

YOUR PILOT PROGRAM OPTIONS

If you like the pilot, simply continue the program!

Record Review Requirements if Billing Insurance – Exactly like a lab report, if you are billing for our services, you and your staff are required to review the PDF results among yourselves, set a plan, and communicate the plan to the patient. This is typically 21+ minutes over seven days of conversation, back and forth communication and scheduling the next steps for the patient. [Here are our program choices.](#)

NOTE - You keep 100% of the clinic revenue we drive to your organization or practice

- Our AI Driven Care Coordination & Navigation Codes can be billed separately or not at all
- CMS/Payers Reimburse About \$50. Turn an expense center into a profit center!
- We also pay you \$1 per subscriber per month when your patients or staff engage in our health records services.

Bill claims yourself - \$8 per response. - Don't bill claims - \$5 per response.

Due Net 30 Days

YOUR CMS/Payer Report Card – Missed mandated services you think you are doing that payer data says you are not. Why does it matter? On one sample code a compliant provider receives \$352 in contracted reimbursement and a noncompliant provider receives \$179. We do everything for you including connecting these missed services.

Our Precision Stealth Workflow Intelligence pre-stages and navigates care coordination in the background away from your workflow. You never even see it, but you give us the rules to run it. Below is a typical single provider missing 333,901 in required services. You keep 100% of this revenue as we are compensated separately for our car coordination and navigation codes.

DR. ZHIVAGO					
LOCATION		SPECIALTY	ENTITY TYPE		NPI NUMBER
3901 Nostrand Ave Suite L11, Brooklyn, NY, 11235		Internal Medicine	Individual		1124198304
Risk Score 1.1206	Total Beneficiaries 536	Total Services 6023	Missed QM Opportunity \$333,901.00	EKG Opportunity \$30,495.00	
ABi Opportunity \$10,938.00	AWV Opportunity \$74,560.00	MH Opportunity \$22,896.00	RPM \$65,606.40	CCM \$20,868.81	
Sr. No.	Quality measures	QM Reported (%)	QM Not Reported (%)	QM Cost (\$)	QM Missed Opportunity cost (\$)
1	Atrial fibrillation	54/100%	46/90%		\$29,027.00

Simple Pricing Methodology – These are REQUIRED Assessments that dictate the medical necessary services follow up within our results. Each successive encounter produces new medical necessities from within those results. Only Precision owns or has access to this technology.

Always a Profit at No Upfront or Out of Pocket Cost

- \$12 Per Paid Response – Requires Superbill & Documentation
- \$8 – Not Paid – Still Benefit with Visits & Patient Attribution
- 10% Billing & Collection - We Provide This Service for Our Services
- Payments are Made at 50% of Collected – Always a Profit!

BONUS - Other Benefits to Working With Precision!

- Our Consumer Health Records initiatives will likely drive new patients to your practice from the community looking for a local provider.
- To maintain access to their health records they become your “Permanent Patient”.
- Our platform also gives you the chance to create a concierge model within your current practice and attract new patients through that model.

WELCOME TO PRECISION HEALTHCARE TECHNOLOGY

ABOUT YOUR SIMPLE AGREEMENT

WHAT IS THE SERVICE?

- ① Precision's Stealth Workflow Intelligence identifies each individual patient's medical necessities according to the CMS Standard of Care, and electronically connects the patients to begin these next steps.
- ② These are often missed yet required services you may not be maximizing or being paid for at all. These should also be included in your schedule appointment reminders.
- ③ These billable encounters are for the entire patient population and facilitate compliance in patient engagement and care coordination that helps your Compliance, Performance & Revenue – CPR. Assists in meeting the CMS Health Equity initiatives.

WHAT AM I AGREEING TO?

- ① Nothing ever owed upfront.
- ② Our patient engagement and care coordination will conservatively drive associated mandated clinical services to you for another \$120 per patient.
- ③ **You can never be billed more than 50% of what you collect for our care coordination and navigation codes if you choose our full-service model.**
- ④ No charge for ACO/Medicare Advantage programs.
- ⑤ Allow us to coordinate with your staff during setup so that we can do the work for you. Your staff then will do nothing different than they do today.

HOW DO I START?

- ① Sign the two-page agreement with your finger.
Connect us to the person who can export your contact list from your EMR/Billing system (three minutes).
- ② Connect us with the person who will instruct us how you want us to direct patients to your office with moderate risk and or high risk if different.
- ③ Typically, this is a schedule link, an email address or a phone, person or extension if when possible.

WHAT AM I AGREEING TO?

- ① Launch in 72 hours.
- ② Revenue in 35 days.
- ③ Even large organizations can implement in 30-45 days.

