

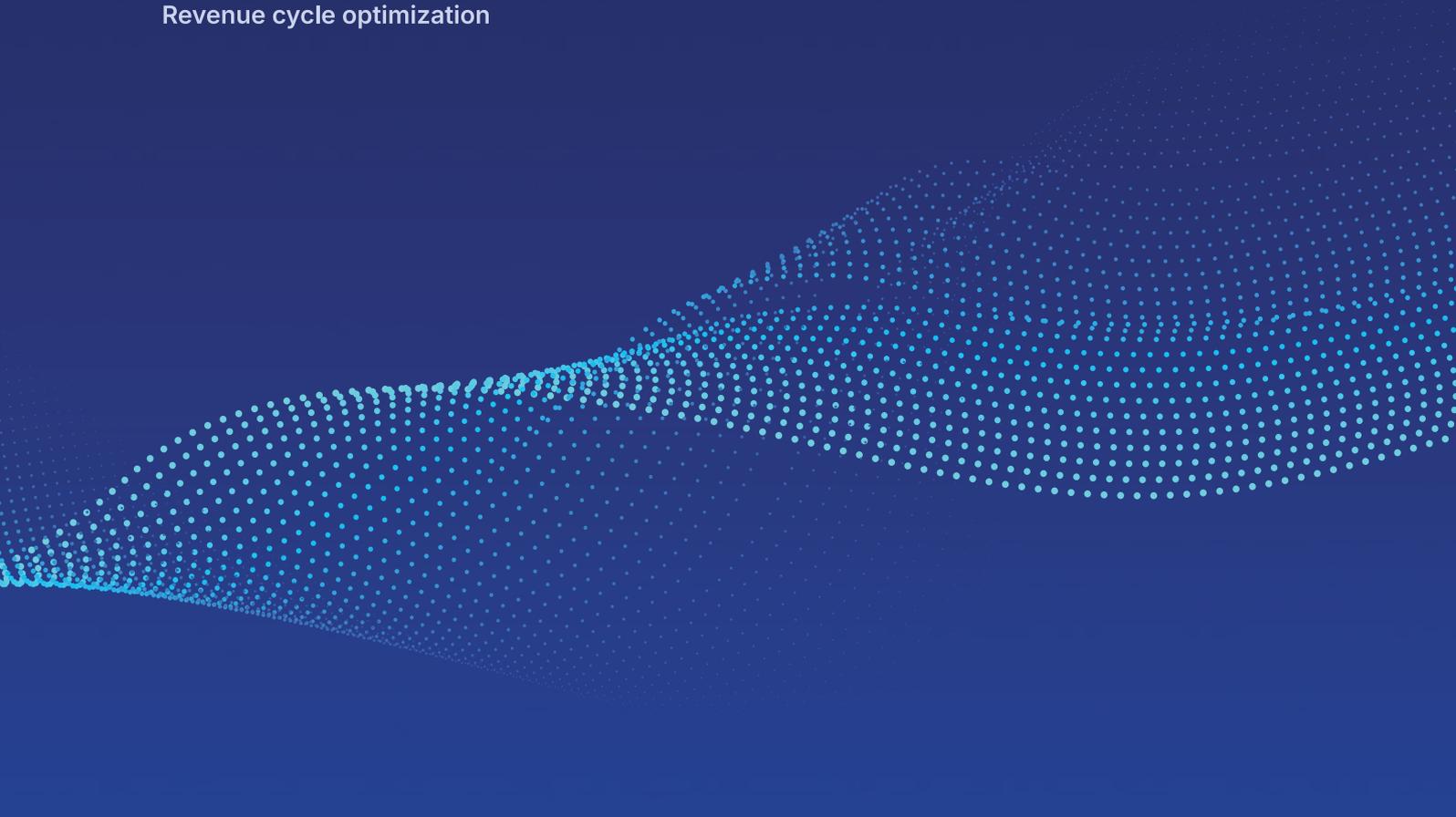


# Healthcare Intelligence, Orchestrated

 **Clinical Performance**  
AI-powered decision support

 **Operational Throughput**  
24/7 autonomous systems

 **Financial Integrity**  
Revenue cycle optimization



# Intelligence Across the Care Continuum

Healthcare value is created across interconnected workflows; clinical, operations, and financial.



CureMD applies coordinated models across three domains:

I

## Clinical Performance

Evidence-based reasoning at the point of care.

II

## Operational Throughput

Workflow coordination that scales without headcount.

III

## Financial Integrity

Revenue precision from documentation to reimbursement

Each domain is supported by production-grade models deployed within live healthcare environments.

# Clinical Performance

## Model Portfolio

### Clinical Intelligence Architecture

Ambient encounter capture adapted by specialty, generating structured documentation, compliant code alignment, with automated ordering and follow-up scheduling in a unified workflow.

### Laboratory Intelligence

Structured laboratory data analysis with diagnostic interpretation support and treatment pathway recommendations grounded in longitudinal history.

### Chronic Risk Stratification

3, 6, and 12-month progression forecasting across high-burden conditions with transparent attribution.

### Disease Trajectory

Longitudinal multi-condition pathway visibility to identify escalation patterns.

### Gaps-in-Care

Alignment against eCQM and USPSTF measures with proactive gap detection.

### Clinical Trial Matching

Eligibility identification using structured diagnostics, phenotyping, and treatment history.

## CLINICAL OBJECTIVES

- Reduce documentation burden
- Improve encounter defensibility
- Enhance diagnostic visibility
- Support evidence-based treatment planning
- Strengthen coding precision at the point of care

# Operational Throughput

## Model Portfolio

### Natural Language Patient Intake

Multilingual intake coordination across scheduling, registration, insurance verification, and structured data capture.

### Document Intelligence

Classification + Action

Automated referral processing with structured extraction, intelligent routing, patient outreach, and visit check-in coordination.

### No-show Prediction

Forecasting no-shows with structured outreach triggers and schedule density optimization.

### Patient Engagement

Digital intake, payment coordination, automated recalls, and longitudinal communication embedded within care workflows.

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## OBJECTIVES

- Reduce manual administrative load
- Improve access conversion
- Increase schedule utilization
- Stabilize workforce cost



# Financial Integrity

## Model Portfolio

### Autonomous Coding & Documentation

Structured documentation analysis generating compliant CPT, ICD-10, HCPCS, and E/M recommendations with transparent rationale.

### Pre-Submission Denial Prediction

Payer-specific risk identification prior to claim submission.

### Claim Validation

Multi-layer rule validation aligned with payer edits and reimbursement logic.

### Contract Mapping & Payer Logic

Structured fee schedule mapping and adjudication alignment.

### Receivable Monitoring

Claim status tracking, underpayment detection, and structured follow-up coordination.

## OBJECTIVES

- Reduce avoidable denials
- Improve reimbursement yield
- Accelerate cash realization
- Lower cost-to-collect

# The Coordination Imperative

Clinical documentation, patient access, laboratory interpretation, coding, and reimbursement are inherently interdependent. In most organizations, they function as separate workflows.

Incremental tools address symptoms. Coordinated orchestration addresses structure.

CureMD aligns clinical, operational, and financial processes within a single framework, enabling measurable operating leverage without proportional workforce expansion.

## MISALIGNMENT CREATES

- Documentation variability
- Workflow inefficiency
- Coding exposure
- Revenue leakage
- Workforce strain

# Orchestration Architecture

A coordinated architecture spanning data, reasoning, workflow execution, and governance.

## I Longitudinal Data Foundation

- Cross-EHR ingestion (HL7/FHIR)
- Normalized clinical, laboratory, and financial datasets
- Continuous model lifecycle oversight

## II Knowledge Graph

- Ontology-driven normalization (ICD-10, NCIT)
- Graph-based phenotype modeling
- Multi-condition pathway mapping

## III Orchestration Framework

- Hybrid deterministic and probabilistic reasoning
- Workflow-aware execution
- Governance-aware coordination

## IV Workflow Alignment

- Encounter documentation alignment
- Payer logic mapping
- Structured audit traceability

# Health IT Excellence

**29**

Years in  
Healthcare IT

**55M+**

Patient Records  
Managed

**40k+**

Active  
Providers

**\$5B+**

Annual Revenue  
Processed

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## Governance & Regulatory Alignment

### Certified

SOC 2 Type II  
ISO 27001  
ONC Health IT Certified  
ISO 9001: 2015

### Certification Pathways in Progress

ISO/IEC 42001  
Expanded HITRUST AI Modules\*

\*Undergoing expanded HITRUST validation / certification. ISO/IEC 42001 certification process is currently in active audit. Certification outcomes remain subject to independent assessor validation.

# The Predictive Intelligence Platform for Healthcare.



CureMD Healthcare · 80 Pine Street, New York, NY 10005  
(212) 509 6200 · [sales@curemd.com](mailto:sales@curemd.com) · [curemd.com](http://curemd.com)

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