input type="text" value="Enter Rate"/>	
30	G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an establ	N	O	123	85	\$25.00	\$14.79	\$10.26	15.86%	84.14%	\$ <input type="text" value="Enter Rate"/>	

Precision Healthcare Technology
Return on Investment & Total Value Calculator

Input Data - Patients Counts & Risk Stratification		Enter Your Total	
Total Number of Providers in the Group	3	<<--Patients	
Total Number of Patients in the Group	5,000		
Patients with Valid Contact Information	75		
Number of Patients with Valid Contact Information	3,750		
Expected Percentage of Patient Response Rate	40		
Actual Number of Patient Responses	1,500		
Risk Stratification Breakdown		Start %	1 Year %
Number of Green or Low Risk Patients - Typical Start -	214.95	14.33%	8.62%
Number of Yellow or Moderate Risk Patients - Typical	444.15	29.61%	55.77%
Number of Red or High Risk Patients - Typical Start -	840.90	56.06%	35.61%

Patient Engagement Claim & Follow Up	#	Billed	TOTAL	Follow Up	Visits Needed	CPT
E-Visit-99421 - Low Risk	214.95	\$28	\$6,019	0.00	\$0	\$6,019 99421
E-Visit-99422 - Moderate - Requires Virtual or Office Vis	444.15	\$38	\$16,878	444.15	\$39,974	\$56,851 99422
E-Visit-99423 - High Risk - Requires Live Visit Plus a Follo	840.90	\$48	\$40,363	1,681.80	\$151,362	\$191,725 99423
TOTAL	1,500	Paid Claims	\$63,260	2,125.95	\$191,336	\$254,595 <- TOTAL Value

Blended	Expected PHT Cost for This Period - ->>	\$30,000	
Care Coordination / Mandated Ancillaries - 30%	\$40	TOTAL Revenue	\$224,595 Net Value
Individual Patient Medical Necessity Updates With Each	450	\$18,000 Monthly	11.78%
		\$272,595 Total Gross Revenue	Cost to Benefit
		\$242,595 Total Net Revenue	

Frequency of Services
Primary Patient Engagement - Quarterly
Care Coordination and Ancillaries - 30% Need Monthly

Patient Engagement Claim & Follow Up - Annually	#	Billed	TOTAL	Follow Up	Visits Needed	
E-Visit-99421 - Low Risk	859.80	\$28	\$24,074	0.00	\$0	\$24,074
E-Visit-99422 - Moderate - Requires Virtual or Office Vis	1,776.60	\$38	\$67,511	1,776.60	\$159,894	\$227,405
E-Visit-99423 - High Risk - Requires Live Visit Plus a Follo	3,363.60	\$48	\$161,453	6,727.20	\$605,448	\$766,901
TOTAL	6,000.00	Paid Claims	\$253,038	8,503.80	\$765,342	\$1,018,380 <- TOTAL Value

Blended	Expected PHT Cost for This Period - ->>	\$120,000	
Care Coordination for Mandated/Other Ancillaries - 30%	\$40	TOTAL Revenue	\$898,380 Net Value
Individual Patient Medical Necessity Updates With Each	1,800	\$72,000 Annual	11.78%
		\$1,090,380 Total Gross Revenue	Cost to Benefit
		\$970,380 Total Net Revenue	