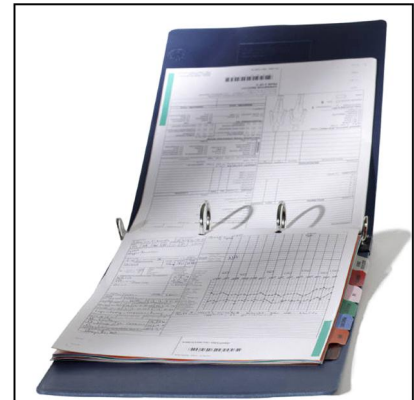


Helps Manage CMS - HCC Risk Scores with Focused Audits of Patient Records

Ascender HCC applies a set of proprietary algorithms against your Medicare Advantage population to identify lists of patient records with potentially lower risk scores than appropriate. The Ascender Data Mart seamlessly combines clinical data from different sources.

- Ascender HCC's algorithms analyze combined data to determine which patient records may have been miscoded and should be audited by your certified coder.
- Ascender HCC's algorithms identify patients that should be seen for chronic conditions based on historical data patterns for a patient.
- Ascender helps to manage the workflow of auditing the selected patient records and contacting patients for suggested continuing care.
- Ascender manages and reports the audit results through charge correction, patient interaction and suggestions to physician for diagnostic codes with notes from your coder.



Focus your patient record audits on those records most likely to bring results

Ascender works in conjunction with the other initiatives your organization may be putting in place to ensure more accurate coding of patient records. Data compiles can be scheduled weekly or monthly with new audit lists, metrics and reports generated using current source data.

This type of regular measurement will allow you to manage your Medicare Advantage patient population's risk score throughout the year instead of having to pull valuable resources from other duties for "sweeps". The metrics and reports generated throughout the year can be used as a management tool to provide regular feedback on risk scores and trends for individual physicians, groups or locations.

Ascender, equipped with the HCC and CM Modules, can be used to create and manage lists of patient records most likely to benefit from an audit. The workflow to audit and correct coding of the records identified as having been miscoded can be managed by Ascender. This includes generating internal notifications from your certified coders to your data administrators and providers. Ascender also manages communications such as mailings and phone lists with those patients that may need to schedule an office visit for a chronic condition that has not been diagnosed again or where the diagnostic code on the patient record can be updated.

By some estimates, due to inaccurate coding, between \$10 and \$45 per patient per month is left on the table by plans and groups.

Background

Medicare is changing the way that it compensates healthcare organizations for Medicare Advantage (HMO) patients. Patient capitation will be tied to risk scores, corresponding to hierarchical condition categories (HCC) rather than entirely on patient demographic factors. HCC's are groupings of ICD-9 diagnostic codes, the more severe the diagnosis, the higher the rate of reimbursement. By 2007 Medicare HMO reimbursement will be entirely tied to patient risk scores. Healthcare organizations will need to adopt new methods to ensure patients are coded correctly in order to receive the appropriate reimbursement for each patient.

Technologies Used

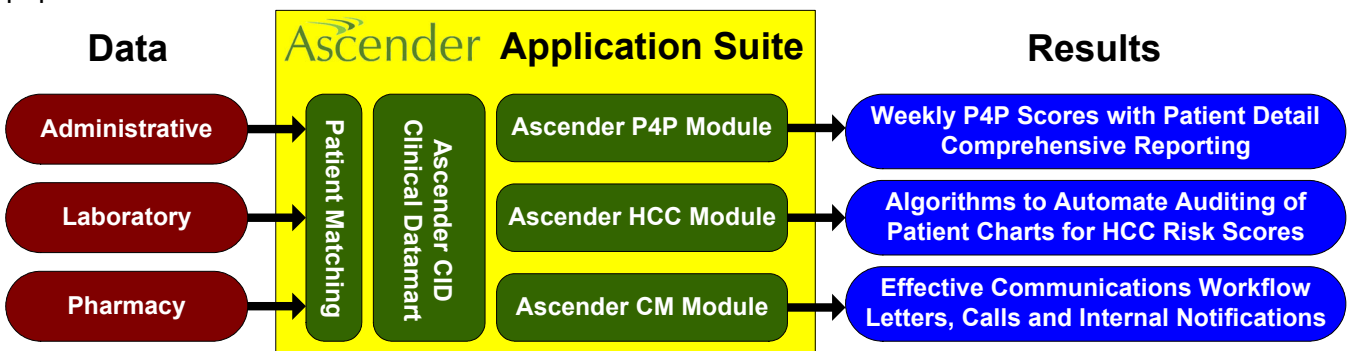
- Microsoft SQL Server
- Microsoft Windows Server
- Microsoft Internet Information Server (IIS)
- Microsoft .NET
- HTML
- Javascript

Infotech Systems Management is a well-respected systems integrator, specializing in database applications for the healthcare sector. Ascender is the result of Infotech Systems Management collaborating with its clients to create an integrated solution to calculate specific health care metrics for provider organizations.

Integration

Ascender supports integration with most major administrative data systems, pharmacy systems, and laboratory data systems (either real-time interfaces or batch data). The Ascender CM Module supports integration to push data to most major clinical EMR's. Experienced Infotech Systems Management integrators are also available to develop custom interfaces to meet all of your needs.

Ascender is an application suite that addresses specific healthcare issues for provider organizations. Ascender seamlessly combines clinical data from multiple different sources (claim, invoice, lab, pharmacy, etc.) to calculate the measures your organization needs to help manage your patient populations.



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