



**CASE# - XXXXXX** **DATE XX/XX/XXXX**

MEMBER	MEMBERSHIP ID#	NEEDS ASSESSMENT SUMMARY
XXXXXX	XXXXXX	<ul style="list-style-type: none"> <li>• 42yo male</li> <li>• Employer HEALTHPOYNT membership</li> <li>• Diagnosed with Squamous Cell Carcinoma (Lip Cancer)</li> <li>• Employee sponsored benefit plan</li> <li>• Recently employer converted all employees to a High Deductible Health Plan (HDHP) + HAS (fully funded)</li> <li>• \$4,000.00 Deductible (80/20 Co-insurance) and \$6,500 OOP max</li> </ul>

TRACKING CODE	SERVICE LINES	ESTIMATED POYNTS	ENDPOYNTS
1.00	Members Needs Assessment	2	2
7.00	Understanding Your Diagnosis & Treatment Options	2	2
2.00	HEALTHPOYNT-Members Needs Assessment	2	2
8.00	SDM (Shared-Decision Making) Preparation	2	2
21.00	Medical Service Cost Comparisons & Negotiations (PricePoynt Report)	2	2

**SUMMARY**

PoyntPerson(PP) confirmed members concerns; scared of having cancer and how will he pay for his treatment with his new HDHP. PP sent Member health information to help understand diagnosis. PP researched and reviewed the top two (2) treatment options the member felt comfortable with. PP created a cost analysis of cost of procedure. University hospital provided an estimated quote of \$25,000.00 (OOP responsibility = \$6,500.00). PP asked if the member would like to self-pay and use their HAS. Member agreed. PP secured a cost of \$2,500 at ambulatory surgery center 75 miles away. Saved the Member \$4,000.

<b>TOTAL POYNT DEDUCTION</b>	10
<b>COMPLETION DATE</b>	XXXXXX