



Value based compliance, executed properly will make providers far more revenue by better serving more patients without ever seeing them, than they will ever accomplish in their office.

THE BIGGEST COMPLIANCE & REVENUE OPPORTUNITES IN HEALTHCARE **ARE LARGELY IGNORED!**

Wake the Sleeping Giant with our Precision Stealth Workflow Intelligence, Ongoing Electronic Care Coordination is Your New Monthly Cashflow

EXAMPLE

Precision's data shows that providers only have valid contact information on 48.63% of their patients, which means they are likely only seeing them when they are sick. This is exactly opposite to the goals of value-based care, in which the aim is to get ahead and stay ahead of big chronic disease states.

Like the tax code, the government (and insurance companies) give providers incentives and penalties to encourage or discourage certain actions. The CMS Standard of Care and Value-Based Compliance mandates that where medical necessity is found, the provider must act.

Without the Precision platform, you have no way of knowing what these care gaps are, as they change with each successive encounter. No EMR system can do any of the things Precision does but we can work with or within all 600+ of them. Even if you had our technology, you wouldn't have the staff or bandwidth to execute, so we do all of this for you! Before you read further;



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 for \$2,000 spent. We do everything for you, so you and your staff don't have to.

CARROT & STICK REWARDS & PENALTIES

Perform these services and receive great rewards. Fail to comply and you're open to any number of penalties, not the least of which is a negative effect on RAF Score. Why is this important?

The RAF Score or Risk Assessment Factor is the provider's public credit report. It combines the risk level stratification of the entire patient population, against how well other providers with similar risk profiles perform. In short, how risky it is for payers to work with that provider. This ultimately affects contracts and reimbursements.

HOW DO WE BEGIN?

STEP ONE

We will show the provider or organization with CMS/Payer data, to the dollar, exactly what they say they missed in mandated services, and then we go get that revenue for them. Again, these are not optional services but rather services where medical necessity was found, and the provider failed to act. On this patient engagement phase, you receive an average of about \$40 per claim, and pay Precision \$20, only on patient completed, paid encounters after you are paid.

STEP TWO

Engage the entire patient population in a billable electronic encounter to gain patient attribution (census credit for shared risk programs), risk stratification, and triage of initial care. Medical necessity requires any patient found to be at moderate risk to be scheduled for a virtual or live visit (\$90), and any patient at high risk needs a live visit and a virtual or live follow up (\$180). We facilitate these patients on to your schedule as directed and you keep 100% of the revenue.

PHASE THREE

Electronic Care Coordination – Waking the Sleeping Giant!

The massive shift underway since Covid to electronic and virtual visits requires these checks and balances to manage and be compensated for entire patient populations not currently being seen in their office. One provider told me that if he would have known these “Secrets” he would have sprinted toward value-based care years ago. And now you know! This is the greatest source of compliance and recurring revenue in healthcare, and it best serves the patient!

Two Questions

What services do you currently have or would like to begin using? We next answer the question, “For each desired service, do I want hire and train my own staff, work with a current vendor, or find a new one?” We will meet you where you are today and help you arrive at your target destination.

But I've Already Tried Programs Like Chronic Care Management (CCM) and Remote Patient Monitoring (RPM)!

Sorry, no excuse! Your past experiences do not relieve you of the compliance requirement and our system will not fail you. Once we identify medical necessity for any mandated ancillary services, our [Precision Stealth Workflow Intelligence](#) goes to work. We automatically reach out to the patient via text and email hyperlink where they sign the required informed consent and even can schedule the first encounter, all with no human labor. Because we lead with technology, and support with the personal touch there is no frustrating and annoying phone tag.

With each successive encounter, ongoing new medical necessities and care plans are generated by what payers expect the provider to do next. As the “Stealth” in our name suggests, all these things happen in the background away from the provider and staff workflow. In fact, you never even login to our system or see it.

PRECISION NETWORK SOLUTIONS TO THE RESCUE!

To this end, Precision Network Solutions has an exclusive agreement with a prominent Strategic Partner with a national network that covers every service required or imaginable in the virtual care space. Those services include but are not limited to;

- ⊕ **Chronic Care Management**
- ⊕ **Remote Patient Monitoring**
- ⊕ **Remote Therapeutic Monitoring**
- ⊕ **Behavior Health Integration**
- ⊕ **Annual Wellness Visit and Prep**
- ⊕ **Transitional Care Management**
- ⊕ **Social Determinants of Health**
- ⊕ **Principle Illness Navigation**
- ⊕ **Caregiver Education**



GAMECHANGERS & MARKETCHANGERS

- 1.** We have game changing technology in the process of receiving FDA approval which will revolutionize the remote Patient Monitoring industry. It is a wearable and supporting proprietary software platform for patient monitoring and medication management. What makes it special is that it can literally predict adverse patient events such as a heart attack, stroke, or ER visit days before they occur and prevent them from occurring.
- 2.** We also maintain a national network of Accessibility Contractors who provide Home Safety Assessments and all types of home modifications such as stairlifts, railings, bathroom modifications etc.
- 3.** Cognitive Treatment Breakthroughs - What makes this program set so special is that they are documented to improve memory and cognition, improve balance by 76% thus preventing falls, reduce stress and anxiety, and delay the onset of dementia.

We maintain an exclusive relationship with Zing Performance who owns several technology/app programs called Cereskills, Ceremind, and Cerefit. Zing Performance has been credentialed by Medicare and maintains its own Medical Director team and NPI number which gives Zing the ability provide services to a patient without an official order from a physician and to directly bill Medicare for services under RTM.

Consequently, the program is incredibly easy for physicians to make the program available to their patients without having to monitor or bill for the services. Physicians can also participate in care coordination if they choose and earn monthly revenue for participating.

NOTE - CMS does not allow a physician to bill for RPM and RTM concurrently for the same patient. Under our Cereskills program, a physician can have patients on RPM and bill for RPM while also referring or recommending the patient to the Zing/Cereskills program wherein Zing Performance bills for the service under its own NPI thereby allowing the physicians' patient to be on RPM and RTM at the same time. Physicians can also participate in care coordination if they choose and earn monthly revenue for participating.

