

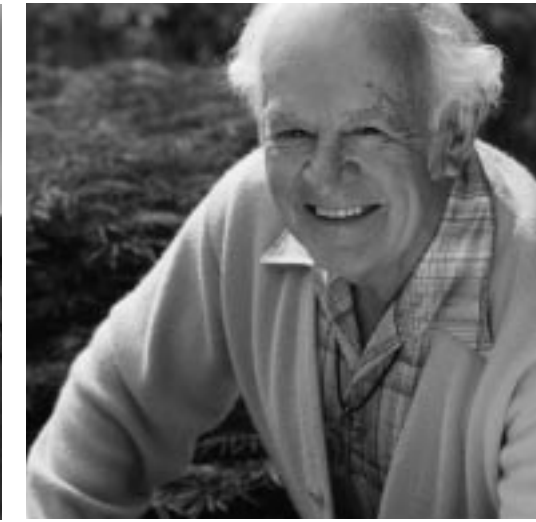
## Implementation of the HealthSpan Complete Care Program

To use data mining and predictive modeling, you'll need to access historical, current and future eligibility and claims data. We recommend utilizing up to 36 months of historical medical and pharmacy claims data. If the plan administrator and PBM you choose are currently mapped with our system, as many are, setting up future claims can be accomplished almost immediately. If the plan administrator(s) and PBM(s) with historical data are already mapped, it generally requires up to four weeks to obtain the data, scrub and load it into the system.

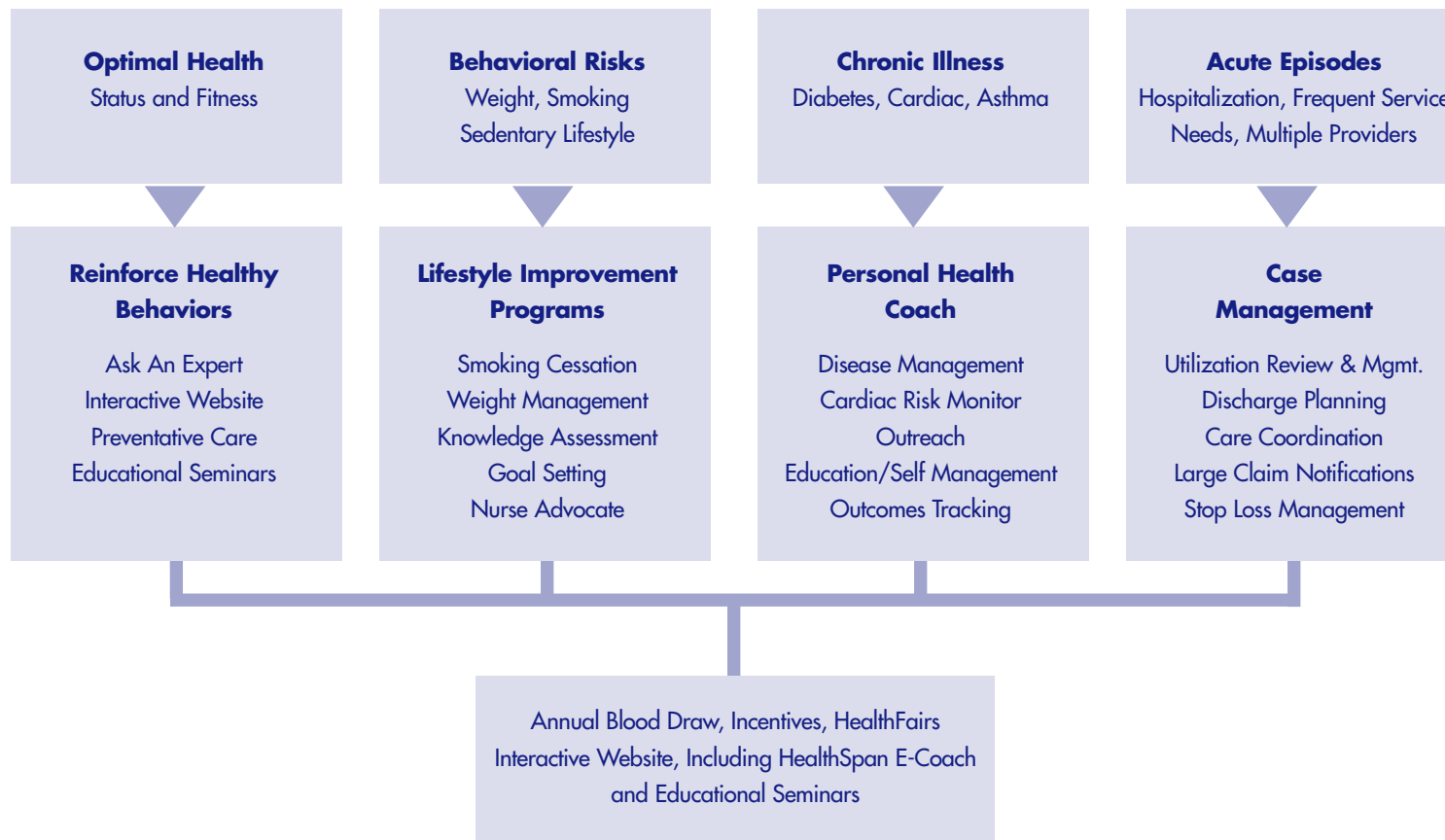
If the data provided are not currently mapped to our system, set up will require additional time and resources.

Work can begin on data mapping and transfer prior to the Complete Care effective date.

The onsite health screenings generally require a minimum of six weeks to set up and ensure effective communication to employees prior to implementation. Coordination on these activities can also begin prior to the effective date.



### HealthSpan Complete Care Health and Healthcare Continuum



# HealthSpan Complete Care

Introducing **HealthSpan E-Coach!**

HEALTHSPAN™

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Rev. 4/08

The TriState's largest provider-sponsored PPO network

HEALTHSPAN™

# HealthSpan Complete Care

HealthSpan, the Tristate's leading independent PPO network, presents Complete Care. HealthSpan Complete Care goes beyond traditional Utilization Management, Case Management, and Disease Management by integrating predictive modeling and wellness, to revolutionize care. This innovative approach gives all members — from the most at risk to those with good health status — the opportunity to improve their overall health.

All programs are HIPAA compliant, protecting the confidentiality of individual employees. Outcome reports are provided to clients only in aggregate.

In addition, HealthSpan is proud of its ability to partner with its customers for the long term. To achieve the best results, we believe your care management approach should be taken from a long-term perspective with the objective of learning year to year.

By utilizing HealthSpan Complete Care, we will be able to establish a customized plan that meets your employees' unique needs; assist in the development of incentive programs to increase participation; help you to navigate the ever-changing healthcare environment and ultimately help you to control your healthcare cost.

## Our Complete Care Philosophy

We believe it is our job to help employers create cultures that promote health and ultimately save healthcare dollars. In addition, we believe that the best outcomes are achieved by integrating all care services within the health plan.

HealthSpan Complete Care is an integrated care management program that includes outstanding programs and processes for managing the cost and quality of care through:

### Utilization Management

Includes a pre-certification and pre-determination program for plan-selected services as well as concurrent review for inpatient stays. Our inpatient management program utilizes critical pathways and optimal recovery guidelines. The program focuses on quality discharge planning process and alternatives to hospitalization, including preoperative calls and welcome home from hospital calls that ensure a smooth and successful transition.

We provide access to Utilization Management services 24 hours a day, seven days a week. Our Medical Director provides on-site support to the clinical nursing staff and makes regular direct contact with network providers to assist them in the effective and efficient management of care.

### Case Management

This program focuses on aggressive, appropriate avoidance of ER visits and hospital admissions, coordination of complex outpatient services and negotiation of out-of-network discounts. Our case managers are knowledgeable about local network resources and the availability of these resources. Our Case Management department is URAC accredited and staffed by nurses certified in Case Management.

### Disease Management

This program focuses on helping individuals with chronic or high-cost conditions better understand, learn, and routinely engage in self management activities to improve their health and long term quality of life.

### Claims Review

HealthSpan's nurses and Medical Director routinely collaborate with the client's TPA to obtain clinical documentation and perform reviews of any questionable claim. Providers identified as submitting questionable claims are presented to the Medical Advisory Committee for evaluation and are subject to decertification from the network.

## NEW! HealthSpan E-Coach

This new tool allows members to work with a personal nurse health coach on-line or by phone to identify appropriate health goals and to access helpful resources including tracking mechanisms, articles, and daily messages. All interactions are completely confidential, and members enjoy the benefit of communicating at times that are most convenient for them.

All HealthSpan health coaches are nurses who also serve as the Certified Case Manager for the member's medical plan. Members may engage by self enrolling or as a result of nurse outreach.

### Wellness and On-Site Health Screening

Voluntary and comprehensive on-site health screening with self reported Health Risk Assessment is available. This program includes complete confidential reporting to members regarding screening results, interactive website support, nurse follow up and health education opportunities.

### Predictive Modeling

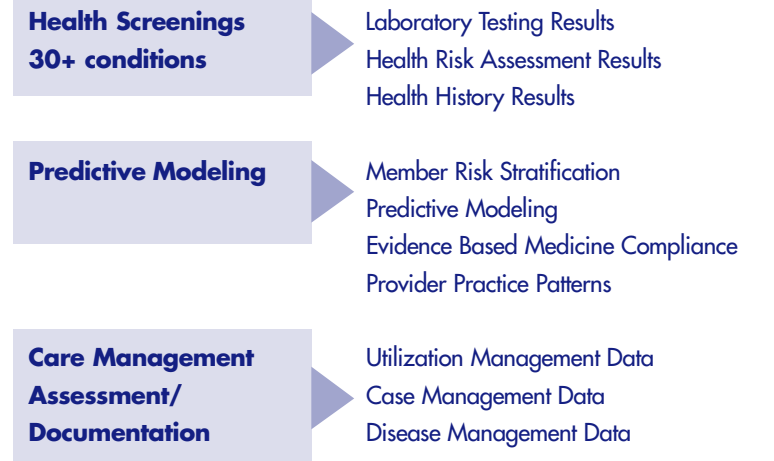
Claims and pharmacy data is used to place individuals on the appropriate care track including Case and/or Disease Management; to track member and provider compliance with Evidence-Based Medicine Protocols; and, to identify patterns in provider utilization and performance. No individual data obtained in this way is shared with clients. Data can also be used to establish a unique network and to develop incentive/reward strategies.

The importance of Integrated Care is that all data and services are funneled, delivered, and connected through one source including:

- Health screening data, medical and pharmacy claims data
- Outcome measures
- Member services
- Provider services

## Tools to Determine Member Care Data

Various tools are used to determine member care needs and to promote positive behaviors. Health Screenings to test for more than 30+ conditions, predictive modeling, follow up education, and Nurse advocates are also available to help members make positive health behavior changes.



Our 30+ panel Health Screening provide information and help to detect risk in these key areas:

- Diabetes
- Kidney Disease
- Liver Disease
- Bone and Muscle Disease
- Coronary Risk
- LDL and HDL
- Cholesterol/HDL Computed Ratio
- Blood Pressure Analysis
- Thyroid
- PSA (Prostate Cancer in Men 45 and older)

## Tools to Help Members Change Behavior

