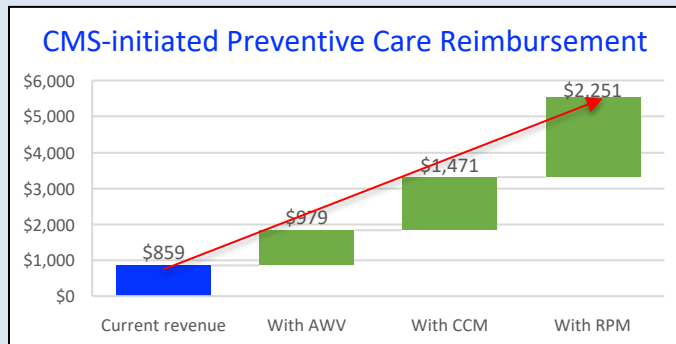


CMS-initiated Preventive Care Service

Requirements / Eligibility / Revenue impact



CMS guideline

- Focus on elder population / Medicare Part B
- Non-face-to-face patient engagement
- Time counter monitoring
- Additional predictable, recurring revenue
- Significant revenue increase as compared with today average unique patient revenue

Challenges

- Identify patient eligibility
- New workflow for non-face-to-face engagements
- Time log for billing
- Active patient reach-out and engagement
- Staff delegation and efficiency
- IT infrastructure required to support new services
- Risks due to increased operational costs to support preventive care services

Solutions

- ✓ Ability to analyze EHR for list of eligible patients
- ✓ Business model: Transaction-based licensing guarantees Net New Revenue
- ✓ Turnkey solution to eliminate providers' risks
- ✓ Care collaboration workflow for staff delegation and efficiency
- ✓ Alert / notification for patient follow-up
- ✓ Care team time log for billing support

Integrated Healthcare Platform

- Patient-centered care collaboration model
- Turnkey solutions with outsourced nursing staff, mobile care units and telehealth services
- Integrated solutions for all CMS supported preventive care services (AWV, CCM, RPM, TCM and BHI)

Potential preventive care service revenue

| | |
|--------------------------------------|--------------------|
| Total unique patients | 5,000 |
| Medicare Part B percentage | 21.85% |
| Medicare Part B patients | 1093 |
| AWV revenue | \$131,160 |
| CCM revenue | \$354,919 |
| RPM revenue | \$1,521,456 |
| Total preventive care revenue | \$2,007,535 |

- Cloud-deployed solutions, **no** IT or hardware cost
- Deployment ready in weeks
- Ease of use reduces staff training time
- Turnkey service ready for operation
- Expanding to support mobile care units and telehealth
- Ability to focus services for senior living facilities

* Potential preventive care revenue does not include all CMS CPT codes