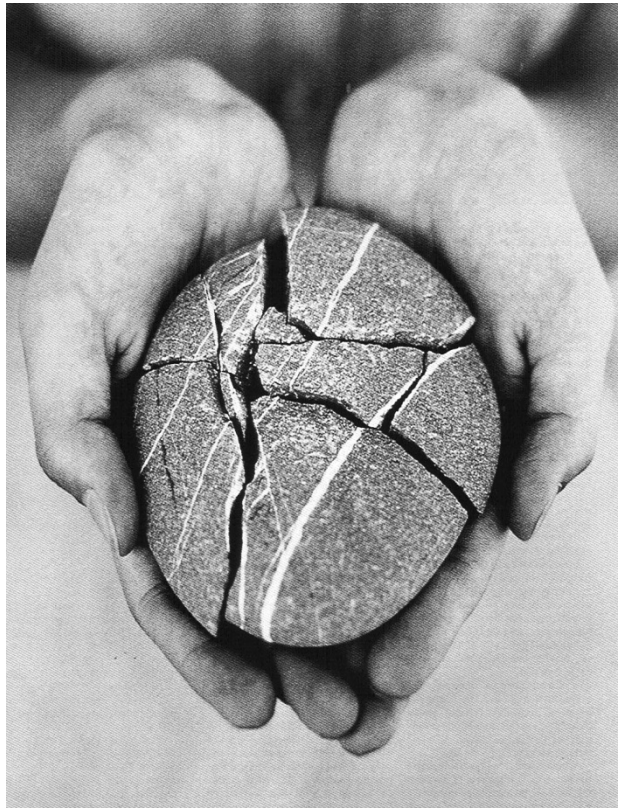
Global Care Delivery Inc

"You never change things by fighting against the existing reality. To change something, build a new model that makes the old model obsolete."

F. Buckminster Fuller

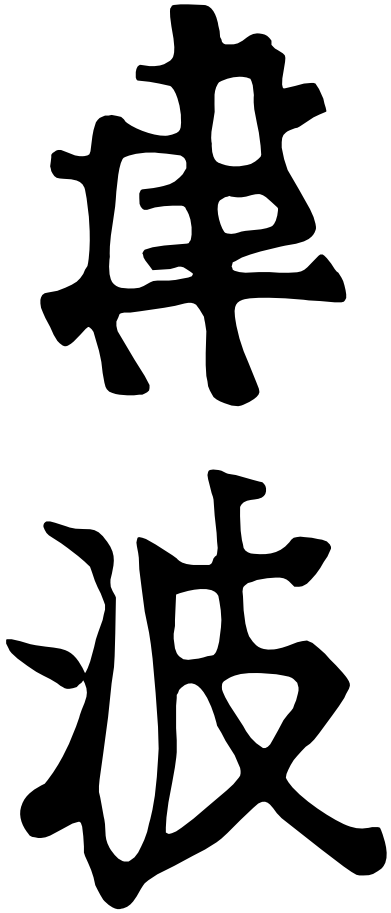
The Session…

- Forces Precipitating Change in Global Healthcare Delivery
- Some Ideas for Monetizing Existing Resources
- The Implications…
- After Thoughts on Future Directions



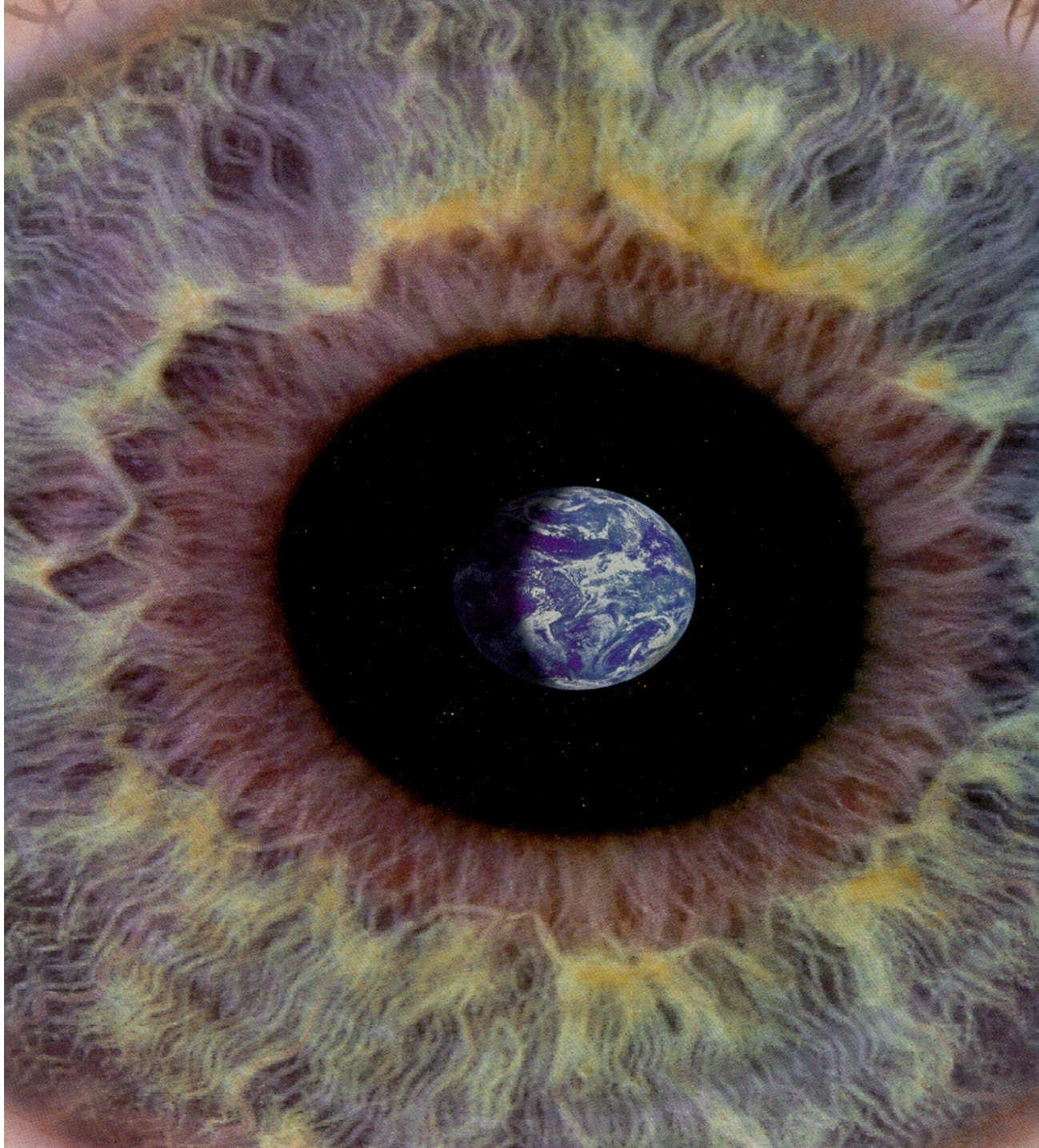
津波

The Metaphor...

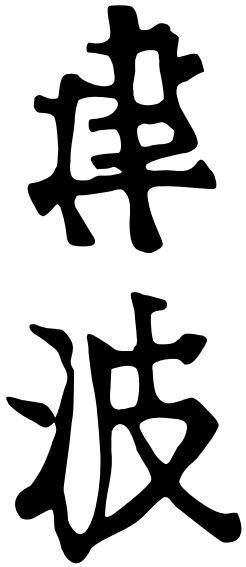


“Vision...is the art of seeing things invisible.”

Jonathon Swift
1711



The Issue…



The Premise…

- Society is demanding for all goods and services but – especially for health care – that we…
  - ↓ Costs
  - ↑ Quality
  - ↑ Service
- The inherent incentives of the health care industry are disparate, inconsistent and dysfunctional – causing leaders significant challenges
- Society is moving inextricably towards an information democracy rather than professionally dominated theocracy
  - = Focal point for health care change
  - = Appropriate management of information required
  - = Intellectual capital of medicine
  - = Simultaneously empowering (consumers) and disempowering (physicians)

Global Forces

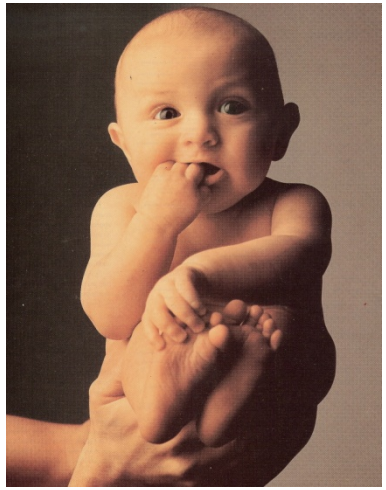
- Shifting world economic power
- Fiscal pressure on governments
- Global migration and virtualization
- Consumer market expectations
- Simultaneous cultural diversity and integration

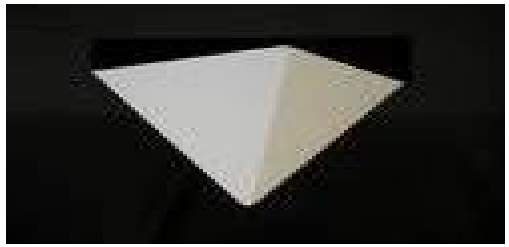
"Change is the price of survival."

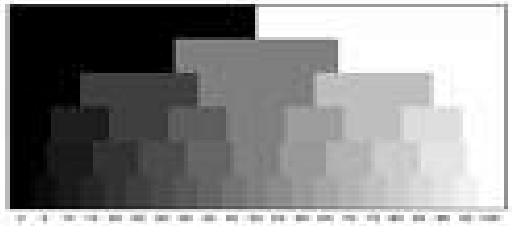
Sir Winston Churchill

Health Care Forces

- Large scale consolidation
- Breakdown of traditional boundaries
- Cross-industry convergence
- Rising tide of technology
- Workforce globalization



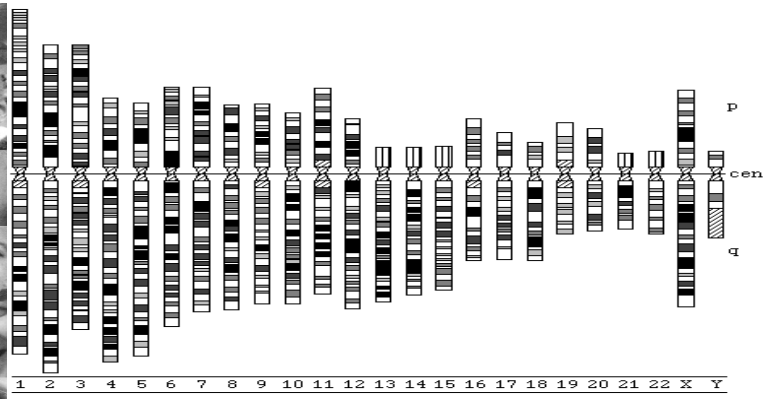


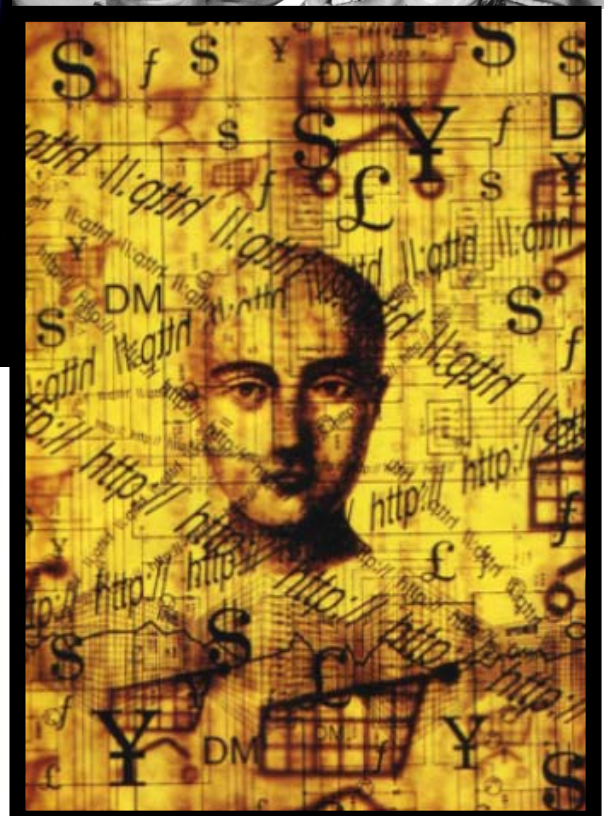


"Change is the price of survival."

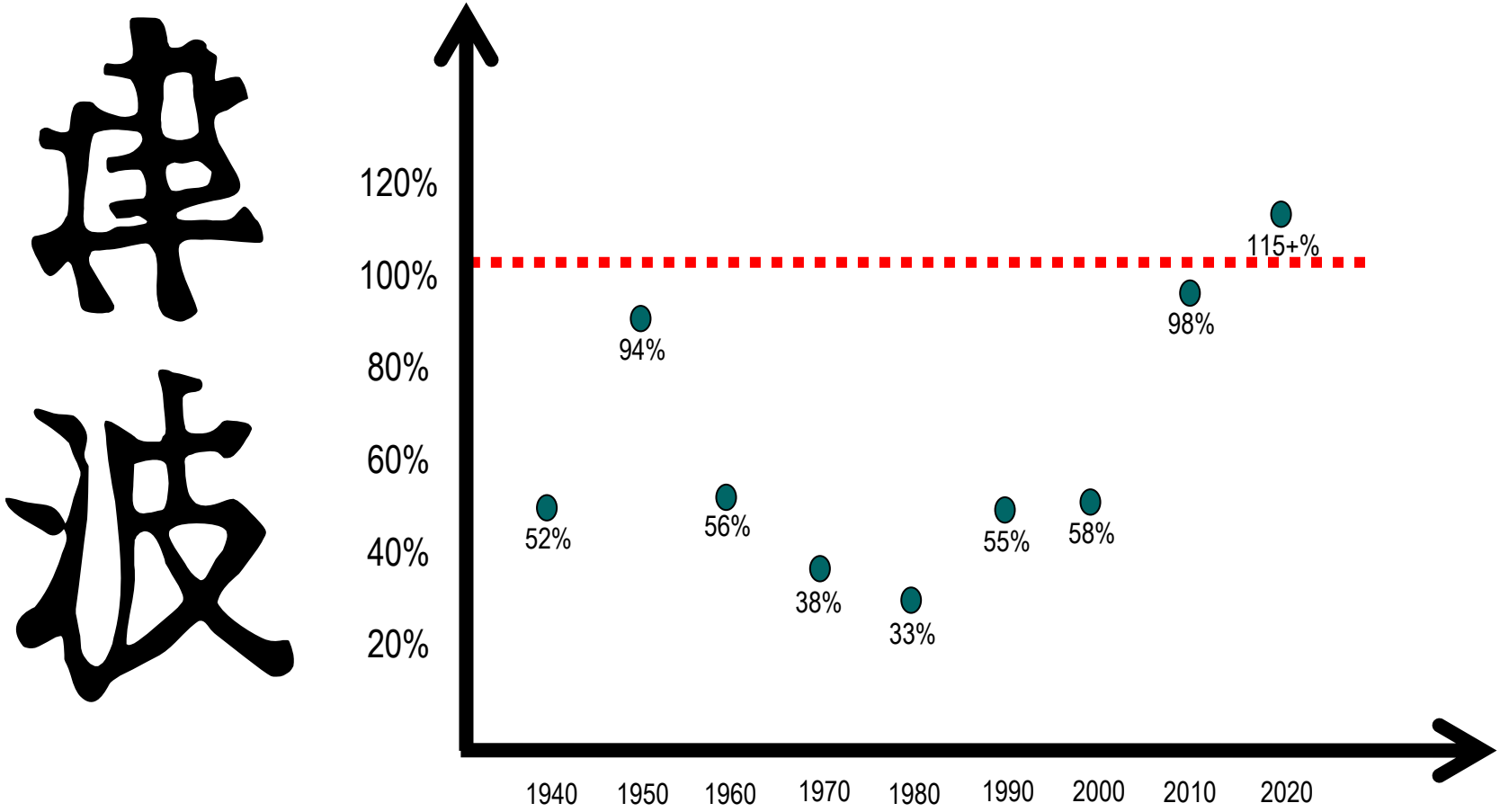
Sir Winston Churchill

The Domains of Change – in Healthcare…



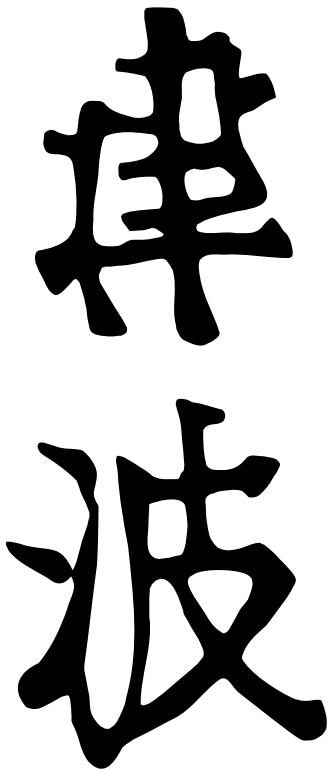


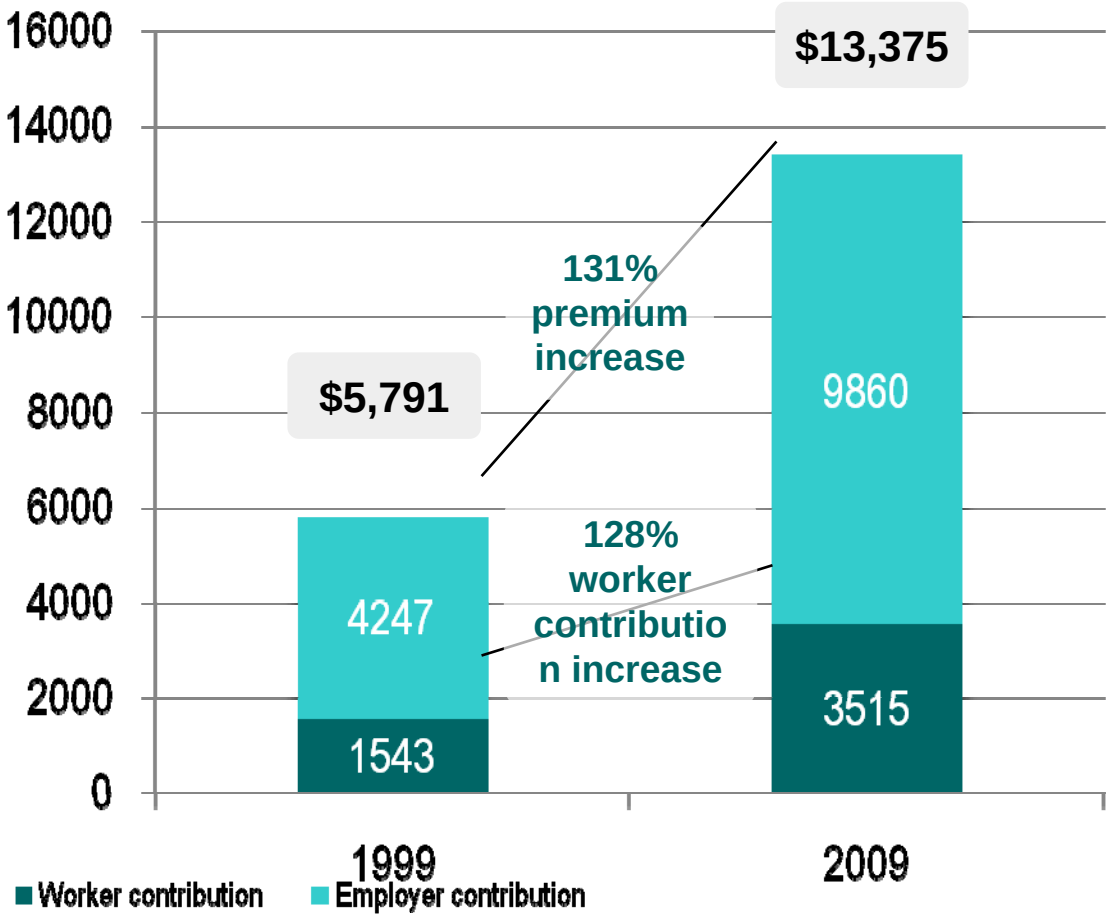
Debt to GDP Ratio Pattern of the USA



The Resource Issues…

Average Health Insurance Premiums and Worker Contributions for Family Coverage, 1999-2009





Note: The average worker contribution and the average employer contribution may not add to the average total premium due to rounding

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2009

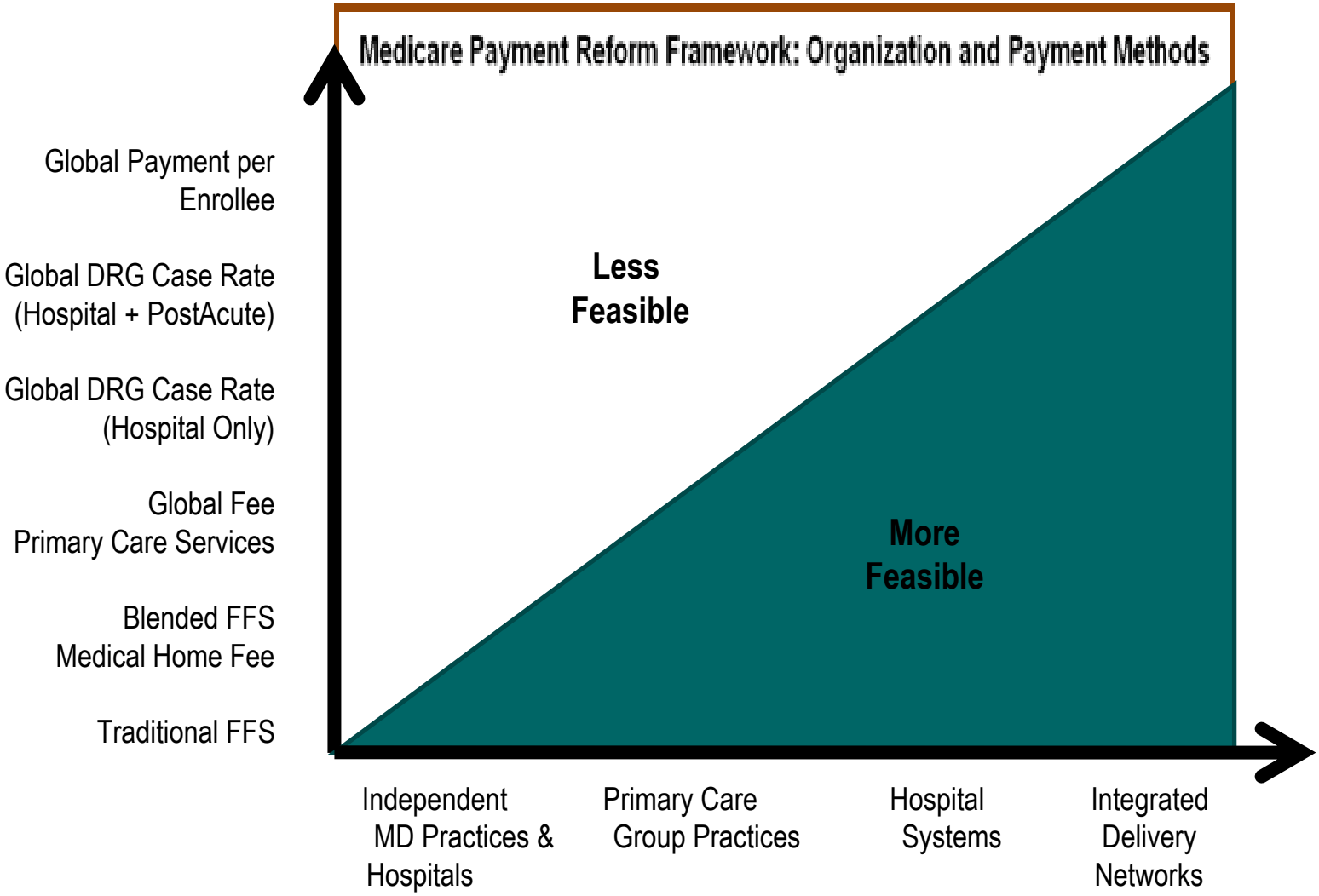
Accountable Care Organizations

- **Essential Attributes of an Accountable Care Organization**
  - Provides (or can effectively manage) continuum of care as a real or virtually
  - Integrated local delivery system
  - Sufficient size to support comprehensive performance measurement

- **Potential Accountable Care Organizations**
  - Integrated delivery systems – Geisinger, Kaiser, Cleveland Clinic
  - Virtual delivery organizations – Piedmont, Inova, University Medical Schools
  - Cross-national organizations – Walgreens, CVS, RiteAide
  - Regional collaboratives – Rural Health Initiative

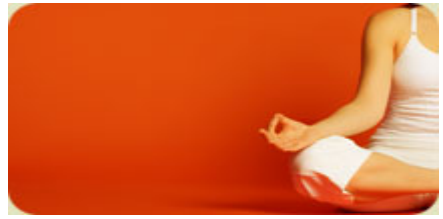
- **Evolving Models**
  - Integrated Care Delivery Organizations – Cleveland Clinic Foundation
  - Academic Medical Center Network – Premier Academic Center agreements
  - Specialty Service Network – Women's and Children's, Oncology, Ophthalmology, Renal Services

Integrated Payment Methodologies Will Drive Organizational Integration



And, The Implications?

- **Consolidation –** of hospitals / physicians
- **Efficiency and Effectiveness –** the new watchwords
- **Globalization –** of care delivery
- **Virtualization –** of support and delivery
- **Accountable Care –** the required capability
- **Productivity –** the essential ingredient
- **Information Exchange / Data Analytics –** fostering open data sharing, transparency and interoperability



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HEALTH BI SYS

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RCM & ACO Systems Linked

BI Powered Healthcare Technology Delivered Today

- **RCM System Set**
  - **C**harge **C**apture **R**eview Systems
  - **E**lectronic **M**edical **R**ecords Systems
  - Personal Health Records and Wellness Portal
  - Auditing, Billing, Collection and Follow-up Services
  - Foreign claim specialists for both current and zero balance billings
- **RCM Z**ero **B**alance & **V**ariance **BI** Systems
  - Specialists Nationally & Internationally
- **ACO Development System - ACA**
  - Diseases management and wellness programs
  - Consulting in ACO Administration & Network Development Technologies
- **ACO Management Partnerships**
  - **Associations** ABBA and AARP/AMAC
  - **4G Biometrics** - Diseases management / Data Collections Systems

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Contract Value Analysis (CVA)

- **The CVA is a targeted strategy that removes the ambiguity and guesswork for demonstrating maximum contract value.**
- **Legacy data, Claims, EMR & EOB data provided by the client are processed against our payer modeling system.**
- **Business relationships based on partnering – by understanding the clients' commitment to increase medical collections without sacrificing quality we can most effectively deliver our solution to this business problem.**
- **The success of the Contract Value Analysis (CVA) is driven by the quantity and quality of information the prospective client makes available. A minimum of six-twelve months of actual claims, EMR and EOB data obtain the best results.**

…we put your "Medical Data Intelligence" to work today.

The Global Care team includes some of the most respected doctors and hospitals in the world with their focus on saving lives and improving health care through the business of medicine…

State of the art software management tools and reporting.
Increase zero balance recoveries and billing income.
(averaging more than $1million per payer contract audited)

A Complete Solution

1. State-of-the-Art Bluetooth Glucometer

99.5% Testing Accuracy
.3 µL Blood Sample (Smallest Available)
3 Second Test Results
Icon Based Activity Tracking

2. Connection Solution

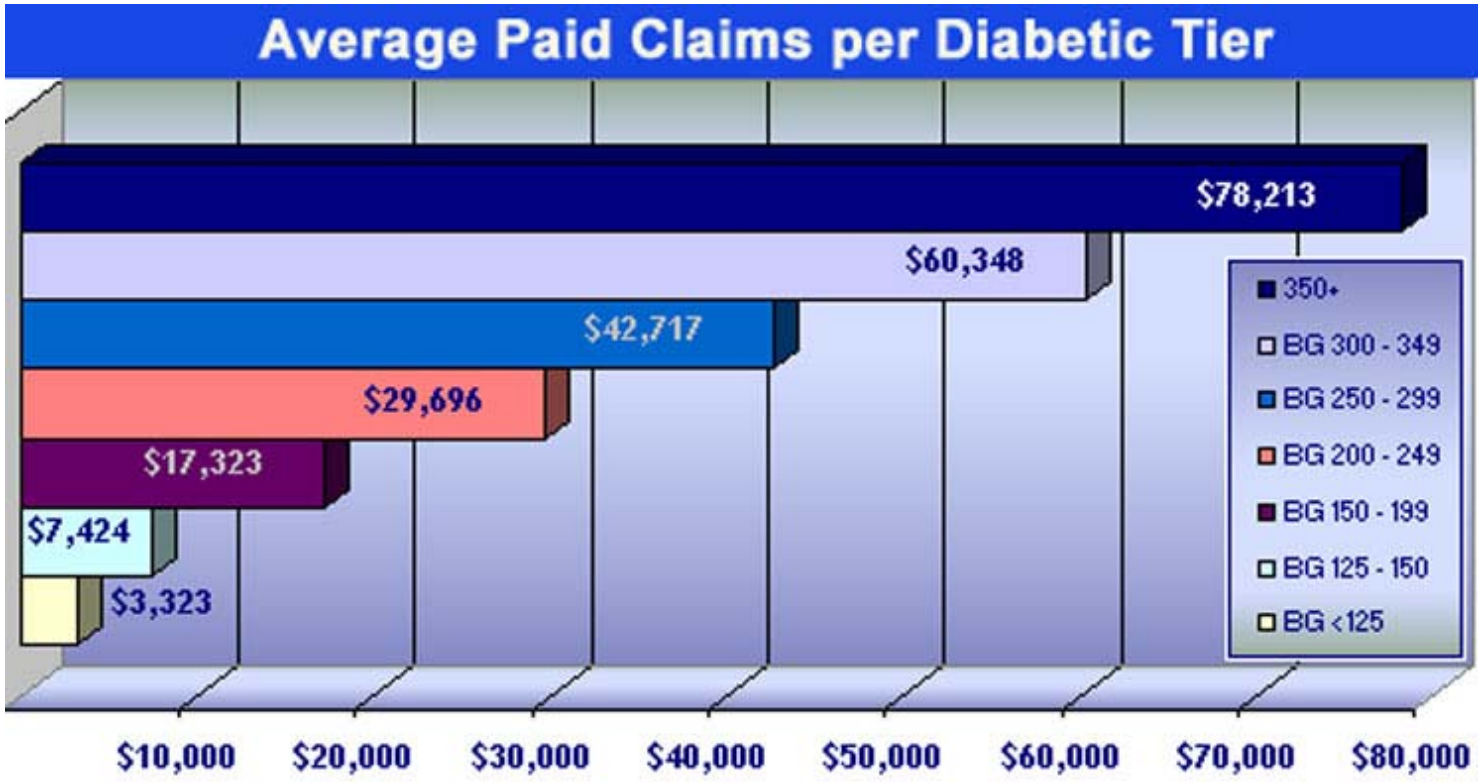
Cellular Based Bluetooth Home Tracker (March 2012)
iPhone 4S & Android Smartphone Application
Tracker for Home Phone Line
USB Cable for Computer w/ Free Software

3. Diabetes Supplies

Diabetes Testing Supplies (50 Count Each)
Adjustable Lancing Device
Lancets
Control Solution

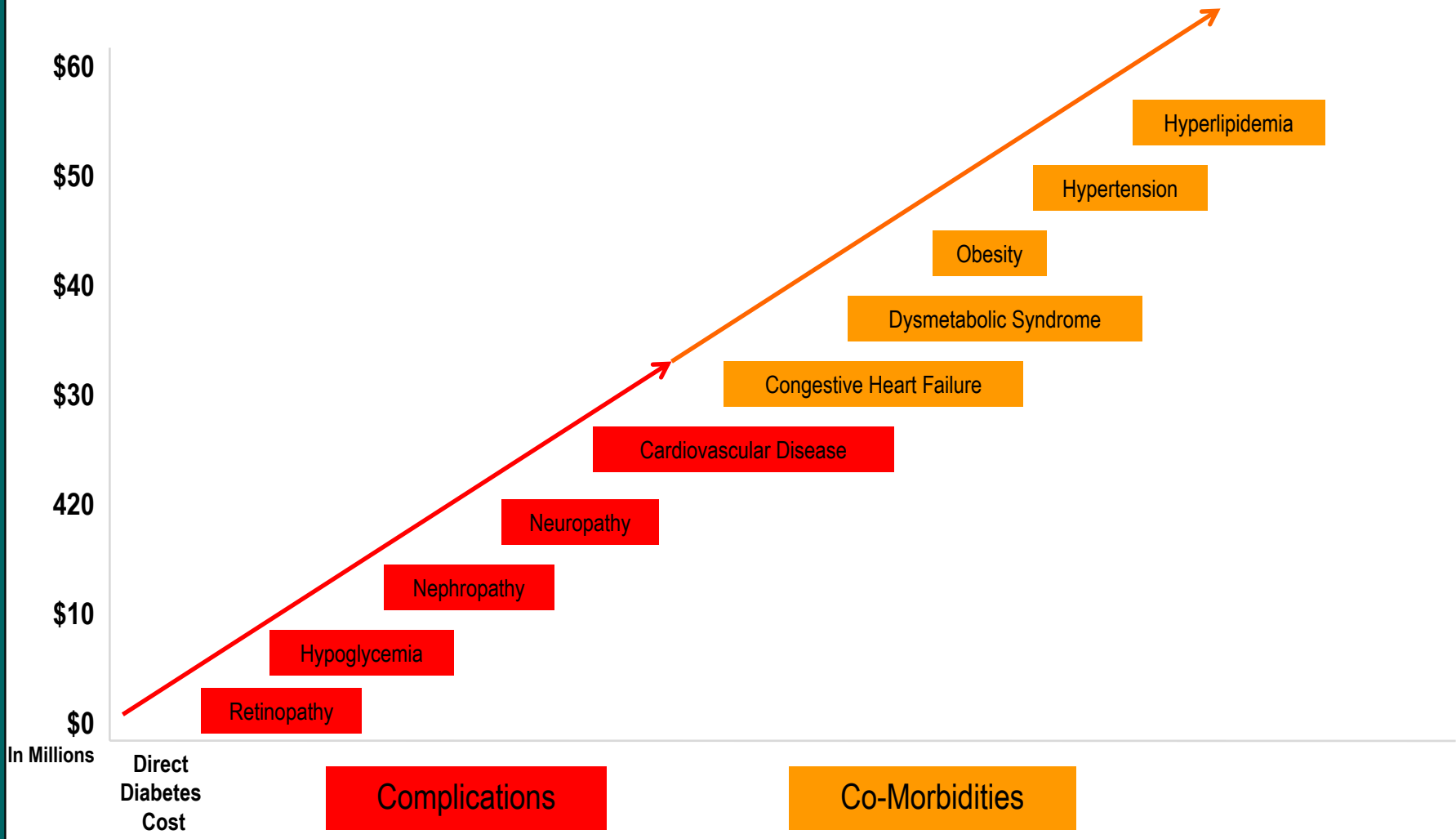
4. On-Time Delivery to Patient's Door

High Blood Glucose & High Claims Cost Correlate



- **16% of Patients live in top four tiers**
- **They spend 63% of all claims dollars**

True Cost Continuum of Diabetes



Collect-Interpret-Communicate

Intervention Profiles

Payer / DM Nurse (Jenny) BG>300 or <70; 3 Days Immediate: BG>400 <60
Physician (Dr. Baker) Preprandial BG>175; 5 days Postprandial BG>200; 4 days
Physician (Dr. Ellinger) BG>180 or <65; 4 Days Immediate: BG>500 <50
Loved One (Joan Henry) BG>140 or <85; 1 Days
Patient (John Henry) BG>135 or <80; 3 Days Immediate: BG>240 <65

BG = 420

Secure Email

DM Nurse (Jenny)

Email

Physician (Dr. Baker)

Physician (Dr. Ellinger)

Text Msg

Patient (John Henry)

RoboCall

Loved One (Joan Henry)

Collect-Interpret-Communicate

Intervention Profiles

Medical Director
Establishes Safety Protocols
Online Access to Company wide records

Safety Officer / Terminal Dispatcher
Immediate Hypoglycemia Review Protocol
Minimum BG = 75
BG Too Low = Pull Over

Patient (John Henry)
BG>135 or <75; Every Day
Immediate: BG>240 <65

Secure Email

Terminal Dispatcher

Text Msg

Advise Safety Violation

BG = 55

Patient (John Henry)

The Study

Third Party Study Outcomes using Medicare Pricing

2002 -2004 data ~516 Total Patients

Prepared for Informed Care, Inc. by

Jeanne Sappington, Ph.D., The Emblematics Corporation

April 12, 2006

Referred by Local Physicians

Diabetes w/ Co-morbidities

History of Non-Compliance

All Cost Data provided by CMS (Medicare)

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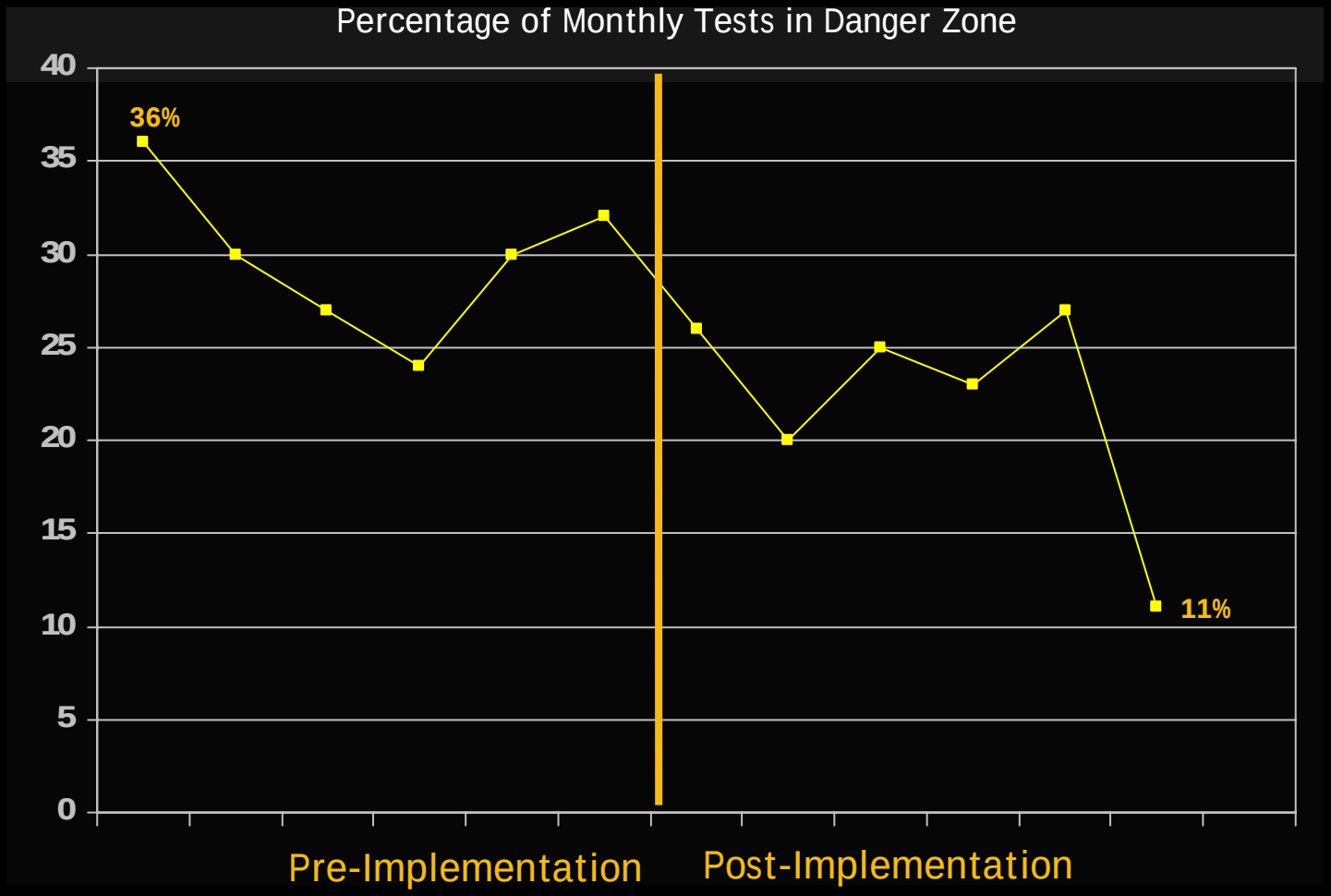
Monitoring & Intervention Impact



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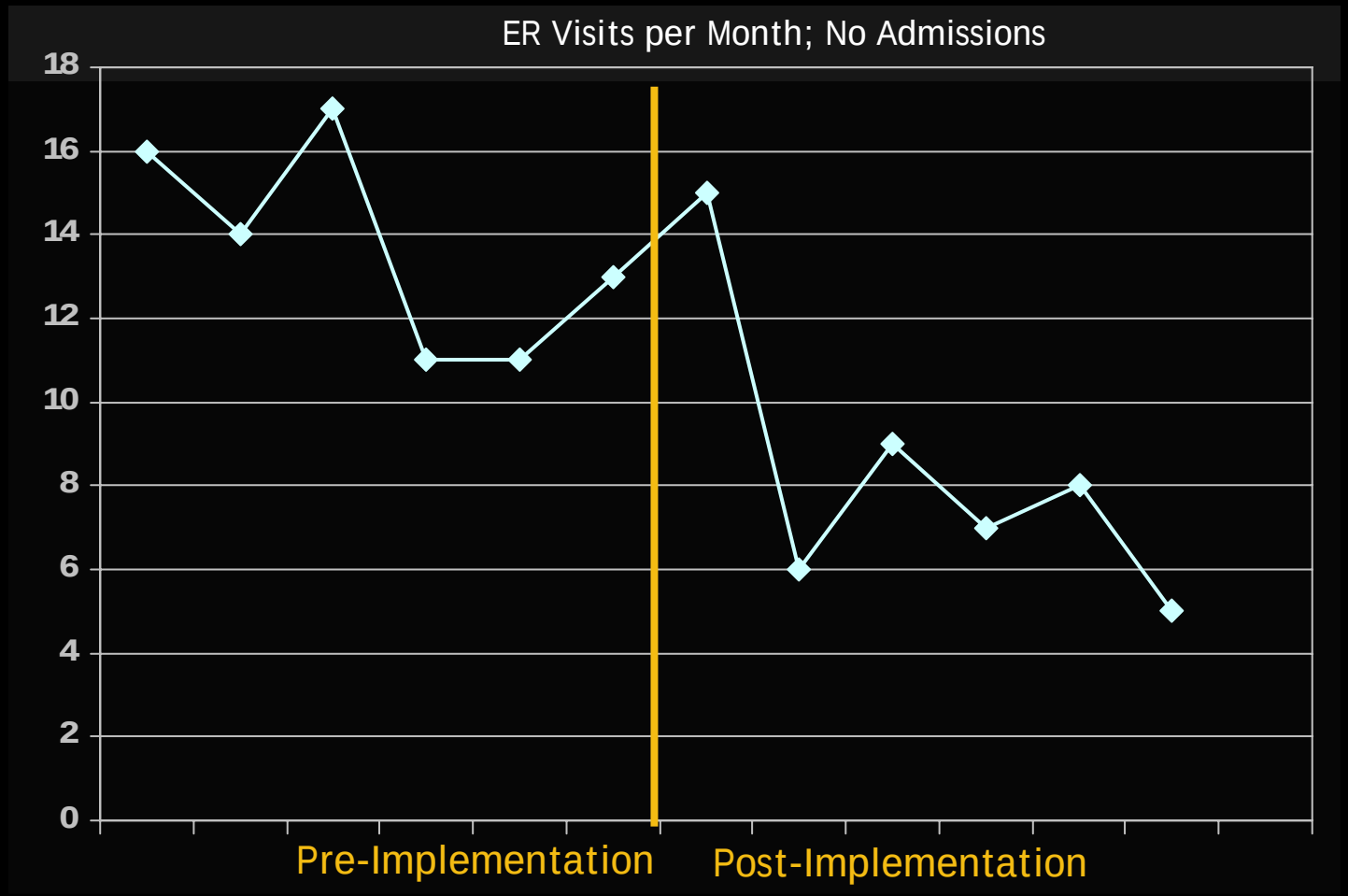
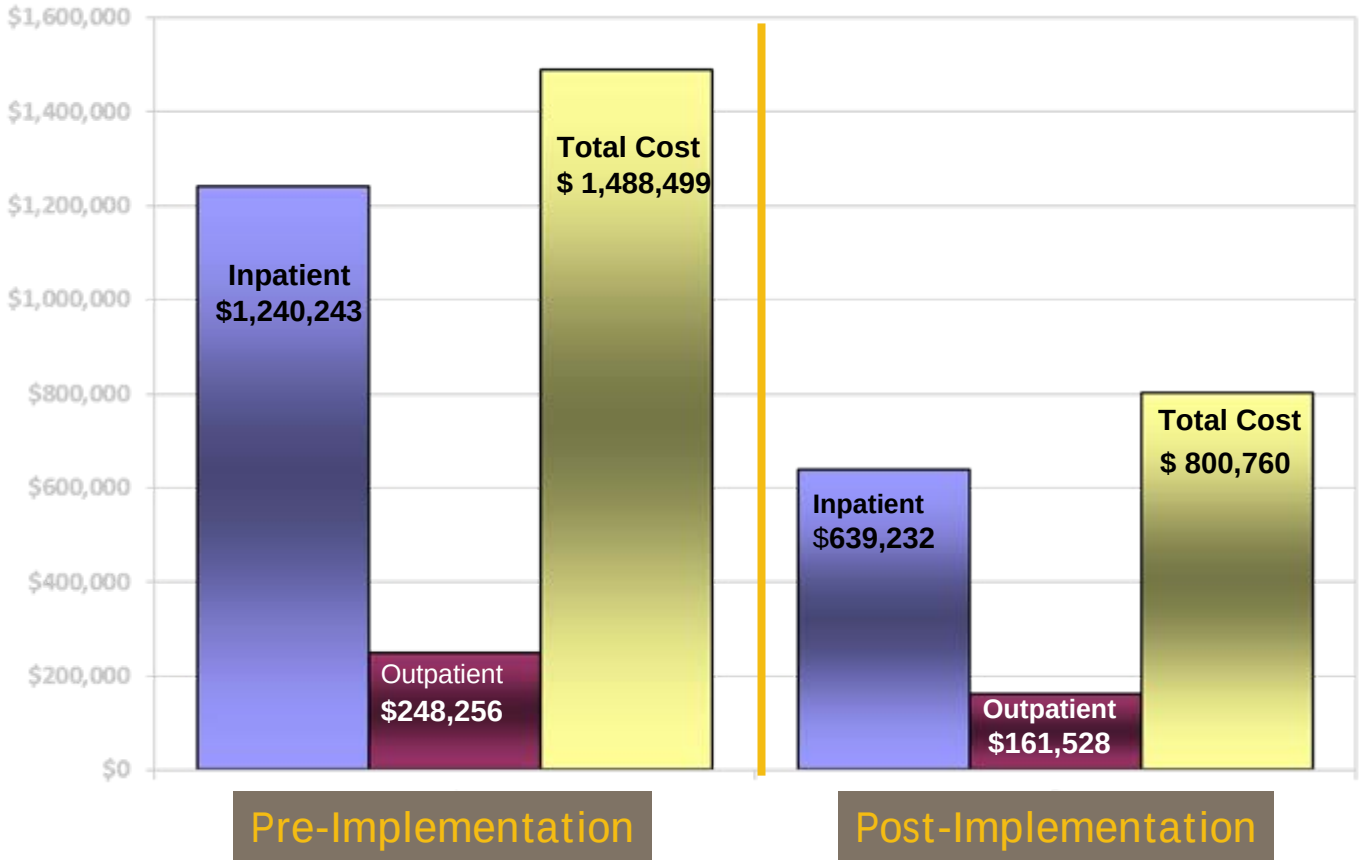
Monitoring & Intervention Impact



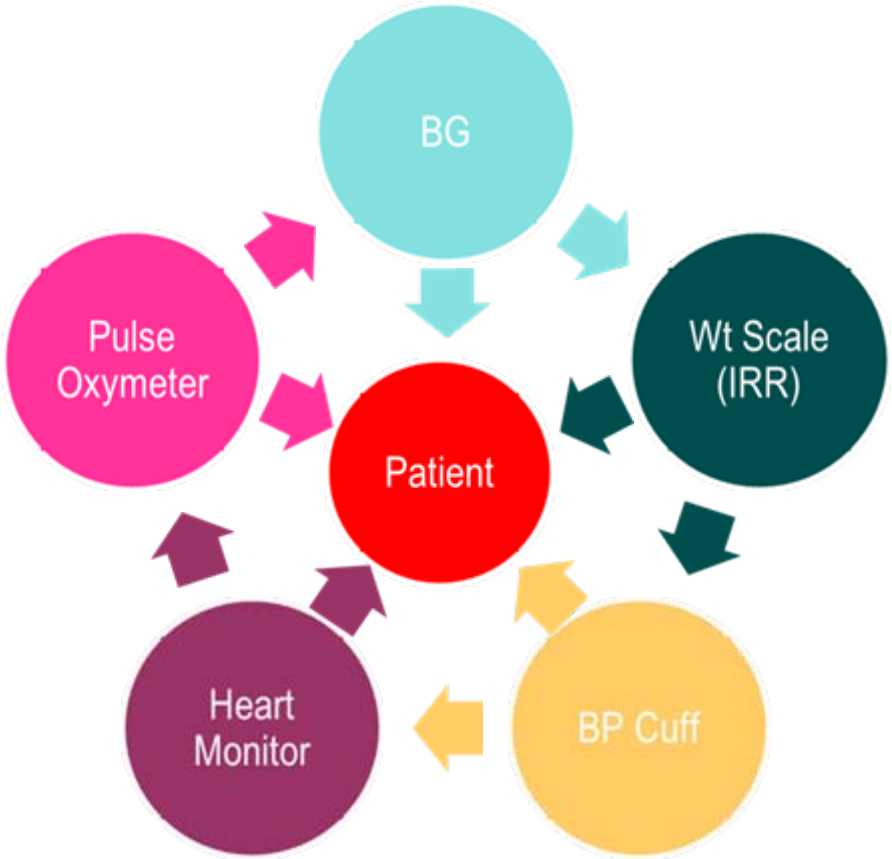
Monitoring & Intervention Impact



Medical Home Model

- **Blood Glucose**
- **Medical Alert Systems**
- **Thermal Wt Scale**
- **BP Cuff**
- **Heart Monitor**
- **Pulse Oxymeter**

Bluetooth & Zigby Enabled Devices



Unique Offerings

GLOBAL CARE DELIVERY has developed
an *unprecedented recovery system*
that increases revenue for providers.

The system is designed using knowledge gained from
our unique experience building actuarial systems, payer systems,
and provider networks.

This *State of the art* system
will bring a broad scope of medical administration
technologies to your fingertips.

Proven Results

GCD loads your payer contacts and your zero balance paper
Automatically re- calculating each bill exactly as your contract states it should have been paid for each payer. Then **GCD's BI (Business Intelligence) Engine** identifies all claims paid incorrectly by the payer using our collection of identified payer issues collected over 20 years of processing claims.

The system was designed using knowledge gained from
our unique experience building actuarial systems, payer systems,
and provider networks nationally.

Then the system stays in place auto-auditing daily inbound & outgoing EDI files after payer payment issues are identified. This way issues are fixed forever and the bleeding is stopped.

Confidence Auditing and better Collections = *GCD Software Installed*

Auditing and Contract Management tool to increase recoveries,
as well as advanced reporting.

The GCD software also captures foreign claims allowing the GCD team
to collect an average collection rate exceeding 94%.

Never allow your international insurance claims to be heavily discounted by silent PPO's. We often collect international claims above 80% of charges.

Increase payer collections as well as zero balance recoveries,
Analyze and compare payer contracts
(renegotiating) to others in their area

GCD's Unique Offering of funding your ACO through Recoveries

Global Care Delivery has developed an
unprecedented recovery system
that can fund your **ACO** development.

Give your Hospital /ACO an edge by using knowledge gained from
our unique experience in building actuarial, payer claims payment, RCM
and provider network systems.

This *State of the art* system
will bring a broad scope of RCM & ACO administration
technologies to your fingertips.

Receive Client Data for Analysis & Data Import

- Claims, EMR and EOB data provided by the potential client. Multiple formats are acceptable
- Import and reformat data
- Analyze and clean data
- Produce Reports
- Re-Tool Processes
- Re-Tool Contracts
- Automate payer Reject and Reduction Follow-Up
- ID Quality Issues

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HEALTH BI SYS
www.global-cares.com

Reverse Engineer your health data into *Health Data Intelligence*

Re-Adjudicate, ID Payer Issues, Projects & Zero Balance $

Contract Management Triggers & Variances

Charge Master & Coding

EMR Data Analysis with Strategic Development ID & Targets

Collect all data and CUBE it.

Goal

CUBE DATA:
EMR
Legacy (financial class/acct)
Contract
EDI in & out
Payer (plan benefit codes)
Issue Codes (health data intelligence)

Set Client Issue Codes & Payer Adjudication Codes

- Service rates, benefits rates and recovery rates are established
- Client recovery reports are produced.
- Client recovery process is performed in which new client rates are rebilled to payer.
- Generally, calculated client amount on identified claims should be more than what has been previously paid on ID claims.

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HEALTH BI SYS

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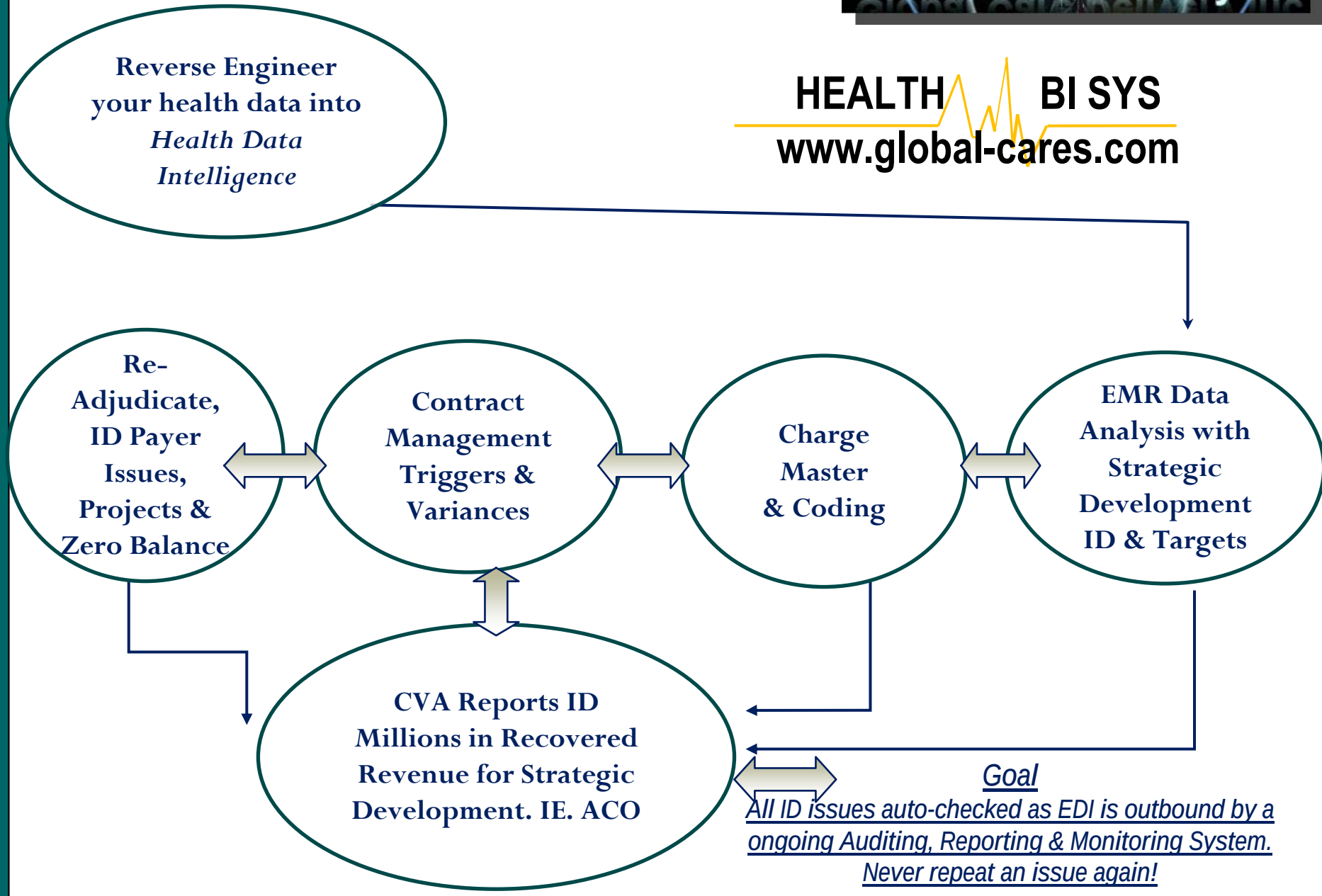


Goal

All ID issues auto-checked as EDI is outbound by a ongoing Auditing, Reporting & Monitoring System. Never repeat an issue again!

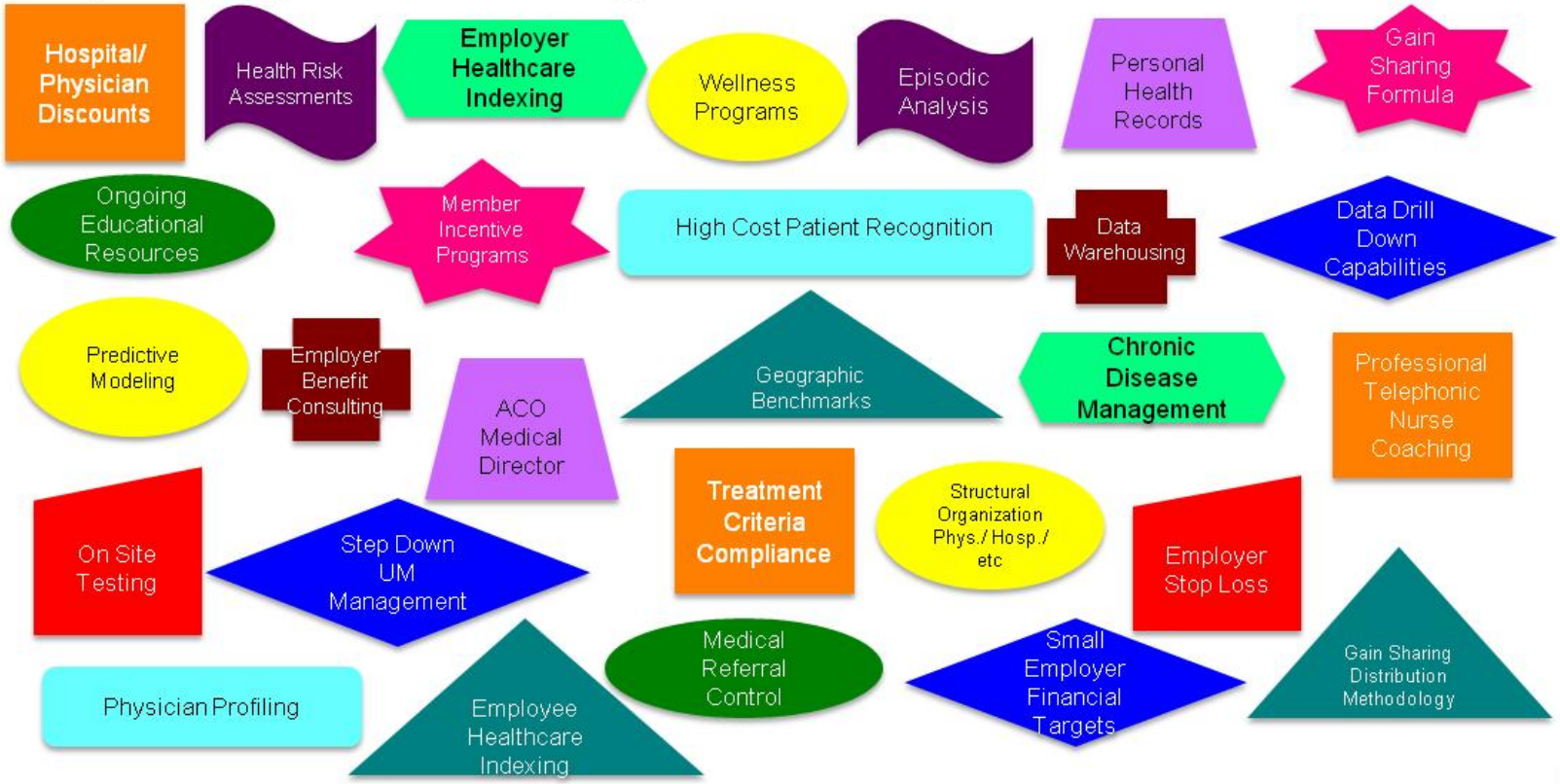
www.GLOBAL-CARES.com

Global Care Delivery, Inc.

Healthcare Today

Accountable Care Administration, LLC

Each service works independently – you end where you began…non integrated



Value Based Healthcare Tomorrow

Accountable Care Administration, LLC

On-site Testing	* Data Warehousing	Employer Benefit Consulting	* Step Down UM Management
Gain Sharing Formulas	Data Drill Down Capabilities	Employer Stop Loss	Ongoing Educational Resources
Physician Profiling	* Geographic Benchmarks	Small Employer Financial Targets	Health Risk Assessments
* Predictive Modeling	* Episodic Analysis	* Recognition of High Cost Patients	Wellness Programs
* Chronic Disease Management	* Treatment Criteria Compliance	Member Incentive Program	Personal Health Records
Structural OrganizationPhys Hosp/etc	* Professional Telephonic Nurse Coaching	* Employee Healthcare Indexing	* Employer Healthcare Indexing
Gain Sharing Distribution Methodologies	Hospital/ Physician Discounts	Medical Referral Control	ACO Medical Director

=

Community Healthcare Partner

Delivery of Quality Healthcare
Controlled Healthcare Costs
Healthier Members

*Items incorporated in United States Patent #7,711,577

41

Why it Works

Accountable Care Administration, LLC

- ACO is an integrated healthcare management system that organizes a fragmented, disorganized healthcare delivery system into a high quality, cost effective system driving the best possible results.

- ACO combines the skills of highly trained healthcare providers and facilities, benefit plan administration, risk management and population health professionals to provide COMPLETE healthcare effectiveness. ACO results are better simply because everyone is working on the same team!

42

How it Works

Accountable Care Administration, LLC

BENEFIT BUDGET

- Employers and Healthcare Providers determine health benefit budgets.
- Healthcare Providers arrange for preferred healthcare service pricing.
- Employers and Healthcare Providers share in the savings to the healthcare budget through financial performance rewards.

ENGINEERING AND COORDINATION OF CARE

- ACO Medical Director engineers the coordination of patients care pathways through top performing medical providers.

HIGHEST QUALITY PHYSICIANS & HOSPITALS RECRUITED

- Highest quality physicians are identified by the ACO Medical Director and are heavily incentivized by the gain sharing due to favorable variances to the employers healthcare budget.
- High quality, Cost Effective Physicians.

DEVELOPING A NEW CULTURE OF WELLNESS

- Member Health Incentive Programs.
- Healthcare Coaching
  - Ongoing Healthcare Education.

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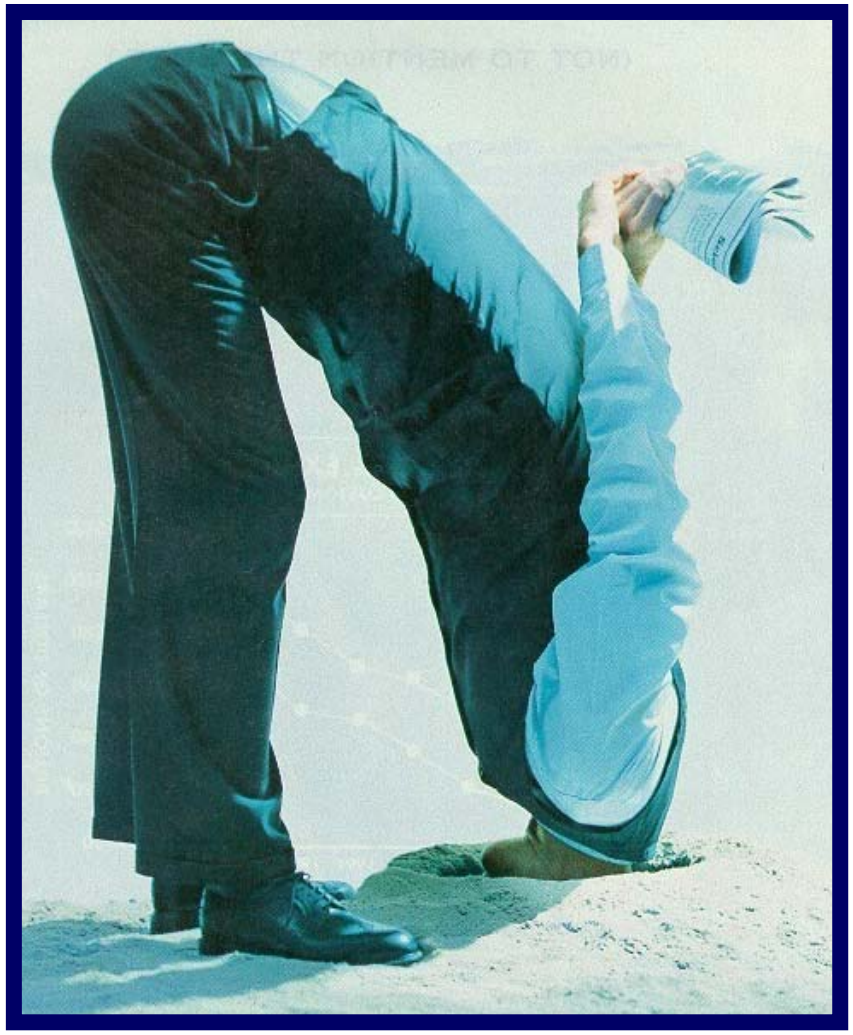
A Perspective on the New Millennium...

Embracing the future: reaching for the reality beyond the rhetoric…



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