PRECISION
HEALTHCARE TECHNOLOGIES

THE INFRASTRUCTURE BEHIND BETTER PROVIDER PERFORMANCE

THE SAME COMPLIANCE INTELLIGENCE GRADING YOU CAN NOW FIX YOU.

STOP HIRING VENDORS TO GUESS WHERE THE OPPORTUNITIES ARE.

Let the same compliance grading intelligence already measuring your performance show you exactly where they are.

VENDORS HAVE REFERENCES. INFRASTRUCTURE HAS RESULTS.

NO RESPONSE. NO VALUE. NO FEE.

WE DON'T REPLACE YOUR SYSTEMS. WE OPERATE UPSTREAM OF THEM.

EVERYTHING WE DO HAS THE POTENTIAL TO IMPROVE YOUR CMS/PAYER GRADE.

NEARLY 20 YEARS OF CMS/PAYER METHODOLOGY EXPERIENCE

For nearly 20 years, Precision Healthcare Technologies and its partners have helped develop and refine the CMS and commercial payer compliance methodologies used to measure provider quality, compliance, attribution, risk adjustment, and reimbursement.

Those methodologies determine how providers are measured. Unfortunately, most providers never see the hidden opportunities affecting their performance because they exist upstream of the EHR and outside traditional clinical workflows.

Today, we've transformed that expertise into Precision Stealth Workflow Intelligence™—an infrastructure that continuously identifies hidden compliance opportunities, engages patients, documents medical necessity, and connects providers with clinically appropriate services that improve both patient care and financial performance.

SEE WHAT YOUR PRACTICE CAN'T SEE

Every participating organization receives a CMS/Payer Provider Report Card generated using the same compliance methodologies that influence payer performance.

SAMPLE PROVIDER REPORT CARD

B-

OVERALL PERFORMANCE

Quality Score	72%
Risk Adjustment	68%
Attribution	75%
Preventive Care	62%
Chronic Care Mgmt.	70%
Patient Engagement	58%

*Sample Report Visualization

HIDDEN OPPORTUNITIES IDENTIFIED

- Improve Quality Scores
- Strengthen Risk Adjustment
- Increase Attribution
- Close Care Gaps
- Boost Patient Engagement
- Increase Appropriate Reimbursement

For most providers, this is the first time these opportunities become visible.

THE COMPLETE INFRASTRUCTURE

1. IDENTIFY AI-POWERED RISK ASSESSMENTS

Our proprietary algorithms analyze CMS/Payer data to uncover proven, mandated compliance opportunities upstream of your EHR.

2. ENGAGE PATIENTS INTELLIGENTLY

We reach the right patients with the right message at the right time—driving responses and reducing burden on your staff.

3. NAVIGATE & CONNECT TO CARE

Patients are guided to the right care, services, and provider-directed options—closing gaps and improving outcomes.

4. DOCUMENT & SUPPORT

We capture and organize clinical evidence and support compliant documentation for reimbursement, quality, and risk adjustment.

5. MONITOR & IMPROVE CONTINUOUSLY

We track results, monitor CMS/Payer grading updates daily, and continuously identify new opportunities on a rolling 90-day cycle.

PATIENT ENGAGEMENT REWARDS

The easier we make it for patients, the more they engage—and the better your outcomes.

PATIENTS RECEIVE ACCESS TO:

- FREE My MD Hub Health Records
- Community Concierge Affordable Care Membership Programs
- Office Visit Membership Options
- Virtual Care Membership Options
- Cash Pay Healthcare Options
- Subscription Healthcare Options
- Insurance-Based Care Options

PROVIDER BENEFITS:

- Higher Response Rates
- New Cash-Based Revenue
- Stronger Patient Loyalty
- Less Administrative Burden
- 800–1,000 Fewer Record Requests Annually

PARTICIPATION OPTIONS

A RESPONSE-LINKED PMPM

(NO INSURANCE BILLING)

$6.00 PMPM

ONLY for responding patients who generate measurable provider value.

Value includes:

- ✓ Preventive compliance documentation
- ✓ Attribution improvement
- ✓ Risk adjustment improvement
- ✓ Documentation of medical necessity
- ✓ Connection to a billable encounter
- ✓ Connection to a billable service
- ✓ Connection to provider-directed services

NO RESPONSE. NO VALUE. NO FEE.

B QUARTERLY CLAIMS INFRASTRUCTURE

(INSURANCE BILLING)

We identify, validate, document, and support submission of preventive electronic visit claims (CPT 99421–99423).

- ✓ Compliant coding support
- ✓ Documentation guidance
- ✓ Minute tracking & RCM support
- ✓ Claim submission services

10% BILLING FEE APPLIES

C HYBRID INFRASTRUCTURE

(BEST OF BOTH WORLDS)

- Quarterly preventive encounter billing where appropriate

+

- Continuous Response-Linked PMPM for ongoing engagement and newly identified medical necessity between CMS/Payer reporting cycles

MAXIMUM VALUE. CONTINUOUS RESULTS.

WE'RE NOT PAID TO PUSH VOLUME. WE'RE PAID FOR VALUE THAT IMPROVES YOUR GRADE.

SAME COMPLIANCE INTELLIGENCE. BETTER VISIBILITY. BETTER RESULTS.

LET THE SYSTEM THAT GRADES YOU, FIX YOU.

ONE INFRASTRUCTURE. MULTIPLE WAYS TO PARTICIPATE. ONE GOAL: BETTER PATIENT CARE. BETTER PROVIDER PERFORMANCE. BETTER FINANCIAL OUTCOMES.