EVERY ORGANIZATION & PROVIDER NEEDS SOME LEVEL OF CPR!

COMPLIANCE, PERFORMANCE, & REVENUE

HEALTHCARE 101

Simple rules that most don't have the technology, bandwidth to navigate, or even what it is they are missing according to current CMS/Payer data.

THE HIDDEN PROBLEM

1. Every time a provider submits a claim, algorithms within CMS/Payer's systems penalize you for failing to act on the new medical necessities found within the results of that last encounter.
2. This technology is not available in any EHR, only via Precision. You will see why below.
3. Most providers are missing between $200K and $350K in revenue for "Compliance Mandated" services they think they are doing. CMS/Payer data says that you are not!

1. **The CMS Standard of Care, which all payers model, requires that where medical necessity is found, the provider patient must engage the patient to action regardless of payer.**

2. Like the tax code, providers are rewarded for preventive care performed and penalized for failing to act where medical necessity is found.

3. The #1 reason for claim denial is lack of validated or documented medical necessity.

4. Here's a company being paid millions of dollars using AI to deny your claims in advance. The Precision process avoids this!

5. To be successful you must maximize fee for service delivery and provide far more care than you ever imagined at no cost for programs such as ACOs and Medicare Advantage.

EXAMPLE: ORGANIZATION WITH 700+ PROVIDERS

- Spend over $200K annually on technology, 70 people work on Patient Engagement, and 50 on RAF Scores. Results?
- CMS/Payer data showed they were missing an average of $353K each from their first ten providers in alphabetical order.
- They are failing at great expense and don't even know it. They are not alone.

THE EASY SOLUTION

Since 2007, the founding partners of Precision Healthcare Technology have helped to architect and build these value-based grading and management systems. We know exactly what the payers expect.

1. Learn to the dollar with current CMS/Payer data what services you are missing and then we go get that revenue for you.
2. You keep 100% of this revenue as we are paid separately for our care coordination and navigation codes.
3. There is no cost upfront, no operational changes, and we can launch in 72 hours.
4. Always free for ACO/Medicare Advantage, and other capitated programs.

LET'S GET STARTED!

CLICK HERE FOR A 90-SECOND OVERVIEW

Below the short video is a one page "Overview" and a simple one page "Summary" of our two-page agreement.

CLICK HERE TO LEARN MORE, AND REQUEST YOUR SIGN UP IN LESS THAN 10 MINUTES.

Learn about the technology, pick your program, and begin the next steps to launch.

CLICK HERE TO SCHEDULE YOUR SIGNUP

You will now see your CMS/Payer Report Card and our Precision ROI Calculator, to see what compliance mandated revenue you are missing. Then "Signup" in FIVE minutes via Zoom after you have reviewed the information above on your own.

SUMMARY OF OUR TWO-PAGE AGREEMENT

You keep 100% of clinical revenue and you will never owe more than what you have collected for our care coordination and navigation. Though we are typically only paid on 30% to 50% of claims for our services, we perform them for 100% of your patients.

PRECISION PROCESS

What do we do for you in the next 72 hours, first week, ongoing?

FREQUENTLY ASKED QUESTIONS – FAQ

Q1	**If I'm barely keeping up with my present patient load, how will I make up this missed revenue?**
A1	We found that the physician head of a hospital team was seeing 64% of his patients that could and should have been seen as a different visit type and a more appropriate staff member. In 30 days, he had complete control over his schedule by doing nothing differently. So about 30% of your improvement will come from newly automated scheduling and staff assignment whose rules you dictate to our system. We call it the "Precision Stealth Workflow Intelligence". You never see it and it acts like the software behind an air traffic controller tower.
Q2	**Where is the other 70% of missed revenue coming from?**
A2	You are being penalized dearly for not connecting to mandated ancillaries such as AWV, CCM, RPM, BHI, Cognitive, etc. We do this electronically in the background and have zero impact on your daily workflow.
Q3	**I've already tried these programs, and they failed. Now what?**
A3	You are still required to offer the service, track the responses, enrollments, declines, etc. In our system you are paid to make the offer even if the patient doesn't enroll. More importantly we can work with your internal staff, an existing vendor, or help you find a dependable new resource as these services are much better than they used to be.
Q4	**Why am I'm not seeing any penalties?**
A4	Just as without Precision, you don't know how you're being graded by CMS/Payers, you also don't see how you're being penalized. Your RAF Score is your public credit report. A poor score is like a high loan interest rate on bad credit, your next payer contract rate is docked, and you never see it. Your poor performance also negates any chance of shared savings in your ACO or Medicare Advantage programs.
Q5	**How do I improve my RAF Score?**
A5	The only way this can be accomplished is consistent compliance with the CMS Standard of Care, and only Precision can make that happen in the background away from your workflow with no upfront or out of pocket costs. Please click here to learn more about CMS Report Cards, ROI Calculator, and RAF Scores. This of course brings us back to the first sentence of this document – Healthcare 101 - The CMS Standard of Care, which all payers model, requires that where medical necessity is found, the provider patient must engage the patient to action regardless of payer.