

# Mediscore



TURNING DATA ASSETS INTO HEALTHCARE SOLUTIONS

# MEDISCORE: ABOUT US

Here at Mediscore, we believe that patients are people first and foremost—not charts, not risks, not numbers on a roster. By integrating cutting-edge healthcare analytics with state of the art patient care we are able to improve patient outcomes in a way never done before. We also understand the importance of medical expertise in this line of work. Therefore, our founders include Medical Doctors with expertise in Clinical Documentation Improvement, Chart Review and Coding.

Our group of medical experts are revolutionizing the future of healthcare. By uniting data analysts and physicians, we are able to transform data assets into healthcare solutions that decrease disease progression. Through our retrospective and prospective services, we ensure that no opportunity is missed. We are industry trailblazers allowing for better healthcare outcomes for providers, health plans and ultimately patients.



# MEDICARE ADVANTAGE: OVERVIEW

Mediscore works with Medicare Advantage health plans, providers and patients. Medicare Advantage is a rapidly growing segment of the health plan market as it is a great supplement to traditional Medicare that offers patients more options and better healthcare for a nominal premium. The Centers for Medicare/Medicaid Services (CMS) compensate private health plans for their Medicare Advantage Systems through a complex algorithm known as the Risk Adjustment Factor Score (RAF).

The RAF is comprised of demographic factors including but not limited to: age, gender, and location of the patient as well as Disease Coefficient Factors (HCC categories). Disease Coefficient Factors are essentially chronic care conditions the provider has documented and are the primary adjustable contributors to the RAF.

# MEDICARE ADVANTAGE: PROBLEMS

Through years of research and experience, Mediscore has pinpointed the four most significant barriers to the success of Medicare Advantage Plans.



## 1. Providers are not trained in CMS Guidelines and Coding

The majority of providers do not completely understand the guidelines CMS uses for reimbursements. Furthermore, providers are not taught the basics of medical coding throughout their medical education, and will rarely have the time to learn the nuances.

## 2. Submissions to CMS are Inaccurate or Incomplete

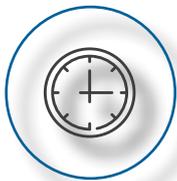
One of the major barriers in MA Plans reaching their full potential is due to inaccurate coding and submissions. In our experience this problem is due to coders not having the medical expertise necessary to A) decipher a medical note, and B) communicate effectively with providers the changes in documentation necessary to capture a condition in accordance to CMS guidelines.



### 3. Providers Have Limited Communication with Each Other

Primary care providers are often unaware their patients are suffering from a condition that has been diagnosed in the past by a specialist. This is because the MA patient population tend to be poor historians, there is a lapse in communication between providers and EMRs, and patient data is sometimes lost due to EMR migration. Since the primary care provider is responsible for all documentation according to CMS guidelines, this results in lower reimbursements and poorer health outcomes.

### 4. Providers are Non-Compliant



In our experience provider compliance stems from a provider's lack of understanding on how CMS calculates reimbursements and documentation requirements to achieve maximum reimbursement. Providers are not trained to focus on the standards set forth by CMS when documenting diagnoses. Furthermore, providers can become frustrated when they are corrected by non-medical personnel such as billers and coders. These providers tend to disregard these suggestions because there is a disconnect between the expertise of the provider and the reimbursement specialists.

# MEDISCORE: OUR SOLUTIONS



## Physician-led Training and Assistance for Providers

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Our physician provider liaisons (PL's) are the heart and soul of our company. Our PL's are medical doctors who have been extensively trained on the nuances of CMS guidelines as well as the pitfalls many providers fall into. PL's are assigned to their own provider sites where they are responsible for implementing Mediscore's program, assuring accurate completion of the CDI's and offering training and guidance to the providers. They will be on-site working together with the providers to ensure the process is running smoothly. Most importantly, because our PL's are medical doctors, they are able to communicate with providers on a peer-to-peer level to create synergy and improve compliance.



## Targeted Clinical Documentation Improvement Forms

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By having our physician-led coding team pre-review data, we are able to develop the most accurate and easy to complete CDI's for each patient, alleviating some of the frustrations providers have with other risk adjustment programs. The CDI's are distributed to the providers before each patient encounter so that they can be completed in real time, during a patient assessment.



## Physician Filtered Data Analytics

Mediscore merges its data analytic engine with physician-led review to create a state-of-the-art filtering system that encompasses machine technology computing with a physician's medical expertise. This way, we are able to find more opportunities than using a data analytic engine alone, while simultaneously removing any outlier conditions that would waste the providers valuable time.



## Patient Outreach

Mediscore's program cannot reach its maximum potential unless MA patients are being assessed by their primary care provides on at least a yearly basis. To solve this issue, we have developed a system to send patients annual appointment reminders via letters. Patients who remain unresponsive will be contacted via phone to ensure evaluations are occurring on a yearly basis, at minimum. Furthermore, we will work with the provider's office staff to reschedule any cancelled or missed appointments, focusing on patients for whom a CDI is developed.



# MEDISCORE: OUR SERVICES

We offer the following suite of services for our premium clients\*

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HEDIS/STARS Measure Compliance

RAPS/EDS troubleshooting

Physician Led Chart Review

Provider Compliance Reports

Patient Outreach

Clinical Documentation Improvement Forms

Data Analytics Engine

Physician-led Provider Training

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\*We can also create individualized packages for our clients depending on their specific needs.

## RETROSPECTIVE SERVICES

Our retrospective services identify possible diagnostic opportunities missed by practitioners. We determine the appropriate level of documentation of conditions by identifying and analyzing relevant physical examinations, history of present illnesses, and treatment plans. We also have our in-house physicians review charts to not only identify inaccuracies and errors but also to provide holistic guidance on areas where practitioners can improve documentation to better serve their patients.





## PROSPECTIVE SERVICES

Our revolutionary prospective services include using our physician filtered data analytics engine to create individualized Clinical Documentation Improvement Forms for MA patients with the most overlooked conditions in a population. These CDI's are then distributed among providers where our on-site Provider Liaisons train and help the providers reach compliance targets. The CDI's are completed by the providers at the next patient visit. These CDI's are then collected and our team of Physician-led coders use these CDI's and patient charts to provide MA health plans with the most accurate and up to date information.



# MEDISCORE IMPACT

Mediscore goes beyond providing solutions—it gets results. Our full fleet of services results in better healthcare outcomes for patients, providers and plans.

Improved management,  
decreased disease  
progression

Decreased cost of  
care

Increased  
Reimbursement



CDI



Provider alerted  
to condition

Healthier patient  
outcomes

Higher, accurate  
RAF scores





## ASSURED COMPLIANCE

Without physician compliance any risk adjustment, no matter how thorough, is pointless. Through years of experience, Mediscore has determined how to maximize physician compliance. Three factors set Mediscore apart from its competitors and ensure compliance:

**Physician Review of the Data Analytics**  
**Efficient and Accurate CDIs**  
**MD Provider Liaisons**



## FINANCIAL IMPACT

In addition to improving patient outcomes, Mediscore's program increases revenue for its clients. For example, a common overlooked condition found is morbid obesity. Undiagnosed, this can lead to further complications such as metabolic syndrome. Once diagnosed, morbid obesity increases the prospective payment by approximately \$3,300 per patient annually while decreasing disease progression and future health care costs.



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