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MCG statistical benchmarks and data apply the power of data science to clinical improvement efforts. They are available for utilization and management in inpatient, post-acute, and ambulatory settings of care. Using our benchmarks and data, you can compare your metrics against national and regional statistics (as well as commercial and Medicare cohorts) to:

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a loosely managed healthcare system – characterized by plans with significant member cost sharing and little medical management intervention – and well managed benchmark standards – representative of best practices for utilization management and reimbursement contracting. Comparison of plan experience data to the two extremes (minimal versus

Benchmarking to Maximize Managed Care Performance

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Milliman Ambulatory Care Guidelines

Care Management Institute Guidelines Formed by the American Association of Managed Care Nurses CMI Committee American Association of Managed Care Nurses (AAMCN) 4435 Waterfront Drive, Suite 101 Glen Allen, Virginia 23060 Phone: 804.747.9698

Care Management Institute Guidelines

Using the Milliman Care Guidelines SUNY Downstate UHB uses guidelines drawn from Evidence-Based Medicine. These same guidelines are used by IPRO, and Managed Care Organizations to make determinations about medical necessity of acute care stay.

University Hospital of Brooklyn – Managed Care

Anticipate future claim levels, evaluate historical data, and establish relationships between health coverage levels using the Milliman Health Cost Guidelines–Reinsurance. These guidelines contain rating structures for reinsurance used with fee-for-service or managed care plans provided to commercial or Medicare enrollees.

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what we refer to as a loosely managed health care system and a well-managed health care system. These are the endpoints of a spectrum of health-care-delivery systems. Loosely managed is similar to traditional fee for service, where there's very little management of utilization: no use of guidelines or any other incentives to

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