

# BBS/PVBM Intro and Overview

RE: REQUEST FOR COMPLIMENTARY PRACTICE ANALYSIS

## A Little About Our “Value Based & Population Health Programs “

Physicians are losing out on hundreds of thousands of dollars annually in missed mandated value-based metrics and population health assessments not supported by their EHRs.

"[Precision Value Based Management](#)" owns the very technology that grades and ranks physicians for payers, hospital systems and ACOs, with over 21 million patients currently being tracked. We know exactly what is expected of each physician practice and every individual medical necessity of their patients. Every time there is an update to the condition or patient record, new medical necessities are found within those results, which our system then acts upon.

For example, even if physicians did Annual Wellness Visits/AWV and Health Risk Assessments/HRA for every patient, they will still be penalized for failing to act on medical necessities found within those results. Physicians are completely unaware this is even happening. Only our platform can identify these deficiencies, engage your patients, and drive this missed revenue for you!

Our example practice you will see shows missed revenue for medically necessary mandated services of \$554,559.26. This our lowest example as most are well into seven figures. The only thing worse than missing out on this type of revenue is being penalized for not taking it. That is exactly what happens.

## Do you have ancillary services you are trying to grow?

How about CCM or RPM? We own our own CCM and RPM tracking/billing app but we're happy to help you grow all of your programs by finding who has medical necessity and then engaging them. We also have several high value and revenue ancillary service partners that use our system to determine medical necessity for their products and services. We're happy to connect you to those as well.

To start, simply go to our website at [precisionvbm.com](http://precisionvbm.com), and either watch the short video near the top, or click on the PDF version just above it. This will show you the current Medicare Penalties, what our technology does that no other can, and a sample of what revenue you are not only missing but getting fined for not taking. Just below the video is a list of Benefits to the Provider, including no upfront cost and nothing owed until insurance pays.

If you are looking to apply the program to hospitals, ACOs, ALFs/SNFs, ancillary service providers or even rep groups, there are a series of one-page explanations under the [Opportunities tab](#) of our website. We also do licensing and white labeling for larger organizations and associations if that is a better fit. We even have a pay per click model for ACOs and self insured companies who can't afford to pay insurance rates in at risk situations. For more information please click on the [Program Options tab](#).

Once you finished here, please click on the [Signup tab](#) at the top of the page to see exactly what your practice is missing to the penny. Thank you in advance and we sincerely look forward to working with you.

**Doug Sparks**

CEO/Founder

**Precision Value Based Management**

[precisionvbm.com](http://precisionvbm.com)

# Our Technology Compliance Program is Easy as 1,2 3

Physicians are losing out on hundreds of thousands of dollars annually in missed mandated value-based metrics and population health assessments not supported by their EHRs.

Precision Value Based Management owns the very technology that grades and ranks physicians for payers, hospital systems and ACOs, with over 21 million patients currently being tracked on the institutional side. We know exactly what is expected of each physician practice. For example, even if you did Annual Wellness Visits/AWV and Health Risk Assessments/HRA for every patient, you will still be penalized for failing to act on medical necessities found within those results. Most physicians are completely unaware this is even happening. Only our institutional platform can identify these deficiencies, engage your patients, and drive this missed revenue for you! In 24 hours, we can tell you exactly what revenue you are missing!

1 – Let’s start with the CMS Penalties! Here is what CMS will TAKE BACK from you if you fail to meet their standards. These take backs are from your gross Medicare receipts for the year. If providers don’t meet these standards by the end of 2022, they will no longer be Medicare providers! For more information please click here for our Penalties Tab.

PERFORMANCE YEAR	MEDICARE PART B PAYMENT ADJUSTMENT YEAR	MAXIMUM -% MIPS PENALTY	MAXIMUM +% MIPS BASE INCENTIVE	MAXIMUM +% MIPS EXCEPTIONAL PERFORMANCE BONUS
2017	2019	-4%	+4%*X (Actual 0.29%)	+10%*Y (Actual 1.59%)
2018	2020	-5%	+5%*X (CMS predicts 0.30%)	+10%*Y (CMS predicts 1.75%)
2019	2021	-7%	+7%*X (CMA predicts 1.11%)	+10%*Y (CMS predicts 3.58%)
2020	2022	-9%	+9%*X	+10%*Y
2021	2023	-9%	+9%*X	+10%*Y
2022	2024	-9%	+9%*X	+10%*Y

2 – Let’s look at what your EHR is missing. Every item in the red box that says, “Pending”, might as well say “Penalty”. Every item that says, “Completed” might as well say, “PAID”. Our technology reaches out to each patient individually with their own specific medical necessity with a single click. No waiting for them to come to the office. Massive new revenue and visit uptick immediately. BTW – the ONLY thing done on these was the AWV. This is a failing grade!

inCONNECT Portal							
 <p>Training Provider Practice Provider</p> <ul style="list-style-type: none"> <li>Dashboard</li> <li>Patients</li> <li>Authorization</li> <li>Orders</li> <li>Reports</li> <li>Refer Patient</li> <li>Encounters</li> <li>Assessments</li> <li>Physical Assessments</li> <li>Appointments</li> <li>Tolerance Report</li> <li>Messages</li> <li>My Task</li> <li>Chat</li> <li>KannaFill Info</li> <li>Product Order</li> <li>Patient Task</li> <li>Quality Plan</li> <li>Care Management</li> </ul>	1	514895	Mary Edelmantest	Training Org	test group	<ul style="list-style-type: none"> <li>• Safety Risk: Pending</li> <li>• PHQ2: Pending</li> <li>• PHQ9: Completed</li> <li>Submitted By: Mary Edelmantest On 09/09/2020</li> <li>• CAGE: Pending</li> <li>• Opioid: Pending</li> <li>• SOAPP 14: Pending</li> <li>• GAD 7: Pending</li> <li>• DAST 10: Pending</li> <li>• COMM: Pending</li> <li>• PEG: Pending</li> <li>• GPCOG: Pending</li> <li>• Health Risk: Pending</li> </ul>	<a href="#">New Encounter</a> <a href="#">Assessments</a>
	2	610213	sfa safasgfasg	Training Org	test group	<ul style="list-style-type: none"> <li>• Safety Risk: Pending</li> <li>• PHQ2: Pending</li> <li>• PHQ9: Pending</li> <li>• CAGE: Pending</li> <li>• Opioid: Pending</li> <li>• SOAPP 14: Pending</li> <li>• GAD 7: Pending</li> <li>• DAST 10: Pending</li> <li>• COMM: Pending</li> <li>• PEG: Pending</li> <li>• GPCOG: Pending</li> <li>• Health Risk: Pending</li> </ul>	<a href="#">New Encounter</a> <a href="#">Assessments</a>
	3	276736	Adam N Testing	Training Org	test group	<ul style="list-style-type: none"> <li>• PHQ2: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• Safety Risk: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• PHQ9: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• CAGE: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• Opioid: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• SOAPP 14: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• GAD 7: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• DAST 10: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• COMM: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• PEG: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• GPCOG: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> <li>• Health Risk: Completed</li> <li>Submitted By: Training Provider On 09/08/2020</li> </ul>	<a href="#">New Encounter</a> <a href="#">Assessments</a>

3 - Sample Actual Initial Practice Value – IPV – This is what was missed by this actual practice, who said, “Our EHR does what you do”. Not even close! Our first step is to provide this report to you to see where you stand in your practice.

Results below are taken directly from the sample physician's actual EHR. Does not include services driven by medical necessity from AWW, HRA & CCM – We own our own CCM an also have an agnostic RPM tracking app.

PROGRAM	NUMBER OF PATIENTS	REIMBURSEMENT	TOTAL ANNUAL REVENUE
RPM	117	\$116.00	\$13,572.00
CCM	331	\$42.00	\$13,902.00
TCM	58	\$231.36	\$13,418.88
RPM Only	NA	\$116.00	\$0.00
BHI	117	\$54.00	\$6,318.00
AWV	28	\$82.08	\$2,298.24
ACP	28	\$71.81	\$2,010.68
TELEMEDICINE	46	\$76.00	\$3,496.00
<b>TOTAL PROJECTED</b>			\$55,015.80
<b>ADD COMMERICAL + 20%</b>			\$11,003.16
<b>MONTHLY CLINIC REVENUE</b>	389		\$66,018.96
<b>MONTHLY PLATFORM COST</b>	389	Estimate	\$19,805.69
<b>MONTHLY CLINIC PROFIT</b>			\$46,213.27
<b>12 MONTHS</b>			\$554,559.26

**BASE SPREADSHEET ASSUMPTIONS**

- Only Medicare,
- No Medicaid
- Payment for copay provided
- No Commercial - Estimate Add 20%

The only thing worse than not earning the \$554,559.26 is that you are being penalized for not taking it. In our program you would have been able to keep approximately 80% of this \$554,559.26 if you used your staff and approximately 60% if you used ours. ALL items missed by your EHR!

**For more information contact:**

Name:

Phone:

Email: