# PRECISION
### HEALTHCARE TECHNOLOGY

**PROCESS**

# Let Precision Healthcare Technologies Make You an ALL-STAR PERFORMER!

**The only company where 30% paid healthcare claims, and 3% subscribed consumer/patient engagement are considered a huge success!**

## How is that possible?

**PERSPECTIVE** – In baseball a .300 batting average (30%) is considered an All Star. If your entire team bats .300 you win the World Series every year. In compliance terms it takes 60% over each of 16 quality measures to avoid hidden penalties. Most providers hit that number on two or three. Let's get those bases covered!

(Five Minute Read)

# REALITY!

## We own proprietary technology which is much cheaper to deploy than your labor!

- Precision will have 70% of the claims for our services denied so that you can keep 100% of compliance based missed mandated services that are causing you penalties you don't even see.

- We will only monetize 3% of the 100 million anticipated downloads of our free Precision Health Access (PHA) phone app for consumers and patients to control their own health records.

- Not only do you keep 100% of this proven missed clinical revenue, but we also share our comparatively miniscule revenue with you! Why?

- Until everyone is on our simple free to access and profits guaranteed, care coordination navigation platform, seismic change is slowed!

**NOTE**
Our original PHA phone app was upgraded in a subscription health access project for and with T-Mobile, Milliman is our partner to for the first time in history to make access and control of health records available to consumers and patients, and Google Cloud Healthcare protects data for our app on devices like the type of security on Google Wallet.

## ABOUT OUR "OVERNIGHT SUCCESS"

**HISTORY -** We have invested 18 years of transformative technology developments and eight years of program model refinement that connects 17 sectors of healthcare and consumer health worldwide, so we are your perfect advocate and partner.

**RESULTS -** In a meeting and lunch with the head of Google Cloud Healthcare, the stunning revelation was that without Precision guiding compliance driven workflow with documented medical necessity, and then connecting those needs across all sectors, even the best Generative AI Workflow is akin to Google Maps without a destination. Pretty to look at but worthless! This is why we work with these technologies daily!

**HOSPITALS, ORGANIZATIONS & PROVIDERS -** Click to see three things we do for providers, their staff, and their patients that no other technology can do.

**BACKGROUND**
Since 2007 Precision has helped to architect and build value-based measurement and management platforms with CMS/Payers. These algorithms are not in any EHR or dataset, and the only master structure for all payers resides within Precision's platforms.

- We have current and updated CMS/Payer compliance and quality measures data on 1,061,000 providers and can tell them to the dollar what revenue they are being penalized for not taking.

- They keep 100% of this missed compliance-based revenue as we are compensated separately for our AI triage, care coordination and navigation codes.

**RESULTS?** The very same system that was built to penalize organizations and providers can correct their path in the background with their own rules without any operational changes required. There is no new technology to learn, no upfront or out-of-pocket costs, and a profit is guaranteed. More information here.

# THE PROCESS

## Why We MUST Bill for Services That We Know Won't Be Paid
### Without Precision's Stealth Workflow Intelligence, you are chasing a ghost!

**1** Once we show the provider how their compliance is currently being scored in the eyes of CMS/Payers, with current data from systems that we helped to architect and build, we now need to know which patients need which services. <u>See a typical family practice provider, certain he has all bases covered, yet CMS/Payer data says he's missing $333,901 in mandated services where he failed to act where medical necessity was found.</u> It's our job to get that for you!

**2** <u>This starts with a billable electronic encounter for the entire patient population as required for risk stratification for RAF Scores, compliance for required moderate and high-risk visit follow ups, and shared risk patient count attribution.</u>

**3** These codes where made permanent in 2021 to encourage providers to "<u>Prestage or Triage</u>" service needs, like an Electronic MA, instead of directing unnecessary visits. Like the tax code, it rewards you for this behavior so let us do it for you!

**4** <u>There are no patient copays or deductibles for electronic preventive services which is all we do. If we get a request for patient payment, we let the payer know it was preventive, and it's usually approved. Under no circumstance would the patient have financial responsibility, nor would the provider pay us in such a situation.</u> If you are not paid, then we aren't paid when <u>choosing our insurance billing model</u>!

**5** **EXAMPLE** - Most payers want the blood test results BEFORE the scheduled visit so it can be followed up electronically, virtually or live depending on the results. We coordinate this automatically with your chosen action.

**6** From within the results of the first assessment, and each subsequent patient specific medically necessary assessment, our AI driven platform will define each individual patient's ongoing medical necessities and then automatically and electronically connect them where you direct.

**7** <u>In the value-based world if you didn't bill it, you didn't do it. Sadly, you and your staff are doing hundreds of tasks weekly and not getting compliance or revenue credit.</u> We handle this in the background away from your workflow AND you now get that missed revenue and credit.

**8** Our claims will likely be denied for ACOs/Medicare Advantage as "Not a Covered Service," but you need the billable encounter for attribution credit. If you're getting a per member per month capitation rate of, say $48, do you want that monthly payment for 100 patients or 2,000? We don't get paid so you don't get charged, but the billable encounter helps to solidify the attribution credit.

**9** Our claims for new patients, or patients with an upcoming visit within seven days won't pay, but you need this information on these patients more than anyone. <u>So again, we're not paid but you get the benefit, and we don't charge you.</u>

**10** <u>Electronic encounter review for billing requires 21 minutes spent over seven days and is easily met by sharing results and care plans internally with staff, and then the patient, and then coordinating the next steps for care between all parties.</u>

**11** We bill and collect on your behalf for our care coordination and navigation codes.

**12** <u>Compliance requires a flat rate charge to the practice, but like the minimum charge on a credit card, you can never owe us no more each month than 50% of net collections after billing until the balance is $0.</u>

**Thank you again for your time and patience in understanding our mission.
Let's connect and see what we can build together.**