DBMS Health

Individualized Care Coordination Services

Exceeding your **Expectations** for more than 20 Years

Services
Reporting & Outcomes
Compliance
Domestic & International Savings

DBMS Health Services

INDIVIDUALIZED CARE COORDINATION SERVICES

INNOVATIVE CARE COORDINATION SOLUTIONS

DBMS HEALTH's mission is to EXCEED YOUR EXPECTATIONS by providing you excellence in innovative care management services and technology solutions. Our combined suite of integrated programs and resources are designed to help you reduce health risks and improve the health of your members while reducing your organizations overall healthcare costs.

DBMS HEALTH's unique position as a URAC Accredited managed care service provider as well as a software and technology developer gives our clients options unavailable anywhere else in the industry. Not only can you pick and choose options from our extensive "menu of services" that best fit your needs on a case by case basis but you also have options on how they are delivered.

MENU OF **DBMS HEALTH** CARE COORDINATION SERVICES:

UTILIZATION REVIEW PROGRAMS

INPATIENT Medical & Surgical Care
INPATIENT Psychiatric & Substance Care
OUTPATIENT Surgical Procedures
OUTPATIENT Diagnostic Testing & Radiology Networks
OUTPATIENT Psychiatric & Substance Care
OUTPATIENT Continuing Care, PT, OT, Chiro, etc.
Out-of-Network Claims Negotiation
*Optional INTERNATIONAL Medical Tourism Utilization

Pick and Choose all options to meet your needs including place of service, your office or ours!

CASE MANAGEMENT

High Risk Maternity • Fragile Infant Management • Infectious Diseases • HIV/AIDS • Oncology• Hematological/Sickle Cell Anemia • Neurological Disorders - MS, LG, Epilepsy • Renal - Pre & Post Dialysis • Dialysis Networks• Transplants • Chronic Liver Failure• Catastrophic Illness/Trauma/ Accidents & Rehabilitation• Complex Care Cases

DISEASE MANAGEMENT & WELLNESS

Lifestyle Coaching Programs in:
• Smoking • Fitness • Weight • Stress
Disease Education "As You Use It"
Health Assessments & Health Risk Assessments
Evidence-based Care Plans
Episodes of Care (Gaps in Care) and Acuity Stratification
Maternal Obstetric Management (MOM)
On-Line Health Education Portal
Wellness Programs - HRA & Lifestyle Coaching
24/7 Nurse Care Line & Audio Library
Universal Electronic Medical Record (In over 60 Languages)

ADDITIONAL PRODUCTS

Pre-Determination & Medical Reviews
Work Injury Management
Short-Term Disability

DBMS Technology

A totally integrated care coordination system in the clouds

DBMS Health's Technology is one of the most advanced and comprehensive in the nation. The base system was developed over a 4-year period of time utilizing over 180 physicians, nurses and IT professionals. The system's design allows each unique organization to tailor and configure it to meet their clinical and operational needs. Additionally, this technology can easily interface with any other system, (claims, pharmaceutical, labs, etc.) which allows the clinical user a total and holistic picture of the patient.

THE DBMS Integrated and Vertical Health Care Management System also allows for data mining activity on any element or group of elements captured in the system. Data mining and the countless numbers of standard reports allow the payer to fully understand their population's health potential risks and outcomes at any given time. Treating the patient with the latest clinical protocols and predicting the future risks of a population are all possible with DBMS's amazing and flexible technology.

3 SERVICE OPTIONS Available:

OPTION 1:

DBMS HEALTH's Care Coordination Services are conducted from DBMS HEALTH's corporate office utilizing our highly skilled clinical staff and technology.

OPTION 2:

Care management services are conducted at YOUR OFFICES with our oversight using DBMS HEALTH's protocols, P&P's and technology. DBMS HEALTH will provide the Medical Director and panel of board certified physicians, the quality management and P&Ps, the accreditations, the liability responsibility and much more. You then have a fully accredited operation at your site without the responsibility and liability.

OPTION 3:

You manage your operation independently at your site utilizing the "best of breed" DBMS HEALTH Technology.

SYSTEM COMPONENTS:

- Integrated Hospital System
- Utilization Management
- Adulatory Care
- Diagnostic Testing
- Partial Hospitalization
- Case Management
- Disease Management
- Patient Registry
- Clinical Pathways/Milestones
- RN/MD Task Management
- Clean Claims Processing
- Integrated Online Member Notes/Faxes
- Scanned Documents Into EMR & Billing
- Care Management Workflow Process
- Long-Term Care Management
- Specialty Drugs & NDC Mapping
- Data Mining
- Automated Eligibility
- Integrated Clinical Knowledge
- Reporting/Outcomes
- NCQA & HEDIS Reporting
- Demographics
- User-Role Based Security
- User Defined Fields
- Standard/Ad-hoc Letters Builder
- Assessment Builder
- Episodes of Care (Conditions)
- Evidence-Based Care Plans
- Clinical Codes
- Billing Capabilities
- Unlimited Note Capability
- Personal Health Record
- And Much, Much More!

INPATIENT MEDICAL SURGICAL, PSYCHIATRIC & SUBSTANCE ABUSE MEDICAL MANAGEMENT

DBMS Health's initial review of any case centers on making sure that the patient care is appropriate, meets medical necessity criteria and is being administered in the right setting and at the right time. At the time of notification, the DBMS Health clinical staff evaluates the medical documentation, establishes dialogue with the physician and facility, and initiates a discharge plan specific to that patient. All cases are also immediately assessed for their potential to be in Case Management and/or Disease Management. Reporting processes are in place to immediately notify the payor and the reinsurer of these cases. On-line/real time HIPAA compliant reporting is available 24/7 so clients can monitor activity.

OUTPATIENT SERVICE MANAGEMENT

A large percentage of the health care dollar today is now spent on outpatient services. DBMS Health encourages that plan language includes the need for pre-certification of outpatient procedures. This allows DBMS Health's clinical staff to evaluate the need for early intervention and education to reduce and avoid unnecessary services/supplies and to direct the patient to the preferred providers and networks available to lower the cost of many of the high cost procedures and tests. We will provide you with a list of recommended procedures which can be customized to meet your specific needs.

RADIOLOGY NETWORKS & MANAGEMENT

MRIs, CT and PET scans eat up 12 cents of every dollar spent on healthcare today. Growth in imagining is occurring at twice the rate of prescription drug costs and general healthcare spending. Increased radiology costs may be acceptable if services are performed appropriately, as they can lead to a reduction in other more expensive and more invasive services. Unfortunately, 20% to 50% of exams are unnecessary or inaccurate and over 70% of imaging exams are performed at hospital out-patient imaging centers, which cost 50% more than the rates charged by freestanding imaging centers. DBMS has a turnkey solution to provide you with both the review of the appropriateness of a test as well as the nation's largest network of radiology providers, with more than 3,000 imaging centers in locations in all 50 states. You can realize up to 50% reduction in costs using our review and scheduling service to access network radiology providers. That means reduction in out-of-pocket costs for members and lower claims costs for the payor.

Case Management Services

INDIVIDUALIZED CARE COORDINATION SERVICES

COMPLEX CASE MANAGEMENT

A patient needing a transplant; a premature infant; hospice arrangements and intravenous antibiotic therapies, all of these are the types of cases carefully managed by the DBMS Case Management SERVICES staff.

The Case Management referral list is extensive and includes the management of many types of illnesses and services. These are provided by professional, experienced nurses working with the patient and the care team to ensure appropriate and cost-effective care. Our Case Managers have access to 90 medical protocols and care plans within the DBMS Health proprietary medical system that help guide the care and the needs of the patient while also providing Patient Education to empower and improve the patient's quality of life.

The Case Manager also implements specific contracts providing the best quality and pricing. The staff of the Case Management department follows rigorous ongoing education requirements in order to assure the client that the most current standards and guidelines are being applied.

DATA MINING

Who is most at risk for a catastrophic claim? Who is at risk managing their chronic disease? Our best of class proprietary technology allows us to monitor, mine and analyze your data daily and take action immediately to answer these questions. With our ability to combine information on patients from our UR, CM, and HRAs data with medical claims, pharmacy, and lab data, we can proactively identify at-risk patients, stratify their condition and overall acuity level, and identify their compliancy (Episodes of Care) to improve their outcomes through early interventions.

CONDITIONS REFERRED INTO CASE MANAGEMENT BUT ARE NOT LIMITED TO:

- High Risk Maternity
- Premature Birth
- Diabetes
- Hypertension
- Hyperlipidemia
- Fragile Infant Management
- Traumatic Injuries & Rehab
- HIV & AIDS
- Heart Disease
- COPD
- Cerebrovascular Disease
- Arthopathies
- Catastrophic Conditions
- Transplants
- And more!

Disease Management Services

INDIVIDUALIZED CARE COORDINATION SERVICES

DISEASE MANAGEMENT

Disease Management is provided to all members you desire. Our unique approach allows you to only pay for services as they are provided.

Potential patient participants are identified through wellness coaches, HRA results, biometric screenings, patient referrals, case manager referrals, data mining of claims and pharmacy (PBM) information and are stratified according to the intensity of their condition by utilizing medical claims, pharmacy, and care coordination related data.

Episodes of Care compliancy is verified through claims and pharmacy data mining processes that run behind the scenes to find gaps in care for entire groups and populations or single individuals with the click of a button.

HEALTH ASSESSMENTS & EVIDENCED BASED CARE PLANS

DBMS Health has developed its own proprietary Health Assessments that are applied at different times during the medical management process. There are over 90 different assessments and clinical pathways on diseases and conditions (heart disease to oncology and more) that are used by clinical staff to manage patients. The assessments provide risk scores and acuity levels that are used as internal tools to help identify conditions at risk and in need of further care management.

Our assessments generate unique and customizable care plans that take into account multiple conditions and assessments to provide our care coordinators with ONE personalized Care Plan for each patient or member. The answers entered into our assessments also trigger supplemental assessments to identify other conditions the individual might have to ensure that they receive the most comprehensive care plan and medical attention necessary.

HEALTH EDUCATION PORTAL

DBMS offers an exciting on-line education portal that engages your members directly. They will learn about various health conditions and get daily updates on the latest healthcare information.

- A Personal Health Record
- Personalized Medical Content & Medical Encyclopedia
- Loads of Tools & Trackers
- Interactive Tools That Keep Participants Engaged & Track Progress Over Time
- Tailored to User's Preferences, Risks & Readiness to Change
- 13 Self-Paced, Action-Oriented Behavior Change Programs

Wellness Services

INDIVIDUALIZED CARE COORDINATION SERVICES

WELLNESS PROGRAM

A combination of a Health Risk Assessment and lifestyle coaching helps participants take their first step towards better health. A Wellness Coach and a Nurse will work together with the participant to assist them in reaching their optimum state of health through lifestyle management coaching.

Beginning with a comprehensive assessment, which is available online or in paper form, in both English and Spanish, participants learn to take personal responsibility for their health. Once the health assessment is completed, a detailed report is provided to the participant with practical recommendations for improving their health.

The employer receives a comprehensive report that will aid them in understanding their risk (absenteeism, presenteeism, financial, etc.), as well as practical steps that can be taken as a company to improve the health and awareness of their employees.

LIFESTYLE COACHING

The Lifestyle Coaching program includes Weight Management, Exercise Management, Stress Management and Tobacco Cessation coaching. For those who are overweight, want to begin an exercise program, learn how to manage stress, or have a desire to “kick the habit” we have behavioral coaches available to work with them one-on-one. The results? Testimonials are pouring in:

“It was so great to talk to you; you are so motivational and inspirational for me. You are helping me to be a better person mentally, physically, and even spiritually…here is my “before” picture because there will be an “after” picture. I just can not say thank you enough!”

24/7 NURSE CARE LINE

Consult with a licensed physician 24/7 via the phone and/or secure email as often as needed for advise and prescriptions. Members can consult immediately with doctors for common, non-emergent conditions. Consult-A-Doctor replaces unnecessary and expensive in-office doctor visits with phone or email medical consultations. Our services can save upwards of 25% on overall healthcare costs and enhance productivity.

MATERNAL OBSTETRIC MANAGMENT (MOM)

The MOM program is dedicated to assisting expectant mothers during their pregnancy. All patients are screened for high risk potential and are followed up with as appropriate. MOM participants are provided Trimester Newsletters throughout their pregnancy and have direct access to their nurse for questions and/or issues. All high risk, expectant patients are immediately put into our high-risk perinatal program for ongoing oversight and intervention.

ONLINE PERSONAL HEALTH RECORD

DBMS Health’s PHR allows your members to create a completely confidential online Personal Health Record (PHR). Participants can enter everything from their appointments, medications and family history to preventative screenings and immunization history. Claims data and lab results can populate the record as well as PBM data. Participants will have their information on their own health all in one place and share it with their physicians to avoid duplicate tests or medication and fully inform their healthcare provider of their health history. If required, Claims and Rx data and LAB results can populate the PHR record for the member.client presentation.

Additional Products

INDIVIDUALIZED HEALTH MANAGEMENT SERVICES

CONSULT-A-DOCTOR

Consult with a licensed physician 24/7 via the phone and/or secure email as often as needed for advise and prescriptions. Members can consult immediately with doctors for common, non-emergent conditions. Consult-A-Doctor replaces unnecessary and expensive in-office doctor visits with phone or email medical consultations. Our services can save upwards of 25% on overall healthcare costs and enhance productivity.

SCREENING SERVICES

Is your blood sugar high? Is plaque starting to clog your arteries? 50% of diabetics are undiagnosed and 47% of us have high cholesterol and don't know it. Now DBMS Health Services helps you "know your numbers" to help minimize the potentially higher costs for care when initially untreated. Our screening services can be taken by your members in the comfort of their own home or On-site at a client's location.

SHORT-TERM DISABILITY MANAGEMENT

As Short-Term Disability benefits become increasingly expensive and the utilization of those benefits rise, many employers have chosen to self-insure these programs. DBMS HEALTH provides an objective, independent analysis of the medical necessity of the claim and ensures that the case is managed appropriately and equitably for both the employee and the employer.

The goals for the program include:
• Early management intervention
• Appropriate level of care for employees with reported disability
• Early return to work

As an independent medical management company, DBMS HEALTH is able to assist the employee through the treatment process while helping the employer by overseeing quality medical care and timely return-to-work goals.

DBMS Health's Short-Term Disability program can work with all of your benefit plans currently in place!

WORK INJURY MANAGEMENT

Tired of the abuse in Workers' Comp? We can help!
• DBMS Health gathers Disability claims/consent forms from the employee and determines the primary diagnosis and gathers medical facts.
• DBMS Health's Disability Managers then evaluate all facts pertinent to the Disability request including:

- Appropriate treatment & medication
- Employee age, occupation & overall health status
- Evaluation of the employee's job duties
- Evaluation of medical records from physician & plan of treatment for condition

Your DBMS Health Disability Manager will evaluate the appropriateness throughout the length of the claim while striving to see that the employee returns to work as soon as medically appropriate. All parties will be kept informed of progress throughout the claim.

DBMS Health Reporting

CARE COORDINATION REPORTING

CARE COORDINATION AND QUALITY COMPLIANCE REPORTING

DBMS Health utilizes the most innovative and robust Care Coordination system on the market to produce invaluable reports to identify compliance, savings, care coordination, patient and member status, and so much more!

With our Dynamic Report builder we can also create and customize reports to better meet the needs of your institution.

With our online portal, you can give immediate access to insurers or providers to access imporant and necessary system reports and patient notes. Patient information is securely accessible all over the world.

SOME OF OUR MOST POPULAR REPORTS INCLUDE:

- Quality State Reporting (Medicaid/Medicare – NCQA/HEDIS)
- Savings Report (Claim and Patient)
- Medical Management Savings Report
- High Risk Case Management Report
- Care Plan Report (Long Term Care Report)
- Care Plan Aging Report
- Assessment Report
- Disease Activity Report
- Disease Dashboards (By Condition or Globally)
- Executive Summary
- Daily UR Precert Report (Patient Activity Report)
- Daily CM Referral Activity Report
- UR Certification Activity Report
- UR Extended Length of Stay Report
- UR Discharge Activity Report

Case Management & Utilization Management

SAVE ON HEALTHCARE COSTS THROUGH INDIVUAL CASE MONITORING & UTILIZATION OF SERVICES

COMPLEX CARE MANAGEMENT REPORT

The DBMS system allows you to generate detailed COMPLEX CASE MANAGEMENT REPORT that incorporates all information related to the patients care and combines into one elegant report that is easy to read and follow through all of the patients case history. This report contains all of the patient's diagnoses, the hospitalization history , all Case management notes as well as the savings incurred for the case. The robust integration of all of the system components allows for complex reports such as this one to be generated with ease.

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Comprehensive Condition Management Report

Date of Initial Report: 03/31/2012
Case #: WSGV-123772
Patient Name: **********

Report Type: **Update Status:** Open
Print Date: 06/12/2012
Participant In: Trigger
LCM Type:

Large Claim Notification

Date Open: 03/31/2012
Employer: ABC Employer

Patient Name: **********
DOB: 07/06/1951
Member Name: **********
Member SSN: GSF0368011500
Member ID: GSF0368011500
Patient Phone: (330) -78-8-96

Administrator: ENTERPRISE GROUP PLANNING

Reinsurer: American Fidelity

Stop Loss: Spec $75,000/ Agg $35,000

UR Number: 1114003

Sent To:
Administrator: No
Reinsurer: No

Diagnosis:
MALIGNANT NEO PROSTATE, CORRECTION PROMINENT EAR

Cancer Related: Yes

Procedure: CYSTOURETHROSCOPY (SEPARATE PROCEDURE)

Is patient currently hospitalized: No

MEDICAL MANAGEMENT REPORT

Savings Summary For
Employer XYZ - Business Case

01/01/2009 - 12/31/2009

Total Members	6,729
Actual Case Management Savings	$789,713.67
Disease Management Savings (based on participation)	$327,654.34
Total Savings	$1,117,368.01
Average Annual Savings Per Member	$166.05
Average Monthly Savings Per Member	$13.84
Percentage of Savings Compared to National Average*	3.46 %
Total Claims Expenditure	$26,342,165.00
Average Percentage of Savings	4.24 %

* National Monthly Premium Rate Is Approximately $400.00

The MEDICAL MANAGEMENT REPORT provides a complete analysis of all Utilization Management and Case Management activity of your groups. This report will breakdown and display your UM data into authorization type categories, age groups, diagnostic class, length of stay, and inpatient and outpatient facilities. It also displays the savings generated for each referral and each case management case. The final page, as shown above, displays the total savings accumulated for each department of case management along with totals and comparisons to national averages.

REINSURANCE RENEWAL / PRECERTIFICATION REPORT

ICM Reinsurance Renewal Report For
ABC Employer

From 1/1/2012 12:03:17PM To 5/15/2012 12:03:17PM

Name	Member ID	DOB	Date Received	Date Admit	Date Discharge	Qty	Care Mode	Case Status	Diagnosis	Proc Code	Diag Code	LCM
**********	GSF0282001100	08/05/1955	03/27/2012	03/27/2012	04/10/2012	1		O	UNS MALIGNANT NEOP	19301	174.9	Yes
**********	GSF0282000100	01/25/1965	03/28/2012	04/03/2012	04/03/2012	1		C	SENSORINEURAL HEA	70542	389.15	No
**********	GSF0282001100	08/05/1955	02/10/2012	01/25/2012	01/25/2012	1		C	UNS MALIGNANT NEOP	77059	174.9	Yes
**********	GSF0282001100	03/23/1975	03/30/2012	02/22/2012	02/22/2012	1	OP	C	UNS MALIGNANT NEOP	19301	174.9	Yes
**********	GSF0282001100	01/29/1942	04/30/2012	01/17/2012	01/17/2012	1	OP	C	UNSP ABNORMAL MAM	77031	793.80	Yes
**********	268-70-6984	07/11/1970	02/07/2012	02/09/2012	02/22/2012	1		C	PAIN IN JOINT SHOULDE	73221	719.41	No
**********	284-76-1667	01/30/1980	01/17/2012	01/16/2012	01/18/2012	2	IP	C	NORMAL PREGNANCY	59409	V22	No
**********	GSF0282005600	02/25/1949	02/03/2012	02/03/2012	02/10/2012	1		C	DEGENER LUMBAR/LU	72158	722.52	No
**********	GSF0282005600	05/20/1959	04/25/2012	02/20/2012	03/08/2012	2	OP	C	DEGENER LUMBAR/LU	62311	722.52	No

Care Mode Descriptions:
AMB - Ambulance DME - Durable Medical Equipment IP - Inpatient
MIS - Miscellaneous OBS - Observation OV - Office Visit
OP - Outpatient PO - Psych Outpatient Visits STD - Short Term

Care Status Descriptions:
O - Open C - Closed

Care Mode Breakdown

Care Mode	Count
IP	1
OP	3

Date Prepared: 05/15/2012 12:03 pm

--CONFIDENTIAL--
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The REINSURANCE RENEWAL REPORT provides you with a quick overview of all Utilization Management cases open or closed by reporting basic patient information, service and discharge dates, along with diagnostic and procedure codes for those authorizations. The report also tells you which of those cases were taken into Large Case Management to provide a more personalized observation of the patient to improve the patient's health and keep medical expenses down.

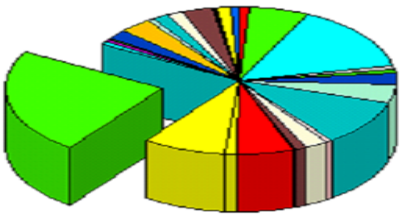
Population Health & Disease Management

POPULATION HEALTH MANAGEMENT REPORTS HELP YOU MANAGE THE HEALTH OF YOUR GROUP

DISEASE ACTIVITY REPORT

Program Participation

Program	Disease Identified	Members	Spouses
ALCOHOL	0	0	0
ARTHRITIS	25	9	16
ARTHROPLASTY	0	0	0
ASTHMA	142	30	54
BACK PAIN	332	159	146
BALANCE	0	0	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	16	9	7
CONGESTIVE HEART FAILURE	23	12	11
CORONARY ARTERY DISEASE	57	45	12
CROHNS DISEASE	0	0	0
DEPRESSION	93	38	46
DIABETES	232	139	92



ALCOHOL	0.0%
ARTHRITIS	1.1%
ARTHROPLASTY	0.0%
ASTHMA	6.2%
BACK PAIN	14.4%
BALANCE	0.0%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.7%
CONGESTIVE HEART FAILURE	1.0%
CORONARY ARTERY DISEASE	2.5%
CROHNS DISEASE	0.0%
DEPRESSION	4.0%
DIABETES	10.1%

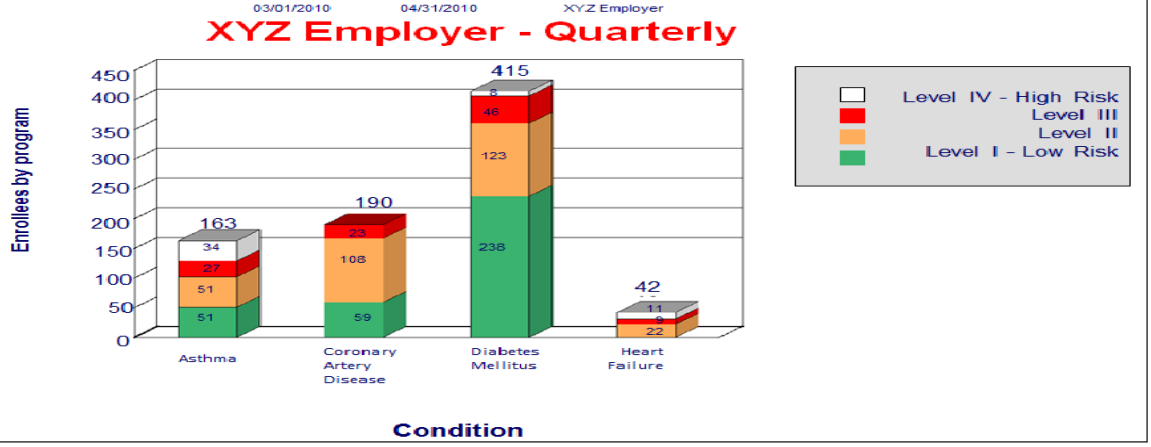
The DISEASE ACTIVITY REPORT breaks down all the disease activity within a population and also has a projected savings based upon participation in disease management programs. It also displays how many members have each type of disease and the percentage of the population that number represents.

RISK STRATIFICATION REPORT

Risk Stratification Report

SELECTED PARAMETER VALUES

Period	Period	Clients Selected
03/01/2010	04/31/2010	XYZ Employer



The RISK STRATIFICATION BY CONDITION REPORT breaks down each condition into 4 main risk levels to determine the severity of each condition among your groups population. It is a summary report that shows how many members are at each risk level by condition and can even compare multiple conditions at the same time. This report is a great tool to determine if more member education is needed to control the progression and outbreak of disorders in your group.

CARE PLAN SUMMARY REPORT

Imagine having the medical and clinical opinion of over 180 Medical Doctors and 50 Nurses at your disposal for the treatment of your conditions. Our CARE PLAN SUMMARY REPORT delivers just that. With over 500,000 combinations of problems, goals, interventions the DBMS system will generate a comprehensive and personalized care plan for each of your members based on the each of the answers entered into our assessments. The CARE PLAN SUMMARY REPORT also tracks the status, domain, and history of each problem goal and intervention to allow the patient to see how he or she is progressing in his care plan and in which areas he or she needs to improve.

ON DEMAND POPULATION HEALTH MANAGEMENT

DBMS System allows for the electronic delivery of reports on your entire groups population. It doesn't matter if the group is 10 members or over a million, ICMS will deliver the information you need in the reports you want.

ICMS Care Plan Report

Prepared On: 3/13/12
Member Name: DEMO CASE
Member ID: 32840974601

Type	Description	Status	Domain	Generated By	Date Gen'd	Updated By	Date Update
Problem	Alteration in Comfort R/T: Back Pain	Active		Sayyah, Deana	11/15/11		
Problem	History of NIDDM (diabetes)	Active		Sayyah, Deana	3/8/11		
Problem	Obesity	Active		Sayyah, Deana	3/8/11		
Problem	Asthma symptoms experienced during the week	Active		Jimenez, Andres	1/30/12		
Problem	No asthma action plan	Active		Jimenez, Andres	1/30/12		
Problem	Does not refer to asthma action plan when symptomatic	Active		Jimenez, Andres	1/30/12		
Problem	Asthma symptoms present after moderate exercise	Active		Jimenez, Andres	1/30/12		
Problem	Asthma symptoms present after exposure to trigger(s)	Active		Jimenez, Andres	1/30/12		
Problem	No peak flow meter recommended by physician	Active		Jimenez, Andres	1/30/12		
Problem	Does not have peak flow meter	Active		Jimenez, Andres	1/30/12		
Problem	Not using peak flow meter routinely	Active		Jimenez, Andres	1/30/12		
Custom Goal	No foot sores or ulcers.		Medical	Jimenez, Andres	3/2/12		
Goal	Patient will report increase in comfort and decrease in back pain.	In Progress	Medical	Sayyah, Deana	11/15/11	Sayyah, Deana	11/15/11
Goal	Patient will verbalize an increase in confidence to manage pain by describing effective pain relief strategies.	In Progress	Medical	Sayyah, Deana	11/15/11	Sayyah, Deana	11/15/11
Goal	Will be medically stable with disease process.	In Progress	Medical	Sayyah, Deana	3/8/11	Sayyah, Deana	3/8/11
Goal	Weigh will be within height/weight standards.	In Progress	Medical	Sayyah, Deana	3/8/11	Sayyah, Deana	3/8/11
Goal	The client will increase aerobic condition as evidenced by increasing the walking distance by (insert distance in feet) during the 6 Minute Walk Test.	In Progress	Functional	Sayyah, Deana	3/8/11	Sayyah, Deana	3/8/11
Goal	Maintain or improve current aerobic capacity as evidenced by maintaining or increasing the distance achieved during the 6 Minute Walk Test.	In Progress	Functional	Sayyah, Deana	3/8/11	Sayyah, Deana	3/8/11
Goal	Will be medically stable with disease process.		Medical	Jimenez, Andres	1/30/12		
Goal	Will have increased knowledge of disease process, therapy, medication and side effects.		Medical	Jimenez, Andres	1/30/12		
Goal	Decrease in symptoms		Medical	Jimenez, Andres	1/30/12		
Goal	Asthma action plan in place		Medical	Jimenez, Andres	1/30/12		
Goal	Refer to asthma action plan when symptomatic		Medical	Jimenez, Andres	1/30/12		
Goal	Obtain peak flow meter		Medical	Jimenez, Andres	1/30/12		
Custom Intervention	Education plans.	In Progress	Medical	Sayyah, Deana	3/8/11	Sayyah, Deana	11/15/11
Custom Intervention	Foot assessment		Medical	Jimenez, Andres	3/2/12		
Intervention	Review assessment data to evaluate current pain management strategies and treatment for effectiveness and comparison to recommended guidelines	In Progress		Sayyah, Deana	11/15/11	Sayyah, Deana	11/15/11
Intervention	Assess use of non-medication comfort measures such as heat/cold (Therma-Care), stretching, strengthening exercises, posture evaluation, ergonomic solutions, massage therapy and/or assistive devices (new mattress, lumbar cushion or chair?)	In Progress		Sayyah, Deana	11/15/11	Sayyah, Deana	11/15/11

CUSTOMIZABLE CARE PLANS

Our disease management nurses also have the ability to adapt each recommended care plan to answer to the unique circumstances that may develop in certain cases. The custom goals and interventions can be reviewed by doctors for medical necessity and are tracked for Quality Assurance.

MULTIPLE CONDITIONS

Our Care Plan Protocol engine takes into account multiple conditions by reviewing and evaluating the answers entered in on each assessment to eliminate conflicting treatment plans.

Episodes of Care Reporting

IDENTIFYING COMPLIANCE WITHIN YOUR ENTIRE POPULATION IN ONE CLICK

EPISODES OF CARE SUMMARY REPORT

The EPISODES OF CARE report identifies all the members in your population with a specific condition and identifies the number and percentages of those who are compliant with the NCQA guidelines for each condition. The report analyzes the compliancy for each measure and can compare the data to an entire book of business. The report will also show how many of these members are in a disease management program, disease education program or have opted out.

EPISODES OF CARE

Diabetes

From 01/01/2011 To 12/31/2011

Run For XYZ Employer

03/29/2012

Members Identified With Diabetes: 76

Diabetes	# Compliant	# Non Compliant	Employer Compliance %	SHPG Book of Business Compliance %	% of DM Enrolled Members	% of DM Education Only Members	% of Opt Out Members	Pending Enrollment
Annual HgbA1c Testing	66	10	86.84	78.89	72.37	18.18	1.52	7.93
Annual Diabetic Eye Exam	29	47	38.16	21.67	31.58	41.38	3.45	23.59
Annual LDL Screening	57	19	75.00	70.65	59.21	21.05	1.75	17.98
Attention to Diabetic Neuropathy	53	23	69.74	62.06	56.58	22.64	1.89	18.89

SOME CURRENTLY CONDITIONS AVAILABLE

- DIABETES
- HYPERLIPIDEMIA
- CAD
- ASTHMA
- HYPERTENSION
- FLU

PLUS MANY MORE!

Our Episodes of Care Builder allows us to create new Episodes of Care reports for new conditions easily. Any condition can be added to ensure you get the information you want about your group's population.

EPISODES OF CARE DETAILS

EPISODES OF CARE

Diabetes
From 01/01/2011 To 06/06/2012
Run For XYZ Employer

06/06/2012

********** : ALE954452-01

DM	Ed Only	Disenroll Date	Address	City	State	Zip	HgbA1c	Eye Exam	LDL Screen	Nephropathy
X	X		161 JACKSON ROAD S.E.	MILLEDGEVILLE	GA	31061	X		X	X

********** ********** : BAN716862-01

DM	Ed Only	Disenroll Date	Address	City	State	Zip	HgbA1c	Eye Exam	LDL Screen	Nephropathy
X			1251 DUNLAP RD NE.	MILLEDGEVILLE	GA	31061-543				

********** : BAD875863-01

DM	Ed Only	Disenroll Date	Address	City	State	Zip	HgbA1c	Eye Exam	LDL Screen	Nephropathy
X			1233 HWY 18 W.	GRAY	GA	31032	X			

********** : BAD875863-02

DM	Ed Only	Disenroll Date	Address	City	State	Zip	HgbA1c	Eye Exam	LDL Screen	Nephropathy
X			1233 HWY 18 W.	GRAY	GA	31032	X		X	X

The EPISODES OF CARE DETAIL REPORT provides a breakdown of all the population identified in the Summary report and lists in what area of treatment the member is not compliant in. This allows for a more direct and specific outreach to educate each member on the Importance of each procedure and its benefit to the member's health. One diabetic eye exam a year could save the member's vision and thousands of dollars in savings.

MEMBER SPECIFIC & ASSESSMENT BASED EPISODES OF CARE REPORT

Episodes & Gaps in Care - DIABETES MELLITUS

Print Date: 03/13/2012

	Recommended Frequency	ADA Goal	Date Last Done	Results	Methods	Dates
Blood Pressure Chec	Every regular PCP vis			130/80		
Routine PCP Visit	2 times/year well controlled and 4 times/year poorly					01/2010, 03/2010, 07/2010, 08/20
Hgb A1c	Every 3-6 months	<7.0	07/22/2010	06.8		
Total Cholesterol	Yearly		08/31/2010	200		
LDL	Yearly		08/31/2010	38		
HDL	Yearly		08/31/2010	38		
Triglycerides	Yearly		08/31/2010	155		
Urine Microalbumi	Yearly					
Comprehensive Foot Exa	Yearly		03/09/2010			
Dilated Eye Exam	Yearly		02/23/2010			
Flu Vaccine	Yearly		10/14/2010			
Pneumonia Vaccine	Once if over 65 yrs old. Otherwise every 5 yrs.		08/31/2010			
Smoking Cessation						
Urgent Care Visits Past Y						
ER Visits Past Yea						7/27/2010
Hospitalizations Past Yea						7/27/2010

The assessment based episodes of care report populates the most important fields that are captured in DBMS' in-depth Condition assessments. These assessment based reports capture all the specific details that are needed to see where the gaps in the member's care are. Medical professional scan then divert their attention to these areas of concern when treating the patient.

Quality & State Reporting

HELPING YOU COMPLY WITH GOVERNMENT AND STATE REGULATIONS

AUTHORIZATION TIMELINE & STATE ACCREDITATION REPORT

AUTHORIZATION TIMELINE & STATE ACCREDITATION REPORT

CREATION DATE FROM 03/01/2012 TO 03/12/2012
GROUP: XYZ HHW

Print Date: 03/24/2012

Name	Auth Number	Auth Type	Referral Category	Received Date	Decision Date	Number of Days Open	Info Requested Date	Info Received Date	Decision	Denial Reason
*******	*******	Prudent Lay	Standard	03/08/2012	03/08/2012	1			Approved	
*******	*******	Prudent Lay	Standard	03/09/2012	03/09/2012	1			Denied	Not Medically Necess
*******	*******	Prudent Lay	Standard	03/12/2012	03/12/2012	1			Approved	
*******	*******	Specialist OV	Standard	03/01/2012	03/05/2012	4			Approved	
*******	*******	OP Service/OP Surgery	Standard	03/01/2012	03/05/2012	4			Approved	
*******	*******	Prudent Lay	Standard	03/05/2012	03/05/2012	1			Approved	
*******	*******	Prudent Lay	Standard	03/09/2012	03/09/2012	1			Denied	Not Medically Necess
*******	*******	OBS Stay	Standard	03/05/2012	03/07/2012	2			Approved	
*******	*******	Prudent Lay	Standard	03/01/2012	03/01/2012	1			Denied	Not Medically Necess
*******	*******	Prudent Lay	Standard	03/05/2012	03/05/2012	1			Approved	
*******	*******	Prudent Lay	Standard	03/02/2012	03/02/2012	1			Approved	
*******	*******	Prudent Lay	Standard	03/08/2012	03/08/2012	1			Denied	Not Medically Necess
*******	*******	Prudent Lay	Standard	03/05/2012	03/05/2012	1			Approved	
*******	*******	Prudent Lay	Standard	03/01/2012	03/01/2012	1			Approved	
*******	*******	Prudent Lay	Standard	03/08/2012	03/08/2012	1			Denied	Not Medically Necess
*******	*******	Prudent Lay	Standard	03/07/2012	03/07/2012	1			Denied	Not Medically Necess
		Inpatient Hospital	Standard	03/12/2012	03/12/2012	1			Approved	

GOVERNMENT COMPLIANCE

- MEDICARE
- MEDICAID
- STATE HEALTH PROGRAMS

The AUTHORIZATION TIMELINE & STATE ACCREDITATION REPORT shows all authorizations and the types giving you a quick overview of the authorizations done on the patients, the authorization type, the decisions, and denial reasons. This State Report, as well as all the others, can be customized to show Medicare and Medicaid claims, or claims from any other government program.

MEDICAL NECESSITY REVIEW REPORT

MEDICAL NECESSITY REVIEW LOG (QR-Q2)

REVIEW DATE ENTERED IN SYSTEM FROM 01/01/2011 to 03/31/2011
ALL

Print Date: 10/24/2011

Item No.	Medical Necessity Review Activity	Total
1.	Number Of Medical Necessity Review Determinations Requested	6,147
2.	Number Of Medical Necessity Denials Determinations	6,946
3.	Number Of Medical Necessity Denials Submitted for Reconsideration	0
4.	Number Of Medical Necessity Denials Reconsidered and Overturned	0

5. Number of Medical Necessity DENIALS Determined for Current Reporting Period:

Type of Service Reviewed	# in network denials	# out of networks denials
Durable Medical Equipment (DME)	0	34
Neuro Psych Testing	0	1
OP Service/OP Surgery	0	3
Prudent Lay	0	11,120

* If a "Service Reviewed" does NOT show up in the above list assume that there were not any authorizations that were generated for those date parameters.

Our MEDICAL NECEISSTY REVIEW REPORT display how many medical necessity determinations were processed during the selected date range, along with how many denials were issued and how many of those denials were resubmitted and/or reconsidered and over turned. This is a great report for tracking and confirming these important activities.

MEDICAL NECESSITY REVIEW REPORT

The AUTHORIZATION QA REPORT captures potential authorizations that will be rejected during the Claims Processing system. Making the necessary corrections prior to transmitting the Authorizations or Precertification data to claims systems will ensure that over 95% of the Precertification's are paid from the time the first payment is processed. This prevents delays in processing claims and avoids Medicaid or Medicare penalties.

Potential Authorization File QA

03/24/2012 INPATIENT

Auth Number	Referral Number	Auth/Referral Type	Entered By	Process Date	Discharge Date	Facility Missing NPI	Facility Missing IHCP	Provider Missing NPI	Provider Missing IHCP	Missing Primary Diagnosis	Referral Status
1093083	WSGV-102110	OBS Stay		11/01/2011	11/04/2011	-	-	Yes	Yes	-	Approved
1093208	WSGV-102246	Inpatient Hospital		11/02/2011	10/31/2011	-	-	-	-	-	Denied
1093979	WSGV-103023	Inpatient Hospital		11/08/2011	11/10/2011	-	-	Yes	Yes	-	Approved

Potential Authorization File QA

03/24/2012 OUTPATIENT

Auth Number	Referral Number	Auth/Referral Type	Entered By	From Date	To Date	Facility Missing NPI	Facility Missing IHCP	Provider Missing NPI	Provider Missing IHCP	Missing Primary Diagnosis	Missing CPT	Referral Status
1070990	WSGV-78943	Durable Medical Equipment (DME)		03/28/2011	03/28/2013	-	-	Yes	Yes	-	Yes	Approved
1082481	WSGV-90894	Durable Medical Equipment (DME)		08/03/2011	07/06/2012	-	-	Yes	Yes	-	Yes	Approved
1087425	WSGV-96096	OBS Stay										

GOVERNMENT COMPLIANCE

As a medical management company and IT company, DBMS understands that reporting can vary not only from institution to institution, but also from state to state. We can quickly customize our reporting engine to capture the required information to keep your institution compliant at the state or even national level.

ON DEMAND REPORTING

Reports can be generated as your institution requires and automated reporting processes can also be established to ensure you receive the reports you need at the time you need. Never be unprepared for that important client meeting or show up empty handed to your client presentation.

WEB PORTAL SOLUTIONS

With our dynamic Web Portal, obtaining and sharing reports is a breeze. A username and password is all that is required to give you access to all of your client information and generating reports only takes seconds after the click of a button. Our Web Portal component saves time and ensures you have access to you information wherever you go. client presentation.

DYNAMIC REPORT BUILDER

Our system reports have been created utilizing our reports builder engine that allows custom reports to be generated easily and accurately to guarantee that your data is displayed how you want it when you want it. Custom reports can also be made available on the Web Portal and placed into the automated reporting queue.

Medical Tourism

TAKING HEALTHCARE TO NEW HORIZONS TO IMPROVE QUALITY AT A LOWER COST

**Participation in the International Medical Tourism program requires a separate signed agreement. Additional information is available upon request.

MEDIAL TOURISM CANDIDATE IDENTIFI-

The DBMS System has reports designed to identify potential patients that qualify for Medical Tourism programs. Through our partnership with Global Medical Consortium, patients would be flown to popular vacation destinations with their spouse, receive top-quality medical care and therapies, and be brought back to the US for a fraction of the cost of the same treatment here in the US. The Medical Tourism program is a great incentive to improve employee moral by adding a vacation to their medical procedure and a great way to save money. Savings typically range at about 30-50% per case.

MEDICAL TOURISM CANDIDATE REPORT

6/1/2012 To 6/30/2012

06/15/2012

POTENTIAL REFERRALS

Referral Number	Auth/Referral Type	Hip	Knee	CPT 1	CPT 2	CPT 3	CPT 4	CPT 5	Has Discharge Plan	Auth Start Date	Auth End Date
WSGV-118793	Inpatient Facility	NO	YES	27447					YES	03/06/2012	03/09/2012
WSGV-119664	Inpatient Facility	NO	YES	27447					YES	03/13/2012	03/16/2012
WSGV-118348	Inpatient Facility	NO	YES	27486					N/A	03/15/2012	03/19/2012
WSGV-119524	Inpatient Facility	NO	YES	27447					N/A	03/20/2012	03/22/2012
WSGV-117828	Inpatient Facility	NO	YES	27447					N/A	03/20/2012	03/23/2012
WSGV-121303	Inpatient Facility	NO	YES	27447					YES	03/21/2012	03/24/2012
WSGV-123148	Inpatient Facility	NO	YES	27447					YES	04/09/2012	04/13/2012
WSGV-123142	Inpatient Facility	NO	YES	27447					YES	04/09/2012	04/16/2012
WSGV-124544	Inpatient Facility	NO	YES	27447					YES	04/12/2012	04/16/2012
WSGV-120476	Inpatient Facility	NO	YES	27447					YES	04/16/2012	04/19/2012
WSGV-122861	Inpatient Facility	NO	YES	27447					YES	04/23/2012	04/26/2012
WSGV-126933	Inpatient Facility	NO	YES	27447					YES	04/24/2012	04/27/2012
WSGV-124615	Inpatient Facility	NO	YES	27447					YES	05/01/2012	05/04/2012
WSGV-126825	Inpatient Facility	NO	YES	27447					YES	05/01/2012	05/04/2012
WSGV-125965	Inpatient Facility	NO	YES	27447					YES	05/09/2012	05/15/2012
WSGV-127596	Inpatient Facility	NO	YES	27447					N/A	05/14/2012	05/16/2012
WSGV-130152	Inpatient Facility	NO	YES	27447					YES	05/21/2012	05/24/2012
WSGV-132363	Inpatient Facility	NO	YES	27447					YES	06/14/2012	06/16/2012
WSGV-132699	Inpatient Facility	NO	YES	27447					N/A	06/18/2012	06/20/2012
WSGV-130611	Inpatient Facility	NO	YES	27447					YES	06/25/2012	06/27/2012
WSGV-133749	Inpatient Facility	NO	YES	27447					N/A	06/26/2012	06/26/2012

TOTAL REFERRAL 21

TOTAL YES: 15
TOTAL NO: 0
TOTAL N/A: 6
TOTAL Blank: 0

WHY MEDICAL TOURISM?

It provides alternatives to insurance companies, care management institutions, and individuals looking to battle the rising cost of medical services in the US. By connecting patients with internationally accredited institutions, superior quality healthcare services can be provided at fraction of the domestic cost. Our network of hospitals, physicians and support facilities abroad offer seamless, high quality medical services, and ensure a safe and enjoyable travel experience from the moment you set foot on the plane to leave the US, until you are recovered and on the plane back home.

PROCEDURES CURRENTLY AVAILABLE:

- ORTHOPEDIC
- DENTAL
- EYE SURGERY
- UROLOGY
- FERTILITY
- AND MANY MORE!

SOUTH AMERICA

South American countries are finally emerging as health and economic powers leaving nothing to be desired from other fully developed nations. The World Health Organization recently released its World Health Report that identified COLOMBIA and other South American nations as some of the WORLD LEADERS in healthcare, even surpassing countries like the USA, Switzerland, Canada and Germany. Of the top 35 hospitals identified in Latin America, Colombia has eight. Don't let Colombia's dark past scare you. While drugs may still be an underlying issue, crime and violence is no more prevalent in Colombia than in New York City and Colombia ranks 36th in the world in # of crimes compared to the US which is #1.

CARIBBEAN & CENTRAL AMERICA

The Dominican Republic and Central America offer exotic vacation destinations married with great healthcare. Though not as modern as most South American destinations, these hospitals still can deliver quality healthcare in a tropical environment filled with luxurious resorts and great people. Other countries like Costa Rica and Panama are also top tourist destinations that have been heavily targeted in medical tourism programs worldwide and provide another alternative to those still weary of traveling to lesser known locations.

One **System**, One **Database**
One Integrated **Solution**

A totally integrated care coordination system in the clouds

This brochure only contains a fraction of the services, features, reports, and benefits of the DBMS Care Coordination and Integrated Health Management System. With over 36 healthcare specific components, over 100 protocols, and over 60 languages, the DBMS system distinguishes itself as one of the most robust health information systems that is suitable for any health insurance company, any hospital, and any country. The DBMS system brings you tomorrow's dynamic technology today with components that are still decades ahead of their time. Add to this the partnership with international medical tourism programs and institutions, DBMS has the solution for tomorrow's healthcare needs.

FOR MORE INFORMATION:

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