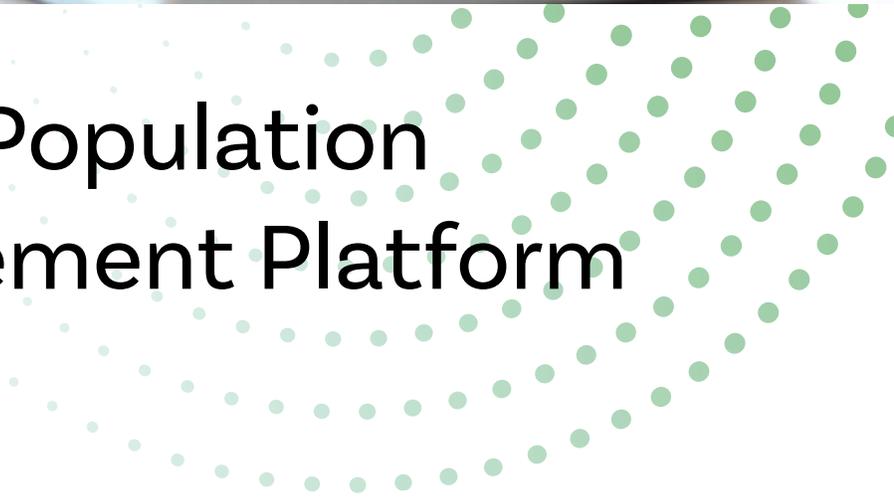
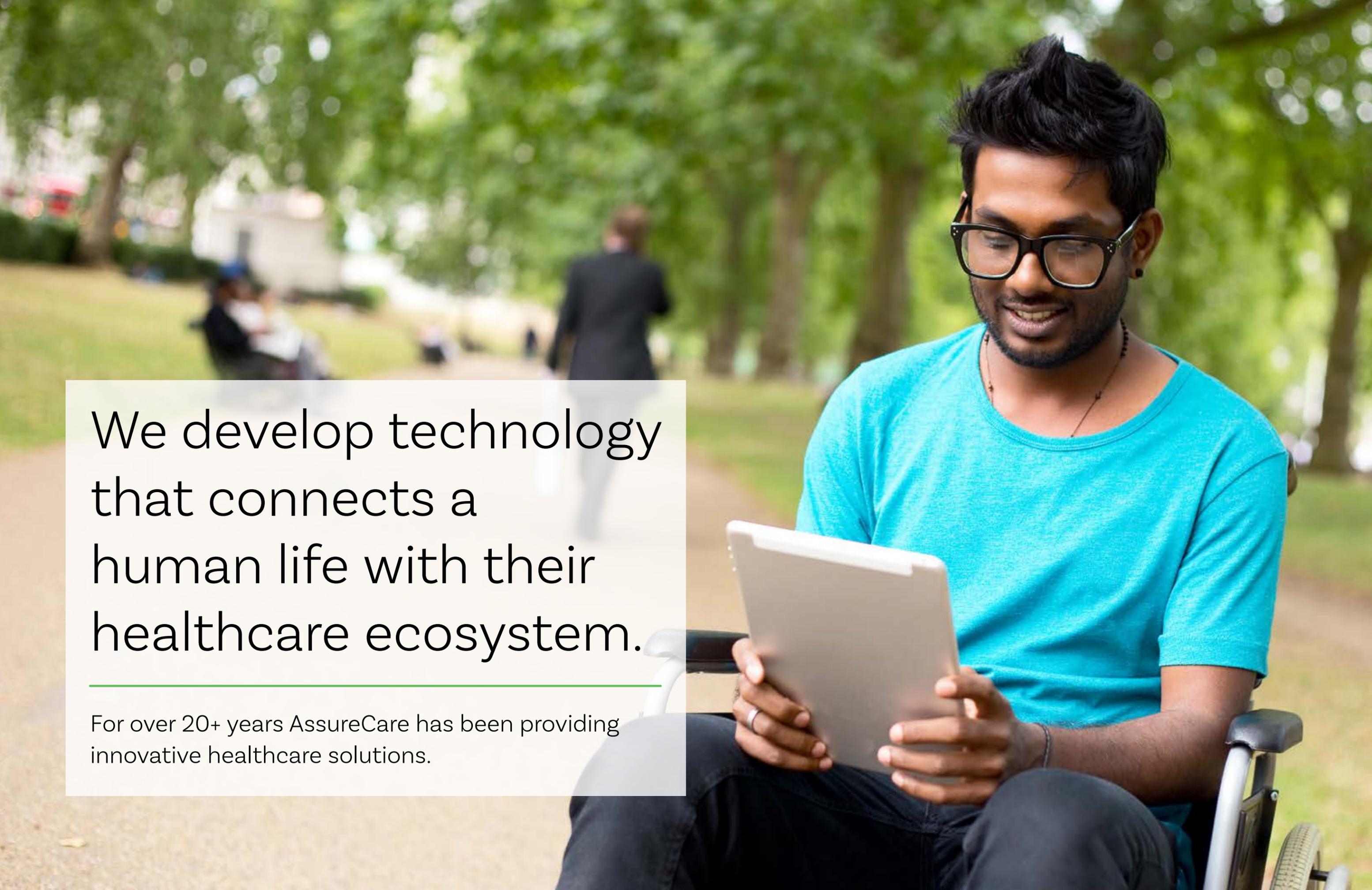




MedCompass Population Health Management Platform



A man with dark hair and glasses, wearing a bright blue t-shirt, is sitting in a wheelchair outdoors. He is holding a silver tablet computer and looking at it with a slight smile. The background is a blurred park scene with green trees and a paved path. A semi-transparent white box is overlaid on the left side of the image, containing text.

We develop technology
that connects a
human life with their
healthcare ecosystem.

For over 20+ years AssureCare has been providing
innovative healthcare solutions.

AssureCare

We know you want everyone to receive the best care. The problem is, you have an incomplete picture of people's health, which can lead to lower quality care and higher costs. This is a frustrating status quo. But there is a better way. AssureCare empowers payors, providers, and pharmacists to coordinate care more effectively and efficiently.

We started as population health management experts on a mission to improve care. So we sought out the best tech experts and implementation gurus. And together we're now helping organizations nationwide to adopt world-class technology and transform how they see and care.

Get to know AssureCare

80+ million lives under care

Deep experience in health insurance, health systems, and clinical practice

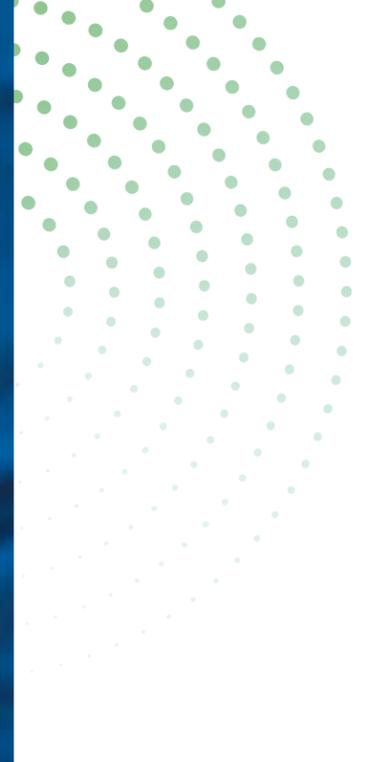
Partnering with numerous organizations at the state and national levels

Pioneers of the first integrated care management software for people



Transform care through world-class technology.

When you can see the entirety of a person's health, you can change it for the better.

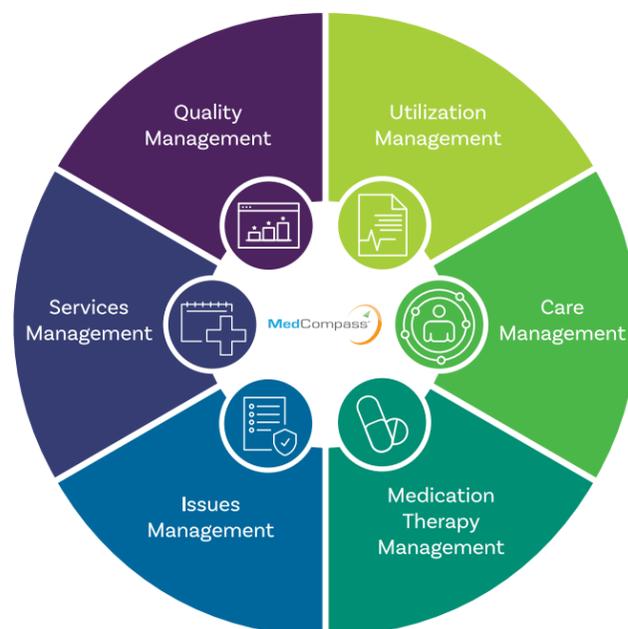


MedCompass

Better outcomes start with better data. MedCompass is a powerful suite of care management software modules. Each module can be used alone, or in combination, to create greater visibility and efficiency in your organization.

MedCompass is a care management software suite that delivers the data and tools you need to improve the quality and cost of healthcare. Our integrated, patient-centric system was created using best practice standards of care to reduce errors, save time, and ensure compliance at every step.

- View each person's diagnoses, medications, doctors, assessment scorings, and more, all from one place
- Use real-time data to take appropriate action
- Be proactive in addressing at-risk populations
- Tap into streamlined workflows and communication tools
- Enhance performance and profitability



Features Available in all Modules:

Practice Management

- Includes all patient interaction points, scheduling, billing, and engagement
- All-in-one system eliminates the need for multiple, disjointed systems

Telehealth

- Remote care management includes Integrated secure messaging via text, email, direct message portal, and video appointments
- Built with the latest security
- CMS standards allow users single point-of-care communication solutions

Analytics & Reporting

- Provides compliance and regulatory insights with a wide variety of data sets including SSRS Reports, Third-party Integrations
- Benchmarks performance measures to improve quality outcomes

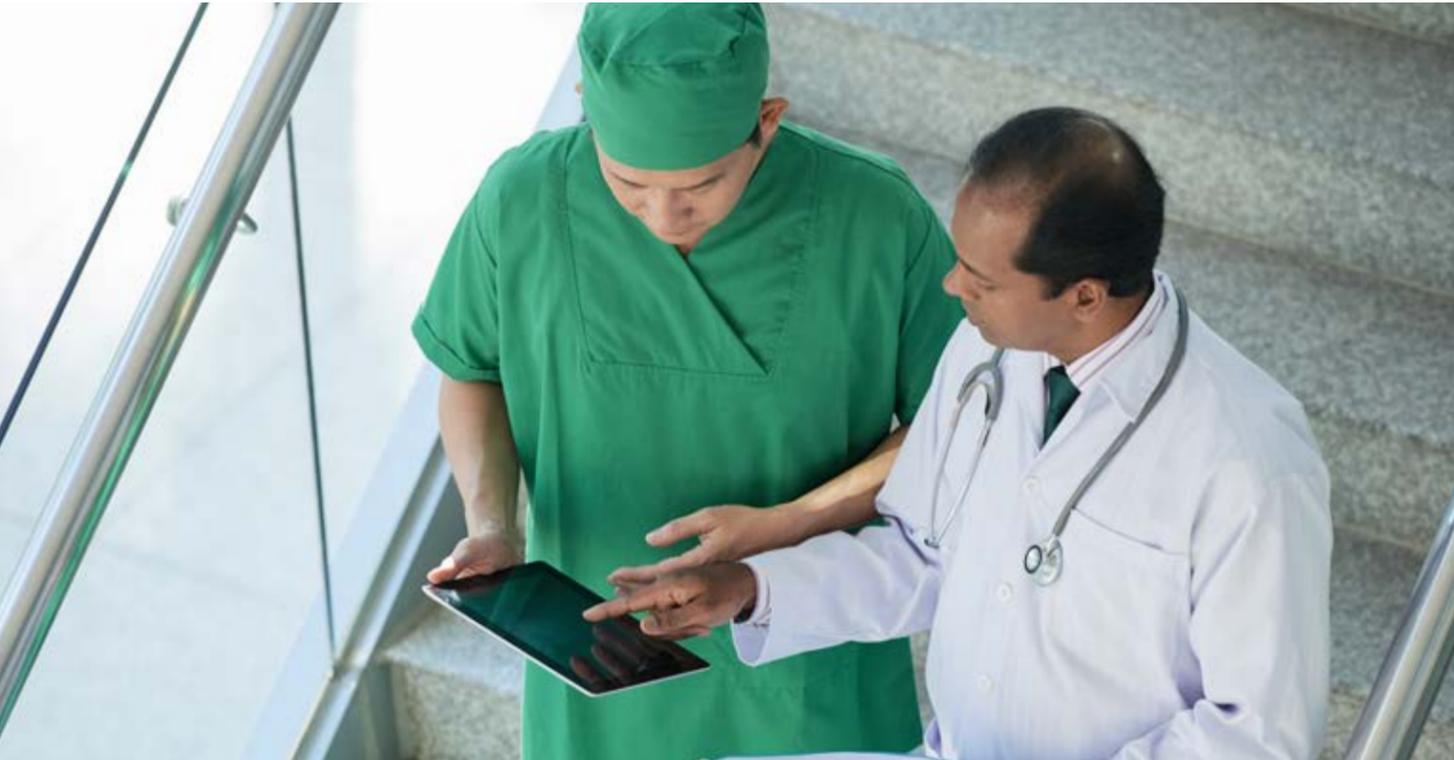
Provider Portal

- Optimized to run on tablets, iPads, and all mobile platforms
- Each module is accessible offline, so the system can be used when connectivity is unavailable



Utilization Management Module

Based on nationally recognized clinical standards and guidelines, the Utilization Management (UM) module is comprehensive and easy-to-use.



Eligibility

Determine if the requested service is covered under the contract, and if it is primary. See if it requires preauthorization.

Criteria

Gather clinical information to see if criteria are met for this service. If so, determine medical necessity and level of care.

Approvals

If guidelines are met, the requesting provider is notified. If not, a physician review decides, and a notification of approval or denial/appeals process is sent.

Appeals

The patient or treating physician may appeal. The medical director collects information, reviews the case, and may speak with the treating physician.

Utilization Management Features

- Appeals & Grievances
 - Automate formal process
 - Maintain patient quality of care
- Claims processing
- Prior authorization



The Power of a System

Add these other modules to your utilization management software for even greater benefits.

UM + Care Management

- See the total treatment of the patient
- Seamless information flow between CM and UM
- Single point of contact for all care coordination
- Gaps in care can be identified and closed based on treatment and transitions of care
- Automated workflow reduces missed steps and assists in closing the care gap
- Optimizes staff utilization
- All clinicians see a 360-degree view of the patient, including medications, progress, notifications of new treatments
- Care team is alerted when patient has transitions in care

UM + Medication Therapy Management

- Connect with pharmacists and include them in the medication treatment plan within each phase of care
- Allows care managers to perform medication reconciliations
- Provides the ability to complete patient encounters
 - Medicare Part D
 - Comprehensive Medication Reviews (CMRs)
 - Targeted Medication Reviews (TMRs)



Care Management Module

See the entirety of a person's health information, make informed decisions, and take appropriate action—all from one place.



Real-time communication

Enable real-time communication and coordination among all members of the care team.

Treatment Plans

Create personalized treatment plans using relevant health history, disease status, and risk factors that may impact member outcomes.

Preventative Care

Identify, stratify, and monitor high-risk populations to ensure preventative care and appropriate treatment options are available.

Manage Interventions

Coordinate and determine the appropriate level of care for patients and manage medical interventions.

Impact Reporting

Efficiently document and report on the impact of programs and targeted interventions.

Care Management Features

- Care Coordination
 - Personalized treatment plans, disease status, and risk stratification
- Mobile Health/Wearable
 - Track patient biometrics in real time
- Patient Engagement
 - Custom communications to targeted high-risk groups
- Social Determinants of Health
 - Environmental conditions that impact health risks and outcomes



The Power of a System

Add these other modules to your care management software for even greater benefits.

CM + Utilization Management

- Better transitions of care coordination
- Verify eligibility and complete prior authorizations within each transition of care
- Get automated workflow trigger notifications through admissions, care transitions, and network utilization
- Clarify and optimize available healthcare system services and treatment options
- Real-time disease treatment status and case management interventions
- Reduce unnecessary costs and delay in treatment

CM + Medication Therapy Management

- Connect with pharmacists and include them in the medication treatment plan within each phase of care
- Allows care managers to perform medication reconciliations
- Provides the ability to complete patient encounters
 - Medicare Part D
 - Comprehensive Medication Reviews (CMRs)
 - Targeted Medication Reviews (TMRs)



Medication Therapy Management Module

Medication Therapy Management software for retail and specialty pharmacies and health plans. An all-in-one platform to identify opportunities to improve care.



Complete encounters

Enables pharmacists and health plans to complete Comprehensive Medication Reviews (CMRs) and Targeted Medication Reviews (TMR).

Data support

This configurable system can produce the data export of completed encounters to support the standard pharmacist eCare plan.

Medical billing

Pharmacists can use the system to deliver and bill medical services directly to health plans.

Multiple markets

An integrated retail/specialty pharmacy and care management solution built for both health plans and pharmacies.

Medication Management Features

- Medication Management
 - Complete comprehensive reviews
 - Identify high-risk patients and determine proper medication plan
- Medication Therapy Management
 - Medical benefit billing for vaccinations, lab tests, and pharmacogenomics
 - Optimize the pharmacy network to complete interventions



The Power of a System

Add these other modules to your medication therapy management software for even greater benefits.

MM + Utilization Management

- Better transitions of care coordination
- Verify eligibility and complete prior authorizations within each transition of care
- Get automated workflow trigger notifications through admissions, care transitions, and network utilization
- Clarify and optimize available healthcare system services and treatment options
- Real-time disease treatment status and case management interventions
- Reduce unnecessary costs and delay in treatment

MM + Care Management

- See the total treatment of the patient, including medications, progress, notifications of new treatments
- Single point of contact for all care coordination
- Gaps in care can be identified and closed based on treatment and transitions of care
- Automated workflow reduces missed steps and assists in closing the care gap
- Optimizes staff utilization
- Care team is alerted when patient has transitions in care



Issues Management Module

Benchmark, track, and improve procedural processes with integrated healthcare case management software.

Benchmarking

Get data and analytics to measure incident management performance against industry standards.

Fair Hearings

Escalate and process a Fair Hearing Request.

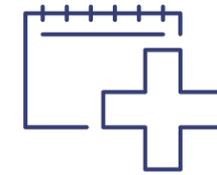
Appeals and Grievances

Streamline appeals and grievances to speed up approval



Issues Management Features

- Healthcare quality improvement
- Track and trend best practice standards



Services Management Module

Schedule services based on patient needs with MedCompass' health services management software.

Social Determinants of Health

Takes into account Social Determinants of Health (SDOH) to help Care Managers determine appropriate actions.

Community services

Use it to reach community services, Meals on Wheels, Uber/Lyft, protected services and dietary services.

Scheduling

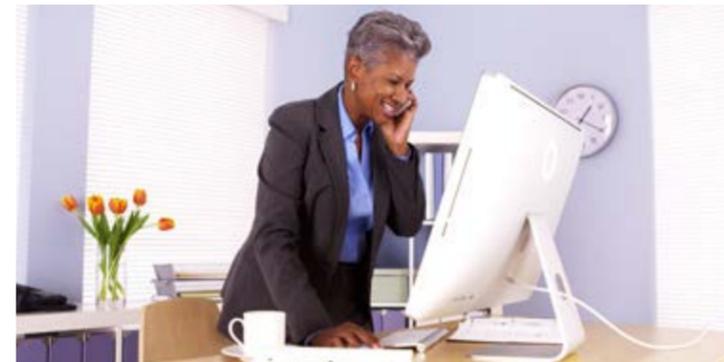
Schedule services from general frequency to a specific hour.

Budgeting

Plan and budget the cost of services in real-time.

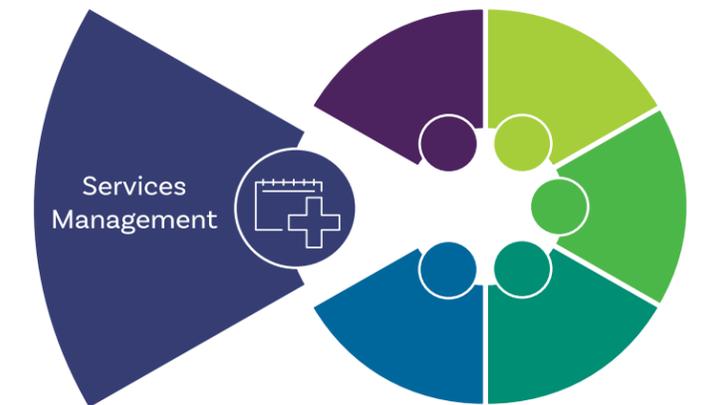
Automation

Certain services can be triggered while working with the member directly.



Services Management Features

- Services Management
 - Close care gaps with assistance of community services
 - Save time by using one system
- Social determinants of health
 - Address environmental conditions that impact health risks and outcomes





Quality Management Module

The Quality Management module improves outcomes, lowers costs, and adheres to standards, such as HEDIS, Stars, and PQA.

Reporting & analytics

Reporting and analytics data is based on nationally recognized quality standards and benchmarks. Designed to directly improve HEDIS, STARS, and PQA ratings.

Quality & performance

Quality Management not only improves patient quality but increases the performance of the healthcare system.

Proactive care

This module is integrated with the Care Management solution to proactively work with patients to close gaps in care.



Quality Management Features

- Track and Improve quality scores
- Close healthcare system gaps in care



Your true north for coordinated healthcare

A care management software suite that empowers payers, providers, and pharmacies to work efficiently and effectively together.



Social Determinants Of Health (SDOH)

- Identify all patient environmental conditions that impact health risks and outcomes
- Determine appropriate care coordination actions
- All-in-one system eliminating the need for multiple, disjointed systems



Patient Assessment
Key identifiers such as location, age, gender
Based on assessment care plan and optimized with SDOH data



Geographic Map
Zip code based



Education
Education benchmarked with communication and understanding levels



Mortality Rate
Child and infant mortality in the area



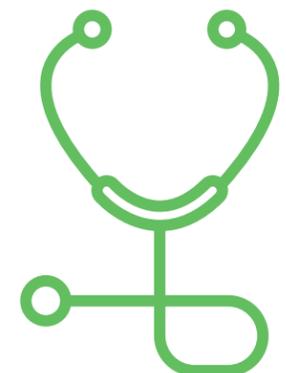
Neighborhood Conditions
Crime, poverty, income levels



Environmental Factors
Air quality, natural disasters, water quality



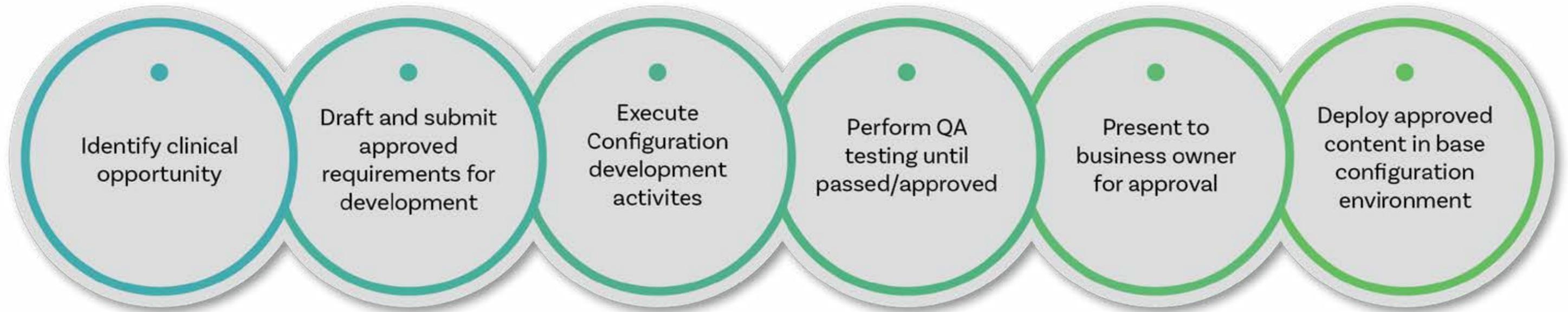
Food Desert
Access to high quality food and distance to resources



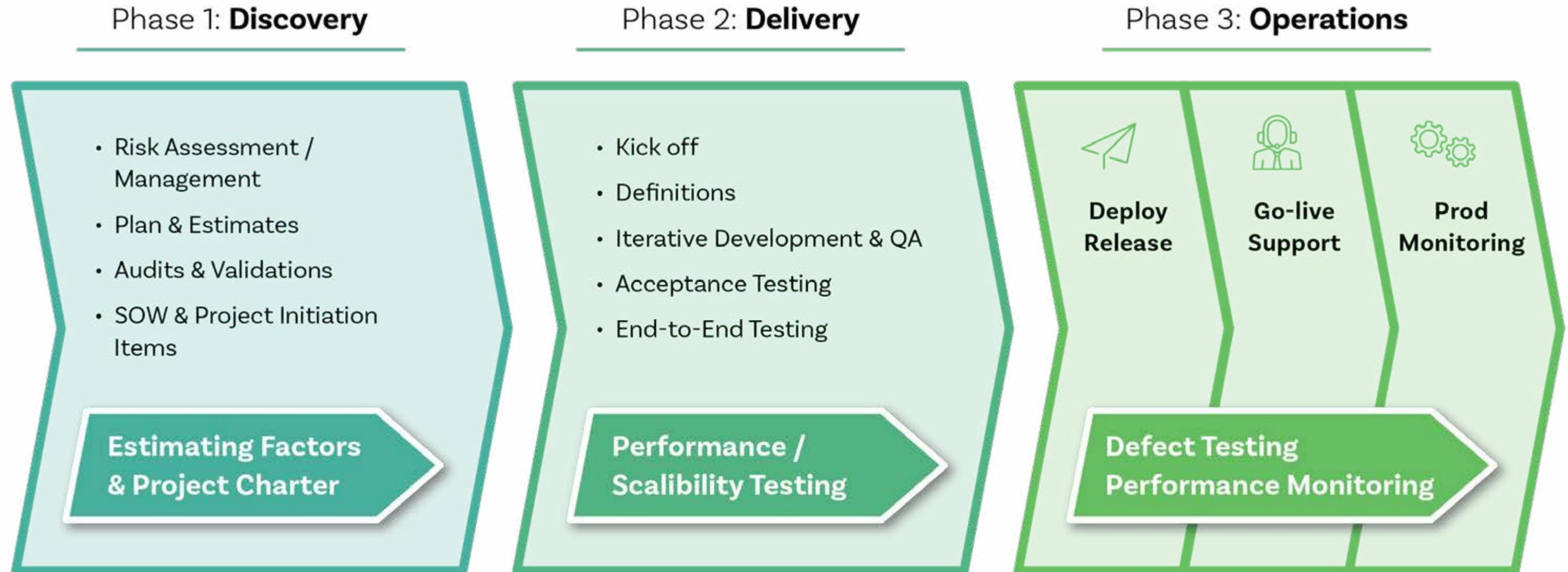
Base Configuration

MedCompass is a highly configurable, population health management platform. While the configuration is adaptable to meet client's needs, there are a series of clinical and user best practices that are implemented through the base configuration product design.

- Offers clinical best practices
- Quickly deployed through implementation
- Automated workflows and performance tests
- Standardized training and onboarding
- Efficient client-configuration
- Optimize performance improvement



AssureCare Delivery Model (ACDM)



The AssureCare Delivery Model (ACDM) is a lightweight, iterative process used to design software architectures. It seeks to ensure that the software maintains a balance between business and technical concerns.



Security and Certifications

HITRUST Certified

The Health Information Trust (HITRUST) Alliance is the global standard for safeguarding data protection and security compliance. The certification provides organizations with a framework to approach regulatory compliance and risk management. It offers trusted benchmarks to meet HIPPA security requirements.

Common Security Framework (CSF) was created with healthcare data protection security leaders to provide regulations and standards into a single privacy and security framework. HITRUST CSF is used by healthcare organizations to protect sensitive data enables them to create, access, store, or exchange personal health and financial information.

The primary goal of MedCompass is to protect and secure client data. Embedded with the highest global standards, the HITRUST certification helps to achieve this goal by validating our platform is complaint to those benchmarks.



NCQA Population Health Management Prevalidated - 2020

NCQA Population Health Management Prevalidation includes a rigorous evaluation of a submitted health IT solution's functionality, including, but not limited to, reporting functions, report examples, screen shots, live demonstrations and other relevant documentation.

Based on its review of information submitted above, NCQA approves or declines credit based on NCQA Accreditation factor-level requirements and designates the factors for which a product can "support" health plans or other organizations.

Approved automatic credit is transferrable to organizations using the prevalidated health IT solution. This eliminates the need to provide documentation for factors awarded the designation of Eligible for Automatic Credit in Health Plan Accreditation.

- Managed Behavioral Healthcare Organization Accreditation,
- Population Health Program Accreditation,
- Case Management Accreditation Surveys.



Population Health Management Prevalidation is designed to help health plans and other organizations identify health IT solutions that alleviate or increase the efficiency of administrative tasks to meet Population Health Management requirements in Health Plan Accreditation.



assurecare®

250 West Court Street
Suite 450E
Cincinnati, OH 45202
513-618-2150
assurecare.com

Contact Us

For more information on how AssureCare solutions can assist your organization, email us at info@assurecare.com.