PRECISION
HEALTHCARE TECHNOLOGIES

WHY SHARED RISK PROGRAMS FAIL & HOW TO WIN FOR THE PATIENT AND YOUR ORGANIZATION!

It's time to stop *"Not knowing what you don't know"*

Shared risk capitation type payments typically only make up 30% of the practice's payer mix. Wouldn't you like to earn revenue for your ACO/MA on that other 70% of the fee for service business? When you introduce us to providers who have a record of missed mandated services, we will share the fee-for-service revenue with you as a co-manager. Additionally, we will provide you with free access to our technology and outreach resources.

The real or appearance of rationing care, laborious preauthorization delays, and claim denials have opened Pandora's box of legislation, patient outcry and lawsuits. But it doesn't have it be that way.

YOU CAN'T SAVE YOUR WAY TO PROSPERITY

The "Cost Avoidance Myth" would suggest that this method creates savings. According to a Regional President of a major insurance company who helped us build our program and spent 15 years for that payer turning around troubled ACOs and Medicare Advantage companies, it's just the opposite.

In her example, having providers simply complete an Annual Wellness Visit and enroll the appropriate patients in Chronic Care Management would cost $894 but give the shared risk entity $2,400 in new revenue per year leaving $1,506 in real profit.

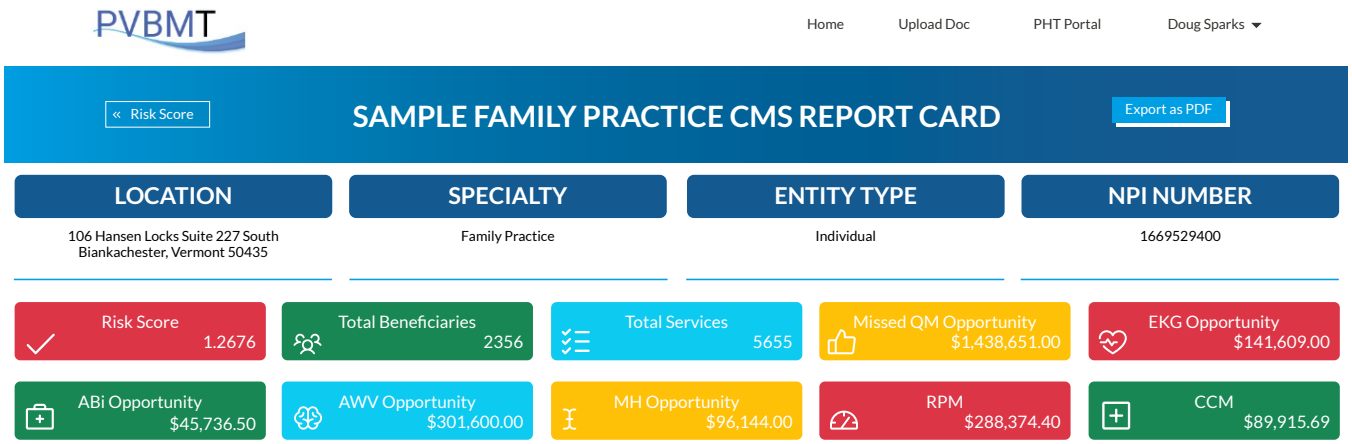
The patient is better cared for, the provider earned revenue for some required services he/she has missed and the organization benefits. We call this **Compliance, Patient Engagement and Revenue or CPR**.

NOTE – Our system proactively avoids HCC gaming for higher reimbursements by validating and documenting medical necessity for each patient, making sure each diagnosis is covered in the care plan and reflects in the claim billed. How is this possible?

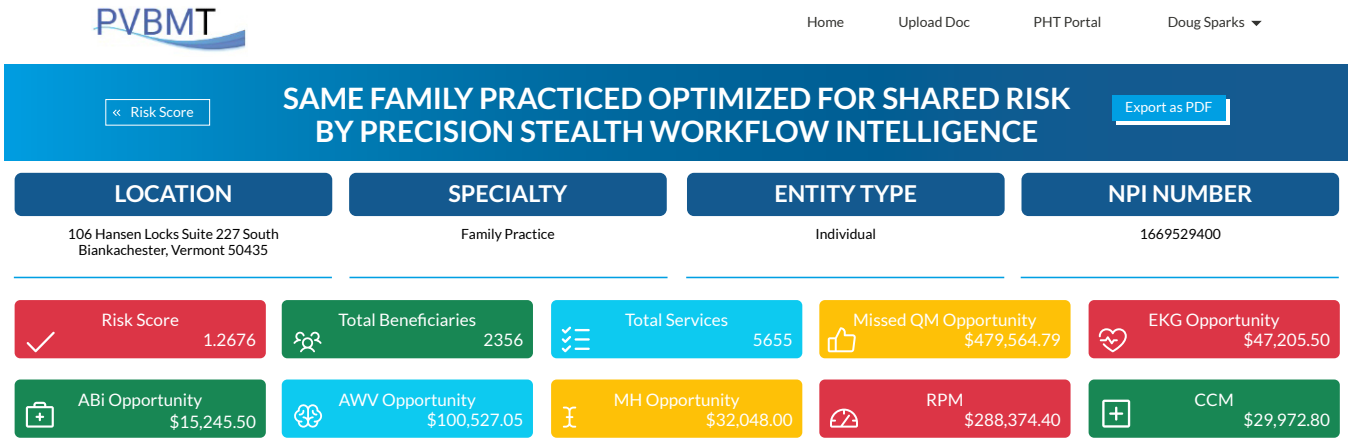
Our goal is to deliver twice the number of services for half the cost and no claim denials. We do this by AI driven electronic triage to plan in advance, so the patient escalates through the proper service type, to the proper facility and treating staff members. Lead with technology and support with high value personal care.

EXAMPLE – The family practice below is "swamped" and believes they are delivering all required services. According to their current CMS/Payer Report Card they are missing $1.438 million in services where medical necessity was found, and they failed to act.

The solution of course is to engage us to create a virtual clinic for you that covers these services, doesn't interrupt or change your workflow and doesn't have any upfront our out-of-pocket cost. In fact, they keep 100% of this $1.438 million as we are paid nominally and separately for our care coordination and navigation codes.



NOW, for a shared risk program like an ACO or Medicare Advantage, you set the rules for escalation and through our electronic navigation we can provide those same $1.438 fee for service encounters for $479,564. Besides the obvious, what are the other benefits?



For more information, please check out this link about the Benefits to Shared Risk programs.