


MAKING THE PAYER OR HEALTH SYSTEM **THE HERO** IN HEALTHCARE DELIVERY!



I'm going to start by repeating my last paragraph first. "We do everything, and you win big. You only pay based on actual patient responses and then it's a fraction of what you are currently spending on your entire population for far less tangible results. Thank you in advance for your interest!"

What is the value of current Health Risk Stratification, Anxiety and Depression and the Social Insecurities on 100 million people? This was the conversation we had with the head of Google Cloud Healthcare Worldwide who wishes us to store these records on their platform.

We together determined that the payers get the most benefit from these results, followed by the providers, who now have a pathway to efficient care delivery based on validated and documented medical necessity, and of course the patient who benefits instantly.

There are varied levels of both perceived and real disconnects between these interactions of the three stakeholders: payers, providers, and patients. Let's fix them together NOW! **WHERE DO WE START?**

[Our Precision Health Access](#) phone app, originally built for and with T-Mobile as a subscription health access portal, allows people to store their health records securely on their phone instead of across the many password protected patient portals where they can't easily access them. Through corporate partners like you, we expect 100 million downloads in the next two years. **WHY IS THIS IMPORTANT?**

Because our phone app can transfer that data electronically without redundant paperwork or records request transfers to any EMR. This is a huge benefit because it allows Electronic Medical Records (EMR) companies to go completely paperless. Precision gives full API access and does not charge the EMR companies for this upgraded ability. We're serious and not curious about making a difference.

BACK TO THE DISCONNECTS – Some degree of friction will always exist between payers and patients, payers and providers, and providers and patients. We can tie these all together with one act in the background electronically that benefits everyone involved, and therefore, humanity.

HOW?

The "[CMS Standard of Care](#)" requires that where medical necessity is found, the provider must act regardless of payer. Value based management incentivizes providers to engage their patients. They think they are doing this, but our current CMS/Payer data proves they aren't even close.

Only data driven AI directed triage can effectively, affordably and efficiently manage these demands for all patients. This has a tremendous benefit to provider RAF Scores; shared risk attribution counts and savings for increased ACO and Medicare Advantages distributions. The solution is only a few clicks away and we can launch any account in 72 hours.

THE ROOT PROBLEM

On average, over the past seven years we find that providers only have valid contact data on 46.83% of their patients, with the lowest being 17.13% and the highest being 58.89%. If you divide these contacts over 12 months then providers are seeing less than 4% of their patient per month or translated – only when they are sick. This is exactly opposite of what Value Based Care goals are.



SOLUTIONS

As the payer, YOU have valid contact information that your provider doesn't. If you send a link to your members with our AI-Embedded Health Risk Assessment, General Anxiety & Depression, and Social Determinants of Health, your members know that you care, and you get invaluable information that we can update and track quarterly.

YOUR ASSESSMENTS ARE NOT OUR ASSESSMENTS

Since 2007, beginning with a collaboration with CMS about what value-based care measurement would become, we have gone live with every value-based initiative in real time. For 18 years now we architected and built many of the grading algorithms that many of you have buried in your systems, so why can't we also be the solution? Too simple or makes too much sense.

WHAT IS SO SPECIAL ABOUT PRECISION?

Our platform identifies, validates and documents medical necessity from within the results of each individual patient's ongoing encounters. THEN it can connect each patient to any next step in your hierarchy. We call this "Precision Stealth Workflow Intelligence" as you never even see it. But, like the wind and electricity, it is very much present.

We then get these assessment results back to you, the payer or health system, and reconnect the patient to the provider with updated contact information. And the next expected action based on their individual medical necessity and can even electronically and instantly connect them to any service or procedure under any use case guidelines you have us plug in for you.

Data for data's sake is useless unless it is actionable and functional. Only Precision can connect any individual patient to any service, provider or procedure in the background driven by ongoing validated and documents medical necessity.

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