



Welcome to the 2024 Fall Forum!



Today's Agenda

(details available online at ncbch.net/forum)

7:30 AM – Networking Breakfast

8:45 AM – Welcome and Introductions

9:00 AM – Compliance/Legislative Update

10:00 AM – Navigation and Transparency Strategies for Employers

11:25 AM – Innovations in Employer Benefits

11:45 PM – Networking Lunch

12:45 PM – NCBCCH and National Alliance: Strategies and Initiatives

1:00 PM – High Cost Claims Mitigation for Employers

2:00 PM – Mental Health Strategies for Employers

3:00 PM – Wrap-up (and door prizes)



Our Members

Employer Members

All sizes, all industries

(at least 25 employees based in North Carolina)

Affiliate Members

Vetted benefit/HR service providers and consultants

Advisory Council Members

Key Healthcare Stakeholders dedicated to furthering our mission



Our Board of Directors

Board Chair: Paula Stop, The Fresh Market

Secretary: Brett Henderson, Charlotte Pipe

Treasurer: Kim Davis, Alex Lee

William Howard, Bernhardt Furniture

Teresa Huffman, Culp

Leigh Keener, National Gypsum

Julie Weaver, Worldwide Clinical Trials

Danielle Santacroce, Mercer

Amy Robbins, Aon

Medical Director: Bruce Sherman, MD

Legal Counsel: Erin Bailey, Tuggle Duggins



ABOUT NCBCH

Formed in 2011 as a coalition of employers using their collective voice to improve the cost quality and cost of healthcare delivery systems in North Carolina.

Our Mission:

Educate – Promote health and wellness education. Advocate for provider performance disclosure of both quality and outcomes to help employees become better consumers of healthcare services.

Advocate – Create a business community with a shared vision and message on matters of healthcare policy, regulation, and legislation based on sound fiscal principles and quality standards.

Innovate – Seek creative, common sense solutions to improve the overall cost and quality of our healthcare delivery system.



Our National Presence...

The North Carolina Business Coalition on Health is a member of the National Alliance of Healthcare Purchaser Coalitions, **the only nonprofit, purchaser-led organization with a national and regional structure** dedicated to driving health and healthcare value across the country



For NC Hospital Safety, Quality and Transparency



2024 Fall Forum Sponsors:

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Legislative and Legal Update for Employers



Mark Holloway, J.D.

**Senior VP, Director of Compliance Services
Lockton**



H&W Plan Compliance Update

North Carolina Business Coalition of Health

September 20, 2024

Mark Holloway, JD, *Director, Compliance Consulting*




Agenda


Congress in 2024/2025

Presidential candidates' stances on health care

ACA: what's ahead and what you need to know

Mental health and substance abuse parity update

Rx update and other issues

What's Brewing in Washington?

Congress this year and beyond

- Areas of potential bipartisan action:
 - Lower health care costs; increased transparency
 - Site neutral payment reform
 - Telehealth and HDHPs (discussion to follow)
 - Current accommodation for HDHPs ends Dec. 31, 2024
- Longer term:
 - \$4T in tax cuts expire after next year
 - Largest federal tax expenditures: employer healthcare (\$3.4T) and pensions (\$2.7T)
- Solvency of Social Security, Medicare?



Telehealth and HSA compatibility in 2025



- **CARES Act (2020) opened the door for HDHPs to cover telehealth services pre-deductible, without jeopardizing HSA eligibility.**
 - Twice, Congress has extended this allowance.
 - Set to expire for plan years beginning on or after Jan. 1, 2025.
 - Without another extension, HDHPs could be made to go back to pre-2020 standard and charge a fair market value assessment for telehealth services.
 - What to do while we wait?

While we wait, what are the options?

#1

PREPARE TO CHARGE HDHP PARTICIPANTS FOR TELEHEALTH SERVICES

- Telehealth vendor will generally have a FMV assessment readily available.
- If Congress acts, employers could pivot and reimburse the FMV assessments already charged with either cash or HSA contributions as desired.

#2

ASSUME THAT CONGRESS WILL EXTEND, AND UTILIZE THE 'LAST-MONTH' RULE FOR 2025

- Reliance on 'last-month rule' could be problematic for employees who terminate mid-year in 2025, or do not continue HDHP enrollment through 2026.
- Could also create challenges for employees who wish to switch from HDHP to PPO mid-year in 2025.

#3

EXPECT CONGRESS TO ACT, BUT IMPUTE INCOME EQUIVALENT TO FMV IF NECESSARY

- Same concern with mid-year termination, as imputed income would have to be applied upon any termination in 2025.
- Ability to impute income will hinge on the telehealth provider's reporting functionality and lag times.

Trump v. Harris health policies



Harris presidency

- Medicare for all, with insurance plans
 - But likely to support ACA, including robust premium tax credits for marketplaces
- Drug pricing reforms; antitrust enforcement



Trump presidency

- Unlikely to support ACA repeal, but promote ICHRAs and off-exchange insurance
- Expanded telehealth
- IVF
- Medicare Advantage plans

*ACA: What's ahead and what
you need to do*

Preventive care update

Preventive care (nongrandfathered, CY plans):

- **HIV pre-exposure prophylaxis (PrEP) prevention medication, including injectable drugs (2025)**
- **Mammograms for women, beginning at age 40 (2026)**



ACA cost-of-living adjustment (COLA) limits for 2025

\$9,200/
\$18,400

OOP LIMIT FOR
NONGRANDFATHERED PLANS

OOP limit for HSA-
compatible HDHPs:
\$8,300/\$16,600

9.02%*

AFFORDABILITY THRESHOLDS
PERCENTAGE FOR SAFE HARBORS

Increased from
2024 to 2025
*W-2, rate of pay or FPL

\$113.20*

MAXIMUM EMPLOYEE
CONTRIBUTION FOR FPL SAFE
HARBOR

\$15,060 FPL
x 9.02%
*Single coverage

\$2,900/\$4,350

EMPLOYER MANDATE PENALTIES
(TIER 1, TIER 2)

Other COLA limits for 2025

\$8,300/\$16,600
OOP limit for HDHP

\$1,650/\$3,300*
HDHP minimum
deductible
*If deductible embedded, \$3,300
minimum required!

\$4,300/\$8,550
Annual HSA
contribution maximum

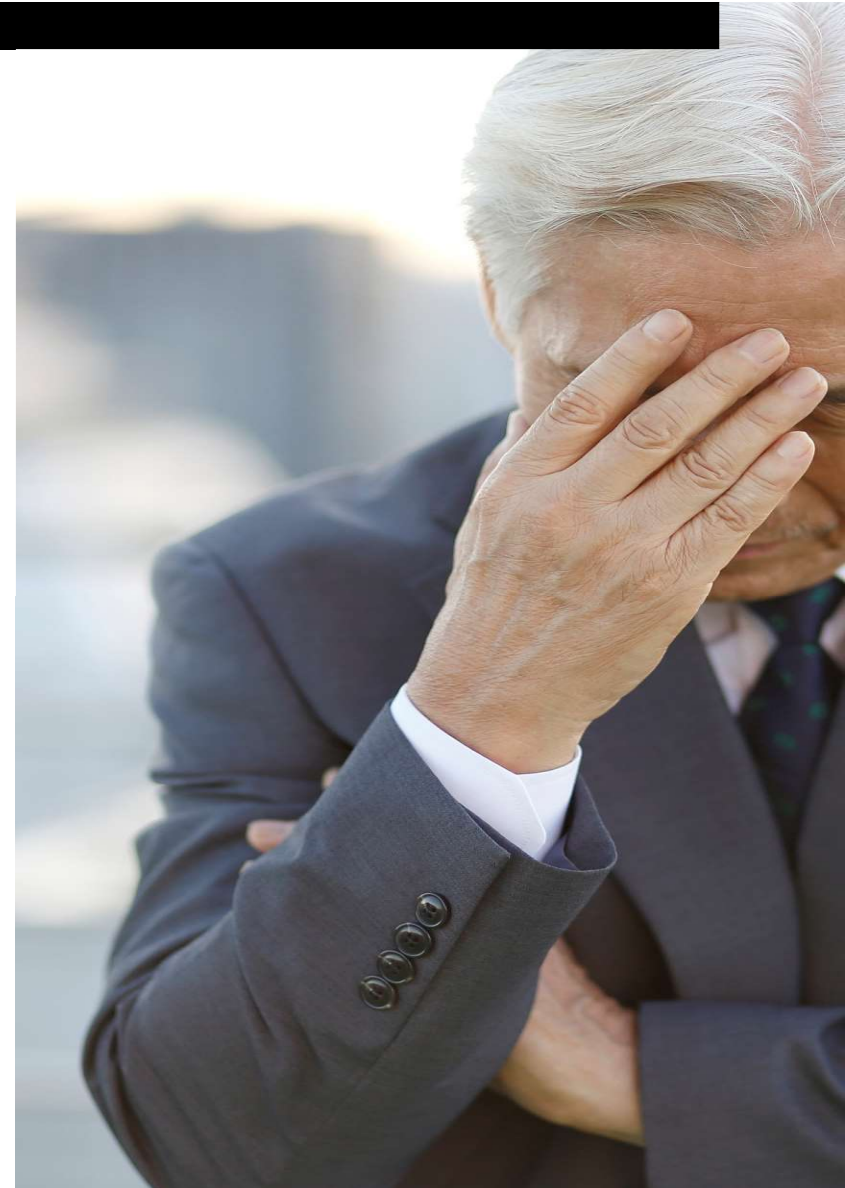
\$1,000
Annual catch-up
contribution maximum

TBD
Maximum FSA
contribution
(est. \$3,300)
Parking, commuter
(est. \$325/month)

Mental health and substance abuse parity

Mental health remains a focus

- The Mental Health Parity and Addiction Equity Act (MHPAEA) requires plans that offer medical/surgical and mental health/substance use disorder benefits to ensure the benefits are treated relatively the same.
- CAA mandates that plans proactively *conduct a comparative analysis of the NQTLs* to demonstrate parity in written provisions and operations.
 - Most plan sponsors adopt the carrier or TPA's policies, standards and procedures when it comes to plan administration and don't have extensive (or any) knowledge of how the carrier is doing things.
- **Final regulations issued last week**



Highlights of final rules

- Rules codify requirement for plans to have comparative analysis completed if Feds ask for it
 - Regs outline content requirements of analysis
 - 10 business days to respond to agency request
 - Better yet: duty to notify participants if Feds determine plan is not in compliance
 - Unclear to the extent insurers/TPAs/carveout vendors will help with required comparative analysis
- Good news: Feds punt on how parity applies to telehealth; no fiduciary certification of compliance (just prudent process in selection/analysis/monitoring of service providers)
- Bad news: “meaningful benefit” requirement (2026); no exhaustive list of NQTLs; most requirements effective in 2025.
- Court challenge to rules *very likely*



Other issues for 2025 considerations



A focus on fiduciary governance

- **Johnson & Johnson sued as health plan sponsor for allegedly failing to ensure plan costs were reasonable**
 - **New lawsuit against Wells Fargo**
- **Concern about future class action lawsuits by participants vs. employers:**
- **Ensuring appropriate fiduciary governance:**
 - **Monitoring of other fiduciaries and service providers**
 - **Ensuring payment of only necessary and reasonable plan expenses**

Discrimination based on sexual orientation or gender identity

- Coverage of gender-affirming care and federal regulation:
 - U.S. Supreme Court ruled (2015) Title VII of civil rights law prohibits workplace discrimination based on sexual orientation or gender identity.
 - Benefit-related litigation, including 11th Circuit case (AL, GA, FL), 4th Circuit (MD, NC, SC, VA, WV) case on Medicaid, state employee plans
- ACA Section 1557 regulations:
 - Prohibits discrimination on basis of race, color, national origin, sex (including sexual orientation and gender identity), age, or disability in covered health programs or activities, but only applicable to *covered entities*.
 - [New final regulations](#) issued implementation halted due to lawsuit
- Religious Freedom Restoration Act

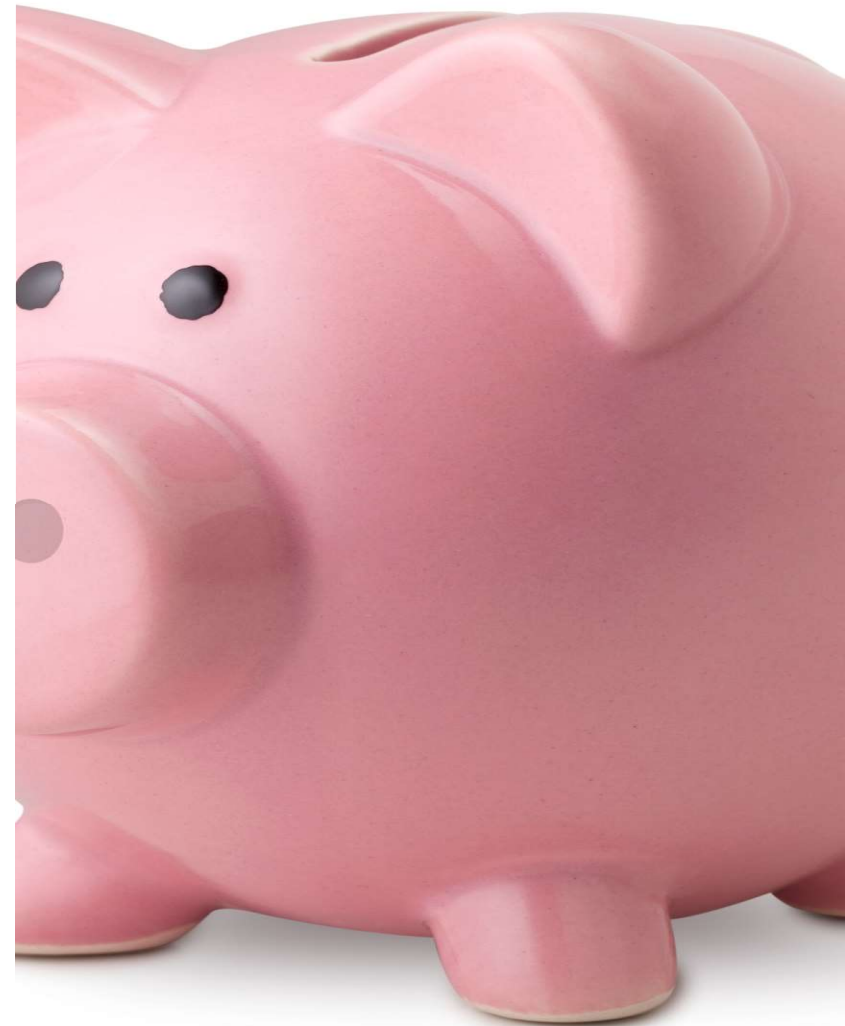


Prescription weight loss drugs

- **Certain diabetes drugs are FDA-approved to be prescribed and used for weight loss.**
- **These medications are expensive and a high percentage of people will remain on the drug indefinitely.**
- **There are ACA and ADAAA issues.**

Rx coupons and OOP maximums

- Coupon maximization programs:
 - Feds [will propose](#) that all covered drugs are considered essential health benefits (EHBs) that apply toward plan's OOP limit.
 - Would kill coupon maximization programs once implemented.
- *HIV & Hepatitis Policy Institute v. HHS*:
 - Struck down 2021 rule allowing group health plans and carriers from excluding copay assistance from counting toward deductible and OOP max.
 - Status quo for now.



HIPAA and reproductive rights

- **Final rules** restrict uses and disclosures of PHI for certain non-health care purposes, such as:
 - To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
 - To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
- Employer health plans will need to:
 - Issue updated privacy notice by February 2026.
 - Revise HIPAA training, policies and procedures to address new requirements.

Other issues to watch

- ***Chevron* doctrine overturned**
- **2025 Rx creditable coverage**
- **DOJ task force on provider consolidation**
- **DOL settlements with life insurers**
- **BCBS class action settlement**
- **Gag clause attestation**



Questions?

Independence changes everything.



LOCKTON®

UNCOMMONLY INDEPENDENT

Navigation and Transparency Strategies for Employers



Moderator

William Howard,
Senior Vice President

Bernhardt Furniture Company

Panelists:



Jesse C James, MD,
Chief Medical
Information Officer,
apree health

*“Data and technology
foundation, engaging
navigation, and an
integrated care team”*



Steven Santangelo,
SVP of Employer Sales,
Garner Health

*“Doctor analytics and
innovative incentives to
drive employees to best-
performing doctors”*



Bill Kampine, Co-
founder and SVP,
Healthcare
Bluebook

*“Complete price
and quality navigation
as simple as
Green-Yellow-Red”*



Carolyn Riva,
VP Sales Operations,
Quantum Health

*“Human-centered, tech-
empowered navigation
and care coordination
platform”*



Anoop Sangha, MD,
VP Clinical Programs,
Transarent

*“Instant benefits navigation,
clinical guidance, and care
delivery in one place via AI
and clinicians.”*

Innovations in Employer Health/Wellness Benefits

Quick Rounds

4 Innovators for Employer Health

Format

Each speaker will have only 5 minutes to convey their innovative product/service



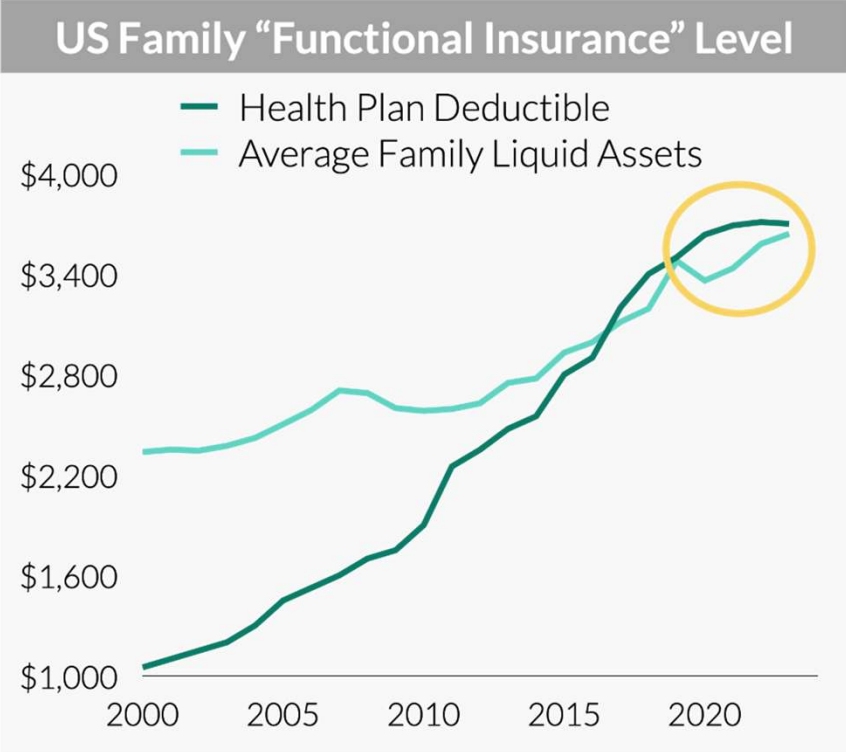
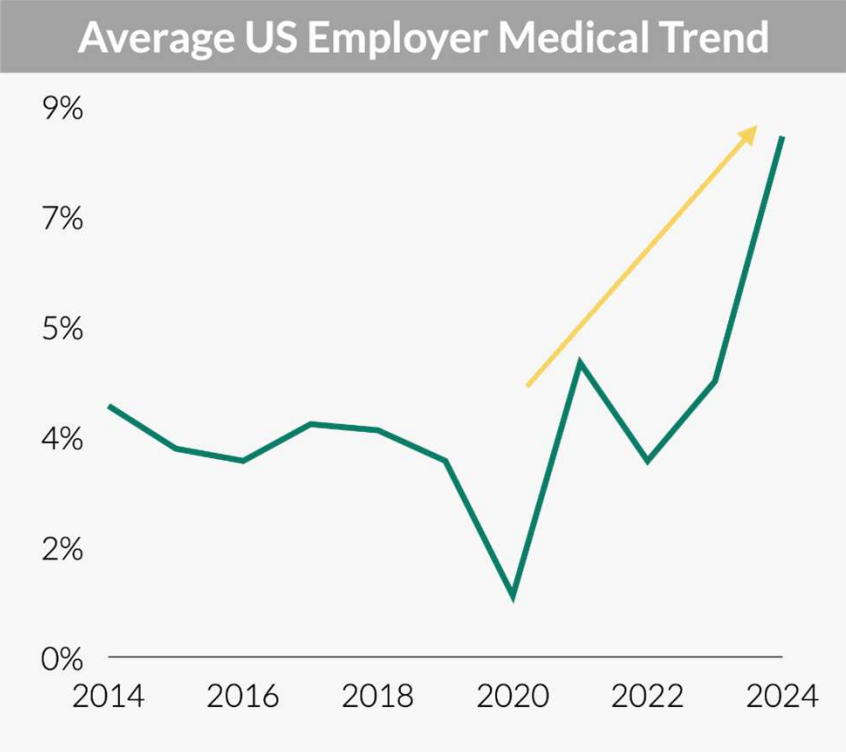
Innovator #1: Garner Health

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garner™

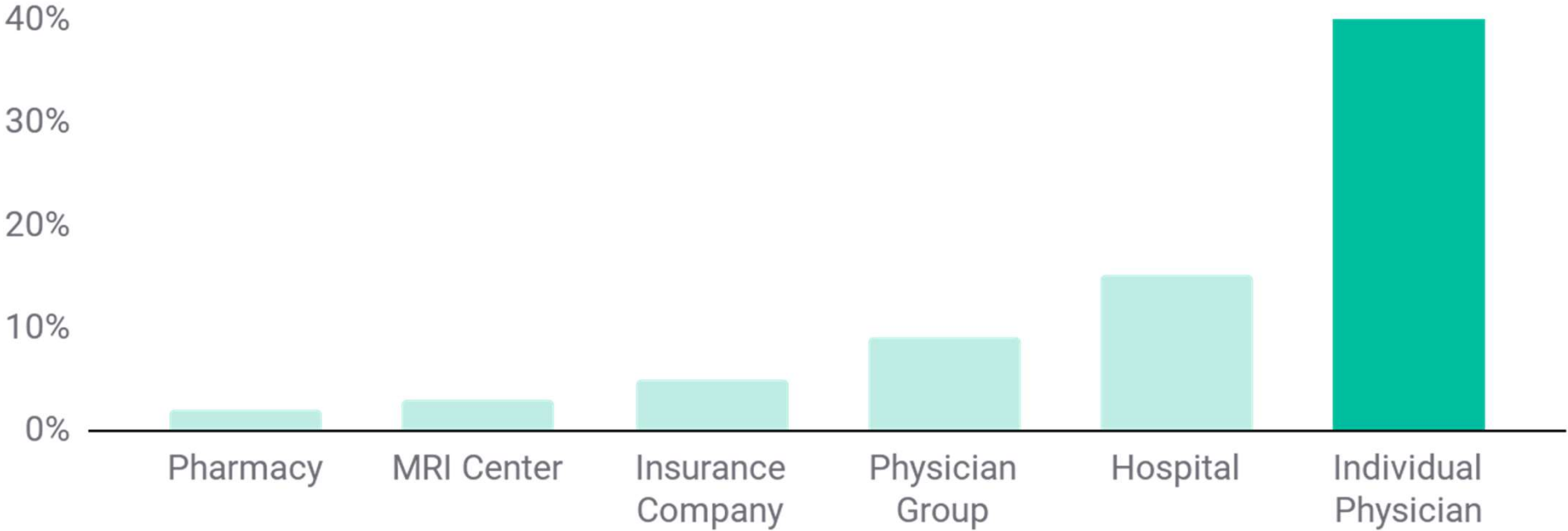
Medical trend is accelerating and employers need new solutions that do not simply shift cost to employees



Source: Data from Aon, Kaiser Family Foundation and US Federal Reserve

The key to lowering healthcare costs while improving outcomes is understanding the performance of individual doctors

Impact on the total cost of care (best vs average)



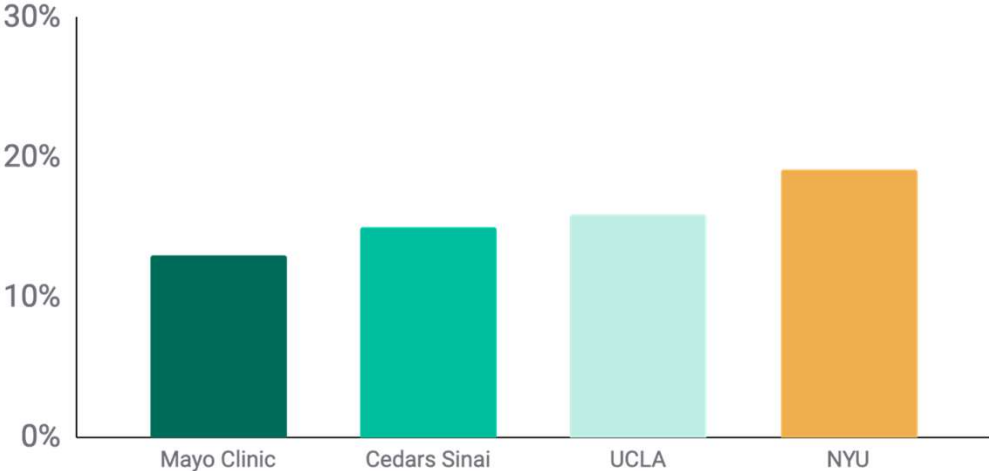
Source: Based on Garner's analysis of medical claims nationally

The key to lowering healthcare costs while improving outcomes is understanding the performance of individual doctors

Surgical site infection after colon surgery

Hospitals

US News and World Report Top Hospitals



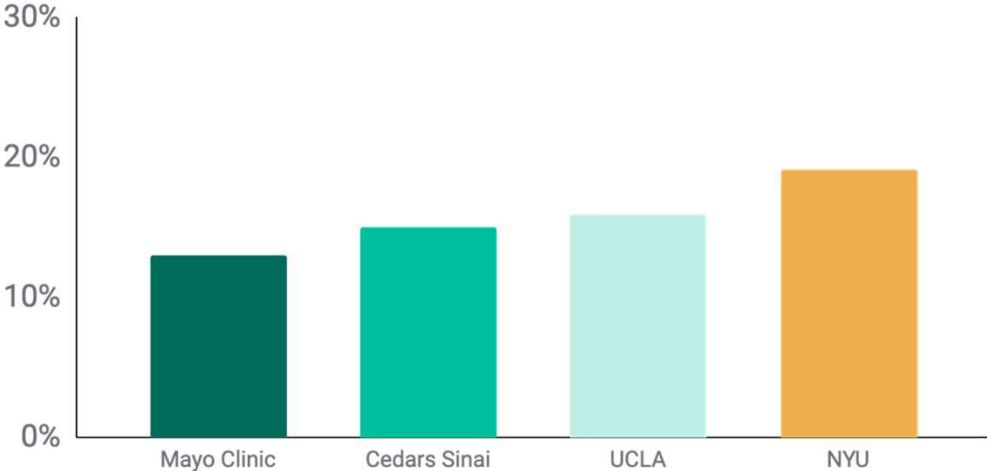
Source: CMS hospital compare, Kaiser Family Foundation and Garner data

The key to lowering healthcare costs while improving outcomes is understanding the performance of individual doctors

Surgical site infection after colon surgery

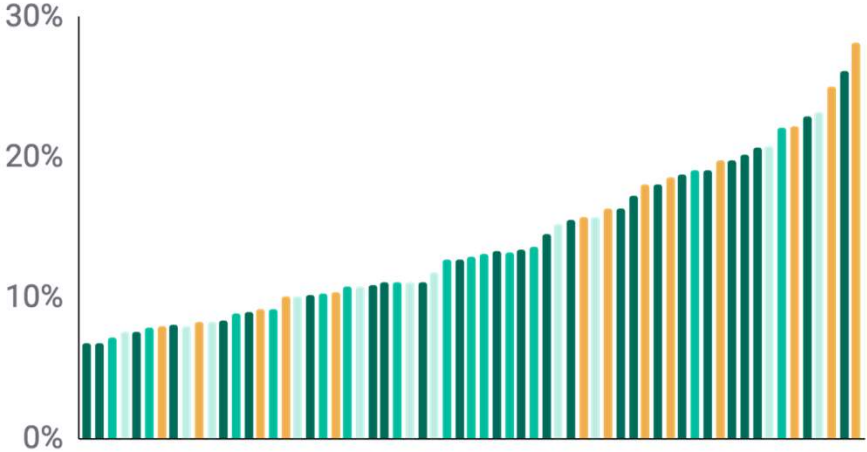
Hospitals

US News and World Report Top Hospitals



Doctors

Practicing at those hospitals



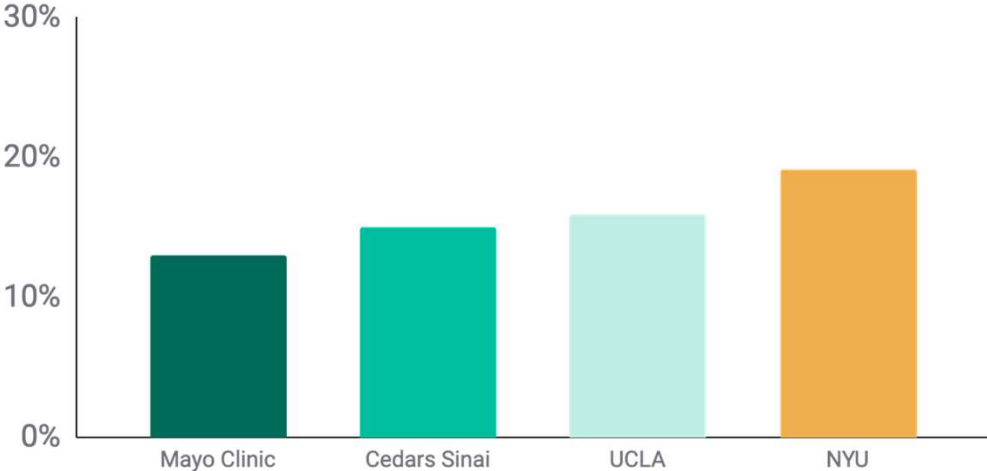
Source: CMS hospital compare, Kaiser Family Foundation and Garner data

The key to lowering healthcare costs while improving outcomes is understanding the performance of individual doctors

Surgical site infection after colon surgery

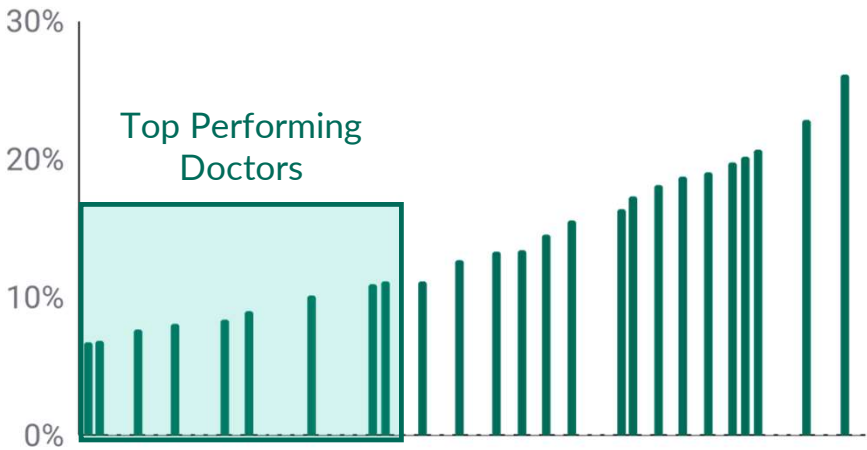
Hospitals

US News and World Report Top Hospitals



Doctors

Practicing at those hospitals

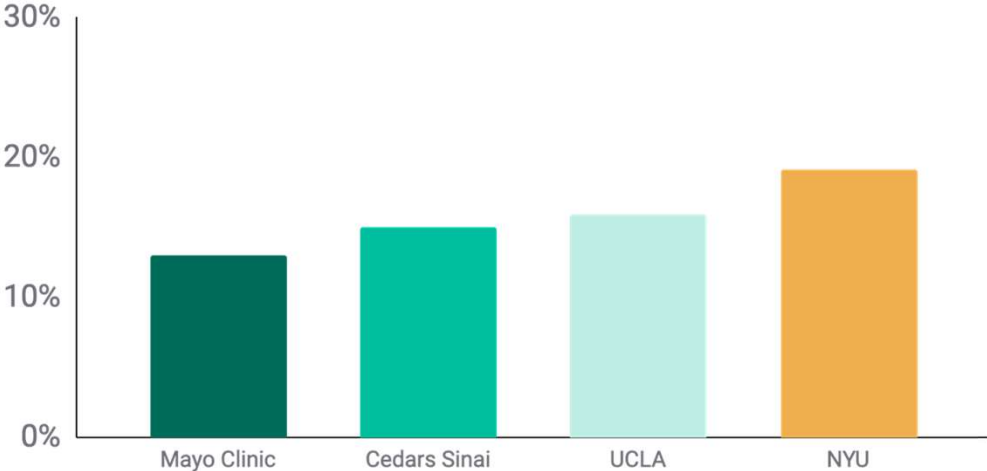


Source: CMS hospital compare, Kaiser Family Foundation and Garner data

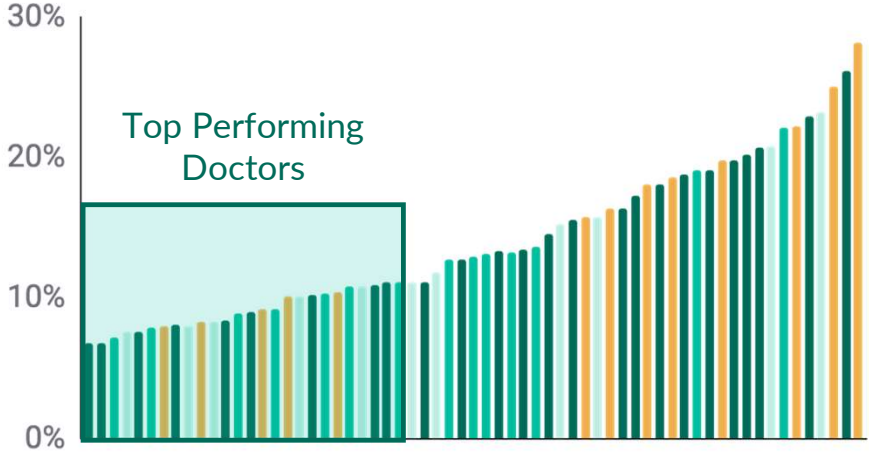
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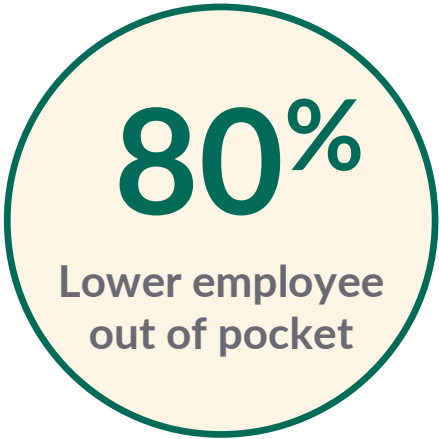


Doctors
Practicing at those hospitals



Garner is a simple plan addition that uses more accurate doctor analytics and innovative incentive accounts to drive members to the best performing doctors in the existing network.

A NON-DISRUPTIVE SOLUTION WITH GAME-CHANGING BENEFITS



for fully insured and self funded employers

Innovator #2: Progyny





North Carolina Business Coalition on Health

Dan Ferguson

September 2024



The status quo isn't working for modern workforces



1 in 6

People struggle with infertility and many more require family building assistance¹

1 in 5

Women of childbearing age have 2 or more chronic conditions²

1 in 5

Women experience a perinatal mental health condition³

59%

Missed work due to menopause symptoms, 18% for 8 weeks or more⁴

Major gaps exist for priorities in their lives – impacting retention, health outcomes, DE&I and financial well-being.

1. CDC; infertility prevalence for heterosexual women, <https://www.cdc.gov/reproductivehealth/features/what-is-infertility/index.html> | 2. Commonwealth Fund, *Health Care for Women of Reproductive Age* | 3. BGH, *2023 Large Employers Health Care Strategy and Plan Design Survey* | 4. Impact of Perimenopause and Menopause on Work - Newson Health Menopause Society (nhmenopausesociety.org)

Driving a cohesive care experience

Delivering superior outcomes is in our DNA



Specialized network of the nation's top fertility and women's health specialists



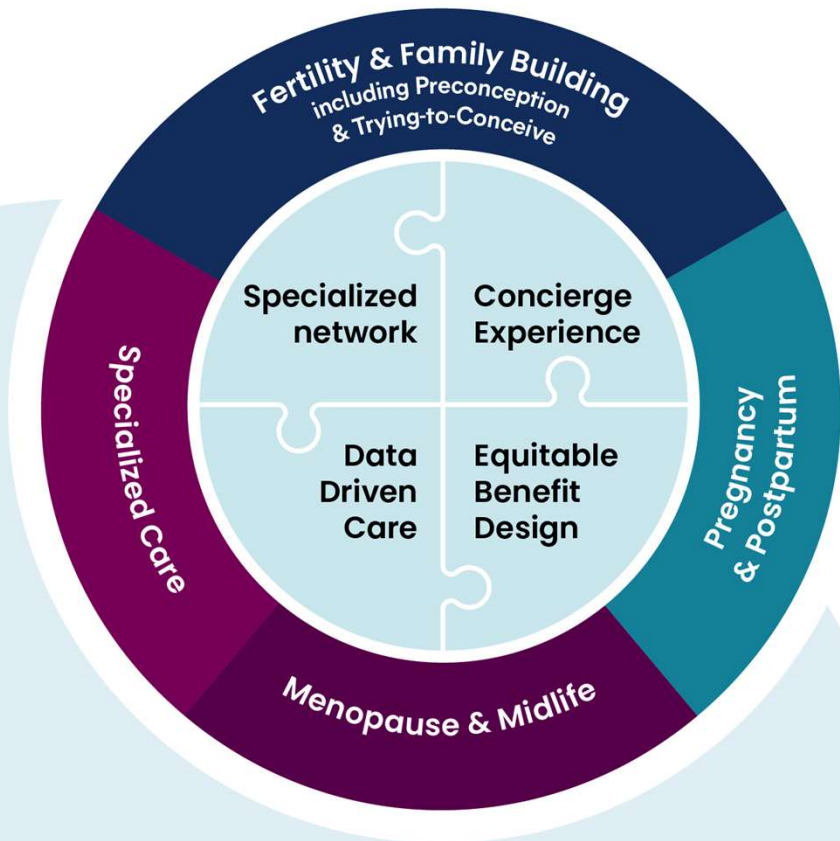
Concierge support 1:1 and matched to members for their entire journey, paired with robust digital experience



Data-driven care enabling proactive member outreach, client-level reporting with unique visibility on member outcomes



Equitable benefit design that enables coverage and access to evidence-based care and Rx, personal to each member



Actively managed network delivers highest quality care, at scale



Premier network of fertility and women's health specialists

including reproductive endocrinologists, reproductive urologists, embryology labs, menopause specialists and women's primary care

1,000+ leading reproductive specialists

50-state access to menopause specialists appts within one week

Only solution with a curated network of top Reproductive Urologists

- **Progyny credentials every provider in network** to ensure members see highest quality providers
- **Rigorous oversight and monitoring** with proprietary scorecards to ensure best-practice care
- **Direct integration with every provider** enables proactive intervention, client-specific outcomes
- **Removes financial and logistical barriers** with preferred scheduling, streamlined billing and EOBs
- **Delivers cost control and transparency;** Progyny negotiates discounted bundled case rates with each clinic

What's missing in other models? Dedicated, personalized care.

- Members are paired to perfect dedicated Patient Care Advocate through **MemberMatch**
- PCAs provide **culturally competent support for every journey and person**, no matter sexual orientation, gender, income, relationship status, geography, family building path, life stage
- **~15+ minutes** per call
- PCAs are **clinically integrated** into the member's journey, allowing proactive, outbound outreach at critical points of care

Highly Experienced Experts



PCAs are RNs, doulas, social workers, adoption and surrogacy coaches, L&D nurses, lactation & menopause specialists, embryologists, andrologists, clinical psychologists and other trained experts

One digital experience to communicate easily, track next steps and manage health



- **Instantly connect** with your dedicated care team through secure messaging and click-to-call
- **Personalized next steps** with curated home screen dashboard and to-do items synced with the member's journey
- **Online scheduling** with experts in family building, maternal health and menopause
- **Approachable, on-demand education** covering preconception, fertility, nutrition, pregnancy, postpartum, menopause, etc.

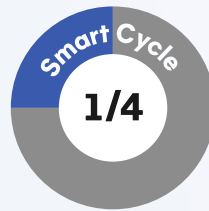
Equitable and comprehensive benefit design

Meets members' needs

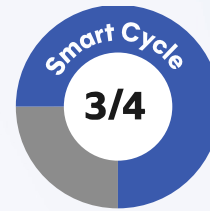
- Easy to understand
- Mirrors how members engage with healthcare for other medical conditions
- Works for any member, for any journey
- Alleviates member anxiety and stress

Delivers what employers want

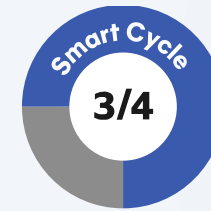
- Ability to cap benefit without compromising care
- Ensures members aren't pushed to unnecessary treatments
- Allows for full visibility into fertility spend



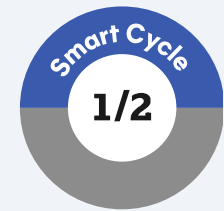
Intrauterine Insemination (IUI)



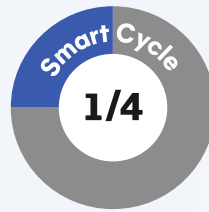
IVF Fresh Cycle



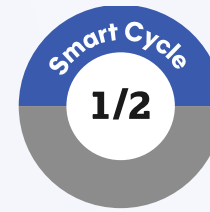
IVF Freeze-All Cycle



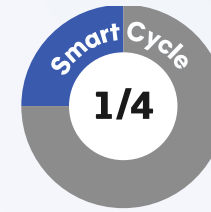
Frozen Oocyte Transfer (FOT)



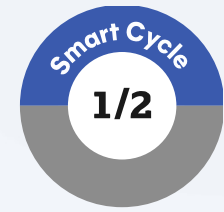
Frozen Embryo Transfer (FET)



Egg Freezing



Sperm Freezing



Frozen Oocyte to IVF Freeze-All

Innovator #3: Capital Rx





Capital Rx
REBUILDING

TRUST IN
HEALTHCARE

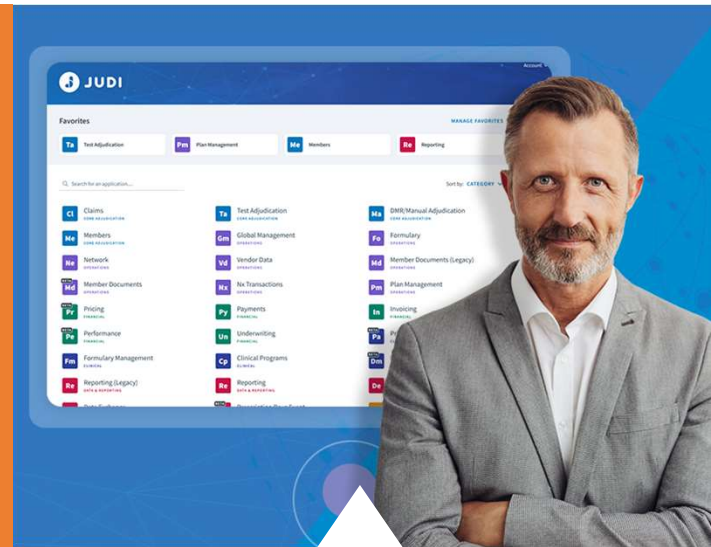




VALUES



ALIGNMENT



TECHNOLOGY

MISSION: Change the way drugs are priced and patients are serviced to ensure enduring social change.

Culture of caring
Technology focused
Results driven organization

MISSION: Separate GPO Economics (*making money on drugs*) from Administrative Economics (*cost to operate a benefit plan*).

Acquisition cost-based pricing, NADAC
Eliminate MAC appeals
Strengthen pharmacy relationships

MISSION: Give the country the electronic infrastructure we need for the health care we deserve.

Unequaled investment
Unmatched scale & interoperability
Unrivaled in current or future capabilities

Let Us Bring Your Pharmacy Plan Into the 21st Century

DEFINING A NEW INDUSTRY STANDARD FOR HEALTHCARE TECHNOLOGY

LEGACY PLATFORMS



Capital Rx At A Glance

THE FASTEST GROWING HEALTHCARE COMPANY IN AMERICA

-  275+ Active Clients
-  3 Million Member Lives
-  Commercial, Medicare, & Medicaid
-  Founded in 2017 | 700+ Employees
-  65,000+ Pharmacies In-Network
-  Next generation enterprise platform

100%
IMPLEMENTATION
SATISFACTION

99.6%
CLIENT
RETENTION

130%
YOY GROWTH
RATE

88 NPS
PATIENT SURVEY
NET PROMOTER SCORE

INDUSTRY AVERAGE: 9 NPS

96 NPS
CLIENT SURVEY
NET PROMOTER SCORE

INDUSTRY AVERAGE: 14 NPS



Capital Rx Serves Over 200 Large Commercial Plan Sponsors

LARGE EMPLOYERS



LABOR



PUBLIC & EDUCATION



HEALTHCARE



Representative Client List as of 2024

Innovator #4: Summus

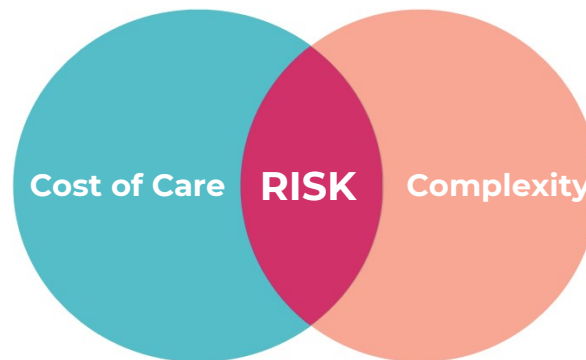




Better access. Better Decisions.
Better outcomes.

Innovating in Clinical Navigation and Specialty Care

The Challenge for Employers



- Complex conditions
- Specialty Rx
- Providers driving overuse of the healthcare system
- Poor treatment pathways drive longer term cost

Runaway costs, higher risk, non-optimal care pathways

- Limited access, poor experiences, lack of trust
- Low health literacy
- Avoidance of care
- Employee overuse of the healthcare system

Employees and families are confused & overwhelmed

A simple premise drives our business model

Speed of access to high quality medical expertise drives better decisions and fundamentally changes health outcomes.

We put high quality doctors in the middle of all questions

**74% of adults rank physicians
as trustworthy** – the highest of
all professions.

Our marketplace model accelerates access to leading physicians across the country

➤ National network of Summus MDs support all health journeys

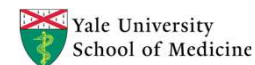
➤ 5,100+ curated network of highly trained specialists from 50+ leading US hospitals



Memorial Sloan Kettering Cancer Center



Brigham and Women's Hospital
Founding Member, Mass General Brigham



Why Employers Value Summus

Summus member challenges – in their words

“I am struggling with migraines.
I don't know what to do.”

“Which doctor is right for me? What tests do I need? What questions do I ask?
I don't know where to go.”

“I wish I had a doctor in the family.
I have nobody I can turn to for help or guidance.”

“I feel like **everything is on my shoulders.**”

“**Healthcare is so complicated.** I don't know which specialist I should see.”

“**I wish I had more than 10 minutes** with my specialist. I have so many questions.”

Expertise across the continuum of care

A platform that puts high quality doctors at the center of questions big and small. We support employees at any point in their journey.



Our Solutions

1 Clinical Navigation + Specialty Care

Integrated clinical navigation with access to 120+ specialties

- Doctor-led clinical navigation and specialty care platform providing quick access to high-quality physicians across the continuum of care, driving better, more cost-efficient health outcomes.
- Access the world's best physicians across 120+ specialties and put doctors – the most trusted party in healthcare – at the center of all health journeys.
- Personalized physician referrals tied to quality and cost metrics with clinical overlay.
- A trusted guide to our members across any health journey.

2 End-to-end Condition Support Programs

Summus Oncology

Comprehensive, personalized support across prevention and screening, diagnosis and treatment, and ongoing monitoring and testing phases of a cancer journey.

Summus Musculoskeletal

Best-in-class MSK program to support surgical, non-surgical, and physical therapy needs for members.

Summus Women's Health

Supporting women's health across stages of life, from adolescence to child-bearing to midlife, menopause and senior adults.

Summus Heart Health

Cardiovascular program with focused expert driven education, navigation and advocacy for cardiovascular disease prevention and diagnoses with a national specialist network

3 Benefits and Plan Navigation

Navigation and support for families

- Support families to navigate insurance plan and benefits offering.
- Questions surrounding plan design, co-pays, co-insurance, deductibles, and procedure coverage.
- Point solution integration and referrals
- Guiding to other ecosystem vendors to drive engagement and utilization with existing solutions.
- Pre-admit, post discharge planning
- Billing questions and support
- Guiding members and their families around EOB's and invoices.
- Helping to understand what to do next and steps for billing resolution.

A Powerful Platform to Drive Better Outcomes

9.4 Member feedback on Summus (1-10)

9.3 Physician feedback on Summus (1-10)



98%

Better understood health concerns

53%

Changed treatment paths

51%

Modified diagnosis

34%

Avoided Surgeries



Thank you

Innovating in Clinical Navigation and Specialty Care

A Look Forward at National Alliance Strategies and Initiatives



Shawn Gremminger

**President/CEO
National Alliance of Healthcare
Purchaser Coalitions**



National Alliance Strategic Framework



VISION

A healthcare system that delivers affordable, high-quality, equitable care for employers, other purchasers, and the people they serve.



DRIVING MARKET CHANGE

Empower purchasers with and through coalitions to enable effective and scalable solutions that improve access to fair-priced, high-quality, equitable care.



ADVANCING HEALTH POLICY

Partnering with like-minded groups, coalitions, employers, and purchasers, the National Alliance advocates for health policies that drive market competition, transparency, fair pricing, and affordability at federal and state levels.



ELEVATING AND AMPLIFYING THE PURCHASER VOICE

Communicate the challenges and vision of healthcare purchasers in the healthcare ecosystem and demonstrate the value of the member coalitions as changemakers, working with aligned organizations to bolster the voice of coalitions, employers and purchasers.



STRENGTHENING THE COALITION MOVEMENT

Develop and disseminate high impact tools, resources, and best practices for coalition management, as well as opportunities for networking and sharing across coalitions. This enables a flourishing movement with existing coalitions retaining and recruiting members, and new coalitions forming in markets where they don't currently exist.

High Cost Claims Mitigation for Employers



Christine Hale, MD

**Chief Medical Officer
Lockton**



*High-Cost Claims Initiative:
Employer Actions to Address High-Cost Claims*

September 2024

What's Really Driving Employer Health Plan Costs?

0.6% 

of a population
drives

35%

of employers'
spend

Health care
inflation is
driven by price
increases, not
utilization, think
new medical and
Rx technologies



High-cost claims
are different

High-cost claimants are
made up of cancers,
kidney failure, sepsis,
complex newborns and
hemophilia



Specialty Medicines,
especially injectables,
are the fastest-growing
driver of high-cost claimants



High-Cost Claimant
Predictive Analytics can
sometimes identify
these individuals and
target early interventions



Chronic conditions are the direct cause of less
than a quarter of medical and pharmacy claims
over \$50,000 (high-cost claims)

Stop Loss Market Overview 2023

Cancer has been the top condition for over a decade. This year, **CV** took the #2 spot for the first time ever. **Neonate** claims continue to rise

The top 10 conditions have contributed to **72% of total reimbursements**.

87% of employers had a stop loss claim from 2019 – 2022.



Sources: Sun Life 2024 High-cost claim and injectable drug trends analysis.

Top 20 High-Cost Claim Conditions

STOP LOSS CLAIM REIMBURSEMENTS

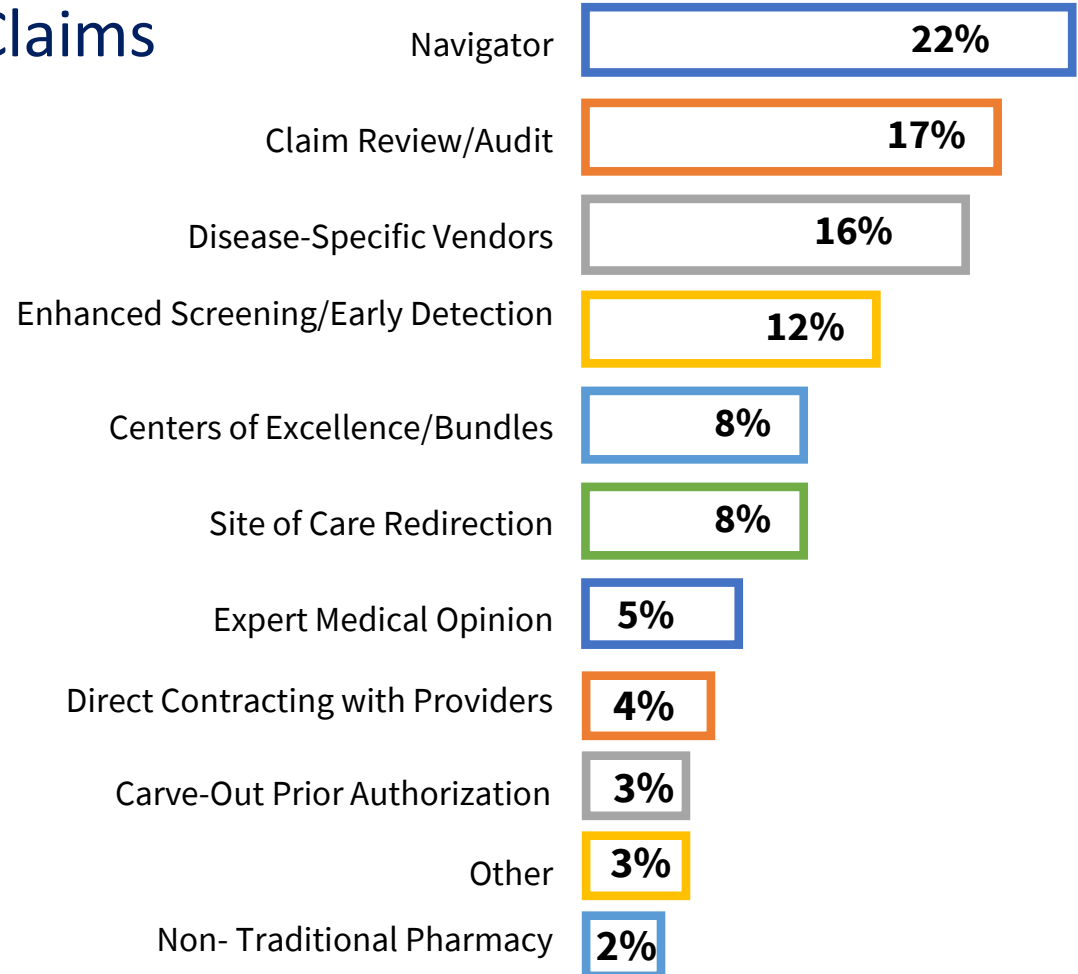
2023 rank	4 Year rank	Condition/Disease/Disorder	2023 reimbursements	2020-2023 reimbursements
1	1	Malignant Neoplasm	\$415.6M	\$1.31B
2	2	Cardiovascular	\$165.8M	\$510.4M
5	3	Leukemia, Lymphoma, Multiple Myeloma	\$96.2M	\$461.2M
3	4	Newborn/Infant Care	\$140.8M	\$408.1M
4	5	Orthopedics/Musculoskeletal	\$121.8M	\$389.0M
7	6	Respiratory	\$81.6M	\$287.9M
9	7	Sepsis	\$79.4M	\$285.4M
6	8	Gastrointestinal	\$87.0M	\$273.8M
8	9	Neurological	\$79.4M	\$263.4M
12	10	Urinary/Renal	\$55.7M	\$224.1M
10	11	Physician Treatment*	\$63.7M	\$193.5M
11	12	Congenital Anomaly (structural)	\$56.8M	\$185.6M
29	13	COVID-19	\$6.8M	\$135.0M
13	14	Mental and Behavioral Health	\$38.1M	\$121.5M
15	15	Cerebrovascular	\$29.8M	\$110.5M
17	16	Hemophilia/Bleeding	\$28.8M	\$104.1M
16	17	Malnutrition	\$29.6M	\$98.9M
18	18	Transplant	\$27.3M	\$98.8M
14	19	Blood and Blood-Forming Organs	\$33.2M	\$94.7M
19	20	Immune System	\$25.0M	\$91.8M



Strategies to Address High-Cost Claims

How satisfied are you with your strategies?

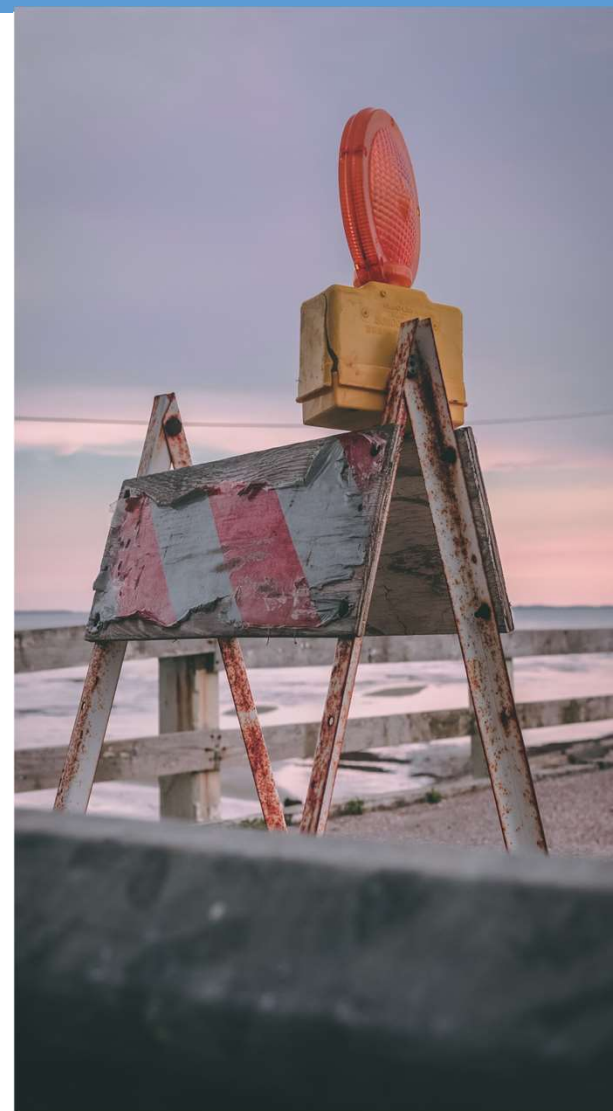
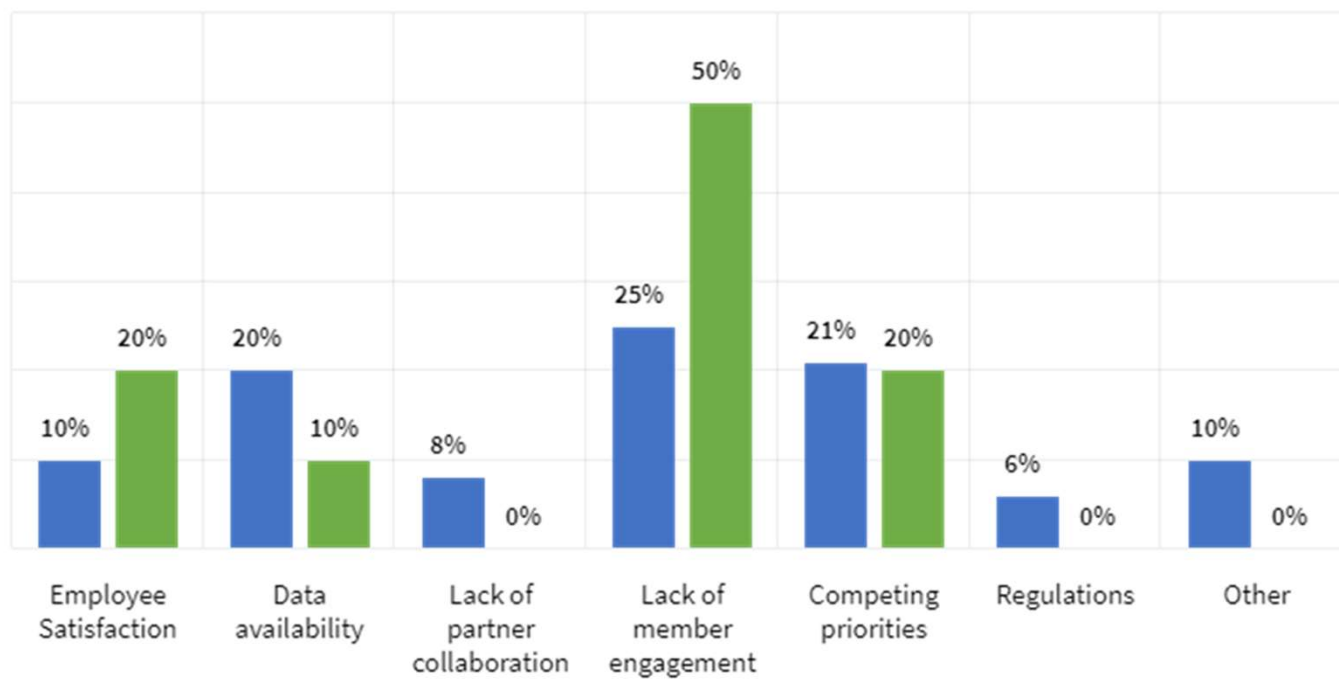
- Not satisfied, I know there is more that can be done.
- My lack of satisfaction is with understanding how the claims are being calculated, what criteria is being used to determine the claims and how stop loss insurance is calculated.
- ... I'm disgusted at how much is being passed along to the plans regarding facility fees and medical devices. HCA charges an outrageous amount for implanted devices. I'd love to delve more into this because our large cost claimants have been largely due to the extreme markup on medical devices
- We are not satisfied with the current strategies we have in place to mitigate high-cost claims.
- We feel there is more that can be done at the level of care management.
- At the starting line



Other: Disease-specific programs through medical and Rx TPAs, such as Diabetes management, Blue Distinction Centers, etc.; On site medical clinic free for employees and their covered dependents 16+ to use; bundling stop loss w/ TPA so TPA has skin in the game

Barriers encountered while trying to address HCCs

● All Employers ● North Carolina



Conditions that make up your largest HCC spend

	Clinical Conditions
Cancer	23%
Cardiovascular	15%
Immune conditions	13%
Diabetes/Kidney Disease	10%
Genetic conditions	9%
Musculoskeletal	9%
Infections	6%
Neonates	5%
Rare disease	2%
Trauma/burns	1%
Mental/behavioral health	1%
Other	6%

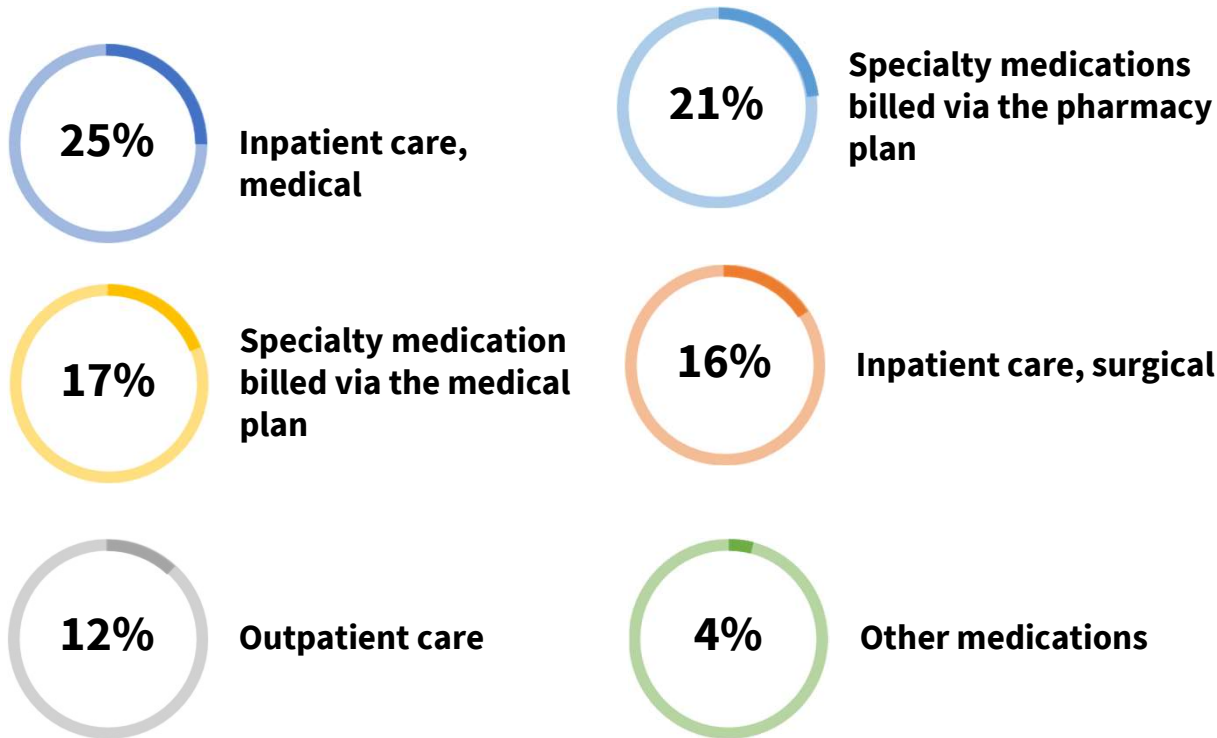
Other Conditions: Transplant; Neonatal; skin and subcutaneous tissue (1), ne system (2), digestive system (3); High Risk Pregnancy; Autism/Cerebral Palsy

Secondary/co-morbid conditions that make up your largest HCC spend

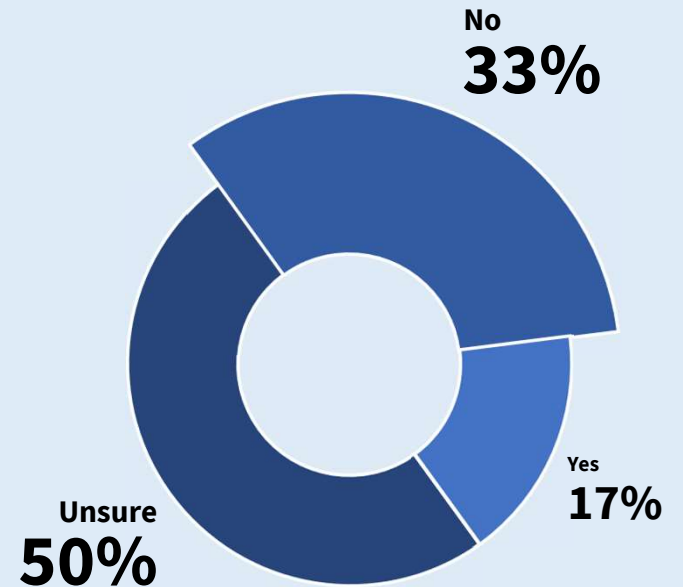
	Secondary Co/morbid Conditions
Cardiometabolic	37%
Obesity	35%
Mental/behavioral health	10%
Infections	10%
Other	10%

Other Secondary/co-morbid conditions: Complex GI conditions; Secondary tumors; Transplants and preemies; 57% of our HCC's have a mental health diagnosis. Number of members presenting with MH issues are going to continue to increase due to de-stigmatization of MH. We have partnered with a local MH resiliency group for first responders, and implemented a MH leave program for employee's who present with life threatening MH issues/emergencies.

Type of care having the greatest impact



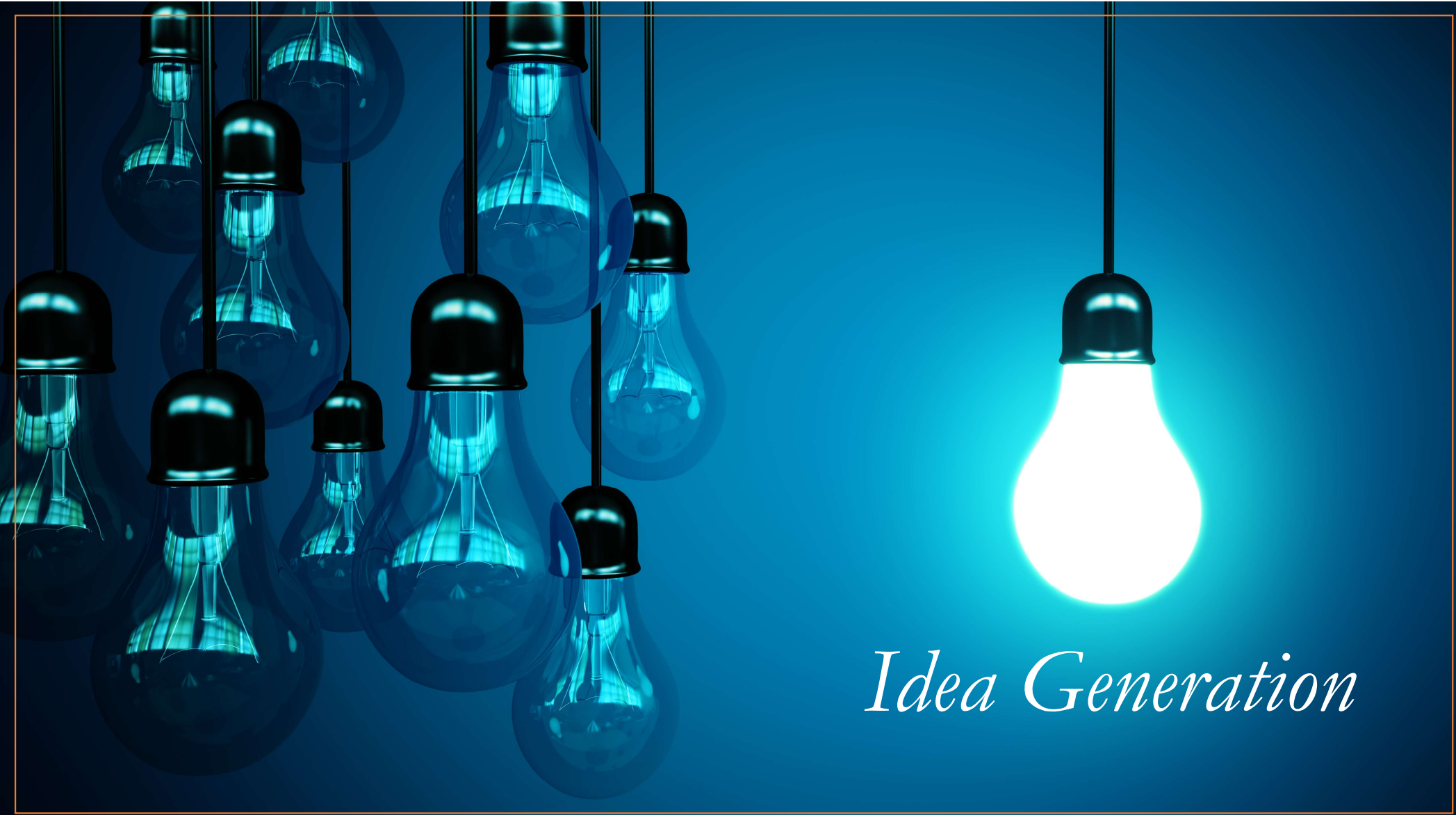
Are there certain providers contributing to disproportionate spend?



Concerns about future HCCs

needed number of younger employees driving up costs
resources ongoing plan engagement
conditions chronic healthcare
health inequities costs
unsustainable
depleting plan costs genetic disorders
funding sepsis employers and
lack of data employees have no
pharmacy spend power continued impact of COVID
cancer access





Idea Generation

One Size Does NOT Fit All

- While there are common themes, the approach to managing high cost and clinically complex cases can **vary significantly** from employer to employer
- **Tactics range** from clinical interventions (e.g., second opinions, clinical trial access) to cost effectiveness tactics (e.g., site of care, drug formulation) to billing accuracy to plan design changes
- A combination of **member-specific and program-level interventions** will yield the greatest impact
- Understanding the nuances of what is driving a given plan's large claims experience is crucial to creating a plan that works.... **Data is key!**
- Employers should engage partners who are willing to **collaborate**. It takes a village.
- Continued vigilance, nimbleness, and innovation cannot be overlooked. New issues will continue to emerge over time



Sample Deep Dive Areas

- **Cancer** – What cancer types are most common? Are they screenable? What age are the affected members? Were they early or late stage? What type of care is driving cost (Rx vs IP vs OP)? If Rx, what are the most common medications? Where is the care being rendered?
- **Cardiovascular** (incl stroke/peripheral) – What types of cardiac cases are they (procedural vs medical)? If inpatient, what was level of care and length of stay? Payment methodology? Are they due to chronic disease or other factors (e.g., congenital, post-infectious)? What co-morbid conditions are present (e.g., obesity, tobacco use)?
- **Immune** (incl GI/derm/rheum) - What medications are most common? Are they running through medical or Rx plan? Where are they being administered? Are there variances/outliers in cost? Are the treatments working?

Trend: Cancer



Cancer is the **#1 and #3 driver of high-cost claims**. The number of cancer claimants **increased 39%** from 2018 to 2021.

Due to delayed/missed screenings, we may see a 10% to 14% increase in new cancer diagnoses this year, including **more late-stage cancers**.⁴

⁴ Sun Life High-Cost Claims and Injectable Drug Trends Analysis 2022.

Example Levers

PREVENTION: Emphasis on health lifestyle (e.g., diet, exercise, smoking cessation) and risk factor (e.g., weight management).

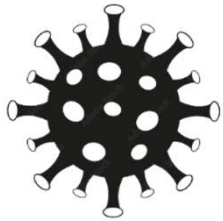
EARLY DETECTION: Screening options (e.g., Cologuard, MCEd tests) and accessibility (e.g., health fair, onsite clinic, mobile mammograms).

NAVIGATION: Emphasis on understanding goals of care and options (including palliative care), steerage to cost-effective providers.

SECOND OPINION: Routine vs. complex cancers, virtual vs. in person, direct to patient versus provider, triggers.

SITE OF CARE: Options for cancer treatments, e.g., office or private infusion center.

Trend: Sepsis



Sepsis is the **#1 killer of hospital inpatients** and a **top ten driver** of high-cost claims.^{4,5} Sepsis claims rose dramatically during the COVID era, due to co-infection, hospital acquired infections, and delays in accessing care. **Each hour** sepsis treatment is delayed decreases survival by 7.6%.⁶

4 Sun Life: High-Cost Claims and Injectable Drug Trends Analysis 2022.

5 Sepsis Alliance 2022

6 PLOS One: The Golden Hour of Sepsis 2018.

Example Levers

ACCESS: Ability to get timely evaluation of and treatment for predisposing conditions (e.g., other infections, immune suppression).

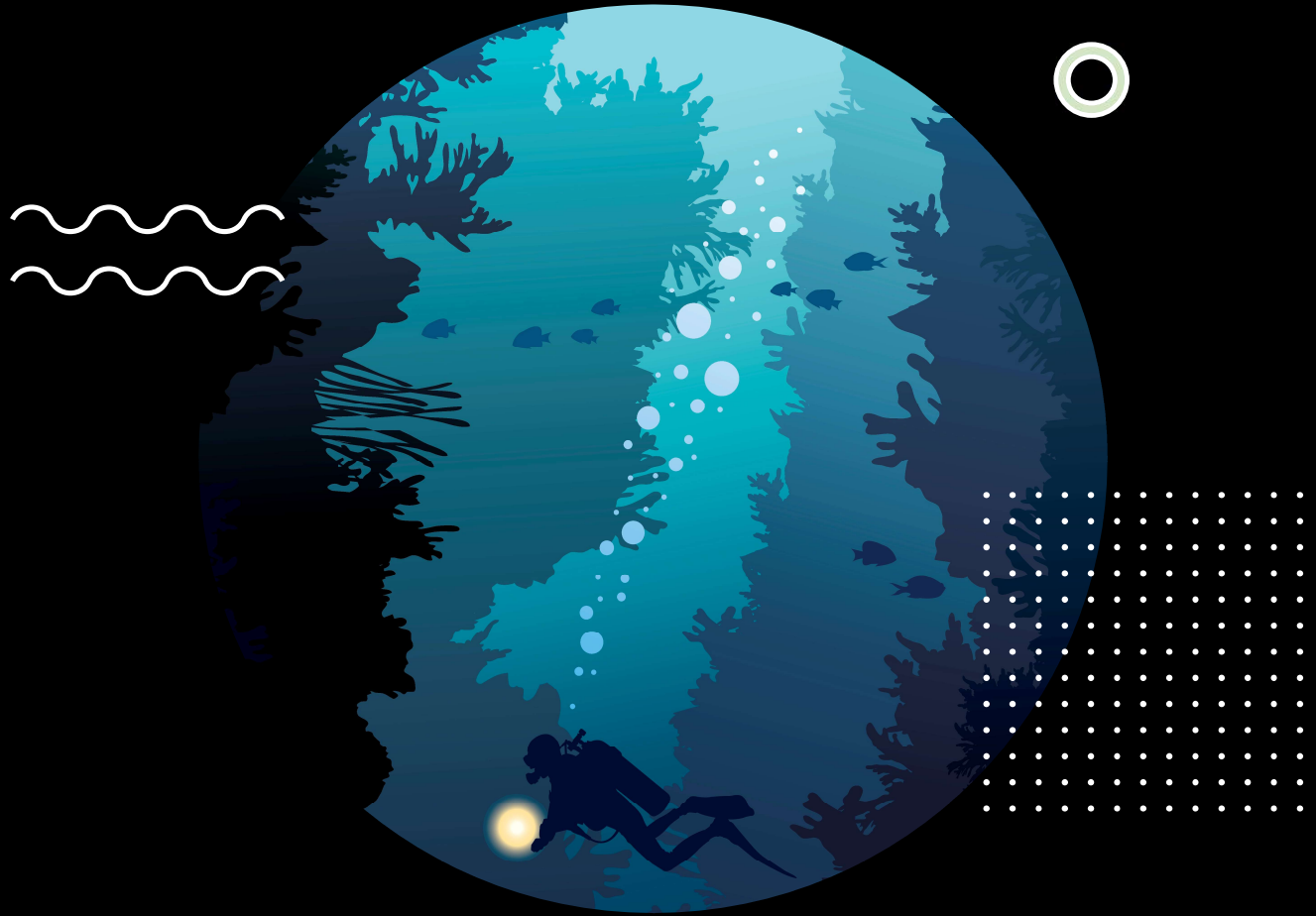
PREVENTION: Vaccines, masking, hand washing, isolating and other public health measures.

EARLY RECOGNITION AND INTERVENTION: Awareness campaigns, anti-microbials, other supportive care.

CARE ESCALATION: Transfer options for individuals needing a higher level of care.

DECISION SUPPORT: Understanding of patient and family goals, use of palliative care.

*Deep Dive:
Specialty
Pharmacy*



Trend: Specialty Pharmacy



Less than 2% of the population uses specialty drugs, yet specialty pharmacy represents **51% of total pharmacy** spending.

Growth projected at 8% per year through 2025, largely driven by new-to-market drugs, including biosimilars, gene/cell therapies, and cancer drugs.¹

Example Levers

SITE OF CARE: Administering medications (particularly infusions) in the most cost effective and convenient setting safely possible.

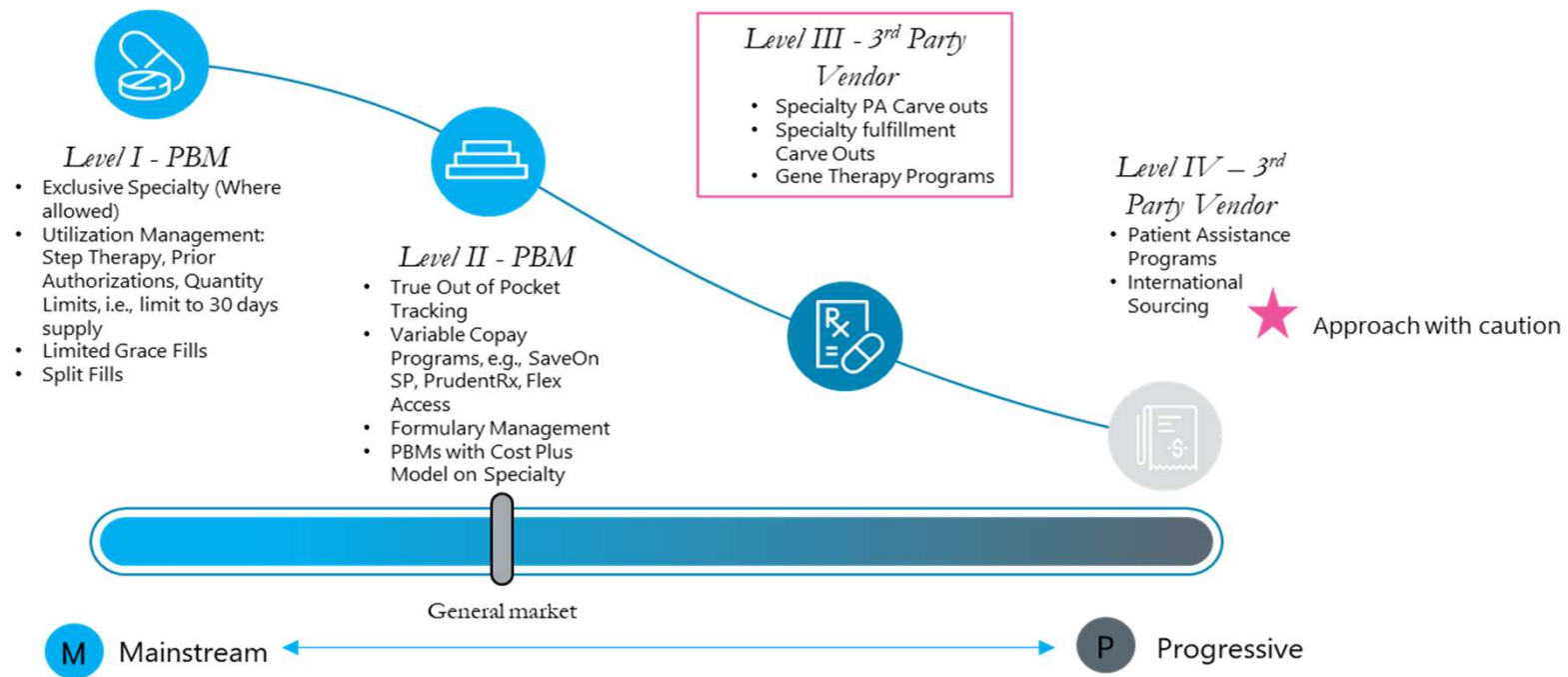
ACQUISITION: Procurement through pharmacy plan (vs. medical), use of 340b, drug formulation.

DRUG APPROPRIATENESS: Confirmation of medical diagnosis, evidence-based treatment, access to clinical trials, authorization via third party, targeted pharmacogenomics, biosimilars.

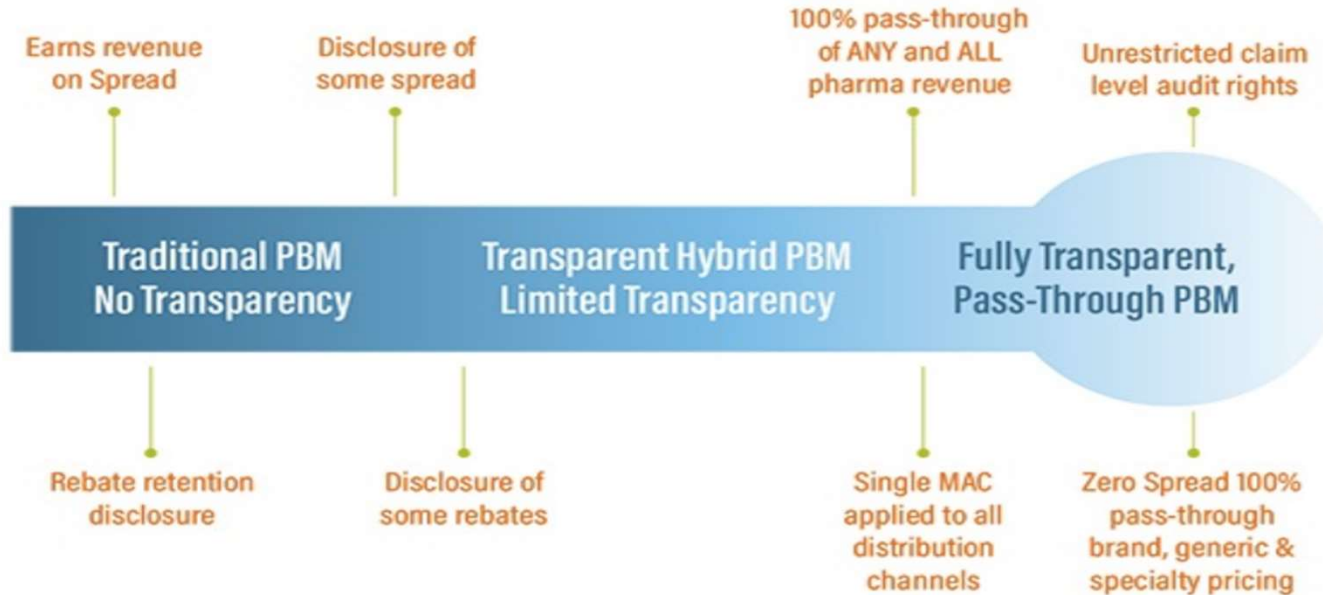
ELIMINATION OF WASTE: Shorter initial authorization, eliminating stockpiling, adherence management.

1 Evernorth 2022

Specialty Pharmacy Cost Containment



The Difference Between Traditional and Pass-Through PBMs



Specialty Fulfillment Carve Out

Conflict of Interest

- ✓ If the PBM owns their own specialty pharmacy and profits from dispensing, can they be unbiased in decision making?

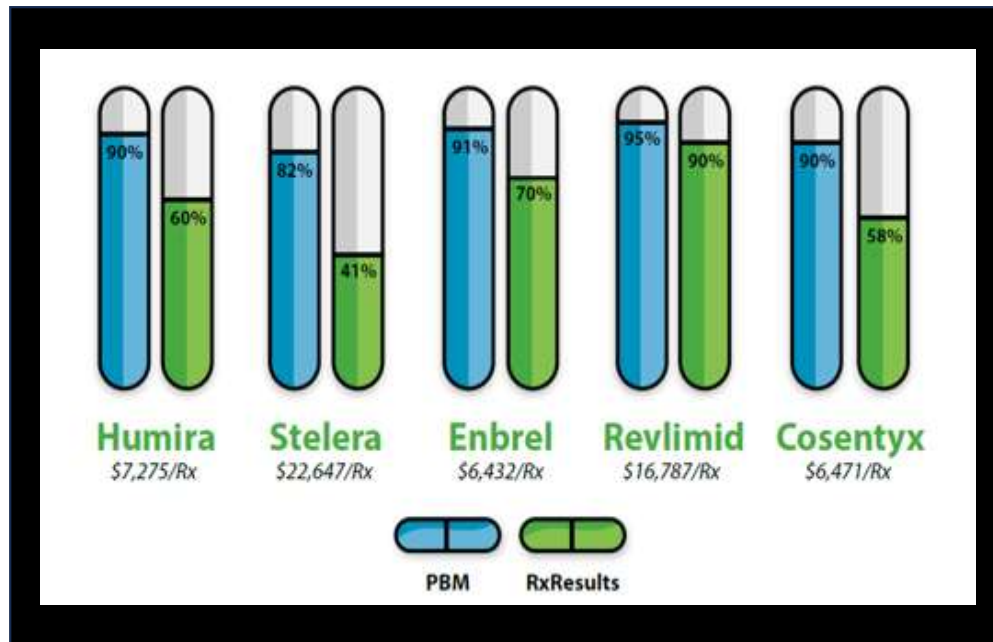
This strategy requires another vendor.

- ✓ PBM (for traditional medications), Specialty PBM (for drug management and dispensing), and TPA (for medical).










Not every PBM will allow Specialty carve-out.

Specialty PA Carve Out

Comparing *Initial Approval Rates* of the *Top 5 Specialty Drugs*:



Site of Care Opportunity

	 Hospital (~\$80B)	 AIC (~\$8B)	 Physician Office (~\$42B)	 Home (~\$19B)
 Current % of Infusion Market	~55%	~5%	~30%	~10%
 Descriptions/ Key Attributes	<ul style="list-style-type: none"> Hospital covers majority of inpatient care situations (e.g. emergencies, post operation, etc.). Significant site-of-care shift occurring, given cost relative to alternatives. <p><i>Care often delivered as part of acute in-patient treatment or in hospital-owned outpatient facility</i></p>	<ul style="list-style-type: none"> Treatment sent to the facility and administered/overseen by RNs on-site in an AIC. Continued growth in category increasing patient access points and convenience. <p><i>Ideal for patients receiving medication potentially not suitable for the home or by patient preference</i></p>	<ul style="list-style-type: none"> Treatment administered on-site and overseen by the prescribing physician's staff in a physician office infusion center (OIC). Increased payor focus on "buy and bill" dynamics likely to influence growth opportunities. <p><i>Convenient option for patients receiving medication potentially not suitable for the home and preference for a single provider</i></p>	<ul style="list-style-type: none"> Medication and equipment typically sent directly to the patient's home. Nurse administers treatment to the patient over the length of visit and may train eligible patients for future self-administration. <p><i>Favored by patients who can conveniently, safely, and effectively receive treatment at home</i></p>
 Service and Facility Fees	Yes	No	No	No
 Average Cost per Infusion	\$5,500–\$11,500	\$3,500–\$5,000	\$3,500–\$5,000	\$1,700–\$3,500
 Cost to Payor	High	Low	Low	Low

- Up to 50-90% savings by eliminating egregious "buy and bill" practices
- **Win-Win** for patients
- Many ambulatory infusion centers (AICs) and even some home infusion providers now offer certain **cancer therapies** (e.g., Keytruda)
- Some plans now require this (with exceptions)
- Always run test claim to confirm pricing

340B Program Notes

- ✓ Providers can, at their discretion, extend a portion of the 340B savings to insured patients (and by extension, their health plan)
- ✓ Patients **MUST** have an established relationship with the provider and have received documented services consistent with the grant for which the entity is 340b certified
- ✓ Some facilities will negotiate when they are already filling the drug, but more negotiation leverage is available if it would be new business (e.g., if the drug is currently being filled via an offsite specialty pharmacy)

Prescription Drug Importation

- ✓ The Federal Food, Drug, and Cosmetic Act (FDCA) prohibits the manufacture, sale, distribution or importation of unapproved drugs, adulterated drugs and misbranded drugs.
- ✓ Significantly, this prohibition relates not only to the individual receiving the drugs, but it extends to anyone involved in causing drugs to be imported into the U.S. in violation of the FDCA, even peripherally.
- ✓ Liability under the FDCA extends to an individual or business that plays a role in causing a drug to be imported.
- ✓ The FDCA provides for both civil and criminal liability for a violation in relation to prescription drug importation.



Pharmacogenomics $PG(x)$

Pharmacogenomic Indicators

Anticoagulants

Antihyperlipidemic

Oncology

ER Visits

Multiple Antidepressants

Multiple Antipsychotics

Multiple Opioids

- ✓ How variations in a person's genome impacts response to certain medications.
- ✓ Creates a member-specific genetic profile that estimates a drug's efficacy, guides dosage, and improves patient safety.
- ✓ Lowers risk and wasted resources of ineffective medications for both the member and employer.
- ✓ Adverse drug reactions (ADRs):
 - ADRs increase exponentially with 4 or more medications¹.
 - ADRs cost \$136B each year².
 - Leading cause of hospitalization².
 - Average length of stay, cost, mortality for hospitalized patients with ADRs double than that of patients without ADRs

1. Jonson JA, Bootman JL. Drug-related morbidity and mortality. A cost-of-illness model. Arch Intern med 1995; 155(18):1949-1956.
2. Lazarou J, Pomeranz B, Corey PN. Incidence of adverse drug reactions in hospitalized patients: A meta-analysis of prospective studies. JAMA 1998; 279:1200-1205.
3. Classen DC et al.,. Adverse drug events in hospitalized patients. Excess length of stay, extra costs, and attributable mortality. JAMA 1997; 288(4): 301-306.

Source: Lockton Companies.



Determining Priorities, Strategy Development, and Taking Action

Select 2-3 priority areas (based on your data) that you would like to tackle in the coming year and begin to outline potential strategies, the rationale, and next steps

Flush out the immediate action steps that you can take to work towards your strategy goals and priorities. Identify milestones to measure progress, determine the resources needed, and identify potential barriers.

2. Priority Area Template

- Recommended Approach:**
- Select the most viable strategy.
 - Provide rationale for the choice.
 - Outline next steps for implementation.
- Instructions:**
- Summarize the focus areas.
 - Identify and list key issues.
 - Propose potential strategies and rationale.
 - Develop possible approaches.
 - Detail next steps for exploring the chosen strategy.

Priority Area #1: _____

Scenario Overview: Briefly describe the high-cost claim scenario.

AREA <i>Example: cancer</i>
STRATEGY <i>Promote screening</i>
RATIONALE <i>Data shows early stage cancers that could have been detected with screening</i>
NOTES/DETAILS <i>Consider mobile mammogram unit</i>
NEXT STEPS <i>Contact local hospital to inquire about cost/availability of mobile unit</i>

Additional Potential Strategies: _____

HIGH-COST CLAIMS: WORKSHOP PLAYBOOK

3. Strategy Development Template

- Instructions:**
- Define specific goals for managing high-cost claims.
 - List actionable steps to achieve each goal.
 - Identify stakeholders involved in each action.
 - Outline resources required to implement the actions.
 - Set a timeline for each action.
 - Add any additional notes or considerations.

Action Strategy Template: High-Cost Claims

GOAL	ACTIONS	STAKEHOLDERS	RESOURCES NEEDED	TIMELINE	NOTES
Improve disease management	Implement chronic disease management programs	HR, health plan administrators	Disease management vendors, training programs	Q3 2024-Q4 2024	Focus on diabetes and cardiovascular diseases
Reduce drug costs	Negotiate better rates for specialty drugs	Pharmacy benefit managers (PBMs), HR	Contract negotiation experts, market analysis	Q1 2024-Q2 2024	Target high-cost drugs
Enhance preventive care	Increase access to preventive services	Health plan administrators, providers	Preventive care programs, wellness initiatives	Ongoing	Regular screenings and health checkups
Improve data analysis capabilities	Invest in advanced data analytics tools	IT, Finance, HR	Data analytics software, training	Q2 2024-Q3 2024	Ensure compliance with data privacy laws
Boost employee engagement	Launch health and wellness education campaigns	HR, communications team	Educational materials, wellness program funds	Q1 2024-Q3 2024	Focus on chronic disease prevention

4. Action Plan Template

Objective: _____

DESCRIPTION OF ACTION	TIMELINE START DATE - END DATE	STATUS NOT STARTED IN PROGRESS COMPLETED
1.		
2.		
3.		
4.		

Actions: _____

Milestones: _____

DESCRIPTION OF MILESTONE	DUE DATE	NOTES
1.		
2.		
3.		

Resources Needed: List resources required to complete the actions.

Potential Barriers: Identify potential barriers and mitigation strategies.

Determine your strategy goals based on your priorities, what actions you would like to take, stakeholders you will involve, and timeline (1-2 years plan)



Takeaways

- **Data is key!** Don't settle for high level, infrequent large claims reports that are not actionable.
- Balance “hand to hand combat” with broader plan level/programmatic solutions
- Don't go it alone – Engage your advisors, vendors, and fellow employers for insights and ideas.
- Provide feedback to your coalition and the National Alliance as to where they can support

Mental Health Strategies for Employers

“Closing the Gap in Mental Health Care with Digital Therapeutics”



Belinda Carrasco, Ph.D.

**US Clinical Lead
Koa Health**



Koa Health

Closing the Gap in Mental Health Care with Digital Therapeutics

NCBCH 2024 Fall Forum
September 20th, 2024

Belinda Carrasco, PhD
Belinda.carrasco@koahealth.com



Agenda

- The State of Our Mental Health
- Mental Health Digital Therapeutics
- Digital Health Technologies and Koa Care 360
- Q&A

Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>



TRENDS

1 in 5 people experience a mental health disorder

22.8% of U.S. adults experienced mental illness in 2021

Depression is the leading cause of disability worldwide



TRENDS

Suicides are up 30%
in the past 20 years.

49,000

People die from suicide in 2022
in the United States

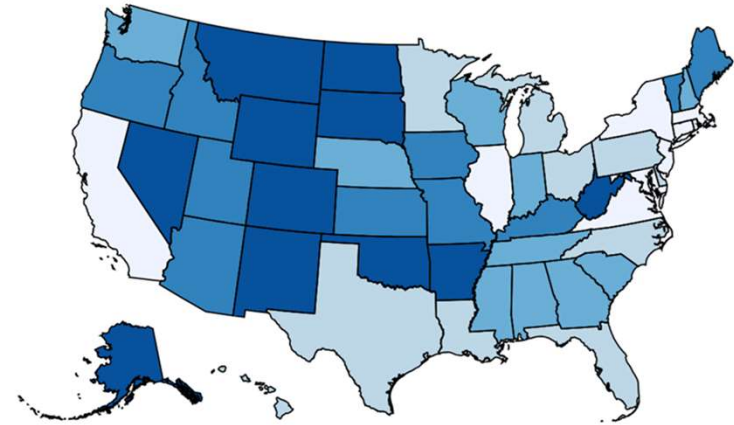


1 death

Every 11 minutes



The suicide rate in rural
counties is nearly twice as
high as in urban counties
across the United States

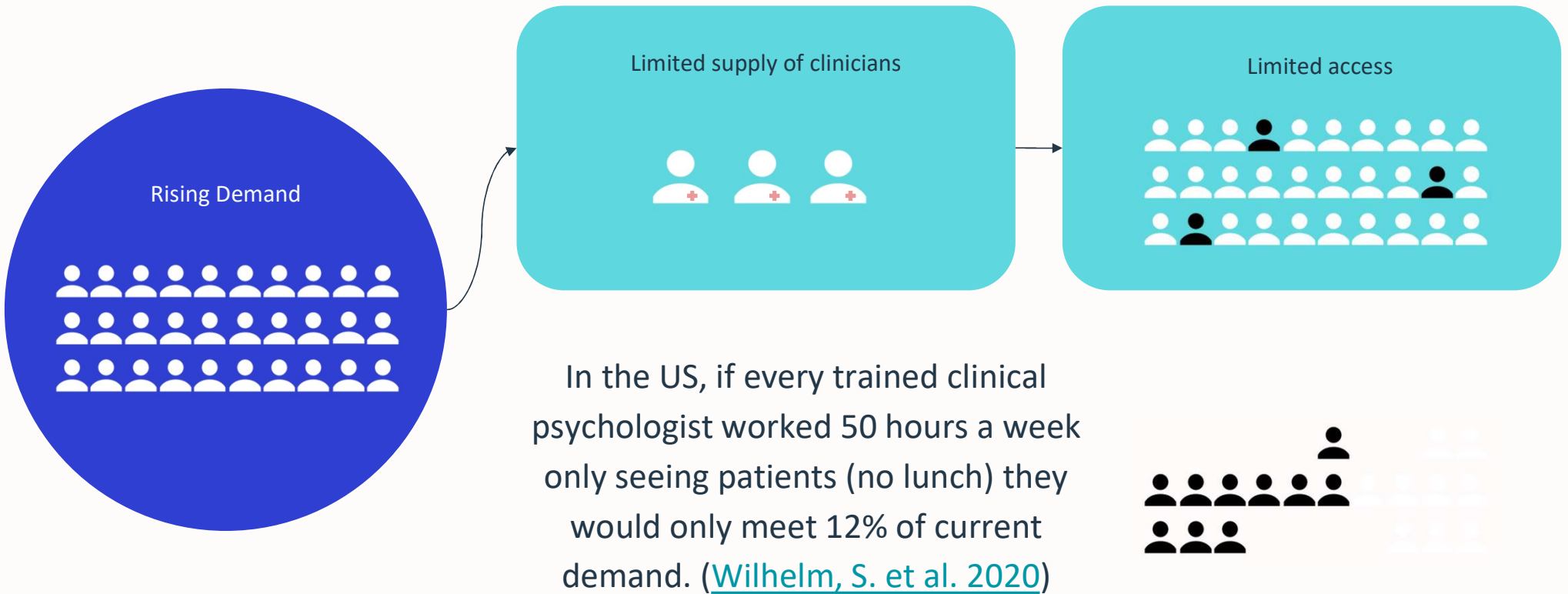


0 - 13.18 13.18 - 15.06 15.06 - 17.48 17.48 - 20.61 20.61+

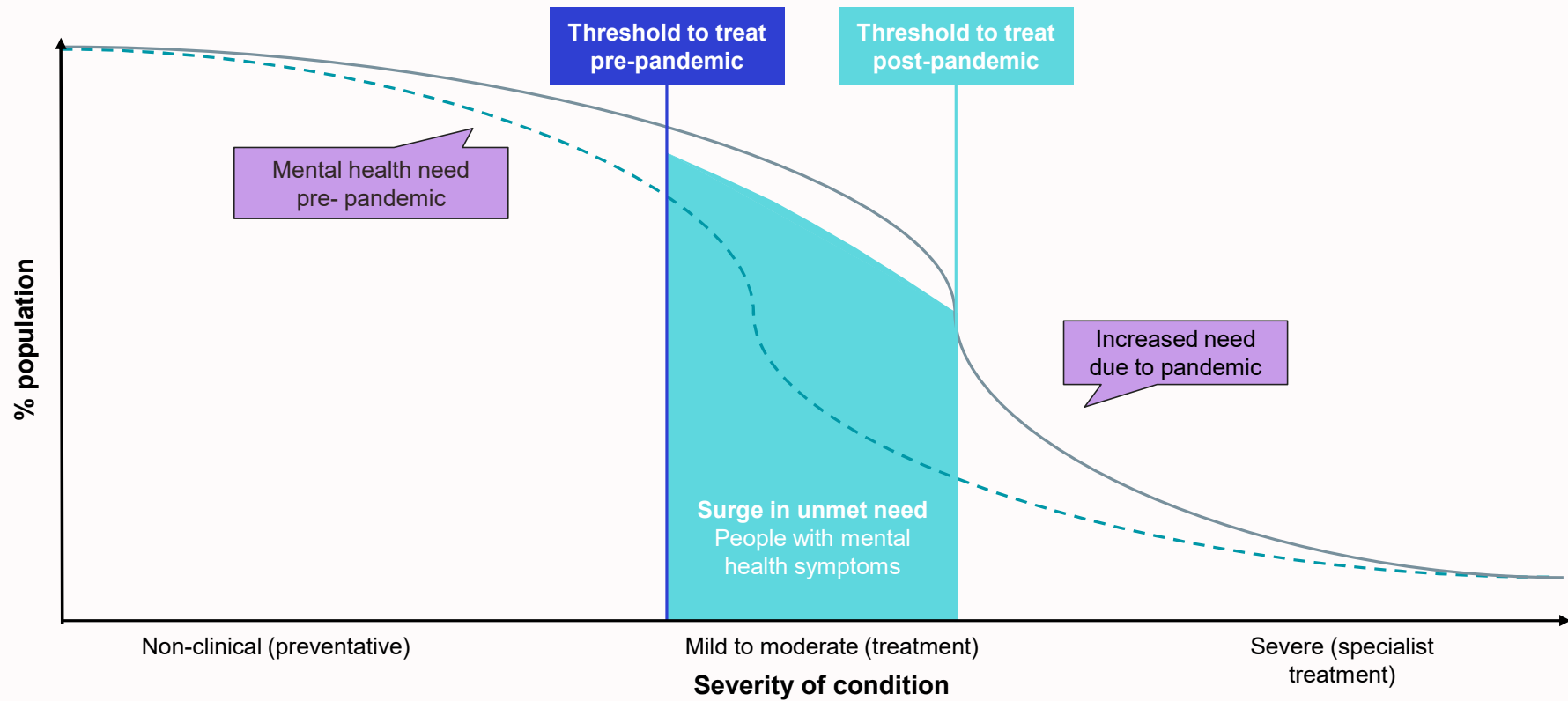
Values are age-adjusted, suicide death rate per 100,000



There aren't enough clinicians to go around



With fixed supply, many are stranded



People with mental health conditions are going without treatment

Barriers and stigma impede access to care for majority of people with a mental illness

6 in 10 people

with a mental health condition don't receive treatment



Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>



Outside urban areas, access to care continues to present challenges

Barriers and stigma impede access to care for the majority of rural residents

60 in 100 people

in rural areas live in designated mental health provider shortage areas

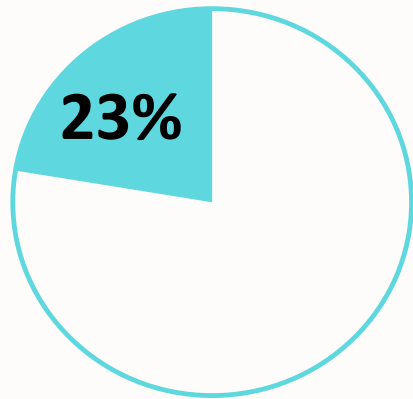


Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>

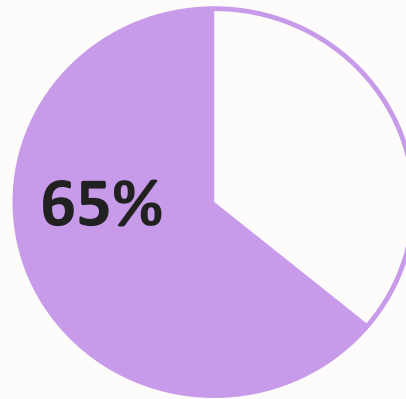


Outside urban areas, access to care continues to present challenges

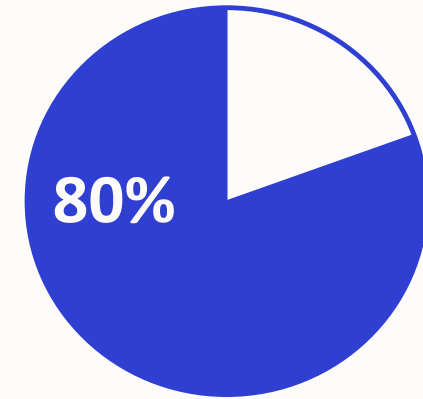
Barriers and stigma impede access to care but digital solutions could level the playing field



of non-urban residents reported a mental illness in 2021



of non-urban counties don't have a psychiatrist



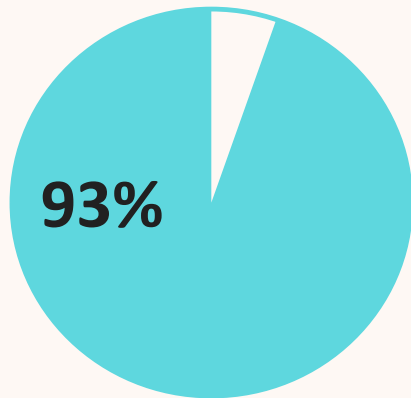
of rural residents have a smartphone

Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7681156/>, https://www.pewresearch.org/fact-tank/2021/08/19/some-digital-divides-persist-between-rural-urban-and-suburban-america/ft_21-06-04_ruralbroadband/, <https://www.ruralhealthinfo.org/topics/mental-health>

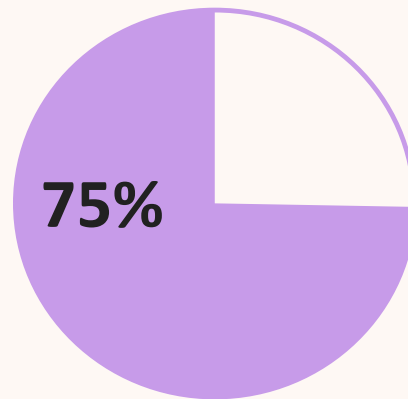


Doctors and patients are open to digital-first care

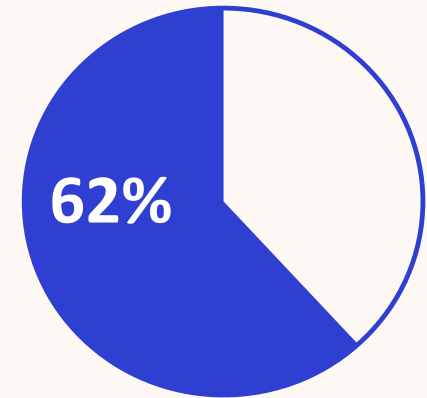
Tech-enabled options like mental health apps increase access and reduce stigma



of physicians see the advantages of digital tools for patient care



of people are willing to use digital health care



of people prefer virtual/digital options for health & wellbeing

Sources <https://www.ama-assn.org/about/research/ama-digital-health-care-2022-study-findings>
<https://www.accenture.com/id-en/insights/health/leaders-make-recent-digital-health-gains-last>
<https://www.mckinsey.com/industries/healthcare/our-insights/healthcares-digital-future>



Digital Mental Health Technologies

Health information technology (IT)	Mobile Mental Health (mH)
electronic health records	Digital Therapeutics
e-faxing	Wellness Apps
encrypted email	Wearable Devices
secure texting/patient messaging	
Telehealth (videoconferencing) platforms	



Understanding Digital Therapeutics

- Evidence-based, clinically validated
- Software driven interventions
- Aimed at treating, managing or preventing MH conditions
- Delivered via digital platforms such as mobile apps

Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>



Understanding Digital Therapeutics

- Supervised by a clinician
- Automatization of some aspects of care
- Can be used independently or as an adjunct to medications or other therapies to optimize patient care
- **Not intended to replace** provider-led clinical services

Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>



How Digital Therapeutics Improve Outcomes in Shorter Times

- Data-Driven Personalization
- Scalability
- Consistency in Care Delivery
- Consistent Monitoring
- Faster Treatment Cycles
- On-Demand and Continuous Access

Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>



How Digital Therapeutics Improve Engagement

User engagement and satisfaction: Digital therapeutics have been shown to increase engagement in treatment and adherence

- On-Demand and Personalized Care
- Anonymity
- Increased autonomy
- Immediate feedback
- Interactive tools

Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>



Addressing Access in Underserved Communities Through Digital Therapeutics

- Overcoming Geographic Barriers
- Providing Culturally Sensitive and Personalized Interventions
- Addressing stigma

Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>



Digital Therapeutics are a Super Power for Clinicians

- Reduces Therapist Workload
- Technology does the heavy lifting; clinicians can focus on the therapeutic alliance.
- Greater levels of adherence to an evidence-based model
- Clinician optimization; allows for clinical time and effort to be offered to individuals not to the administrative tasks associated with therapy.

Sources: <https://www.nimh.nih.gov/health/statistics/mental-illness>

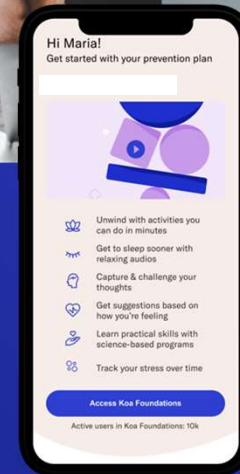
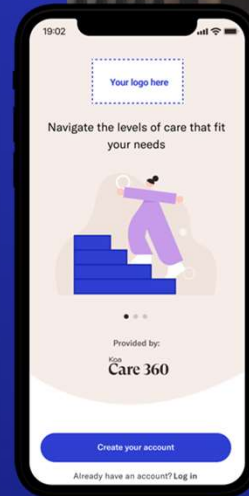




Go beyond the session with Koa Health

Because mental health is more than just therapy

Koa Health provides evidence-based mental health care that is as personal as an individual's experience and comprehensive to manage at the population level, spanning from preventative digital tools to clinical support and therapy, all within one unified platform.



Koa Health addresses the supply-demand gap by *closing the loop*

Competitors typically only solve for one component

Detection
Simple diagnosis and
symptom-tracking



Personalization

Algorithms guiding the right
care at the right time

Care

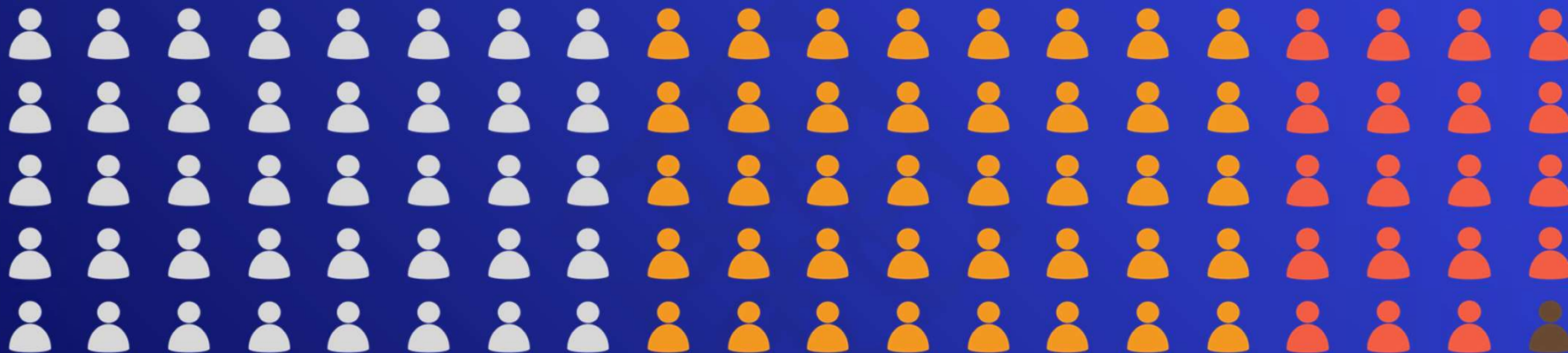
Scalable treatments

Koa Care 360 delivers value-based care for whole populations

40 in 100 employees need support for ongoing mental well-being

40 in 100 employees need support to manage everyday symptoms

20 employees need clinical care, 1 crisis

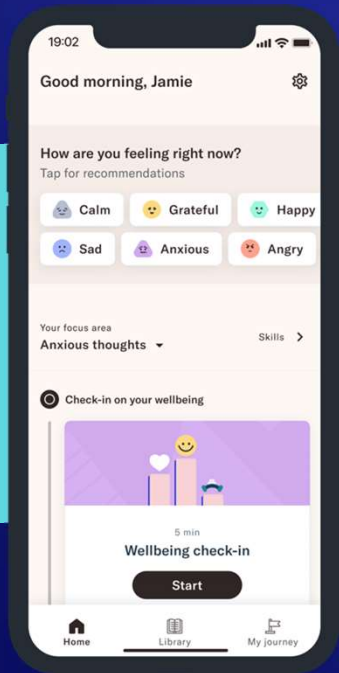


Effective universal prevention prevents symptoms

Effective symptom management prevents clinical cases

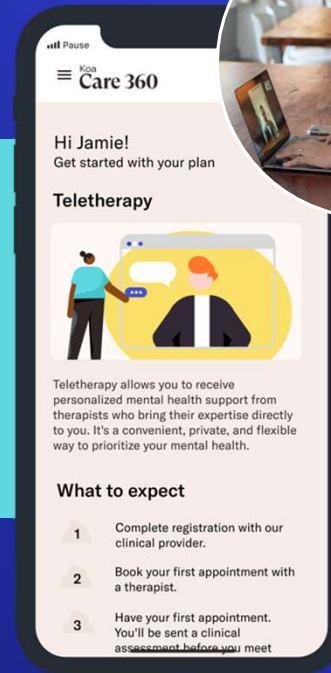
70% lower cost with hybrid care

Koa Care 360: Comprehensive mental health care for your workforce



Prevention and everyday intervention

Evidence-based tools and activities to empower your employees to manage their mental health

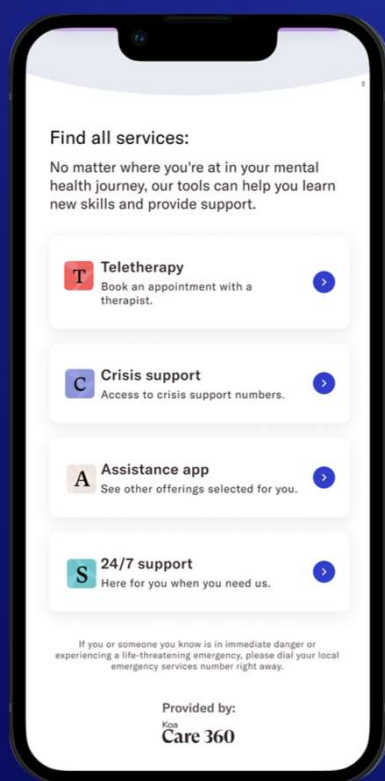


Clinical treatment

Triage to guide them to the right level of care from prevention to therapy

Teletherapy with a licensed clinician

Delivering results for individuals and organizations through a unified platform blending digital prevention and therapist-delivered support



Certified Therapists

- Strong therapeutic alliance
- Ability to treat in all 50 states

Intelligent Care Navigation

- Improved for uptake and engagement
- Driven by deep behavioral science
- Link into existing benefits, helping drive utilization and impact

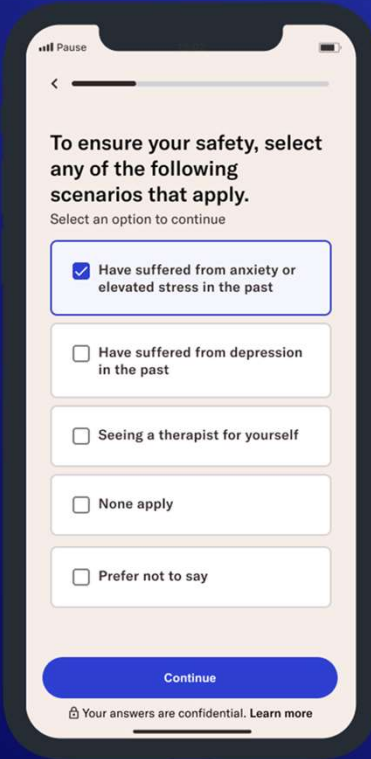
Digital therapy and support

- Convenient, accessible, on demand
- Highest levels of clinical engagement and efficacy proven in clinical trials
- Available in 8 languages

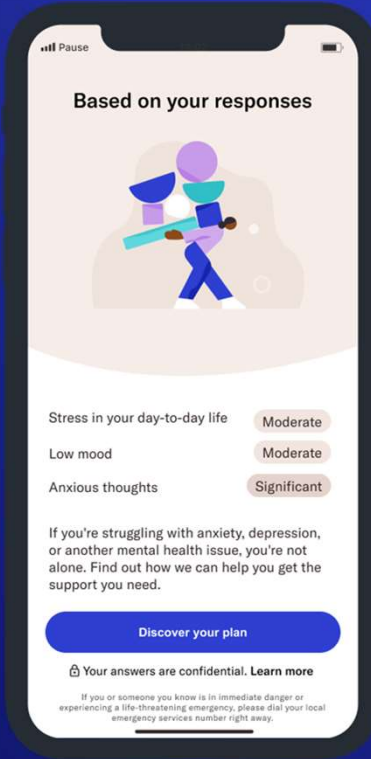
Population-level insights

- Intelligent data and analytics to guide your strategy

The right level of care, at the right time



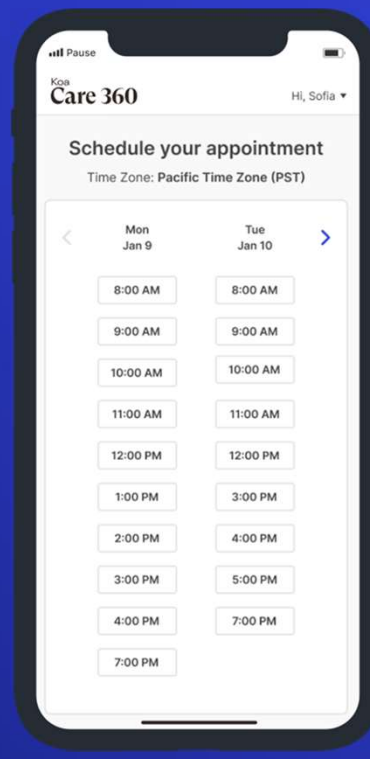
Onboarding



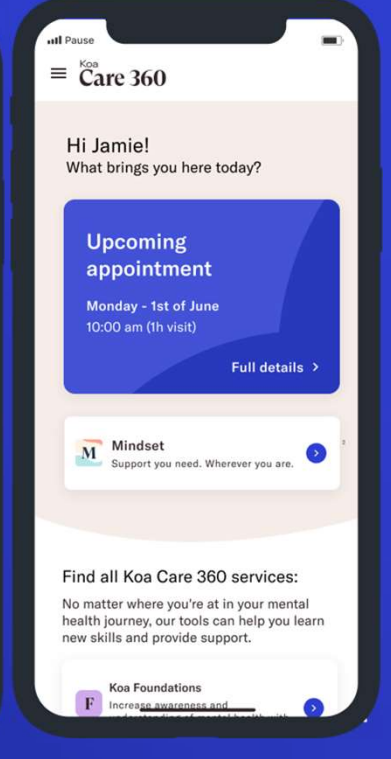
Triage



Elect support



Schedule



Teletherapy

The best clinical evidence on the market, delivering long-term sustained mental health improvement

Our people, processes and platform enable Koa Health to support a larger caseload of employees, transforming mental health across the workforce population.

Exceptional engagement¹

50% reduction in clinician time to provide care²

85-93% program completion

90%+ would recommend to friends and family

up to **75%** user uptake

90%+ clinician satisfaction

Superior clinical outcomes¹

70%+ symptom reduction (better than face-to-face)

12-month follow-up shows reliable long-term improvement

90%+ patient satisfaction

5X better utilization than EAP

Highest clinical effect sizes in the literature

1. Based on Koa clinical trials, e.g., <https://www.sciencedirect.com/science/article/pii/S0005789419300966?via%3Dihub>; <https://www.karger.com/Article/FullText/524628>

2. Based on market benchmarks for typical teletherapy utilization via digital health provider within employer member population and market pricing for teletherapy sessions

Koa Health

Thank you for your time!

Email me at belinda.carrasco@koahealth.com or find out more about Koa Health at koahealth.com

2025 Forums – SAVE THE DATES!

New Location!

Greensboro-High Point Marriott Airport

17 scenic acres with a pond
near the
Piedmont Triad International Airport
(GSO)



2025 Spring Forum: **March 20-21**
2025 Fall Forum: **September 11-12**



2025 Culture of Wellbeing Award



**Applications now open
Complete online
Deadline 1/31/2025**

**Winners will be announced
at the 2025 Spring Forum**

