PRECISION HEALTHCARE COMPANIES

MIXED MEDICAL ARTS
Changing Healthcare to Lifecare
is Empowering Rural Hospitals

MEDRAI
HEALTHCARE COLLABORATIVE
Data Reimagined via AI

RETURNING THE RURAL HOSPITAL TO THE CENTER OF COMMUNITY HEALTH ACCESS

Unexpected Benefit – These same strategies work for small to medium sized hospitals and even larger systems trying to serve their outlying areas.

The Problem - Imagine a future where rural communities no longer fear losing their lifeline – their local hospital. Before we look into the future, let's see where we are today.

1. Over 30% of rural hospitals in the U.S. at risk of closure, we're witnessing an alarming trend that directly impacts healthcare access for millions.
2. The American Hospital Association has flagged 432 rural hospitals facing severe financial challenges, threatening essential services in these areas.
3. A significant number of the other rural hospitals not quite on the edge of insolvency are operating at a loss due to high staffing and facility costs.
4. These challenges are compounded by limited revenue streams and fixed payments from insurers.
5. Very simple solutions are in place today to completely transform these invaluable community assets.

The consequences of closing these vital institutions extend far beyond healthcare; they threaten the very fabric of rural communities by reducing access to essential medical services, increasing travel times for care, and impacting the local economy.

Factors such as lower Medicare and Medicaid reimbursement rates, an aging population, and a shortage of specialized medical staff only exacerbate this crisis. As many rural hospitals face the difficult choice to cut services or consolidate operations.


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SOLUTIONS

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Realigning the incentives in a way that is inclusive allows strategic partnerships that may be able to bill under the hospital's NPI in some cases, while benefiting from staff, space, and expense sharing.

ADDICTION SERVICES

Unlike a rehab center, these unbundled and independent services alone can double a rural hospital's revenue in two years. It is estimated that 60%+ can be provided by our national network of virtual care with no upfront cost and an assured profit. This program allows staff and revenue sharing with other programs and better utilization of underutilized space.

URGENT CARE

Only a small fraction of rural hospitals formally offers this very easy to add program. It can be partnered onsite or with affiliated partners already in that space offsite. Again, this allows for staff and revenue sharing with existing clients and assures profit for both sides.

FORMALIZE TRANSITIONAL CARE MANAGEMENT (TCM)

Only 3.1% of patients leaving hospitals have TCM claims filed which reimburses at over $200. The services are not billed because it requires coordination of services to be received at discharge that hospitals can't seem to pull off. Not only is this the biggest root cause of hospital re-admissions, but our technology can fix it instantly without changing any of their present systems or referral patterns.

WOUND CARE/HOME HEALTH

These services can be partnered onsite or offsite with existing providers who have a current client base. Again, if onsite, you have access to staff, space, and expense sharing. Just as important is that these services can now connect homebound patients to other needed virtual care they are missing when they fall off the provider's radar when they go home.

OUTPATIENT/INPATIENT PHYSICAL THERAPY

Hospitals have long been branding satellite clinics to service outlying areas. Existing physical therapy facilities can be re/co-branded overnight with the private practice PT provider becoming the contractor. That same group may also be interested in creating an inpatient program on the main hospital site.

EXAMPLE - In one town the hospital has four new clinics overnight simply by contracting with PTs to become their satellite clinic. Why? Hospitals have much more favorable reimbursement rates and less restrictions. In one case the PT got $83 per visit whereas the hospital, due to larger expense liability for access, receives $300. Again, it's about realigning incentives to benefit by working together.

CREDENTIALING PHYSICIAN PROVIDERS

A provider, say in The Woodlands, Texas cannot get credentialed into a closed network but under a rural hospital in Cleveland, Texas, 35 miles away, where help is needed, it's an easy process. He/she becomes a billing provider for the hospital while carrying the credential for use back home. The hospital can now offer a much larger variety of services with the physician overseeing the work of our national virtual support team.

HOSPITAL PHARMACY/ PHYSICIAN PROVIDERS COLLABORATIVE

IPPN provides a turnkey solution for participants in the IPPN Collaborative Practice Agreement that delegates responsibilities, delivers software solutions, contracting and billing solutions for all parties to the Agreement.

Patient Outcomes and Financial Impact

- Studies demonstrating the benefits of pharmacist-physician collaboration:
    - Improved adherence rates: Pharmacists play a crucial role in improving medication adherence and chronic disease management.
    - Revenue generation: For practices managing large patient populations, utilizing pharmacists for RPM and CCM can result in additional revenue streams.

Reference: Various studies published in the Journal of Managed Care & Specialty Pharmacy (JMCP) and American Journal of Health-System Pharmacy (AJHP).

Workflow Design and Collaboration Models

- Best practices for collaborative care models include:
    - Team-based care: Utilizing pharmacists for follow-ups and monitoring reduces physician workload.
    - Technology integration: Platforms like IPPN Hub facilitate real-time data sharing and billing compliance.

Source: American Pharmacists Association (APhA) and Agency for Healthcare Research and Quality (AHRQ). Licensed Healthcare Provider

These are just a few examples of the exponential synergies we create by working together. Thank you for helping us Change Healthcare to Lifecare!

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THIS HOSPITAL/URGENT CARE/SURGERY CENTERS - UNDERPAYMENT RECOVERY PROGRAM

is the only underpayment recovery program utilizing proprietary custom-built software to audit and identify underpayments on all "zero-balance" and previously adjudicated claims. Our program is a non-disruptive platform and is not part of any existing revenue management program. Our software is completely custom-built designed specifically to audit previously adjudicated claims AFTER all other audit and collection procedures have been completed. Facility by facility. We perform our audit once a remittance has been fully adjudicated and has already gone through the healthcare facility's internal and external processes. Our audit begins once their revenue cycle management team has fully adjudicated a remittance. If that is typically 90 days, then we begin on day 91 and audit 24 months back from that date.

RECOMMENDED TO PARTNER WITH OUR ADDICTION SERVICE PROGRAM

A Better Way Forward - FDA-cleared wearable neurostimulation solution, for opioid withdrawal, is improving and saving lives every day.

- We provide the world with drug-free treatment options through innovative, non-invasive, wearable neurostimulation technology.
- Drug-free
- Targeted Treatment
- Non-invasive

When Care Gets Complex - Treatment doesn't have to be.

- There are times when complex care exceeds the capabilities of existing treatment. In those critical moments, you either rise to the occasion with proven and effective treatment or your patient finds someone else who will.
- It's time to integrate better options.
- We understand the challenges you face in complex care scenarios.
- That's why we're pioneering non-invasive bioelectric medicine designed specifically to meet your most critical needs and the needs of your patients.

CMAT ADVANTAGE SYSTEM: CLINICAL OVERVIEW FOR RURAL AND SMALL HOSPITALS

1. A Practical Solution for Managing Cardiovascular and Neurological Risk in Chronic Metabolic Disease
2. Tackling High-Risk Conditions in Resource-Limited Settings
3. Rural and small hospitals are on the front lines of chronic disease management, often with limited specialists, tighter budgets, and fewer support staff. Conditions like diabetes, cardiovascular disease, peripheral artery disease (PAD), and diabetic neuropathy strain both inpatient and outpatient care systems, driving up readmissions, length of stay, and overall costs.
4. The CMAT Advantage System is a 510(k) FDA-cleared, non-invasive bedside tool built to solve this. It helps identify hidden risks early, guide treatment decisions, and reduce avoidable complications—all with minimal staff training and no need for costly imaging or specialist referrals.

ER/URGENT CARE INTAKE TRIAGE

This modular system serves the purpose of separating who needs ER and who can be seen in urgent care. It can also be used as a TCM outpost, so facilities stop missing that revenue which directly increases their readmissions.

This modular system can be expanded to create a mini urgent care clinic or even reduced to kiosk size. Here's a time lapse view of the transition to opening as well as an informative video.