

# WELCOME TO OUR VIRTUAL TOUR

*We greatly respect your time and interest. The following will take less than 10 minutes, answer 90% of your questions and save us an hour in complex conversations because we will now be speaking the same language.*

In a recent 90-minute face-to-face networking meeting with a healthcare legend who has taken multiple companies from startups to exits over \$1 billion, I was told the following quote; *“Doug I’ve now been in healthcare over 50 years, and I can tell you that probably only 30 people in the country understand 30% of what you just explained, and you are exactly correct. That is the opportunity. It’s a shame that so many prominent organizations will fail because they don’t recognize your vision of the path forward. What can I do to help?”*

Take Control of your Compliance and Revenue Today

## QUICKSTART BOOST PROGRAM

The process is simple, unobtrusive, and FAST!

### BACKGROUND AND OVERVIEW

- **PRECISION owns very special and exclusive technology** that is unrivaled in the Electronic Health Record (EHR) and data analytics world.
- **PRECISION begins with a complimentary analysis** showing the provider or organization exactly how the Centers for Medicare; Medicaid Services (CMS) currently views each provider in 46 different categories. Do you know your current CMS compliance levels and what are you missing out on in additional revenue for missed mandated services?
- **PRECISION’s exclusive technology** will identify the medical necessities for each and every individual patient, and then automatically create care plans that meet the CMS Standard of Care (SOC). After each encounter, new medical necessities and care plans are automatically generated in seven categories; Assessments, Diagnostics, Ancillaries, Chronic Care Management (CCM), Remote Patient Monitoring (RPM), Transitional Care Management (TCM), and Behavioral Health Initiatives (BHI). Further, PRECISION’s technology identifies previously untreated diagnoses and has the ability to refer the patient to a specialist (and within a hospital or health system) to make a department referral, to ensure this required task is not missed.
- **The above process is ongoing and updated** with each new encounter, and allows PRECISION to accurately project the cost of care for any patient or employee population at any given moment.
- **Whether the treatment standard is MACRA, MIPS, HEDIS, STAR, or Quality Care Measures**, PRECISION’s platform pivots to those measures to assure superb value-based metrics. Also, different value-based measures and rules can be applied to each payer group based on their specific individual group requirements.
- **Services that PRECISION performs on your behalf are mandated** and, in most cases, are not being performed at the acceptable compliance levels required by CMS. PRECISION solves this by identifying the provider compliance service gaps on your customized CMS summary report card.

# 1

**PHASE ONE** – Begin the compliance, and patient attribution process with PRECISION and earn increased revenue for your entire patient population. Time to cash flow – 30 to 45 days from launch. Minimal staff involvement is needed for this phase.

- **PRECISION's technology platform now connects with the patient electronically** (and otherwise) to triage the risk levels of each patient in the practice. This step begins the "patient attribution" process necessary for you to get credit for all eligible Medicare patients in ACOs and other MSSPs. CMS "claims alignment" picks up only about 20% and these ACO contracts and other MSSP contracts exclude "non-aligned patients". PRECISION closes that gap for you. You will be relieved and pleased with PRECISION taking this step on your behalf if you're expecting a Per Member Per Month (PMPM) payment or other risk-sharing formula payments, that exclude "non-aligned patients".
- **This initial patient communication comes in the form of an Electronic Visit**, or "E-Visit" and covers your **entire patient base** (not just Medicare) and will drive between **\$30 - \$48 in reimbursements for all patients that complete the E-Visit with no staff involvement**. From within the results of these initial assessments, we will not only learn the assigned individual risk levels of each patient but will also identify the medical necessities for all other services the patient requires.
- **Once risk levels are established** and initial assessments are completed, the patient self-schedules follow-up visits either via telemedicine (for moderate risk) or in person (for elevated risks). This helps you to proactively manage the health of your patient rather than waiting for them to come into your office sick.
- **These follow-up visits can be facilitated directly** onto the provider's schedule, or with PRECISION's Virtual Support Network (VSN).
- **START NOW with PHASE ONE as it is very simple, unobtrusive to your practice, and creates immediate revenue and compliance.**

# 2

**PHASE TWO** – Engaging your patients in the next steps based on their individual medical necessities. Time to cash flow – 60 – 90 days. You may use your staff, your present service contractors, or PRECISION's Virtual Support Network (VSN).

- **PRECISION's Virtual Support Network (VSN)** is made up of tens of thousands of Physician Assistants, Nurse Practitioners, Medical Assistants, Health Coaches, and many top-tier AWP/CCM/RPM companies who can provide patient engagement on each physician's behalf, in the background away from the office and staff workflow.
- **Alternatively, you can use your current providers** if that's your preferred choice.
- **PRECISION presently can perform 150,000 encounters/visits per week remotely**. As a result, you do not have to incur the cost of hiring additional staff. Providers only pay for the services performed by PRECISION'S VSN following payment to the provider for the services performed by the VSN. No upfront costs results in zero risk!
- **Results, reports, and notes are simply dragged and dropped into the Electronic Health Record (EHR)** without the need for EHR direct integration. Full integration is available but not necessary at the onset.
- **The PRECISION platform creates a super bill** with all supporting documentation and compliance coding bundles which are then submitted to your clearinghouse on your behalf for payment.
- **PRECISION can even bill this for you on the providers behalf**, which includes daily claims submission and live claims management. NOTE – we only submit claims on your behalf for services that we provide. Your traditional internal billing is NOT affected.
- **PRECISION offers several payment and revenue models** including Fee-for-Service, Capitation, and Pay-per-Click to name a few.



## PHASE THREE – ACO/MA/MMSP; Other Considerations

- **PRECISION's Risk Sharing Specialist (PRSS) division staff is headed up by a top-tier executive** that has over fifteen years of experience in turning around failing Medicare Advantage (MA) programs and Accountable Care Organizations (ACOs) with one of the largest MA Plans in the country. As reimbursement models shift to population health management and value-based care, effectively managing the chronic conditions of this population is critical for your revenue.
  - **PRSS offers a unique approach that will assist in accurate RAF scores** that are properly and compliantly documented for your patient population in order to improve the quality of care and ensure the appropriate reimbursement without adding additional and valuable minutes to the provider's labor time.
  - **For example, an average plan benchmark is approximately \$800 per RAF score point.** If a patient score rises .4 of 1 point on the risk assessment scale following a PRECISION assessment, it would be worth \$320 per month and \$3,840 per year. That is for one patient! When you apply this increase to an entire panel of 500 patients, it's an increase of nearly \$2 million in revenue. This is a significant value for PRECISION clients and is actually a conservative example.
- **If the provider is already in an ACO or ACO REACH,** PRECISION will make them a star or model provider with increased value-based compliance.
- **Entire ACOs join PRECISION's programs as we can segregate risks among providers** by placing them in the appropriate "Pods" based on their desired risk profile or the current compliance risk they may pose to the MSSP.
- **PRECISION's programs cover all medically necessary and mandated services** for all payers including, Medicare, Medicaid, Medicare Advantage, ACOs, ACO REACH, Commercial, Worker's Compensation, Self-insured, and Self-Pay.
- **ALL of the PRECISION programs are built specifically for the needs** of each client. PRECISION recognizes that there is no "one size fits all".

To learn more please go to [precisionvbm.com](https://precisionvbm.com), and review the short video, text, and/or attachment under each tab. You will then be directed to **click on the Precision Overview tab** which provides several program-specific attachments including PRECISION's ACO Mastery Toolbox. Please take the time to learn more about how you can be a part of this breakthrough program.

Finally, to get a look at PRECISION's exclusive **technology assets** and how they are utilized to maximize practice efficiency and provide exceptional results, **please click here**. Thank you in advance for your time and interest in PRECISION!



**PRECISION**  
Value Based Management