

Precision Risk Share Cooperative, LLC Application for Consideration for Letter of Intent

Precision Risk Share Cooperative, LLC (PRSC) offers unique opportunities to assist healthcare providers manage risk using technology, patient engagement, staffing, program opportunities and corporate structure alignment to streamline, assist, organize and optimize the performance for healthcare providers and groups.

This Application allows PRSC to consider you and your group(s) for enrollment in our exclusive program offerings. By submitting this Application and the associated information you will not automatically be enrolled in any PRSC or ACO REACH Program. Applicants will be required to demonstrate that they are willing to progress towards improvement with required CMS mandated and incentivized services in 2022 in preparation for maximizing results in 2023. Participant agrees not enroll in any 2023 Risk Programs once this application has been signed. Termination of this Application is permissible by mutual consent of both parties with a 30-day notification. This gives PRSC the best opportunity to find your program match for the best fit.

PRSC will process your application and present the various opportunities to you after analysis and consideration of your submission. Once approved you will then review the qualified program(s) and submit any additional documentation to complete enrollment in the specific Program(s). Consideration would also preclude enrollment in other risk share programs such as Accountable Health Organizations, or other ACO REACH programs, or other provider service agreements providing CCM, RPM, TCM, remote assessments/encounters or other related initiatives.

Exclusive options may include 1) Full risk, 2) Half risk or 3) Zero risk, while still receiving up to \$30 per Qualified Medicare Beneficiary per Month (“PMPM”) in a monthly bonus along with 100% of the Medicare Fee Schedule (MFS) beginning in 2023. With engagement prior to 2023 with Risk Sharing Entities, you may be eligible for their Provider Compliance Rewards payable on a quarterly basis, starting in 2022.

Currently Available Program Options Include:

- Precision Risk Share Cooperative, LLC (Optional)
 - Structured as a Series LLC
 - No Additional Investment
 - Series specific Management Structure and Ownership
 - Flexible Structure for optimum risk management
 - Class A Shares – Full Risk Model
 - Class B Shares – Half Risk Model
 - Class C Shares – No Risk Model
 - Class I Shares – Independent Providers can be grouped with others to form Classes IA, IB and IC shares.
 - Class P Shares – An entire ACO or other MSSP can come under our umbrella while retaining their ownership and management yet tap into our cafeteria of services such as patient engagement, staffing, and Provider Compliance Rewards
- Risk Share Compliance Rewards (Optional)
 - ACO REACH Enrollment required
 - Various Diagnostic and Service Rewards Payable Directly by ACO REACH Partner
 - Additional Encounter Opportunities
 - Medical necessity compliance and penalty abatement
 - Several other exclusive programs to be presented
- Precision Medicare Advantage Program Options (Optional)
- PVBM Compliance Workflow Portal*
 - Data Analytics
 - Identify Medical necessity
 - Remote Service Delivery

***PVBM services are required for all Medicare Fee for Service and ACO REACH beneficiaries and must stay in effect as part of all risk programs after enrollment and for the terms of any contracts executed**

For consideration, please complete the following form and attach a list of your providers and their NPIs as a spreadsheet. We will run an analysis and identify your areas of need. In 2023 this becomes a requirement of all ACO REACH programs. Thank you in advance.

Precision Risk Share Cooperative, LLC Application for Consideration for Letter of Intent

IMPORTANT:

- Please type in the information below to submit this PRSC Application for Consideration for Letter of Intent.
- If you are a group or other organization, please attach a complete provider roster.
- Please follow STEPS 1-4 below and email the completed form to the following email address: DocuSign@PrecisionManagementCentral.com

PVBM Representative Name:

Provider Name – First - Last:

Group/Practice Name:

Billing TIN:

Provider NPI (provide complete spreadsheet if multiple NPIs):

Name of Authorized Signer: Contact Email for Authorized Signer:

Service Location:

City, State, Zip:

County:

STEP 1) TYPE OUT THE INFORMATION ABOVE TO ENSURE LEGIBILITY

STEP 2) PRINT OFF THE COMPLETED FORM

STEP 3) SIGN

STEP 4) EMAIL TO DocuSign@PrecisionManagementCentral.com

Authorized Signature _____

Date: _____

For more information contact your PVBM representative or email DocuSign@PrecisionManagementCentral.com