

ALL IN ONE

| product suite



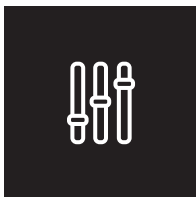
# ALL IN ONE

AMPS All In One product suite leverages AMPS 15 years of expertise in reviewing and pricing medical claims. This experience forms the foundation of AMPS Intelligent Pricing engine that combines AMPS historical pricing with Medicare and non-pricing factors such as Member preferences and Provider Relations. This gives the Plan the ability to achieve the "best" savings possible given Member participation and local market dynamics.

AMPS All In One encompasses both pre-care and post-care pricing approaches to offer flexibility. AMPS All In One also includes AMPS Member Advocacy and AMPS Data Visibility into every interaction with Members and Providers via the AMPS Portal.

AMPS All In One's Core provides comprehensive Facility Cost Containment, which includes AMPS Member Advocacy, appeals management, and fiduciary Plan defense. AMPS All in One product suite capabilities can be further extended with enhancements for Professional Claims Pricing, Member Indemnity, Provider Contracts, and AMPS Care Navigation Services.

## AMPS All In One Product Suite Includes



### **Intelligent Pricing** Fair Pricing Built on Expertise and Smart Software

Whether pre-care or post-care, Intelligent Pricing engine encompasses multiple approaches that are essential to fair payment of medical claims. The process begins with AMPS Physician-led Medical Bill Review to ensure claims are without errors, mark-ups, or services that are not medically necessary. AMPS next determines the best approach to price based on fair market value, direct contracts, and fee-for-service pricing options.



### **Member Advocacy** Standing Ready to Help Members

AMPS Member Advocates are experts at assisting Members with billing questions 12 hours a day, each weekday from AMPS multi-lingual Member Service Center. An AMPS Member Advocate attends open enrollment and communicates the changes that come with a new healthcare Plan. A key part of this process is to discuss the concept of balance billing and educate Members on how to identify a balance bill in the rare occurrence they receive one. AMPS Member Advocacy includes Plan indemnity with AMPS becoming a named fiduciary on the Plan. Member indemnity can also be included.



### **Care Navigation** Connecting Members with Friendly Providers

The AMPS Care Navigation Team facilitates access to Providers offering savings via bundled pricing for planned medical procedures. The AMPS Care Navigation Team also informs Members of contracted Providers and Hospitals that accept AMPS reference-based pricing clients as well as utilizing Provider Finder to search for "Friendly" Providers which are ranked by cost, quality, location, and prior utilization with AMPS.



### **Provider Relations** Fostering Local Relationships

The AMPS Provider Relations Team works on behalf of Members to foster relationships with local Providers to give quality care at a fair price. AMPS is continually expanding its list of "Friendly" Providers by establishing Single Case Agreements and Direct Contracts. Both Providers and Plans realize benefits when partnering with AMPS as an alternative to a standard Plan.



### **Data Visibility** On-Demand Data Visibility - Anytime, Anywhere

The AMPS Portal offers on-demand visibility into Plan performance, with noteworthy metrics, easy-to-understand dashboards, messaging alerts and tailored reports via secure email. This provides a real-time view into the Plan's savings and powers AMPS Intelligent Pricing and AMPS Care Navigation in the local market.

# AMPS Intelligent Pricing

AMPS Intelligent Pricing encompasses three components to ensure claims are priced Fair For All. The pricing process begins with an audit of claims using AMPS industry-leading Medical Bill Review program under the direction of AMPS board-certified Physicians. AMPS next determines the “best price” for each claim using multiple methodologies and AMPS 15 years of claims history. Finally, AMPS balances Plan Savings and Member experience by determining the “best time” to negotiate with Providers.

## 1 Medical Bill Review

Before a claim is priced, AMPS Physician Panel reviews each line of the itemized bill for billing accuracy. This ensures claim payment is made for services actually rendered and clinically relevant. AMPS Physician Panel is equipped with machine-learning software and 15 years of historical data to identify and remove duplicate charges, non-rendered services, data entry errors, unbundling, inaccurate time charges, adverse clinical occurrences and hoteling days.

## 2 The ‘Dynamic’ Approach

AMPS utilizes historical data, reference-based benchmarks, direct contracts, fair market value and fee-for-service pricing to calculate the “best” price for each claim. AMPS Intelligent Pricing engine can be configured to dynamically take into account Member satisfaction metrics and Plan goals to better balance Plan savings and Member experience.

## 3 Pre-Care & Post-Care Pricing

Plans no longer need to choose one option when implementing a cost containment program. The All In One program offers both pre-care and post-care pricing approaches. Pricing can be calculated prior to medical services by adding the AMPS Pricing Tool into a case management/utilization management program, or pricing can be calculated after medical services using AMPS Intelligent Pricing approach.

### **Experience Matters**

AMPS is powered by 15 years of pricing experience and smart software to ensure claim prices are Fair For All.



**90% of Medical Claims Contain Errors.**

AMPS Only Prices  
*‘Clean Claims’.*

## CEOs

AMPS All In One empowers Plans with control over one of their largest expenses.

**FAIR FOR ALL**



## Member Advocacy

The AMPS Member Advocates establish a direct line of communication with Members by attending open enrollment and educating Members on their new healthcare Plan. AMPS Member Advocates provide tailored training and marketing materials on how to identify a balance bill and engage an AMPS Member Advocate for assistance.

AMPS Member Advocates are available 12 hours each weekday from AMPS multi-lingual Member Services Centers in Atlanta, GA and Phoenix, AZ. AMPS Member Advocates work in coordination with the Member Services team and the Third Party Administrator to answer Member questions. The Plan can set up calls to go through the Third Party Administrator or directly to AMPS.

### A Proactive Approach

After a claim is reviewed and priced, AMPS Member Advocates proactively contact the Member with a reminder to call their AMPS Member Advocate if they have any questions or receive requests for additional payment from the Provider.

### A Helping Hand

If a Provider sends a balance bill or a collection letter to the Member, AMPS will reach out to the Member requesting permission to speak on their behalf to the Provider. AMPS Member Advocates explain to the Provider the process for determining claim payment and answer any remaining billing questions to help resolve claim payment disputes.



### AMPS Legal Team

In the rare event a Provider dispute is not resolved by AMPS Member Advocates, the AMPS Legal Team, combined with a Nationally Recognized Law Firm, attempt to reach an equitable resolution that is Fair For All. AMPS Legal Team utilizes multiple defense strategies to protect the Member and maximize savings. Both AMPS Legal and AMPS Provider Relations Teams have extensive experience resolving Provider disputes.

### Plan & Member Indemnity

AMPS takes its defense role seriously as named Fiduciary of the Plan with the responsibility to be prudent when managing Plan funds. AMPS Defense and Indemnity role can be optionally extended to Members.

## Human Resources

AMPS All In One provides Human Resources with educational material to distribute to Members in order to answer common questions.



*FAIR FOR ALL*



# Care Navigation

The Care Navigation process begins with finding "Friendly" Providers in the Members' local market that are accepting of AMPS Reference Based Pricing. The AMPS Care Navigation Team is also able to steer Members to Providers that have directly contracted with AMPS to accept a fair price. For elective non-emergent procedures, the AMPS Care Navigation Team is able to schedule the Member with contracted Providers.



## Find.

AMPS Provider Finder and Pricing Tools are used by AMPS Care Navigation Team and utilization management partners to find a "friendly" Provider when needing medical care, based on cost, quality, location, and prior utilization.



## Steer.

AMPS Care Navigators help navigate Members to contracted Providers in AMPS "Direct-to-Plan" Programs.

This program includes Plan designs that offer savings for both the Plan and the Members when utilizing the AMPS direct contacted Providers for medical care.



## Schedule.

AMPS Care Navigators facilitate access to Providers that are directly contracted to offer transparent, bundled pricing on planned elective medical procedures -- such as knee and hip replacements, MRI's, and colonoscopies.

This program offers additional savings due to these procedures being performed at Ambulatory Surgery Centers, independent Imaging Facilities and GI Centers as opposed to a hospital.

# Members

AMPS All In One provides Members with access to Providers offering the best value, lowering the Member's out-of-pocket costs.

*FAIR FOR ALL*





# Provider Relations

The AMPS Provider Relations Team opens direct channels of communication with Providers and the Employer. Providers and Employers realize multiple benefits when partnering with AMPS as an alternative to a traditional carrier.

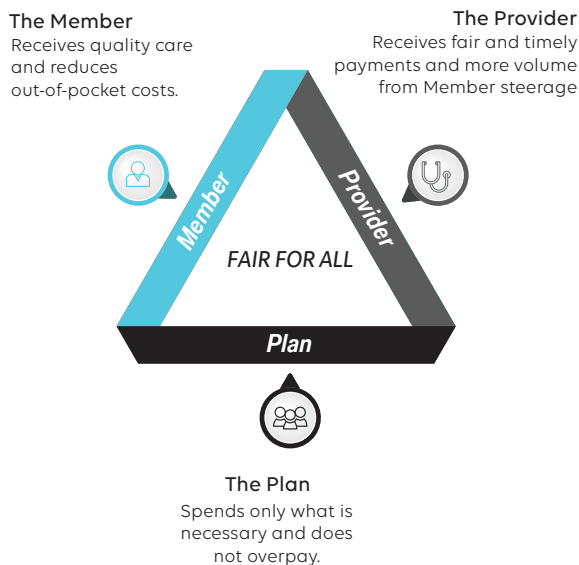
## Partner with a Preferred Provider

AMPS works with local Providers and Employers to design a Plan with differentials that encourage steerage resulting in incremental volume.

By allowing Members to see Preferred Providers, Member satisfaction and the overall health of the community improves. Members no longer need to worry about out-of-network penalties. They can seek care when needed, knowing they are in partnership with their local Provider.

AMPS ongoing Member education and AMPS Care Navigation ensures Members are aware of incentives and preferred Providers.

### FAIR FOR ALL SYSTEM



## Fair and Timely Payments

Plan design provisions typically offer the Members financial advantages in the form of reduced out-of-pocket costs when accessing a Preferred Provider. This results in reduced administration costs and collection efforts for the Provider.

By removing these costs, a much greater portion of the healthcare spend is allocated to care rather than coverage. This results in savings for the Plan as well as fair and timely compensation for the Provider.



# Providers

Providers get the comfort of knowing they will get paid from Patients in a timely manner with direct contracts from AMPS.

*FAIR FOR ALL*

# Data Visibility

## A Trusted Source For Your Data

The AMPS Portal offers on-demand visibility into Plan performance, with noteworthy metrics, easy-to-understand dashboards, messaging alerts, and tailored reports via secure email. This provides a real-time view into the Plan's savings and powers AMPS Intelligent Pricing and AMPS Care Navigation in the local market.

## Analytics & Reporting

AMPS gives Brokers, Third Party Administrators, and Plans access to a 24/7 on-demand portal that allows the ability to monitor Member activity/communication and Plan performance. The AMPS Portal can be set up to send email notifications on certain events (eg. large claims, monthly reports), keeping all parties updated on noteworthy events.

Clients will also receive customized reporting packages that depict a detailed analysis of the Provider activity, pushback levels, claim type break down, and savings achieved. All reports are stored for easy access on the portal.



ON-DEMAND INSIGHT 24/7  
through AMPS Portal

## Notifications Delivered

AMPS Portal notifications can be delivered directly to specified individuals, with weekly, monthly and yearly reports via secure email.

High quality reports are generated in a format for easy conversion into custom visualizations and reporting systems.

*The more offerings the Plan has with AMPS, the more information the all in one place. When products are paired, a healthcare visit can be monitored from start to finish.*

## CFOs

AMPS Portal allows CFOs to monitor the overall medical spend of the company real-time with 24/7 access.



FAIR FOR ALL



800.809.0513 | [amps.com](http://amps.com) | [saleshelp@amps.com](mailto:saleshelp@amps.com)