



# Technology and Healthcare

Jason Biddy, *Chief Executive Officer*

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the patient's choice

clearwave™



# ● Improve Your Check-In Process

## ELIGIBILITY

We verify eligibility multiple times for each appointment, from scheduling to Mobile Pre-Check™ to Kiosk Check In.



## WORKFLOW

Clearwave is customizable to your workflow, automating data entry, eligibility, and payment collection.



## TIME OF SERVICE COLLECTIONS

We collect & post copays & outstanding balances automatically. Your staff doesn't need to process a payment.



## CLEARWAVE UTILIZATION

Patients use both our kiosks and Pre-Check™. Age is no impediment.



# Value of Service



## Flexible Check-in

- 2-5% increase in patient throughput
- 50-70% reduction in front desk workloads
- 70-90% reduction in rejected claims



## Capture & Customize Data

- 13 supported languages
- 50 integration partners
- 60-80% decrease in paper and ink costs



## Collect Payment & Improve Economics

- Avg. 7 insurance checks before appointment
- +900 payer providers
- 30-50% reduction in eligibility FTEs
- 25-60% increase in point-of-service collections
- 68% reduction in outstanding balances over 120 days

# Custom Data Collection And Integration

## Accurate Data Collection in 13 Languages

2:25 PM Thu Sep 12 100%

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EXIT X

**Start the Check-In**  
Language Selection

TOUCH HERE TO CONTINUE IN ENGLISH

PRESIONE AQUÍ PARA CONTINUAR EN ESPAÑOL

PREK KËTU PËR TË VAZHDUAR NË GJUHËN SHQIPE

إمس هنا لإستخدام اللغة العربية

在這裡碰開始

جهت شروع اینجا را لمس کنید

NEXT ►

## Customizable Forms & EHR Integration

3:49 PM Wed Sep 18 100%

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JANE DOE

EXIT X

**Questionnaire**  
Have you recently been exposed to someone ill who has traveled outside the United States?

YES ☐

NO ☐

NEXT ►

# Eligibility Verification Service



## ACCURATE

- Direct connection to payer database
- Most accurate eligibility data
- All payer responses translated to 1 format



## COMPLETE

- Full audit trail
- 919 eligibility connections and growing
- Eligibility can be viewed by:
  - Service type
  - Copays
  - Deductibles



## AUTOMATED

Eligibility is automatically verified:

- In the background
- At the time of schedule
- At check-in



# Cue<sup>2</sup>

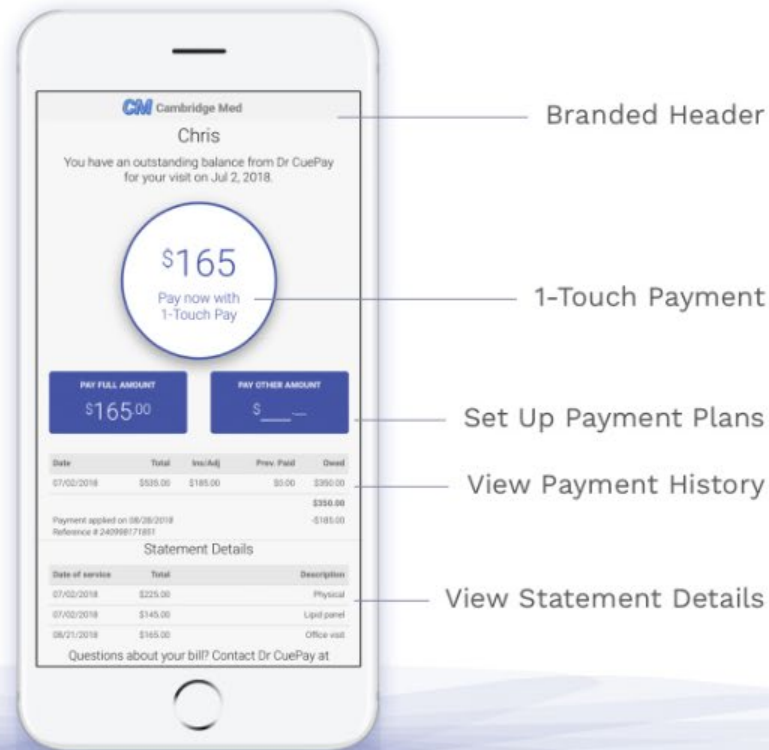


# ● Fast, Secure 1 Touch Payment Process

No app to download. No portal to sign into. No passwords to forget.

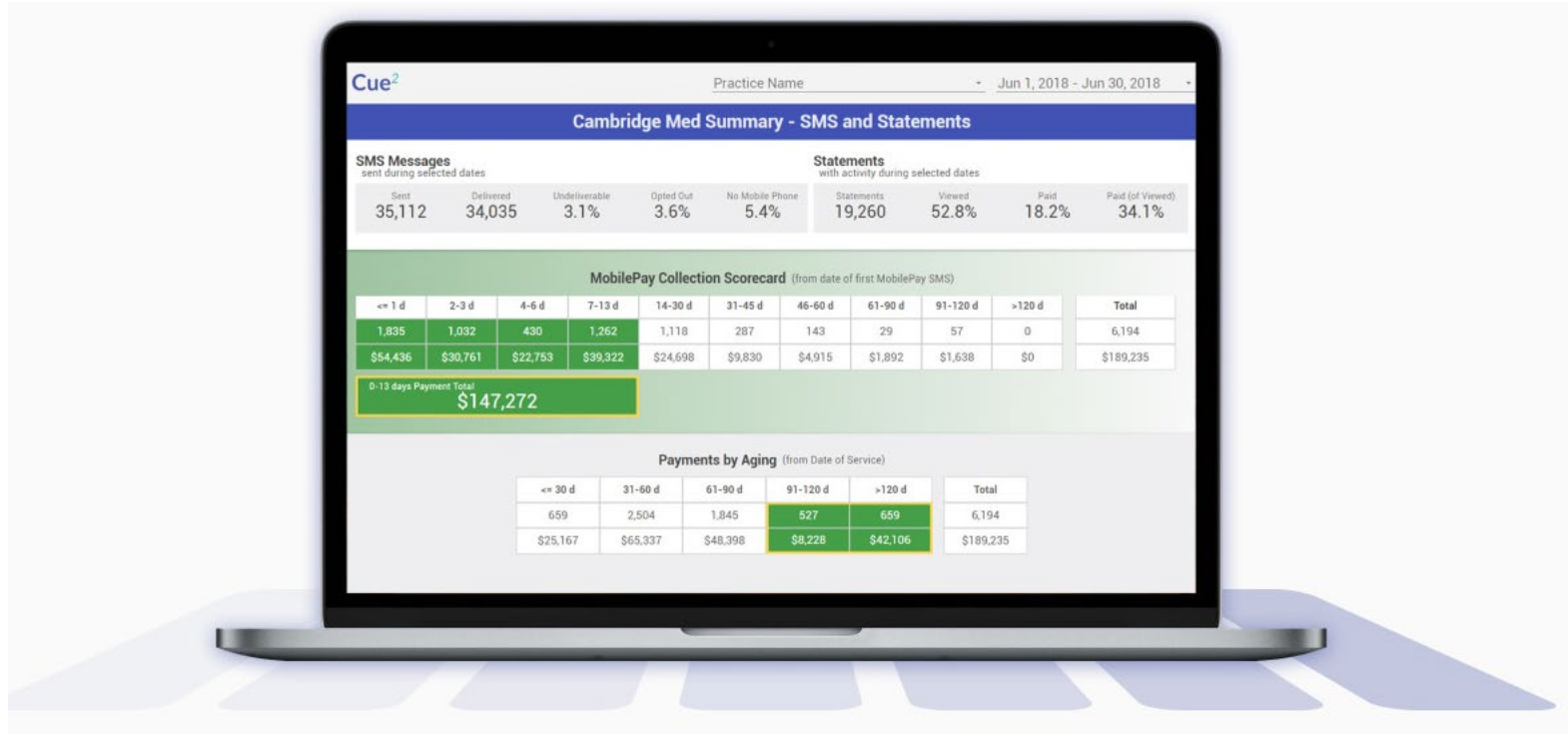
- 1 Receive Notification: Following a visit, the patient receives a text notification letting them know a payment is due.
- 2 Open the Link: Patient selects the link in the text notification.
- 3 1-Touch Payment: Patient immediately receives a notification of payment receipt for their records and payment is posted into provider's account.

That's it! Payment made!



# ● CueSquared Analytics Dashboard

- Cue<sup>2</sup> Analytics provides clear, actionable insight into patient payment behavior
- Track RCM metrics and payment analytics including time to payment, statements viewed and payments collected
- Clear snapshot of collections over time, days in AR, and patient demographics



# ● Simple, Secure, and Prompt Collection

70% payments received within 7 days of notification

50% per payment reduction of collection expenses

45% reduction of patient balances within the first 90 days

30% decrease in the number of paper statements

# ● Private and Secure

## HIPAA Compliant

CueSquared MobilePay is fully HIPAA compliant with end-to-end data encryption, multiple backups, and our strict security policies. PHI is shared only with the patients themselves. With CueSquared MobilePay you are 100% covered.

## Data Security

CueSquared uses the latest 256-bit data encryption to ensure data security at rest and in transit. CueSquared employs a highly secure tokenized payment vehicle replacing sensitive card data with unique identification symbols, ensuring the patient's card credentials are untraceable. Rest assured, no data is stored on the patient's phone.



# ● Patient Satisfaction

Patients satisfied with the billing and payment process are:

- 74% likely to pay in full and on time
- 90% likely to come back to your organization for service
- 80% likely to recommend your organization
- 65% of consumers would consider switching healthcare providers for a better healthcare payment experience



# ● Prostate Cancer Dashboard

- Patient information (name, MRN, diagnosis date, etc.)
- PSA history (rises and doubling time)
- Gleason score, recent testosterone, recent imaging
- ADT history; start date to last injection – Intermittent v. Continuous patients
- Orchiectomy
- Bone health: patients on Vitamin D. Calcium, Fosamax, Xgeva, etc.
- Advanced therapies for metastatic patients: Provenge, Zytiga, Taxotere, Erleada, etc.
- First line treatments: prostatectomy, radiation, cryoablation, etc.

# ● BPH and OAB Dashboard

- Patient information (name, MRN, diagnosis date, etc.)
- PSA history (BPH)
- Test history: cystoscopy, post void residual, etc.
- Medication history:
  - BPH – Flomax, Cardura, Rapaflo, Proscar, etc.
  - OAB – Myrbetriq, Ditropan, Vesicar, etc.
- Advanced therapies:
  - BPH – Urolift, TURP, prostatectomy, REZUM
  - OAB – Botox, Interstim, PTNS, etc.

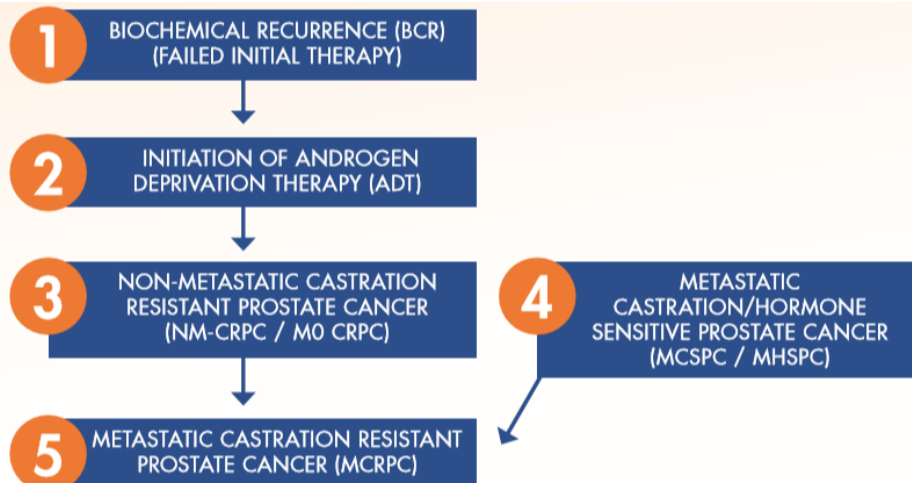


# ● Filter Examples

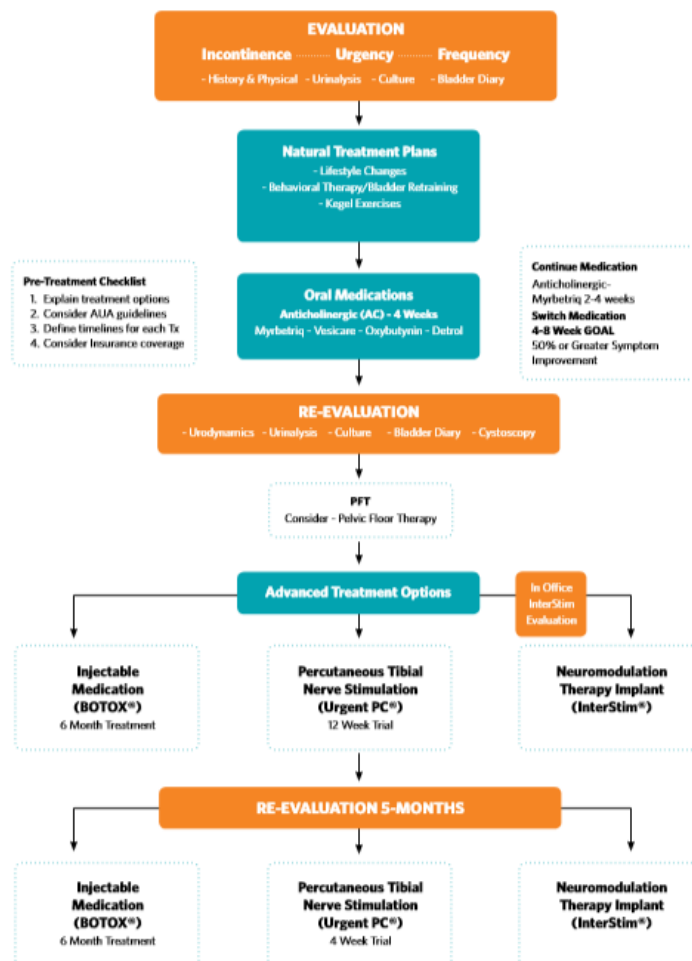
- Patients with no next appointment
- Patients who need contact from a champion
- Patients overdue for ADT injection
- Candidates for drugs with rebates
- Patients who need imaging
- New diagnoses
- Third line treatment candidates
- BPH: flag patients who are at risk for developing prostate cancer

# Patient Pathways

## ADVANCED PROSTATE CANCER (APC) CLINICAL GUIDELINE

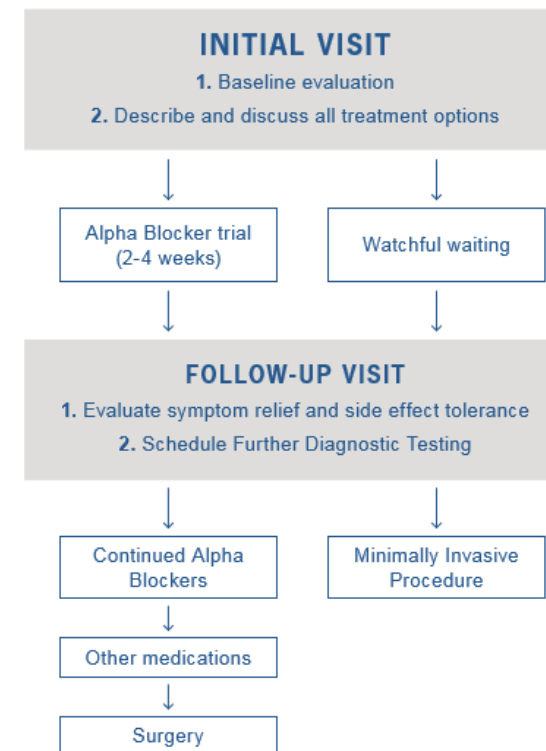


## Overactive Bladder (OAB) - Care Plan



## CARE PATHWAY: ENLARGED PROSTATE

Rest assured that our team of specialists can guide you through the available treatment options to find the solution that is right for you.



# ● Patient Pathways

## Pathways Improve Patient Care while Increasing the Bottom Line for UCA

By MARTI WEBB SLAY

When Urology Centers of Alabama started a data analytics program last year, they discovered that over 50 percent of their overactive bladder (OAB) and benign prostatic hyperplasia (BPH) patients never showed back up for a second visit. That was clearly a problem, both from a patient care perspective as well as the practice's bottom line.

With this difficulty in mind, Urology Centers established patient care pathways and hired patient navigators to monitor patient compliance with those pathways. By all measures, the program has been a success.

"The first treatment for OAB and BPH is usually medicine," said Jason Biddy, chief executive officer. "But patients may not take their medicine correctly, or long enough. Or they may not



Navigation team from left to right: Jessica Durrah (Prostate Cancer), Cassidy Henningsen (Female Health), Jason Biddy (CEO), Peyton Muskett (Data Analysis), and Jared Ball (BPH).

even get it because it's too expensive. And if they didn't make another appointment before they leave the first time, there was no follow up. They often think the symptoms are just something they have to live with."

"I find that's particularly true with

women," said Cassidy Henningsen, female health navigator. "There is this train of thought that this is what happens as you get older. But it's not true. There are treatments for OAB. It's common, but it's not normal."

The program maps treatment options and shows the patient what to expect upfront, so even if the first choice of treatment isn't successful, patients know there will be other treatments to try. "The best thing about the pathway is it sets expectations. They know we are going to start with some medicine and exercise, but if those don't work, they don't have to get frustrated or give up," Henningsen said.

New patients are entered into the program, and if they don't return for scheduled follow ups, the program alerts Peyton Muskett, the data analyst. She then sends the name to a navigator who will call the patient.

"The pathway is like lines on the road," Biddy said. "As long as the patient stays between the lines, they will not show up on a list. If they get outside of the lines -- they miss the first follow up, for instance -- they will show up on a list and our data analyst will send their file to a navigator for follow-up. It creates a uniform approach to make sure every patient is getting the appropriate follow-up care."

Henningsen said most patients come as the result of referrals from other physicians, and they have usually tried one medicine already, which is not working. After they see a specialist in the practice, she will call the patient in a week or two to go over a questionnaire and see how they are doing. In addition to assessing the effectiveness of the medicine, she will ask about side effects.

"There are a shocking number of patients who won't say anything about the side effects of medicine," she said. "They just deal with it. But this is about quality of life, and we want the patients to be able to do whatever they want to do. I act as an advocate for my patients. They can ask me questions they may be embarrassed to ask the doctor. If I don't

(CONTINUED ON PAGE 10)

## Pathways Improve, *continued from page 9*

know the answer, I'll find it out and get back with them. I'm not a doctor, so I talk about their condition and medications in layman's terms."

Pathways have also been set up for prostate cancer patients. "That pathway is more complicated," Biddy said. "But it shows a patient all the options available to them at the right time. At least they hear all the options as they progress through the different stages."

Muskett is the single data analyst for the practice and feeds information to four navigators, who can effectively serve 700 to 800 patients at a time.

Biddy stresses the importance of using data to ensure patients don't fall through the cracks. "Before we started analyzing data, our doctors thought we were doing follow-up well," he said. "But doctors don't always know the

quality of patient compliance. They didn't notice how many patients fell off, because new ones came in, and they were still busy."

Now with the pathway program, UCA is seeing the metrics improve considerably. And while that's good for their patients, it has also proven to be good for the bottom line. "When you look at the financial value of retaining those patients, the return on investment has been incredible," Biddy said.

While improvement to the bottom line is an important factor, it's the improvement to patient care that is the ultimate reason UCA is satisfied with their move to patient pathways. Navigators are now seeing more referrals from patients as well as physicians, a sign that patients are satisfied with the quality of care they receive.

# THANK YOU

