



PHC Medical Management Services Work Plan Proposal February 2007

The current healthcare and insurance environment calls for active medical oversight for a host of claims, underwriting and patient management initiatives. Preferred Health Care (PHC) is well-positioned to support you in your efforts ensure best outcomes, both financially and clinically, for the health care you and your customers consume.

PHC is able to offer the following services to you in support of your current efforts:

- I. Medical Management. PHC currently provides a full compliment of medical management services to you for your members that access the PHC provider network. PHC can also provide these services uniformly across your entire Pennsylvania enrollment, bringing you greater continuity in how you manage and service your customers. Medical Management services available from PHC include:
 - a. **Utilization Management, Concurrent Review, and Discharge Planning.** PHC 's Utilization Management program is full service and flexible, offering inpatient pre-certification or pre-notification services, inpatient concurrent review and discharge planning. PHC's standard pre-certification list is attached, outlining the breadth of services included in this service. Each customer can customize their pre-cert checklist to include those services they desire. PHC's utilization management program was recently re-certified for three (3) years by the Pennsylvania Department of Health as a qualified Utilization Review Entity. PHC meets all current URAC requirements.
 - b. **Case Management.** PHC's Case Management services are all performed by RN's specializing or certified in Case Management. Patients are identified as candidates for case management in a variety of ways, including diagnosis, health condition, OON referrals, transplant cases, high dollar claims, PHC Care Calls*, and hospital re-admission.
 - c. **Clinical service reviews for medical necessity.** Conducted by PHC's nursing staff and Medical Director, any services you identify that are questionable when compared to your standard review criteria may be forwarded to PHC for review. All reviews will be completed in conjunction with established national clinical standards, which will be used to report and support our findings. PHC's Medical Director will be available to you and your staff for telephone consults should questions arise concerning our findings.

* - PHC Care Calls consist of Nursing calls to each discharged patient within two (2) weeks of discharge to ensure they understand their condition and treatment plan and to assist them as necessary. This service also helps to reduce hospital readmission due to patient non-conformance.

- d. *Underwriting and Stop Loss Reviews.*** Conducted by PHC’s nursing staff and Medical Director, we will assist you in reviewing any conditions you identify during the underwriting process or your Stop Loss high dollar claim analysis. PHC’s clinical staff will review and report to you their findings based on your specific needs. Simply provide PHC with the application for insurance or high dollar claim detail, and we will provide written documentation outlining our findings and/or cost estimations as the case may be.
- e. *Out of Network Discount Negotiations.*** PHC will facilitate the negotiation of non-network provider claim discounts on behalf of you or your customers. Simply fax or email the claim in question to PHC, and we will return to you a signed authorization by the provider for every successful negotiation.
- f. *Medical Director.*** PHC will provide you access to our Medical Director for any ad hoc or scheduled clinical service assistance you deem necessary.

These services may all be integrated within PHC’s medical management program or purchased and applied separately as you desire.

II. Quality of Care initiatives

- a. *Preferred Wellness*** (HRA, screenings and preventive services). PHC has created a comprehensive series of wellness programs designed for employers with >25 employees. Services include:

 - i. Primary Care Physician (PCP) communication and coordination.** Most wellness programs fall short, as they are exclusively patient-centric. PHC’s approach combines traditional patient focus with the physician communication necessary to improve patient compliance and outcomes.
 - ii. Health Screenings.** PHC’s program incorporates on-site health screenings. In conjunction with HIPAA compliant release forms, PHC’s Medical Director will receive and review all screening test results and coordinate communication as necessary with the patient’s designated PCP. Screening results will also be placed into a limited case management file for follow-up with the PCP by a PHC Case Manager to assure appropriate communication has occurred between employee and PCP. Additional follow-up may include clinical outcomes measurement with the PCP, as indicated.

Ask us for a copy of our *Preferred Wellness* brochure or a private consultation for more information on this innovative approach to managing your health plan.

b. ***Risk factor assessment based upon available clinical data.*** PHC’s Medical Director will facilitate risk stratification by identifying the patient group with known risk factors and/or chronic diseases. Working with your broker and Insurance Company/TPA, PHC will outline a series of clinical recommendations aimed to manage the unique risk profile of your health plan to improve outcomes. Depending upon the program elected, this patient group will enter into age appropriate wellness activities and be screened by PHC for inclusion into PHC Case Management (CM), as desired, according to PHC CM criteria.

III. Strategic Planning Services. PHC has identified the following key opportunities for strategic development, driven by and through PHC’s Medical Director and the relationships PHC holds with the provider community. We are able to work with you to develop a strategic plan to differentiate the outcomes you can deliver to your customers through:

- a. Development of a comprehensive and integrated strategy to optimize the value of clinical outcomes across the spectrum of stakeholders. Stakeholders include employers, members, providers, third-party administrators and insurers.
- b. Effective clinical data management as a key driver for an integrated approach to population health management. Engaging physicians is crucial and most effective when accomplished at the local level. Access to care is essential and assuring that each member has a primary care physician is paramount. Covered members who do not have a PCP experience significantly higher health care costs than those individuals who have a PCP. A collaborative approach, combined with providing useful clinical data for their patients is likely to meet with successful outcomes.
- c. Identification of patients with high-cost claims may identify opportunities to improve the cost / outcome equation.
- d. Predictive modeling tools are helpful in identifying members who are currently healthy but at risk for developing illness or acute conditions.
- e. Optimizing clinical care, which requires “extra attention” at the level of the physician-patient relationship. Physicians are forced to deal with the tasks-at-hand. Generally, clinical work is prioritized toward patients that must be seen today and the management of information that arrives on the physician’s desk. PHC can help you achieve “extra attention” for our mutual patients if they have access to care and their physicians receive timely, reliable and actionable clinical data.

As shown by the breadth of this service outline, PHC is well positioned to support you in a host of clinical and patient driven ways. I welcome you to contact Eric Buck- President or David Bowers MD – Medical Director with any interest you may have in utilizing PHC to support any or all of these initiatives.