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Advantages of integrated benefits

Employee Benefit Professionals Organization (EBPA)

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Our values drive everything we do

Today’s discussion

What benefits do I integrate?

Why integrate?

One vendor or multiple?

Evaluating vendors

Performance and productivity

Data/information integration

What benefit lines are worthy of integration?

Consider integration of your most pressing benefits

Group health (fully or self insured)

STD, LTD, FML (continuous and intermittent)

Workers' Compensation and safety/
OSHA log/ergonomics

Well-being (including financial) /
engagement/incentive platforms

Medical/care management (UM/CM/DM/BH)
for health/WC/STD/Rx

Group life insurance

Pharmacy (retail/pharmacy benefit manager)

Customer service

Mobile experience and price transparency

Why integrate?

Common dilemmas integration may solve for

EXAMPLE 1				
Hepatitis C	Nucleotide Analog Inhibitors	Cirrhosis	Inpatient (IP) admit	STD claim
EXAMPLE 2				
Major depression	EAP/BH CM	Presenteeism	Suicide	Life claim
EXAMPLE 3				
Well-being biometrics	Metabolic syndrome	Type 2 DM	End stage renal disease	Dialysis
EXAMPLE 4				
HSA balance	Asthma	Rx refill of oral steroid	IP admit	Parental FML

One vendor or multiple?

3 scenarios to illustrate single-vendor integration impact

Medical, Care Management and Disability

Increase awareness of disability benefit

Real-time approval of short term disability (STD)

Increase referrals to CM programs

Address medical and behavioral co-morbid conditions while members are out on STD

Engage members in maternity management programs

Medical, Care Management, Pharmacy and Life

Address site-of-service steerage

Educate about accelerate death benefit for employee

Educate about advanced directive

Educate about palliative care

Understand cost drives for Life disability as well as pharmacy and medical disability

Identify high risk members who are high cost claimants (HCC) and require engagement

Well-Being, Medical and Disability

Clear line of site into which medical cost categories should be targeted via Wellness

Incentivized STD

Bi-directional referrals to increase engagement

Integrated grand rounds and increased return to work and vocational rehabilitation

The landscape of a single disability is complex

John suffers from major depressive disorder

- **Major depression**
- **Presenteesim**
- **Supervisor Training®**
- **FML and absenteeism**
- **Employee assistance program (EAP)**
- **Tele-CBT**
- **STD/FML for depression**
- **Level of care—IP, RTC, IOP, OP**
- **Behavioral Health Conditional Mgt.®**
- **HRA/WLQ** (health assessment)
- **Tele-psychiatry**
- **Fitness for duty**
- **Workplace risk**
- **Anti-depressant compliance**
- **Experimental Tx™**
- **Digital CBT**

Evaluating vendors

Vendor considerations for multiple benefit line administration (medical and pharmacy)

How do you identify gaps-in-care quicker than through a traditional pharmacy feed?

Do you publish your clinical policies for provider transparency?

Which medications classes are subject to step-therapy, UR, edits, etc.?

Which medications are eligible for rebates?

Explain your mail order programs and expected savings?

Explain the benefits of your formulary.

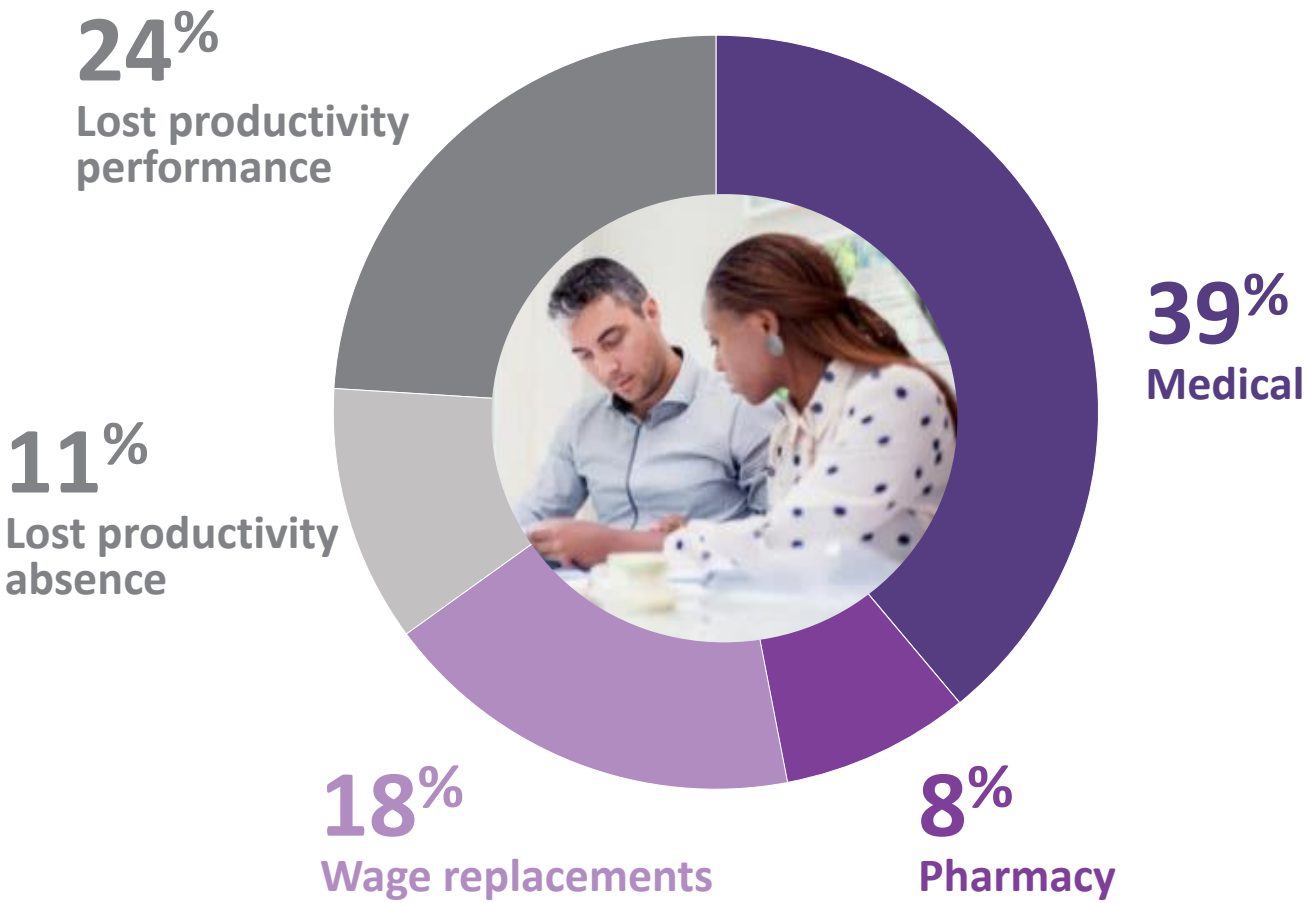
What medications are on your exclusion list?

Explain your site of service program and chronicle your success.

Do you have a value based approach to specialty medications for chemotherapy and non-medications, and what incremental value do you anticipate?

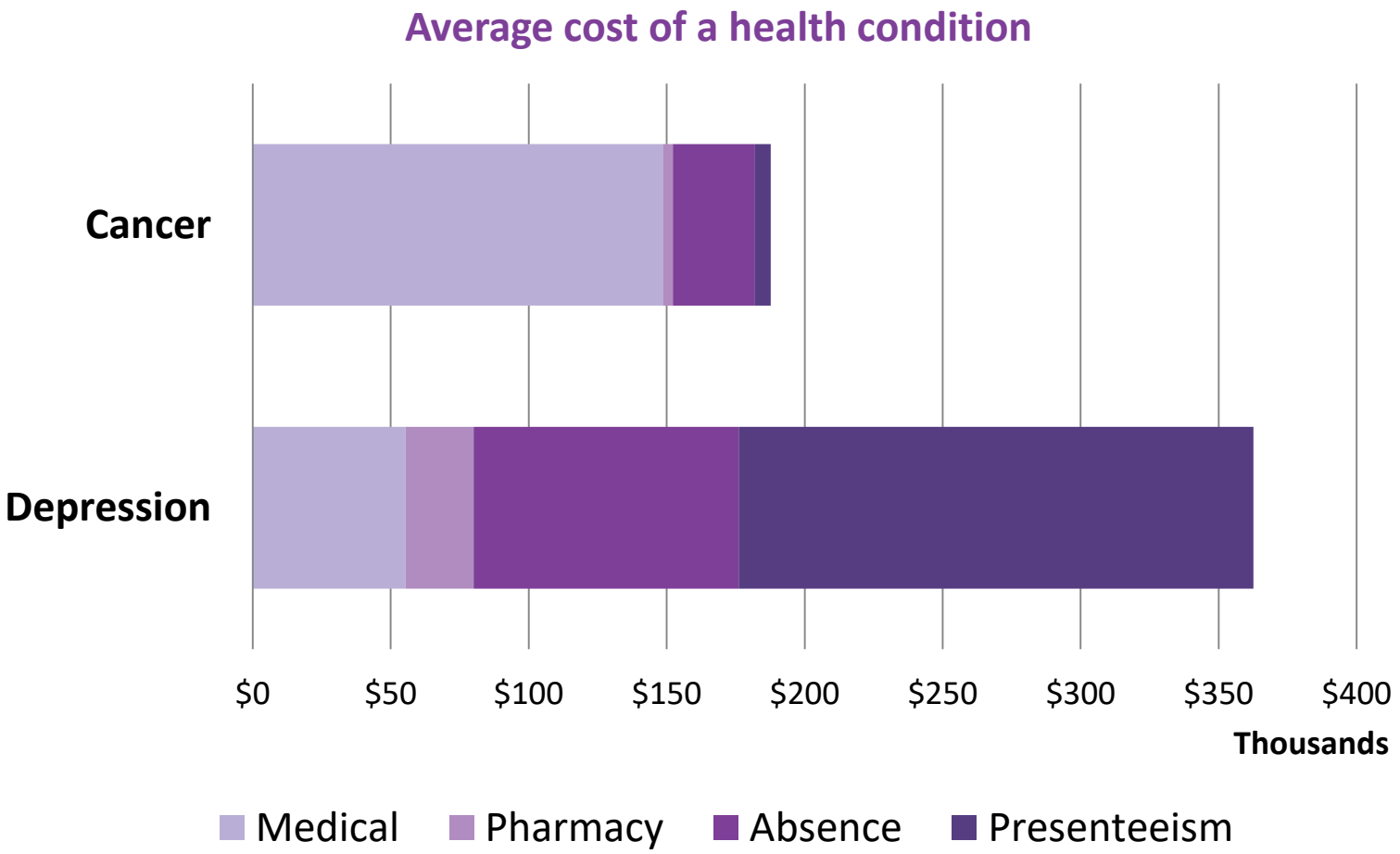
Performance and productivity

The value of investment: costs that impact a company's bottom line



Integrated Business Institute Full Cost Estimator statistical model, 2016.

A closer look at the total cost of health



Integrated Business Institute Full Cost Estimator statistical model, 2016.

Health outcomes—productivity improvements based on Work Limitation Questionnaire

9,898 employees completed two surveys at least six months apart.

13%
1,238 EES

With low risks had no change in their number of risk over the two year period

8%
836 EES

Took a sequential HRA had high risk and reduced their risk from 5 health risks to 4 or less risks

14%
1,371 EES

Took a sequential Work Limitation Questionnaire and reported an improvement in their job productivity

8%
767 EES

Improved absenteeism scores

*Based on Aetna survey of 9,898 employees who completed two surveys at least six months apart, 2012-2013.

Data/information integration

Data/information integration

Why does my data look different from different payers?

- Paid versus allowed, time period, lag, etc.

Risk and other adjustments

- High cost claimant threshold, risk scores, demographics, plan design, age

Do I need a need a data aggregator (Big Data solution)?

What metrics should I be evaluating?

Do the performance guarantees offered align with my goals?

How do you measure the performance of value-based contracts?

Who should be interpreting my data with me, how frequently?

Which benchmarks should I ask for, why?

Vendor summits

Q&A

Thank you

Contact me with questions at:

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