Precision Healthcare Technologies

YOUniversal Care

PROGRAM OPTIONS

FLEXIBLE SOLUTIONS. MEASURABLE RESULTS.

Choose the program structure that best fits your organization's goals and maximize the value of every patient interaction.

PROVEN METHODOLOGY
CMS & PAYER INTELLIGENCE SINCE 2007

NO DISRUPTION
OPERATES IN THE BACKGROUND – NO WORKFLOW CHANGES

MEASURABLE IMPACT
BETTER CARE. BETTER OUTCOMES. BETTER RESULTS.

PROVIDER IN CONTROL

Clinical authority always remains with the provider.

YOU KEEP 100% OF CLINICAL REVENUE

Provider retains 100% of the CMS/Payer Report Card opportunity and 100% of the resulting clinical care revenue.

FIXED SERVICE FEES – NOT A PERCENTAGE

All Precision charges are fixed service fees and are not based on reimbursement, collections or clinical revenue.

PROVIDER PROTECTION

For billing-enabled services, Precision invoices can never exceed 50% of Net Collections actually received in the current month.

50% MAX

PROVIDER PROTECTION: YOU CAN NEVER BE INVOICED FOR MORE THAN

50% OF NET COLLECTIONS RECEIVED IN THAT MONTH

FOR OUR CARE COORDINATION & NAVIGATION CODES

This is an invoice cap only. Our fixed service fees do not change.
You only pay as collections for our care coordination & navigation codes are received.

IMPORTANT: This 50% cap applies **ONLY** to Precision invoices for our care coordination & navigation codes. It does **NOT** apply to your total collections or other services.

THREE WAYS TO PARTICIPATE

A QUARTERLY BILLING / PERFORMANCE

$12 PER RESPONSE
Insurance-Billed Response

CLAIM-READY SUPERBILL
Claim-ready Superbill + agreed billing support.

QUARTERLY WORKFLOW
Aligned to payer measurement cycles.
Monthly invoicing as collections occur.

PROVIDER PROTECTION
Invoice can never exceed 50% of Net Collections actually received in that month for our care coordination & navigation codes.

INCLUDES
- CMS/Payer Report Card
- Patient Identification & Validation
- Outreach & Engagement
- Triage & Care Recommendations
- Data, Documentation & Reporting
- Claim Creation & Submission Support
- Adjudication Follow-Up

B RESPONSE-BASED / NO INSURANCE BILLING

$8 PER RESPONSE
No Insurance Billing

NO INSURANCE BILLING
Engagement, validation, documentation and provider-directed connection.

NO RESPONSE. NO FEE.
You pay only for responses processed.

INCLUDES
- CMS/Payer Report Card
- Patient Identification & Validation
- Outreach & Engagement
- Triage & Care Recommendations
- Data, Documentation & Reporting

C HYBRID
OPTION A + $2 PMPM PER RESPONDING PATIENT

$12 PER RESPONSE (Billing-Enabled) + **$2 PMPM** PER RESPONDING PATIENT

Starts with the $12 billing-enabled response workflow (Option A).

Then adds ongoing engagement and connection to that responding patient's specific payer-recognized, medically necessary services.

INCLUDES ALL OF OPTION A PLUS:
- Ongoing Patient Engagement
- Payer-Recognized Service Connection
- PMPM Fee is a Separate Fixed Fee
  Not based on collections.

THE PRECISION PATIENT JOURNEY

CMS / PAYER INTELLIGENCE → OPPORTUNITY IDENTIFIED → PATIENT IDENTIFIED → OUTREACH & ENGAGEMENT → RESPONSE & TRIAGE → PROVIDER ACTION & CARE → BETTER CARE. BETTER OUTCOMES. BETTER RESULTS.

$0 NO UPFRONT COST
No startup fees. No hidden costs.

NO WORKFLOW CHANGES
Works in the background with your existing EHR, engagement and RCM systems.

NO OUT-OF-POCKET EXPENSE
No cost to your practice. No cost to your patients.

COMPREHENSIVE REPORTING
Track activity, close care gaps and measure quality, clinical and financial impact.

SECURE & COMPLIANT
HIPAA compliant with enterprise-grade security.