



Media Kit



Corporate Fact Sheet

Description Fully integrated, next generation disease management and claims resolution services

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Key Executives Beverly White Freedman, President and CEO
Lawrence Ast, Chief Financial Officer
Edward Karotkin, MD, Chief Medical Officer
Tamara Watt, Chief Sales and Marketing Officer
Patrick Burcher, Executive Vice President, Business Development
Rose Bemis Heys, Executive Vice President, Strategic Development

Founded 1999

Services CareAssist: Care management programs for maternity, complex newborns and pediatrics that combines care management with claims resolution

ClinAssist: Complex claim resolution offering payers a full array of expert services, from initial screening through settlement

Superior Outcomes, Bottom Line Results

The Assist Group is changing the face of disease management and claims resolution by combining two highly effective, results-driven programs into one innovative, fully integrated solution. This holistic approach facilitates superior outcomes for payers.

Working with health plans, employers, reinsurers and third party administrators, The Assist Group utilizes the industry's best clinical and financial expertise to provide turnkey solutions that clearly identify the areas of opportunity for improving both clinical and financial outcomes. Unlike typical disease management companies that use claims solely to identify high risk populations and report costs and savings, The Assist Group uses claims to also reconstruct the course of care and document errors and exceptions in billed charges. The company's innovative solutions provide substantial bottom line savings for payers.

The Assist Group's Solutions

CareAssist is the only care management program for maternity, complex newborns and pediatrics that combines care management with claims resolution. A multi-disciplinary team of clinical experts manages the complete episode of care. We then conduct a financial claim review to assure that the charges reflect the actual care provided.

ClinAssist is the leader in complex claims resolution offering payers a complete solution from initial claim screening through settlement. ClinAssist yields an average savings of 20 percent, higher than industry averages.

The Assist Group is the industry leader in integrated disease management and claims resolution services, leveraging advanced technology and industry experts to develop the next generation of claims management solutions. The Assist Group's products include CareAssist, offering complete clinical and financial management of maternity, complex newborns and pediatrics, and ClinAssist, providing comprehensive complex claim resolution services, from initial screening through settlement that can significantly reduce costs. Founded in 1999, The Assist Group has offices in Lakewood, Colo. and Irvine, Calif.

ClinAssist Industry Statistics

- Healthcare expenditures in the U.S. represent a greater percentage of Gross Domestic Product (GDP) than in any other country. (Blue Cross and Blue Shield Association, National Healthcare Trends, 2007 Medical Cost Reference Guide)
- It is estimated that as much as \$90 billion of National Health Expenditures was lost to healthcare fraud. (Blue Cross and Blue Shield Association, Anti-Fraud Department)
- Hospital, physician and pharmaceutical costs continue to account for more than 60 percent of total healthcare costs. (Blue Cross and Blue Shield Association, National Healthcare Trends, 2007 Medical Cost Reference Guide)
- Between 2000 and 2004, the average length of a hospital stay has been constant, while the cost-per-stay has increased every year. (Blue Cross and Blue Shield Association, National Healthcare Trends, 2007 Medical Cost Reference Guide)
- During 1998-2001, inpatient expenditures per member increased by an average of 5.9 percent annually, twice the 2.9 percent annual rate of inflation. (Joel W. Hay, PhD, Hospital Cost Drivers: An Evaluation of 1998-2001 State-Level Data, American Journal of Managed Care 2003)
- Studies point to major differences in health care expenses by geographic area, with patients in the higher spending areas receiving 60 percent more care. These differences were due the overall quantity of medical services provided and to the relatively higher proportions of internists and medical subspecialists in high-cost regions. (Agency for Healthcare Research and Quality, High Concentration of U.S. Healthcare Expenditures, Research in Action, Issue 19, June 2006)
- Of the \$191.8 billion Medicare fee-for-service claims paid in 2001, 6.3 percent – amounting to \$12.1 billion – should not have been paid due to erroneous billing or payment, inadequate provider documentation of services to back up the claims and/or outright fraud. (The Fiscal Year (FY) 2001 Audit by the Department of Health and Human Services Office of the Inspector General (OIG))
- OIG found that Medicare allowed \$1.1 billion in improper payments in fiscal year 2001 for services billed as consultations. Approximately \$191 million was for services that did not meet its definition of a consultation. An additional \$613 million went for consultations that were billed as the incorrect type or level of complexity and \$260 million for undocumented consultations. (Semi-Annual Report to Congress, April 1, 2006-September 30, 2006, Department of Health and Human Services Office of the Inspector General (OIG))
- During calendar year 2003, OIG found that 45 out of 54 payments of \$50,000 or more made by one Medicare fiscal intermediary were incorrect because the providers inappropriately overstated the units of service. (Semi-Annual Report to Congress, April 1, 2006-September 30, 2006, Department of Health and Human Services Office of the Inspector General (OIG))
- Estimates on hospital overcharges run up to \$10 billion a year, with an average of \$1,300 per hospital stay. (Bankrate.com article, February 6, 2004)
- Five percent of 11,000 people surveyed said they discovered major mistakes after examining their hospital bills. (Consumer Reports 2003)

CareAssist Industry Statistics

- Approximately 6 million pregnancies occur each year in the United States. (CDC, Division of Reproductive Health)
- More than one-third of all pregnant women develop pregnancy complications costing \$1 billion annually for 2 million hospital days. (CDC Safe Motherhood)
- More than 525,833 infants are born prematurely each year. (National Center for Health Statistics, Births: Preliminary Data for 2005)
- The preterm birth rate rose from 12.5 percent to 12.7 percent for 2004-2005. (National Center for Health Statistics, Births: Preliminary Data for 2005)
- Nearly 50 percent of all premature births have identifiable risk factors, including multiple pregnancy, past history of pre-term delivery, some uterine and/or cervical abnormalities, high blood pressure, diabetes, obesity, or other chronic health problems in the mother, certain infections in pregnancy, cigarette smoking, alcohol use, or illicit drug use during pregnancy.
- The incidence of multiple births has increased 88 percent for twin births and 43 percent for triplets+ births from 1980 to 2003. (National Center for Health Statistics, 2005)
- In multiple births, 60 percent of twins, 90 percent of triplets, and virtually all other higher order multiples are born preterm. (March of Dimes 2003)
- More than 30 percent of assisted reproductive technology (ART) pregnancies are twins or higher-order multiple gestations (triplets or greater) and more than one half of all ART neonates are the products of multifetal gestations, with an attendant increase in prematurity complications. (Reddy UM et al, Infertility, Assisted Reproductive Technology, and Adverse Pregnancy Outcomes... Journal of Obstetrics and Gynecology, April 2007)
- Although much of the morbidity in children born after ART is the result of multiples, recent analysis suggests that even singletons are at higher risk for perinatal morbidity, including preterm delivery and small for gestational age infants. In vitro fertilization may be associated with a slight increased risk for birth defects. (Van Voorhis BJ, Outcomes from Assisted Reproductive Technology, Obstetrics and Gynecology, January 2006)
- The percentage of infants born low birthweight has increased more than 20 percent since the mid-1980's, and is currently 8.2 percent of all births. The 2005 level is the highest level reported since 1968. (National Center for Health Statistics, Births: Preliminary Data for 2005)
- Three of the top 10 diagnoses with the longest length of stay are conditions originating in the newborn period: prematurity, respiratory distress, and cardiac and circulatory birth defects. (HCUP Fact Book 4, Agency for Healthcare Research and Quality, October 2003)
- In 2003, hospital charges for all infants totaled \$37.7 billion. Nearly half of these charges - \$18.1 billion - was for infants with a diagnosis of prematurity or low birthweight.
- The average total paid charges for an infant with a disorder relating to short gestation and unspecified low birthweight were \$214,445. (Society of Actuaries Large Claim Database: Updated 2006 for claim years 1997-1999)
- A recent study has shown that involving parents in decision making and providing education can reduce length of stay by up to 7 days. (Melnyk BM et al, Reducing premature infants' length of stay and improving parents' mental health outcomes... Pediatrics 2006 Nov)

Management Team

Beverly White Freedman

President and CEO

Beverly White Freedman, founder of The Assist Group, is a former neonatal intensive care nurse and public health nurse. Freedman held several senior management positions in finance and sales management before establishing The Assist Group in 1999. In the mid-90s, she started the insurance brokerage, HealthAssist, with a focus on serving the reinsurance and the stop loss managed care arenas. Freedman graduated with honors from Mount St. Mary's College in Los Angeles with a Bachelor of Science Degree in Nursing, and graduated with honors from USC School of Business with an MBA in Finance.

Lawrence Ast, CPA, MBA

Chief Financial Officer

Lawrence Ast joined The Assist Group in January 2007. He was previously in practice with Wiebel, Hennels & Carufe, a public accounting firm. Ast also served as CFO and Controller of Vail, Colorado's second largest hotel and condo complex and as partner in a San Diego real estate group. During his lengthy career, he has successfully acquired, managed and sold transportation, manufacturing and development companies. As a certified public accountant, Ast handled M&A due diligence, audits and SEC filings, bankruptcy engagements, and litigation reviews. He served as Treasurer for three non-profit organizations and is a longstanding member of the American Institute of CPAs. Ast earned a Bachelor of Science Degree and an MBA in Public Accounting from Rutgers University.

Edward Karotkin, MD

Chief Medical Officer

In addition to serving as The Assist Group's Chief Medical Officer, Dr. Edward Karotkin is the attending neonatologist for a 50+ bed NICU and Medical Director of the Neonatal- Perinatal Outreach Center of Virginia and North Carolina, as well as the Center's Director of Community Outreach Education. Dr. Karotkin, who joined The Assist Group in 2005, is also Professor of Pediatrics at the Eastern Virginia Medical School and The Children's Hospital of The King's Daughters in Norfolk, Virginia. As the volunteer Chief Medical Officer of Physicians For Peace, Dr. Karotkin evaluates proposals for medical missions throughout the world. Co-author of Assisted Ventilation of the Neonate, currently in its fourth printing, he is a member of the American Academy of Pediatrics and is board certified in Neonatal-Perinatal Medicine.

Tamara Watt

Chief Sales and Marketing Officer

Tamara Watt joined The Assist Group in 2008 after ten years as President and Chief Sales Officer of Value Story, Inc., a health care and workers' compensation consulting company specializing in innovative growth and cost containment strategies. During her tenure at Value Story, she assisted leading edge companies, such as Molina Healthcare, Southern California Edison, Marriott International, Chevron Corporation, Zenith Insurance Company and Concentra address the challenge of escalating health care costs. Prior to Value Story, she served as Vice President of Corporate Sales and Marketing at Matria Healthcare, a national provider of innovative maternal/newborn disease management programs. She has also held key executive positions at Health Net COMP*24, an innovative managed workers' compensation medical management program, the Health Net Venture Group, Centinela Hospital Medical Center, D'Arcy Masius Benton & Bowles and Ketchum Advertising. Tamara earned a Bachelor of Science Degree in Biology from Stanford University and an MBA from the UCLA Graduate School of Management.

Patrick Burcher, CPA

Executive Vice President, Business Development

When Patrick Burcher joined The Assist Group in 2002, he brought with him a diverse portfolio of healthcare and finance operations experience, including the oversight of utilization review, third party administration, provider contracting and IPA management entities. In addition, he has experience in mergers and acquisitions and strategic planning and analysis. Burcher served as the Western Region President of USI Administrators, where his responsibilities included operations, and business and product development. He was also a Senior Internal Auditor for the Manville Corporation and has public accounting experience performing operational and financial audits in both the private and public sectors. Burcher holds a Bachelor of Science in Business from the University of Colorado.

Rose Bemis Heys, RNP

Executive Vice President, Strategic Development

A recognized expert in maternal child health, Rose Bemis Heys joined The Assist Group in January 2007. Most recently, Bemis Heys served as Vice President of Strategic Development for Matria Healthcare. She held senior management positions with RelayHealth, Tokos and CareLink, and has consulted to numerous health care companies. The co-author of a number of landmark papers regarding improving perinatal and neonatal care through disease management, she has worked with the Los Angeles Best Babies Network to improve birth outcomes and currently serves on the Board of Directors for the national high-risk pregnancy support network, Sidelines. Bemis Heys trained as a nurse practitioner in Women's and Perinatal Health at Harbor UCLA Medical Center and California State Long Beach and earned a nursing degree from Mount St. Mary's College in Los Angeles.

Frequently Asked Questions

Who is the Assist Group?

The Assist Group is the leader in integrated claims resolution and disease management solutions, achieving superior outcomes and delivering bottom line results.

How is the Assist Group different from other disease management or claims audit companies?

The Assist Group is the only company that offers fully integrated disease management and claims resolution solutions through unique programs called CareAssistSM and ClinAssistSM.

CareAssist is a care management program designed to positively impact clinical and financial outcomes for maternity, complex newborns and pediatrics. Our program uses a flexible, expert-driven care management model that documents the course of care and includes a financial review of the claim, documenting real, not soft, savings. Our ClinAssist claims resolution services ensures that you pay only for the actual care provided. This integrated approach gives us a complete – clinical and financial – view of the case and provides superior outcomes for both patients and payers.

Who are the Assist Group's customers?

Health plans, employers, reinsurers, and third party administrators.

What states or regions does the Assist Group service?

The Assist Group operates nationwide.

What is CareAssist?

CareAssist is a care management program designed to positively impact clinical and financial outcomes for maternity, complex newborns and pediatrics. CareAssist's sophisticated care management system combines a multidisciplinary, team of clinical experts with predictive modeling technology to determine length of stay (LOS) benchmarks, allocate case-appropriate resources, develop a comprehensive care-to-discharge plan, assure family preparedness and conduct a complete financial claim review.

The CareAssist program is highly flexible and can be customized to meet each payer's care management requirements.

How is CareAssist different from other care management or disease management companies?

CareAssist is the only program that combines care management with claims resolution. This integrated approach allows a more complete clinical and financial view of the case to help deliver superior outcomes for both patients and payers.

What is CareAssist's clinical expertise?

CareAssist specializes in maternity, complex newborn and pediatric conditions. The company's medical directors, care managers, physician consultants, and other clinical consultants are leading experts in maternal fetal medicine, neonatology, and various pediatric sub-specialties.

What conditions can CareAssist help manage?

CareAssist manages maternity, complex newborns, and pediatric conditions on an integrated or stand-alone basis, based on your management needs.

The maternity program addresses high risk pregnancies presenting with any of the following risk factors: multiple gestations; diabetes; hypertension; preterm premature rupture of the membranes; placenta previa/abrupto and/or hemorrhage; pre-term labor; previous spontaneous pre-term birth; pregnancy with a history of infertility, significant congenital anomalies or genetic disorders, and other pregnancies with a poor obstetric history.

The complex newborn program can manage all NICU admissions or a subset of the NICU population, including newborns with genetic disorders or congenital anomalies.

The pediatric program can manage cancer, congenital anomalies, rare syndromes, and trauma, such as burns, spinal cord injury, or brain injury.

Why should a payer use CareAssist?

CareAssist is much more than just case management. The integrated management approach gives payers access to the country's leading neonatologists, maternal fetal medicine specialists and pediatric sub-specialists, along with a team of experts to look at the case from a combined clinical and financial point of view. Using a state-of-the-art claims database, which includes over 180,000 newborn records, CareAssist can give a payer an early benchmark of expected LOS to drive an individual care-to-discharge plan.

A team of clinical professionals works collaboratively with the treatment team to resolve key issues, accelerate care when appropriate, and offer innovative evidence-based solutions. CareAssist's care managers work closely with the client's team and the family to assure continuity of care.

Lastly, a financial review is conducted on every case.

What is your return on investment (ROI) for payers?

CareAssist has demonstrated savings of three dollars for every dollar (3:1) spent on newborn care management. Moreover, payers using CareAssist services for their NICU population can experience an average reduction in NICU length of stay of 15 percent. For more information on CareAssist's ROI, please visit the Results page of our Web site.

Can the billed charges be reviewed at the conclusion of a case to ensure they accurately reflect the course of care?

CareAssist is the only care management program with the ability to compare and validate that all billed charges are accurate, reflect the actual clinical care given, and that the cost benefit analysis shows real, not estimated savings.

What is ClinAssist?

ClinAssist is a complete, claims resolution service that uses sophisticated technology and a team of industry experts to significantly reduce claim costs.

How is ClinAssist different from other bill review or claims auditing companies?

A conventional medical record audit focuses on matching services billed to physician orders. The savings outcomes generally range from two to five percent. A ClinAssist Forensic ReviewSM goes beyond the typical claim audit and often results in significantly higher savings.

Unlike other companies, ClinAssist doesn't simply turn over the claim review results to clients. After identifying all savings opportunities, ClinAssist will recommend a negotiation strategy and work with the hospital on the client's behalf to achieve a fair and equitable settlement.

What is a Pre-Screen?

A Pre-Screen is a complimentary preliminary review of a claim to determine whether a Forensic Review is warranted.

What is a Forensic Review?

A ClinAssist Forensic Review combines advanced technology with hands-on clinical and financial expertise to analyze every aspect of a claim, identifying any and all savings opportunities. A Forensic Review includes a complete course-of-care reconstruction, from both a clinical and legal perspective, and a thorough analysis using ClinAssist's proprietary algorithms. The results are documented in a detailed report that includes recommended payment amounts.

What is the Negotiation and Settlement service?

ClinAssist offers negotiation and settlement services for claims that are not suitable for a Forensic Review, including bills that are "clean," but may not reflect an adequate contractual discounts or when the client's relationship with the hospital does not allow a detailed Forensic Review.

What types of claims does ClinAssist review?

ClinAssist is suitable for unpaid claims where: billed charges are greater than \$100,000 or outlier charges exceed DRG or per diem threshold.

Conditions that typically meet these criteria include: complex newborns (NICU admissions), complex pediatric conditions, organ transplants, implants, cardiac, cancer, dialysis, diabetes, orthopedic surgeries, and complex injuries such as spinal cord, brain, and multiple trauma.

Why is it advantageous to audit if there is already a discount in place?

It is often possible to uncover savings opportunities that substantially exceed the discounts. ClinAssist goes over every line item to find errors and unbundling, inaccuracies in the levels of care provided, non-covered services and experimental treatments. Since billed charges are reduced through the Forensic Review process, contractual discounts typically still applied to the adjusted charges yield even greater savings.

Why should a client have ClinAssist negotiate with the hospital rather than just paying the claim?

ClinAssist reviews the claim details and negotiates a fair and equitable settlement with the hospital. Along with the savings a payer will realize, this strategy preserves plan benefits and lets the provider community know that payers are holding hospitals accountable for their billing practices.

For more information about The Assist Group, CareAssist or ClinAssist, please visit www.assistgroup.com.