

Managing Costs & Protecting Plan Assets

A Growing and Costly Problem

Kidney disease and the costs to treat it are a growing problem that can wreak havoc on an employer’s health plan. Estimates show 14% of adults in the United States have some level of chronic kidney disease (CKD) and there are over 800,000 people with end-stage renal disease (ESRD). Ongoing dialysis treatments for these conditions often exceed \$100,000 per month and sometimes top more than \$2 million a year.

The highly concentrated nature of the dialysis provider market limits the ability of PPOs to protect self-funded plan assets from the soaring cost of dialysis claims. This is where Dialysis Management Solutions (DMS) can help.

DMS Case Management

Preventing or delaying the need for dialysis is one of the most effective ways to reduce Plan healthcare costs. The DMS program includes case management services designed to identify at-risk members before they need dialysis. DMS employs specially trained Registered Nurses with expertise in CKD and ESRD. They work closely with patients, families and providers to help ensure high quality, cost-effective care.

Case managers can answer questions and help patients understand their treatment options with a focus on enhancing the overall member experience. While early intervention may help some members avoid the need for dialysis, case management needs to be complemented with additional cost-saving mechanisms to help protect Plan assets when members do require dialysis treatments.

Dialysis Cost Savings for Self-Funded Employers

In order to protect Plan assets and generate lasting savings for self-funded health plans, the foundation for any dialysis cost management program must be built on a platform that is consistent and defensible. The DMS program is based on two key components: our proprietary plan language and our Reasonable Value Payment (RVP) re-pricing methodology. Together, these components balance savings, flexibility and defensibility for our clients.

Each dialysis claim is evaluated on its individual merits and payment recommendations are based on the specific criteria surrounding each unique circumstance. The RVP re-pricing program typically saves clients over 90% off billed charges including all program fees and there are no upfront or fixed monthly costs.

MONTHLY RESULTS		PPO NETWORKS			DIALYSIS MANAGEMENT SOLUTIONS		
Actual Examples	Billed Charges	PPO Allowed	PPO Savings Off Billed	Percent Off Billed	DMS Total Net Cost	DMS Savings Off Billed	DMS Net Client Savings Off Billed
Patient 1	\$119,498	\$83,649	\$35,849	30%	\$11,558	\$107,940	90%
Patient 2	\$162,959	\$35,851	\$127,108	78%	\$13,552	\$149,407	92%
Patient 3	\$107,621	\$53,811	\$53,811	50%	\$9,947	\$97,674	91%
Average	\$130,026	\$57,770	\$72,256	53%	\$11,686	\$118,340	91%

DMS can re-price actual claims to provide examples of case-specific savings illustrations based on de-identified dialysis claims data.

**For more information,
please contact us at:**



dms@amwins.com



855.367.0484



amwins.com/DMS