

UNDERSTANDING THE PRECISION ELECTRONIC ENCOUNTER PROCESS

SUPERIOR & COMPLIANT PATIENT ENGAGEMENT
& CARE COORDINATION REVENUE



As the name suggests, we operate in the background away from the provider and office workflow to complete mandated services providers are missing. Through CMS and other payer data, we have the most current RAF Scores and compliance ratings on over 1,061,000 provider NPIs.

From this data we can demonstrate exact dollars lost by failing to act where medical necessity was found. Of course, the practice or organization thinks they are performing these services, but the reality is that they will see from our CMS/Payer Report Card that they are only completing a fraction of what is required. No Compliance, No Revenue! That changes TODAY!

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.

This is the fastest path to compliance and success. Per 100 patients engaged, you can conservatively expect \$12,100 in revenue and it is 100% yours to keep! We do everything for you, so you and your staff don't have to.

ADDRESSING A NEED

Addressing a Need - During Covid, virtual care and electronic visits became popular, but they were available for use long before that. It makes sense in that it's unobtrusive and you can see many more patients in a more affordable way. CMS made electronic visits permanent in 2021.

Human nature being what it is, patients loved the virtual visit as opposed to the office visit but have since become somewhat lazy even with those. The electronic visit on their own device is now their preferred engagement path. That doesn't replace virtual or office visits. It does, however, allow us to keep up with the changing health status of your entire patient population. Precision's proactive preventive health initiatives, under the value-based care model, lets you monetize those efforts as CMS intended.



HOW WE TAKE ACTION

We use these invaluable tools together to triage who needs to see their provider and when, what is the best engagement format, and then connect the patient with the most appropriate staff member type for that need, as directed by your schedule preferences. Again, this all happens in the background away from your workflow and matches up the compliance requirements of the CMS Standard of Care. Need an ancillary or outpatient service or specialist referral? We can electronically and automatically make those referrals as well based on the conditions you set.

MORE ABOUT ELECTRONIC VISITS

With these codes we have an opportunity to engage the entire patient population in every organization immediately. This is fully automated except for the provider having to one-click to review the one-page color coded result.

- This review is usually done by a staff member, or we can have our staff do it for you for a small charge.
- These are non-face-to-face, patient-initiated communications with the physician through an online patient portal.
- The communications can occur over a seven-day period, and the exchange must be stored.
- These types of encounters occur naturally as part of our initial patient engagement and care coordination process. These efforts result in an electronic assessment being completed by the patient, which is then reviewed and billed by the providers.
- These types of encounters can be done weekly, although it may be something we do monthly as a follow-up and to keep up with the qualified services that may result from the initial and subsequent assessments.

WHAT ARE THE E-VISIT CONDITIONS OF USE?

Understanding how to compliantly use these services is a bit like a Rubik's Cube of rules and conditions, which are built into the Precision platform. EXAMPLE – Emailing or texting with your patients does not qualify. However, with the Precision Process you can achieve greater compliance with preventive screenings based on individual medical necessities, and even monetize your schedule appointment reminders.



WHO PAYS FOR E-VISITS?

All payers reimburse for these services. [Here is an actual sample](#) for the first 100 payments on a 606-claim run. Typical of healthcare, there are 45 different payment amounts just on the first 100 listed. The REAL value is the triage of risk levels, direction of next care steps or need for outside referrals, all which are required and billable. You keep 100% of revenue for services that we identify as medically necessary, and then coordinate these next step actions with the patient electronically.

Another example is in [mental health patients](#). If you're treating a patient with anxiety and/or depression, or another diagnosis needing controlled substances, there are certain billable electronic assessments required for you to be compliant with that prescription. We're working with pharmacies to pick up this compliance-based revenue where you miss it. Stop missing this compliance and associated revenue today!

REASONS FOR CLAIM DENIALS & INVOICE ADJUSTMENTS

First, we are submitting and correcting any updates to claim denials on your behalf directly into your billing process or system at no cost. The most common and easily corrected denial is a missed diagnosis code from your patient data. "[Not a covered service](#)", typically means it is an ACO or Medicare Advantage patient, where we offer this service for free anyway. Finally, you don't pay on denied claims that we cannot correct and resubmit to receive payment, even though we still bear the transfer and billing cost.

WHAT IS YOUR CHARGE BASED ON?

We charge a flat compliant rate, bill our codes for you, and you don't pay us until you are paid. Please remember that you are also keeping 100% of the revenue for any virtual or office visits, plus additional ancillary services we drive with our actions. You can never be invoiced for more than 50% of what you collect, net of typical billing fees.



With Precision Stealth Workflow Intelligence in the background,
all your processes will seem much simpler without changing
anything about the way you operate today!