

NO RESPONSE. NO VALUE. NO FEE.

We only get paid when our infrastructure produces measurable results.



**VENDORS HAVE
REFERENCES.**



**INFRASTRUCTURE
HAS RESULTS.**



**PAID ONLY FOR
VALUE CREATED.**



**BETTER OUTCOMES.
BETTER REIMBURSEMENT.**



Our compliance grading algorithms generate the CMS/Payer Report Card that identifies **PROVEN, MANDATED COMPLIANCE CARE GAPS** affecting provider performance.

These are not recommendations. They are CMS/Payer-proven medically necessary services that already require provider action.

Precision simply makes those opportunities visible and helps your organization address them.

1 HOW PRECISION WORKS

Precision operates upstream of your current practice.



We do not replace your EHR.



We do not replace patient engagement.



We do not replace Population Health.



We do not replace Revenue Cycle Management.

We identify, validate, document and connect CMS/Payer-proven care gaps that have already been identified through our compliance grading algorithms.

Your existing workflows remain intact.

3 PROVIDER RESPONSIBILITIES



Continue delivering care consistent with accepted standards.



Perform or document medically necessary services as clinically appropriate.



Supply the patient information necessary to operate the program.



Review patient communications if desired.

2 PARTICIPATION OPTIONS

A QUARTERLY CLAIMS INFRASTRUCTURE

- Insurance billing for electronic visit codes 99421–99423
- Precision provides compliant coding, documentation support and claim submission
- 10% billing fee applies
- Invoiced per completed patient response

☐ **SELECT OPTION A**

B RESPONSE-LINKED PMPM

\$6.00 PMPM – Charged **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 provider-directed services

No response. No value. No fee.

☐ **SELECT OPTION B**

4 PRECISION RESPONSIBILITIES

- Maintain the Healthcare Compliance Infrastructure.
- Generate CMS/Payer Report Cards.
- Identify, validate, document and connect medically necessary care gaps.
- Provide reporting supporting provider performance.

5 FEES & PAYMENT – PERFORMANCE-LINKED MODEL

Precision is paid only when our infrastructure produces measurable results.

Fees are earned based on completed patient responses generated through the program.

Invoices shall be limited as set forth below and shall never exceed the collection limitations described herein.

A QUARTERLY CLAIMS INFRASTRUCTURE (Insurance Billing)

\$12.00

per completed patient response

for services resulting in a successfully paid insurance claim (CPT 99421–99423).

Includes compliant coding support, documentation guidance, billing and claim submission services.

B RESPONSE-LINKED PMPM (No Insurance Billing)

\$6.00 PMPM

Charged **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 provider-directed services

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OPTIONAL CONTINUOUS CONNECTION PROGRAM

Medical necessity is created every day between quarterly CMS/Payer updates.

Precision automatically connects newly identified medical necessities to provider-directed services.

\$2.00

per completed patient response per month

☐ **PARTICIPATE**

ADDITIONAL TERMS

- Invoices are issued monthly and are due within thirty (30) days.
- Precision Healthcare Technologies Billing charges a 10% billing fee for Insurance Billing (Option A) for electronic visit codes 99421–99423.

- Under no circumstances shall the Client's payment obligation exceed 50% of net collections or 45% of gross collections attributable to services performed under this Enrollment.
- If calculated fees exceed the applicable collection limitation above, the invoice shall automatically be reduced to comply with the collection limitation.



COMMUNITY CONCIERGE (OPTIONAL)

Participating organizations may also enroll in the Community Concierge Program under the attached Provider Operations & Compensation Schedule.

7 PARTICIPATING ORGANIZATION

Practice Name: _____

Address: _____

Primary Contact: _____

Phone: _____ Email: _____

8 AUTHORIZED SIGNATURES

PARTICIPATING ORGANIZATION

Name: _____

Title: _____

Signature: _____

Date: _____

PRECISION HEALTHCARE TECHNOLOGIES

Doug Sparks
CEO / Co-Founder

Signature: _____

Date: _____



PATIENT ENGAGEMENT IS AN ACTIVITY. | POPULATION HEALTH IS A STRATEGY. | REVENUE CYCLE MANAGEMENT IS
PRECISION IS THE HEALTHCARE COMPLIANCE INFRASTRUCTURE THAT MAKES THEM ALL MORE EFFECTIVE.



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IMPROVED COMPLIANCE

Quality Scores • HEDIS
STAR Ratings



HIGHER RAF CAPTURE

Better Documentation
• Risk Adjustment



STRONGER ATTRIBUTION

Patient Retention
Value-Based Opportunities

PERFORMANCE-LINKED VALUE



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 provider-directed services

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8.8X – 19.2X ROI

Typical Return on Investment*
Only pay when patients respond
and value is created.

*Based on client results.

PRECISION STEALTH WORKFLOW INTELLIGENCE™

Intelligent. Seamless. Patient-Centered.



INVISIBLE INTEGRATION
Works within your existing
systems and workflows.



PATIENT-CENTERED CARE
Right care, right time,
right place.



MAXIMIZE OPPORTUNITIES
Identify, engage, and close
care gaps.



BETTER OUTCOMES
Improved health, quality
scores, and value.