

# HMA's Case Management Program

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**Provides guidance and advocacy for members and manages costs for our clients.**

HMA's case management program focuses on interaction with the patient and provider to help navigate the increasingly complex medical delivery system. HMA has multiple links for the referral of cases into the case management program including utilization review, customer service, client services, client HR staff and review of the Individual Specific Deductible Report when an enrollee hits a designated percentage of their specific deductible.

## Key Features and Advantages

- Average clinical experience for HMA's nurses is 24 years.
- Integrated with other key HMA departments including claims, customer service and client services.
- Clinical staff consults on claim issues and benefit design upon installation and renewal
- Our "bundled" approach allows us to begin managing cases immediately to have the best possible impact without the need to go through a lengthy approval process.
- Most recent results of our Case Management satisfaction surveys show an average score of 4.4 out of possible high score of 5.
- Average return on investment for both our case management and utilization management programs of over \$6.50 for every dollar spent.
- The Case Managers work hand-in-hand with reinsurance carriers to provide timely and on-going information on these high-cost cases, while maintaining appropriate confidentiality in keeping with HIPAA regulations.

## Bottom Line

HMA clients access an integrated solution which helps members navigate a complex delivery system during a difficult life event while providing a substantial return on investment.

