# PRECISION YOUNIVERSAL CARE™

**Two-Minute Provider Overview**

## Find the Care You're Missing. Create the Capacity to Deliver It. Keep the Revenue.

### WHO ARE WE?

Healthcare compliance and patient-engagement infrastructure built from nearly 20 years of intelligence supporting how CMS and commercial payers measure provider performance.

### WHAT DO WE DO?

We identify compliance-mandated care and medically necessary services you are already being measured on — but not completing — then determine which patients need what.

### THE DIFFERENTIATOR

**We do not create more work for the provider. We determine which work actually requires the provider.**

## IDENTIFY → ENGAGE → TRIAGE → CONNECT → COMPLETE

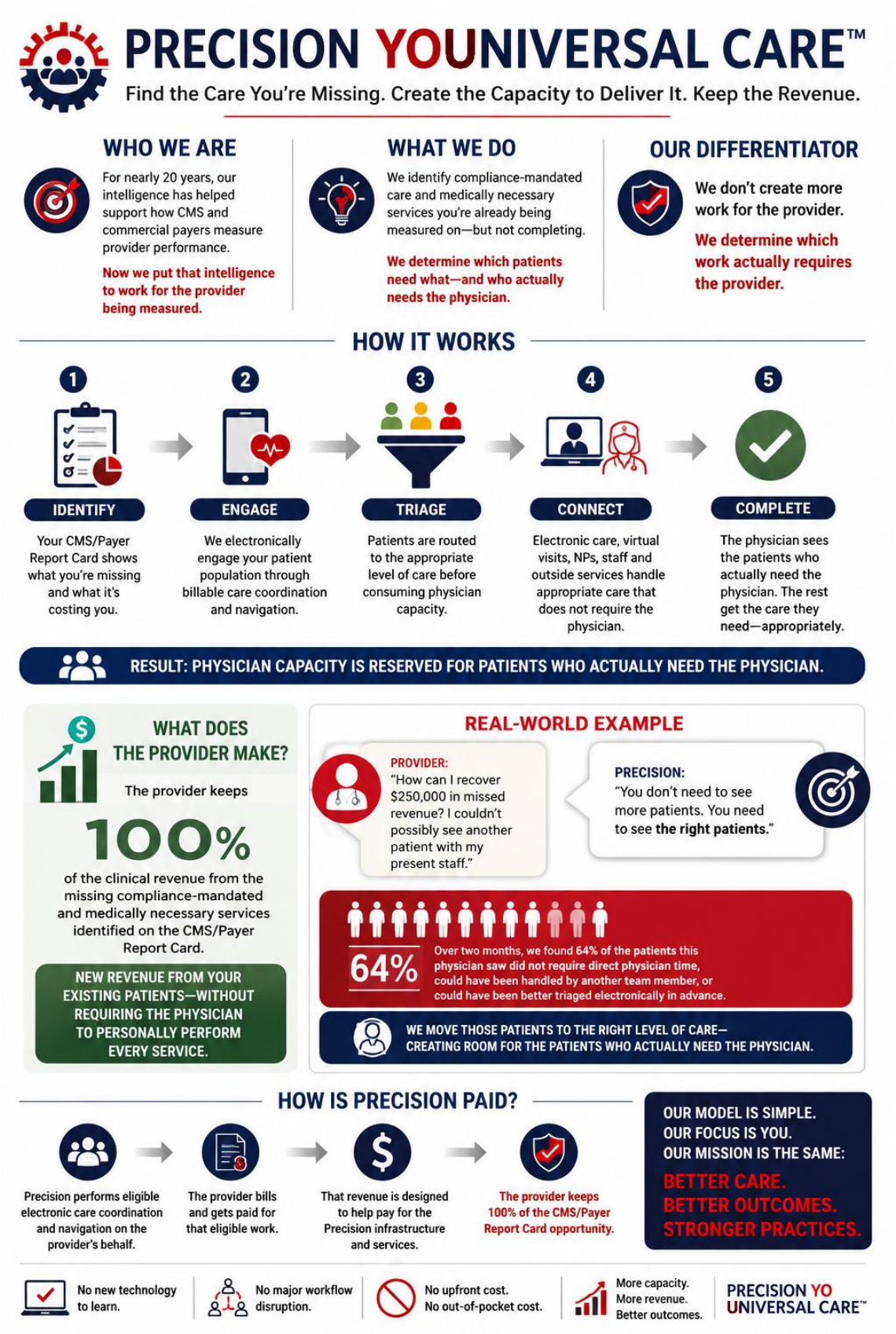
| | |
|---|---|
| **IDENTIFY** | CMS/Payer Report Card shows what you're missing and what it is costing you. |
| **ENGAGE** | We electronically engage your population and initiate eligible billable care coordination and navigation. |
| **TRIAGE** | Patients are routed to the appropriate level of care before consuming physician capacity. |
| **CONNECT** | Electronic care, virtual visits, NPs, staff and outside services handle appropriate care. |
| **COMPLETE** | The physician sees the patients who actually need the physician; other care follows the right pathway. |

**RESULT: Physician capacity is reserved for patients who actually need the physician.**

No new technology to learn. • No major workflow disruption. • No percentage of your Report Card opportunity.

# THE MODEL IN ONE VIEW

Workflow. Capacity. Economics. Provider upside.



# THE PROVIDER ECONOMIC STORY

### THE QUESTION

*"How can I recover $250,000 in missed revenue? I couldn't possibly see another patient with my present staff."*

### THE ANSWER

**"You don't need to see more patients. You need to see the right patients."**

**64%**

**Over two months, we found 64% of the patients this physician saw did not require direct physician time, could have been appropriately handled by another team member, or could have been better triaged electronically in advance.**

## HOW IS PRECISION PAID?

**1**

Precision performs eligible electronic care coordination and navigation on the provider's behalf.

**2**

The provider bills and gets paid for that eligible work.

**3**

That revenue is designed to help pay for the Precision infrastructure and services.

**4**

**The provider keeps 100% of the CMS/Payer Report Card opportunity.**

**Precision performs the work. The provider bills and gets paid. That revenue helps pay for Precision. The provider keeps 100% of the CMS/Payer Report Card opportunity.**

### CREATE CAPACITY

Move appropriate care away from physician-only time.

### CAPTURE REVENUE

Complete more medically necessary and compliance-mandated care.

### KEEP THE UPSIDE

100% of the Report Card clinical opportunity remains with the provider.

**Find What's Missing. Create Capacity. Complete the Care. Keep the Revenue.**

PRECISION
HEALTHCARE TECHNOLOGIES

# THE INFRASTRUCTURE BEHIND BETTER PROVIDER PERFORMANCE

THE SAME COMPLIANCE INTELLIGENCE GRADING YOU CAN NOW FIX.

## STOP HIRING VENDORS TO GUESS WHERE THE OPPORTUNITIES ARE.

For nearly 20 years, we've helped build the compliance grading intelligence used by CMS and commercial payers to measure provider performance.

**Today, we make that intelligence actionable for you.**

Your CMS/Payer Report Card shows where measurable opportunities exist. Precision Stealth Workflow Intelligence™ identifies the patients behind those opportunities, engages them electronically, and connects them to the medically necessary care they need.

VENDORS HAVE REFERENCES. INFRASTRUCTURE HAS RESULTS.

NO RESPONSE. NO VALUE. NO FEE.

WE DON'T REPLACE YOUR SYSTEMS. WE OPERATE UPSTREAM OF THEM.

EVERYTHING WE DO HAS THE POTENTIAL TO IMPROVE YOUR CMS/PAYER GRADE.

## SEE WHAT YOUR PRACTICE CAN'T SEE

### YOUR CMS/PAYER REPORT CARD (SAMPLE)

B- OVERALL PERFORMANCE

| | |
|---|---|
| Quality Score | 72% |
| Risk Adjustment | 68% |
| Attribution | 75% |
| Preventive Care | 62% |
| Chronic Care Mgmt. | 70% |
| Patient Engagement | 58% |

Sample Report Visualization

### HIDDEN OPPORTUNITIES IDENTIFIED

- Improve Quality Scores
- Strengthen Risk Adjustment
- Increase Attribution
- Close Care Gaps
- Boost Patient Engagement
- Increase Appropriate Reimbursement

For most providers, this is the first time these opportunities become visible.

## THE PRECISION WORKFLOW INFRASTRUCTURE

**1 IDENTIFY**
AI-powered risk assessment finds high-impact patients and opportunities.

**2 ENGAGE**
We reach patients electronically with the right message at the right time.

**3 NAVIGATE**
Patients are guided to the right care, services, and provider-directed options—closing gaps and improving outcomes.

**4 DOCUMENT**
We capture and support clinical documentation for the care delivered and services provided.

**5 IMPROVE**
We track results, close care gaps, and continuously improve your performance.

YOU RETAIN COMPLETE CLINICAL AUTHORITY. | WE POWER THE INFRASTRUCTURE. | ONE GOAL: BETTER PATIENT CARE. BETTER PROVIDER PERFORMANCE.

## YOUR CMS/PAYER REPORT CARD OPPORTUNITY IS NEVER SHARED.

You keep 100% of the identified care-gap opportunity and 100% of the resulting clinical care revenue. Care-navigation reimbursement is separate from and in addition to that opportunity.

## THREE WAYS TO PARTICIPATE

### A PERFORMANCE-BASED

WE GET PAID WHEN YOU GET PAID.

**QUARTERLY CARE-NAVIGATION CLAIMS***

We charge a flat rate, invoiced based on current collections. You are never invoiced for more than you collect.

10% RCM — 10% to RCM for full claims execution

45% PROVIDER | 45% PRECISION

Remaining 90% shared equally Provider / Precision

NO COLLECTION. NO PRECISION FEE.

* WHY QUARTERLY? Provider performance and opportunity date are refreshed by payers on rolling measurement cycles. Precision operates on a corresponding quarterly engagement and claims cycle.

### B RESPONSE-BASED

NO RESPONSE. NO VALUE. NO FEE.

**$12 PER RESPONSE**
WHEN BILLING INSURANCE
(We create a superbill)

**$8 PER RESPONSE**
WHEN NOT BILLING INSURANCE

- We charge a flat rate, invoiced based on current collections. You are never invoiced for more than you collect.
- Precision provides the intelligence, engagement, validation, documentation and connections generated by each responding patient.
- Provider retains 100% of eligible care-navigation reimbursement.

NO RESPONSE. NO FEE.

### C HYBRID

MAXIMUM VALUE. CONTINUOUS RESULTS.

STARTS WITH QUARTERLY PERFORMANCE-BASED CLAIMS (SAME AS OPTION A)

10% RCM — 10% to RCM for full claims execution

45% PROVIDER

45% PRECISION — Remaining 90% shared equally Provider / Precicion

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THEN CONTINUES WITH RESPONDING PATIENTS

**$2 PMPM**
PER RESPONDING PATIENT

We charge a flat rate, invoiced based on current collections. You are never invoiced for more than you collect.

Precision uses that ongoing relationship to connect patients to additional payer-recognized, medically necessary services identified through the infrastructure.

GREATER ENGAGEMENT. MORE OPPORTUNITY. CONTINUOUS VALUE.

**PROVEN COMPLIANCE INTELLIGENCE**
The same grading methodologies used by CMS and major payers.

**PATIENT-CENTERED ENGAGEMENT**
Technology-enabled outreach that drives real action.

**BUILT TO INTEGRATE**
Works with your EHR, RCM & population health systems—not in place of them.

**MEASURABLE RESULTS**
Better performance. More reimbursement. Healthier patients.

ONE INFRASTRUCTURE. MULTIPLE WAYS TO PARTICIPATE. ONE GOAL: BETTER PATIENT CARE. BETTER PROVIDER PERFORMANCE. BETTER FINANCIAL OUTCOMES.