



Medi-Code Offerings

Our Population Health Management and Payer/ Medicaid Solutions Overview



January 2021

Company Overview



- Established in October 2009 as an innovative initiative by computer technologists and healthcare professionals
- Our goal is to enable the Triple Aim Objective of delivering Better Health, Quality Care at a Lower Cost
- We have developed an Off-the-Shelf, Integrated, Affordable IT platform that allows the physicians and clinical providers to deliver the Triple Aim objective
- Medi-Code has partnered with several solution providers that enables us to deliver coordinated care to chronically ill patients and improve patient outcomes
- We have focused on Medicare and Medicaid programs including telehealth, rural health systems and Texas HHS projects
- Our **HITECH-secure and HIPAA-compliant** solution is easy to implement and very affordable for our customers

“For Better Population Health”

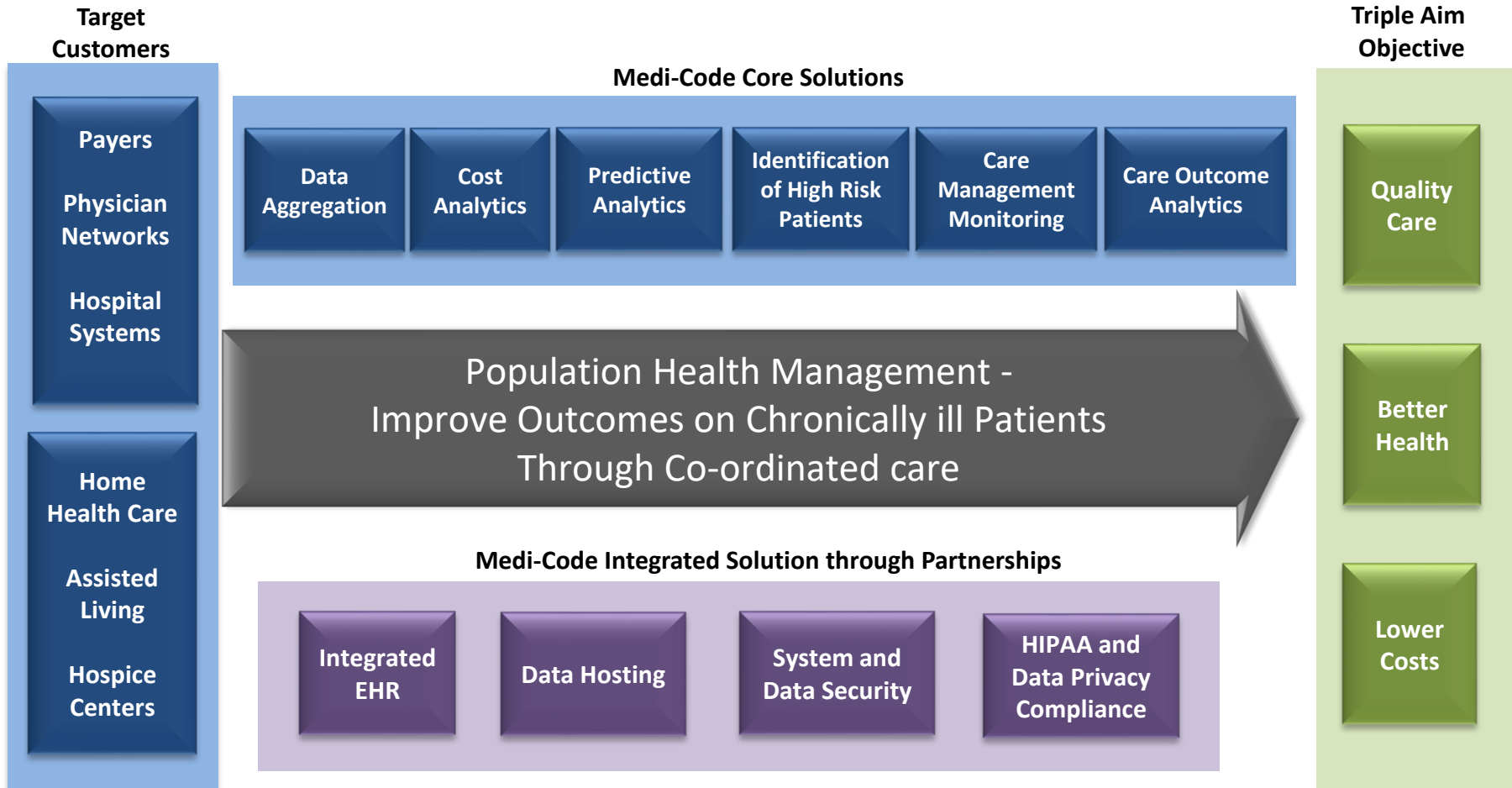
Medicaid Initiatives/ Projects



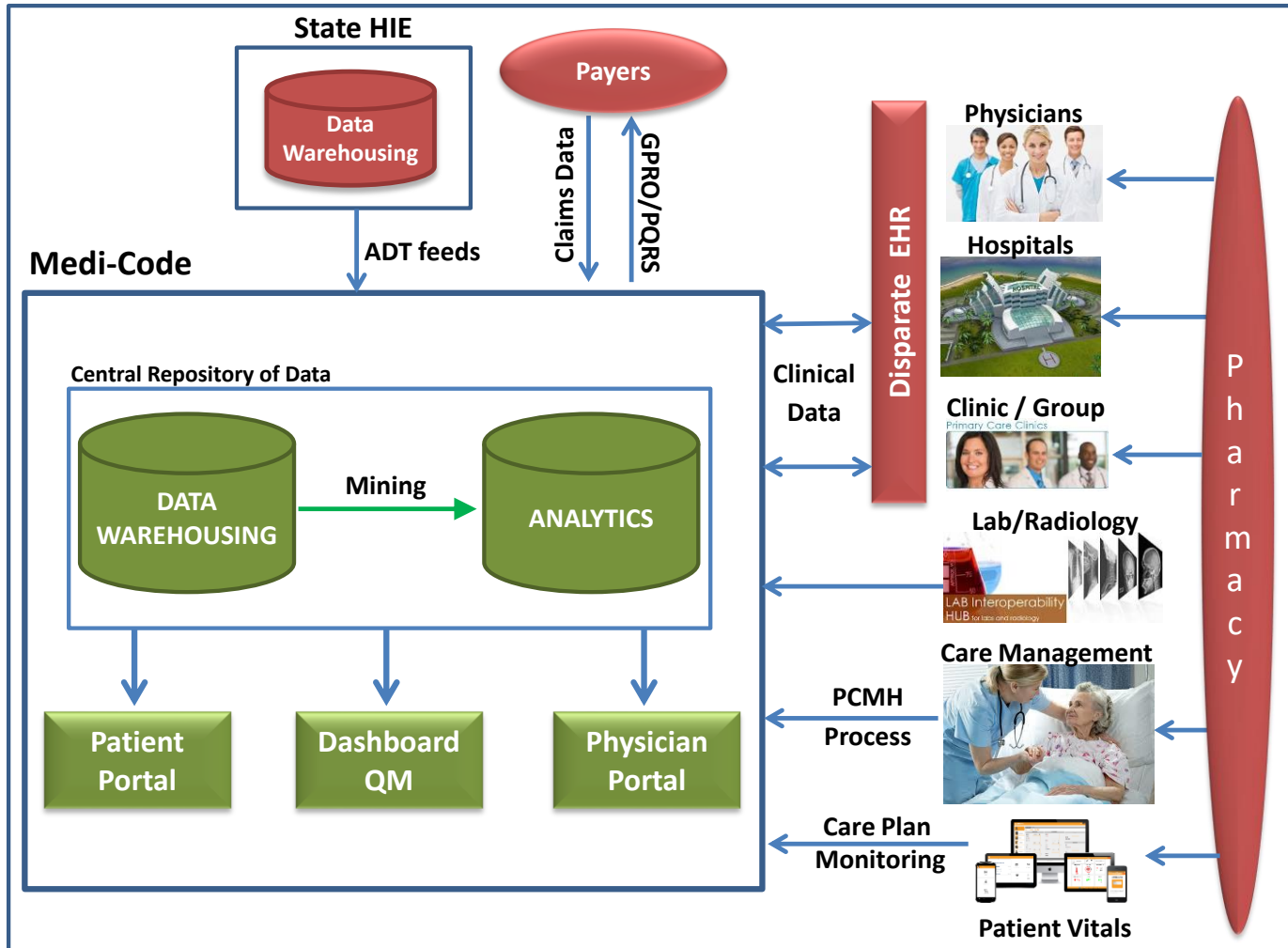
- North Carolina Medicaid initiative to identify patients eligible for LIS programs and work with social services to enroll and qualify those individuals for assistance needed to overcome financial and medications needs in particular
- Analyzed Medicaid patients who “super utilizers” for Texas HHS. The state wanted to analyze which patient tend to use more Medicaid services, for what purpose, and what conditions affect the utilization of services
- Worked with North Carolina Medicaid patients on the compliance problems for practices as well as the problems with social determinants of disease and the need for the extra effort it takes for this population of patients to remain safe and healthy
- Worked with AmeriHealth Caritas to provide clinical reviews to establish prior authorization requirements for Louisiana Medicaid patient population. This was in the areas of durable medical equipment (DME), surgeries, therapies, medications, and home health
- Worked extensively with dual eligible patients in North Carolina – patients who qualify for both Medicare and Medicaid. Developed strategies and analytics for the dual eligible patients for our North Carolina based Accountable Care Organization (ACO) client. The focus was on high-risk conditions and social needs such as food security and using multiple resources in rural areas to address those needs
- Worked with Michigan Medicaid program on patient eligibility process for various Medicare services
- Analyzed patient comorbidities and likeliness of hospital admission or readmission

Medi-Code Integrated Solution Overview

Payers - CMS, VA, Commercial Insurance Companies



Data Integration



Medi-Code solves one of the biggest challenges being faced by the Industry – Data Integration from disparate sources

Value Proposition

Population Health Management for Payers and Physician Networks



Delivers Improved outcomes for Chronically ill patients using Analytics



Work Flows that allow better adoption of system to improve KPIs for Payers



Reduce ER visits
by 5% - 10%



Reduce Re-admissions
by 15% to 20%



Achieve Payer Cost
Savings by 10% - 20%



Improve Medication
Adherence by 15% - 25%

Current Integration Capabilities



EHRs

- EPIC
- Athena
- NextGen
- eClinicalWorks
- PracticeFusion
- Amazing Charts
- PrognoCIS

Other Systems

- Rx data through SureScripts
- Claims Data/ CCLF feed
- Michigan Health Information Exchng

LAB Systems

- LabCorp
- Labdaq

Integration Technologies

- CCD/ CDA/ HL7
- SureScripts (for Rx)
- Health Info Exchanges (HIE)
- DICOM
- Radiology/ RIS Systems

Working on integration with:

- CERNER
- Quest Labs

Data Shared Across Providers



- Patient Demographics
- Insurance Information
- Guarantor information
- Claims Data
- Medications
- Lab Results
- Problem list
- Surgical History

- Vital Signs
- Allergies
- Immunizations
- Clinical Reports
- Radiology
- EKG
- Surgical Reports
- H & P (History and Physical)

Analytics & Reporting for Payers



CMS Data Management

- Patient Churn Analysis
- Risk Score Analysis
- ACO Benchmark Analysis

Cost Analysis

- Patient Cost Analysis
- Hospitalization cost analysis
- PMPM Cost analysis by each provider

Clinical Measures

- Quality Measures
- PQRS and GPRO Quality reporting
- CPT II/ Hedis
- Macra/MIPS

AI and Predictive Analysis

- Patient Risk Analysis
- ADT Feed Summaries
- Co-Morbidities and multiple chronic disease analysis
- Predictive Analytics

Comparing outcome improvements and knowing root cause for what works

Data Intelligence and Analytics

- Analyze health outcomes and quality measures for maximizing payer incentives and delivering better health
- The dashboards provide visibility into financial and operational data in order to control costs and increase savings while delivering Quality Care
- Reporting on the HEDIS/ MACRA/ MIPS/ GPRO Quality Measures
- Medi-Code generates expenditure and utilization reports using CCLF claims data automatically
 - These reports can be used to compare costs across the facilities and practices
- Medi-Code helps deliver contractual accountability to payers and provider network members :
 - Provide performance and cost utilization information obtained from the claims data and process reports at each payer and provider level to all the providers and facilities for decision making
 - This information can help track the savings to be shared with different providers based on performance or contributions for shared savings metrics
 - Visibility into patient population for member practices – including high risk patients – provides a mechanism to define separate contracts for each provider based on sharing of cost and high risk patient distribution

Dashboards provide visibility into measuring improvements and knowing why

Data Security and Privacy

- Primary and Secondary Business Associate (BA) Agreements with all partners who handle Protected Health Information (PHI)
- Third Party Auditing for Security and Privacy Compliance
- Server Communication Security using Firewalls, SSL, Symantec Enterprise Protection systems on servers, Secure FTP, HIPAA-compliant email and File sharing
- Secure IT Architecture using distributed databases and using de-identified data wherever possible
- Compliant IT processes such as assigning Security Manager, small group access to PHI, changing authentication credentials periodically, monitoring system logins and malicious attempts, educating personnel on security awareness, reporting security incidents, etc
- Security risk management (Training, Contingency Planning, etc.)
- Processes and Support for maintaining security and privacy (Intrusion detection and protection, security procedures, auditing, logging)

Comply with HIPAA and HITECH Rule – Technology and Processes

Data Security and Privacy

- Cover HIPAA, HITECH Privacy and Enforcement Rules
- Implement Gartner’s Data Security Model below

Administrative	Preventative	Detective
Installation	Encryption and Network Access Controls	Database Activity Monitoring (DAM)
Change and Configuration Management	Identity and Access Management	Security Information and Event Management (SIEM)
Data Discovery and Classification	Masking, Scrambling or Obfuscation	Data Loss Prevention (DLP)
Data Vulnerability Scanning	Database Intrusion Prevention	Fraud Monitoring

Medi-Code Services

Annual Wellness Visit (AWV)

- Secure online site to complete AWW by phone
- We make the AWW appointments
- Trained remote clinicians work with PCP staff for onsite portion
- We provide the report, providers bill and collect
- Advanced Directives billing, if applicable

Chronic Care Management (CCM)

- We manage the entire program covering all CMS requirements
- Our trained team builds the Care Plan, uploads to your EMR, you review
- Our team calls the patients every month and completes 20+ minutes of care work
- We provide the monthly report, providers bill and collect

Telehealth & Remote Patient Monitoring (RPM)

- Provide Bluetooth-enabled monitoring devices like BP, glucometer, weigh scale, etc.
- Our clinicians review readings to monitor patients and alerts and escalation workflows
- We conduct video calls, document everything in your EMR, provide monthly report

Medicaid and Rural Health

- Medicare and Medicaid patient data analytics
- Medicaid prior authorization and eligibility services
- Health service utilization analytics
- Care management services to rural and underserved areas
- Patient Activity & Reengagement Reporting and Analytics

Results in EHR Meaningful Use + quality measures compliance = MIPS Scoring

Medi-Code Management Team



Rohit Saxena, Founder and Chief Executive Officer of Medi-Code and has 25 years experience with innovative management, operations and technology leadership. He served as CTO, EVP of Operations, and other executive positions with major companies including Oracle Corporation. He has extensive experience working with startups and implementing creative IT solutions in different industries. His education qualifications include an MBA - Rice University (member Beta Gamma Sigma), MS - Cornell University, BS - Birla Institute of Technology & Science, Pilani. Rohit is a renowned expert in the Healthcare IT field and serves on expert panels country wide.



Dr. Ed Teitel, Chief Medical and Compliance Officer of Medi-Code. He practiced general, peripheral vascular, and endoscopic surgery for many years. He is a Fellow, American College of Surgeons. After earning his M.B.A. at Auburn University and Law at the University of Houston, he entered the medical device industry in 2002, joining MicroMed Cardiovascular (now Reliant Heart) as Senior Vice-president and Chief Medical Officer. Since 2005, he co-founded ThromboVision, Inc. and its successor company, AggreDyne, Inc., a medical device company focused on monitoring platelet function and the effectiveness of anti-platelet drugs. Dr. Teitel is a widely renowned visionary who is trained in medicine, law and business fields.



Rosalind Chorak, BSP Pharm, NCPS – VP of Care Coordination. Rosalind leads our team of over one hundred multidisciplinary clinicians (care coordinators, nurses, and pharmacists, who will work together collaboratively with your medical practice to manage chronic illness. She has over twenty years of active duty in the United States Public Health Service, where she served as a Chief Clinical Pharmacist for the Indian Health Service (IHS), and she retired with the rank of Commander. While at IHS, she helped develop the guidelines and helped manage the operations at clinics that became the model for Patient Centered Medical Home and showcased the first performance-based models of healthcare.

Medi-Code - Advisors



Christine Koski is a highly accomplished and successful business leader and serves Medi-Code as a board member. She is the Chief Executive Officer of nMetricand since 2000; Koski has been a board member of Sun Hydraulics, a leading manufacturer of valves and manifolds for fluid power systems worldwide. Since 2009 she has been a board member of Oragenics, a nutraceuticals company focusing on probiotics for oral health. She earned a Bachelor of Science degree in Chemistry at St. Lawrence University and is a graduate of Southern Methodist University's Cox Executive MBA program..



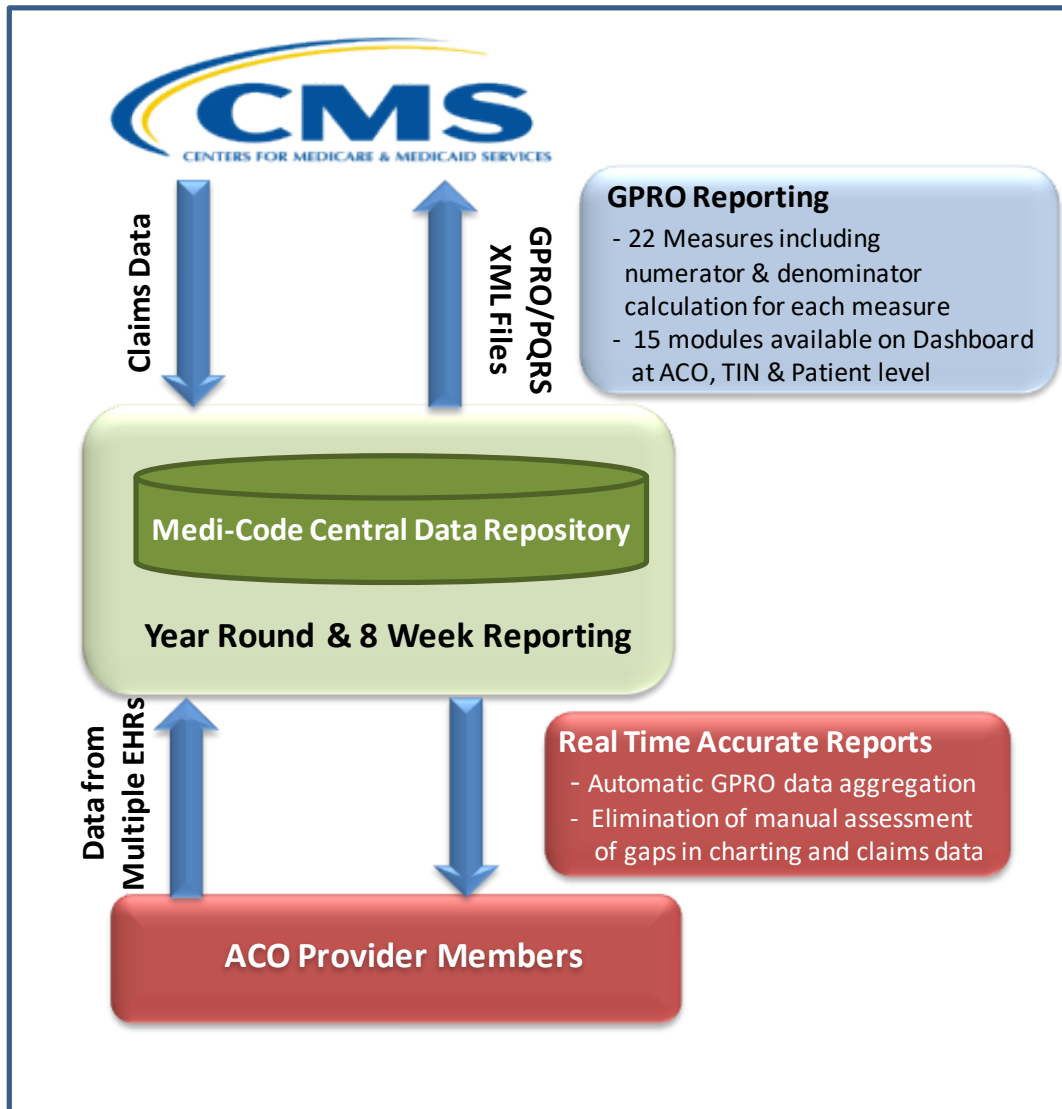
Dr. Kerry Willis is Medi-Code's medical advisor and a practicing physician at East Carteret Family Medicine in North Carolina. In addition, he is the CEO of the "Largest Continuously Operating Physician Network" in Eastern NC. He is also the Founding Officer and Board Member of Atlantic Integrated Health, a network of more than 5500 physicians, and its business operations subsidiary, The Beacon Company. He also serves as the Chairman of the Board of ACO of Eastern North Carolina.



William Byars, Vice President of Telephony Operations. Formerly EVP CareOneTeam, a clinical call center focused on Chronic Care Management support for Hospital systems and ACOs both private and Rural Health marketplace. Mr Byars is experienced in all levels of call center operations include population health management as well as insurance and medical services contact centers. Client's include industry leaders like: Rush Hospital Systems, Pan American Life, Peoples Health-Tenet, Beech Street Physician Network, and McKesson Nurse Hotline.

Backup Slides





eCQM Reports from the Data Collected from Claims and EHRs

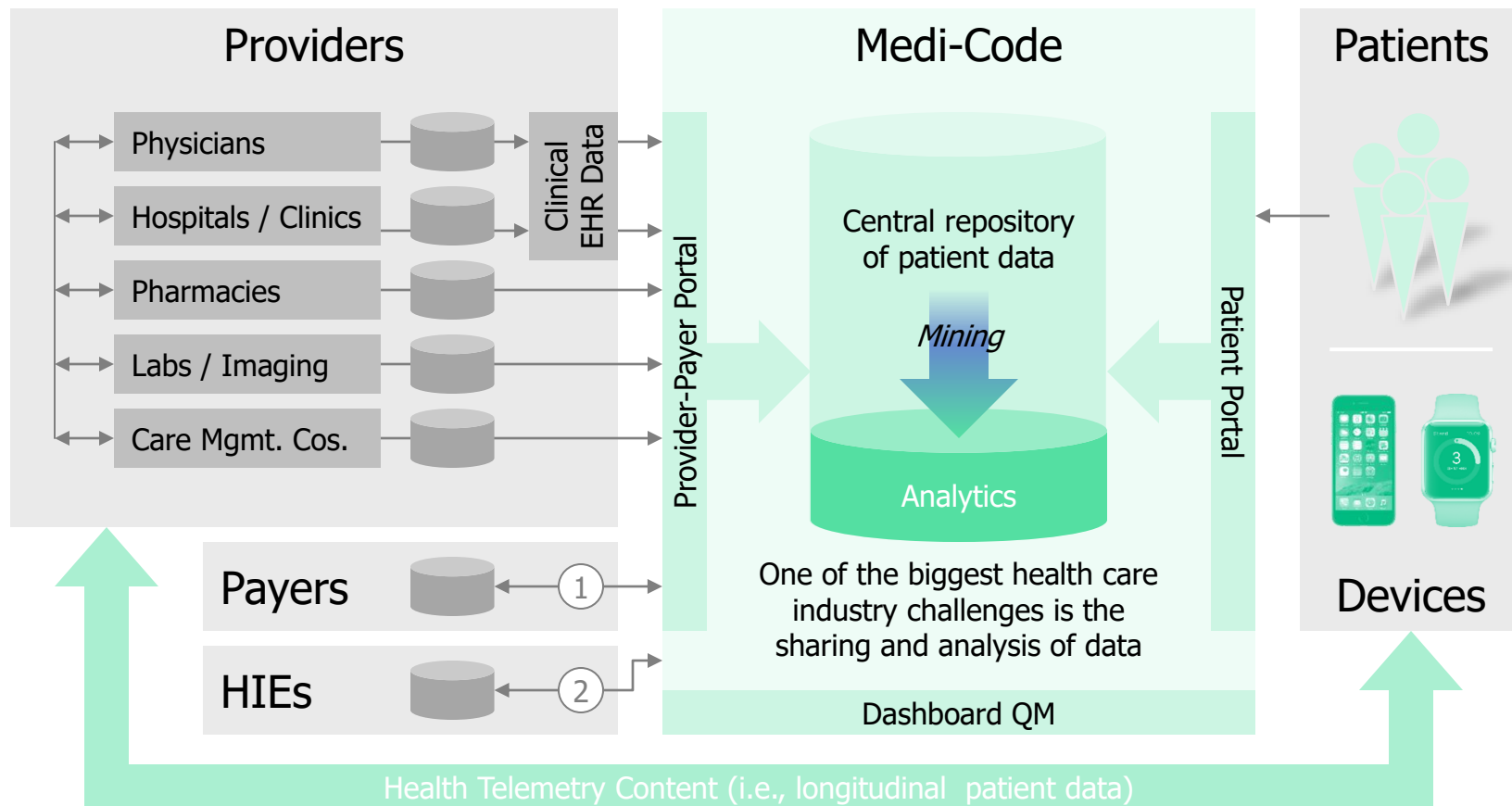
- Mandated Reports to the ACO
- **PQRS** and **GPRO** Reports for Physicians and Group Practices
- **MACRA** Reporting – **MIPS** Scores

Addressing ACO Challenges



ACO Challenge	What is Needed to Solve	Medi-Code Value Provided
Inability to fully leverage EHR for analytics– no clinical integration	<u>Interoperability and data integration</u> platform that merges and shares data across disparate Health IT systems	Accurate health data available where it's needed, when it's needed through smart data integration
Very little or no shared savings ; not receiving incentive money	Provide accurate PQRS/ <u>GPRO and Mandated Reporting</u> PLUS ACO <u>Benchmark and PPPM Analysis</u>	Better control on incentives and shared savings through ACO benchmark management
Lack of a thorough understanding of who are the ACO beneficiaries	<u>Patient Attribution and Churn Analysis</u> to maximize attributed patients and tools to manage the patient risk score	Manage risk, optimize patient attribution, prevent patients from getting unassigned
No plan to decrease ER and Hospital Utilization rates	<u>Patient Cost and Utilization Analysis</u> by facilities; identify high utilizers and how costs can be controlled	Visibility into high cost items and actionable information to identify gaps
No commitment or controls on population health management	Clinical Measures Analysis by facilities; historical and <u>predictive analysis of population health</u>	Identify who are clinically “At Risk” patients now and who will be in the near future
No proactive and preventive care management	Complete <u>care management</u> and coordination workflow including automated patient home monitoring	Improve health outcomes and reduce high cost items such as ER visits and hospitalizations
Not exploring additional revenue opportunities	Leverage <u>technology to optimize certain CMS reimbursement</u> programs like CCM & TCM	Work flow based technology platform and billing support
Unavailability of financial resources and business expertise	Practices need to band together through technology and a <u>robust business support infrastructure</u>	Off the Shelf technology platform and ACO industry expertise at a viable cost for small ACO's

Data Technology Map



① Claims, GPRO/PQRS (quality) data

② Admission, discharge and transfer (ADT) data