Allied Managed Care, A trusted provider since 1995

AMC has focused on managing medical costs and bettering outcomes on behalf of our Clients. We have developed a unique strategy to protect our Clients' critical financial assets and deliver optimal therapeutic solutions at minimal costs.

MEDICAL BILL REVIEW • SPECIALTY BILL REVIEW • UTILIZATION REVIEW • MEDICAL CASE MANAGEMENT
MEDICAL PROVIDER NETWORK • PHARMACY PROGRAM • 24/7 NURSE ADVISE CALL CENTER

ALLIED MANAGED CARE INCORPORATED℠

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ALLIED MANAGED CARE INCORPORATED℠

Serving Clients is our Purpose.
Client Service is our Passion.

- *A trusted, proven provider since 1995.*
- *A comprehensive menu of sophisticated solutions.*
- *We validate and direct the most appropriate treatment.*

AICPA SOC aicpa.org/soc4so

urac ACCREDITED DIRECTORY OF ACCREDITED ORGANIZATIONS

www.alliedmanagedcare.com

OUR MISSION:

CORPORATE STRATEGY STATEMENT

AMC, by reason of its **Allied Managed Care**sm medical cost containment services, is the industry-leading preferred provider of innovative, comprehensive medical and disability cost containment solutions for the workers' compensation industry, including insurance companies and self-insured entities, public and private, throughout the continental United States and Hawaii.

We deliver superior financial performance, which allows us to continuously reinvest in our future.

As a Client-driven organization, we deliver measurable financial results to our Clients through intelligent use, innovative technology, and a flexible, yet disciplined, approach to service delivery with fiscal accountability.

We enhance our leadership position by nurturing long-term relationships with our Clients through providing them with technically competent, experienced and dedicated staff, acting with integrity in all that we do.

Allied Managed Caresm is a service mark of Allied Managed Care Inc. (AMC) for its medical cost containment services.

SERVICES

Improved outcomes for employers and employees alike

Managing losses that arise from workers' compensation claims is the cornerstone of our Loss Portfolio Management® philosophy. This is not just a process of pushing paper, but a commitment to finding an effective balance between employee health and your organization's fiscal well-being. We achieve results and optimize cost efficiency by precisely tailoring loss management solutions to match your needs.

This collaborative, communication-driven, multidisciplinary approach incorporates claims examination, hands-on medical case management and effective resolution. We work in partnership with you to achieve optimal results, consistent with fair compensation for material loss and humane, competent, compassionate care for injured employees. We've built our business, and a stellar reputation, on these values and standards.

MEDICAL BILL REVIEW

Working To Ensure You Pay Only What You Are Obligated to Pay

While fundamental to any cost containment effort, the bill review program you select, and the skill of those doing the analysis, can have a significant impact on how much your organization spends. Unlike generic systems, our customized, leading-edge software and comprehensive approach to bill review places special emphasis on specific cost elements that escalate costs.

SPECIALTY BILL REVIEW

AMC's focus is to ensure we maximize savings on every bill without jeopardizing the quality of medical care. We target your largest & most complex medical bills through an in-depth clinical audits & professional negotiations.

Our Approach

Certified Coding Review: Every bill line is validated to ensure all coding is appropriate & accurate. We focus on targeting all billing errors through Bundling/Unbundling edits.

Nurse Audit: We perform a line-by-line audit to identify appropriate treatment consistent with the provider's billing. This hands on approach provides an additional level of expert screening above standard bill review reductions.

Negotiation: Our negotiators leverage clinical audit findings, historical provider success rates and national reimbursement databases. Negotiations are based on the appropriate treatment, not the provider's billed charges. All negotiations are fair & equitable for all parties. AMC always obtains a sign-off agreement from the provider.

UTILIZATION REVIEW

Expediting Appropriate Care

At AMC, we have a single-minded utilization review (UR) goal – to help your employees return to work by providing the best, most appropriate treatment as quickly as possible. We hire and train the best people and streamline all systems and processes to support that goal. In States where allowed we provide our Claims Examiners with the training necessary to authorize treatment requests that fall within pre-approved screening criteria. We also insist that our UR Managers and Directors attend state training seminars and conferences to stay current on the constantly changing UR process.

MEDICAL CASE MANAGEMENT

Managing Costs Across the Life of a Claim

The simplest way to contain medical care costs for injured and ailing workers is to **control medical treatment and care from the onset of the claim**. At AMC, we stress early intervention to assure an optimal treatment plans that maximize outcomes.

Our medical case management integrates with and supports your cost containment goals and objectives. This customized approach establishes referral criteria and incorporates a combination of case management skill sets unique to your organization. We use only those services you need, and only those that will facilitate achieving medical stability at the best possible cost.

MEDICAL PROVIDER NETWORK/PPOS

Providing Better Care at the Lowest Possible Costs. It works for everyone.

Our medical provider networks (MPN) and preferred provider organizations (PPOs) provide another opportunity to save on medical care costs. We understand that every Client has unique needs and this is why Allied Managed Care (AMC) works with multiple PPO's nationwide and can customize a MPN to meet your individual needs. An example of AMC MPN capabilities is our Network Service Entity MPN for the entire state of California. What this means is our Clients have no state filing, we can add Clients to MPN and take the entire responsibility of the network.

We thoroughly vet providers to ensure knowledge in treating workers' compensation-related claims and return to work programs providing our Clients with lower costs and avoiding abuse of treatment and narcotics. To enhance cost-saving possibilities, AMC can also negotiate special fees and discounts with non-PPO providers. Our goal is to provide you with the network you need nationwide

PHARMACY PROGRAM

AMC provides a Pharmacy Benefits Management (PBM) Program through its strategic partnerships. AMC's PBM services go beyond processing prescription drug transactions by working with partners that aggressively manage drug utilization and control pharmacy spending. This is accomplished by integrating clinical expertise with advanced technological capabilities and eliminating cost drivers while ensuring quality care while including the key advantages of electronic connectivity.

CARIVACARE INC. – 24/7 NURSE ADVISE CALL CENTER

CarivaCare is a Nurse Advise Call Center. The Call Center is a 24/7 reporting and Nurse Advise Line that is staffed by Registered Nurses. CarivaCare is a sister company to AMC.

The information provided will help an employee obtain immediate treatment advice. The employee may also be directed to a designated medical provider, if appropriate. If a call is a report of a new injury, the information will be used to complete a claim form and be provided to the Employee's Supervisor.