



The Health Care Cost Curve Has Been Bent!™

A provider-driven initiative to improve the health of your community while reducing costs and increasing productivity for area employers.

BAS and Managed Care Partners, Inc.
have joined forces to bring you a **proven**
program that **bends the cost curve** on
employer-sponsored health benefits.

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Our program is designed to:

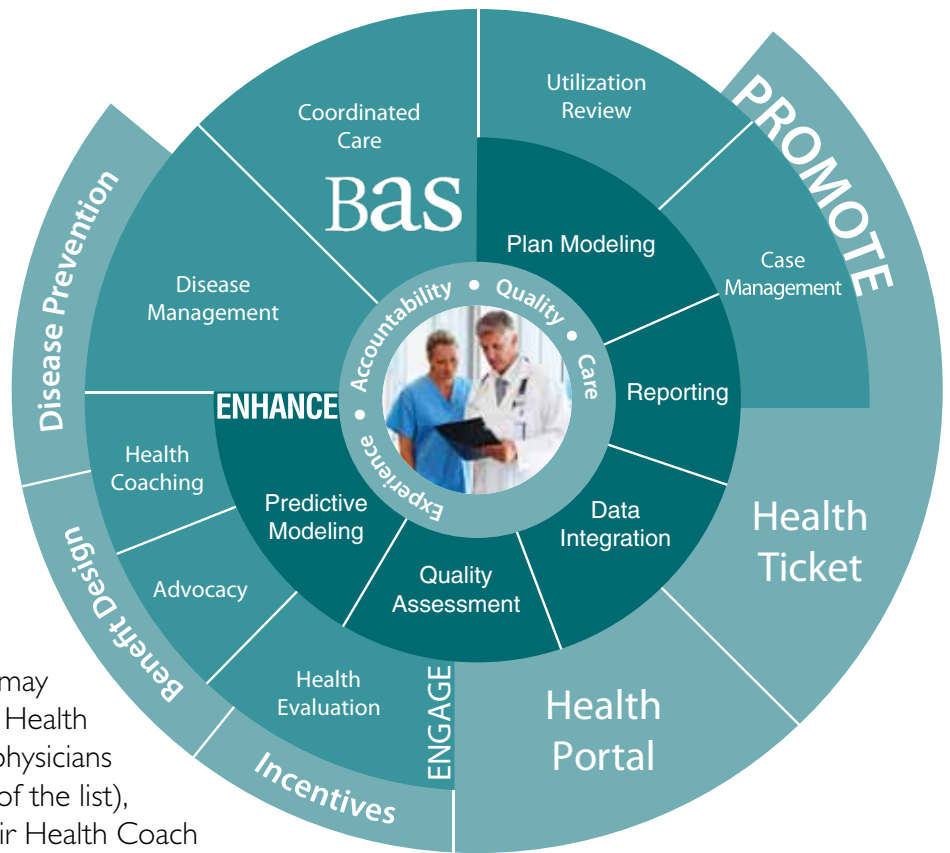
- Improve the health and productivity of employees and their family members, including your Health System's own work force
- Reduce health benefits and workers' compensation medical expenses
- Support direct contracting with self-funded employers
- Increase market share, reduce outmigration and improve payer mix
- Engage patients and providers in health care decision making
- Produce data that demonstrates to employers the quality of care furnished by your Health System's providers
- Enhance care coordination between providers
- Promote patient centeredness and support primary care practices in functioning as medical homes
- Position your Health System for shared savings and risk contracting in the future
- Show area employers that your Health System is part of the solution, not the root of the problem



How the program works

- Every employee and family member has a [medical home](#) with one of your Health System's primary care practices.
- Each year the primary care practitioner evaluates the patient's condition, and the patient completes our [health risk assessment](#).
- The primary care practitioner's evaluation and the patient's health risk assessment, together with medical and pharmacy claims data, are combined to produce a [risk score](#).
- If the patient's risk score is moderate to high, the primary care practitioner and patient jointly develop a [care plan](#). Key elements of that care plan are recorded in our system and monitored by our Care Coordinators.
- Our system creates [registries](#) of chronic diseases and at-risk patients that are furnished to the primary care practitioners and monitored by our Care Coordinators.
- Our Health Coaches work intensively with at-risk individuals to help them comply with their care plan and to close any gaps in care identified by physician, patient or our system. When gaps in care occur, the objective is always to bring patient and doctor together to determine an appropriate [course of action](#).
- Each patient has an online [Personal Health Record](#) that displays the medical services and costs of all providers treating that individual. To facilitate coordination of care, all treating providers may, with the patient's consent, access the patient's online health record.





- Through the [patient online portal](#), patients may locate providers (your Health System's facilities and physicians will appear at the top of the list), communicate with their Health Coach and Advocate, access self-management tools, update their health risk assessment, search for health information, compare the costs of generic and brand prescriptions and perform many other functions. In short, they become invested and engaged in improving their own health.
- When patients have potentially high cost or medically complex conditions, our Case Managers work with your providers to [facilitate transitions](#) between providers in your medical community and from your providers to high quality, cost-effective, out-of-area providers if necessary.
- Employers are encouraged to modify their health benefits plans to [incentivize utilization](#) of your Health System's providers, encourage employees to find and utilize a medical home, remove financial impediments to preventive care and services necessary for fulfillment of the care plan, and reward healthy lifestyles and actions that improve health.
- You, we and the employer [meet periodically](#) to:
 - celebrate successes
 - review patient compliance with care plans, identified gaps in care, provider performance as compared to evidenced-based guidelines, costs, trends and savings
 - discuss concerns and seek out opportunities for program improvements and further savings

Our role

Our role is to **supply you with all the tools** needed to make the program work, including program development, marketing, implementation and operations, and to provide overall coordination and management. Specifically we will:

Program Development and Marketing

- Participate in program launch events that introduce the program to employers
- Accompany you to meetings with employers to explain the program and invite their participation
- Explain the program to your providers and work with them on an ongoing basis to maximize the program's benefits for their practices and facilities
- Develop production-ready marketing and promotional materials
- Draft direct contracts between your Health System and employers
- Develop and operate any entity, such as a physician-hospital or accountable care organization, that is needed for direct contracting with employers
- Arrange for a wrap-around network of out-of-area providers

Implementation and Operations

- Maintain the data warehouse
- Maintain a patient portal that clearly identifies your Health System and which includes a Personal Health Record, health risk assessment, provider directory, Health Coach and Advocate communications, self-management tools, general health information and a drug cost comparison

- Provide a risk score for each patient that is evaluated by a participating primary care practitioner and who completes our health risk assessment
- Create disease registries and deliver them to the primary care practitioners
- Monitor care plans and disease registries for gaps in care and work with patients and providers to close those gaps; provide onsite health coaching as needed
- Facilitate transitions between providers for patients with potentially high cost or medically complex conditions and work with your Health System to prevent unnecessary inpatient readmissions
- Work with patients and providers to reduce avoidable inpatient admissions for conditions identified by the Agency for Healthcare Research and Quality (such as asthma and diabetes) and avoidable Emergency Department visits (such as acute bronchitis and noninfectious gastroenteritis and colitis)
- Furnish reports detailing the employer's medical costs and utilization, cost trends, savings, costs vs. benchmarks, care gaps, provider utilization of evidence-based guidelines for care and other information necessary to manage the program
- Accompany you to stewardship meetings with contracted employers

Getting started

We are ready to go when you are. Our upfront implementation fee covers the development of launch and other program materials, introduction of the program to providers and employers, negotiation of contracts with employers and creation of any entity necessary for direct contracting. After that, it's pay as you go depending entirely on employer acceptance of the program and the number of enrolled employees.

Fees of attorneys and accountants you may hire, marketing and promotional expenses, and our travel and other out-of-pocket expenses are in addition to the implementation and operations fees.

For more information on how to bend the cost curve, please contact:

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Who we are

BAS

Since 1983, BAS has been providing integrated products, services, tools and analytics that allow client employers to achieve cost savings in their health benefit plans, have healthier and more productive employees and gain competitive advantage. BAS is among the largest privately-owned administrators in the country and serves employers throughout the United States.

Managed Care Partners, Inc.

Formed in 1994, Managed Care Partners is an outsourced Managed Care and Revenue Enhancement Department for acute care and critical access hospitals, and single and multispecialty physician practices. Managed Care Partners also assists in the formation and operation of integrated provider-owned networks, including physician-hospital and accountable care organizations. We are owned by our principals, who are active in the practice, and have no affiliation with insurance companies, HMOs, or commercial managed care organizations. We work only for providers, never payers!

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