



PPS™ CLINIX©

The organizational structure of **PPS™ CLINIX©** in its three (3) divisions comprising the whole of the **PPS CLINIX** platform:

- * **PPS CLINIX (Community Care Organization) CCO**
- * **PPS CLINIX (Health Care Institution) HCI**
- * **PPS CLINIX (Independent Practice Association) IPA**

Organized under the framework and prescription of ***Title IV of the Patient Protection and Affordable Care Act (the ACA)*** enacted March 23, 2010, and operating within the provisions of **the Coronavirus Aid, Relief and Economic Security (CARES) Act of 2020**, and **the American Rescue Plan** passed by Congress and signed into law by President Joseph R. Biden in March of 2021.



PPS™ CLINIX© CCO (Community Care Organizations)

- A dynamic evidence-based community social services and health care services delivery model under *the ACA of 2010* at dedicated community based centers engaged to support innovative medical care delivery methods designed to 'lower the cost of health care' generally ...
- CCO's address social determinants that dictate to a large extent the degree and scope to which dynamic community health outcomes can be achieved within an evidence-based model that can be measured to assess community impact in partnership with HCIs, IPA clinicians and other community stakeholders.
- Today's most common and urgent health issues, from SARS-COVID-19, to substance abuse and opioid addiction, unwanted pregnancy, gun violence, food insecurity and the engaging a healthy diet, suicide prevention & chronic diseases like obesity, diabetes, heart disease, and even cancer care share intersectional risk factors that can be addressed through this evidence-based and comprehensive grassroots strategic program of health care social action.
- Addressing and substantively mitigating these social determinant issues require collaborative, committed and comprehensive community action at the grassroots CCO level, in partnership with IPA clinician-providers and HCI's, under *the ACA* prescription to engage and activate resources that transcend neighborhood borders to dramatically improve the public health and lower the cost of healthcare as a stated goal.
- CCOs engage independent programs in mental, behavioral and emotional health; programs in health education; programs in disease prevention, and understanding and overcoming factors which contribute to the onset of chronic disease within communities.
- CCOs engage comprehensive programs in dedicated evidence-based social services delivery. Food pantries, meals to the elderly, counseling programs, gun violence prevention programs, programs in the visual and performing arts, sports, physical fitness and education, and youth programs, health education, diet reconstruction and nutrition, and nutritional food as medicine programs.
- PPS™ CLINIX© IPA Clinicians and HCI residents perform POC services at CCO sites.
- The PPS™ CLINIX© Citizen Public Health Corp. provides a dynamic vehicle for medically trained and unskilled local residents to engage clinical evidence-based healthcare and social services delivery programs to community



generating empirical data necessary to support lower healthcare costs and transforming outcomes in public health.

- PPS™ CLINIX© CCOs serve as local centers of PPE distribution for the PPS™ PPE-COOP©.
- PPS™ CLINIX© CCOs become full and comprehensive partners with local HCIs and PPS CLINIX IPA clinicians in joint responsibility to engage evidence-based programmatic to establish and support grassroots medical services delivery providing HCIs with a footprint in every aspect and area of local community to promote the public health.

PPS™ CLINIX© is fostering and administering the critical relationship between HCIs, clinicians and institutional community stakeholder-partners responsible for bringing people together that a diverse grassroots cultural community trusts.

PPS™ CLINIX© The Trusted Footprint in Dynamic Community Public Health Services Delivery ...



PPS™ CLINIX© IPA

- Providing Urgent Care and Primary-Specialty Patient and SARS-COVID-19 community care services at local PPS CLINIX Community Care Organization (CCO) sites in tandem with evidence-based social services delivery programmatic provided by each CCO, in association with local partner HCIs.
- PPS™ CLINIX© Clinician-Providers engage the full range of healthcare services delivery, including OB/GYN, pediatrics and urgent care provided at select CCO sites. This allows both HCI residents and IPA clinical-providers to participate in the practice of robust healthcare services delivery with a unique and dynamic neighborhood footprint, bringing comprehensive healthcare to grassroots community.
- Clinical providers exercise a critical focus on addressing Chronic Disease within community and the factors within these communities, one family and individual, at a time which are causal to chronic disease. Working onsite with PPS™ CLINIX© CCOs affords clinicians the opportunity to work with community to address disease and illness early lowering the cost of healthcare quantitatively and qualitatively.
- Clinical providers also exercise a critical focus on Geriatric healthcare and the critical factors necessary for our elders to thrive within community.
- Clinical providers also exercise a critical focus on Mental & Behavioral Health and the critical gaps in mental health counseling and support services particularly in the elderly and the indigent of our communities.
- Clinical providers perform health care services at both HoW-CCO's (Community Care Organizations) and at dedicated CLIA certified clinical offices where they exercise practitioner services in primary and/or specialty medical care.
- Medicaid/Medicare, HRSA Insurance accepted.
- Clinical providers work with the majority of health insurance providers, as PPS™ CLINIX© has full health insurance provider participation w/ no patients out of network, and our billing partner CureMD© engaging all of the credentialing and billing services for all participating clinicians under the PPS™ CLINIX© NPI.
- Clinical providers fully partner w/HCIs in local communities under the PPS™ CLINIX© NPI.
- PPS™ CLINIX© IPA Clinician-Providers provide comprehensive COVID-19 clinical follow-up via PPS™ CLINIX© SARS-COVID-19 Follow Up Care and RPM.



PPS™ CLINIX© HCI

- HCIs partnering with CCOs and PPS™ CLINIX© Clinician-Providers to address *social determinants* supporting and engaging innovative medical care delivery methodologies in grassroots communities designed to 'lower the cost of healthcare' generally.
- These *social determinants* dictate to a large extent the degree and scope to which dynamic community health outcomes can be achieved, and CCOs are the HCI grassroots footprint in local communities to mitigate such social determinants through collaborative, committed and comprehensive community health care social action and resources that transcend neighborhood borders lowering the cost of healthcare and improving the overall public health.
- This program not only supports our dynamic clinical program, but it as well under the IRS standard for tax-exempt community hospitals provides significant 'community benefit' to individuals, children and families as the foundation of each community.
- PPS™ CLINIX© works in tandem and in partnership with HCIs to develop the Community Health Needs Assessment (CHNA) under the Affordable Care Act of 2010, and Section 501(r) of the IRC. Under this framework HCIs know what the community healthcare needs are because they are actually working within grassroots community. These are dollars that hospitals are required to spend ... This is not a hand out ... PPS™ CLINIX© HCI provides our HCI partners with evidence-based programs and expenditures that HCIs know are going to be scientifically effective and that will bring measurable return on investment to their institutions for their investment in community.



What is *Evidence-Based Social Services Delivery*? Not-for-profits, religious and local community based organizations on a committed regular daily basis providing a manifold variety of indispensable, invaluable social services programs on behalf of the diverse people of our communities. From meals on wheels, to soup kitchens and food pantry programs, to innovative hospital and CBO based violence intervention programs. Measured interventions through social services delivery lead to measurable outcomes with quantifiable impacts on the public health. From continuing education to programs in health education, family planning and wellness, to affordable housing services, substance abuse and opioid addiction, to programs focused on ending gun violence and violence prevention, just to name a few, not-for-profit grassroots community organizations providing evidence-based social services delivery in tandem with HCIs and clinician-providers provide quantitative and qualitative results that improve public health outcomes and promote the well-being and overall success of community.



Under the framework of ***the ACA***, **PPS™ CLINIX© CCO** enters into operating agreements with Houses of Worship (HoW) throughout the City and State of New York. The purpose of these framework agreements under ***the ACA*** is to engage HoW operational *evidence-based not-for-profit social services delivery programs* already in existence serving the community as part of their normative organizational mission addressing '*social determinants*', as defined by the **U.S. Department of Health & Human Services, Centers for Disease Control and Prevention**, in concert and in combination with local healthcare institutions (HCIs) and local clinicians, under **PPS™ CLINIX© IPA**, to improve health outcomes in the community and to lower the cost of healthcare generally. These HoWs, now designated within this ACA framework as *Community Care Organizations (CCOs)* work under **PPS™ CLINIX©** organizationally and operationally, via contract and through service mark and branding, to promote and support dynamic community healthcare initiatives bringing a new form of grassroots health care delivery to our neighborhood communities ...

Each **CCO** works to bring innovative evidence-based social services delivery methods in diverse areas such as health education and addressing chronic disease, neighborhood food pantries, community kitchens, meals on wheels and drug rehabilitation clinics, anti-violence programs and programmatic in disease prevention, together with manifold other types of 'social services delivery' programs to work in association and in tandem with our partner HCIs and IPA clinicians in a cooperative program designed to decrease the demand on frontline healthcare institutions (**HCIs**), our hospitals, to lower the cost of healthcare generally, and to engage evidence-based social services delivery models and methodologies to promote and improve the public health, as per the prescription under **the ACA** ...

Our **CCOs** provide the community with the *essential services*, under **the ACA** framework, that dictate to a large extent the degree and scope to which dynamic community health outcomes can be achieved in partnership with



our **HCIs** and **IPA** clinicians, lowering the demand for critical care, and the cost of healthcare generally on society. This dynamic framework becomes the '*evidenced-based clinical social services delivery*' model extending far beyond the present *SARS-COVID-19 pandemic public health emergency*. Our **CCOs** allow us to create the grassroots community healthcare footprint that allows our IPA clinician-providers, and our HCI partners to fully engage and maintain a daily sustainable community healthcare presence and practice in manifold clinical locations within our most vulnerable neighborhoods transforming the current methodology of urban healthcare delivery.

Each **CCO** program is structured to engage an *evidence-based model of social services delivery* which permits our **IPA clinician-providers** and our **HCIs** to monitor their daily programmatic progress, relying upon empirical data and formulas in social service delivery, allowing clinicians to prove that our programs are effective and in compliance with the parameters set forth by the ACA. Each **CCO** is partnered with a partner **PPS™ CLINIX© HCI** and a supervising attending **PPS™ CLINIX© IPA clinician-provider** at their **CCO** site.

Depending on the **CCO** and their unique program and capabilities, as well as the capacity and functionality of their current facilities, **PPS™ CLINIX©** will either establish a fully stocked and ready clinical facility onsite, or will be erecting a clinically ready and functional **PPS™ CLINIX© CarePOD™** fully stocked with PPEs, medical supplies and equipment at or near the **CCO** and their program site, allowing our attending **IPA physician-providers** to engage the full range of healthcare services delivery right in the heart of the community without burdening **CCO** physical space and resources. (*see the PPS CLINIX CarePOD PowerPoint presentation*) All billing is conducted under the **PPS CLINIX NPI**. All medical billing is conducted by our medical billing partner, **CureMD**. Each **CCO** facility is fully-funded by our **PPS™ CLINIX© HCI** partners, under the framework of **the ACA**, with copious additional funding provided by the federal government under the provisions of **the CARES Act** and **the American Rescue Plan**. **PPS™ CLINIX© HCI** partners also provide hospital residents to work at **CCO** sites



to work under **PPS™ CLINIX©** supervising attending *IPA physician-providers*.

PPS™ CLINIX© HCI are our partner hospital organizations under the ACA framework throughout New York. Working with the Greater New York Hospital Association we will be expanding the **HCI** platform to include not-for-profit hospitals throughout New York State. These are growing and very sensitive relationships.

HCIs are required to work with community based organizations to assess and provide dynamic community benefit through their clinical platform, as prescribed by **the ACA**, with oversight by the Internal Revenue Service and codified in *the IRC*. **HCIs** agree to partner with our **CCOs** allowing their organizations to come into compliance with the framework of **the ACA**, with almost all agreeing to provide residents and other healthcare staff to our **CCO** clinics to fully participate in our offsite outpatient program. They have determined that working with **PPS™ CLINIX©** allow **HCIs** to provide significant benefit to the community permitting them to fulfill their unique mission and obligations under **the ACA**, and its mandate under the Internal Revenue Code. **HCIs** provide substantial amounts of money and resources to the working partnership, and the community footprint allows them to reap a significant return on their investment in these dynamic *clinical evidence-based social services delivery programs*, particularly under the **SARS-COVID-19** pandemic public health emergency.

PPS™ CLINIX© afford **HCIs** the opportunity to work onsite with both our **CCOs** in their social services engagements and local our **IPA clinician-providers** to engage a comprehensive SARS-CoV-2 **baseline** and **surveillance** testing protocol utilizing FDA-EUA rapid *rtPCR* and rapid Antigen assays, and FDA-EUA serological assays, together with FDA-EUA authorized vaccination and monoclonal antibody programs, utilizing our proprietary *remote patient monitoring protocol* (RPM). **HCIs** will be



working in tandem and in association with our **CCOs** and the **IPA** to engage a regular SARS-CoV-2 vaccine program at each site, and an immunotherapy program at select sites utilizing our remote patient monitoring (RPM) platform. Several resident physicians that would normally work in the **HCI** environment will be working, under clinical service and billing reimbursement agreement, on **PPS™ CLINIX© CCO** sites under the direct supervision of the IPA clinician-provider as the attending physician.