



ADVANTAGE

...rising above the service you expectSM

SELF-FUNDED SOLUTIONS



ADVANTAGE Health Solutions, INCSM (ADVANTAGE) is a local, provider-owned health plan offering healthcare benefits and solutions to employer groups of all sizes. We offer both fully funded and self-funded benefit and funding options and administrative services.

We offer comprehensive health plan administrative services to employers that fit a self-funded profile. We utilize a consultative approach when determining the best health benefit suite of services for our clients. Our goal is to deliver customized and innovative solutions that meet your benefit goals, culture and budget utilizing a team dedicated to superior service, quality and value.

We are able to offer a statewide, seamless and integrated solution for self-funded health plans that includes our proprietary provider network and proven medical management and wellness initiatives.

SELF-FUNDED SOLUTIONS

ADVANTAGE has the ability to customize an administrative solution that meets a self-funded employer's strategic health benefit goals; whether your goal is containing costs and/or employee satisfaction.

The advantages of self-funding are available to mid to large size companies and include:

- Ability to actively participate in your company's healthcare coverage
 - Greater flexibility in plan design
- Lower administrative costs
- Improved cash flow

ADVANTAGE's self-funded solutions also offer the following:

- Local presence
- Comprehensive statewide Integrated Delivery System (IDS) that includes:
 - Care-ADVANTAGE Program-
 - Local Pharmacy Vendor Oversight and Management
 - Data Repository
 - Negotiating provider discounts
 - Statewide Proprietary Network
 - Potential reduction in stop loss premiums
 - ManagedCare.com (a robust data management system)
 - Extensive array of reporting capabilities
- Partnerships with key Stop Loss Carriers



Flexible plan design and administration

- Experienced implementation team
- Dedicated account representatives
- Web Portal for employer, brokers and members
- Consolidated Billing

ADVANTAGE provides a full continuum of administrative services to support self-funded programs. Our Suite of Services includes:

- Medical Claims Adjudication
- Dental Claims Adjudication
- Vision Claims Adjudication
- On-line Enrollment
- COBRA
- Flexible Spending Accounts
 - Medical with Debit Card
 - Dependent Care
- H S A and HRA options
- Subrogation
- Compliance Services
 - HIPAA Certificate
 - Individual Notice of Pre-Existing Condition
 - Plan Document/Amendment
- Medical Management
 - Wellness
 - Utilization Management
 - Disease Management
 - Case Management

ADVANTAGE VALUE PROPOSITION

We have developed a self-funded product that we believe is unlike any self-funded product in the marketplace today. We have a decade of experience developing and refining care management programs with a focus on health outcomes to meet the needs of our varied employer groups. This means you can take advantage of all that we have developed and all the healthcare provider relationships we have nurtured over the years to produce the best quality outcomes at the best possible price.

We believe the coordination of care through an integrated network results in better healthcare for our members with lower overall costs and reduced healthcare disparities. This "patient-centric" approach provides a seamless, integrated healthcare delivery system that ensures quality patient outcomes and satisfaction.

INTEGRATED DELIVERY SYSTEM (IDS)

Care-ADVANTAGE

From our experience, we have learned that the best cost savings is the avoidance of unnecessary claims. Close management of members with complex and high risk health conditions is the best way to achieve positive health outcomes while managing the cost of care.

ADVANTAGE has developed a program, Care-ADVANTAGE, to help control and manage long-term chronic conditions or illnesses. Care-ADVANTAGE utilizes an integrated approach to population management and includes seven main components: Proprietary Network, Wellness, Utilization Management, Disease Management, Case Management, Local Pharmacy Vendor Oversight and Management and Data Repository.

We employ a medical director, nurse practitioners, nurses, case managers, pharmacy director and health coaches to administer the program components based on the needs of our individual members. Our programs are designed to manage healthcare costs by certifying hospital admissions, monitoring cases through utilization review and case management, coordinating care, and ensuring members get needed services. Additionally, we utilize a web based reporting tool for monitoring, reporting and managing members in the program which is the foundation of our care management and coordination efforts.

Our Care-ADVANTAGE program is a patient centric, integrated care management model with the following objectives:

- Avoidance of unnecessary utilization
- Utilization of the right services at the right time, right place and right setting
- Patient engagement
- Partner with providers in our Integrated Delivery System (IDS) to promote outreach, education and health prevention

Triggers for Case Management

- Self Referral
- Claims
- Utilization management referral
- Discharge planning
- Provider referral

Case Management Components

- Coordinate services and care
- Reduce gaps in care
- Improve medication compliance
- Level of care assessment and transition services to reduce failures and readmits
- Improve self care and management
- Promote cost effective utilization and outcomes

Triggers for Wellness Program

- Claims
- Health Risk Assessments
- Biometrics

Wellness Program Components

- Outreach reminders for preventive measures
- Health screenings and assessments
- Health coaching for at risk behaviors
 - Smoking
 - Obesity
 - Stress management
 - Fitness

Triggers for Disease Management

- Claims
- Health Risk Assessment
- Biometrics
- Self Referral
- Provider Referral

Disease Management Components

- Health coaching
- Goal setting
- Education on medication adherence and condition alerts
- Online medical library
- Evidence based practice guidelines
- Predictive modeling

The following case studies quantify the savings or return on investment on the Care-ADVANTAGE program.

BEFORE Care-ADVANTAGE	AFTER Care-ADVANTAGE
Member being treated for cancer was seeing a non-network oncologist in a neighboring state. Member was being seen and treated on a monthly basis since 2007 with little to no improvement seen. Monthly costs were ranging from \$13,000 to \$15,000 (\$180,000 annually).	Case manager contacted the member, reviewed current course of treatment, sought a second opinion from an in network specialist. The course of treatment prescribed by the original out of network specialist did not meet national guidelines. The case manager assisted the member in locating a local in network specialist who prescribed a new course of treatment that did meet national guidelines and improved her health status while reducing costs for her and the plan. Costs savings was over \$140,000 and member saw improved health outcomes.
Member had numerous emergency room visits. She did not have a primary care physician and waited until emergent care was needed. These ER costs averaged \$4200 per visit.	Case manager was able to connect the member with a primary care physician. She was seen on an emergent basis, and the primary care doctor identified a life threatening potential problem which possibly prevented catastrophic medical consequences and associated costs. Cost savings of \$4,200.

Proprietary Provider Network

ADVANTAGE has an integrated health delivery network consisting of hospitals, physicians and other healthcare providers that share in a belief of: Eliminating over utilization; Utilization of best practice care guidelines in the treatment of chronic and acute disease states; Incorporation of disease management and wellness programs that directly engage the patient and create sustained participation; Combined disease management and case management practices including transitional care programs, in-home assessments, complex case management and health coaches.

Through our integrated health delivery network, our members have access to a comprehensive network of healthcare providers, coupled with the most competitive network discounts available in the market. Our network relationships include prominent regional managed care networks and our extensive proprietary network to ensure broad access and deep discounts.

For a hospital system and its affiliated physicians to participate in our IDS, they must first agree to a "best in market" fee schedule. This achieves two objectives: 1.) a commitment from providers to participate in the concept based upon the overall objectives of improving quality of care; 2.) ensures our clients and members are receiving the most advantageous pricing for their needed care; and 3.) has helped us secure reduced premium rates from our stop loss partners.

It is through our IDS that we believe the best healthcare outcomes on both price and quality can be achieved.

ManagedCare.com/Reporting and Analysis

ADVANTAGE wants employers to be as informed as possible about their healthcare expenditures. We utilize and offer our employer groups access to ManagedCare.com, a robust data management system. This HIPAA secure, web-based reporting tool gives you the ability to access a variety of reports based on your plan's medical and pharmacy claims data.

Our robust data warehouse and analytical tools can meet your specialized information needs to help you make informed plan decisions. Targeted data lets us recommend and create enhancements to strengthen your plan's performance and provide you the opportunity to realize an optimal return on investment.

Additionally, ADVANTAGE uses ManagedCare.com to create a Provider Dashboard report. This report is based on Healthcare Effectiveness Data and Information Set (HEDIS) evidence-based guidelines and identifies provider outcomes that measure below the Quality Compass 50th percentile. This information is aggregated monthly and presented to the Physician Advisory Committee (PAC) quarterly. These reports are fundamental to the development of quality improvement initiatives and outcomes improvements.





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For more information on how
ADVANTAGE can help you create a
comprehensive self-funded benefit plan
tailored to your needs and designed to
maximize the value of your investment,
call 1-877-901-2237 or visit us online at
www.advantageplan.com.