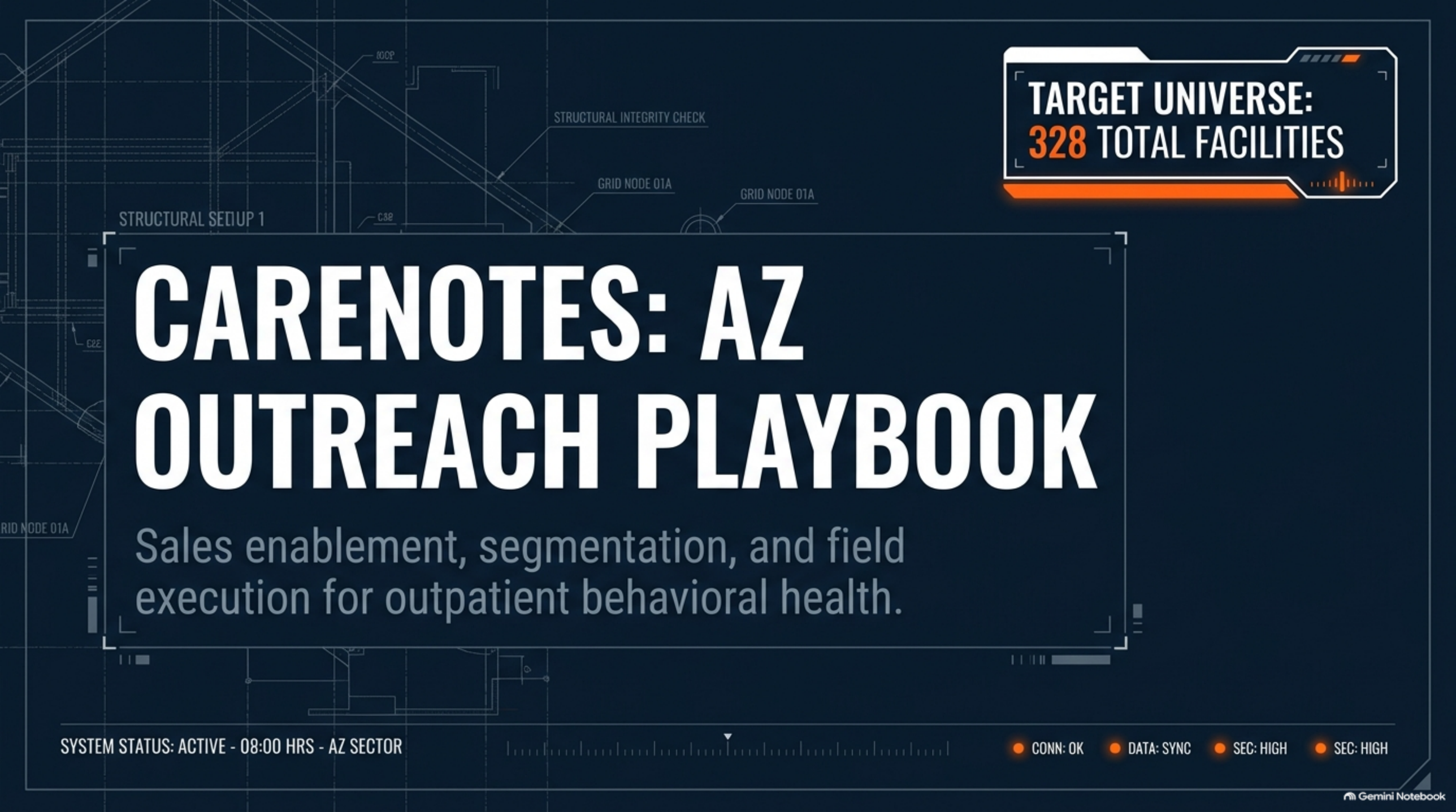


TARGET UNIVERSE:
328 TOTAL FACILITIES

CARENOTES: AZ OUTREACH PLAYBOOK

Sales enablement, segmentation, and field execution for outpatient behavioral health.

SYSTEM STATUS: ACTIVE - 08:00 HRS - AZ SECTOR

CONN: OK · DATA: SYNC · SEC: HIGH · SEC: HIGH

Every session documented and ready to sign by Friday.

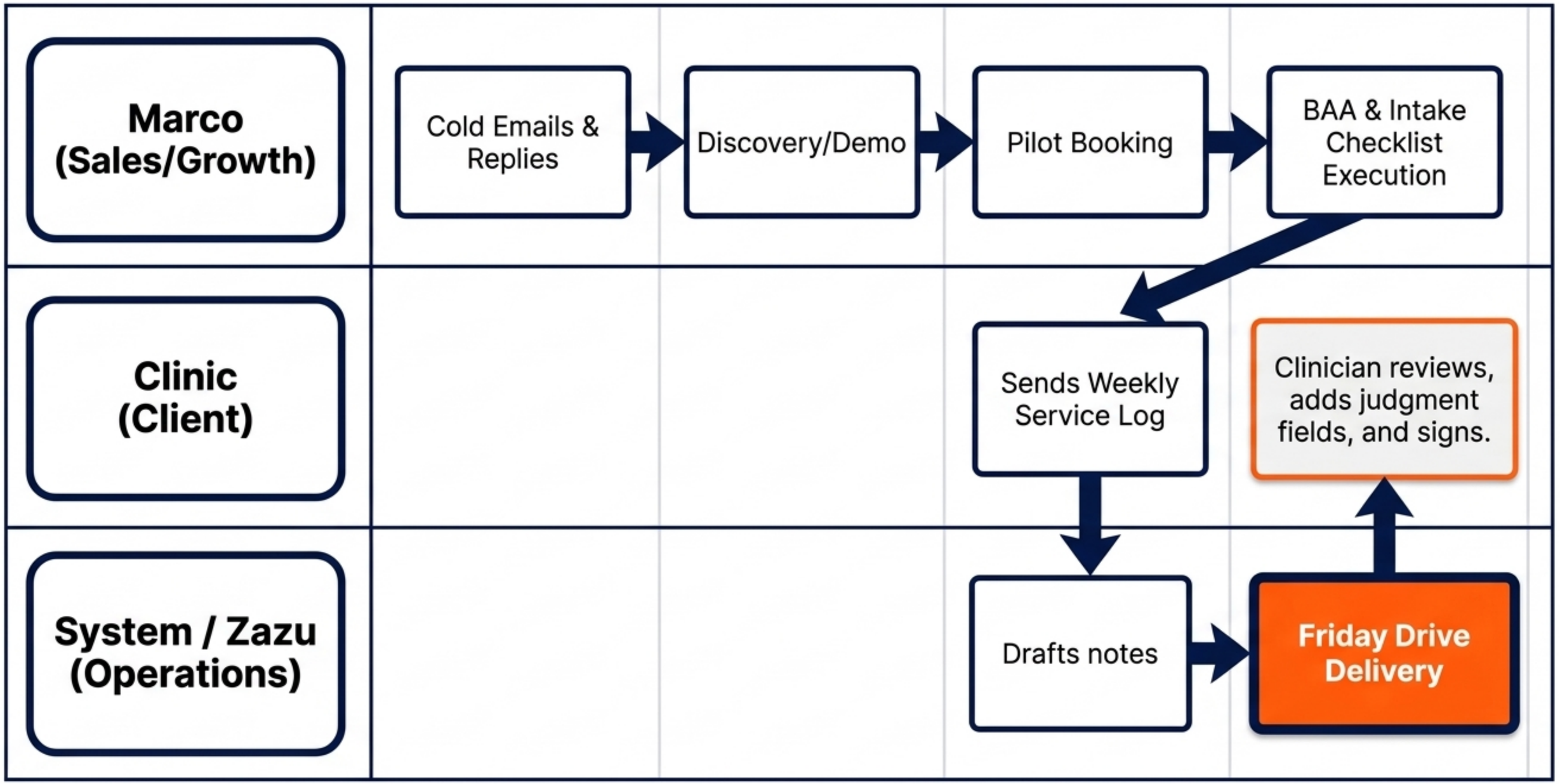
- Formatted to AHCCCS codes (H0004, T1016)
- Case management included

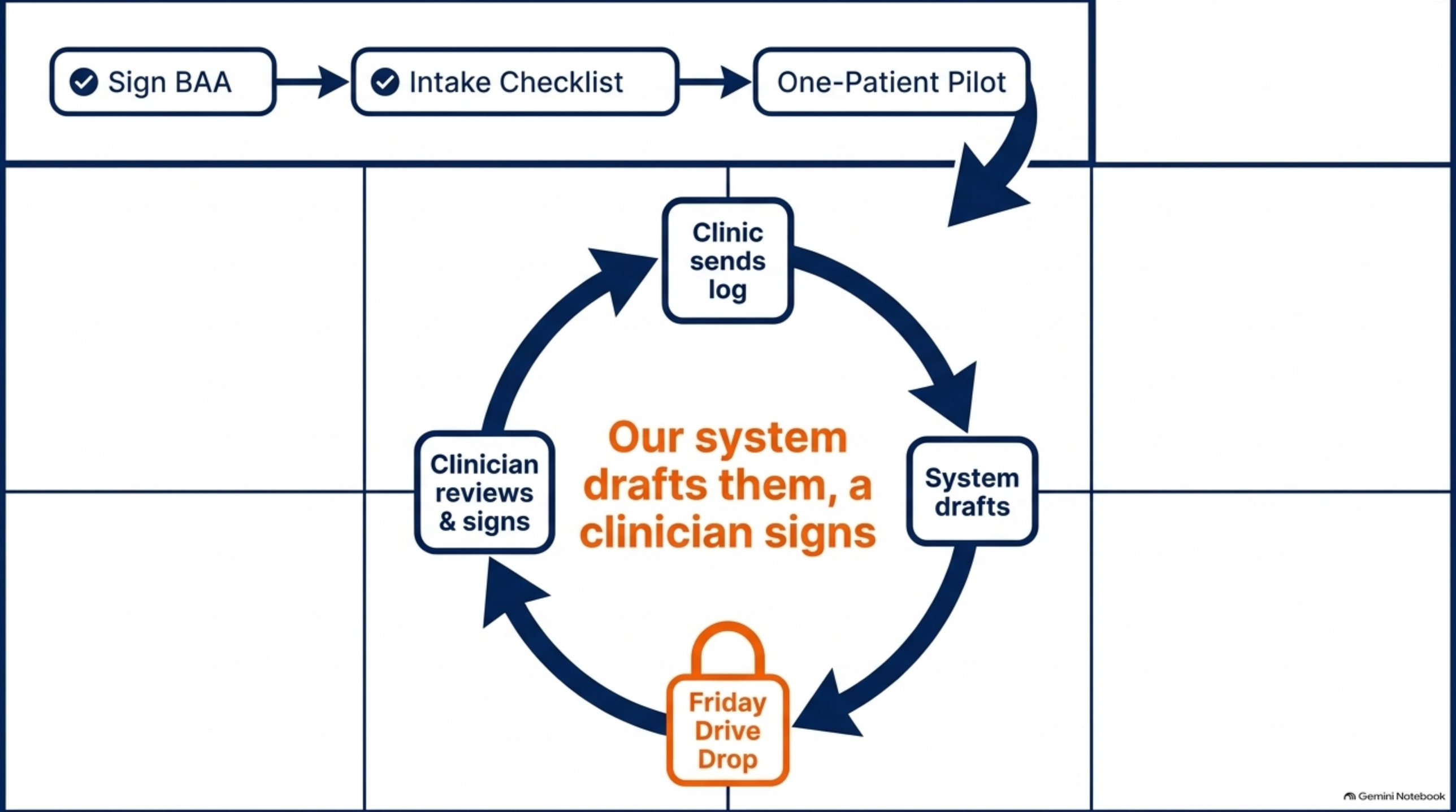
The Mantra.

We prepare, you sign. Our system drafts them, a clinician signs.

Monthly Pricing		
Small Clinic	**$2,000/mo**	(Up to 20 patients)
Standard	**$3,000/mo**	(Up to 30 patients)
Overage	**$100/patient/mo**	(Above tier limit)

Terms: $2,500 one-time onboarding, 6-month initial term.





Target Segment 1 – Tier A: MAT (Methadone / Buprenorphine / Naltrexone)

112 Rows

100% Medicaid

Target Rationale

- Highest weekly volume
- Multiple visits/week
- Relies heavily on case management notes

The Plan

- Lead with case management.
- Use Q3 to confirm AHCCCS codes (H0004/T1016) before quoting.
- Show case-management doc in demo.

Materials to Use

- Marco's Call Brief
- Email 2 (BAA/HIPAA focus)
- Synthetic Demo Kit

Close Points

- Daily contact means the most notes per patient per week.
- BAA/HIPAA workspace answers extra confidentiality needs.

Target Segment 2 – Tier A: IOP + PHP

110 Rows

100% Medicaid

Target Rationale

- Multi-day programs generating several notes per week per patient.
- Closest match to existing 62-patient Phoenix client.

The Plan

- Open with 1,059 notes hook (from Email 3).
- Ask Q2 (patients/week) before quoting.
- Book demo before pilot.

Materials to Use

- Email 3 (volume story)
- Call Brief (Q2 & Obj 4 - Cost)
- Demo Kit (multiple patients)

Close Points

- Volume sells this, not price.
- Cost resolves against the $100 overage metric.
- Pilot ask remains small (1 patient).

Target Segment 3 – Tier A: Regular Outpatient Only

42 Rows

100% Medicaid

Target Rationale

- Direct match to existing client.
- 1 session/week, 1 note/session.

The Plan

- Run standard 4-email sequence unchanged.
- Quote one-pager pricing directly.
- Use this group for referral generation post-signing.

Materials to Use

- One-pager
- Standard 4-Email Sequence
- Standard Call Brief

Close Points

- Needs the least persuasion.
- 1-patient pilot closes it.
- Perfect for referral asks.

Target Segment 4 – Tier A: Residential + Outpatient

100% Medicaid

21 Rows

Target Rationale

Two documentation tracks under one roof.

CareNotes only drafts the outpatient side today.

The Plan

State outpatient-only scope immediately.

Quote pricing ONLY on outpatient census.

Work this list last in Tier A.

Materials to Use

Call Brief (Objection 7 - Scope)
One-pager (Pricing math)

Close Points

Frame as a fix for a specific gap, not the whole operation.

Establish scope before price.

47% Medicaid

73 Rows

Target Segment 5 – Tier B: Partial Match

Target Rationale

- 39 rows are Outpatient (no Medicaid).
- 34 are Residential (Medicaid, but no listed outpatient).

- Partial fits.

Materials to Use

- Call brief (Q1 for sorting).
- One-pager.

The Plan & Close Points (Skip pilot offer until sorted)

Residential

- Ask if they run outpatient hours.
- Close depends entirely on finding hidden outpatient hours.

Outpatient

- Quote standard $2k-$3k pricing.
- Pitch is identical to Tier A.

Target Segment 6 – Chains (Held for Later)

18 Orgs
89% Medicaid

Target Rationale

- High volume (4+ locations).
- Buyer is a regional director, not front desk.

The Plan

- Do not call until case study exists.
- Reach directors via referral, not cold calls.
- Send video first.

REQUIRES CASE STUDY

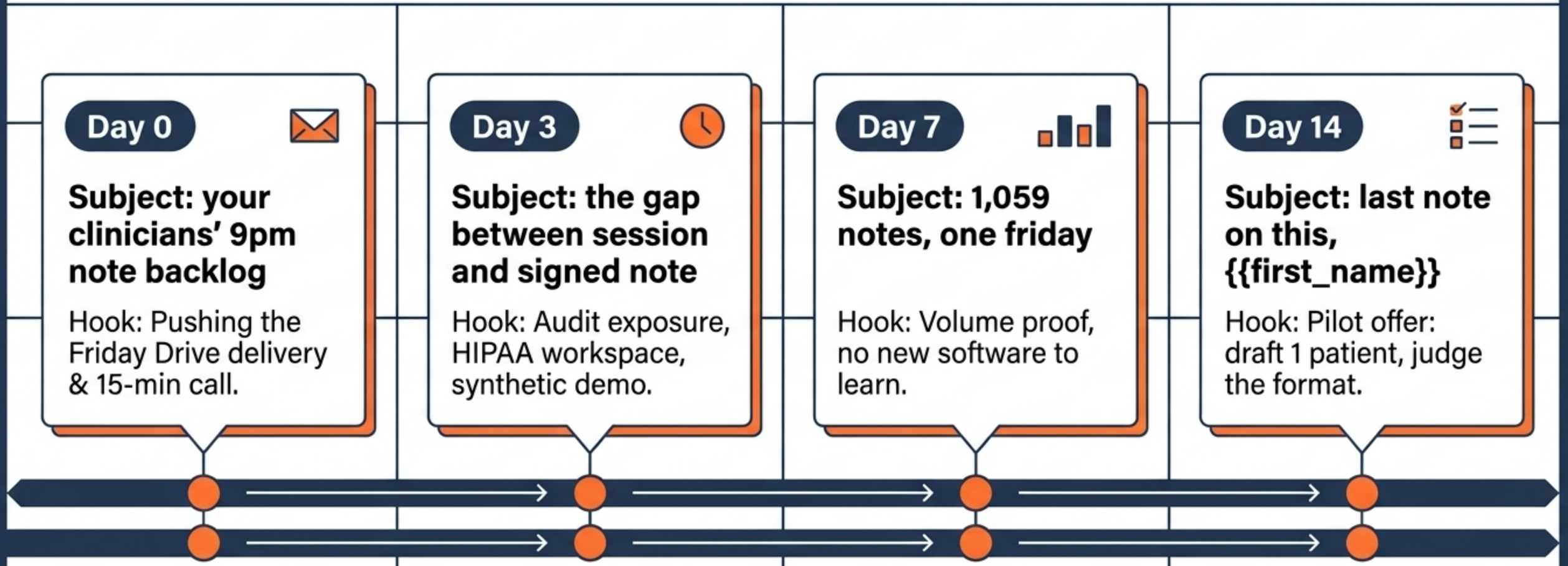
Materials to Use

- Referral Ask Scripts
- Pitch Videos (Whiteboard 3m41s, Claymation 5m25s)

Close Points

- Signed Tier A/B case study is required.
- Requires custom quoting (exceeds $2,000 tier).

14-Day Outreach Sequence



“...is your team still writing notes after hours to keep up, or are you fully caught up right now?”

[STOP TALKING]

1.	Session to signature gap?
2.	Patients per week?
3.	Billing codes (H0004/T1016)?
4.	Where does it fall behind?
5.	What changes if notes are done by Friday?

Offer: Service log in -> System drafts, clinician reviews/signs -> Drive folder by Friday.

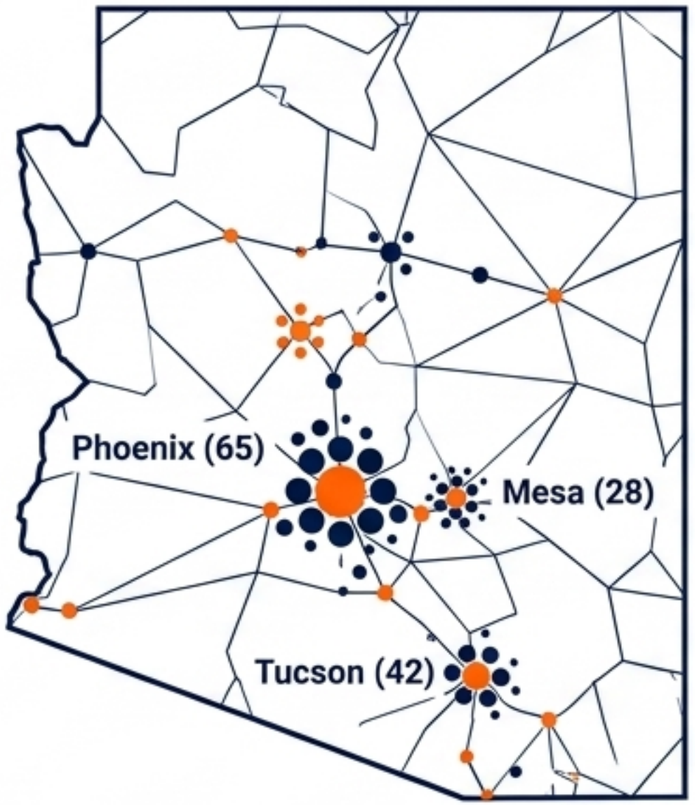
HIPAA?	BAA first, Workspace covered.
EHR does this?	EHR gives a blank template; we give a filled draft.
AI audit risk?	System drafts them, clinician reviews/signs. Signed note is audited.
Cookie-cutter?	Built from your specific service log, not templates.
Interns doing it?	Keep them clinical. Solves the Friday backlog.
Cost?	Breaks down to $100/patient overage.
Liability?	Clinician attests to it, just like self-written notes.
Speed to start?	One week from checklist to pilot.

BOOK PILOT → **SIGN BAA** → **GET CHECKLIST**

The First 14 Days

Launch Sequence

- [x] **Target Priority:** Launch outreach into Tier A (MAT & IOP/PHP).
- [x] **Geographic Focus:** Phoenix (65), Tucson (42), and Mesa (28).
- [ ] **Operational Goal:** Secure the first 1-patient pilot.



DECISION REQUIRED (ZAZU)

Finalize Marco’s referral fee structure for network asks.