



# WE'RE CHANGING HEALTHCARE TO LIFECARE TODAY! AND WE NEED YOU TO HELP US TO EXPEDITE THIS GROWTH!

There's no upfront cost to the provider or organization, nothing owed until they collect from payers, only pay for those patients who engage, no new technology to learn, no new staff responsibilities, we move data from our system to their EMR and submit into their billing process, work the claims until adjudication, and follow up with engagement and ongoing medical necessities for each individual patient from within the results of the previous encounter.

We launch in 72 hours, first revenue in 35 days, and even large organizations can be implemented in 30 days because we do the onboarding for you while keeping you in the loop. Expected return per 100 patients engaged is \$12,100 for a cost of \$2,000.

Patients determined to be of moderate risk by medical necessity require a virtual or office visit, and those with high risk require an in-office visit followed by a virtual or live office visit. We facilitate those onto your schedule as you direct, and we do not share in that revenue.



## FREE TO REGISTERED ACOS & MEDICARE ADVANTAGE PROGRAMS

In fact, we share the fee for service revenue back with the shared risk organization. These actions assure improved shared savings by reducing labor costs, eliminating technology costs, and the rebating previously unavailable new revenue back to your program.

This is a snapshot of how we help providers, [please click here to see how we assist hospitals & healthcare organizations.](#)

# PROBLEMS & SOLUTIONS

1. Through no fault of their own, providers are daily and unknowingly missing compliance actions that should be driving better patient care and revenue.
2. Not only are they missing this revenue, but they are also being penalized in a variety of ways for not taking it.
3. They are VERY sure they are doing all these services and doing a great job.
4. We can prove to them with CMS and other payer data that they are horribly deficient.
5. Without our Precision Stealth Workflow Intelligence, they do not have the technology to inform them what they are missing to the CMS Standard of Care, much less the staff and bandwidth to act on these findings.
6. Now we are going to go and get that revenue for them, and they do nothing different to what they do today.
7. We engage the entire patient population in a billable event for this risk stratification, attribution and triage exercise which results in a significant and immediate boost in Compliance, Patient Engagement/Care Coordination and Revenue (CPR).



# LOST & FOUND

## PRECISION STEALTH WORKFLOW INTELLIGENCE YOUR “AIR TRAFFIC CONTROLLER” TO EXCELLENCE

“The Patient Will See You Now: The Future of Medicine Is in Your Hands” by Eric Topol MD

OUR JOB AT PRECISION IS TO MAKE THIS SIMPLER FOR THE PROVIDER

1. No EMR, team or staff member can keep up with the ever-changing compliance requirements in real time as they are updated by your payers every time you submit a new claim.
2. If you billed “This”, the system looks to see where you performed “This” and “That” from within the results of the previous encounter.
3. Only Precision has access to these ongoing metrics AND can connect your patient’s actions electronically in a billable encounter.
4. Today you’re most likely either missing these hidden requirements, think you’re doing them or doing them and not being paid. Are you currently fully monetizing your schedule and appointment reminders? You’re about to!
5. Precision handles all of this for you in the background away from your workflow with no new technology to learn, no new staff responsibilities and nothing owed until you are paid.
6. Conservatively expect \$120 in revenue per \$20 spent to do what you are required to do and failing to do according to your CMS/Payer Report Card.



# PRECISION STEALTH WORKFLOW INTELLIGENCE IN ACTION

From within the results of each successive and ongoing encounter, our platform identifies new medical necessities and automatically generates care plans as expected by the CMS Standard of Care. CMS, the global gold standard in healthcare requires actions be taken where medical necessity is found. Providers are rewarded with payments for acting and penalized in a variety of ways for failing to act.

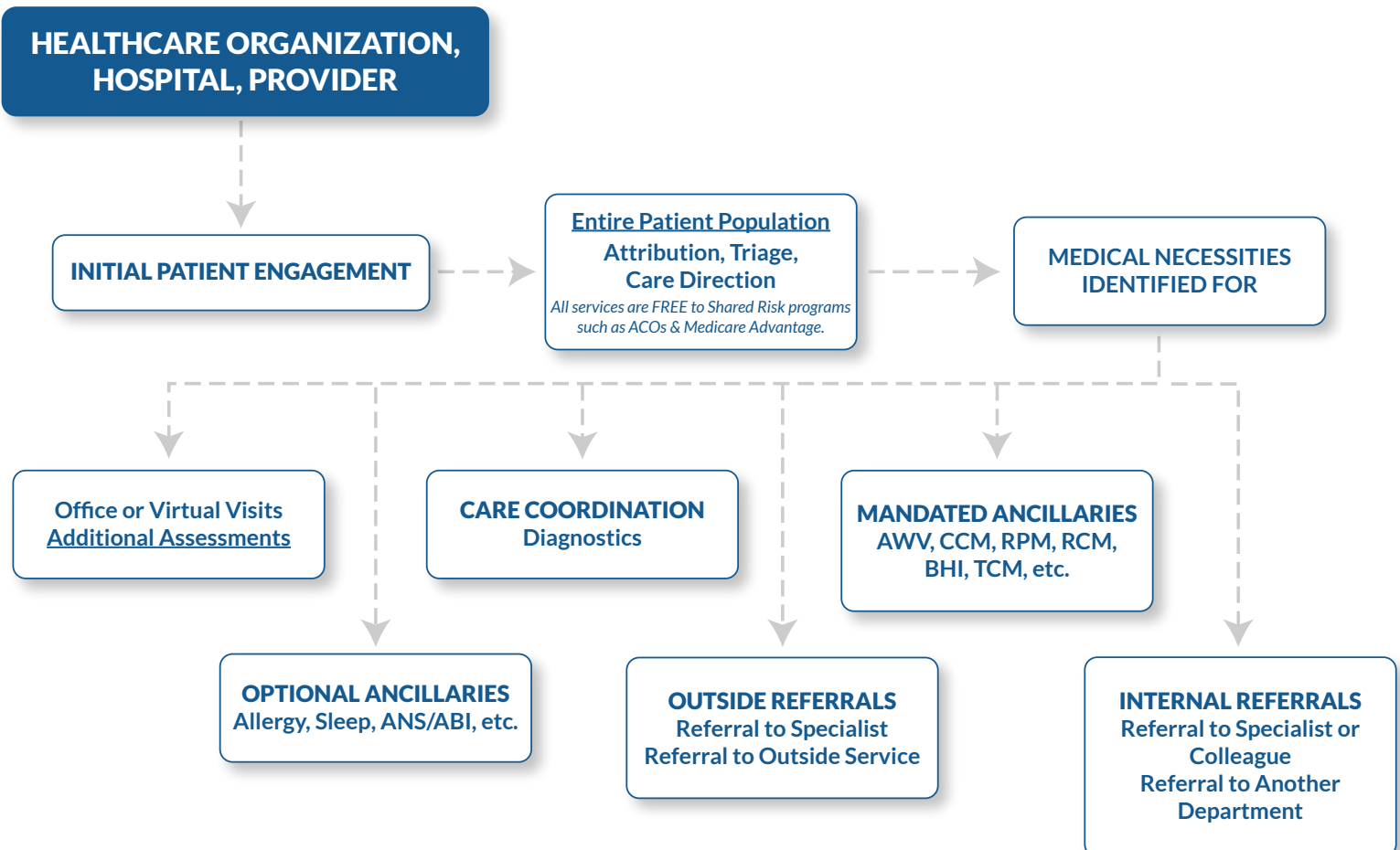
Only Precision Healthcare Technology can do these things. As the word “Stealth” in the name implies, all tasks are accomplished in the background away from the workflow of the provider and staff. There is no new technology to learn and no new staff responsibilities.

Without Precision, providers and organizations are blind to these real time updates in expectations from ongoing newly presented medical necessities. None of the 600+ systems have these capabilities, yet we can work with or within all of them. We see these EMR platforms as our partners and not our competition.

## WHY HEALTH AWARE CONSUMER?

Our data shows that providers only have valid contact information for 48.63% of their patients, which means they are likely only to see them when they are sick. We engage the “Health Aware Consumer” and reconnect them with their provider or help them to find a new one if desired.

## PRECISION STEALTH WORKFLOW INTELLIGENCE







**WELCOME TO PRECISION  
HEALTHCARE TECHNOLOGY**  
ABOUT YOUR TWO-PAGE 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 Pay only \$20 for those engaged after you are paid by insurance – CMS 2024 Fee Schedule pays \$46.20 to \$55.93 with commercial paying up to \$72\*. These codes were made permanent in 2021.
- 3 No charge for ACO/Medicare Advantage programs.  
*\*Our patient engagement and care coordination will conservatively drive associated mandated services to you for another \$120 per patient.*
- 4 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.