

Precision Premier Access for Strategic Partners



**TRANSFORMATIVE
OPPORTUNITIES
& EXPONENTIAL
SYNERGIES EXPOSURE**

**BY SPECIAL & PRIVATE
INVITATION ONLY**



If you are reading this you, your organization, or team leader is one of the very few selected to be invited to work directly with Precision Co-Founder, Doug Sparks in our urgent efforts to Change Healthcare to Lifecare. We all want to be a part of something great that could never have happened if we hadn't decided to make it so together. Here's our chance to do something very special! Please bear with me as I'm sure you can imagine that such a statement does not have a super short version, but you will find this concise and easy to follow.

This invitation means that you can call, text, and email Doug anytime as needed. Before we start, this technology is in place today as we own it and have been adding to it since 2007. Nobody has access to our Intellectual Property (IP) but us. Though seemingly complicated it's really a combination of many simple things done well. By leading with technology and supporting with labor we now have the luxury of more time to spend where human touch points are needed.

On the consumer side, only Precision can transfer health records from our phone app to an EMR electronically. Our platform sits on top of an "everything and the kitchen sink EMR", which we provide free to our clients if they are in need of one. Because our app is free and health records storage in the app is free, we expect 100+ million downloads by patients and consumers due to partnerships with large corporations. In short, we have no, and can have no competition because we created the entire platform from scratch! What's the big picture?

Precision is in the process of making our proprietary Precision Health Records (PHR) format access FREE to all EMR companies, who will then sell it to all their clients as a paperless upgrade. Why? We all stop logging into our many password protected provider or facility patient portals, filling out redundant paperwork and/or making or requesting record transfer requests.

At that point the clients of all of the EMR companies become our clients as we will become embedded like Internet Explorer/Edge within Microsoft and Safari within Apple. That is our Global Mission, and you will see that and other helpful links below.



The reference library of simple topic links at the end of this document will allow you to tell our story in our own words, so you don't have to learn to present the details. Doug will work with you personally on strategy and will be on any calls or Zooms you need. Why is this considered a "Mission" and why are our actions "Urgent"?

THE ROOT PROBLEM IN HEALTHCARE IS FIXABLE TODAY!

First, we are already doing these transformative things today so why doesn't everyone else? This is why we need you on our team! There is not a more volatile industry than healthcare where regulations and reimbursements are changed frequently without notice. Unfortunately, many leaders in healthcare are either change averse or afraid to put their jobs at risk with change. That's a very dangerous combination and does nothing to help providers and patients.

Here's how we together fix that problem! We separate the "Curious from the Serious" and then get them out of their own way by us performing all compliance required services for them, that they are currently not performing. As you will see in the "Elevator Pitch" below, these organizations and their providers literally have ZERO responsibility with our programs, everything to gain, and very quickly will feel the positive impact in every way, especially their efficiencies and bottom line. This is the fastest and easiest path to compliance and revenue in healthcare for ALL OF US! How?

We set the workflow and timeline expectations in advance that creates an exception to our program that sails smoothly and quickly through historically bureaucratic quagmires. These are required services providers are missing because they don't have the technology, staff or bandwidth to first identify and then perform these services. Most have no way of even knowing they have missed medical necessity, which is the key function that we serve. Then we automatically connect their patients to these needed services.

The very services they are missing are the ones that YOU offer. We are their and your link to closing these care gaps. It might surprise you that private equity groups with investments in healthcare come to us to find value in acquisitions and investments. They know that we can immediately turn around an underperformer. In fact, they often use our data to determine who they want to go after in the first place.

IT'S EASY AS 1,2, 3

NONE OF THE 600+ EMR COMPANIES
CAN DO ANY OF THIS,
BUT WE CAN WORK WITH OR WITHIN
ALL OF THEM.

- 1.** We show the provider data from CMS and other payers as it relates to their RAF score and current compliance with Quality Measures in 16 categories. This will show the exact dollar in “Missed Mandated Services”, or services where medical necessity was found, and the provider failed to act. This report proves they are NOT doing the things they think they are. Now we go and get that revenue for them. Don't shoot the messenger as this is current CMS data as to how they view the risk that provider poses to them and the other payers. These performance measures contribute to determining future reimbursements which in itself can be a penalty.
- 2.** We begin by engaging the entire patient population in a billable electronic encounter as an attribution and risk stratification exercise to triage what patients need what care. We are paid \$20 per patient response, and the provider is reimbursed about \$40. Moderate risk patients *(56.75%) require a virtual or live visit, and high-risk patients *(36.51%) require an office visit and a virtual or live follow up. We facilitate these visits onto the provider's schedule (\$90 typical reimbursement for each in revenue) at their direction and they keep 100% of this new revenue for missed required services. As our partner you receive part of our \$20 as a co-management fee when you introduce us to your client. *Based on results of our Q1 2024 Pilot for 20 organizations with 1.3 million total patients.
- 3.** Now that we know which patients need what services, we connect those having medical necessity to labs, other diagnostics, specialists, mandated ancillary services such as CCM, RPM, AWW, BHI, TCM, etc. – YOU! This Care Coordination too is billable, ongoing and performed monthly. Once medical necessity is found, the patient is automatically sent an electronic informed consent, and can then schedule first services with no staff involved. This entire process is billable within the Precision system as are appointment schedule and reminder links. We do not take one cent from these services that we validate and connect. We take our \$20 for the billable process TO validate and connect. Not only does the provider now earn revenue on something they do hundreds of times a day, but the referral target product for the service (You) also gets a giant lift because nobody must remember to order the service or make a phone call. As our partner you receive part of our \$20 as a co-management fee as well. The cost to healthcare for what we do together is minimal, but the preventive value is priceless!

THE ELEVATOR PITCH

PRECISION INTRODUCTION TO HOSPITALS, ORGANIZATIONS AND PROVIDERS

Here is the first 40 seconds of a two-minute read link you will see here. It's a short, to the point case study and fact sheet that also serves as a clickable roadmap to success for your team to access at any time. Thank you and welcome aboard!

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

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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.

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

- 1.** Precision's Concierge White Glove Software as a Service - Never login or even see the technology, all administrative tasks are operated by Precision, then transferred to your EMR, submitted to your billing process, and worked until claim adjudication.
- 2.** From within the results of the latest encounter, we provide ongoing and updated medical necessities and care plans automatically for each individual patient generated to the CMS Standard of Care, assuring compliance and no missed services.
- 3.** Precision's Stealth Workflow Intelligence operates in the background away from the provider's workflow to engage the patient to next steps and then coordinate and even schedule the mandated follow up care electronically without new staff responsibilities.

[PLEASE CLICK HERE TO SEE HOW THIS WORKS!](#)

RATIONALE

HOW DOES THIS MAKE SENSE?

Value-based care means that all patients regardless of insurance type are treated to the CMS Standard of Care. Fee for service is easily monetized but we deliver these same services free to ACOs and Medicare Advantage plans while sharing the fee for service revenue back with them. Typically, those programs only cover 30% of the patient population so not only do they get our technology for free, but they also get revenue for the 70% they have previously been shut out of. We LOVE to work with Shared Risk programs like this and our services are always free to them.

In another case, CMS says that only 4% of patients in need of CCM receive it and only 2% stay in the program for six months. Our platform lifts CCM (or any other service) companies to double or triple their participation rate by us prescreening medical necessity and connecting the patients, while also sharing our revenue from 100% of the patient population, not just those who qualify or need CCM.

Quite simply the bottom line is that where medical necessity is found, the provider must act to earn revenue or fail to act and suffer penalties or ratings demotions. The purpose of value-based care is to get ahead and stay ahead of many known disease states by engaging the patient in the office at least twice per year, as required for prescription refills, and electronically in between. How many emails are providers answering per day and not getting paid? We have a process where they can monetize these actions and assure compliance.

The cost savings dwarf the small amount paid for these electronic encounters, hence the compliance requirements and revenue rewards for doing so. These proprietary processes are our own, and the codes we use were made permanent in 2021 and paid for by all insurances. We pioneered the process of monetizing these services, currently being performed for free thousands of times a day by their already overworked staff. We take it all over and run the process for them in the background away from their workflow.



LET'S DO SOME HOMEWORK

Since you have been invited to work directly with Doug Sparks, the Co-Founder of the company in your efforts, you really need to understand what he calls the “**Ten Legs of Our Service Stool**”. This came from a conversation with his technology partner, Ray Vuono a few years ago when Ray said, “*The platform is so broad and deep that we have 10 different types of organizations that have found ten different ways they want to use it*”. We can very quickly create any program and features specifically requested by each individual provider even if the organization has 1,000+ providers.

We currently have more than 30 professional graphic pieces for most any possible use case where you simply forward a short email and a link and let us tell your story. NOTE – You will have to open the PDF for the links to work, but there’s no need to save them as the most current updated graphic version will always be on the website. Thank you in advance.

ABOUT THESE INVALUABLE & NECESSARY LINKS

Just as we want to separate the “Curious from the Serious” to get organizations and providers to move quickly, you really need to devote the time to review these links so you understand the impact we have together. We typically need Doug to present 200 times a day and this is the only way we can accomplish that, so we get the most out of live calls and Zooms.

Doug will always present and explain the programs to your prospect for you and with you so that you don’t have to, but we have found that spending 5-10 minutes on any of these links answers 90%+ of their questions and saves us an hour on explanations. Now when we get on with the prospect for a call or Zoom, we are only discussing logistics to starting rather than explaining the program. PLEASE invest the time so that you and Doug are speaking the same language.

YOUR REFERENCE LIBRARY & QUICKSERVE PROGRAM INTRODUCTION LINKS

As you review these, please keep in mind that to introduce any program, you simply must copy the link and forward it to the prospect. Let the materials do the talking and Doug will do the explaining along with you. Though they are all important, [the green items represent primary collateral pieces](#).

1. [Healthcare Acronyms](#) – Your life ring for an entire language in abbreviations.
2. [Let's start with the slide deck to get a technology and program overview. This will also be one of your greatest sales tools no matter what your roles in the big picture.](#)
3. Our [Global Mission](#) shows how and why we need to connect patients and consumers to healthcare systems with one simple platform. You will likely have connections that will benefit us in other sectors.
4. The [Virtual Tour](#) will take you a bit deeper into how you and your colleagues are critical to this big picture. There are many active links within all these documents so please click and review for better understanding.
5. [About Our Technology](#) – It's one of a kind with nothing like it as you will read here. As stated, none of the 600+ EMR companies can do any of this, but we can work with or within them all.
6. [Our AI-Embedded Assessments](#) – What's so special that no one else has?
7. [Unlimited Access to PVBMT](#) – We have compliance and performance data on 1,040,000 providers including RAF scores and Quality Measures in 16 categories. This includes total Missed Mandated Services or the revenue you missed and now risk being penalized for not taking. PVBMT also allows you and the client to track progress resulting from our work together.
8. [ROI Calculator](#) – Take the total number of patients in a practice or organization and quickly get an idea of the financial value of expected medically necessary services that together that we can close the gap on.
9. [Case Study & Actual Insurance Claim Run](#) – These results are a microsample of our Q1 2024 Pilot for 20 large organizations totaling 1.3 million patients, and an actual claim run showing reimbursements.
10. [Introduction to Healthcare Organizations & Hospitals is the seminal success document for moving large organizations very quickly.](#)
11. [Introduction to Healthcare Providers](#) – Besides the obvious, this is the document that healthcare organizations and hospitals use to introduce our/their new program to their providers. We then onboard and implement those providers and practices for them.
12. The [Two Minute Overview](#) – Is the “cut to the chase” summary that gets our prospects to the next step quickly. Once they buy in and step away, we take over and get things done.

13. [The QuickStart Guide](#) is exactly that in it provides step by step guidance of everything we do on their behalf.
14. [What's the Exact Precision Process?](#) – Here it is in plain sight. As you will notice we do nearly everything, so the practice doesn't have to!
15. [Patient Engagement and Care Coordination](#) - Based on medical necessity for each individual patient to the CMS Standard of Care is what we do and are paid for. We do not share in any revenue from the actual services delivered as that is left to you and your provider clients. Although you do share in OUR revenue.
16. [Benefits to Strategic Partners](#) – In many cases that is YOU!
17. [Benefits to Ancillary Service Providers](#) – In many cases that is YOU!
18. [Dynamic Chronic Care Management](#) – A perfect example of how working together we create market differentiators that none of your competitors can touch. This strategy works for any product or service.
19. [Benefits to Shared Risk Programs](#) – ACOs, Medicare Advantage, ACO REACH, MSSP, etc. are huge partners for us.
20. [Benefits to Mental Health Programs](#) – These are the most often missed and highest value in both need and revenue. We have even begun working with pharmacies to monetize validations for prescription renewals through mandated assessments. Please connect us to your pharmacy colleagues and we will share that revenue with you as well.
21. [Consumer Engagement](#) – Providers only have valid contact data on 48.63% of their patients which means they only see them when they are sick. We market to health aware consumers via large corporate partners and reconnect them to their provider to get paid to connect them to a new one.
22. [PROACT](#) – Our nonprofit for Patient Records Ownership Rights. Provides Public Service Announcements (PSAs) with giant corporate sponsors to promote our free phone app and records download. *"The Best Life & Health Assurance is FREE! Having all your records on your device could be a matter of life and death in case of emergency. Best case it's far more convenient for you, your providers and their staff."*
23. [Precision Health Access](#) – Our phone app, originally built with and for T-Mobile to offer a subscription version of our assessments and then direct to follow up care. We have increased the functionality by 100 times since that beta.
24. [Precision Life Benefits](#) – Our tiered free, subscription and a la carte suite of services available to monetize these health-related services. YES, you are paid commissions on these as well!
25. [Benefits to Private Equity Firms](#) – One of our best strategic partners.
26. [Precision VBM University](#) – Though clients never login or even see our technology, here's our training portal for some of the many encounters related administrative tasks we do for them in the background, so their staff doesn't have to do it.

Congratulations! If you have successfully reviewed this massive archive and understand the general game plan, you have answered your own question about why you received this invitation. Please contact Doug for follow-up and to get your questions answered. Please email doug@precisionvbm.com or text for a time to talk at 949-584-5960. Thank you and welcome aboard this incredible journey! We wouldn't be nearly as successful without you!