Precision Healthcare Technology Task Force

About YOUR Program Options

Perspective – 100% of the missed revenue we target to capture for you will be for missed mandated services that you think you are doing, and CMS and other payer data says that you are not performing. Everyone says they do patient engagement but respectfully you don't have the technology or staff to know what you're missing as evidenced by this data. This should provide you savings on that money spent on technology and staff that you currently have allocated.

To do this we must operate under a "Collaborative Agreement" where you and your staff empower us and provide access and support when needed so that we can do this work for you. Though YOU get paid for every clinical encounter that our platform drives to you, WE are only paid on about 50% of our claims because we do not charge for ACO, Medicare Advantage, shared risk, or the rare time the payer doesn't pay for this service.

Here's the catch; you don't get charged if we don't collect for the service, but we still must deliver ALL these services for you. Not only that but we have already paid for our technology and staffing costs by the time you submit the claim. We're happy to share that fractional revenue with you in Options One and Two or you can have our service at NO COST in Options Three and Four. The more we can do for you so that you don't have to, the better for everyone.

Option One Pros & Cons

Pro –

- The cost is only $20 per completed encounter,
- Precision completes all encounters whether paid or not,
- Precision provides the practice weekly Excel Reports/Superbills ready for claim submission,
- Practice owes only 50% of invoice amount upon receipt, or the amount collected for our services towards our fees, whichever is greater.

Cons –

- Your staff is unlikely to understand or follow up on the codes we use, even though CMS made them permanent in 2021,
- This means if your staff doesn't keep up with these reports, you may get a bill from us that you may not have even submitted or been paid for.
- Because you have chosen this option, and we are not assisting in the actual claim process, we are not responsible for your staff's failures to bill and collect.

Option Two Pros & Cons

Pro –

- The cost is only $30 per completed encounter, but Precision transfers the data to your EMR, and then submits the claims into your billing process,

- This is not a separate billing company but us working within your present process,
- Precision can complete the encounter review for your staff,
- Even though you receive the full invoice, nothing is owed until the claim is paid, and we are overseeing that for you,
- Reconciliation is simple because we pull the collection reports from your system.

Cons –

- You will have some basic collaborative responsibilities to make sure Precision has access to people and data as needed so that we can serve you.

Option Three Pros & Cons

Pro –

- No cost to the provider as our "Credentialed Contracted Supplier" provides and is paid separately for our portion of the services as the "Supplying Provider",
- You retain 100% of the clinical and compliance revenue without the claim hassles.

Cons –

- You will have some basic collaborative responsibilities to make sure Precision has access to people and data as needed so that we can serve you.

Option Four Pros & Cons

Pro –

- You are not the "Billing Provider" nor "Supplying Provider",
- No cost to the provider as our "Credentialed Contracted Supplier" provides and is paid separately for our portion of the services.
- You retain 100% of the clinical and compliance benefits without the claim hassles

Cons –

- You will have some basic collaborative responsibilities to make sure Precision has access to people and data as needed so that we can serve you.

Precision Task Force - Program Levels & Support

The Only Concierge White Glove Software as a s Service in Healthcare!

✔ Identifies ongoing individual medical necessities by patient & connects to that service

NOTE - Provider is paid for all clinical encounters, Precision only charges when claim pays

LEVEL		Most Popular		
SERVICE-Included	●			
SERVICE-Available	■		Provider/	
Billing/Supplier NPI	Provider	Provider	Contractor	Contractor
LEVEL	Concierge	Turnkey	Executive	Outsourced
CMS/Payer Report	●	●	●	●
Entire Patient Population Outreach	●	●	●	●
Risk Strait cation for RAF Scores	●	●	●	●
Patient Attribution for ACO/MA	●	●	●	●
Ongoing Care Coordination	●	●	●	●
Encounter Response Admin	●	●	●	●
Encounter Report Review - $5	■	■	■	■
Create Superbill W/Documentation	●	●	●	●
Transfer Data to Provider EMR - $5	■	●	●	■
Submit to Claim Process - $5 for Both	■	●	●	■
Follow Denials to Adjudication	■	●	●	■
Clinical Encounter Care Triage $30	■	■	■	■
Virtual Visits - $30 - Contract Staff	■	■	■	■
Ancillary Program Eligibility	●	●	●	●
Ancillary Program Enrollment	●	●	●	●
Referrals to Specialists	●	●	●	●
BASE Cost With Options Included	$20	$30	*$0	*$0
MAX Cost With Options Included	$20	$35	*$0	*$0
When is My Payment Payment Due	Upon Receipt	After Insurance	*Nothing Owed	*Nothing Owed

Executive & Outsourced can be billed under outside NPI as Supplier, Provider or Both

**Nothing owed by the provider, as contracted "Supplier" pays Precision.*