

# *F · O · R · E · S · I · G · H · T*



**U.S. Corporate  
Health Management**

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## ONLY BY FORECASTING CHANGES IN THE HEALTH CARE ENVIRONMENT CAN YOU PROPERLY MANAGE THEM

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In the rapidly changing health care world, today's solutions often address yesterday's problems.

Yesterday's problem was how to reduce some very long hospital stays.

Today's problems continue to include excess inpatient utilization, but are even broader and more complex. Among today's tough challenges are: How to remain competitive with HMO's. How to be sure a PPO arrangement will not lead to higher client costs. How to help plan participants with catastrophic illness receive cost-effective care. And how to give plan participants the knowledge to make better health care decisions.

Tomorrow's problems will be even more challenging, including how to assure quality of care *and* how to quantify the effects of health cost management programs.

**Foresight.** It's how USCHM's existing programs address all of these problems, now.

Our quality assurance algorithms have been built right into our computerized decision support system. This complements the expertise of our review physicians and nurses, covering all major medical specialties.

Extensive disease-specific Medical Case Management protocols allow us to deliver consistent Medical Case Management services of the highest quality available anywhere in the country.

**Foresight.** It's why USCHM clients consistently report meeting their cost management objectives. Like independently verified results, including declines of 28% in inpatient utilization. And in another case, first year savings of over \$3.5 million.

And our large Research and Development team includes epidemiologists, physician subspecialists, systems analysts, nurses and social service experts. Together, they help translate our foresight into increasingly effective and efficient programs that can be easily integrated into existing systems and services.

**Foresight.** Our most valuable product.



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## PROBLEM: INAPPROPRIATE USE OF HOSPITAL SERVICES SOLUTION: QUICKADMIT

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*QuickAdmit*, USCHM's utilization management program, provides a cost effective monitoring system that reduces hospital admission rates and lengths of stay.

The program evaluates the medical necessity of elective, urgent and emergency hospital admissions. Utilization management professionals render determinations by comparing information provided by attending physicians and patients with nationally recognized

criteria, regional length of stay norms and USCHM's extensive data base of internally developed quality of care indicators. Information is obtained through toll-free telephone lines or easy-to-use preadmission review forms.

Once the medical necessity of an admission is confirmed, length of stay is assigned and monitored frequently by telephone. Plans for post-discharge care are assessed for consistency with the fastest appropriate return of the patient to maximum functional capacity.

USCHM offers *QuickAdmit* clients:

- Experience: A staff of utilization management professionals committed to quality of care. An advisory panel of actively practicing, board-certified physicians to provide expert review in specialty and subspecialty areas. Nurses with clinical experience in psychiatric care, pediatrics, neurology, intensive care, etc.
- Technology: An advanced data system providing immediate access to the status of every review, and to health benefit plan information, review criteria, computerized decision support for quality of care indicators, and length of stay guidelines.
- Flexibility: Systems designed to accommodate client-specific needs in program design, implementation and reporting. USCHM specialists in communications and implementation to assure painless program installation.
- Results: One independent audit showed a 28% decline in hospital utilization, with no compromise in quality of care. Another demonstrated one year savings of over \$3.5 million. Return on investment average 3:1 - 6:1.

USCHM's *QuickAdmit* program proves that utilization management, with a focus on quality, brings large dollar savings by avoiding unnecessary, inappropriate care. Even greater results can be realized when the *QuickAdmit* program is integrated with USCHM's other health care cost management programs.



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**PROBLEM: INEFFECTIVE MANDATORY SECOND OPINION PROGRAMS**  
**SOLUTION: MANAGED SECOND OPINION PROGRAM**

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Mandatory second opinions are incorporated into many health benefit plans. USCHM's Managed Second Opinion Program is designed to achieve maximum return in both cost savings realized by the client and the quality of care received by the patient.

USCHM manages the second opinion program for its clients by providing:

- A client-specific second opinion list, including outpatient surgeries if desired, based on specific cost and utilization experience.
- An automated, decision support system that helps determine the value of a second opinion consultation.
- The option of waiving the second opinion requirement when it would most likely result in confirmation of the need for surgery.
- Full integration into the *QuickAdmit* review process.

Once the need for a second opinion consultation has been established, USCHM manages the process by:

- Providing the names of three conveniently located physicians from which the patient will choose for a consultation.
- Scheduling the appointment at a convenient time, preferably when absence from work can be minimized.
- Assuring direct access to review professionals that can help the patient understand available treatment options.
- Handling all billing and paperwork.
- Tracking the results of all second opinion consultations and summarizing them as part of a comprehensive report package.

USCHM's nationwide panel of nearly 30,000 Board Certified Physicians is made available through the Cornell Medical Center. All panel members must meet strict qualification standards.

USCHM's managed approach has proven results. Our nonconfirmation rate is double that reported for most mandatory second opinion programs. By reviewing and waiving unnecessary opinions, physician consultation costs are much lower due to reductions in total referrals to second opinion physicians. Clients save multiple dollars for every dollar invested in the program.



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**PROBLEM: 1-2% OF ALL INSURED ACCOUNTS FOR 25-50% OF TOTAL PLAN COSTS**  
**SOLUTION: MEDICAL CASE MANAGEMENT PROGRAM**

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USCHM's Medical Case Management program provides the coordination necessary to improve the quality of life of the seriously ill patient, supports the patient and family and decreases the health care and disability costs for the benefit plan.

The patients who benefit most from this program are those whose health problems often fall into these categories:

- Serious Physical Trauma
- Severe Head Injury
- Substance Abuse
- Neonatal Complications
- Strokes
- Chronic Mental/Nervous Disorders
- Immunological Diseases (AIDS, etc.)
- Chronic Neurological/Orthopedic Disorders
- Multiple Serious Diseases
- Organ Failure Requiring Transplantation

USCHM has developed sophisticated protocols for over 100 diseases and conditions. These aid experienced Case Managers to maximize the efficiency and quality of care,

as well as the quality of life, for patients and their families.

USCHM's Medical Case Management program provides:

- Free prescreening, if program is implemented in conjunction with the *QuickAdmit* program.
- Centralized coordination and reporting.
- Continuity of treatment, regardless of setting.
- Assurance for patient and, where appropriate, family involvement in making decisions about appropriate treatment.
- Identification of efficient and effective programs and facilities with special competence in the continuing care and/or rehabilitation of particular serious health problems.
- Coordination of all major professional disciplines involved in the patient's care to assure corresponding changes in diagnostic, therapeutic and rehabilitative services.

USCHM's multi-disciplinary Case Management team coordinates all activity from corporate headquarters. Over 200 Local Case Managers, nurses of various specialties, provide on-site services nationally. A flight team of multi-specialty Case Managers is also available to provide on-site assessment in urgent situations.

Monthly reports are developed for each case which summarize the services provided, patient status, and future services required. At the close of each case, USCHM provides an analysis of cost savings in categories, costs of services and return on each dollar invested.

USCHM's Medical Case Management Program is the most quality-oriented and cost-effective program available anywhere. It helps patients and families cope with serious illness better, improves coordination of care and reduces overall costs of needed care. It is an investment in employee health that pays high health and dollar dividends.



# C·A·S·E · M·A·N·A·G·E·M·E·N·T

## **PROBLEM: WHERE ARE THE HEALTH BENEFITS DOLLARS GOING?**

### **SOLUTION: HEALTH CARE CLAIMS ANALYSIS**

Planning, implementing and monitoring health cost management activities require ready access to accurate, consistent and meaningful management information.

USCHM transforms data into information that assists managers in making important health benefit program decisions. Features of USCHM's data analysis system include:

- Systematic verification of data completeness and integrity
- Concise analyses of historical claims experience and important trends
- Standard and customized reports
- Valid comparisons with appropriate norms
- Data-related health benefit management recommendations



## **PROBLEM: INACCURATE HOSPITAL CHARGES**

### **SOLUTION: BILL AUDIT**

The complexity of today's hospital bills requires expert review to determine the medical necessity of services provided and the reasonableness of the fees charged. USCHM's advanced Bill Audit Program is the perfect way for clients to be sure they are paying only for services actually received by their plan participants.

Bills are selected for audit based on USCHM experience and the past experience of the client. Criteria may include size of bill, percentages of ancillary charges, length of stay, patient health care problem treated and the specific billing institution.

Direct comparison of ordered and billed services identifies inappropriate and excess charges. USCHM then negotiates reductions of payments to appropriate levels, eliminating overcharges. Savings are typically several dollars for each dollar invested.



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