

Solutions

News and Answers For All Your Health Care Needs

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New for 2005: The MBS Care Management Product Suite

MedCost Benefit Services is pleased to offer our clients an innovative, state-of-the-industry suite of health care programs called **Care Management**. When all components are purchased, these programs work together to provide total health management for every plan member and every health status found across an employee population.

Strategic Health Management

Care Management focuses on managing the needs of *patients*, rather than just managing their *conditions*. It addresses patients as *unique whole persons*, evaluating their needs and responding with customized planning and coaching to improve health status.

Preventing health problems is always more cost effective than providing care after illness occurs. For this reason, Care Management emphasizes the delivery of “high impact” services — proactive interventions that often make it possible to avoid adverse and costly clinical events. This results in a positive financial impact for both employers and plan members. Thus, because Care Management is personalized, proactive, and cost-effective, it is *strategic* health management.

Core Programs

There are five core components in the MBS Care Management Product Suite: inpatient utilization management, outpatient utilization management, catastrophic case management, high-risk maternity case management, and a new, innovative component, prospective case management. Prospective case management focuses on those with health conditions that, if addressed early, may not develop into more serious and costly conditions. Many of these people now “fall through the cracks” because their conditions don’t require traditional case management or disease management.

Optional Programs for Total Population Health Management

Two optional, additional programs—disease management and a health and wellness program called Health-e-Access—round out the Care Management Product Suite. When all seven Care Management programs are utilized, they span the continuum of care, enabling total population health management. This is possible because our programs are coordinated by the electronic exchange of information, including claims and prescription drug data.

Healthier Members Mean a Healthier Bottom Line

The MBS Care Management Product Suite provides employers with the tools to help keep plan members as healthy as possible. Healthier plan members are more productive, with fewer absences from work or school, and fewer health care claims. Ultimately, better member health is reflected in a better bottom line. The Care Management Product Suite was created for this very reason—to help employers get maximum results from their health care dollars.

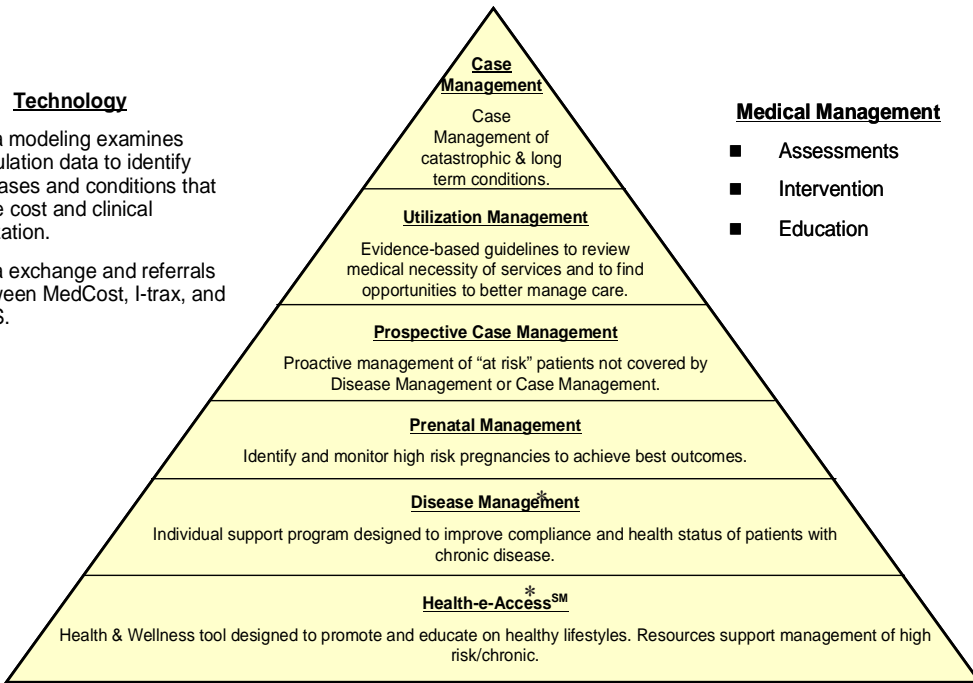
Care Management Product Suite

The MBS Care Management Product Suite is a comprehensive, coordinated package of services for total health management. It includes:

- Inpatient Utilization Management
- Outpatient Utilization Management
- High Risk Maternity Management
- Catastrophic Case Management
- Prospective Case Management
- Disease Management (optional)
- Health & Wellness Program (optional)

The MBS Care Management Product Suite

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Technology

- Data modeling examines population data to identify diseases and conditions that drive cost and clinical utilization.
- Data exchange and referrals between MedCost, I-trax, and MBS.

Medical Management

- Assessments
- Intervention
- Education

Population Impact

* MBS partners with I-trax, an industry leader in population health management and tele-health services, for the disease management program (diabetes, asthma, hypertension, congestive heart failure, coronary artery disease, COPD, and neck and back pain) and Health-e-Access, an online health and wellness tool with a 24-hour nurse line.

Outcomes

- Improved health status
- Cost management and savings
- Member satisfaction

For more information about the MBS Care Management Product Suite, please contact Mike Cornwell, Director of Sales and Marketing, at (800) 217-5097.

*optional programs

MBS Customer Service Contact Center

MBS Customer Service Contact Center is available Monday - Friday 8:30 a.m. - 5:00 p.m. EST 877-366-5110

- Quick access to customer service representatives to resolve issues.
- Most calls answered in 30 seconds or less
- Sophisticated call tracking system documents all activity
- Call activity reports available to employers



Have You Visited www.mbstpa.com Lately?
You can now view Flexible Spending Account information and Flex EOBs online!

Expanded Savings National Access Program

MedCost Benefit Services is proud to present the Expanded Savings National Access Program. This valuable program gives members of your health plan nationwide access to providers when traveling outside of your current PPO network coverage area. The National Access Program expands your current PPO options to include a vast number of hospitals, facilities, and physicians across the country. By combining multiple networks to form one seamless, fully integrated national program, members of your health plan can have the “best of the best,” with maximum coverage and savings outside of your primary PPO network.

The National Access Program was created in response to the “what if” questions so often asked by employers and employees alike:

- *What if* a member of my family becomes ill while we are on vacation?
- *What if* my child gets sick while attending college in another part of the country?
- *What if* people who travel for a living—sales reps or truck drivers, for example—need medical care while on the road?

The National Access Program addresses these “what if” questions. By expanding your current network to include cost-effective out-of-area coverage, your membership has the security of knowing their health care needs will be met and they will receive better benefits when traveling out of their primary PPO service area.

Best of all, the National Access Program is provided at no additional cost to you.

For more information about the MBS National Access Program call one of our sales consultants at (800) 217-5097.

Does a Disease Management Program Make Sense for Your Company?

Chronic illnesses are lifelong conditions that are unlikely to be cured and, unless well managed, worsen over time. There are now 125 million Americans with chronic health conditions. This number is expected to rise to 171 million by 2030.

Disease management is an approach to health care that focuses specifically on populations with certain chronic conditions. Disease management employs the evidence-based, proactive strategies known to help keep those with chronic conditions at their lowest possible level of risk. The impact of disease management is now widely recognized: improved health, better quality of life, and reduced health care costs.

Does a disease management program make sense for your company? Consider these facts:

- A healthy person’s annual medical expenses average around \$1,105. Annual medical expenses for a person with a chronic condition total about \$6,032.
- The top 1% of patients in any covered group typically account for 30% of total costs.
- 45% of all Americans (125 million people) have one or more chronic conditions. 37% of all working-age Americans have at least one chronic condition.
- 78% of the nation’s medical care costs are related to the treatment of chronic conditions.
- People with chronic conditions account for:
 - 76% of hospital admissions
 - 88% of all prescriptions filled
 - 72% of all physician visits

To learn more about the disease management program offered by MedCost Benefit Services, please contact Mike Cornwell at (800) 217-5097.