

Our One-of-a-Kind
Technology is Simple
in its Complexity, and
Complex in its Simplicity



THE CHALLENGE

How do you keep up with the many changing compliance standards and deliver all the medically necessary services you may not even have known were required?

PART ONE



Engaging the Entire Patient Population for Compliance and Revenue

- Review Two Minute Overview with Case Studies & Insurance Claim Run links.
- Review and sign our simple two-page contract No cost upfront, no new technology to learn, no new staff responsibilities, and nothing is owed until provider is paid.
- We work with your staff to introduce, onboard and implement your member practices on your behalf.
- Each practice is set up to their own individual and specific needs and preferences.
- 5 Upload your patient contact file and logo five minutes from any EMR or billing platform.
- Precision begins outreach, three times per email/text and for three consecutive weeks. We only recontact unresponsive patients in the subsequent weeks.
- 7 Precision's Compliance Statements result in a much greater response rate than standard messaging.
- Unlike most patient engagement and care coordination efforts, the Precision process monetizes your mandated compliance and even your schedule reminders.
- 9 Patient completes initial AI-Embedded HRA and submits to begin the encounter.
- 10 Patients receive auto response with their risk level and next step directions.
- Patient responds and acts and/or schedules as you direct EXAMPLE: Moderate Risk via Virtual Visit, or High Risk to Office Visit, or maybe lab work before either.
- You will see these many additional patient visits as required by medical necessity and we do not share in that revenue.
- 13 Precision staff completes the administrative segment of returned encounters in our system.
- 14 Precision transfers this data from our system to yours.
- Precision submits the claim information and supporting documentation into your process or directly into your billing system as you direct.
- 16 Precision works any claim denials or requests for any further supporting information.
- 17 Precision verifies payments to you in your system.
- Precision presents collection report and invoice for payment.
- On average you collect \$46.80 plus the value of the required virtual and office visits. Per 100 patients engaged you conservatively receive \$12,100 in compliance and revenue fo<u>r \$2,000</u>.
- 20 You pay Precision a flat rate of \$20 per completed and paid encounter.

PART TWO



Care Coordination – Let Us Validate Medical Necessity and Enroll these Patients in Required Services

- 1 Precision does a deeper data pull to identify and validate any additionally required services.
- From within these results, medical necessities will be found for further assessments, diagnostics such as laboratory, mandated ancillaries such as CCM, RPM, AWV, BHI, TCM, PCM, etc., optional ancillaries like sleep studies, allergy or ANS, and some will need to be referred to a specialist, etc. We handle all of these in the background away from your workflow.
- Precision identifies and validates the medical necessity, sends "Informed Consent" for the patient to enroll, and even facilitates follow up scheduling if desired.
- Through Precision Network Solutions, we can work directly with your staff, credential or hire/add staff, work with an existing vendor, or help refer you to a new vendor.
- All these compliance required services and activities are billable.

PART THREE

Short- and Long-term Benefits

- 1 Updated and always current medical and contact information on your entire population.
- 2 Better patient attribution counts for your shared risk patients.
- 3 The program is free to Shared Risk programs such as ACOs and Medicare Advantage.
- Better compliance means better RAF scores and reimbursement. We provide your ongoing access to track your own progress as seen through the eyes of CMS and other payers.
- A dependable new monthly revenue source like capitated payment models. Click Here for Your QuickStart Guide.