



PRECISION QUICKSCALE FOR

HEALTHCARE ORGANIZATIONS & HOSPITALS



FIRST REVENUE IN 30 DAYS - FULL IMPLEMENTATION IN 90 DAYS



**Simple, Efficient
& Effective**



**No More Turning the
Ship in the Harbor**

"As a career hospital CEO for startups and turnarounds, I've watched the Precision program since its inception and in my opinion, there is no greater tool in healthcare. The program, ongoing support, and the people behind it are first class in every way.

Precision is always my first step in any turnaround."

- Jeff Livingston - Houston, Texas

WE DO THE DRIVING – YOU BENEFIT WITH NO CHANGE IN WORKFLOW OR HOW YOU OPERATE

THE BOTTOM LINE

We can launch in 72 hours, no cost up front, nothing owed until after you are paid, only pay for those patients engaged, no technology to learn, we transfer data from our system to your EMR and submit to billing, follow claims through to payment adjudication, all with no new staff responsibilities.

If you have physician employees or providers with privileges this is the fastest path to compliance and success. Per 100 patients engaged, you can conservatively expect \$12,100 in revenue for \$2,000 spent. This is either your revenue as the employer, or the provider's revenue if they have privileges. You may also choose to share in our management revenue with those providers with privileges who join us. Everyone wins!

PROBLEM

Plain and simple you don't have the technology and labor assets required to stay on top of the many changing compliance requirements, much less incorporate them into your daily workflow. One executive of an organization with 700+ providers told us, *"We are already doing all these things. We have 70 people who do patient engagement and 50 who work on RAF scores"*. To which their attorney replied, *"Then why are your scores so horrible?"* Yes, we started by showing them their CMS and payer report cards. For the provider, your Risk Assessment Factor, or RAF score, is a publicly available version of your medical credit report.

According to CMS data alone, on just their first 10 providers (PCPs/IMs) in alphabetical order they were losing an average of \$353K per provider in missed mandated services; services where medical necessity was identified, and the provider failed to act. It's our job to go and get that revenue and close those compliance gaps that you are likely unaware exist!

SOLUTION

Precision's Compliance, Patient Engagement/Care Coordination & Revenue (CPR) Programs – Many organizations fail to adequately address the specific individual patient needs of their three base business models: Medicare, Shared Risk, and Fee for Service. We maximize your fee for service revenue while providing these same services electronically at NO COST to your registered ACO and Medicare Advantage programs.



ANOTHER EXAMPLE

One hospital/health system with 300K total patients wanted to start with a pilot Chronic Care Management (CCM) program for 500 patients. Instead, our data and work on the patient engagement and care coordination side would inform us that we should instead monetize and gain attribution for the entire 300K patients, while identifying medical necessity and automatically sending informed consent enrollment to 8,200 patients eligible for CCM. These actions required nothing from the organization. How do we do this?

WHY IS PRECISION DIFFERENT?

Our proprietary AI embedded Precision Healthcare Technology evolution began in 2007 in direct collaboration with CMS (Medicare) about what value-based care measurement will look like. Since that time, every new measurement metric has been migrated live to our platform. We have access to current compliance and performance data on 1,040,000 physician providers. These records are individually updated every 90 days and we get the latest updates nightly. This includes your Risk Assessment Factor (RAF) score, how you stand on 16 quality measures and what services and value you have failed to perform based on medical necessities as determined by these payers. You must know where you stand today and track that progress.

There are 600+ EMR systems and NONE can do these things, yet we can work with or within ALL of them!



HOW DO WE USE THIS QUICKSCALE GUIDE TOGETHER?

These are quick links to expedite your understanding, process and implementation with Precision taking the lead under your direction. Please use and consider this a “Team Reference Map” for our activities together.

- ① We can onboard any individual provider overnight and have them active the next day. To that end we have prepared a simple 90 second read link for you to send your providers to understand the program and benefits.
- ② Once we all understand the very basics, then we update you and your team.
- ③ Of course, that all sounds great but “What is the Exact Process” is always the next question. [You can see that here.](#)
- ④ In the first quarter of 2024 we completed 20 Beta/Pilot programs for organizations that total 1.3 million patients. These were one time first engagement results only.
- ⑤ The next question of course is what do actual claims and reimbursement look like. [Well, you can find that here.](#) On these first 100 claims there were 45 different payment amounts from \$25.83 to \$72.00.
- ⑥ What can you expect financially per practice or group based on the total number of patients in that sector? You can do that estimate yourself [here with our ROI Calculator.](#)
- ⑦ See how our next level, [AI-Embedded Patient Engagement](#) technology and process turn an expensive and futile exercise into a no hassle compliance and profit center.
- ⑧ Once we know what services are required based on medical necessity, we must connect to those services for compliance. This care coordination technically falls under patient engagement and is billable, just like inserting our links into your schedule reminders. Are you currently monetizing those appointment reminders?
- ⑨ How about automatic electronic referrals to specialists or ancillaries within your system based on each individual patient’s needs?
- ⑩ Of course we can look up CMS, RAF and Quality Measures rating by provider for you [here with PVBMT.](#) Your ongoing access allows you to track progress and target new areas of focus or concern.
- ⑪ [Here’s a summary of how we register and benefit your ACOs and Medicare Advantage programs.](#)
- ⑫ **LET’S GO!** You simply announce the program’s availability via email to your providers, along with your endorsement/support, and solicit those who want to know more or wish to start to contact you or us. We take it from there and keep you in the loop every step of the way.

We hope you will find this a helpful resource. Thank you in advance for your time and interest. Together we can change Healthcare to Lifecare!