

Leveraging partners for new revenue streams and clinical quality programs

Introduction to today's team

Sam Barend, CEO, AION Biosystems

Norm Shields, CEO, Patient Discovery

Charley Deckers, VP, Business Development

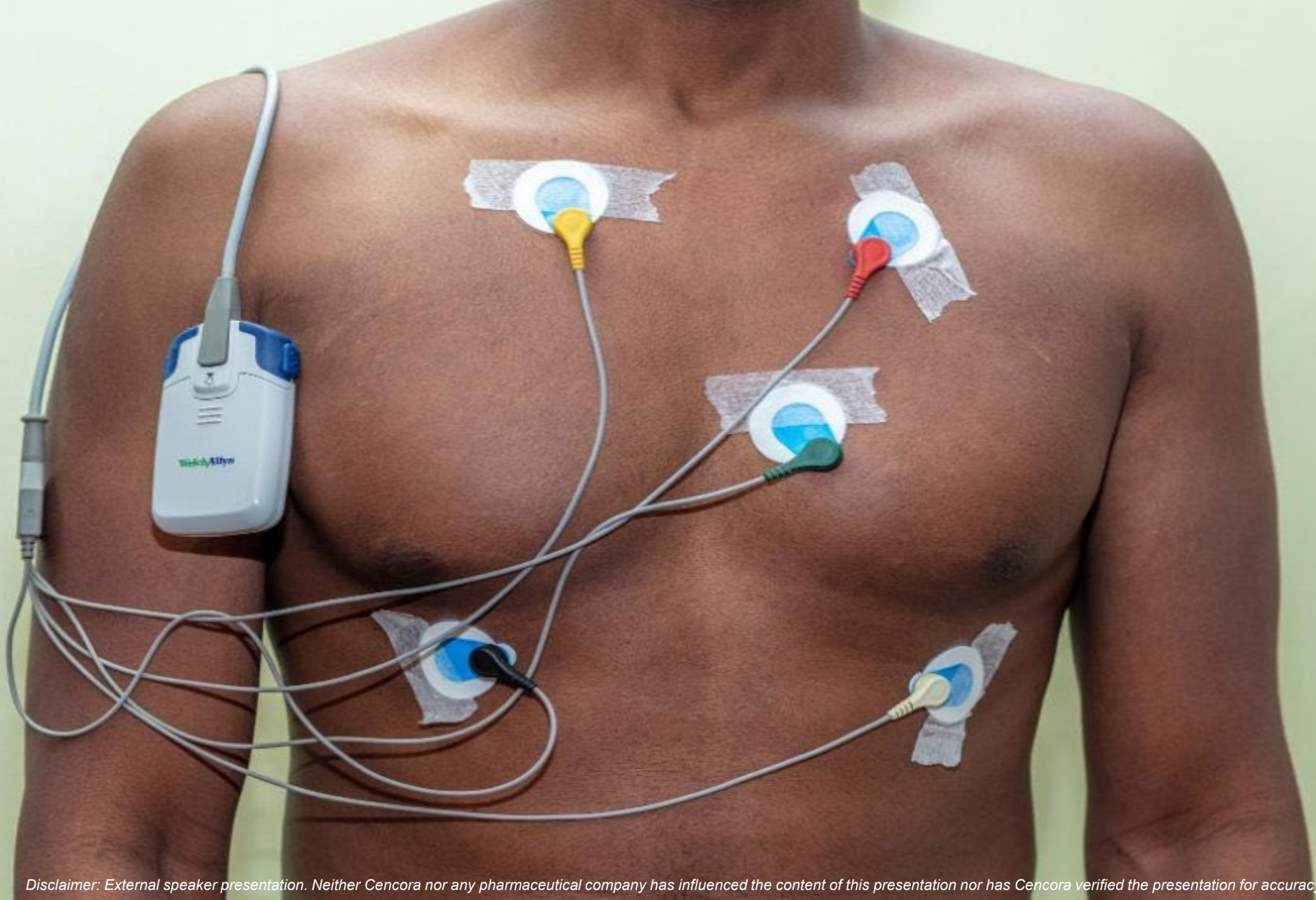
Current code usage in the InfoDive® customer base

CPT Type	Clients	Units	Charges	Charges Zero Paid	Payments
Assessment	9	3,751	54,536.16	1,500.72	23,030.16
CCM	45	432,536	52,075,026.03	978,925.34	21,634,727.10
PCM	43	98,256	14,195,254.16	338,764.55	4,918,541.66
PIN	11	3,119	437,475.97	22,604.50	160,430.34
RPM	16	35,231	5,680,482.92	284,624.50	1,497,841.97
Totals	71	572,893	72,442,775.24	1,626,419.61	28,234,571.23

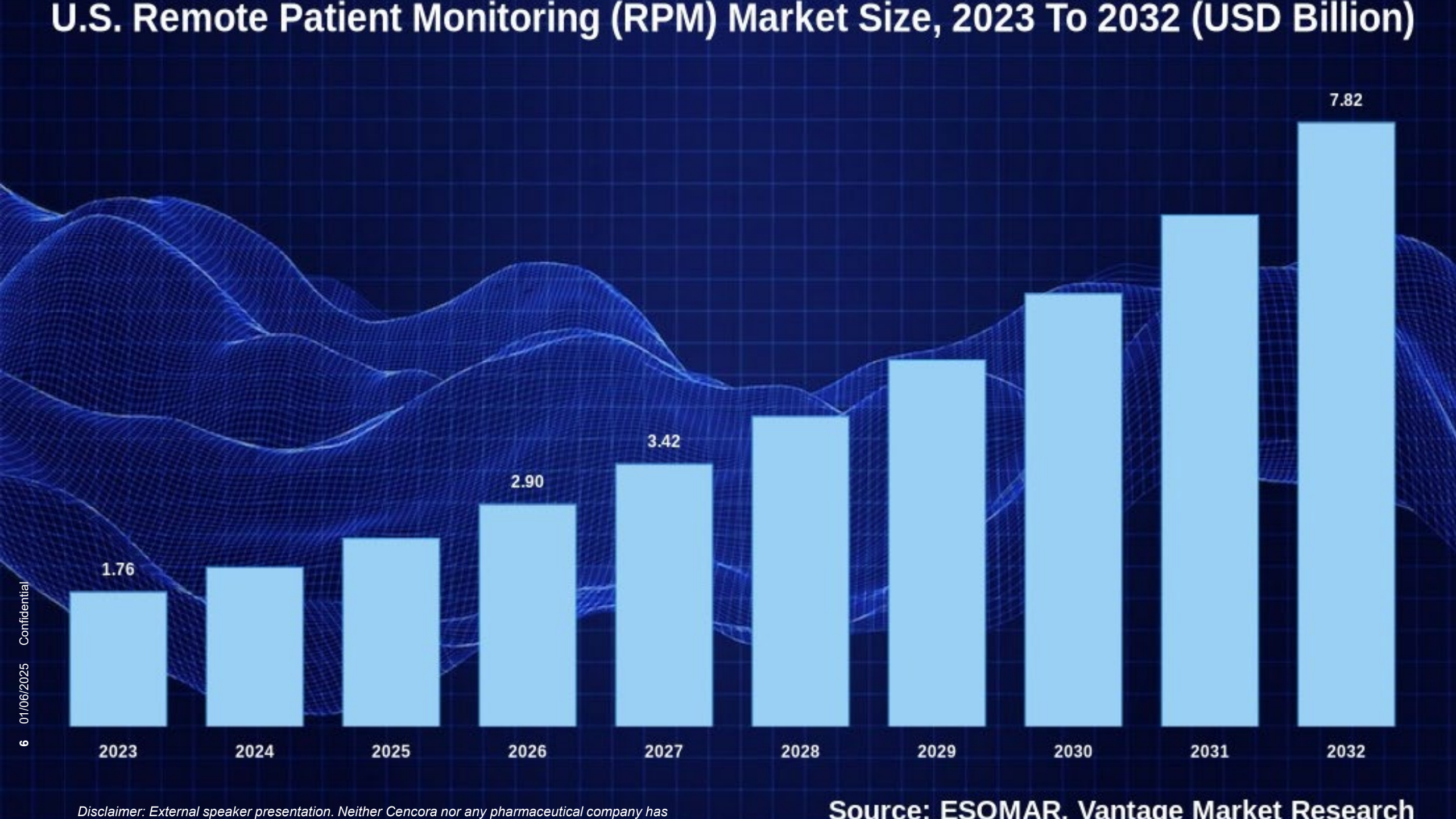
Source: Based on internal data as of 10/2024.

Better outcomes, bigger gains: RPM and TempShield in oncology

November 2024



U.S. Remote Patient Monitoring (RPM) Market Size, 2023 To 2032 (USD Billion)



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Source: ESOMAR. Vantage Market Research

Remote patient monitoring addresses the opportunity for earlier interventions



What is RPM and TempShield?



- 24/7 monitoring of vitals outside healthcare facilities
- Real-time patient data shared with healthcare providers
- Alerts and notifications for proactive and earlier interventions

AIO Biosystems

- RPM CPT codes expanded in 2020
- 87% decrease in hospitalizations during COVID
- RPM demonstrated 20-30% improvement in management of chronic diseases
- Medicaid coverage in nearly all states for RPM
- CMS created an Innovation Center to support expansion of RPM

National average remote monitoring reimbursement

CPT CODE	Non-Facility Rate
99453 (Service Initiation)	\$24
99454 (Data Transmission)	\$50
99457 (Treatment Management)	\$50
99458 (Treatment Management)	\$40
99484 (Behavioral Health)	\$48

Education and data transmission reimbursement

CPT Code 99453



Initial set-up and patient education on use of RPM equipment

CPT Code 99454



Reimburses for supply of device and monitoring of patient data for a minimum of 16 out of 30 days, can be billed monthly

Patient monitoring reimbursement

Reimburse clinical staff, physician, other qualified healthcare professionals' time communicating with patients and reviewing data from remote monitoring device

CPT Code 99457



Initial 20 minutes of treatment management requiring interactive communication with patient/caregiver

CPT Code 99458



Each additional 20 minutes of treatment management requiring interactive communication with patient

Oncology: A new frontier for RPM

Top 5 Performing Specialties 2022	Total Services	Percent of Total	Average Amount Submitted	Denials	Percent Denied
Internal medicine	428,775	29.6%	\$123.76	31,352	7.3%
Cardiology	308,152	21.3%	\$138.05	13,295	4.3%
Family practice	246,661	17.0%	\$122.57	16,353	6.6%
Nurse practitioner	102,846	7.1%	\$120.91	9,235	9.0%
Nephrology	59,293	4.1%	\$125.48	3,324	5.6%

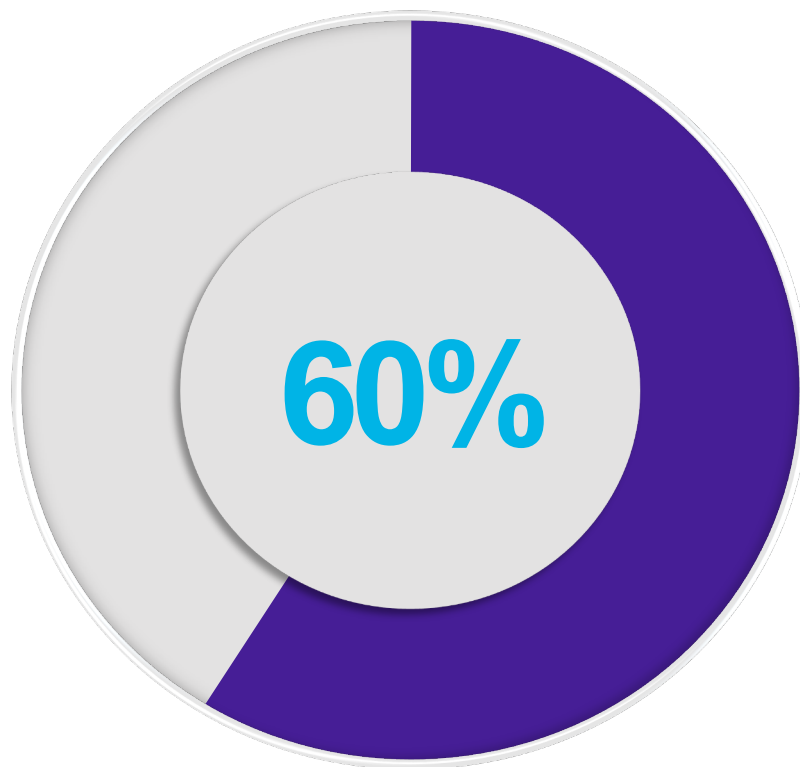
Top 5 Places of Service 2022	Total Services	Percent of Total	Average Amount Submitted	Denials	Percent Denied
Office	1,340,451	92.6%	\$129.32	81,817	6.1%
Home	59,927	4.1%	\$117.57	4,140	6.9%
Assisted Living Facility	12,906	0.9%	\$103.50	1,501	11.6%
Nursing facility	10,883	0.8%	\$157.27	1,104	10.1%
Telehealth	6,395	0.4%	\$104.93	896	14.0%

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The case for remote monitoring in oncology



AION Biosystems



Sixty percent of cancer patients die from infection

Source: *Journal of Clinical Oncology*, ascopubs.org

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AION Biosystems

10% of cancer patients develop severe sepsis

44% the mortality rate for cancer patients with sepsis

35% of patients receiving bispecific antibodies develop CRS

\$3.8B the annual cost of sepsis for cancer patients

Body temperature

The leading predictor of infection

- **90%** of sepsis patients develop a fever
- **80%** of pneumonia patients develop a fever
- Fever is often the **only** sign of infection, which can rapidly escalate
- Fever during chemotherapy can indicate a reduction of bone marrow which requires treatment to be altered
- **Needed** in all areas of healthcare particularly in clinically temperature sensitive fields such as oncology long-term care, and pediatrics

Early infection detection saves lives



Every hour

Delay of antibiotics **increases risk of death by 8%** for sepsis patients

For cancer patients, early detection can:

- Decrease mortality by **15-40%**
- Lead to **faster initiation of cancer treatment by 2-3 weeks**, significantly improving outcomes. (*Journal of Clinical Oncology*)
- **Reduce the need for intensive procedures** (mechanical ventilation) by 40%

The standard of care for cancer patients is to take an oral temperature when they feel ill

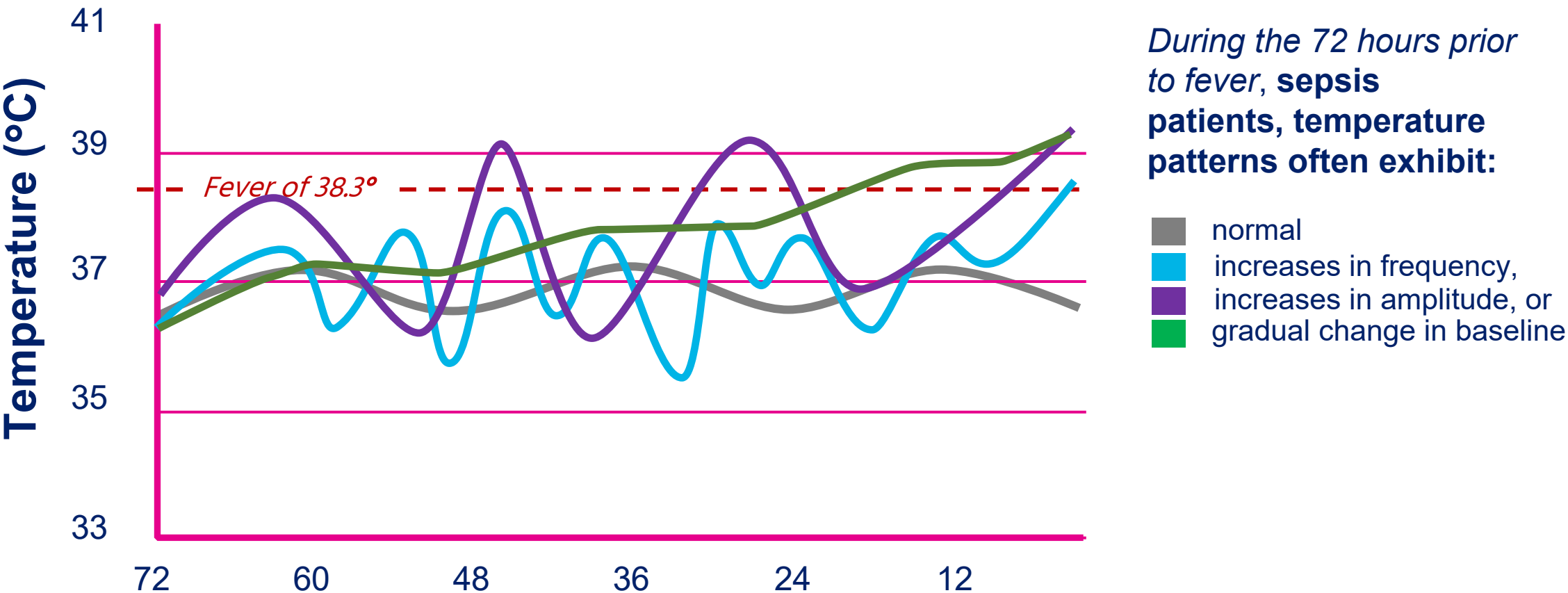
However, most patients **do NOT** take their oral temperature when they **feel well**.

An oral thermometer is NOT good enough.



Beyond the thermometer and spot checks

Continuous data is the key to earlier infection detection



During the 72 hours prior to fever, sepsis patients, temperature patterns often exhibit:

- normal
- increases in frequency,
- increases in amplitude, or
- gradual change in baseline

[Drewry et al \(2013\)](#)

Illustration of temperature pattern abnormalities observed prior to fever in septic patients. The horizontal axes represent hours prior to the first fever in septic patients. The dotted lines denote a fever of 38.3°C. A normal body temperature pattern fluctuates diurnally by approximately 0.5°C around a mean of 37.0°C. (A).

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FDA cleared TempShield

Our unique solution



AION shield
42mm diameter
3.2mm thickness



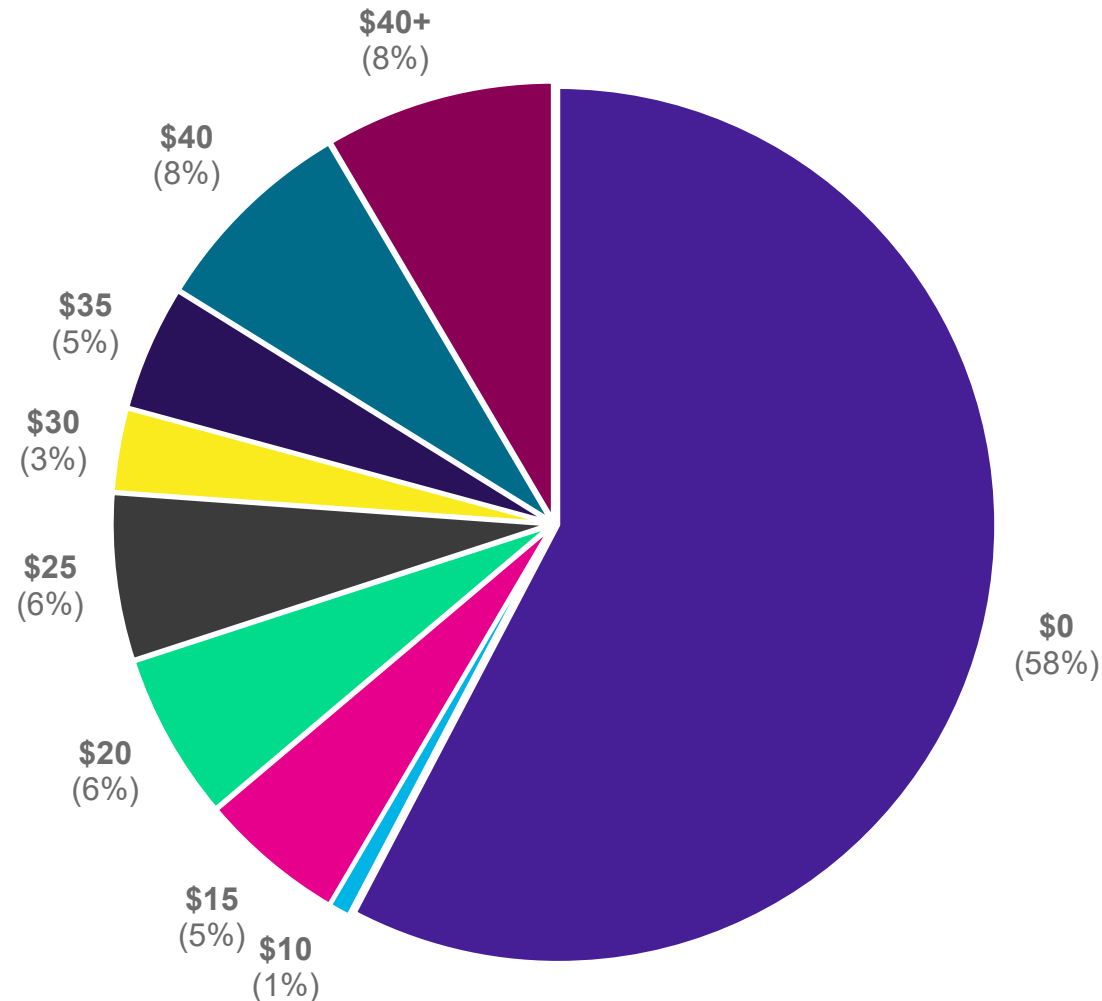
Size
comparison

- **Continuous** body temperature monitoring
- **90 day battery life**
- \$135 - market leading **low cost & reimbursable** (CMS code 99454)
- Unparalleled **comfort & low-profile** design

**Superior battery life,
comfort, and low cost**

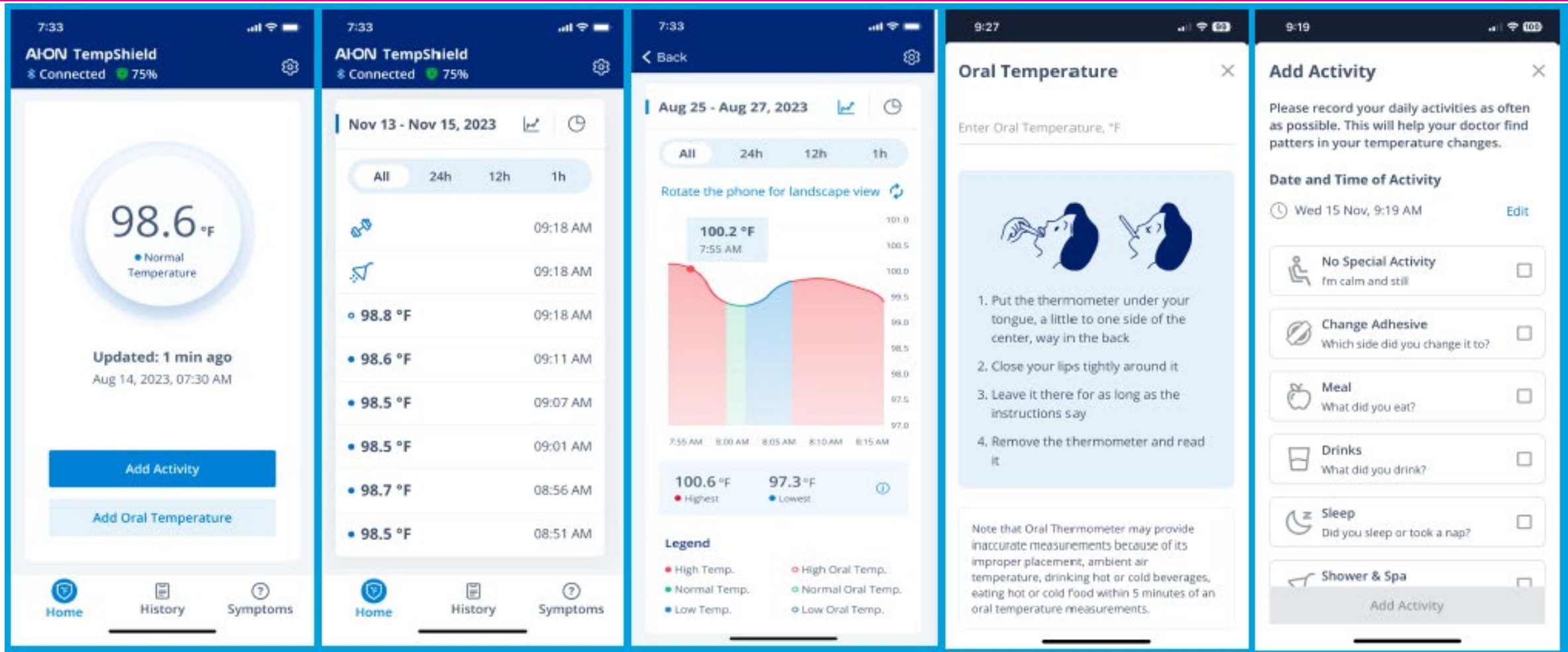
TempShield RPM is **reimbursable**: 99% of patients were covered and nearly 60% had no out-of-pocket cost

Copay for TempShield RPM



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Mobile app overview



TempShield kit



AION TempShield™



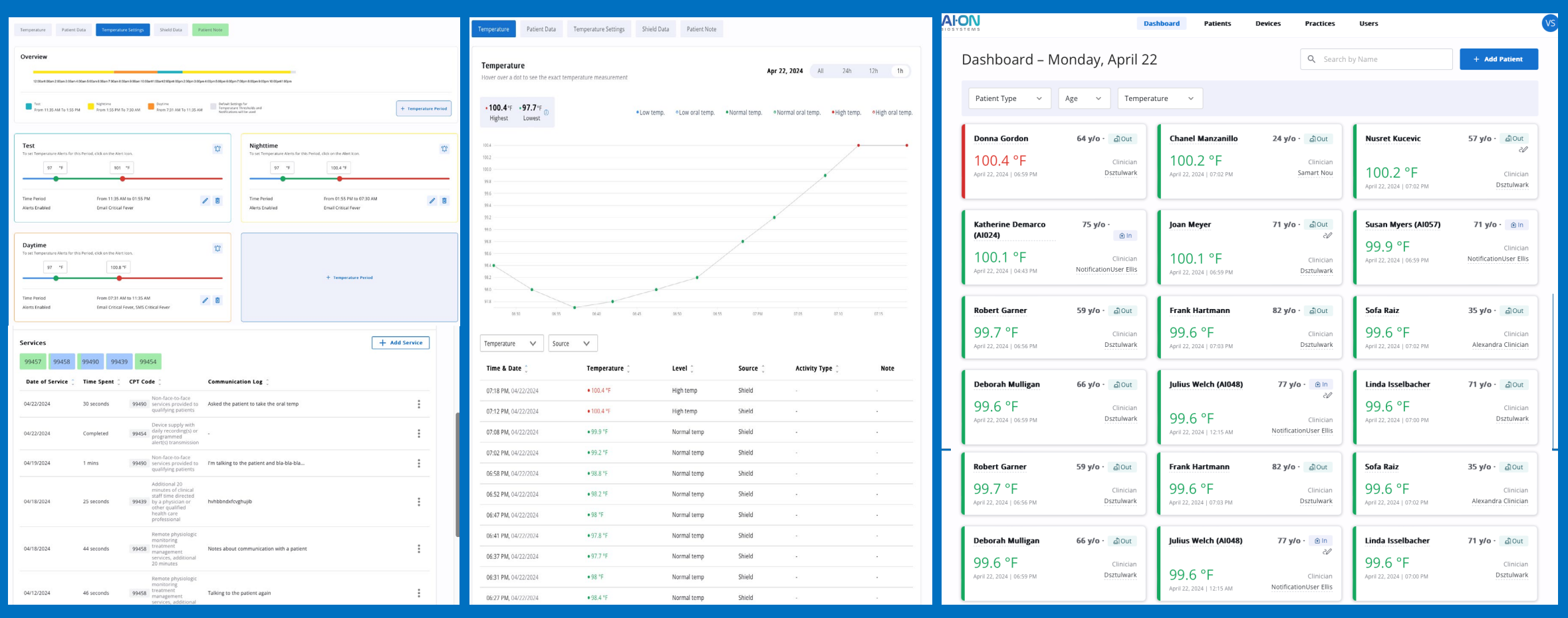
Silicone Adhesive Tape



Patient Guide

AION TempShield™ clinician portal

The AION Clinician Portal is a smart RPM platform that includes a full suite of features to enhance RPM clinical and business flows, leading to better patient outcomes.



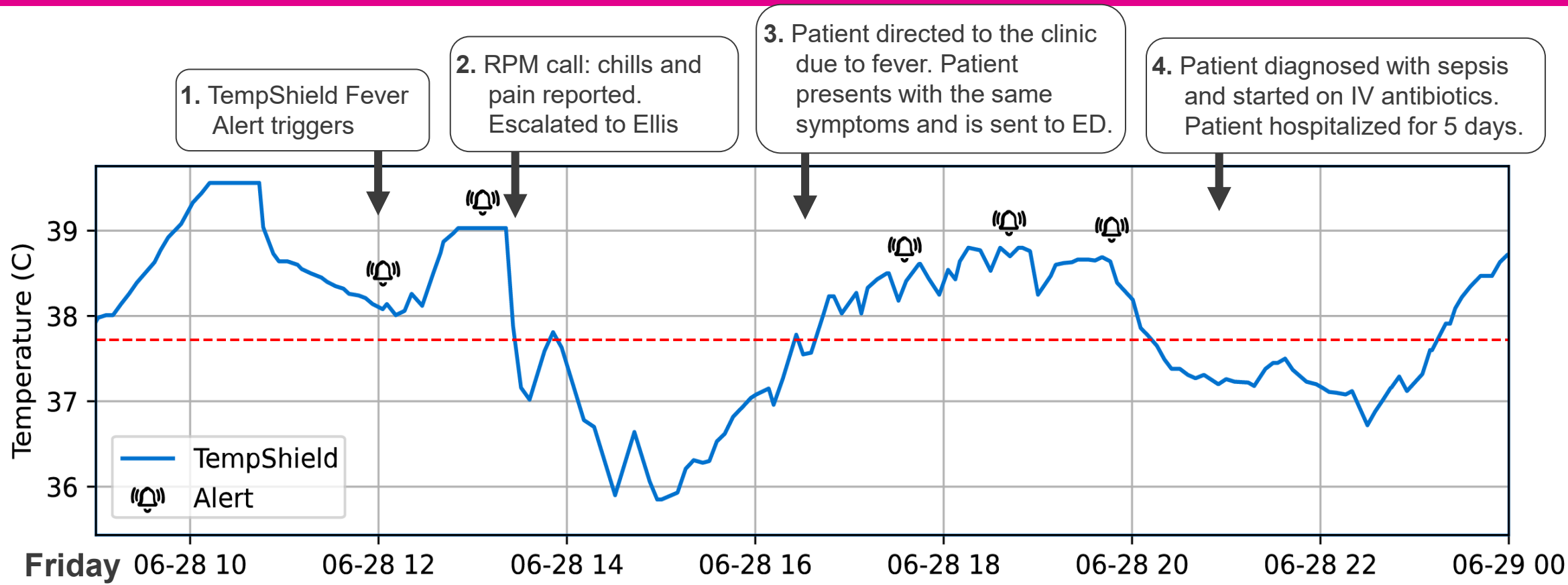
Early infection detection at Ellis Medicine's Roswell Park Cancer Institute

- Detecting fevers in **27%** of patients who wear the device for 30 days or more
- **>80%** of these patients are treated in an outpatient setting as opposed to an ER visit
- TempShield is identifying infection **2 days** before patients have symptoms
- **>70%** of patients wear the device for more than 3 months



Case Study: Early detection of sepsis

64-year-old male, T3NxM1 squamous cell cancer of the right lung w/ metastatic disease to bone



TempShield RPM led to same-day detection and treatment of sepsis
Without RPM, patient likely waits until after the weekend to seek care

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TempShield improves outcomes while delivering new revenue

For every
2,000 new
patients
enrolled
per
quarter



Provider generates annually
\$2,241,601

Assumptions:

- ✓ Patients utilize TempShield for 3 months
- ✓ CPT Codes: 99453, 99454, 99457, 99458

Remote patient monitoring

Remote Patient Monitoring - Monthly Economics Calculator

Provider

Total Months (Quarterly)	3
# of Patients	2,000
Patient Compliance	100%
Avg Compliant Patients Billing	2000.00

Key Assumptions

AION TempShield Costs \$135
 Capture 80% of patients for RPM 99457
 Capture 40% of patients for RPM 99458
 Provider: **AION TempShield**
 Provider receives 40% of RPM 99457, RPM 99458, 99489

Reimbursement	CMS				Total Reimbursement (3 Months)	Provider Revenue	AION TempShield	Monitoring Partner
	Reimbursement t	Frequency	Pts Need RPM					
Setup - 99453 (Medicare)	\$ 120.00	One time	2,000		240,000	240,000	-	-
Devices & Technology - 99454 (Medicare)	\$ 150.00	Quarterly	2,000		300,000	30,000	270,000	-
Monitor 20 mins - RPM 99457	\$ 150.00	Quarterly	1,600		240,000	96,000	-	144,000
Monitor 20 mins - RPM 99458	\$ 120.00	Quarterly	800		96,000	38,400	-	57,600
Chronic Care Management - 99489	\$ 45.00	Quarterly	2,000		90,000	36,000	-	54,000
TempShield Data - Data Sharing Agreements	\$ 60.00	Quarterly	2,000		120,000	120,000	-	-
Quarterly Totals					1,086,000	560,400	270,000	255,600
Annual Totals					4,344,000	2,241,600	1,080,000	1,022,400

Current deployment

New York Cancer & Blood Specialists

- Began enrolling patients February 2024
- Leadership committed to deploying TempShield on all chemotherapy patients
- Enrolling patients at 5 locations
- OncoEMR Integration
- Field Staff & Support
- Scalable model developed – in-person and remote onboarding



Onboarding workflow

1ST STEP



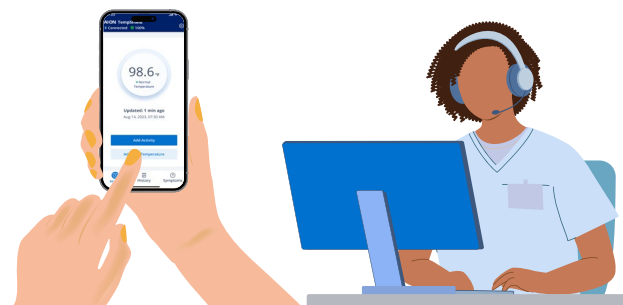
- Doctor prescribes TempShield™

2ND STEP



- Clinician scans device into portal and obtains signed or verbal consent from patient
- TempShield™ handed or mailed to patient

3RD STEP



- Patient completes self-onboarding, **or**
- The AION remote monitoring team provides support to guide patient through the process

4TH STEP



- Remote monitoring team monitors patient

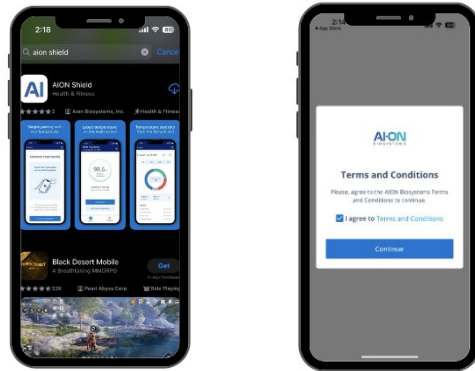
Patient set up

1



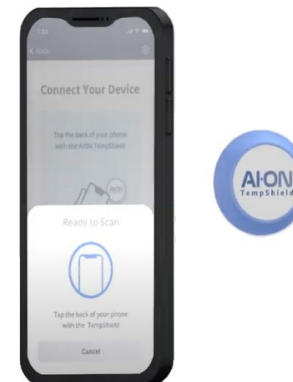
- TempShield™ assigned to Patient

2



- AION Shield app downloaded from app or Google Play Store
- Terms and conditions accepted and permissions granted

3



- TempShield™ activated by tapping gently on the back of the phone

4



- TempShield™ streams vitals

Sample temperature alert prescription

- **Alerts can be customized in the AION portal by the clinical team**
- **For instance, an Alert could be triggered** if a Patient sustains a temperature of 100.4 F or above for 1 hour from 8am-8pm (daytime) OR for 3 hours from 8pm-8am (nighttime)
 - ✓ Alert Alarm is triggered when patient exceeds threshold
 - ✓ Monitoring team sends text alert to patient
 - ✓ Monitor calls if fever persists
 - ✓ Monitoring team forwards call to clinic/hospital if fever is confirmed



Jack Tays
Cancer Patient

Helping you get reimbursed for the work you're already doing

**A practical approach to SDoH, PIN & CHI
services**

November 2024

Regulatory tailwinds

In a groundbreaking shift
for 2024

CMS is now incentivizing providers
through new reimbursements
for services that support
addressing SDoH

CMS policy changes: New CMS codes for 2024

Supports the delivery of holistic, patient-centered cancer care by expanding reimbursement for services delivered by the wider care team

New reimbursement codes as of Jan 1 2024

SDoH risk assessment via standardized tool

Prioritizes the need to **identify social needs** that may influence care or treatment decisions.

5-15 min every 6 months
G0136: \$18.67

Community Health Integration (CHI) services

Supports resolution of **social needs** by reimbursing for actions taken by **non-clinical staff including community health workers** as they educate patients, build self-advocacy, and address identified needs.

60 min per month
G0019: \$79.25

Add'l 30 min per month
G0019+G0022: \$49.45

Principal Illness Navigation (PIN) services

Focuses on ensuring access for patients as they navigate the healthcare system, including patients without social needs. Works in parallel to CHI and reimburses **non-clinical staff** who support activities like care coordination, health education, patient advocacy, and referrals.

60 min per month
G0023: \$79.25

Add'l 30 min per month **G0023+G0024: \$49.45**

The problem

Why aren't the new codes being adopted more quickly?

Difficulty operationalizing in the practice

- Workflow doesn't exist for this right now
- The team members who deal with this aren't used to documenting what they do
 - Or keeping track of time for these activities
- There's no place to keep track of all of this
 - We hear from providers that they're using shared Excel spreadsheets to document between team members

Our solution

An end-to-end solution for optimizing SDoH management in cancer care

in compliance with the latest Centers for Medicare & Medicaid Services (CMS) guidelines

- **Streamlined workflow**
Operationalizes & centralizes the identification, documentation, and billing of SDoH interventions
- **Care team coordination**
Empowers clinical and non-clinical staff to manage patient needs
- **Optimized reimbursement**
Enhances billing for new SDoH, PIN and CHI services
- **Personalized patient support**
Delivers education & resources to the right patient at the right time
- **Better patient outcomes**
Supports enhanced care delivery through efficient SDoH management



Paying for my medical care



Paying for my rent or mortgage



I am severely anxious or depressed



Economic value to providers

Analysis by
cencora

251 patients
per MD requiring support

These new codes unlock
significant reimbursement
opportunities for providers

while enhancing care quality
and outcomes

\$928

net value per patient
per year

\$232,928

per MD per year

\$1.16M

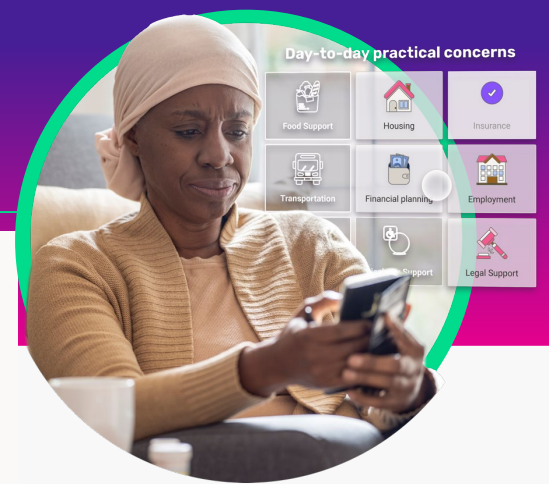
total for a typical 5 MD practice

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How it works

Patient initiates SDoH assessment from their home prior to the appointment, while also:

- communicating their unique treatment priorities, questions, and challenges to the care team
- engaging with disease-specific education and treatment options



Streamlining SDoH workflows, optimizing reimbursements, & enhancing patient care

Bi-directional integration into the EHR

The screenshot shows an EHR interface for a patient named Brianna Harrison. The interface includes a sidebar with navigation options like GENERAL, PATIENT CHART, LABS & VITALS, and NURSE. The main content area displays the Clinical Summary, Allergies, and Oncology/Hematology Diagnoses. A Patient Discovery assessment overlay is shown on the right, featuring sections for Overarching Concern, Feeling Since Last Appointment, Goals Of Care, Discussion Points, Patient Support, and Current Treatment. The assessment includes various input fields, checkboxes, and a progress bar.

A summary of the patient's data is delivered within the clinical workflow, empowering the care team to:

- compliantly perform the SDoH assessment and prescribe PIN & CHI services
- deliver whole-person care based on direct-from-patient data

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How it works

Patient-reported needs flow seamlessly into the **Revenue Cycle-Management (RCM)** tool

Streamlining SDoH workflows, optimizing reimbursements, & enhancing patient care

The extended care team, including clinical and non-clinical staff, use our proprietary **RCM** capabilities to:

- triage social needs
- coordinate patient SDoH interventions
- track time-based activities
- document required evidence for billing

A centralized **directory of patient support** resources improves staff efficiency

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PATIENT DISCOVERY

Created on Sep 6, 2020 | Changes since Jun 5, 2020

Overarching Concern
"Where am I with this disease where is my kidney functioning and what are my best treatment options moving forward?"

Diagnosis
AL

Very Good

Be free of pain

I want to make sure my kidneys are ok and make sure I don't end up in dialysis. I want to understand more about this disease and how to manage it especially with my diet. I want to understand all of my treatment options."

symptoms & side effects

- Nervousness
- Swelling in my ankles and legs
- Brain fog
- Lower back pain
- Understanding my treatment options
- Learning more about my disease
- Long-term strategy

How well my treatment is working, or not

My Treatment Satisfaction
I'm happy with my current treatment

Current Treatment
Current Treatment: Darzalex (daratumumab)

My Treatment Satisfaction
I was on a weekly regimen that consisted of other medications and now I am on a monthly treatment. I still get sick within a few days but I have less side effects and they don't last as long."

Patient Support

- Social Worker: Paying for Food
- Social Worker: Paying for Housing
- Social Worker: Transportation
- Social Worker: Paying for Utilities

Frank Tomlin's Patient Needs

Valid
Assessed 07/05/24

43 min. this month

9 hrs. 1 min. all time

Medicare Insurance type

Neighborhood Navigator | United Way | + Add common resource link

Current needs 3

Need	Details	Interventions	
Mobility	IDENTIFIED	Identified by Patient Discovery on 08/24/2024	0 minutes spent
Paying for my treatment	CONFIRMED	Identified by Patient Discovery on 08/24/2024	28 minutes spent
Transportation	CONFIRMED		

Closed needs 2

Need	Status
Finding housing	RESOLVED
Finding or keeping a job	UNABLE

Update intervention record: Paying for my treatment

Minutes spent on need (required)

Need status: CONFIRMED

RESOURCES

Choose or search for a Resource...

- National
- CancerCare
- Cancer Financial Assistance Coalition
- Cancer Finances
- Patient Access Network Foundation (PAN)
- Patient Services Inc.
- United Way
- Local
- Catholic Charities USA
- Providence Foundation
- Other

Enter custom Resource...

How it works

Streamlining SDoH workflows, optimizing reimbursements, & enhancing patient care

Documenting time & evidence in one location for billing

Frank Tomlin's Patient Needs

Pause 0:00:03 Reset

Valid
Assessed 07/05/24

43 min.
this month

9 hrs. 1 min.
all time

Medicare
insurance type

Neighborhood Navigator United Way + Add common resource link

Current needs 3

Need Details Interventions

Mobility IDENTIFIED

Paying for my treatment CONFIRMED

Transportation CONFIRMED

Add a new need

Closed needs 2

Need

Finding housing RESOLVED

Finding or keeping a job UNABLE TO RESOLVE

LAST MONTH MONTH-TO-DATE ALL TIME Copy

Needs worked this month (Aug 2024):
Mobility, Paying for my treatment, Transportation

PAN offering grant to subsidize 6 months of treatment

Clara O'Cane, 08/30/2024 Paying for my treatment

More detail on ability to walk: typically worsens throughout the course of the day. Has someone in the house with him most days to help him and monitor him. Apparently his brother has a cane (or several) which will be brought to him today as well.

Clara O'Cane, 08/26/2024 Mobility

Frank's sister can now provide rides for infusions. Service still needed for clinic appointments.

Clara O'Cane, 08/26/2024 Transportation

In response to "Which statement best describes your mobility?", patient selected: "I have severe problems walking".

Patient Discovery, 08/24/2024 Mobility

Evidence is easily transferred back to the EMR for review by the physician, who signs off on the services for billing

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How it works

Delivering business intelligence to improve the bottom line of the practice

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Practice administration leverages **built-in reporting tools** to understand resource utilization rates and patient needs to better target and allocate resources

