



For FQHCs

The Healthcare Operating System for Community Health

Care Intelligence That's Human-Focused.™



 AI Scribe

 Disease Prediction

 AI Contact Center

AI-powered clinical, financial, and compliance intelligence purpose-built for Federally Qualified Health Centers.



FQHCs

operate at the
intersection of:

Community Care

Delivering comprehensive, culturally competent care to underserved populations, regardless of ability to pay.

Health Equity

Addressing social determinants of health and closing care gaps through measurable quality and outcome tracking.

Federal Compliance

Meeting HRSA requirements, UDS reporting standards, and audit expectations while maintaining operational efficiency.

Workforce Constraints

Supporting lean care teams with streamlined workflows that reduce burnout and maximize provider productivity.

Financial Sustainability

Managing PPS reimbursement, wrap billing, sliding fee scales, and grant funding to protect long-term viability.

Patient Access & Engagement

Expanding access through digital tools, efficient scheduling, and targeted outreach to enhance care continuity and patient satisfaction.

You manage sliding fee scales, wrap billing, UDS reporting, behavioral integration, and grant accountability, all while serving vulnerable populations.

Fragmented systems cannot support that mission. CureMD unifies it.



98%
Clean Claims



8-10%
Revenue Improvement



40%
Denial Reduction

Built for Sliding Fee & Encounter Logic

Designed specifically for FQHC reimbursement complexity, our platform automates sliding fee scale administration and PPS encounter billing to ensure compliance, accuracy, and maximum reimbursement, without adding administrative burden.

Automation

- Automated poverty guideline verification
- Household income management
- Sliding fee renewal tracking
- PPS encounter rate billing
- Wrap claim automation
- Medicaid crossover workflows

AI Revenue Protection

CureMD's AI Revenue Protection engine safeguards your financial performance by preventing revenue loss before it happens. With 98% clean claims, predictive denial prevention, and real-time eligibility verification, the system identifies risks prior to submission — not after reimbursement delays occur. By proactively addressing coding gaps, coverage issues, and payer-specific rules, FQHCs can achieve an 8–10% revenue improvement and reduce denials by up to 40% within 90 days. The result is stronger cash flow, fewer reworks, and a more resilient revenue cycle built for long-term sustainability.

Financial precision fuels mission continuity.



UDS & HRSA AUTOMATION

It streamlines data collection, validation, and reporting, ensuring accurate, compliant submissions while reducing manual effort and administrative burden.

It Simplifies the complex reporting requirements for health centers by automatically collecting, organizing, and validating data from clinical and operational systems.

Compliance becomes automated, not administrative.

UDS Embedded in Clinical Workflow

- Capture once — report everywhere
- 5,000+ reportable data fields
- Automated UDS extraction
- Real-time HRSA dashboards

200+ eCQM & USPSTF Measures

- Real-time care gap detection
- Quality scoring automation
- Population-level insights

Program Support

- Ryan White
- Title X
- Behavioral Health
- Social determinants tracking

WHOLE-PERSON CARE INTEGRATION



90%

Reduce documentation time by up to 90% with note creation, coding, and order generation.

40%

Automate routine tasks to free staff from repetitive paperwork.

Streamlines care delivery and documentation with AI-powered workflows, reducing administrative burden, improving coordination, and enabling providers to focus more on patient outcomes.

Whole-person care,
intelligently orchestrated.

Integrated Care Across

- Primary care
- Behavioral health
- Oral health
- Care coordination
- Social determinants

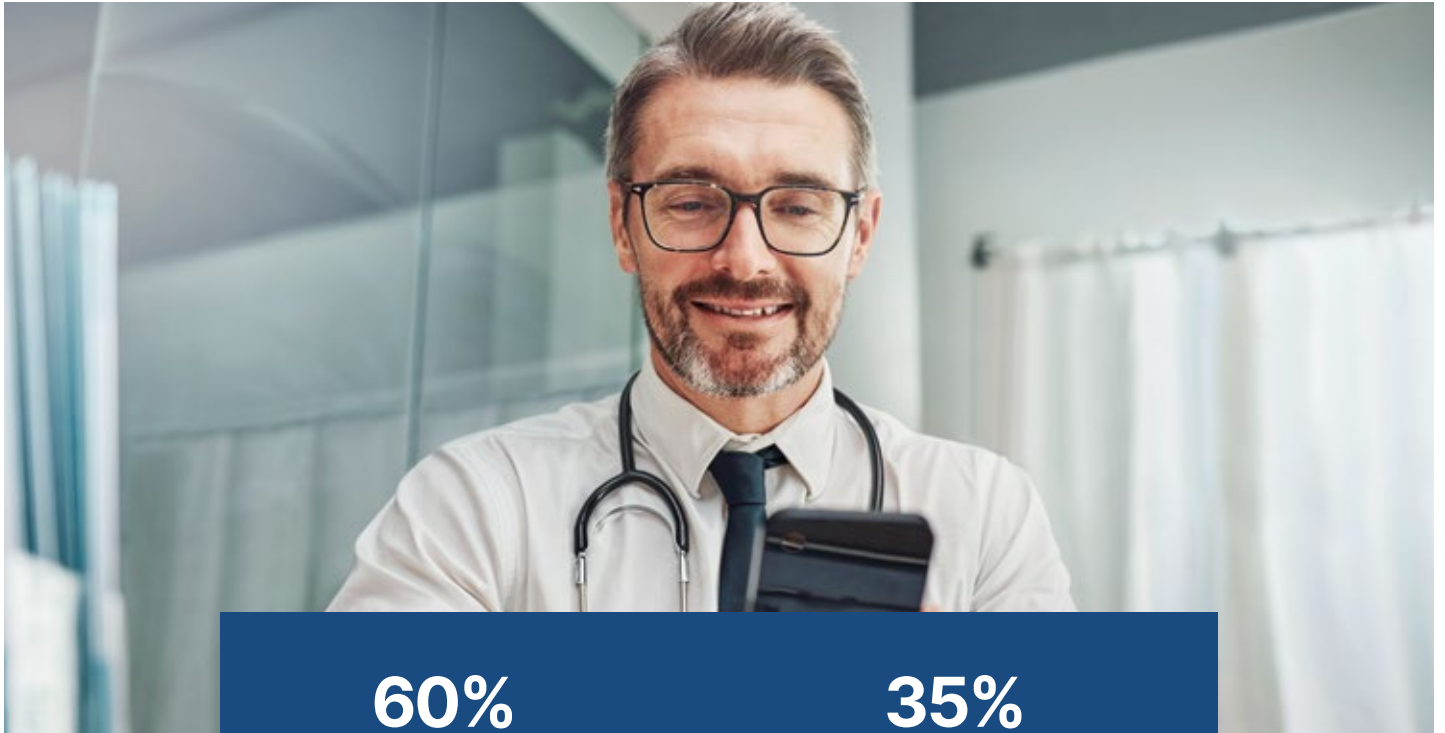
AI Scribe (30+ Specialties)

- Ambient documentation
- Auto-coded SOAP
- Orders & referrals generated
- 90% reduction in documentation time

Family-Centered Care

- Household account management
- Multi-member scheduling
- Pediatric growth tracking

ACCESS & COMMUNITY ENGAGEMENT



60%

Reduction in workload

35%

Fewer missed appointments



AI Contact Center

Intelligent phone system that handles routine calls automatically.

- Appointment scheduling
- Refills & payments
- 60% reduction in front desk workload



Conversational Digital Check-In

Intelligent, guided intake that improves access and removes literacy barriers.

- Voice-enabled intake
- Reduced literacy barriers
- Increased access for underserved populations



Predictive No-Show Reduction

Predictive outreach that minimizes missed visits and protects continuity of care.

- 35% fewer missed appointments
- Automated outreach campaigns
- Real-time attendance analytics



Patient Self-Service & Mobile Access

Strengthening care continuity through seamless, self-directed digital access.

- Secure appointment management
- Online payments & refill requests
- 24/7 portal & mobile access

Health IT Excellence

Enterprise-grade technology built on 27+ years of ambulatory care expertise. Proven, certified, and trusted by healthcare organizations nationwide.

Cloud Technology

Micro-services architecture with 99% uptime guarantees. Secure, scalable, and always available.

Interoperability

Bidirectional data exchange with 300+ plug and play partners including labs, pharmacies, HIEs, hospitals, devices,

Specialty Content & Workflow

Purpose-built clinical content and configurable workflows across 33+ specialties.

MIPS / MACRA Ready

Built-in quality reporting, performance tracking, and guaranteed MIPS compliance with continuous improvement.

Fast-Track Implementation

Structured deployment for single and multispecialty practices with dedicated onboarding support and minimal disruption.

Security & HIPAA Compliance

SOC 2 Type 2 certified, end-to-end encryption, role-based access controls, and full HIPAA safeguards.

Industry Recognition

#1 EHR - KLAS Research*

#1 Practice Management - KLAS Research*

Top EHR - Medical Economics

Top Ranked EMR - Black Book Ratingt

Five Star Usability - CCHIT

White Coat of Quality Award - Surescripts

Innovation Award - MedTech Journal

Certifications & Standards

HIPAA Compliant

HITRUST Certified

SOC 2 Type 2 Certified

ISO 27001 Certified

GovRAMP Certified

Direct Trust Certified

ONC Certified

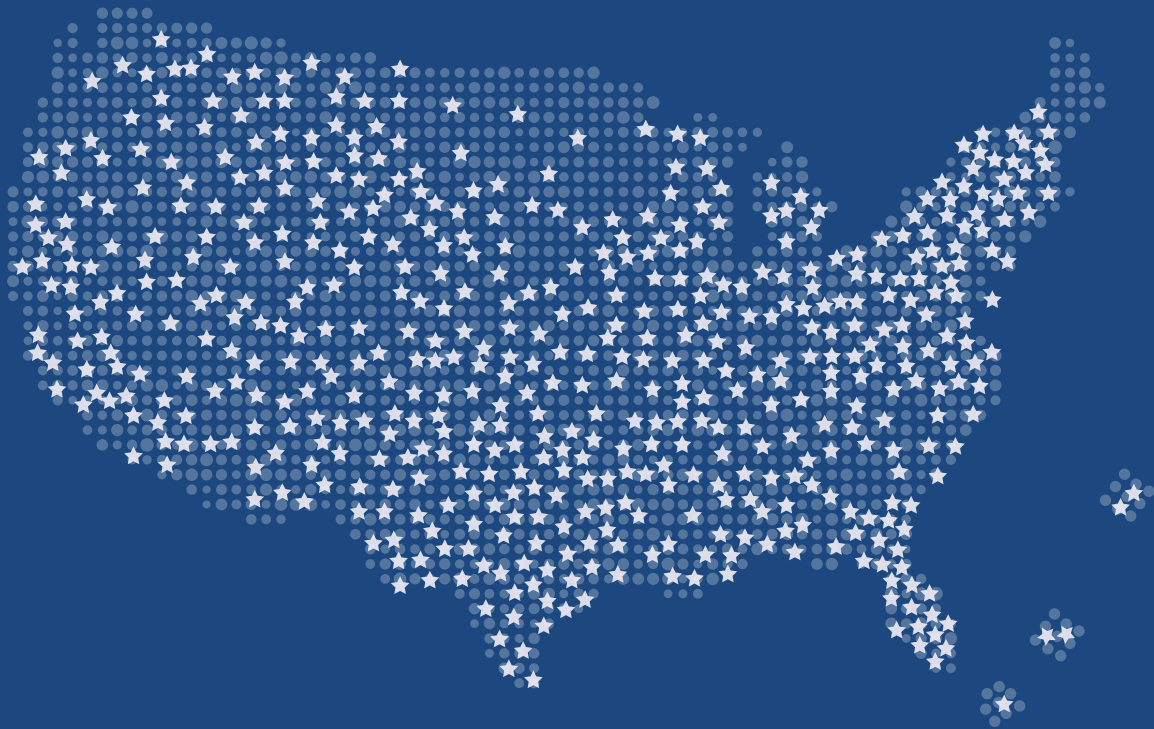
ISO 9001:2015 Certified

Surescripts - Gold Quality Solution

EPCS Integration 2024 Certified

Measurable Healthcare Outcomes

Financial stability. Automate compliance. Expand access.



29+

Years in Healthcare IT

55M+

Patient Records Managed

140k+

Active Providers

\$350B+

Annual Revenue Processes

CureMD — The Healthcare Operating System for FQHCs.

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