

ACTUAL BILLING/CLAIM RUN & BETA PILOT RESULTS

SEPARATING FACT FROM FICTION WITH REAL WORLD EXAMPLES

As comprehensive as our [Precision Concierge White Glove Software as a Service](#) program is, it is our [Precision Stealth Workflow Intelligence](#) (PSWI) that makes us special. Not only does it know exactly what medical necessities and care plans are required after each subsequent encounter*, but automatically engages the patient to begin that process electronically with compliant billable encounters that we generate on behalf of, and for the practice. All our actions are approved of by the provider, and in the background away from them and their office and staff workflow.

**The CMS Standard of Care rewards compliance and penalizes failure to act on medical necessities.*

For once in our lives, the welcome answer will be “No”!

- ✓ **No** upfront cost ever, we can launch in 72 hours, and you should have first revenue in 35 days.
- ✓ **No** this is NOT a project and in fact requires nothing of your staff beyond your current duties.
- ✓ **No** new technology to learn, in fact you never even see or log into our system.
- ✓ **No** new staff responsibilities as we can transfer data from our system to yours and submit the results directly into your claims process.
- ✓ **No** dealing with denials or requests for more information during adjudication as we can handle it for you, so your staff doesn't have to.
- ✓ **No** money owed until after you receive payment, and we assure that you will with timely claims submissions and follow up to get you paid.

How Does This Work? Our PSWI acts as “Air Traffic Control” by streamlining your schedule in the background to make sure you are always seeing those patients with the most appropriate and efficient visit type and staff member. We simply plug in your protocols and go. By leading with technology, we can all better afford to direct the right human resources and conditions to their best fit within the way you currently operate. You change nothing as we adapt to you!

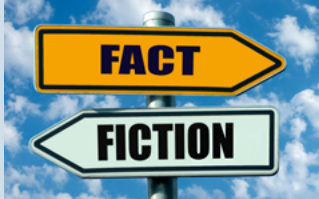




CODING & ACTUAL CLAIM RUN

FICTION

I need to test these codes and see what and if we get paid.



FACT

That is an incredible waste of time as we can show you exactly how they pay.

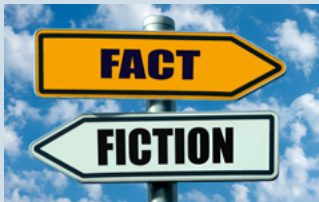
Some of these codes may be new to you but not to us, or CMS who made them permanent in 2021. We know the conditions for code use, and it is baked into our process so that you don't have to learn and manage these claims. The provided link is actual adjudications for the first 100 encounters for a 606-claim run. On those first 100 claims there were 45 different payment amounts ranging from \$25.83 to \$72.00 with the average being \$46.80. Our charge is only \$20 and only for patients who respond with a billable result.

Of course, the real value is that medical necessity requires any patient defined as Moderate Risk to have a virtual or office visit, and anyone at High Risk requires an office visit and a follow-up. We immediately facilitate these patients onto your schedule as you direct, and you keep 100% of that revenue. Per 100 patients responding you pay only \$2,000 for a return of conservatively \$12,100. Our sample [here](#) shows it was actually \$18,180.

THE FINAL WORD ON PILOT PROGRAMS

FICTION

I need to run a Pilot Program. Hm, NO!



FACT

The link provided shows you what 20 Beta/Pilots look like for 1.3 million patients. Pilot programs require the same amount of work for a fraction of the compliance and revenue or about 1% of expected full engagement. We ran these Pilots so that you wouldn't have to waste your time with them.

Extrapolated Value		Subset
Patients	1,300,000	Beta-Pilot
Respond	390,000	3,278
Claims	\$15,958,257	\$134,134
Value	\$62,489,113	\$525,240

If you extrapolate the total number of 1.3 million patients in these 20 organizations awaiting our services, compared to the Pilot results, you will see why doing Pilots is an unnecessary waste of time and effort. Here are those two comparisons.

In closing, we are a full-service comprehensive program that requires nothing of the provider or staff outside of what they do today. We simply streamline the workflow and perform the administrative processes for you in the background, so you and your staff are never touched by it. The reward is outstanding and effortless Compliance, Patient Engagement/Care Coordination, and Revenue or CPR. [Please click here for our QuickStart Guide.](#)

Actual Partial Bill Run - Detail on Next Tab		100 of a 606 Claim Run			
Encounters = 100		100	Different Payment Amounts		
\$60 - \$72 Paid	24 - 24%	1	\$72.00	3	\$216.00
\$40 - \$59 Paid	51 - 51%	2	\$66.47	10	\$664.70
\$25 - \$39 Paid	25 - 25%	3	\$65.06	7	\$455.42
	100 - 100%	4	\$61.58	2	\$123.16
Different Payment Amounts	45	5	\$61.47	1	\$61.47
Highest Payment	\$72.00	6	\$61.20	1	\$61.20
Lowest Payment	\$25.83	7	\$59.82	1	\$59.82
Average Payment	\$46.80	8	\$59.45	1	\$59.45
Patient Engagement Paid	\$4,680.10	9	\$56.47	1	\$56.47
High Risk Paid - 99423 (50) - Needs office visit + follow-up	\$9,000.00	10	\$53.18	1	\$53.18
Moderate Risk - 99424 (50) - Needs 1 virtual/office visit	\$4,500.00	11	\$52.34	1	\$52.34
Gross Revenue to Practice	\$18,180.10	12	\$52.00	1	\$52.00
Precision Cost	\$2,000.00	13	\$51.58	1	\$51.58
Net to Practice	\$16,180.10	14	\$51.47	1	\$51.47
Value/Patient	\$181.80	15	\$49.26	1	\$49.26
Cost/Patient	\$20.00	16	\$47.56	3	\$142.68
Net Profit/Patient	\$161.80	17	\$47.00	3	\$141.00
		18	\$46.61	2	\$93.22
How We Are Paid		19	\$46.47	2	\$92.94
1-Precision is not paid from insurance claims payments.		20	\$45.00	5	\$225.00
2-Our compliant flat rate is \$20 per patient response.		21	\$42.01	2	\$84.02
3-We provide daily, weekly or monthly superbills to expedite your ability to be paid from insurance. We also guide and assist with claims adjudications.		22	\$42.00	2	\$84.00
		23	\$41.47	1	\$41.47
		24	\$40.30	14	\$564.20
4-We don't invoice you for 60 days to allow you bill and collect for our assessments and visits driven to your office via our schedule facilitation.		25	\$40.72	7	\$285.04
		26	\$40.50	1	\$40.50
		27	\$38.94	4	\$155.76
5-The assessments themselves are not billable, only the encounters where they are contained.		28	\$37.20	1	\$37.20
		29	\$36.58	1	\$36.58
6-Follow up visits are driven by medical necessity and we do not share in that revenue. A Moderate Risk Patient requires a virtual or live visit. A High Risk Patient requires an office visit and a follow up.		30	\$35.83	2	\$71.66
		31	\$33.94	1	\$33.94
		32	\$33.91	1	\$33.91
		33	\$33.61	1	\$33.61
7-No charge for ACO/MA programs registered with us. We charge only \$2 for those patients not registered.		34	\$33.34	1	\$33.34
		35	\$32.58	1	\$32.58
8-Providers are required to take these actions to be compliant. Now you get paid to do so.		36	\$31.58	1	\$31.58
		37	\$31.51	1	\$31.51
9-We conservatively quote \$12,100 in revenue to the practice for each 100 patient responses for a cost of \$2,000		38	\$30.01	1	\$30.01
		39	\$29.76	3	\$89.28
10-To learn more go to Precision Healthcare Technology here		40	\$29.28	1	\$29.28
		41	\$29.25	1	\$29.25
To see how you're viewed in the eyes of payers and signup go here to PVBH Health		42	\$29.16	1	\$29.16
		43	\$27.56	1	\$27.56
		44	\$26.47	1	\$26.47
	\$4,680.10	45	\$25.83	1	\$25.83

Patient Engagement Beta/Pilot			TOTAL	Low Risk		Moderate Risk		High Risk		TOTAL	TOTAL	PHT
#	Client	Location	Encounters	99421	%	99422	%	99433	%	PE Billed	Value	Invoice
1	Family Practice/ Walk In	Denver	187	5	2.67%	23	12.30%	159	84.96%	\$8,646	\$39,320	\$3,743
2	Family Practice/ACO Lead	NC	437	7	1.60%	113	25.86%	317	72.54%	\$19,706	\$86,204	\$8,745
3	Family Practice	Phoenix	44	2	4.55%	11	25.00%	31	70.45%	\$1,962	\$8,200	\$886
4	Family Practice	Michigan	166	10	6.02%	49	29.52%	107	64.46%	\$7,278	\$30,948	\$3,327
5	Family Practice/ Walk In	New Hampshire	218	9	4.13%	72	33.03%	137	62.84%	\$9,564	\$40,704	\$4,367
6	Family Practice/ Walk In	New Hampshire	661	15	2.27%	334	50.53%	311	47.05%	\$28,040	\$114,080	\$13,211
7	Family Practice	New York	25	2	8.33%	10	41.67%	12	50.00%	\$1,012	\$4,072	\$490
8	Family Practice	New York	51	0	0.00%	16	31.37%	35	68.63%	\$2,288	\$10,028	\$1,026
9	Family Practice/IPA Lead	Michigan	238	24	10.08%	185	77.73%	28	11.76%	\$9,046	\$31,280	\$4,758
10	Family Practice	Arizona	18	3	17.65%	11	64.71%	3	17.65%	\$340	\$2,176	\$356
11	Family Practice/IPA Lead	New York	356	50	14.04%	168	47.19%	137	38.48%	\$14,360	\$54,140	\$7,112
12	Family Practice	New York	49	3	6.25%	35	72.92%	10	20.83%	\$1,894	\$6,844	\$976
13	Family Practice	New York	16	0	0.00%	8	53.33%	7	46.67%	\$640	\$2,620	\$311
14	Family Practice/ Walk In	New York	106	5	4.85%	89	86.41%	11	10.68%	\$4,050	\$14,040	\$2,118
15	Family Practice	New York	42	5	11.90%	34	80.95%	2	4.76%	\$1,110	\$5,176	\$840
16	Family Practice	New York	113	7	7.69%	96	105.49%	9	9.89%	\$4,276	\$14,536	\$2,260
17	Mental Health	Northeast	53	6	11.32%	40	75.47%	6	11.32%	\$1,976	\$6,656	\$1,057
18	Pilot for Big Project	Midwest	130	34	26.15%	92	70.77%	3	2.31%	\$4,630	\$13,540	\$2,599
19	Pilot for Big Project	Southeast	294	75	25.60%	212	72.35%	6	2.05%	\$10,444	\$30,604	\$5,880
20	Hospital - Ohio	Midwest	75	5	6.76%	58	78.38%	11	14.86%	\$2,872	\$10,072	\$1,500
Q1 2024 Pilots/Betas			3,278	267	8.59%	1,656	56.75%	1,342	35.61%	\$134,134	\$525,240	\$65,563
Paused to Resume										48.88%	PHT Value	12.48%
Active												

3,946 Total Completed Encounters in this Test Stage

\$78,920

NOTES

1-Billed - 99241 = \$28, 99242 = \$38 & 99243 = \$48

2-Average Expected Collect = \$42.31

VALUE - >

Projections

1-Moderate risk drives medical necessity for a virtual or office visit = \$90

2-High risk drives medical necessity for an office visit and a follow-up visit = \$180 Total

Extrapolated Value		Subset
Patients	1,300,000	Beta-Pilot
Respond	390,000	3,278
Claims	\$15,958,257	\$134,134
Value	\$62,489,113	\$525,240
PHT	\$7,800,000	\$65,561

PHT Bill to Invoice		Cost to Value
Average	Claim	Value
	\$40.92	\$160.23