

We work



We work to ensure



high quality managed care
appropriate treatment
optimal outcomes
early return to work
bottom line cost savings

... PLAN ...

... READ BACK OF FORM ...

... SIGNED PERSON'S SIGNATURE ...

... request payment of ...

... CURRENT ...

... YEAR ...

... REFERRING PHYSICIAN OR ...

... OTHER ...

... LOCAL USE ...

... INTEGRATED ...

... GROUP ...

... 014 ...

... 11 ...

... ILLNESS (First symptomatic ...)

... INJURY (Accident) OR ...

... PREGNANCY (LMP) ...

... 08 ...

... 11 ...

We work by using




early intervention
expert case management
ongoing case review
criteria-based utilization review
continuous communication
aggressive return to work planning




We work with

Review and adjudicate all new and
line item adjudication before being
information, select the **Claim Num**

 Choose **Save** to retain your selected

Transfer bills(s), send bill(s) to No
choosing **Transfer, Reassign** or **Se**

Sort By:

Received Date 

Bill Status

All

THERE ARE NO BILLS

self-insured employers
third party administrators
insurance companies
insurance brokers
government agencies



We work with you.



We are Cambridge
Managed Care Services.

We know that with the
constantly rising cost of
workers' compensation
and other medical benefits,
employers must find new
and better ways to ensure
that injured or ill employees
receive the best care possible
at the most reasonable cost.

That's what we do when
we work with you.

Our aim is to always work the way that works best for you.

To tailor our services to your special needs. To integrate our capabilities with yours. We can work independently, as your standalone managed care services provider. Or we can work comprehensively, offering a wider range of claim management services.

You decide what works for you.

As a managed care organization, we understand the complexity of medical care. We believe that all employee medical costs can be contained through a comprehensive, well-structured, and expertly managed team approach.

We work with...



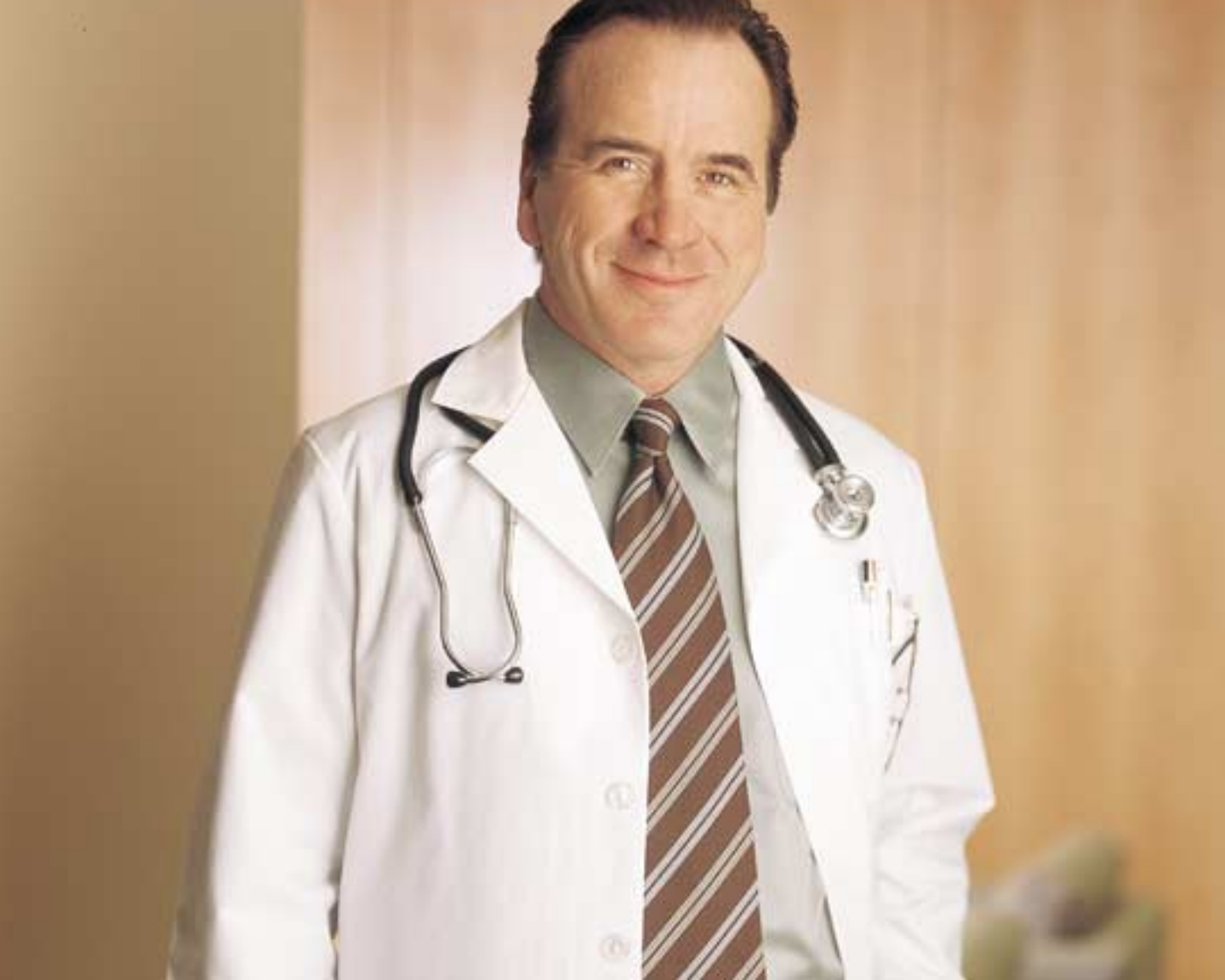
Cambridge claim professionals



external claim professionals



field case managers



and physicians.



We work with you
to get employees back to work.

Cambridge
Managed Care Services

WORKING TOGETHER

By most estimates employee medical costs alone account for as much as half of the total cost of all employee benefits. Containing them has become a top priority for virtually every company's executive management.

As a partner in this effort, Cambridge offers a comprehensive, well-structured, and professionally managed approach that focuses on early intervention, expert case management, and a constant focus on return to work. As a client-driven business, we focus on flexibility in meeting our customers' needs and measurable results in both the quality and cost effectiveness of our services.

We offer a complete range of managed care services:

- Comprehensive case management focused on return to work and appropriateness of medical treatment
- Utilization review to concurrently and retrospectively assess the appropriateness of proposed medical treatment
- Peer review to support our professional staff and confer with treating providers to ensure the appropriateness of care
- Medical bill review to ensure that all charges are appropriate, that only the appropriate fees are reimbursed, and that charges that should not be paid are denied
- Access to multiple preferred provider organization (PPO) networks (including specialty networks such as pharmacy, durable medical equipment, and diagnostic radiology) incorporating comprehensive geographic access with high quality outcomes-driven providers
- Specialized second level review program designed to achieve savings on provider services that are not governed by state fee schedules or discounted in PPO arrangements

COMPREHENSIVE CASE MANAGEMENT

With the skyrocketing costs of workers' compensation medical care and other employee health care benefits, employers have begun to recognize that comprehensive case management can play a significant role in containing these escalating costs. Industry studies have shown that the sooner a case manager becomes involved, the greater the value to both the injured employee and the employer.

Cambridge's own experience has proven that early intervention by a highly qualified and experienced nurse case manager is one of the best ways to ensure:

- Appropriateness of medical care services
- Quality of the care provided
- Earliest possible return to work for the employee
- Maximum value for our customers

We also know that to work most effectively, case management must be a multidisciplinary effort involving close coordination among all team members — case manager, claim professional, employer, physician advisors, and other health care professionals in areas like vocational rehabilitation, ergonomics, and physical therapy. Case managers also focus intently on appropriately aggressive return to work planning. Our goal is to return 90 percent of injured employees to some form of productive work within three to five days.

Cambridge emphasizes the use of telephonic communication with all the parties involved to manage the medical care and return to work program. If after making the initial telephonic assessment, the nurse case manager feels that the injured employee's condition warrants additional intervention, a field case manager will provide on-site services, especially on a catastrophic case where in-person management is critical.

UTILIZATION REVIEW

Cambridge has designed a highly effective concurrent and retrospective utilization review program to:

- Ensure that injured employees receive the most appropriate medical care for treatment of their injuries or illnesses
- Avoid paying for unnecessary treatment, especially high-cost or frequently over-utilized procedures that contribute significantly to increased medical costs

Using nationally accepted medical guidelines, our in-house utilization review nurses evaluate requested medical treatment against these standards of care. Although our nurses will never deny a physician's request for treatment, if the requested treatment does not meet the standards, our nurses consult with one of our physician advisors, who then work to develop a mutually agreed upon plan of appropriate treatment.

In addition to reviewing treatment plans, Cambridge nurses review the appropriateness of diagnostic testing such as MRIs and CTs, and the use of durable medical equipment. Cambridge recommends utilization review on all cases where a provider has recommended surgery or the use of inpatient or outpatient hospitalization.

PEER REVIEW

The purpose of peer review is to identify inappropriate medical management, a questionable treatment plan, or potential problems relating to the quality of care provided. Because of the highly sensitive nature of peer review, especially when a claim for services may be denied, Cambridge believes that physician involvement is absolutely critical. To ensure that peer review is carried out with the highest level of professionalism, our physicians conduct various types of chart reviews and provide expert medical opinions and telephonic physician advisor services when needed.

MEDICAL BILL REVIEW

The goal of medical bill review is to ensure that all charges for health care provider services are appropriate (in line with relevant state fee schedules, reasonable and customary fees, and PPO network discounts), that only the appropriate fees are reimbursed, and that charges that should not be paid are denied.

Through our enhanced technological capabilities including scanning and OCR, Cambridge has eliminated cumbersome manual file reviews, reduced the time required to approve or adjudicate bills, and improved our ability to track and report on the status of a specific bill. Our single source system scans billing and medical records, adds any needed information, and sends the file along its way to the professional for online adjudication, bill review,

and payment. Using sophisticated software, our system's bill review engine reprices bills to state fee schedules for workers' compensation or to a usual and customary database.

Preferred Provider Organizations

Cambridge clients also realize considerable cost savings as a result of our nationwide network of preferred provider organizations — health care providers who agree to discount their fees in return for maintaining or increasing the number of patients they treat. PPOs have become increasingly important over the past decade in containing employee health care costs. The effectiveness of any network, of course, depends on an employer's willingness to encourage employees to seek treatment from

participating providers. Historically, Cambridge clients have realized medical service cost reductions of more than 30 percent as a result of our PPO network. The Cambridge PPO network offers clients' employees access to:

- More than 465,000 providers and facilities across all 50 states including hospitals, primary care providers, specialists, and other ancillary service professionals in areas such as rehabilitation, home care services, and laboratories
- More than 52,000 retail pharmacies which deliver clients savings of 20 percent or more on employee prescriptions for work-related injuries and illnesses

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- National durable medical equipment and supplies network for thousands of products including orthotics, prosthetics, TENS, wheelchairs, and IV therapy
 - National diagnostic radiology network for MRI and CT services as well as regional coverage for EMGs — resulting in client savings of at least 50 percent

Second Level Review

In addition to our standard bill review service, Cambridge also offers second level review, a specialized service designed to achieve savings on provider services that are not governed by state fee schedules or discounted in PPO arrangements.

In states where fee guidelines are mandated, skilled negotiators work directly with the service provider to gain bill reductions. In states that do not have mandated fee schedules, a repricing function reduces bills to reasonable charges based on our extensive, three-tiered, proprietary database of usual and customary charges.

The success rate of our second level review program is quite impressive. Negotiations result in additional savings more than half of the time, with savings averaging between 10 and 40 percent. Repricing services achieve additional savings in more than 80 percent of bills, with average savings ranging between 20 and 60 percent.

Cambridge Managed Care Services

Call us to learn what Cambridge can do for you.

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We work

with you.

