

Provider Journey

How one provider moves from hidden CMS/Payer opportunity to reachable patients and completed care.

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PROVIDER OPPORTUNITY ASSESSMENT

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De-identified Provider Journey Template

**\$218.4K Annual
Opportunity**

14 services with opportunity

CMS/Payer intelligence + validated patient reach

**CMS/Payer
Report Card**

\$218.4K annual opportunity

**Validated
Patient Reach**

18,843 reachable patients

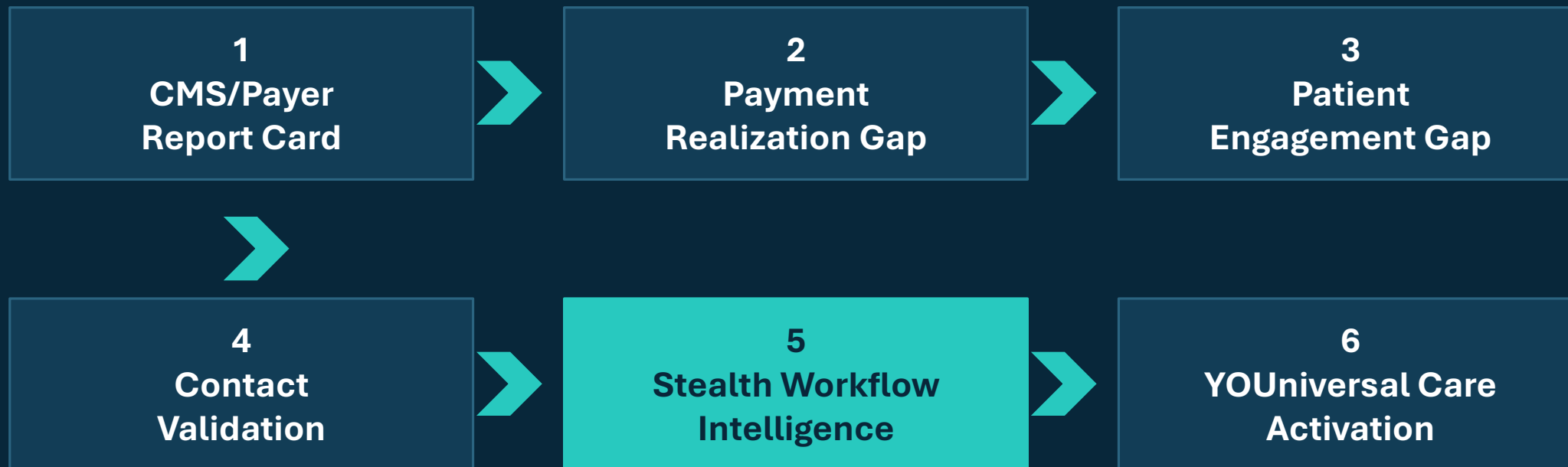
**Workflow
Activation**

Right patient → right service

What healthcare organizations want to know

How does this look for my providers?

The Provider Journey answers that question in six connected steps.



CMS/Payers already see the missed opportunity

The Report Card identifies eligible patients, current utilization, remaining gap, and annual value.

334

BENEFICIARIES

14

SERVICES EVALUATED

14

SERVICES WITH OPPORTUNITY

\$218.4K

ANNUAL OPPORTUNITY

CCM

Eligible 271 | Currently 0

Active
122

\$58.6K

RPM

Eligible 284 | Currently 0

Active
85

\$51.0K

Behavioral Health

Eligible 126 | Currently 0

Active
50

\$48.0K

AWV

Eligible 334 | Reported 121 / 133

Active
128

\$22.4K

Opportunity exists even after the service is delivered

CMS data shows allowable reimbursement, actual paid amounts, and the gap between them.

HCPCS	Services	Allowed	Paid	Gap
99213	727	\$87	\$60	31.5%
99214	375	\$128	\$86	32.4%
99495	30	\$206	\$163	20.8%
99496	16	\$278	\$220	20.9%

The second economic silo
Care may be delivered, but the amount realized can still fall materially below the allowable amount.

Missed care opportunity + payment realization gap

Two economic levers.
One provider journey.

Everyone believes they are doing patient engagement

Most outreach depends on portals, email notifications, and sometimes text nudges.

68%

have a primary care provider portal

65%

were offered and accessed a portal or
online record

35.7%

of this provider population has no
validated email or mobile

64.3%

can be reached through a validated
digital channel

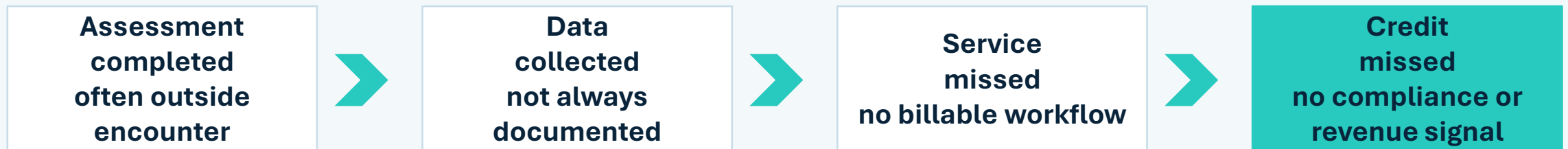
Portal availability is not the same as reliable patient reach.

Assessments do not equal compliance or revenue credit

HRA and screening data only matter when they become documented, billable, clinically appropriate workflow.

**Precision Stealth Workflow Intelligence™ is the bridge between
“data collected” and “service completed.”**

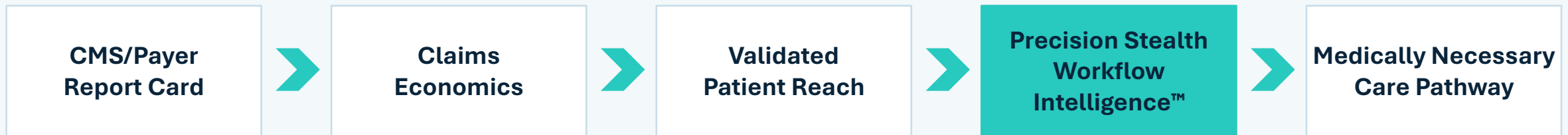
**The risk: providers believe the assessment created engagement. Payers recognize documented,
appropriate, connected service pathways.**



Data identifies the opportunity. Intelligence operationalizes it.

The Report Card is not the workflow. Precision Stealth Workflow Intelligence™ turns opportunity into action.

Data without workflow intelligence is just information.



The provider's file looked reachable.

Validation told a different story.

The raw list showed populated fields. Validation showed usable channels.

97.8%

appeared to have email or home
phone before cleaning

64.3%

validated email and/or mobile after
cleaning

35.7%

patients with no validated digital
channel

What changed?

9,821 records were reclassified once the original email and
phone assumptions were tested.

Validation replaced assumption with evidence

The raw list told us which fields were populated. Validation told us which channels could actually be used.

Metric	Before cleaning	After validation	What changed
At least one channel	28,664 / 97.8%	18,843 / 64.3%	9,821 reclassified
Both email + mobile	7,840 / 26.8%	4,314 / 14.7%	true dual-channel
Email only	7 / <0.1%	83 / 0.3%	phone assumptions corrected
Phone/mobile only	20,817 / 71.1%	14,446 / 49.3%	non-mobile removed
Neither usable channel	632 / 2.2%	10,453 / 35.7%	reach gap exposed

The biggest SMS recovery was hiding in “Home Phone”

Validating Home + Cell recovered SMS-capable patients that original field labels would have missed.

18,760

validated mobile patients

10,196

mobile found only in Home Phone

10,453

patients with no validated digital
channel

If the practice had trusted field labels, a large share of the SMS-capable population would have been invisible.

35.7% had no validated digital contact channel

Not a valid email. Not a validated mobile. No defensible digital reach.

10,453

patients require contact-data
remediation

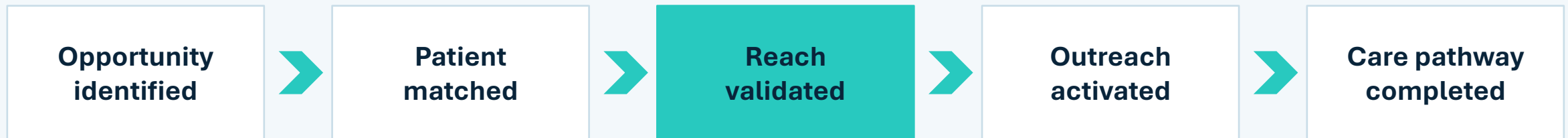
The provider did not have a “patient engagement” problem alone. They had a reachability problem.

**Precision exposes the gap
before outreach starts.**

Precision Stealth Workflow Intelligence™ connects the patient to the service

The data stack only matters when it creates the right next action.

Data is not the product. Precision Stealth Workflow Intelligence™ converts identified opportunity into completed, medically necessary care.



YOUniversal Care activates the existing infrastructure

It does not replace the portal, EHR, population health, or provider authority. It makes them perform.

Portal

drives patients back to
existing messages

EHR

feeds the workflow with
clinical context

Provider

retains full clinical
authority

RCM

captures claims through
adjudication

Precision operates upstream of the tools providers already use.



Provider Intelligence Systems

The Provider Journey is repeatable.

- Identify CMS/Payer opportunity
- Quantify payment realization gaps
- Validate reach and execute the workflow

Precision Stealth Workflow Intelligence™ closes the loop:
EHR transfer > encounter > claim submission > adjudication follow-up.

The provider keeps 100% of the clinical revenue we activate and retains full clinical authority.

Yuri Zhivago, MD is the example. The Provider Journey is the model.