
The Key Family of Companies – For YOUR Direct-to-Employer Plan



The Key Family (www.keyfamily.com) was founded in 1979 as a full-service group benefits administration firm specializing in self-funded medical plans. Since that time the Key Family has grown to become one of the country's largest independently owned third party administrators, supporting a wide variety of insured and self-funded group benefit plans. With its two major locations in Indianapolis, Indiana, and Fort Mill, South Carolina, the Key Family is a commonly held group of benefits-related organizations with over 800 employees, over 4,000 corporate customers, and over 2 million members under management. The Key Family is made up of several organizations that work in various specialized areas of health plan administration and management.

Accountable Care Solutions Group - ACSG (www.accountablecaresg.com) provides consulting and project management services for medical providers that desire to deploy their own health plan strategy. ACSG provides the full spectrum of initial program viability, to operational integration, financial assessment, program implementation and management, and deployment of the marketing and sales distribution strategy.

The American Health Data Management Institute – AHDI (www.ahdi.com) has been utilizing a patented process of population and disease management since 2002 with over 2 million lives residing in the data warehouse representing over 45 payers and medical provider sponsored plans. This patent protects a population health management process of assessing and targeting interventions based on the risk of the population. This unique and proven process of managing the health of a population has been used all over the country to provide results for providers, employers, insurers and self-funded plans.

This patented process identifies members likely to be of the highest risk down to the lowest risk. Once identified, it is determined whether those individuals are meeting standard of care requirements for their health conditions. In addition to identifying care standards suitable to condition. The process provides necessary interventions to improve the healthcare consumption characteristics of the population. In addition to member care management strategies being employed, the process identifies high quality, cost effective providers who have proven through episodic care analysis an efficient and effective way to deliver care. This proven and unique process has consistently reduced healthcare costs and increased the health status of the population.

Why the ACSG/Key Family?

- We have a proven population health management system that has been tested and quantified over 15 years and with over 1 million members to address the management of the chronically ill. The program has demonstrated plan cost reductions of between 11% and 42% over a three year period. This program would be part of Your Organization value proposition. Process: 1) Identify the sickest patients through a sophisticated predictive modeler; 2) Set up a regimen of care for 27 chronic conditions and co-morbidities; and 3) Coach patients to obtain the needed regimens of care from an ACO medical provider.
- Your Organization can access a gain sharing formula that we have been successful in marketing to employers. It allows for a gain share distribution once an employer hits a targeted aggregate spend. The gain share represents a large net contribution to Your Organization's margin. Your Organization can also use our analytics to determine how to distribute the gain share to physicians, both employed and part of Your Organization.
- Our administrative infrastructure can be structured and customized to Your Organization's program specifications for plan design, referral management, reporting, claims, customer service, fulfillment, employee/employer/agent/provider portal, and medical management.
- Our administrative retention costs are generally more competitive than most commercial insurance carriers.
- We will never compete with Your Organization, and have no program or product conflicts like most commercial carriers do.
- Our objectives are aligned with Your Organization to grow a profitable book of business. We do not have other constituents, like Wall Street, to accommodate.
- We know how to commercialize, market, and sell new programs in the marketplace working with our distribution partners.
- We have access to over 85 national and regional PPO networks for assisting our medical provider clients with an appropriate wrap network and to properly determine the best prevailing pricing for a competitive program.
- We have the size, scale, and sophistication of a commercial insurance carrier but without the inflexible and bureaucratic systems.
- We have the ability to price and underwrite medical stop-loss insurance coverage and have access to the largest and best rated carriers in the U.S. This leverage allows us to competitively price Your Organization's program in order to optimize adoption.

For more information on next steps, please contact:



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