



AkesoCareSM

MEDICAL CONCIERGE SERVICE



The Complete
Medical
Advocate Solution

Global Peace of Mind[®]

www.akesocare.com

Reduce Your Health Care Costs

BEING PROACTIVE RATHER THAN REACTIVE

The history of claims control is littered with great concepts such as PPOs, HMOs, and EPOs. Most have achieved little when it comes to actual claims reduction. Discounts have rarely worked well because they have always attacked a moving target: retail costs. However, Medical Concierge Service (MCS), developed by AkesoCareSM, can effectively reduce your health care costs by being proactive rather than reactive. The process works because claims control is placed in the hands of the patient, the one person who can truly affect savings.

quality of care is the
primary consideration

WHAT IS MEDICAL CONCIERGE SERVICE?

MCS is designed to provide information to patients in need of non-emergency medical procedures that will help them identify a facility that provides high-quality care in the most cost-effective setting. The procedure can be in-patient or out-patient, and as simple as an MRI or as complex as a transplant. We have comprehensive data indicating that different facilities can perform identical procedures at substantially different costs and levels of quality. Our goal is to make sure that quality of care is the primary consideration, while at the same time provide meaningful, easy-to-understand information relative to the costs of the procedure at competing facilities. This cost information is based upon data from over 23 million in-patient discharges (*Medicare and commercial*), and 140 million out-patient occurrences. Armed with these facts, patients can make informed decisions as to where to have procedures performed.

what are the benefits?

ACCESS TO QUALITY AND COST INFORMATION

Without access to basic quality and cost information, patients cannot make informed decisions as to where to have procedures performed. Quality Measurement scores are provided to assure treatment in a high-quality setting. The Quality Measurement includes a review of mortality rates, readmission rates, adherence to accepted treatment protocols, patient satisfaction surveys, and many other factors. MCS also provides the patient

with information regarding the average retail cost each facility charges, resulting in the selection of a more cost-effective facility and potential savings for both the patient and the health plan. In certain situations, to further reduce costs, MCS will attempt to secure reduced or case rates from the competing facilities by using the actual hospital cost for the procedure as the basis for negotiation. By creating a competitive environment between the proposed facilities, MCS has the potential to deliver greater discounts than those provided by PPOs.

THE PROCESS

Early notification to MCS is key for maximum effectiveness. As soon as you are notified that a procedure is necessary, you need to contact the MCS staff and provide your basic demographic and medical information. Your MCS representative will contact your physician for necessary clinical information, research the indicated procedure/test and then contact you to provide the following services:

- A list of qualified surgeons, specialists, etc.
- Verification of physician admitting privileges
- Verification of PPO participation and/or case-specific provider rate negotiation
- Educational material concerning the procedure
- Assistance with scheduling appointments
- Internal coordination with Utilization Management, Case Management, Disease Management, etc.

MCS at a glance:

- HIGHEST QUALITY AND MOST COST-EFFECTIVE FACILITIES
- PROCEDURES CAN BE IN- OR OUT-PATIENT
- FROM SIMPLE MRI TO COMPLEX TRANSPLANT
- COST INFORMATION BASED ON MEDICARE AND COMMERCIAL DATABASES
- PATIENTS AND HEALTH PLANS SAVE MONEY
- MONEY SAVED CAN SURPASS PPO SAVINGS
- SIGNIFICANT RETURN ON INVESTMENT FOR THE HEALTH PLAN



About the Quality Measurement

The Quality Measurement is created from public sources run by government agencies. It is a composite measure of four components of hospital value: quality of service, affordability of service, efficiency of service, and patient satisfaction with service.

Sample Report Summary: Heart Bypass (DRG 234)

Facility	Charge	Hospital's Internal Cost	Quality Measurement
Hospital A*	\$54,423	\$24,037	★★★★
Hospital B*	\$89,559	\$35,036	★★★★
Hospital C*	\$93,325	\$29,048	★★★
Hospital D	\$134,047	\$35,574	★★★
Hospital E	\$151,535	\$34,127	★★
National Average	\$113,182	\$31,831	★★★

* Best value facilities based upon highest quality / lowest cost combination

The comparisons shown are for information purposes only, and represent cost comparisons for your procedure in your geographic area. The dollar amounts shown for each facility are estimated average charges (amount billed to you / your insurance company) and average costs (expenses of the facility). Because each course of treatment is unique, they do not necessarily represent a final billing. There may be fewer or additional charges depending on number or type of doctors, tests, x-rays, or other issues that could affect your final billing. Final choice of provider is always yours.

frequently asked questions

- **Who is AkesoCare?** AkesoCare is a URAC-accredited international health care management company specializing in the complete spectrum of domestic and international medical management services, including medical tourism facilitation and medical evacuation services. AkesoCare's parent company, International Medical Group® (IMG®), is a worldwide leader in providing global benefits and assistance services to millions of members in almost every country.
- **Who is eligible to use MCS?** Any covered employee or dependent can access the service.
- **What types of procedures can MCS impact?** Any in-patient or out-patient procedure performed in an acute care or free-standing out-patient facility, as well as many medical tests and imaging procedures. When in doubt, call.
- **I have a PPO plan; how will AkesoCare's MCS save additional money for my health plan?** Potentially two ways. **First**, there are dramatic differences in the fees that in-network PPO facilities charge for identical procedures. MCS will supply charge, cost and quality information for competing PPO facilities to the patient to encourage the patient to choose a more cost-effective, yet high-quality, facility. **Second**, in certain situations, MCS will attempt to negotiate additional reduced fees or case rates using the facility's own costs as a basis for the negotiations. With typical markups of 100% to 300% or more, this process can result in savings well beyond those generated by network discounts. Consideration will be given to non-network facilities should they provide compelling price and quality options.
- **What are the benefits to the employee?** MCS will make the patient a better health care consumer. Quality Measurements for competing facilities that take into account mortality rates, readmission rates, adherence to accepted treatment protocols, and patient satisfaction surveys are provided to assure selection of a highly rated facility. Pricing data is supplied to encourage selection of a more cost-effective facility, and to potentially save the employee out-of-pocket costs. Educational material relative to the procedure ensures a more informed and knowledgeable patient.
- **What happens if a patient chooses a non-best value facility?** The final choice of a facility is **entirely** up to the patient. The ancillary benefits that MCS provides (*scheduling assistance, educational material, etc.*) will still be available. Additionally, MCS can still negotiate reduced rates with the selected facility on the patient's behalf.
- **What about HIPAA?** Information collected by MCS is treated with the same HIPAA security precautions required for all other medical information that AkesoCare handles.

Akeso (uh-kee-so) Your key to quality health care



- UTILIZATION MANAGEMENT
- COMPREHENSIVE CASE MANAGEMENT
- INTERNATIONAL MEDICAL MANAGEMENT
- DISEASE MANAGEMENT
- MEDICAL CONCIERGE SERVICE
- INTERNATIONAL EMERGENCY MEDICAL EVACUATION
- MEDICAL CLAIM REVIEW
- MEDICAL TRAVEL
- TRANSPLANT NETWORK ACCESS
- INTERNATIONAL PROVIDER ACCESS



ACCREDITED
Health Utilization
Management
Expires 05/01/2019

For more information, please call
+1.877.654.6229 or email mcs@akesocare.com