



PRECISION HEALTHCARE TECHNOLOGY – BEHIND THE STATISTICS

USING AI & ONGOING DATA UPDATES TO DRIVE OBJECTIVE RESULTS

Where Are Your Care Gaps?

We have access to third party compliance and performance data from CMS (Medicare) and others on 1,040,000 billing providers including RAF Score and the top-quality care measures. We can tell you to the dollar your missed revenue and likely penalties for failure to act on medical necessities. Your RAF Score is a combination of the risk profile of your practice, and how you rank in performance effectiveness with other similar patient risk profiles. Each provider is scored and updated on a rolling 90-day schedule, and we get updates nightly. All clients may have access to our dashboard to track their progress.

Now You Know Your Gaps, Which Patients Need Which Services?

Precision Patient Engagement is essential as it breaks the practice down to low, medium, and high-risk patients and directs them electronically to begin the engagement process in the background away from the provider and staff workflow. This ensures the right type of visit and class of treating staff members are matched appropriately. No upfront cost, no technology to learn, and no payment until you are paid if we handle the transfer of data and claims submission on your behalf into your system.

The Importance of Medical Necessity

Now that you know who needs what services, you need to coordinate that care. In the value-based world failure to act where medical necessity is found creates loss of revenue, hurts quality scoring, and can generate penalties. Every supportive ancillary service requires medical necessity before enrolling the patient. We validate this medical necessity and enroll the patient electronically, again in the background, all without annoying phone tag. Examples - AWW, CCM, RPM, PCM, TCM, BHI, Labs, Allergy, Sleep Studies, etc.

Though Precision does not contract or perform the many ancillary services your patient qualifies for, we do facilitate electronic enrollment and even scheduling. Through our Precision Network Solutions, we provide a care coordination team who helps you decide if you want to perform these services yourself, will train your staff, will work with any present vendor, or help you to find a new vendor.

- 1.** [48.63%](#) - average valid contact information for patients, means you're only seeing them when sick.
- 2.** [45% to 65% net to 30%+ Gross](#) - Precision's expected patient response due to our proprietary carrot and stick compliance statements and patient engagement process. The actual number depends on the type and location of the practice.
- 3.** [22%](#) - expected increase in office visits in the first month. This could double with the use of virtual care for moderate risk patients.
- 4.** [\\$10,000](#) - Net profit expected by a practice for each 100 patient responses for a cost of \$2,000.
- 5.** [\\$515,168](#) - Revenue value our work produced on 20 Beta/Pilot accounts for a cost of only \$64,063. That's a 12.44% cost to benefit result and we did all the work.
- 6.** [Low Risk Patient Range on Pilot](#) - Average, 8.69%, Lowest, 1.60%, Highest, 26.15%.
- 7.** [Moderate Risk Patient Range on Pilot](#) - Average, 55.61%, Lowest, 12.30%, Highest, 84.96%.
- 8.** [High Risk Patient Range on Pilot](#) - Average, 36.70%, Lowest, 2.05%, Highest, 84.96%.
- 9.** [\\$353,686](#) - Averaged Missed Revenue each for the first 10 of 700+ providers in a large organization, or \$3,536,868 in missed revenue for the first 10 providers.
- 10.** [\\$0](#) - Our charge for shared risk (ACO, MA, MSSP) patients enrolled with us.



Actual Partial Bill Run - Detail on Next Tab		100 of a 606 Claim Run			
Encounters = 100	100	Different Payment Amounts			
\$60 - \$72 Paid	24 - 24%	1	\$72.00	3	\$216.00
\$40 - \$59 Paid	51 - 51%	2	\$66.47	10	\$664.70
\$25 - \$39 Paid	25 - 25%	3	\$65.06	7	\$455.42
	100 - 100%	4	\$61.58	2	\$123.16
Different Payment Amounts	45	5	\$61.47	1	\$61.47
Highest Payment	\$72.00	6	\$61.20	1	\$61.20
Lowest Payment	\$25.83	7	\$59.82	1	\$59.82
Average Payment	\$46.80	8	\$59.45	1	\$59.45
Patient Engagement Paid	\$4,680.10	9	\$56.47	1	\$56.47
High Risk Paid - 99423 (50) - Needs office visit + follow-up	\$9,000.00	10	\$53.18	1	\$53.18
Moderate Risk - 99424 (50) - Needs 1 virtual/office visit	\$4,500.00	11	\$52.34	1	\$52.34
Gross Revenue to Practice	\$18,180.10	12	\$52.00	1	\$52.00
Precision Cost	\$2,000.00	13	\$51.58	1	\$51.58
Net to Practice	\$16,180.10	14	\$51.47	1	\$51.47
Value/Patient	\$181.80	15	\$49.26	1	\$49.26
Cost/Patient	\$20.00	16	\$47.56	3	\$142.68
Net Profit/Patient	\$161.80	17	\$47.00	3	\$141.00
		18	\$46.61	2	\$93.22
		19	\$46.47	2	\$92.94
How We Are Paid		20	\$45.00	5	\$225.00
1-Precision is not paid from insurance claims payments.		21	\$42.01	2	\$84.02
2-Our compliant flat rate is \$20 per patient response.		22	\$42.00	2	\$84.00
3-We provide daily, weekly or monthly superbills to expedite your ability to be paid from insurance. We also guide and assist with claims adjudications.		23	\$41.47	1	\$41.47
		24	\$40.30	14	\$564.20
4-We don't invoice you for 60 days to allow you to bill and collect for our assessments and visits driven to your office via our schedule facilitation.		25	\$40.72	7	\$285.04
		26	\$40.50	1	\$40.50
		27	\$38.94	4	\$155.76
5-The assessments themselves are not billable, only the encounters where they are contained.		28	\$37.20	1	\$37.20
		29	\$36.58	1	\$36.58
6-Follow up visits are driven by medical necessity and we do not share in that revenue. A Moderate Risk Patient requires a virtual or live visit. A High Risk Patient requires an office visit and a follow up.		30	\$35.83	2	\$71.66
		31	\$33.94	1	\$33.94
		32	\$33.91	1	\$33.91
		33	\$33.61	1	\$33.61
7-No charge for ACO/MA programs registered with us. We charge only \$2 for those patients not registered.		34	\$33.34	1	\$33.34
		35	\$32.58	1	\$32.58
8-Providers are required to take these actions to be compliant. Now you get paid to do so.		36	\$31.58	1	\$31.58
		37	\$31.51	1	\$31.51
9-We conservatively quote \$12,100 in revenue to the practice for each 100 patient responses for a cost of \$2,000		38	\$30.01	1	\$30.01
		39	\$29.76	3	\$89.28
10-To learn more go to Precision Healthcare Technology here		40	\$29.28	1	\$29.28
		41	\$29.25	1	\$29.25
To see how you're viewed in the eyes of payers and signup go here to PVBM Health		42	\$29.16	1	\$29.16
		43	\$27.56	1	\$27.56
		44	\$26.47	1	\$26.47
		45	\$25.83	1	\$25.83

\$4,680.10

Patient Engagement Beta/Pilot /Favors

#	Client	Location	TOTAL Encounters	Low Risk		Moderate Risk		High Risk		TOTAL PE Billed	TOTAL Value	PHT Invoice
				99421	%	99422	%	99433	%			
1	Family Practice/ Walk In	Denver	187	5	2.67%	23	12.30%	159	84.96%	\$8,646	\$39,320	\$3,743
2	Family Practice/ACO Lead	NC	437	7	1.60%	113	25.86%	317	72.54%	\$19,706	\$86,204	\$8,745
3	Family Practice	Phoenix	44	2	4.55%	11	25.00%	31	70.45%	\$1,962	\$8,200	\$886
4	Family Practice	Michigan	166	10	6.02%	49	29.52%	107	64.46%	\$7,278	\$30,948	\$3,327
5	Family Practice/ Walk In	New Hampshire	218	9	4.13%	72	33.03%	137	62.84%	\$9,564	\$40,704	\$4,367
6	Family Practice/ Walk In	New Hampshire	661	15	2.27%	334	50.53%	311	47.05%	\$28,040	\$114,080	\$13,211
7	Family Practice	New York	25	2	8.33%	10	41.67%	12	50.00%	\$1,012	\$4,072	\$490
8	Family Practice	New York	51	0	0.00%	16	31.37%	35	68.63%	\$2,288	\$10,028	\$1,026
9	Family Practice/IPA Lead	Michigan	238	24	10.08%	185	77.73%	28	11.76%	\$9,046	\$31,280	\$4,758
10	Family Practice	Arizona	18	3	17.65%	11	64.71%	3	17.65%	\$340	\$2,176	\$356
11	Family Practice/IPA Lead	New York	356	50	14.04%	168	47.19%	137	38.48%	\$14,360	\$54,140	\$7,112
12	Family Practice	New York	49	3	6.25%	35	72.92%	10	20.83%	\$1,894	\$6,844	\$976
13	Family Practice	New York	16	0	0.00%	8	53.33%	7	46.67%	\$640	\$2,620	\$311
14	Family Practice/ Walk In	New York	106	5	4.85%	89	86.41%	11	10.68%	\$4,050	\$14,040	\$2,118
15	Family Practice	New York	42	5	11.90%	34	80.95%	2	4.76%	\$1,110	\$5,176	\$840
16	Family Practice	New York	113	7	7.69%	96	105.49%	9	9.89%	\$4,276	\$14,536	\$2,260
17	Mental Health	Northeast	53	6	11.32%	40	75.47%	6	11.32%	\$1,976	\$6,656	\$1,057
18	Pilot for Big Project	Midwest	130	34	26.15%	92	70.77%	3	2.31%	\$4,630	\$13,540	\$2,599
19	Pilot for Big Project	Southeast	294	75	25.60%	212	72.35%	6	2.05%	\$10,444	\$30,604	\$5,880
20	Hospital - APRIL 1	Midwest	0									\$0
			3,203	262	10.32%	1,598	66.04%	1,331	43.58%	\$131,262	\$515,168	\$64,063

Paused to Resume
Active

48.81% PHT Bill to Invoice **12.44%** PHT Cost to Value

3,644 Total Completed Encounters in this Test Stage
\$72,680

Most of these accounts combined other services which limited our access to the full patient population

NOTES

- 1-Billed - 99241 = \$28, 99242 = \$38 & 99243 = \$48
- 2-Average Expected Collect = \$42.31

VALUE

- PHT Charge = \$20
- 1-Moderate risk drives medical necessity for a virtual or office visit = \$90
- 2-High risk drives medical necessity for an office visit and a follow-up visit = \$180 Total



PRECISION HEALTHCARE TECHNOLOGY'S CONCIERGE SOFTWARE AS A SERVICE ADDS WHITE GLOVE FEATURES

Only Precision owns AI embedded technology that identifies individual patient medical necessities and then generates care coordination plans to the CMS Standard of Care, the gold standard in healthcare. Then on an ongoing basis, these same actions are updated in real time with each subsequent encounter with the patient.

Our platform then directly engages the patient to begin to act based on those individual medical necessities automatically, all in the background away from the provider's workflow. We triage which patients need to be seen either via electronic, virtual, or live office visit and which staff type is the most appropriate match for that encounter and schedule availability.

Your EMR Assessments are not OUR AI embedded assessment. Even if you had 100% participation in a program you would still be penalized for failing to act on the medical necessities found within the results of the encounter. NOBODY can do this but Precision as only we own and have access to this technology. Even though it's everywhere now in the media, we have had AI and blockchain for many years.



Software as a Service (SaaS) means you buy or license software for your intended need. [Precision's Concierge SaaS or C-SaaS](#) operates the technology for you so that there is no staff training or new technology to learn. In fact, you never login to our system. There is no cost upfront and nothing owed until you collect from payers.

Our new "[White Glove](#)" service has us enter our information on your data directly into your EMR and can submit your resulting claims or even oversee scheduling live in your system for you. As you can see, we advance a lot of technology and labor on your behalf while waiting to be paid. This makes it essential that we assist and streamline your efforts to effectively bill and collect? If you have ever used a billing company or other ancillary service who post activity live in your system then you are familiar with this very simple process.

PRECISION PROGRAMS ASSURE COMPLIANCE, PATIENT ENGAGEMENT & REVENUE OR CPR

- 1. Where are you in the eyes of CMS and other payers?** – With live and updated compliance and performance data on 1,040,000, we know exactly and can track your progress on your RAF Score and the top Quality Measures. We can tell you to the dollar how much revenue you have missed by failing to act where medical necessities are found. Missing these services can also result in penalties.
- 2. Now that you know your compliance gaps, we need to find out which patients need which services** – As if your performance scores didn't show the realities of how the payers view you as a provider, on average providers only have valid contact information for 48.63% of their patients. This means you are only seeing sick patients and your patient engagement program is the reason you may be falling short of the "graders" expectations. We improve and update your system constantly with the most current data.
- 3. Our services are offered at little or no cost to ACOs & Medicare Advantage plans registered with us** – Even though shared risk programs represent typically only 20-30% of the practice population, you need the best results with the smallest cost and that is our electronic Patient Engagement. Same comprehensive service at no cost if our program is operating in the fee for service sector of the practice.
- 4. What's next? Confirmation of medical necessity and ancillary service program enrollment** – Though Precision does not contract or perform the many ancillary services your patient qualify for, we do facilitate electronic enrollment and even scheduling. Through our Precision Network Solutions, we provide a care coordination team who helps you decide if you want to perform these services yourself, will train your staff, will work with any present vendor, or help you to find a new vendor.



PRECISION HEALTHCARE TECHNOLOGY - QUICKSTART GUIDE

Our sole objective in providing our White Glove version of the only Concierge Software as a Service Healthcare Technology Platform, is to onboard, implement and execute our entire system in the background away from your workflow. These efforts are led by our team advancing considerable technology and human capital on your behalf so that your staff doesn't have to learn new technology or perform the associated labor. We can launch in 72 hours and your efforts to expedite our successful start require even less time.

1. Signed Two Page Contract

No money upfront, we are paid a small flat rate when you're paid if we do file transfer and assist in the claim submission into your EMR.

2. Data/Logo

All EMRs/Billing systems can export contact data in two minutes. We can take your logo from your website if that is easier for you.

3. Contact Information for Practice Key Personnel

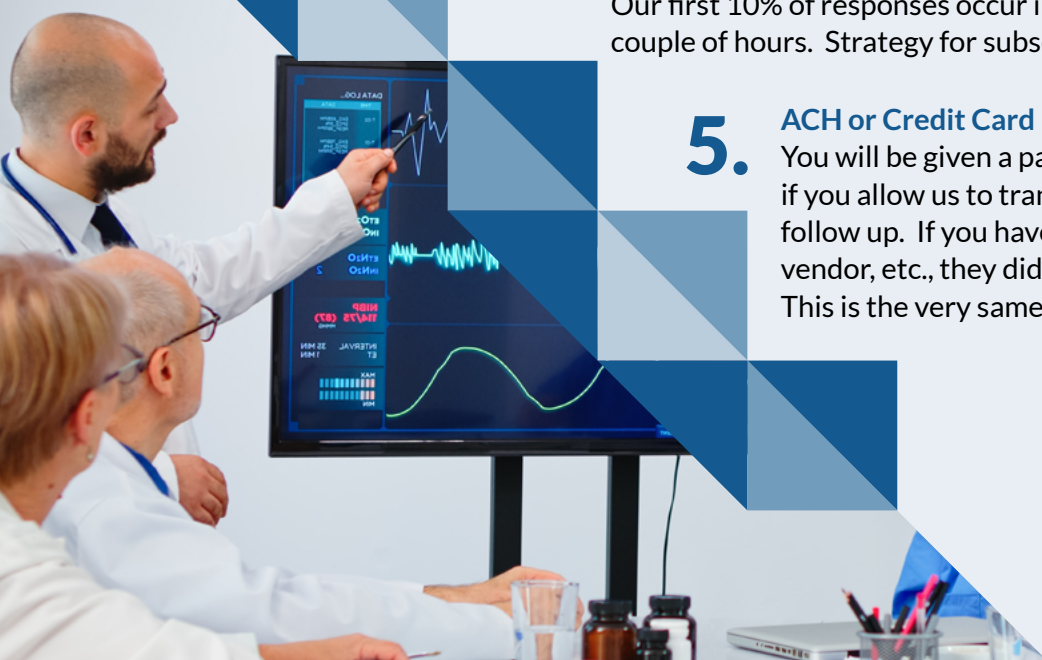
Please see below.

4. First AI-Embedded HRA/Other Assessment Responses Showing on Live Portal

Our first 10% of responses occur in the first day, and many times within a couple of hours. Strategy for subsequent months.

5. ACH or Credit Card Payment Information

You will be given a payment link based on actual collections if you allow us to transfer our data and submit claims and follow up. If you have ever used a billing company, CCM vendor, etc., they did their work in your system for you. This is the very same thing.



QUICKSTART IMPLEMENTATION WITH PRECISION HEALTHCARE TECHNOLOGY

Knowing that everyone is busy, and that coordinating many schedules can be problematic, we prefer to launch implementation and follow up communication via email. Our job is to do as much for you as we can but know which specific people can help us in those efforts when we need a quick question answered. Along those same lines, we always respond with a “Reply All” so that everyone is always in the loop.

Here are some key people and/or contacts we need to assist you in our efforts on your behalf. Thank you in advance for adding these people to your email response. We understand that many times the same person covers multiple areas. We implement nothing with these other staff members without permission.

1. **Provider and Office Manager/Administrator** – We work for you, so these are our “Point People” who help serve as our “Air Traffic Controllers”.
2. **Data/IT/EMR Contact** – The initial patient contact data file can be pulled from any EHR or billing system in five minutes by this person. In addition, we will have updated data that we wish to transfer back to your system, or you may have a specific program (allergy, sleep, lab, ANS, etc.) that you want us to query for validated medical necessity.
3. **Patient Communications Specialist** – When we send communications to your patients on your behalf, we need to assign a person and/or extension within your staff for the patient to call about the validity of our program and relationship. Providing this back line or extension and a named person reduces these calls by 90%±. In addition, to maximize the program you will want to include our billable assessment links within your appointment schedule and schedule reminder system. This person will help us to expedite these actions smoothly on your behalf.
4. **Billing Contact** – We will provide you with daily, weekly, or monthly Encounter Billing Reports (EBRs) throughout the month so that you can begin submitting these charges for payments. We are happy to perform or assist with this entire claim process all the way through to resolution of denial or payment. Theoretically and practically, if you want to have cash flow every day you should submit claims every day. We simply follow your selected schedule.
5. **Accounts Payable** – We advance considerable technology and labor on your behalf, so it is important that we are paid promptly. The typical expected value of our services is that for each 100 patients engaged monthly, you should collect \$12,100 in E-Visit and follow up visits facilitated by our system based on risk levels. For that you pay us only \$2,000 as we do not share in any of your other subsequent visit revenue. We also offer rewards discounts for prompt payment.

Please feel free to reach out to us at any time for clarification. Thank you for helping us to help you! Your staff and patients will also thank you!



PRECISION
HEALTHCARE TECHNOLOGY
Changing Healthcare
to Lifecare

PRECISION PATIENT ENGAGEMENT - YOUR DELIVERY BACKBONE

THE TRUTH ABOUT HEALTHCARE DATA UNLESS FUNCTIONAL & ACTIONABLE IT'S WORTHLESS

The joke is that video, data, and children don't lie.

With Precision Healthcare Technology you will have ongoing access to your RAF score & the top 16 Quality Measures for you to track your progress.

On average each provider only has valid contact information on 48.63% of their patients, meaning they are primarily seeing them after they are sick.

If your patient engagement program and process is not creating revenue, you're missing compliance and patient attribution as well.

No upfront cost and you pay only a small, fixed rate for those who respond.

TOO MUCH DATA HOLDING YOUR ORGANIZATION BACK?

Like a good referee or official at a sporting event, you know they are doing a great job when you don't notice them. Put your data in the background away from your workflow with [Precision Patient Engagement](#)! In our patient engagement pilot program for 20 small to medium first-time users, we drove \$515,168 in revenue & value at a cost of \$64,063 on one communication.

No technology to learn & no staff learning required.

- Value based care requires getting in front and staying in front of big disease states.
- To that end, CMS considers Chronic Care Management (CCM) its greatest tool because it requires patients to engage monthly.
- Almost every CCM program fails to sustain because patients don't want to make a commitment to a virtual visit each month.
- Our Electronic Visits use proprietary technology and processes to make billable encounters for you monthly that has proven to produce ongoing patient engagement.
- A combination of our carrot and stick compliance messaging creates urgency to complete these tasks and demonstrates a very high engagement rate.

INTERESTING CASE STUDY

Problem: No matter how much you try you don't have the technology and labor assets required to stay on top of the many changing compliance requirements, much less incorporate them into your daily workflow. One executive of an organization with 700+ providers told us, "We are already doing all these things. We have 70 people who do patient engagement and 50 who work on RAF scores". To which their attorney replied, "Then why are your scores so horrible?"

Solution: Compliance, Patient Engagement & Revenue (CPR) With Precision – Many organizations fail to adequately address the specific individual patient needs of their three base business models: Medicare, Shared Risk, and Fee for Service. For the provider, your Risk Assessment Factor, or RAF score, is a publicly available version of your medical report card.

Our proprietary AI embedded Precision Healthcare Technology evolution began in 2007 in direct collaboration with CMS (Medicare) about what value-based care measurement will look like. Since that time, every new measurement metric has been migrated live to our platform.

We have access to current compliance and performance data on 1,040,000 physician providers. These records are individually updated every 90 days and we get the latest updates nightly.

This includes your Risk Assessment Factor (RAF) score, how you stand on 16 quality measures and what services and value you have failed to perform based on medical necessities as determined by these payers.

From within the results of each subsequent patient encounter, medical necessity and care plans are automatically updated to the CMS Standard of Care, the gold standard in healthcare. **Only Precision owns or has access to this technology!**

Here is what we can do for you!

- Demonstrate your ranking and standing with Medicare/payers as well as missed revenue for failure to act on medical necessity found by these systems that are always grading you in the background.
- Now that you know where your gaps are, we must identify which patients need which services. We do this via electronic patient engagement for your entire patient population. This is a billable event, assists with your attribution for shared risk contracts and triages your patient based on risk level.
- Our process and compliance statements give us a 45% to 65% patient response rate, while updating current contact data of your patients.
- Patients found to be at moderate risk, based on medical necessity, require a virtual or in office visit. Patients at high risk require an office visit and follow up.
- We charge a compliant small flat fee only for those patients who respond. Your shared risk and Medicare Advantage patients are free if that organization is registered with us. If not it's only \$2.
- Economics show that conservatively for every 100 patients engaged you will receive \$12,100 in new revenue for a cost of only \$2,000.
- We can launch in 72 hours.

FOR MORE INFORMATION, PLEASE CLICK THIS LINK.



PRECISION
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MAXIMIZING PATIENT ENGAGEMENT WITH PRECISION!

- Value based care requires getting in front and staying in front of big disease states.
- CMS considers Chronic Care Management (CCM) its greatest tool because it requires patients to engage monthly.
- Every CCM program fails to sustain because patients don't want to make a commitment to a virtual visit each month.
- Our Electronic Visits use proprietary technology and processes to make billable encounters for you monthly that has proven to produce ongoing patient engagement.
- A combination of our carrot and stick compliance messaging creates urgency to complete these tasks and demonstrates a very high engagement rate.

OUR PRECISION ASSESSMENTS ARE NOT YOUR EHR'S ASSESSMENTS

Our 39 assessments are AI embedded so that within the results, medical necessities for each individual patient are identified, and care plans are automatically generated to the CMS Standard of Care. Each successive encounter updates these requirements.

Example – Even if you did ANY assessment on 100% of your patients, you would still be penalized for failure to act on the medical necessities found within those results. Only Precision has and owns this technology.



STAGING YOUR CAMPAIGN

- Patients are required to visit their providers in person twice a year to update and validate current prescriptions. Include our assessment links in your appointment reminders and get paid.
- Our AI embedded [Health Risk Assessment \(HRA\)](#) is our first assessment which we perform quarterly on your behalf. From within the results, we will know what CMS expects you to do next with the patient and will engage them to begin this activity in the background away from your workflow.
- Did you know that you are required to do a [General Anxiety & Depression \(GAD7\)](#) assessment monthly for any patients on an antidepressant, stimulant or other mood-altering drug? This is a billable electronic encounter in our system and process. All patients need this quarterly as well.
- Did you know that you are required to do an Opioid Use & Misuse Assessment monthly for any patients on a narcotic or controlled substance? Again, this is a billable electronic encounter in our system and process.
- If a patient is in either of these last two situations, then they also need a Social Determinants of Health assessment quarterly, as would anyone coming back with a high GAD7 risk.
- Patients 65 or over should have a cognitive assessment quarterly.

EXPANDING YOUR ANCILLARY SERVICE OFFERINGS

We offer enrollment services partnered with your vendor.

Whether you are offering AWV, CCM, RPM, BHI, allergy, sleep studies, etc., our system finds those eligible patients based upon medical necessity, sends them a hyperlink via email and text so they may sign their “informed consent”, and even prompts them to schedule their encounter, ALL without phone tag. You should always have some activity monthly to engage your patients to accomplish your goals.



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YOU OWE GOOD HEALTH TO YOURSELF & FAMILY!

MENTAL HEALTH

For compliance, patient engagement, and revenue you are required to keep current assessment data to validate medical necessity for RX use and its misuse.

[Please click here for more information on Precision Healthcare Technology.](#)

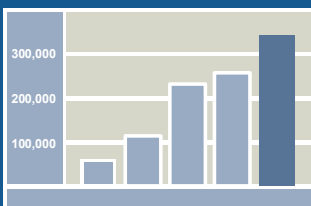
In life we are all striving to maintain balance between constantly varying degrees of wellness and illness whether physical, mental, emotional, or environmental. Sometimes the slightest thing, or a combination of events can knock us off this fine balance, thus exacerbating the negative or the positive. Our best weapon is awareness, and it is free for you to download, store and track your personal progress.

Here are three simple self-assessments or tools that you may choose to assist your journey.

This is your private and secure information and can never be shared except by you. For more on [our privacy policies please click here.](#)

- 1. [Health Risk Assessment](#)**
There are 19 questions, with simple pull-down menu options, covering a variety of overall areas.
- 2. [General Anxiety & Depression](#)**
Seven questions to help you remain aware of trends from your feelings within and how they affect your daily wellbeing.
- 3. [Social Determinants of Health](#)**
This assessment displays a potential result of where you are on the first two assessments and can provide a great early warning system of potential problems ahead that you can address in advance.

The growing pandemic of mental health issues.



Let Precision help you to engage your entire population in a compliant, secure, and billable process which also drives revenue and supports patient attribution!

Thank you again for joining us in these efforts for “self-care” as “[managed care](#)” requires that we as individuals play a starring role in our own health and wellness story! We’re honored to be your partner and advocate!