

STRATEGIES FOR TECHNOLOGY AND PATIENT ENGAGEMENT

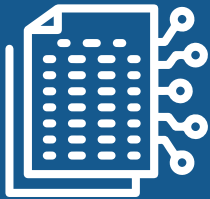
*Maximizing Compliance, Revenue, and
Savings by using the Precision Platform*



PRECISION
Value Based Management

Managed care is a simple concept. Organizations and providers must manage and deliver the best possible care to members based on the constraints of that particular membership reimbursement structure. In value-based care, this simplicity is thrown out the window. With capitation, fee-for-service carve-outs, and every imaginable hybrid combination, flexibility becomes the operative word. Only Precision has the technology and staffing flexibility through Precision's Virtual Support Network (VSN) to mix and match models within any given system, or across many, to accomplish these goals.

Let's start at the top. When Precision works with a payer group. Precision's first responsibility is to compliantly increase revenue for them from CMS or their program sponsor. Again, simplicity plays the leading role. The more complex a patient the more that payer groups are reimbursed. It's really not as easy as it sounds. This fact has rightfully made "HCC Gaming" and RAF score manipulation a focused target of compliance officers.



The truth is, the only way you can compliantly improve RAF scores is by consistent action following the CMS Standard of Care guidelines, already built into Precision's system. Complexity scores are only valid and compliant if; **a)** the conditions are validated by the patient via a specific assessment, **b)** confirmed by the provider, **c)** documented properly by the provider, **d)** a care plan is followed to address these issues, and then **e)** the provider's care plan execution must match the stated goal based on that care plan.

With rare exceptions, the majority of providers are missing out on the keys to the kingdom when it comes to risk share earnings.

With fifteen years of experience in turning around failing MA programs and ACOs with one of the largest MA Plans in the country, Precision's Risk Sharing Specialist division will execute on strategies and formulas that are proven to work time and time again. More on this under the Benefits to MAs-ACO tab of the Precision website.

To drive the system, mandated and incentivized assessments based on each patient's treatment care plans, medical necessity are the tip of the spear as far as driving further medical necessities, and providing insights into what drives patient complexity. Many MA and ACO programs largely skip over many of these services to save money because they believe it cuts into their budgeted risk shared savings. Doing this under the ACO REACH model will prove to be a HUGE mistake!

You not only NEED this fee for service revenue, but you also cannot possibly drive the metrics needed to identify patient complexity, and thus assure a risk-sharing lift without this information. This is why so many such programs boast near-perfect MIPS scores (or other measures) yet have little or no distribution from risk shared savings. **So how do you pay for this in a cost restrained environment?**



SaaS or Software as a Service

Precision always leads with technology and supports with people, never the other way around. The Precision platform can immediately contact your entire patient population with one click based on the individual medical necessities of each patient. The message comes directly from the provider and looks no different than any other message your patients receive. This happens via email, text, a postcard with QR code/email/URL/toll-free number/written version/or piggybacked via home health. With zero labor cost, you have now identified the risk levels of the 20% of patients that you need to see in your office and the 80% who can continue to be followed remotely

Cost – There is a small monthly license fee and/or a Per Member Per Month (PMPM) for full access for any program type you are required or choose to launch.

Precision Cost Plus

Precision will execute this same service for you and deliver the results directly to your EHR for encounter completion and billing at Precision's exact cost so you can keep the profit. **EXAMPLE: AWV using Precision's technology – To engage patients remotely and return completed assessments with risk levels. Cost – \$15 plus \$5 for management, hence "Cost Plus". That's \$20 to have the patient complete the work and deliver it to you for submission for measurement or credit. Since you received these services at Precision's cost, we add a small PMPM fee to make it very profitable for you! Remember that you have ZERO chance of having true risk share gains without this data through our system.**

Precision Cost Plus Services Completed by Precision's Virtual Support Network

Few organizations have the technology, staff, and bandwidth to perform these services. In this case, we simply use our Precision Cost Plus model plus the exact labor cost of the service to be provided. **Cost – Again with AWV as an example, Precision adds \$45 for the licensed staff to complete the encounter making your total cost \$65. Again, this is Precision's true exact cost, so Precision only charges a small PMPM in addition. You can relax and be confident that the work is being performed with no burden to your office.**

Traditional Fee for Service

Our base model has Precision performing all mandated services on your behalf, remotely away from the office and staff workflow. Precision's Virtual Provider Network perform the Annual Wellness Visit (AWV), Chronic Care Management (CCM), Remote Patient Monitoring (RPM), Transitional Care Management (TCM), Behavioral Health Initiatives (BHI).

Cost – Precision provides services through Precision's Virtual Support Network at no upfront cost until the services are then billed and reimbursed by the payer to the provider. Market fees and costs for services are established for each service code. Following the payment of established Precision and VSN fees for services performed, the provider group generally realizes an approximate 30% profit margin for the services performed on behalf of the provider groups. Pre-COVID, the average PCP made less than a 10% profit margin doing all of the work. In our system you receive a flat rate approximate of 30% for services that you are not doing to the required level, being penalized for not doing, and we do all of the work. Precision is the decision!

Precision will work with your provider group to design a program that will best fit your specific needs to achieve the most desired outcome. We look forward to connecting with you!