

TWO-MINUTE OVERVIEW

Find What's Missing. **Create Capacity.** **Keep the Revenue.**

Precision gives providers the power to leverage the same compliance intelligence used by CMS and payers to measure performance.



WE ARE NOT ANOTHER EHR, RCM, POPULATION HEALTH OR PATIENT ENGAGEMENT VENDOR.

Since 2007, our team has helped create the compliance grading methodologies used by CMS and major payers to measure provider performance. We didn't build technology to follow the grading system. We helped create the methodology behind it.



The provider remains in complete clinical control and keeps 100% of the clinical revenue we help activate.



WHO WE ARE

Precision Healthcare Technologies is the compliance grading infrastructure that puts CMS and payer intelligence to work for providers.

We operate upstream of your existing systems—identifying what's being missed and connecting the right patients to the right care at the right time.

WHAT WE DO



IDENTIFY

Use CMS & payer intelligence to find quality, compliance and medically necessary care opportunities.



ENGAGE

Reach out to your existing patients through secure, personalized outreach—no out-of-pocket cost to them.



TRIAGE

Assess clinical needs and determine the appropriate level of care.



CONNECT

Direct patients to the right services within your organization and trusted network partners.



IMPROVE

Improve quality, compliance, reimbursement and patient outcomes.

Precision works in the background of your existing systems and people. No new technology to learn. No major workflow disruption.

HOW IT WORKS



CMS & PAYER INTELLIGENCE

We access the same data and methodology used by CMS and payers to measure performance.



IDENTIFY PATIENTS

We identify the specific patients in your population with missed quality, compliance and care opportunities.



VALIDATE

We validate and document medical necessity based on CMS and payer requirements.



ENGAGE & TRIAGE

We engage patients, complete assessments and determine the appropriate level of care.



CONNECT

We connect patients to the right services within your organization or trusted network partners.



IMPROVE RESULTS

Better care. Better outcomes. Stronger quality scores. Improved compliance. Measurable results.

REVENUE IMPACT



- ✓ Capture missed, payer-recognized care opportunities
- ✓ Increase quality scores and compliance
- ✓ Improve reimbursement potential
- ✓ Strengthen patient engagement and outcomes
- ✓ No upfront cost. No risk. We pay for ourselves. You keep the revenue.

Example: Primary Care Practice (2,500 patients)

\$200K – \$350K+
typical annual missed revenue

Example: \$333,901
in missed, payer-recognized opportunities

PATIENT JOURNEY (EXAMPLE)

- 1 Preventive care check: Identify care gaps and needed screenings.
- 2 Patient attribution: Confirm patient belongs to your population.
- 3 Current patient data: Analyze medical history and risk factors.
- 4 Clinical triage: Determine the appropriate level of care.
- 5 Reimbursable care: Deliver services, bill when applicable.
- 6 All responses create value—whether or not they are reimbursed.



Every patient interaction creates clinical value. Every opportunity strengthens quality, compliance and patient outcomes.

IMMEDIATE VALUE



Launch in as little as **72 HOURS**



No workflow changes required



No upfront cost. No out-of-pocket expense.



Results you can measure and defend.



You keep 100% of the clinical revenue.

NOT A DENT. A DIFFERENCE.

Precision Stealth Workflow Intelligence™
Connecting Compliance and Consumer Choice

YOUniversal Care
Empowering Health. Enabling Choice.