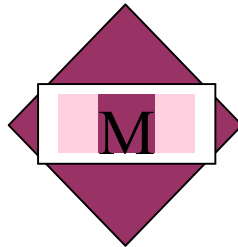


Case Managers Specializing in:

- Utilization Review
- Integrated Case Management
 - Disability Management
 - Large Case Medical Management
 - Workers' Compensation Management
- Prospective, Concurrent, Retrospective and Hospital Bill Reviews
- Early Intervention Program
- Physician Review
- Independent Medical Evaluation
- Risk Assessment for Underwriting
- Bilingual/Spanish

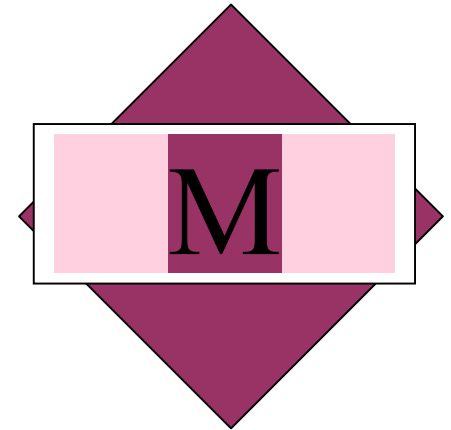
Competent, Committed, Capable



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MEDICAL MANAGEMENT NETWORK, INC.



*ENHANCE YOUR BENEFIT
PLAN WITH OUR
PERSONALIZED
MANAGEMENT CARE
SERVICES*

*Competent, Committed,
Capable and Caring
Professionals at Work*

CASE MANAGEMENT

Case management is defined as a collaborative process that plans, implements, monitors, coordinates, and evaluates options and services to ensure that an individual receives the highest quality health care at the most reasonable cost. To achieve positive outcomes, **Medical Management Network** case managers:

- Utilize processes for patient identification
- Utilize clinical decision tools
- Develop care plans
- Assess and modify interventions
- Utilize community resources
- Measure, document and report patient outcomes

UTILIZATION REVIEW

Often utilization review is misunderstood as a mechanism for denying services. But it's main objective is to review each case and to determine the most appropriate services, the most appropriate setting in which services should be delivered, the most cost-efficient methods for care delivery, and the need for planning care. These include:

- Assessment of patient needs
- Standards of practice
- Appropriate utilization of services
- Timely access to care

CASE MANAGEMENT INTEGRATION

By integrating services, **Medical Management Network** case managers have succeeded in coordinating quality care with cost containment. The benefits of integration include:

- Increased coordination of care and services across the continuum
- Most effective use of plan benefits
- Improved outcomes
- Early identification and determination of case management involvement
- Identification of patient “**red flags**,” including patients:
 - Who don't meet screening criteria
 - Have frequent admissions over a short period of time
 - With multiple co-morbid conditions
 - Are medically complex
 - Have slow recovery time
 - Have complications
- Improved quality management
- Improved objectivity of patient care management
- Reduced clinical variation
- Improved communication
- Improved resource management

FLEXIBILITY

Sometimes the systems and processes in place do not encourage sharing of information among the different health care professionals responsible for patient care management. The guiding principles of case management, discharge planning and utilization review all have similar goals with the patient care being at the heart of each.

The successful integration of medical management programs demands a specific, systematic focus and approach. **Medical Management Network** determines the benefits of integrating particular services and is cognizant of potential problems along the way. Once such determinations are made, the case managers identify and develop the strategies needed to ensure successful integration.

Medical Management Network has case managers with experience in all these areas, which allows for exceptional flexibility in programs. We will work with your organization to plan a program customized to meet your specific needs.