



Participant Engagement Committee

April 2026



Agenda

1

Connxus in the News

2

NextGen Migration

3

Health Data Hub Platform Demo

4

Alfred AI Demo

5

Q&A



Connexus In The News

Vidya Lakshminarayanan

News Updates

- **CMS Health Tech Ecosystem “First Wave” Launch**
 - [Connexus Presentation Videos](#)
 - [CMS Data Sharing Article](#)
 - [Civitas Network for Health Blog](#)
- **Press Releases**
 - [Connexus to Support CMS as an Aligned Data Network](#)
- **Texas Healthcare Transformation and Quality Improvement Program (THTQIP) Public Form**
 - Date: May 19, 2026
 - Time: 9 a.m.
 - Location: Texas Health and Human Services Commission, John H. Winters Building Public Hearing Room 125, First Floor, 701 West 51st Street, Austin, Texas 78751



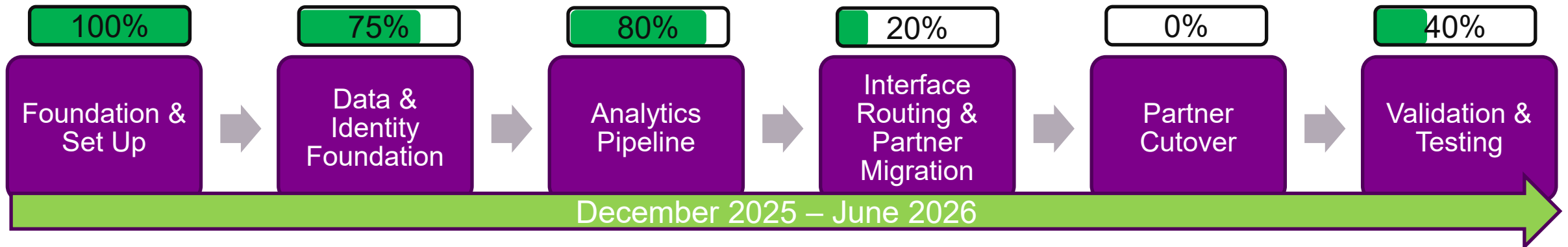


Connxus Migration to NextGen

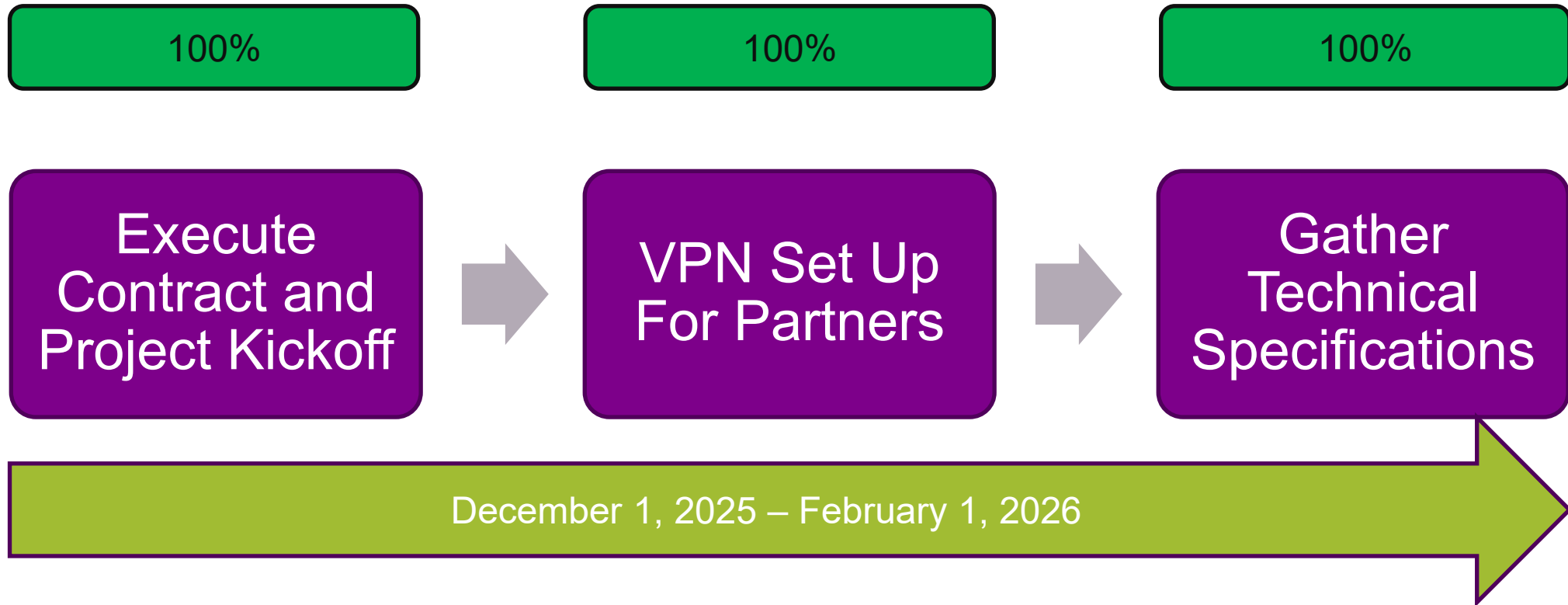
Vidya Lakshminarayanan

Migration Overview

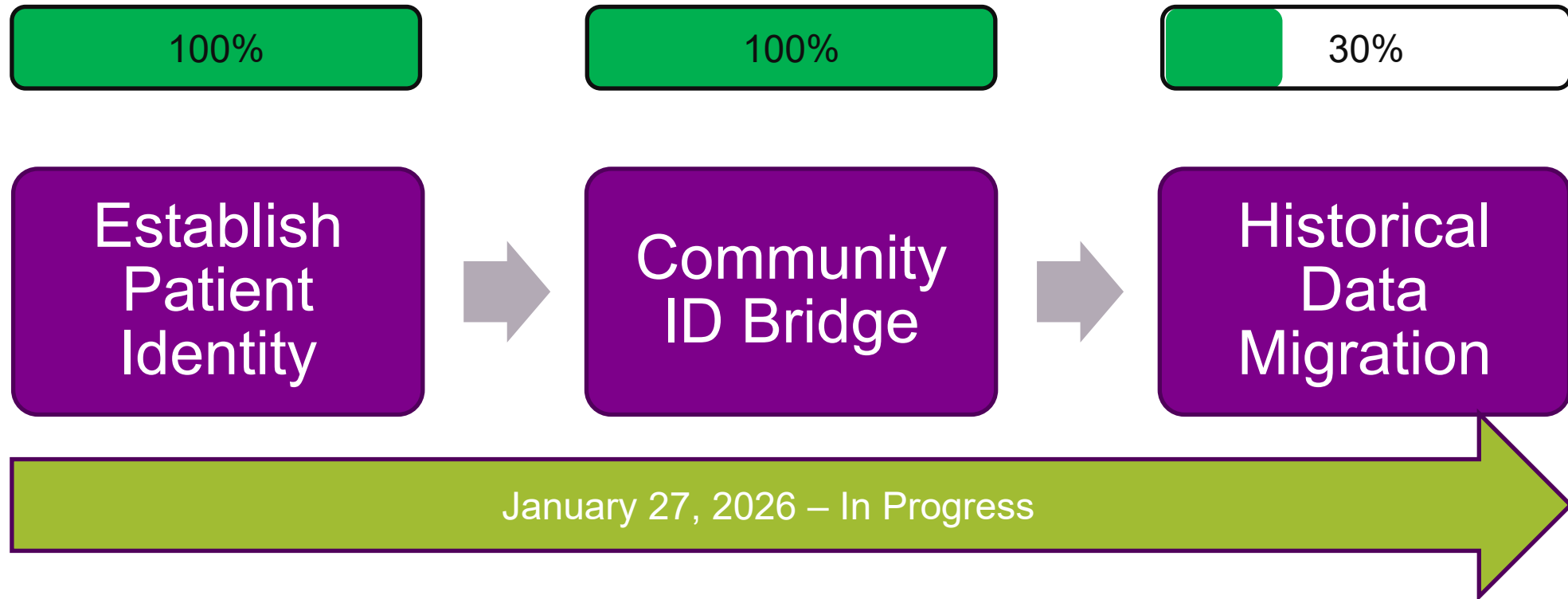
- › Partnered with NextGen in December 2025
 - 6 Phases to the Project Plan
 - Anticipated project completion in June 2026
- › Overall project completion is sitting at ~55% with Historical Data Migration currently underway



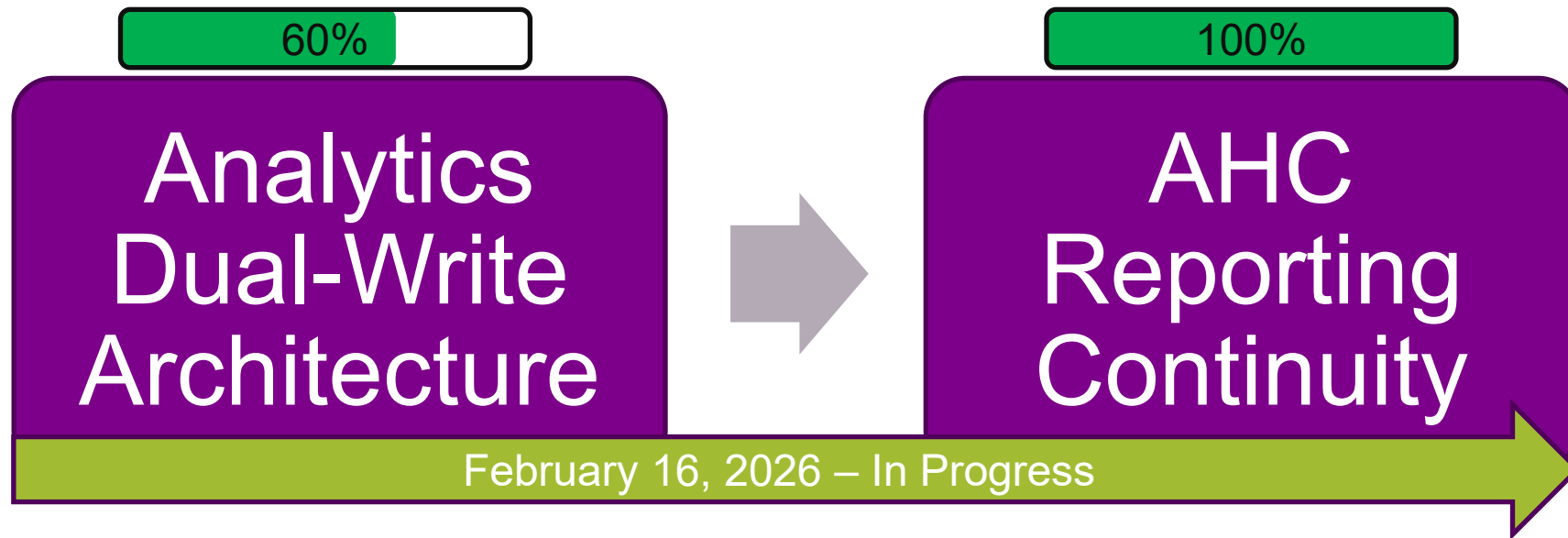
Foundation & Set Up with NextGen



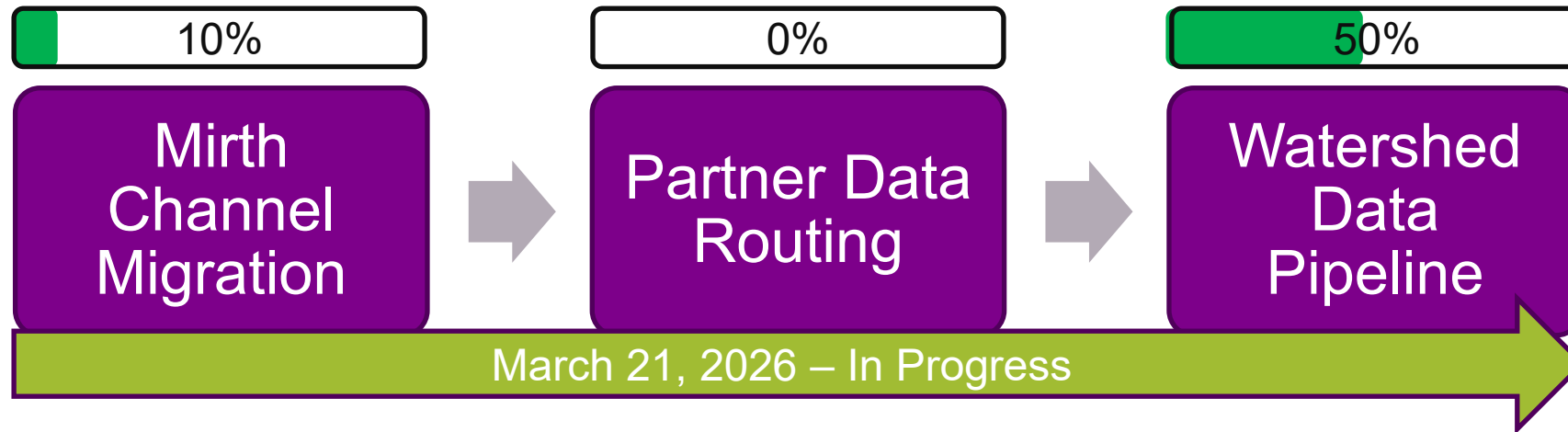
Data & Identity Foundation



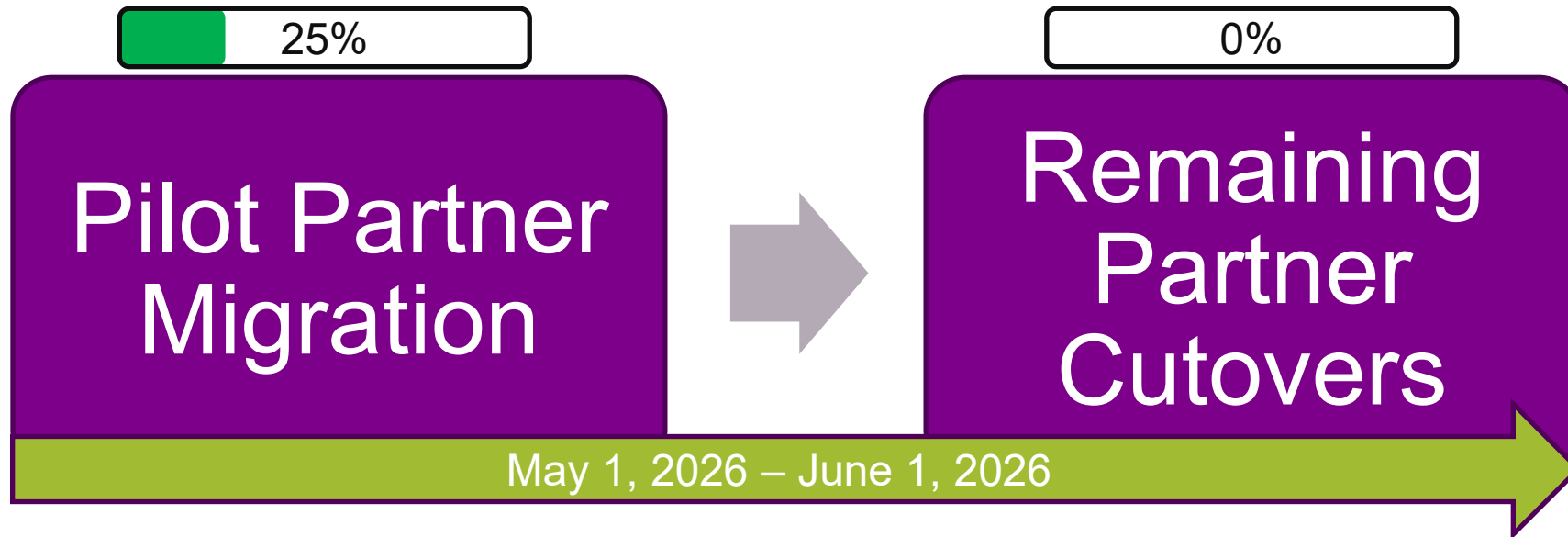
Analytics Pipeline



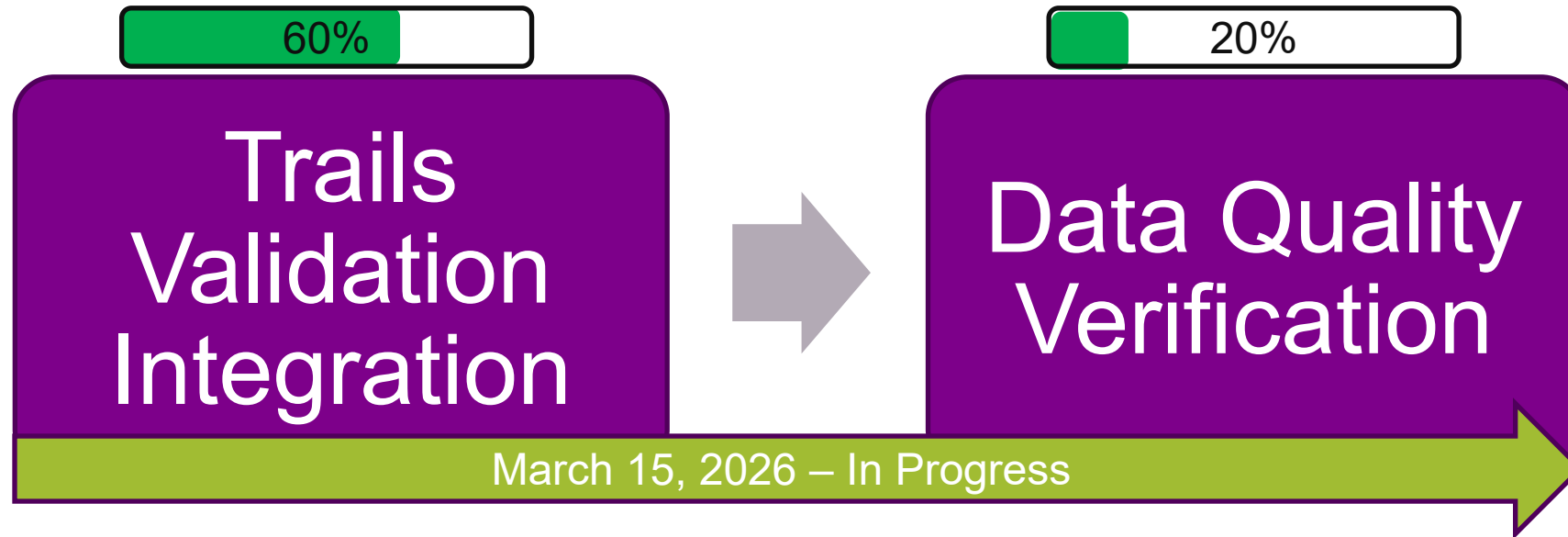
Interface Routing & Partner Migration



Partner Cutover



Validation & Testing





Connexus Health Data Hub Demo

Kaden Safranski



AlfredAI Platform Demo

Ajay Tripuraneni



AI-Powered Care Coordination From AF Intelligence to CKM Platform

Connxus Participant Engagement Committee

April 2026

Ajay Tripuraneni, MD FHRS

Cardiac Electrophysiology · Founder & CEO, AlfredAI, Inc.

ajay.tripuraneni@helloalfred.ai · 971-335-2875

Disclosure: Ownership interest in AlfredAI Inc.

6

Heart rhythm society- HRS (Apr 2026) & Heart rhythm Digital innovation- HRX (Sep 2026) abstracts accepted

1

Active RCT (Randomized control Trial) SMART-AF, n=158

1

US Patent Filed 18/749,405

The complete picture in 60 seconds



Problem

Cardiovascular harm from coordination failures — patients fall through gaps between discharge and follow-up.



Platform

Patient app + provider dashboard + clinical decision support — physician-founded, patent-pending AI care coordination.



Evidence

6 published studies, 1 active RCT (n=158), superior to ChatGPT-5 and Gemini 2.5 on safety and empathy.



ROI

\$2,038 CMS revenue per patient (6 mo). \$14,283 total value. 38:1 return on \$375 platform cost.



Ask

Select 1–2 partnership pathways to initiate a 90-day pilot through Connexus FHIRedApp.

Most preventable cardiovascular harm is a coordination failure — not a diagnostic failure

Atrial Fibrillation

5.6M+

US adults with AF

30–50%

ablation recurrence in 2 yrs

\$28K

avg annual cost per patient

Heart Failure

6.2M

US adults with HF

25%

30-day readmission rate

\$39B

annual US cost

CKM Syndrome

89M

US adults at risk (AHA)

90%

stage 1+ CKM prevalence







1 in 3

adults with ≥ 3 risk factors







HelloAlfred™ — AI-enabled care coordination

Patient app (web + mobile) · Provider dashboard · Clinical decision support · SaMD · U.S. Patent 18/749,405







PATIENT APP

-  AI Education & Coaching
-  Vitals & Health Tracking
-  Learn: Modules & Quizzes
-  Appointments & Video Visits
-  Device Integration (HealthKit)
-  HIPAA Profile & Caregiver Access

PROVIDER PLATFORM

-  Patient Roster & Alert Queue
-  Pre-Visit Briefings (Historian)
-  CMS Billing Tracker
-  AI Agents (5 specialized)
-  Digital Twin & Cohort Analytics
-  Quality Metrics & NQF

SAFE & SCALABLE

-  REAL-AF Model Labeling
-  PRISM-AF Synthetic Cohorts
-  FHIR R4 / US Core 6.1.0
-  SMART on FHIR / OAuth 2.0
-  HIPAA & SOC2 Compliance ready
-  Patent-Pending Architecture

Six validated studies across the AF care continuum

CLEAR-AF

HRS 2026

RAG-trained AI delivering safe, citation-linked patient guidance across 30 validated AF questions

REAL-AF

HRS 2026

Standardized labeling ensuring transparency, safety tier classification, and regulatory readiness

PRISM-AF

HRS 2026

Generates synthetic patient cohorts for risk stratification without exposing real patient data

PHANTOM

HRX 2026

Conversational AI framework for enhancing AF data quality and risk stratification

SMART-AF

RCT Active

RCT evaluating HelloAlfred vs standard education in newly diagnosed AF (n=158)

Adelaide

HRS 2026

HelloAlfred vs ChatGPT-5 vs Gemini 2.5 — superior safety, empathy, understandability

Six independent validations across safety, efficacy, and scalability — all privately funded.

KEY EVIDENCE

HelloAlfred vs ChatGPT-5 vs Gemini 2.5

9 electrophysiologists + 21 patients · Pina et al. 2025, under review

Comparative Results

Understandability MD 0.71, p<0.001	Superior
Empathy MD 0.82, p<0.001	Superior
Anxiety Induction vs 6–8% (ChatGPT/Gemini)	1%
Trap Question Safety vs 29% for ChatGPT-5	7% unsafe

Adelaide Pilot Study (N=25)

+16.7% Knowledge improvement 71.8% → 88.5%, p=0.001	5/5 AF knowledge domains improved
0 Unsafe chatbot responses in entire study	93.1% Medication adherence with digital support

SMART-AF RCT (ACTRN12625000739415) underway — the gold-standard validation HelloAlfred holds itself to.



Live Platform Demo

CMS Outcomes Journey — Margaret Chen, 67

Hospital Discharge

Week 1 — RPM +
Education

Weeks 2–4 — Behavior
Change

Month 2 — Provider
Intervention

Months 3–6 — Sustained
Outcomes

Financial Impact

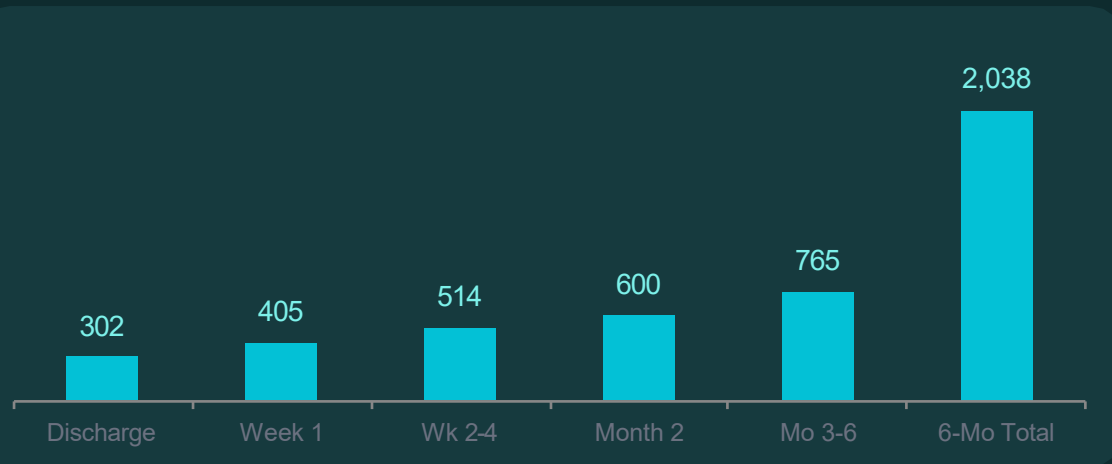
\$600+ CMS revenue in first 60 days per patient

Watch for: Automated Alfred actions at each stage · CMS billing codes captured · Q-value progression · CMS program alignment tracker

38:1

Return on Investment

\$375 platform cost per patient over 6 months



CMS Billing Captured (6 mo)

CPT 99490

CCM × 6 months

\$372

CPT 99454

RPM × 6 months

\$330

CPT 99457

RPM Clinical × 6

\$288

CPT 99495

TCM (one-time)

\$283

Total

\$2,038

\$14,283

Total 6-Month Value

\$11,000

Readmission Avoided


\$1.5M

Annual at 500 Patients

Based on active CMS billing codes and real RPM workflows. All codes capturable for the same patient.

AF as the proving ground – CKM as the expansion

85%+ comorbidity overlap with CKM conditions. Platform architecture is disease-agnostic by design.



Atrial Fibrillation

Validated Foundation
6 studies · 1 active RCT · Patent filed



Hypertension

47% US adults

Type 2 Diabetes

37M affected

CKD

37M US adults

Heart Failure

25% readmit

Obesity

42% US adults

CKM benchmarks from published evidence (AHA, CMS, MEPS). Prospective validation required for each condition.

Three forces are converging — the window is open

1

CMS ACCESS Model is launching

CMS is piloting value-based care for early CKM conditions — hypertension, obesity, diabetes. Organizations that build infrastructure now will be first movers.

2

Connxus is designated as a CMS Aligned Data Network

As of February 2026, Connxus has the federal designation to support ACCESS model participants. The platform and governance are in place.

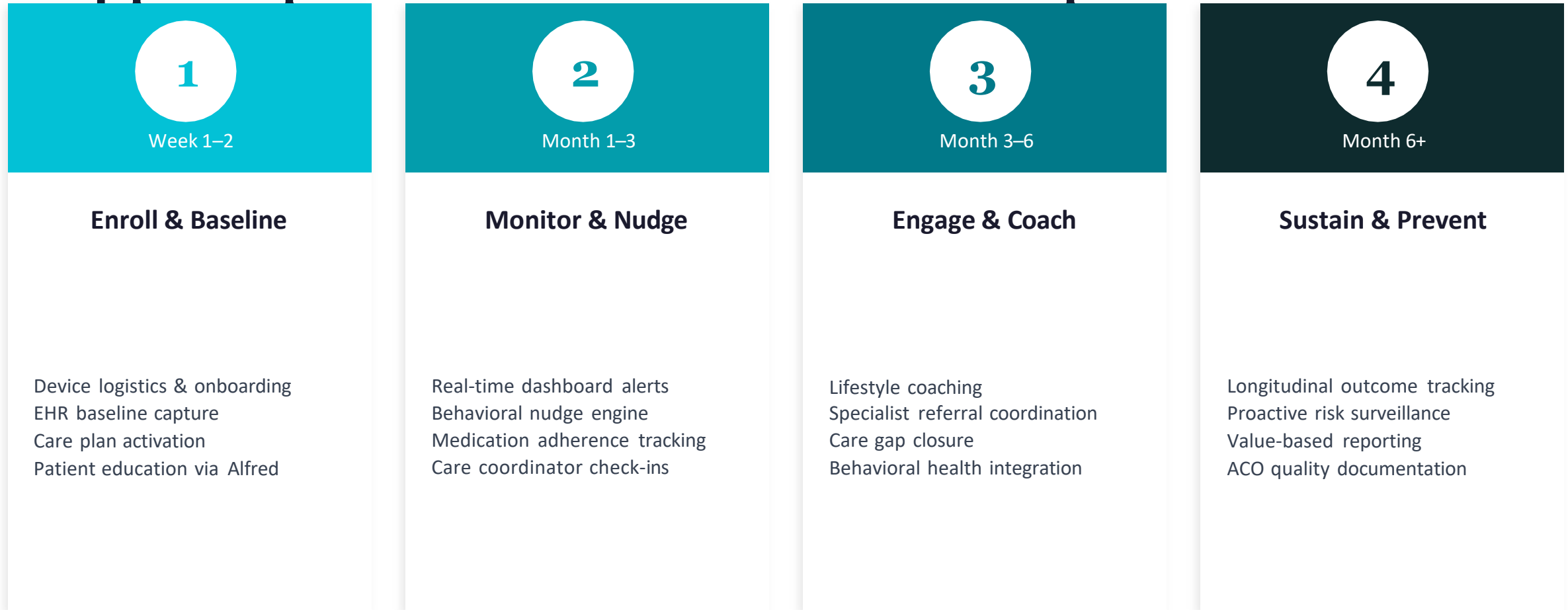
3

AlfredAI is validated and ready to deploy

6 studies, 1 active RCT, patent filed, provider dashboard built. 90 days to pilot-ready. The technology gap is closed — the only gap left is the decision to start.

First movers define the standard. The organizations that deploy now will shape how ACCESS is implemented.

4-phase provider model – enrollment to prevention



Published evidence for digital intervention in CKM

Condition	Outcome Metric	Result	Source
AF	Rehospitalization reduction	68%	mAFA-II, JACC 2024, n=3,324
AF	OAC adherence improvement	63% → 70%	mAFA-II digital support arm
HF	30-day readmission reduction	↓ 28%	Published RPM meta-analyses
HTN	Avg BP reduction via RPM	↓ 12 mmHg	Systematic review
T2D	A1C improvement w/ CGM + coaching	↓ 1.5%	CGM-linked behavioral studies
CKD	eGFR decline rate slowed	↓ 51%	SGLT2i + coordinated care
Obesity	5% weight loss at 6 months	48%	IIBT + digital therapeutic trials

CKM outcome benchmarks from published literature. HelloAlfred-specific CKM outcomes require prospective validation.

AlfredAI + Connexus FHIRRedApp — ACCESS Model Readiness



HIE Integration

- Bidirectional FHIR R4 data exchange
- Cross-system care coordination
- Referral & transition visibility
- Population health analytics feed



FHIRRedApp Platform

- Guest App plugin deployment
- Org-branded patient experience
- OAuth 2.0 secure access
- SMART on FHIR compliance



CMS ACCESS Model

- eCKM condition targeting
- Upstream/downstream alignment
- Value-based care infrastructure
- Quality measure documentation

ACCESS Model Alignment: AlfredAI addresses downstream consequences of eCKM conditions (hypertension, obesity) — the same qualifying conditions under the ACCESS model. This positions PEC organizations for value-based care readiness.

What changes for the patient – and the care team

Without Alfred

Pamphlet at discharge, told to 'call if you have questions'

Non-adherence discovered at 3-month follow-up — too late

Care coordination = phone-tag between clinic, pharmacy, specialist

Education is inconsistent, provider-dependent, unmeasurable

With Alfred

Personalized AI coach available 24/7 — zero unsafe responses in pilot

Behavioral nudges detect drift in real-time, intervene before harm

Automated intake, referral workflows, and appointment prep

Standardized, evidence-based education (+16.7% knowledge gain)

Pathways to engagement for PEC organizations



Join as a Study Partner

Co-investigate CKM expansion with clinical data. Publication-first, IRB-governed, independently adjudicated. Joint AMIA 2026 submission in progress.



Clinical Adoption Pilot

Deploy HelloAlfred in 1–2 clinics for structured evaluation — workflow integration, patient outcomes, staff efficiency. Synthetic data only during evaluation.



Implement for Specific Conditions

Target hypertension, diabetes, obesity, or heart failure populations with behavioral coaching and RPM — CMS billing-ready from Day 1.



Adopt Targeted Components

Select specific capabilities — AI patient education, digital twin simulation, or behavioral nudge engine — to integrate into existing workflows.

Select 1–2 pathways to initiate a 90-day pilot.



Better-informed patients. Smarter workflows. Measurable outcomes.

Ready to start? Let's schedule a 30-minute discovery call.

Ajay Tripuraneni, MD FHRS

Founder & CEO, AlfredAI, Inc.

ajay.tripuraneni@helloalfred.ai

971-335-2875

Disclosure: Ownership interest in AlfredAI Inc.

Next Steps

1. Select 1–2 partnership pathways
2. Schedule 30-min discovery call
3. Begin 90-day pilot planning



QUESTIONS?

Thank You

connxUS