

WELCOME
MEMBERS, SPONSORS and GUESTS!
NCBGH SPRING 2019 MEETING
Proximity Hotel – May 10, 2019

North Carolina
Business Group on Health

Promoting a better healthcare delivery system
Advocate. Innovate. Educate.



WELCOME!!

NCBGH SPRING AGENDA

8:00 AM: Arrival and Breakfast

8:45 AM: Welcome - *Jon Rankin, NCBGH President*

9:00 AM: Legislative & Compliance Update

- *J.D. Piro, Senior Vice President, Aon Health Solutions, Legal Consulting Group—National Practice Leader*

10:00 AM: Health Plan CEO Panel Discussion

- *Garland Scott, Chief Executive Officer of The Carolinas and Georgia, UnitedHealth Group*
- *Patrick Conway, MD; President and CEO, Blue Cross and Blue Shield of North Carolina*
- *Charles C. Pitts; Market President, Carolinas, Cigna*
- *Jim Bostian; President, MidSouth Market, Aetna*

11:00 AM: Insights from Optum's 10th Annual Wellness in the Workplace Study

- *Seth Serxner, Chief Health Officer at OptumHealth*

12:00 PM: Lunch

12:15 PM : Integrating Benefit Programs to Drive Engagement (Lunch Presentation)

- *Abbie Leibowitz, MD, F.A.A.P., Founder, President Emeritus and Chief Medical Officer at Health Advocate, Inc.*

1:15 PM: Eat Smart Move More Prevent Diabetes Team

- *Kelly Nordby, MPH, RDN, LDN, Diabetes Prevention Program Coordinator*

1:35 PM: Questions & Answers; Event Wrap Up



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WELCOME NCBGH SPONSORS



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NFP	2014
ConnectYourCare	2016
Elliott Davis Decosimo	2016
Healthworks	2016
Willis Towers Watson	2016
Businessolver	2018



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ABOUT NCBGH

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- **What is NCBGH?**
 - 501c(6), Non-profit trade association. We are an advocacy group of senior HR and Finance leaders from area employers, with a common goal to positively impact and improve healthcare in North Carolina
- **Why should I be involved?**
 - NC lawmakers **and other stakeholders in the healthcare delivery system** need a unified voice on healthcare issues that impact the business community.
- **What does it cost to participate?**
 - Membership is only **\$100** per year and allows for you and a colleague to attend 2 meetings per year and gain access to unmatched “content” and “influence”.



ABOUT NCBGH

Mission and Charter

North Carolina Business Group on Health is a 501c(6) trade association which acts as advocacy group of employers who use their collective voice to influence decisions that impact the quality and cost of healthcare delivery systems. We will accomplish our mission and foster North Carolina's economic development in the following ways:

- **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.
- **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.



...An opportunity for you to get involved...

- **Membership and Marketing** - Focusing on helping attract and retain quality HR Leaders throughout North Carolina who can help us grow NCBGH both now and into the future

Have you visited us at www.ncbgh.org
Our website is growing in Capabilities
and great information!



PLEASE WELCOME!!

J.D. Piro

**Sr. Vice President
Aon Health Solutions, Legal Consulting Group –
National Practice Leader**

Legislative & Compliance Update

North Carolina
Business Group on Health

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Advocate. Innovate. Educate.





Health Law Update

May 2019

Agenda

Congress and
Health Care

Courts & Agencies on
Health Care

The States on Paid
Sick and Family
Leave



Congress and Health Care

Health Care Reform—Dueling Agendas



Senate Republicans

- Support Trump Administration proposals for
 - Association Health Plans
 - Short term limited duration policies
 - HRA expansion

House Democrats

Medicare for All
Medicare as Public Option
Medicare Buy-In
“More Affordable” Care Act

Potential Bipartisan Efforts

- Drug Pricing
- Surprise Medical Bills
- Repeal of (some) ACA taxes

The Democrats—Medicare for All

Medicare for All—Laying Down a Marker for 2020

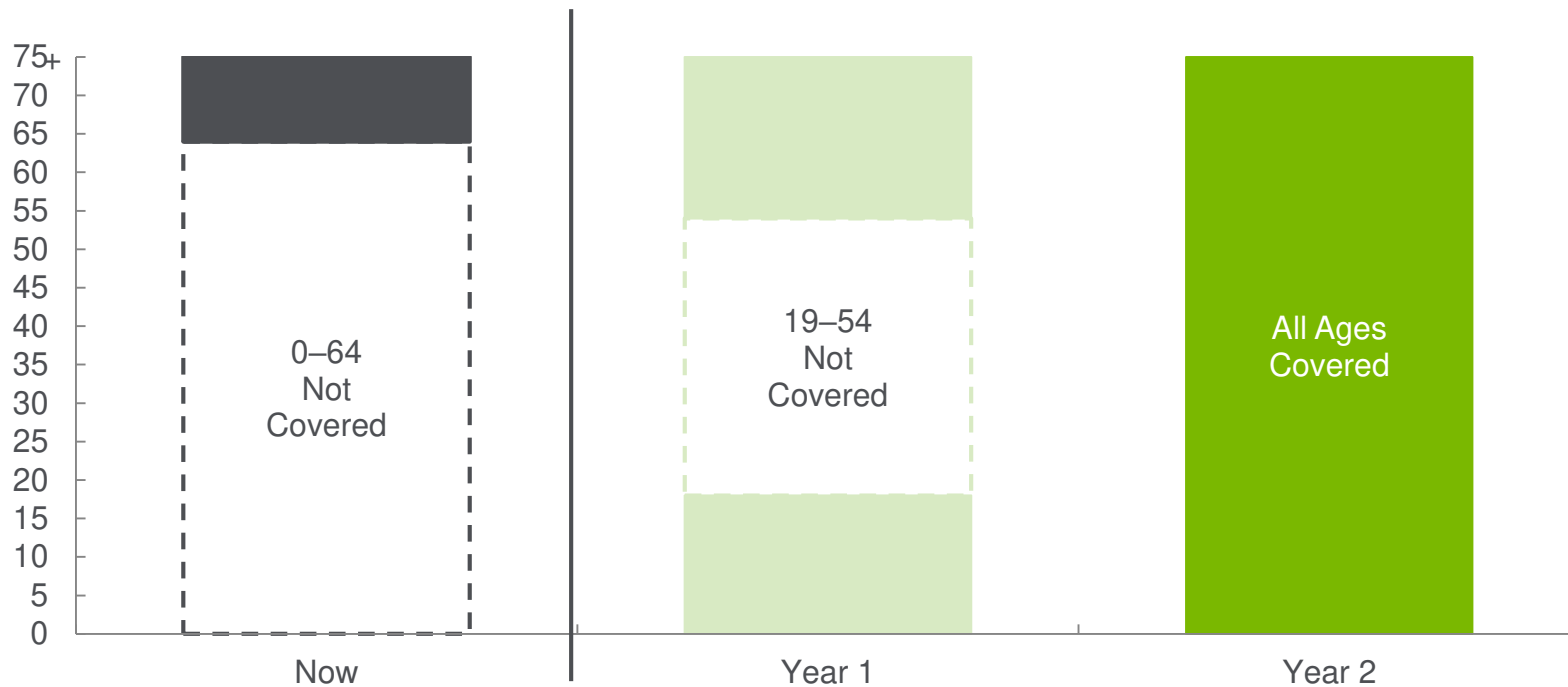
Institutes single-payer health care in the U.S.

Provides a comprehensive set of benefits

Prohibits employer coverage that duplicates Medicare

Permits secondary, nonduplicative coverage

In Year 1 individuals not covered may buy-in to the program



The Democrats—Medicare for All: Covered Benefits

Benefits covered include

- Hospital and ambulatory care
- Primary and preventive services
- Prescription drugs
- MH&SA treatment, including inpatient care
- Pediatric care
- Dental, hearing, vision
- Emergency services
- Comprehensive reproductive, maternity, and newborn care
- Transportation for low-income individuals or individuals with disabilities
- Long-term care services, including nursing, rehabilitation, focusing on home and community based services
- Experimental items and services, if approved by HHS

No premiums, deductibles, co-payments, co-insurance, out-of-pocket costs, or balance billing

M4A maintain coverage through Department of Veterans Affairs and Indian Health Service, but repeal all other federal programs (Medicare, Medicaid, CHIP, TRICARE, ACA Exchanges)



The Democrats—Medicare for All: Payment of Providers



Providers would receive lump sum payments for each quarter for covered items and services

These rates would be negotiated with providers each year by regional directors based on historical volume of services in the past 3 years, provider expenditures, projected changes in provided services, employee wages, and education programs

Amount would not include capital expenses, such as construction of new facilities

Individual providers would be paid on FFS basis

National fee set taking into account Medicare rates, provider expertise, and the value of items and services

Funding can't be used for marketing, increasing profits, incentive payments based on provider utilization, labor relations consultants, or political activity

Funding for capital expenditures would have to be applied for separately

The Democrats—Medicare for All: Prescription Drugs

Prescription drugs

Prices would be negotiated and formulary would be created to promote generics
If company doesn't negotiate in good faith, HHS can provide license to a generic manufacturer to produce the drug

No cost estimate provided

Universal Medicare Trust Fund to initially receive funding equal to the amount provided to other federal health programs in the preceding year

National health budget established to cover operating and capital expenditures

Reserve fund health emergencies, including epidemics and national disasters



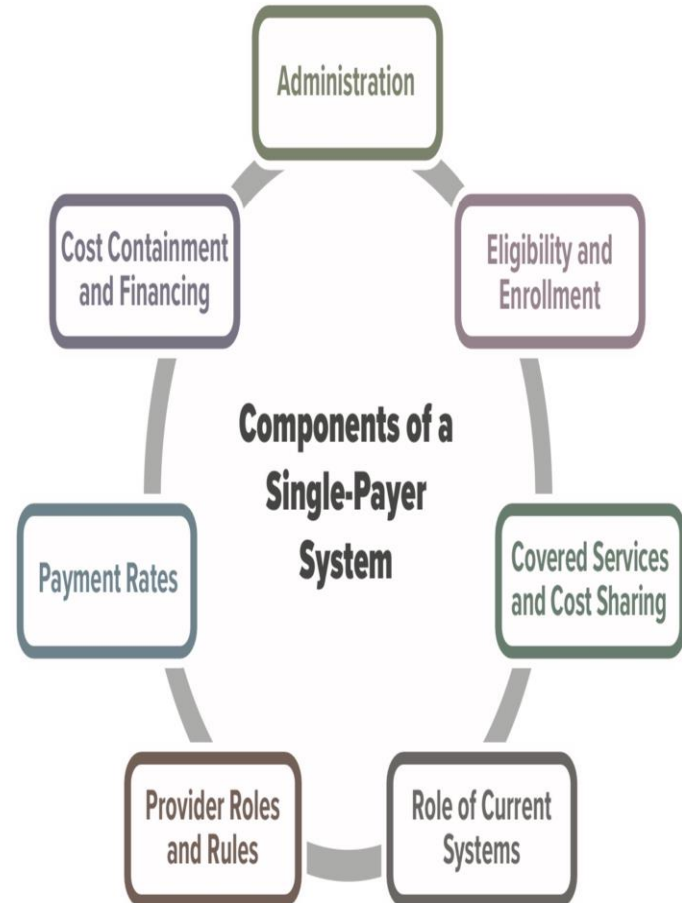
The Democrats—Medicare for All: The Cost

U.S. Tax Expenditures for Health Care Vs. Estimated Cost of M4A	Cost in Millions
Exclusion of employer contributions for medical premiums & medical care	\$146,100
Premium tax credit for insurance purchased through ACA exchanges	\$49,200
Deductibility of medical expenses by individuals	\$9,400
Deductibility of medical insurance premiums for self-employed	\$6,400
Health Savings Accounts	\$5,300
Exclusion of Workers' Compensation medical benefits	\$4,600
Exclusion of medical care for military dependents and retirees	\$3,000
Tax credit for small businesses purchasing health insurance	\$600
Total Cost of U.S. Tax Expenditures for Health Care (Annual)	\$224.6 Billion
Estimated Cost of Medicare for All (Annual)	\$1.8 Trillion to \$3.2 Trillion

Sources: Tax Policy Center; Website, Senator Bernie Sanders; Mercatus Center

The Democrats—Medicare for All: CBO Analysis

- How would the government administer a single-payer health plan?
- Eligibility? Benefits? Cost sharing?
- What role for private insurance and other public programs?
- Which providers would be allowed to participate? Who would own the hospitals? Employ the providers?
- Provider payment rates? Purchase of prescription drugs?
- Cost containment? Financing?



The Democrats—Medicare for More

Democrats propose expanding Medicare to Public Exchanges

Offer Medicare as a “public option” on all public exchanges

Advocates say offering a public option will increase competition, reduce premiums, and offer more choice

Opponents say public option will crowd out private insurance

Democrats also propose Medicare/Medicaid buy-in

Offer opportunity to buy into Medicare at lower ages (e.g., age 50)

Advocates say offering Medicare/Medicaid buy-in will provide more affordable option for older uninsured

Opponents say public option will crowd out private insurance



Medicare
FOR MORE

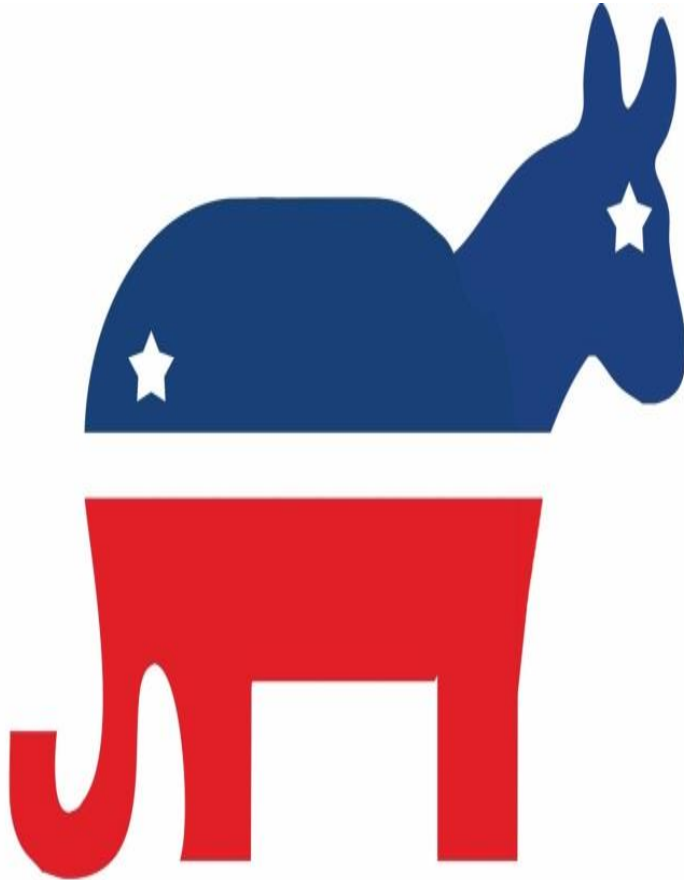
The Democrats—The More Affordable Care Act

Protecting Pre-Existing Conditions & Making Health Care More Affordable Act of 2019

- Lifts 400% cap on federal assistance to buy health care coverage from the exchange
- Family members can qualify for federal assistance if family coverage is not affordable
- Provides funding for reinsurance
- Curtails grant of state waivers unless states maintain PCE ban and EHBs
- Prohibits sale of STLD policies that do not provide coverage for EHBs, drugs, or that exclude pre-existing medical conditions
- Requires open enrollment outreach, education, and funding for navigators



Potential Bipartisan Legislation



Surprise Medical Bills

When participants are balance-billed for OON providers, either ER or an OON provider in an in-network facility

Proposals include

Amending and expanding the ACA emergency room rule

Limiting OON providers from charging participants more than in-network cost-sharing

Limiting the amount that OON providers can charge

Cadillac Tax Repeal

“Middle Class Health Benefits Tax Repeal Act” introduced in House would repeal Cadillac tax
Bipartisan support with companion bill in Senate

Drug Pricing

Transparency

Approval of Generics

Potential Bipartisan Legislation—Prescription Drugs

Proposed “rebate” legislation with HHS could impact employer-sponsored health care

Rx manufacturer sets drug price (Average Wholesale Price or AWP or list price)

PBM promises Rx manufacturer certain sales volume in sales and receives a rebate on the AWP

PBMs shares part of the rebate with employer plan sponsor

Rx contract says a rebate shared with employer plan sponsor can be shared with participants via

Reduced premiums

Reduced cost sharing

Better benefits

HHS proposed rules prohibiting Rx rebates as
illegal kickback unless shared with

participants at point-of-sale

Few plans currently have POS rebates

Direct impact on EGWPs and MA-PDs

CBO says rule would increase Federal
spending by about \$177 billion over a decade



Potential Bipartisan Legislation—Prescription Drugs

Creating and Restoring Equal Access to Equivalent Samples (“CREATES”) Act of 2019 (S. 340, H.R. 965)

Promotes timely entry of low-cost generic and biosimilar drugs

Generic makers must be able to obtain quantities of applicable drug

Preventing Pay for Delay (H.R. 1499, S. 64)

Prohibits brand name drug makers from paying generic drug makers to delay marketing generic drug

Blocking Act of 2019 (H.R. 938)

Removes barrier to approval of generic drug posed by 180 day exclusivity period

Short on Competition Act (H.R. 844)

Expedites approval of generic drugs in marginally competitive drug markets and in markets with drug shortages

Stop Price Gouging Act (H.R. 1093)

Imposes excise tax on Rx makers with price hikes exceeding Chained CPI, with limited exceptions (e.g., price < \$10 for 30-day supply)



Potential Bipartisan Legislation—Prescription Drugs

Importing Rx Drugs from Canada (Grassley/Klobuchar)/(Sanders)

Must be dispensed by approved
Canadian pharmacy

For personal use, not resale, and cannot
exceed 90-day supply

Limits on Rx type (e.g., cannot include
controlled substance)

Grassley & Klobuchar bill permit
individuals to import Rx, while Sanders
bill adds wholesalers and pharmacists

Proposed Medicare Part D legislation

HHS would be permitted to negotiate
directly with manufacturers, instead of
private insurers that contract with CMS
handling the negotiations (H.R. 275)

Transparency of payment
methodologies to pharmacies (H.R.
1035)



GOP Links Paid Parental Leave to Social Security



Allows use of Social Security benefits for paid parental leave

Sens. Marco Rubio (R-Fla.) and Mitt Romney (R-Utah) introduced legislation in the Senate

Reps. Ann Wagner (R-Mo.) and Dan Crenshaw (R-Texas) offered a companion bill in the House

New parents could draw Social Security benefits for up to three months to finance paid parental leave

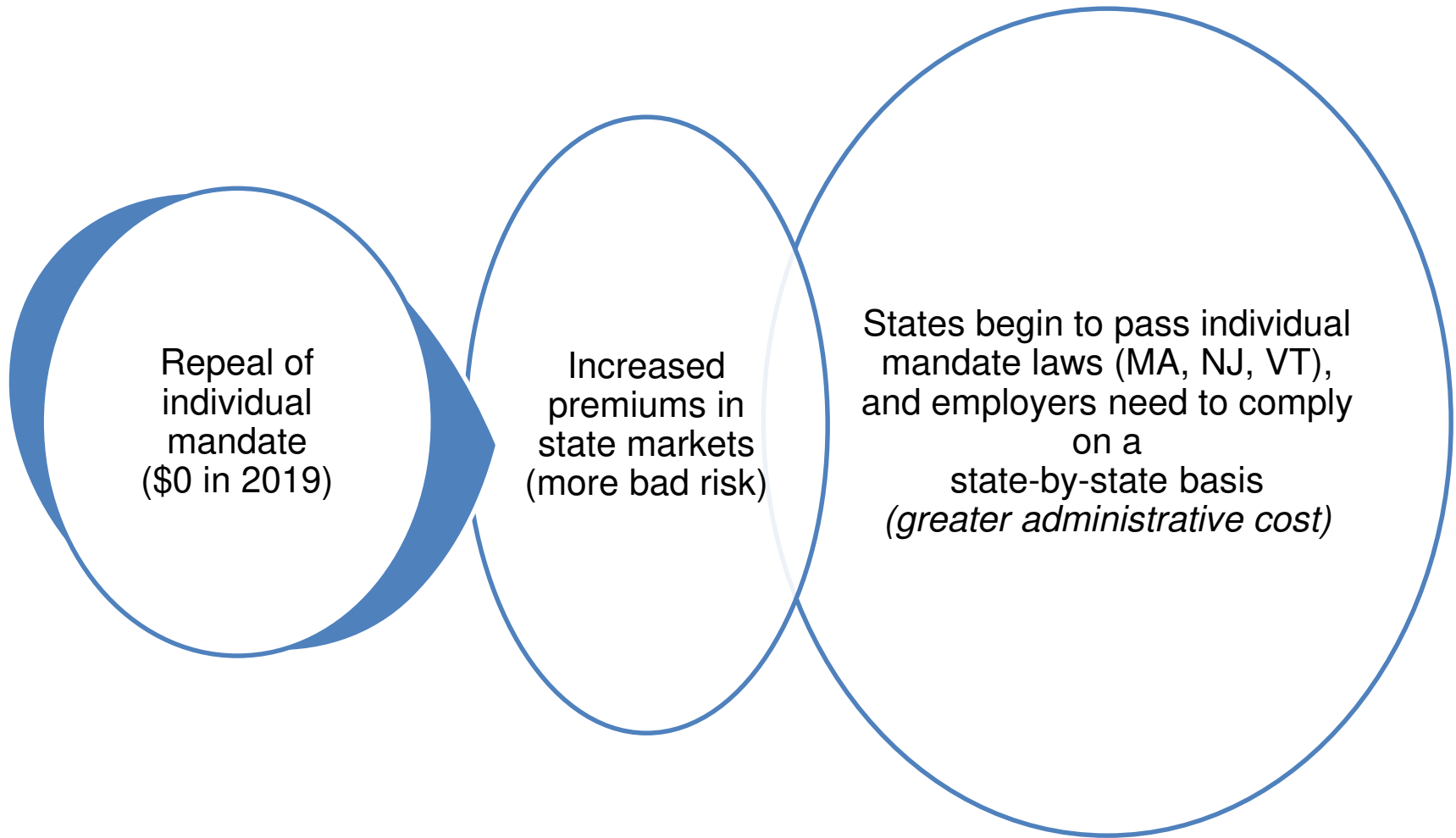
Most parents below median household income would receive a benefit that would replace about two-thirds of wages

Impact on Social Security benefits

increase SS NRA by several months or

Reduce Social Security benefits for first five years of retirement

Impact of Repeal of Individual Mandate



New Jersey Guidance on Individual Mandate

New Jersey has launched a website to help employers comply with the documentation requirements under the individual mandate passed last year. The documentation is due following the close of each calendar year, with the first filing required on or before February 15, 2020. The website provides the following information:

- Employers will be able to satisfy the New Jersey third-party verification requirement by using Forms 1094-C and 1095-C.
- If the federal government discontinues use of Forms 1094-C and 1095-C, New Jersey will develop its own forms.
- Out-of-state employers that withhold and remit New Jersey gross income tax for New Jersey residents have the same filing requirements as employers located in New Jersey.
- Employers with fully insured plans whose Forms 1095-C do not include dependent information will still submit these forms, and insurance carriers that provide the fully insured coverage will submit Forms 1095-B, which do include dependent information.



Courts & Agencies on Health Care

Public Exchanges (2019)—Still not enrolling enough “Young Invincibles”

Age

- 65% over age 35
- 26% ages 18-34

Male/Female Ratio

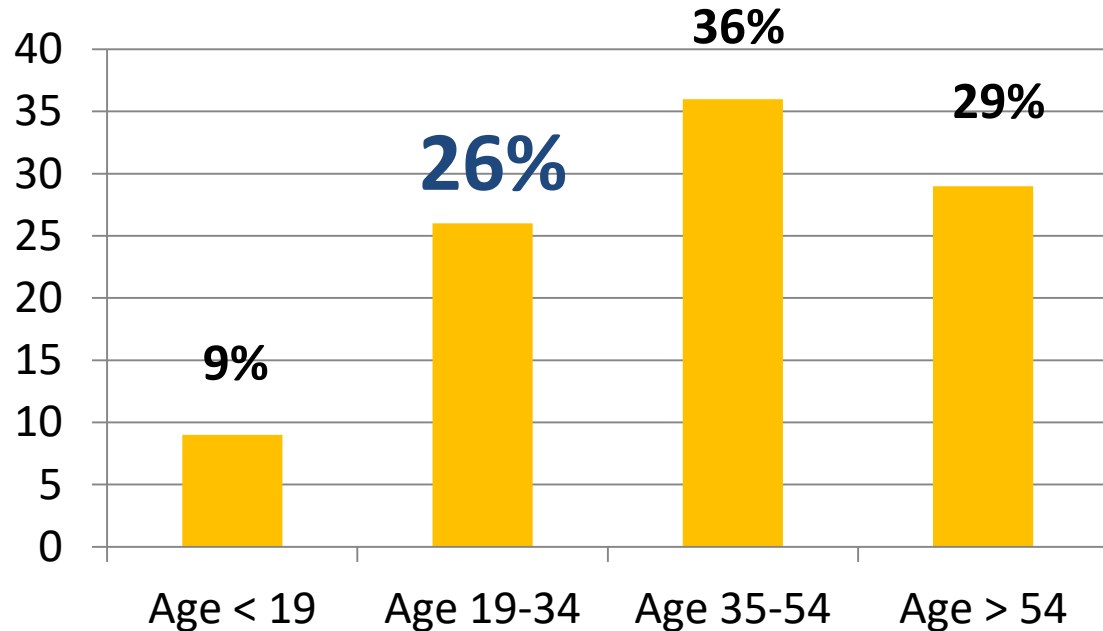
- 45%/55%

Enrollees Receiving Subsidies

- 54% (CSR)
- 87% (APTC)
- 71% earn between 100% and 250% of FPL

Plan Selection

- Bronze: 30%
- Silver: 61%
- Gold: 7%
- Platinum: 1%
- Catastrophic: 1%



“Young Invincibles” are 40% of the population
but
only 26% of Public Exchanges

District Court Strikes Down DOL's Association Health Plan Rules

District court voided AHP rules
Held that AHP rule was unreasonable interpretation of ERISA's definition of "employer"
Held that Final Rule stretched "employer" definition "beyond what the statute can bear"
DOL announced that plans formed under new AHP rules can continue operating until end of 2019
Effective January 1, 2020, plans will need to comply with current ACA rules for small employer health care plans
Will have to comply based on the size of each employer, not based on the combined size of employers covered under the plan



District Court Finds ACA Unconstitutional Absent Tax



Federal district court in Texas struck down the ACA as unconstitutional

This decision has been stayed pending appeal 5th Circuit to hear appeal later this year

Twenty state attorneys general (AGs) filed suit claiming that zeroing out the tax for not purchasing health insurance rendered ACA unconstitutional

The district court in Texas accepted this argument

Since Congress zeroed out penalty (or tax) for not having coverage in the 2017 tax reform law, the individual mandate provision was no longer constitutional

Since the individual mandate provision was not severable from the rest of the ACA, the entire ACA was unconstitutional

Trump Administration did not defend ACA in court, now supports declaring entire ACA unconstitutional

Wellness Regulations—Medical Exams and Biometric Screens

EEOC Revisiting ADA and GINA Regulations on Incentive Limits

In August of 2017, Federal district court ruled that EEOC did not provide sufficient basis for adopting ADA/GINA rule that reward of up to 30% of coverage cost for employees for taking medical exam or biometric screening is “voluntary”

Court remanded the rule back to EEOC, but did not invalidate the existing ADA/GINA regulations

Court subsequently invalidated ADA/GINA regs and repealed incentive limits as of January 1, 2019

EEOC vacated incentive rules as of January 1, 2019

Plans cannot rely on these regulations when setting incentives for activities like health risk assessments or biometric screenings

Uncertainty over wellness program compliance with ADA/GINA regarding incentives will continue until EEOC proposes new regulations OR Congress acts

Greater risk may be with incentives closer to 30% and for HRQs for spouses

Updates from HHS and USPSTF

The final maximum out-of-pocket (OOP) limit for 2020 is \$8,150 for individual coverage and \$16,300 for family coverage (**HHS**)

Manufacturer's coupons that reduce or eliminate cost-sharing by a participant would not have to count towards OOP limits, when generic is available and medically appropriate (**HHS**)

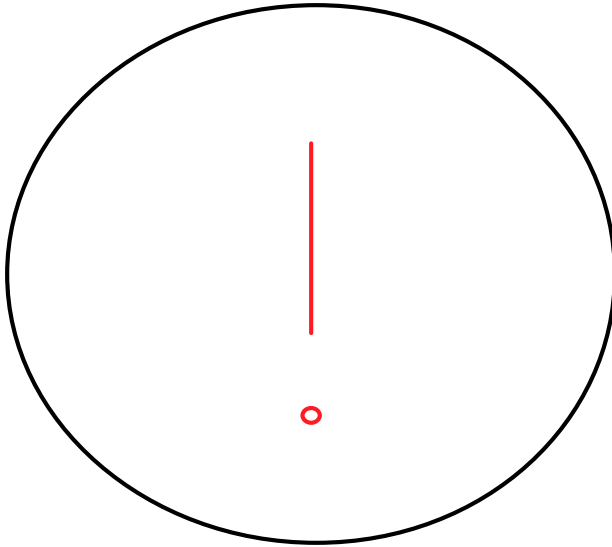
New premium adjustment percentage methodology finalized resulting in higher indexing premiums for employer mandate and premium tax credit affordability calculation (**HHS**)

USPSTF recommends providers provide or refer pregnant and postpartum women at increased risk for perinatal depression to counseling interventions

Effective plan years starting on or after February 28, 2020 (January 1, 2021 for calendar year plans)



Employer Mandate Enforcement—Reminder!



Employer Mandate Enforcement
IRS released guidance on enforcement of employer mandate
IRS sends **Letter 226J** to employer if IRS determines at least one FTE received premium tax credit for ACA exchange plan for at least one month
IRS follows up with **Letter 227** and possible conference with IRS
IRS issues **Notice CP 220J** if IRS determines employer is liable for Employer Shared Responsibility (ESR) payment
IRS sending **Letter 227J** for 2016 years

“The Bar is Open!”—on iTunes, Google Play, and Spotify

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The Bar on Health Care

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Questions

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Our Health Plan CEO Panel

Garland Scott, Chief Executive Officer of The Carolinas and Georgia, UnitedHealth Group

Patrick Conway, MD, President & CEO, Blue Cross and Blue Shield of North Carolina

Charles C. Pitts, Market President, Carolinas, Cigna

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Chief Health Officer at OptumHealth

Insights from Optum's 10th Annual
Wellness in the Workplace Study

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Wellness in the Workplace

Special report prepared for: North Carolina Business Group on Health

Seth Serxner, Chief Health Officer, Optum

Presenter



Seth Serxner
Chief Health Officer, Optum

Research purpose



- Understand how U.S.-based employers are approaching employee health and well-being
- Highlight how Southeast employers are approaching employee well-being differently

Methodology

Company size profile for Southeast employers

Medium

500 – 2,999 employees

Large

3,000–9,999 employees

Jumbo

10,000+ employees

Included in this sample:
SC, GA, DC, MD, VA, NC

Method

Web-based surveys

Company currently offers at least two types of health and wellness programs to employees, by respondents who are involved in health benefits decision making and instituting employee wellness programs for his/her company

Surveys were conducted in

December 2018 – January 2019

Total U.S comparison. = 544

Southeast employers only: n = 97

Key insights – U.S. employers

- There is an opportunity to connect employee well-being investment and business strategy.
- Employers across the U.S. are concerned with chronic and complex conditions.
- Advocacy services deliver outcomes across a variety of metrics for employers.
- Addressing mental health stigma and substance use disorder is a priority for employers.
- The physical health environment is increasingly leveraged to support behavior change.





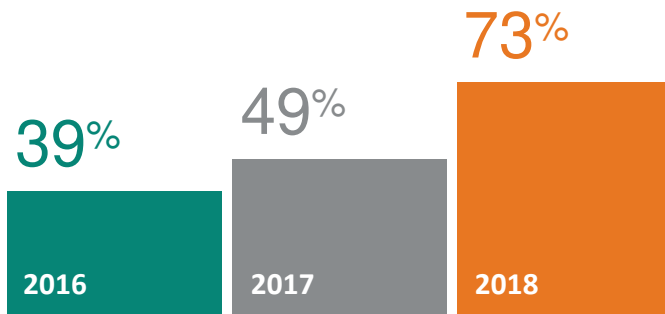
Investment in employee health and well-being

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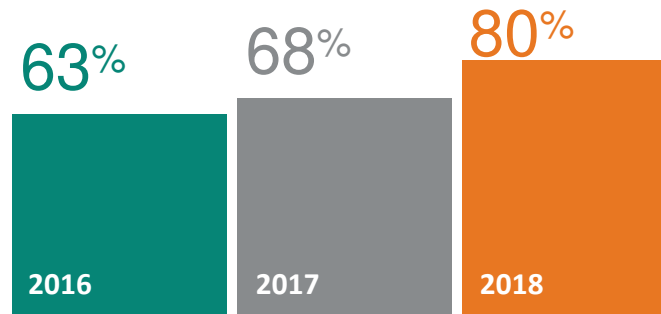
Employers across the U.S. are achieving a culture of health

Culture of health

Achieved



Important



Southeast employer insights:

- Respondents are slightly more likely to say culture of health is important (83%) but report achieving a culture of health at a similar rate (72%).

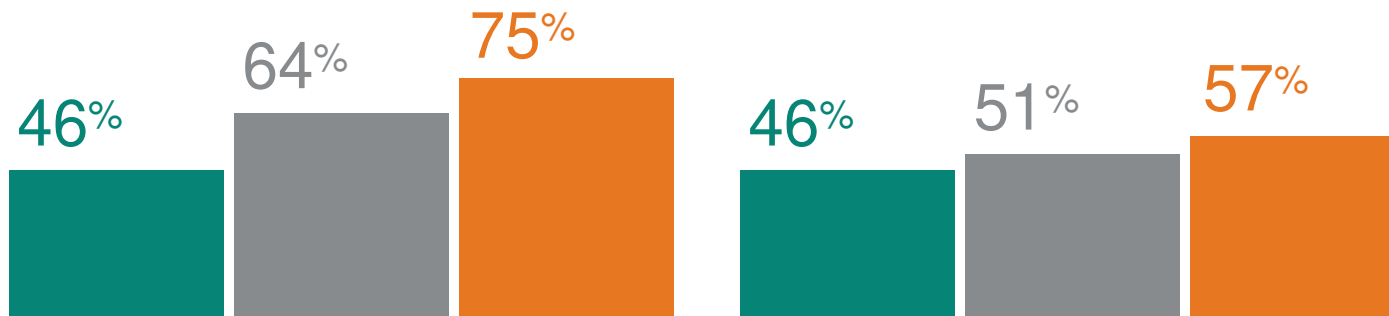
Q: To what extent do you feel your company has established a culture of health ownership among employees in the workplace?/Q: And how important is it for you to create a culture of health ownership in your company?

There is an opportunity to increase the relevance of programs to the overall business strategy

Importance of health and wellness programs to:

Benefits mix

Overall business strategy



Southeast employer insights:

- Respondents are more likely to say programs are important to benefits mix (83%) and business strategy (62%).
- There is opportunity to increase the relevance of programs within the business strategy.

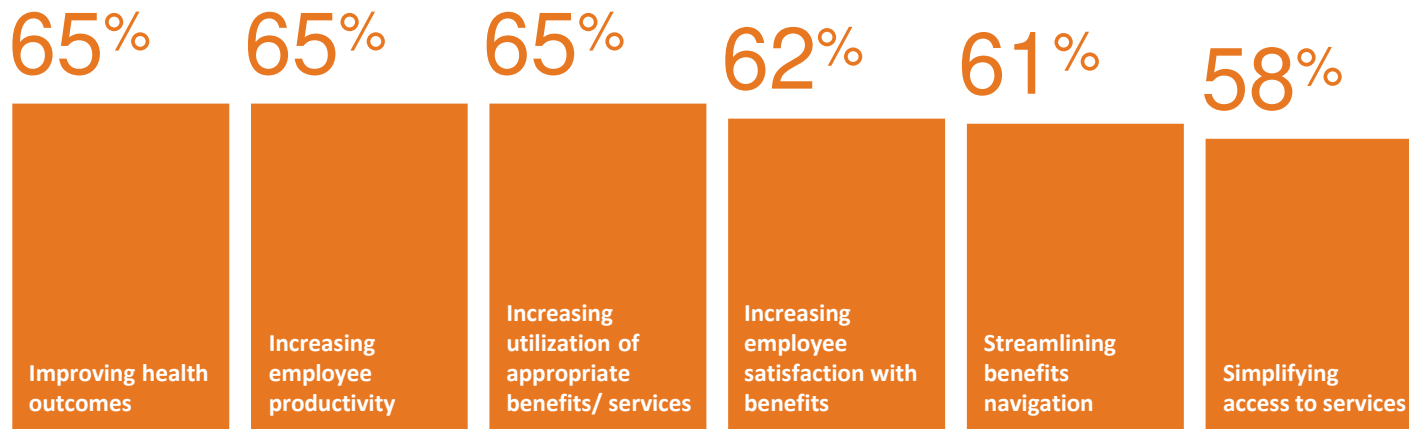
2016 2017 2018

Q: How important are wellness and health management solutions to the following?

Employers are looking to advocacy services to improve a variety of measures

Advocacy service success

(Percentage highly successful; among those offering service)



■ 2018

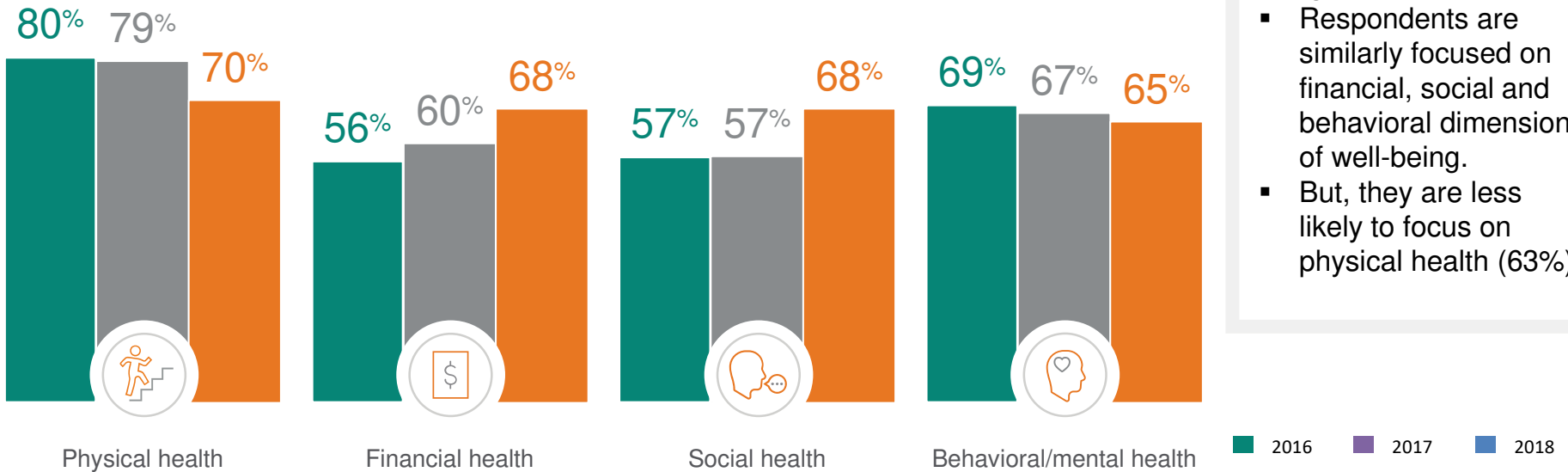
Southeast employer insights:

- Only 30% of respondents currently have an advocacy solution in place, compared to 43% of employers across the U.S.
- However, **Southeast employers** are more likely to report their **advocacy program is successful** across a variety of measures including: health outcomes and simplifying access.

Q. How successful has it been in terms of...?

There is a leveling off of support for physical health as employers increase focus on additional dimensions of well-being

Dimensions of well-being addressed by health and wellness strategy



Southeast employer insights:

- Respondents are similarly focused on financial, social and behavioral dimensions of well-being.
- But, they are less likely to focus on physical health (63%).

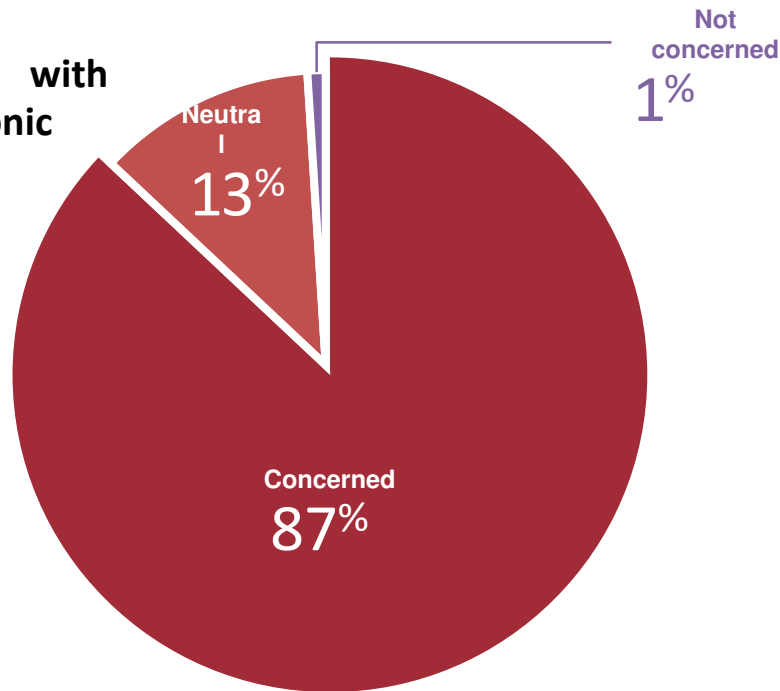
Q. What aspects of employees' well-being do you feel your company's health and wellness strategy addresses?



Complex conditions

U.S. employers are concerned with costs related to complex and chronic conditions

Level of concern
costs related to complex/chronic
conditions

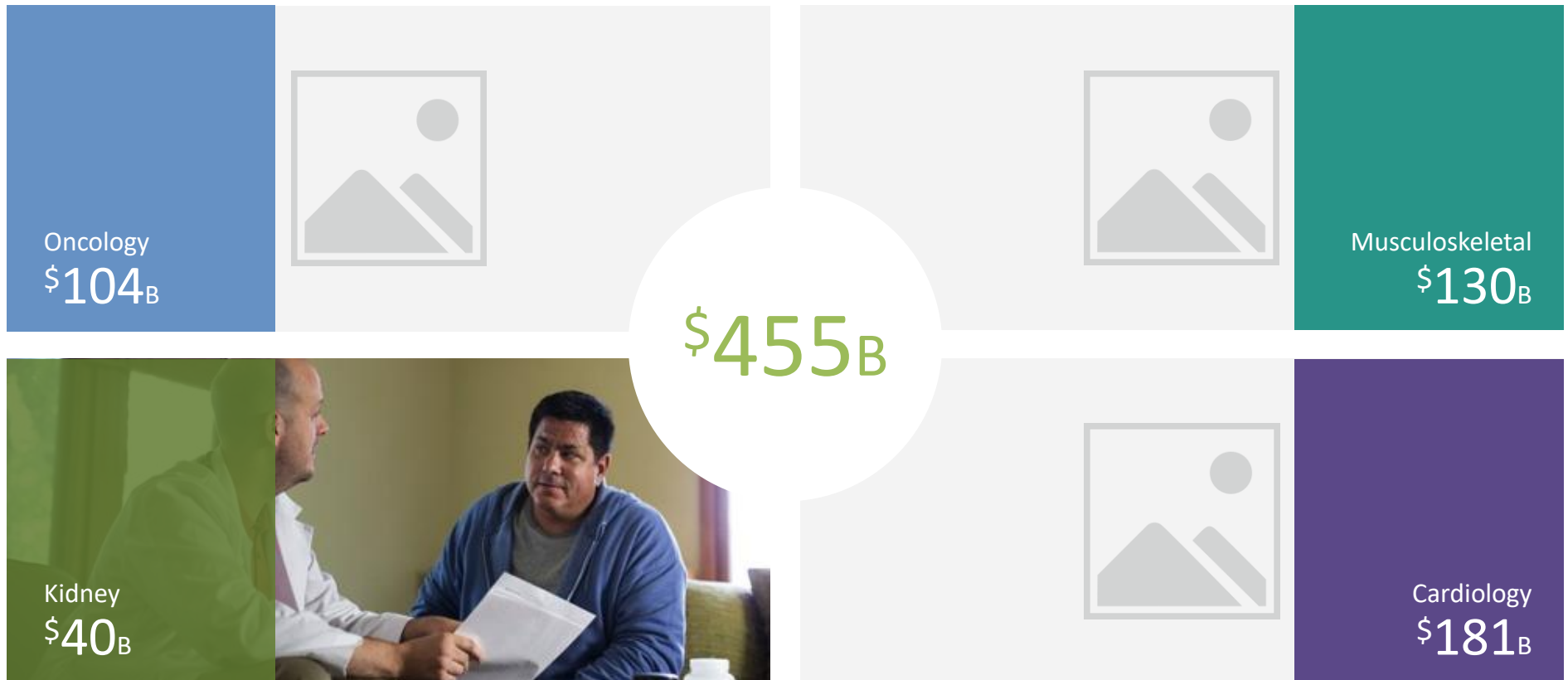


Southeast employer insights:

- Respondents are significantly more concerned with complex, chronic conditions (96%).

Q. How concerned is your organization with costs related to complex, chronic conditions such as certain cancers, kidney disease and musculoskeletal disorders?

Four condition categories drive a quarter of health care spending



Centers of Excellence strategy implementation continues to increase across U.S. employers

Centers of Excellence



Southeast employer insights:

- Respondents are more likely (84%) to pursue COE strategies.

■ 2016 ■ 2017 ■ 2018

Q. Has your company implemented a "Centers of Excellence" strategy or does it have any plans to?



Behavioral health

Employers are highly focused on addressing mental health stigma and access to behavioral health services

88%



Plans to address
mental health stigma
(Within year)

87%



Concerned with employees having
easy access to behavioral health
services

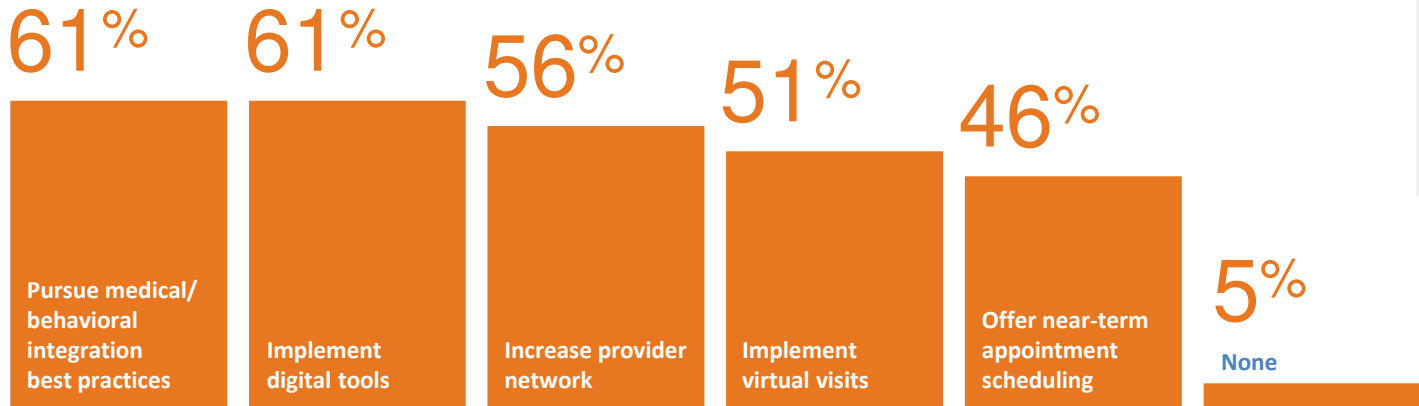
Southeast employer insights:

- Respondents are about equally as likely to have plans to address mental health stigma (90%) and about equally concerned (89%) with employees having easy access.

Q. Do you have plans to address the stigma associated with mental health at your organization within the next year?/Q. How concerned is your organization about employees being able to easily access behavioral health services?

Employers across the U.S. are trying a variety of strategies to increase access to behavioral health services

Means of trying to increase access to behavioral health services



Southeast employer insights:

- Respondents are less likely to offer near-term appointment scheduling (42%).

2018

Q. How satisfied are you with your current behavioral health network with respect to.../?QN25. Is your organization currently trying to increase access to behavioral health services for employees in any of the following ways?

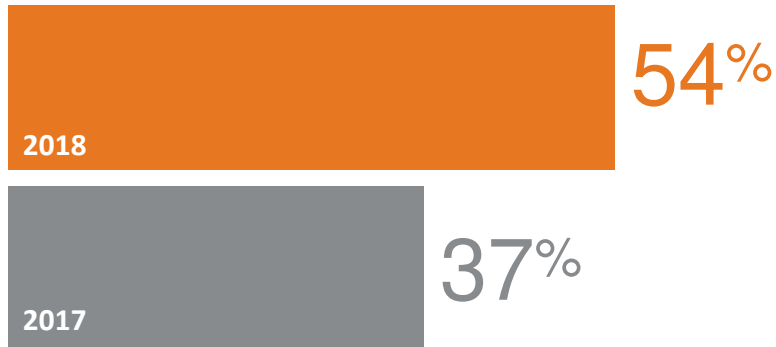
Integration between behavioral and physical health programs is improving

76% of respondents agree:

“When behavioral health programs are integrated with physical health programs, employees experience better physical health outcomes.”

Behavioral health and physical health program integration

(Percentage highly integrated)



Southeast employer insights:

- Respondents are slightly more likely to report that their behavioral and physical health programs are highly integrated (59%).



Q. How would you describe the level of integration between your behavioral health and physical health programs?

Many are concerned with substance use disorder and are addressing it within their organization

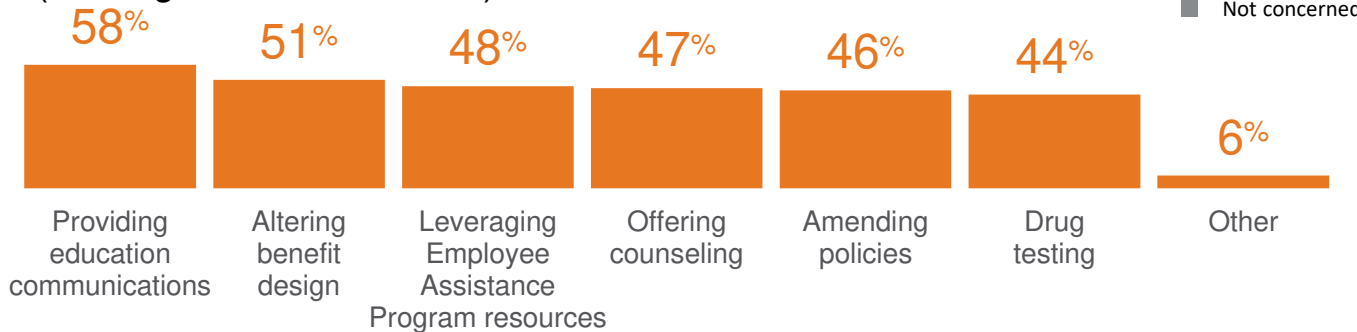
Substance use disorder level of concern



Southeast employer insights:

- Respondents are equally concerned but are “offering counseling” much less (40%).

Actions to address (Among those concerned)

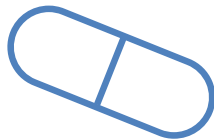


■ Concerned
■ Neutral
■ Not concerned

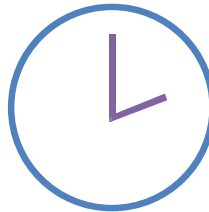
■ 2018

Q. How concerned is your organization about substance use disorder and its impact on your population?/Q.What are you doing to address substance use disorder within your organization?

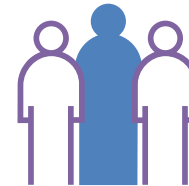
Substance use disorder – the numbers



32% of SUD cases are attributed to opioid use disorder¹



Every 13 minutes, there is a death from opioid overdose in the U.S.²



2.1M Americans suffer from an opioid use disorder³



50% of SUD cases are attributed to alcohol use disorder¹



Alcohol use disorder: 3rd leading cause of preventable death in the U.S.²



\$249B annually approximate cost of alcohol misuse in the U.S.³



Work environment

Seven in 10 report recently making physical work environment changes

Recent physical work environment changes



Southeast employer insights

- Respondents are more likely to report that they have made changes to their physical work environment (76%).

2016 2017 2018

Q: Has your company recently made (or considered making) any changes to your physical work environment to help employees make healthy decisions at work?

For the most part, changes remain consistent
years

over last three

Top five physical work environment changes made/considered

2016	2017	2018
Healthier food/beverage options in vending machine	Healthier food/beverage options in vending machine	Healthier food/beverage options in vending machine
Healthier catering options for meetings	Smoke-free campus	On-site fitness center
Smoke-free campus	Healthy entrées in cafeteria	Healthier catering options for meetings
Healthy entrées in cafeteria	On-site fitness center	Ergonomic/standing desks
Improved access/availability of water	Ergonomic/standing desks	Smoke-free campus

Southeast employer insights:

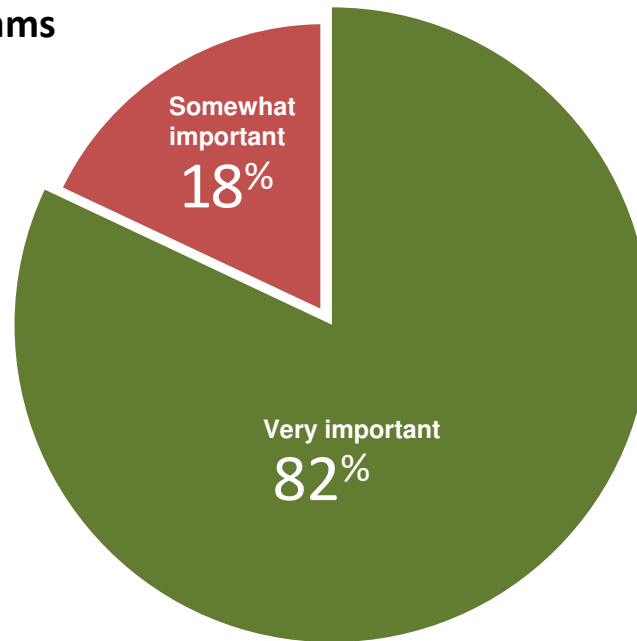
Top changes: improved access to water; walking meetings; ergonomic/standing decks.



Women's health

Over three-quarters feel it is very important to offer programs specific to women

Importance of offering programs that help address health opportunities relevant to women



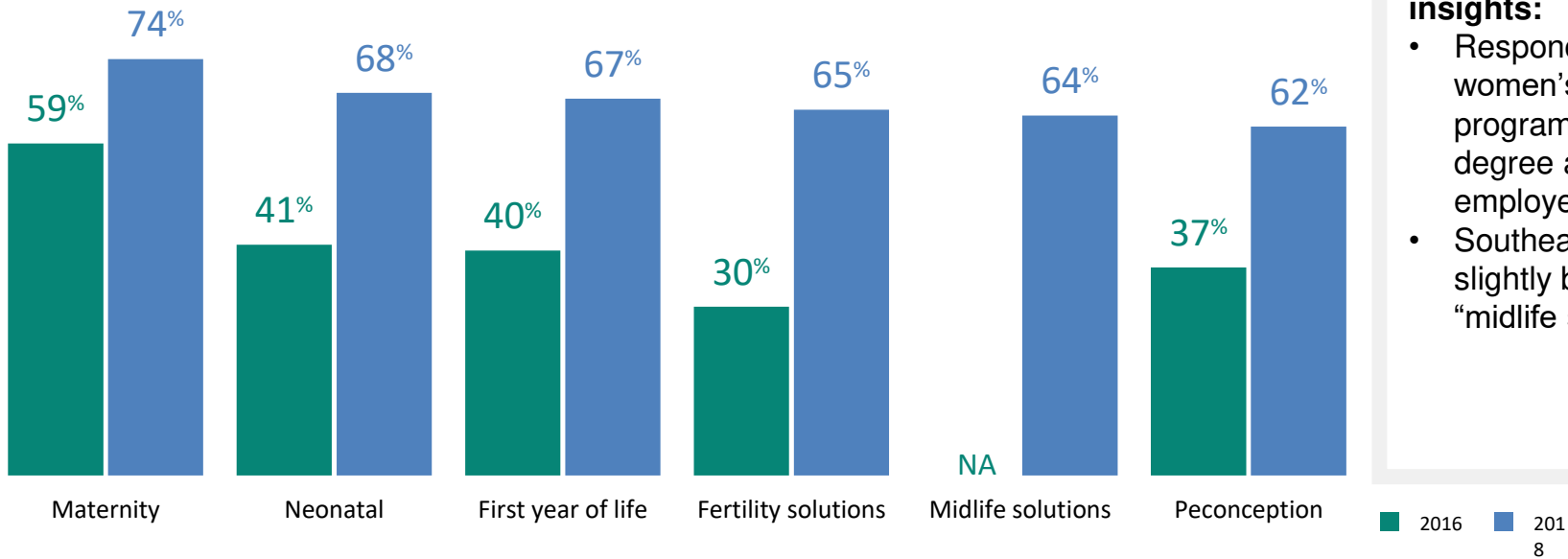
Southeast employer insights:
Respondents (85%) are slightly more likely to report that offering women's health programs is very important.



QN15. How important do you think it is that your organization offers programs and services that help address health opportunities that are particularly relevant to women?/QN16. Do you plan to increase your investment in women's well-being over next three years?

The prevalence of women’s program offerings continues to grow

Women’s programs



Southeast employer insights:

- Respondents are offering women’s health programs to a similar degree as U.S.- based employers.
- Southeast employers are slightly behind on offering “midlife solutions” (61%).

QA7. For each of the following types of women’s health programs/services, please indicate whether you currently offer, would be likely to offer in the next one to two years or would not be likely to offer? Letter indicates significantly higher value over group denoted.

Actionable insights

Is your organization...



Improving access to behavioral health providers and reducing stigma?

- Medical/Behavioral integration
- Virtual visits
- Larger network of quality providers with appointment scheduling/faster access to an appointment



Supporting the unique health needs of women and families?

- Maternity
- Neonatal
- Fertility
- Midlife
- Preconception



Helping employees with complex or chronic medical conditions?

- Services that help employees navigate the health care system



Thank you



PLEASE WELCOME!!

Abbie Leibowitz, MD, F.A.A.P.

**Founder, President Emeritus and Chief Medical
Officer at Health Advocate, Inc.**

**Integrating Benefit Programs to
Drive Engagement
(Lunch Presentation)**

North Carolina
Business Group on Health

Promoting a better healthcare delivery system
Advocate. Innovate. Educate.



A hand holding a red heart with a compass icon inside, set against a blue background with text. The background is a blurred outdoor scene with sunlight. The hand is wearing a white sweater. The heart has a white compass icon on it. The text is white on a blue background.

We make
healthcare **easier**

Simplifying and personalizing
the healthcare experience.

HealthAdvocateSM



We make healthcare **easier**
by creating a personalized experience
designed to exceed a member's
expectations

A dedicated
Healthcare Concierge

HealthAdvocateSM



High-Touch

- One number to call
- Talented and experienced clinical staff
- 100% unbiased and confidential
- Responsive and compassionate approach
- Go above and beyond to help patients realize their optimal health and well-being

HealthAdvocateSM

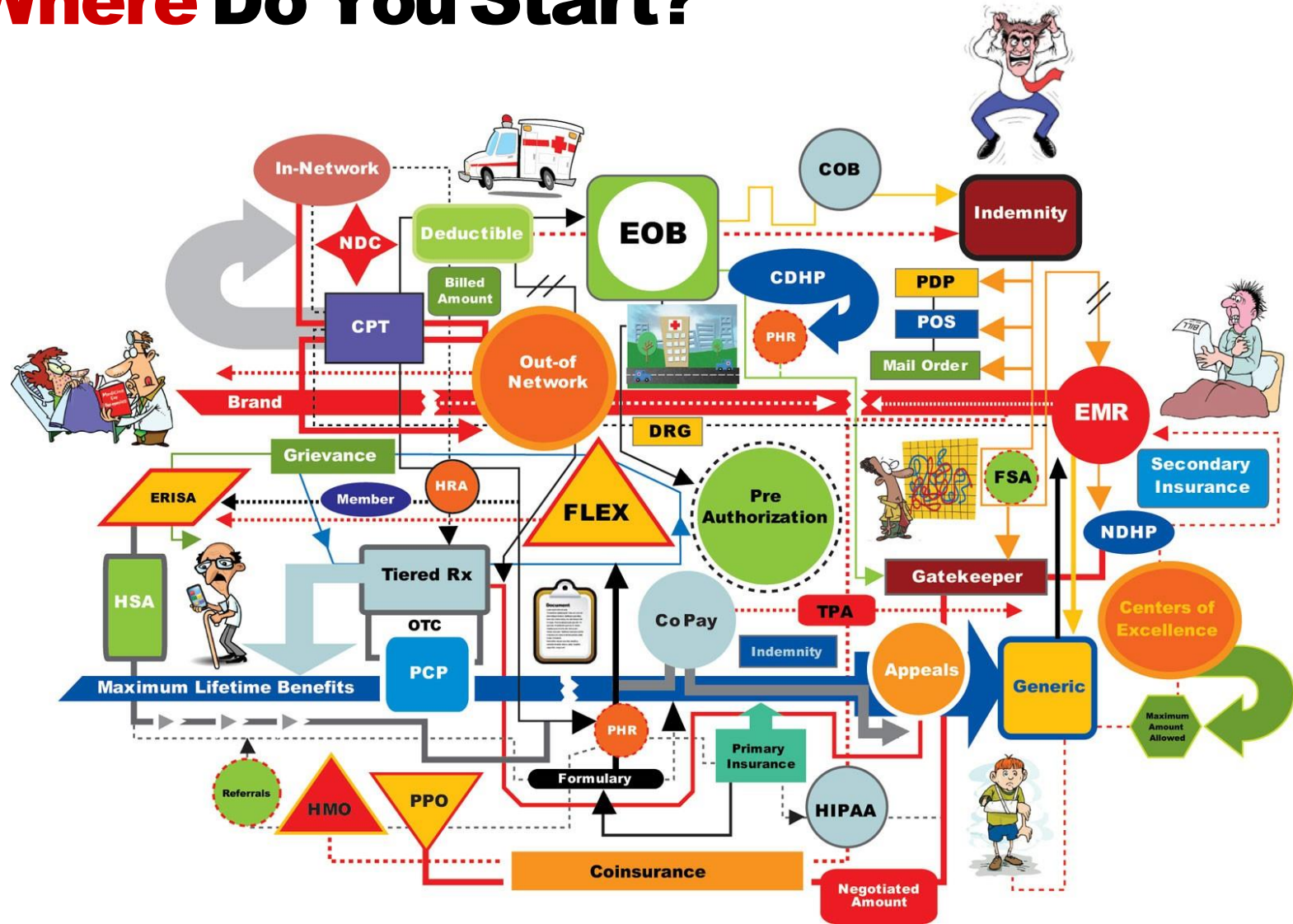
We combine people and technology to **simplify** and **personalize** the experience



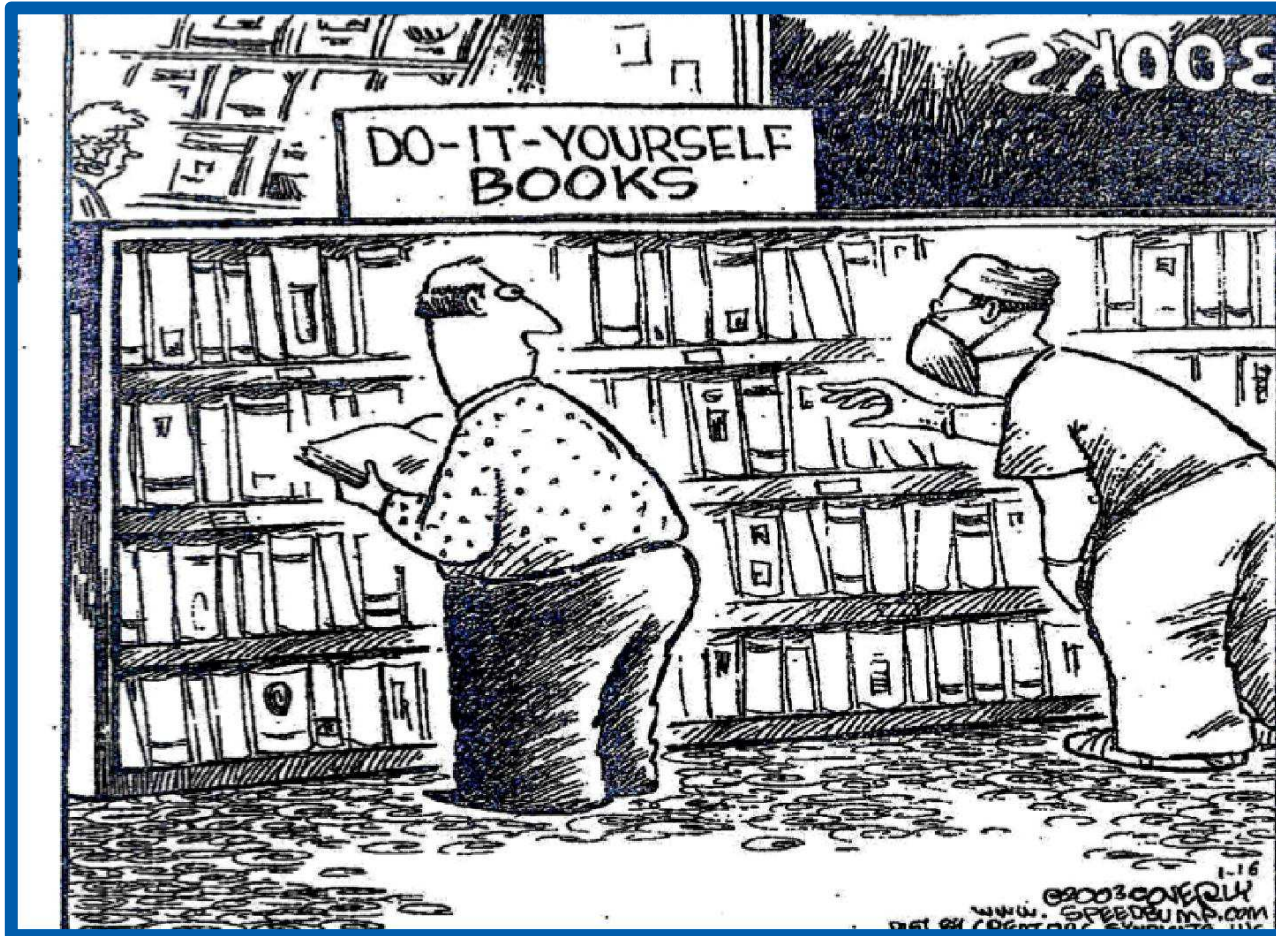
High-Tech

- Leverage the latest technology to engage patients and close gaps in care
- Multiple engagement pathways – phone, email, app notices, text, chat
- Deliver tailored content based on each individual's personal preferences and needs

Where Do You Start?



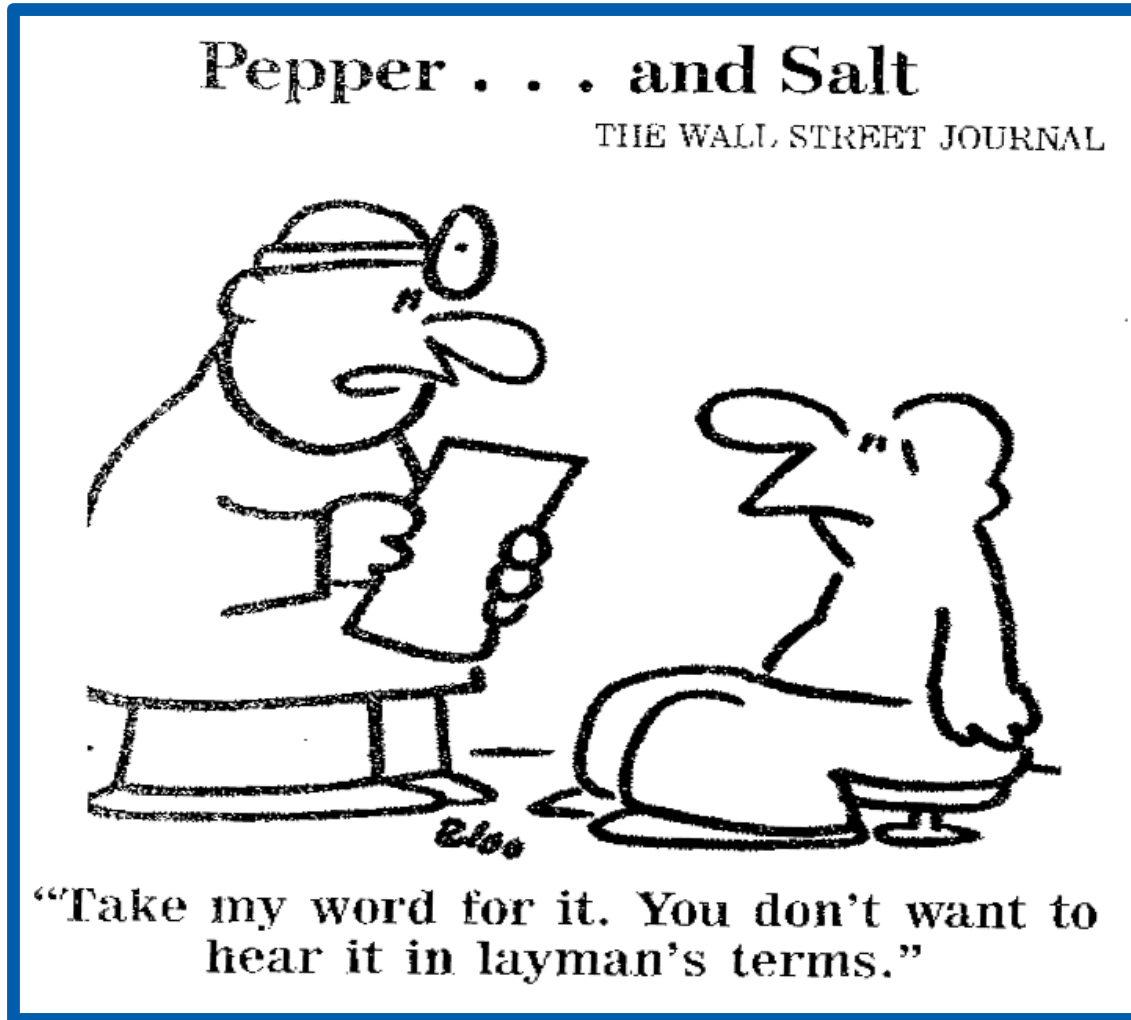
Consumer Driven Healthcare



Understanding Benefits



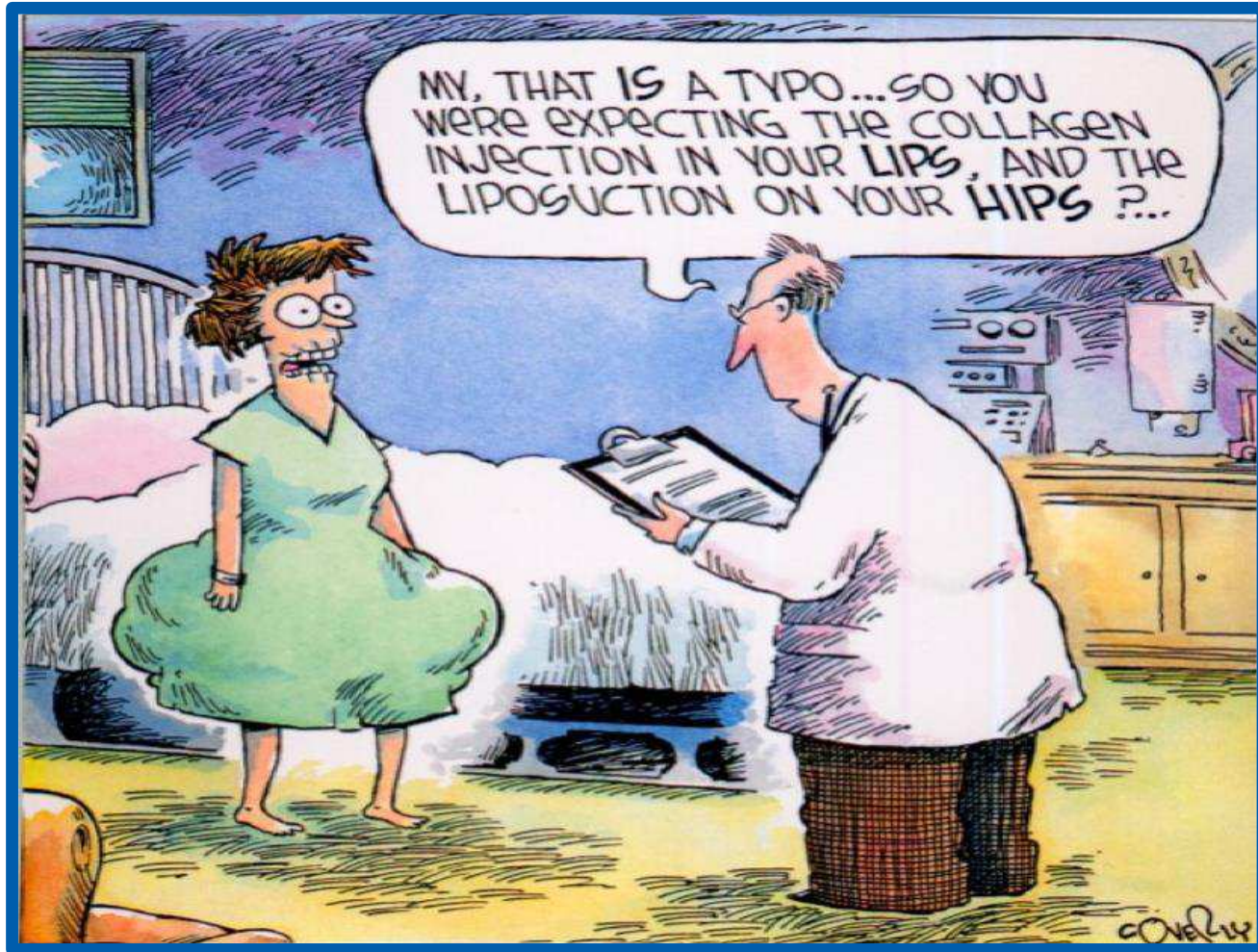
Medicine is Difficult to Understand



Communication Challenges



Communication Can Reduce Errors



The Challenge of Paying Medical Bills



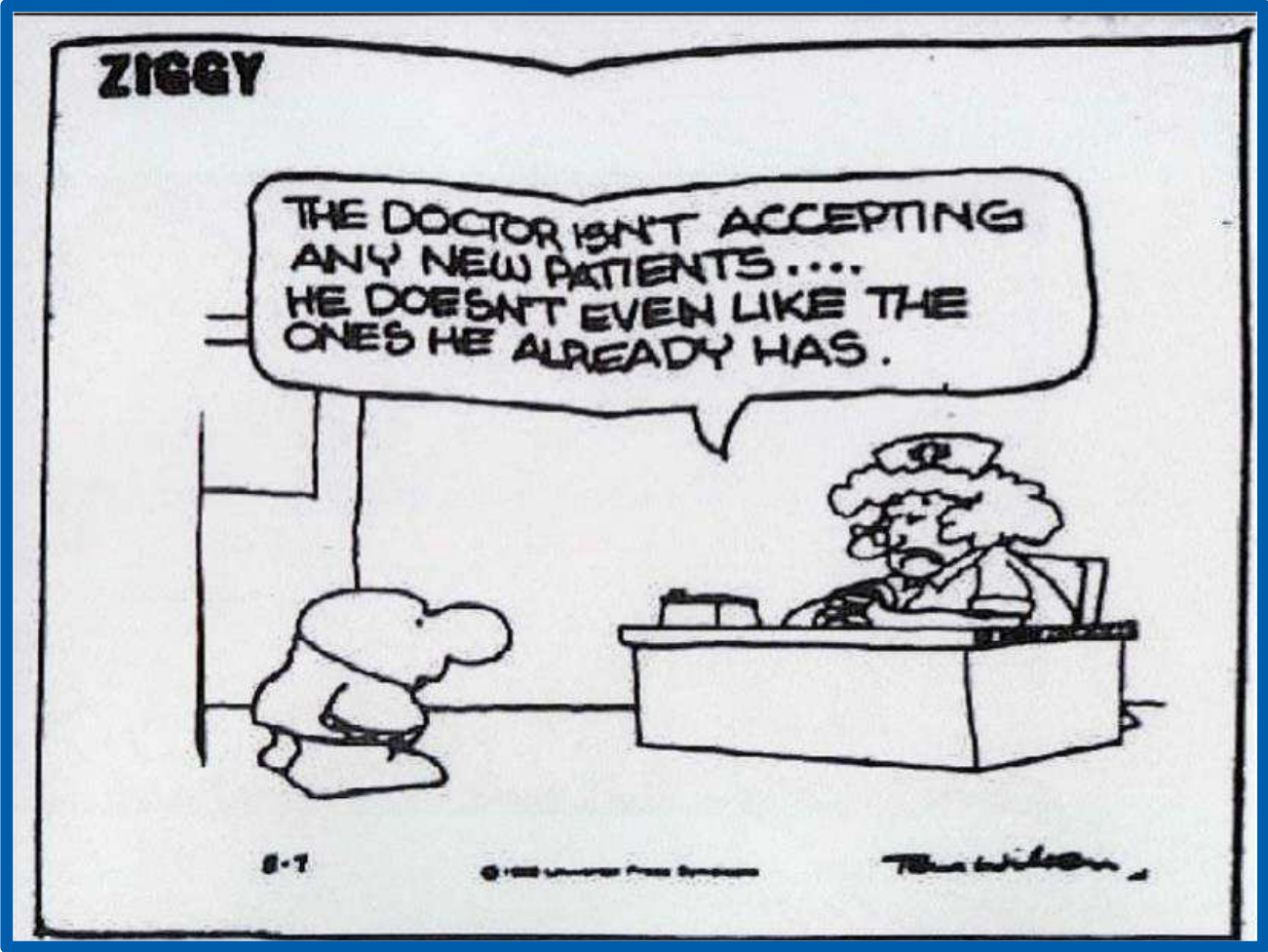
Medical Care is Changing



Telemedicine



Can You Get An Appointment?



Access to Care



Narrow Networks



"I was hoping I could choose my own doctor."

But We Can Help!



Health Advocacy: The heart of what we do...



Health
Advocacy



Making Healthcare Easier for employees and family members

- ✓ **Find the right doctors and hospitals;** schedule appointments, transfer medical records
- ✓ **Arrange 2nd opinions for complex medical conditions;** research the latest treatment
- ✓ **Coordinate care and schedule follow-up visits;** arrange post-hospitalization care, durable medical equipment
- ✓ **Decision Support:** Educate and coach; answer questions about results, treatment options and medications, close gaps in care
- ✓ **Clarify coverage and benefits,** resolve billing issues, explain deductibles and copays

HealthAdvocateSM

A full suite of integrated solutions

24/7
support

Health
Advocacy

- ✓ Member engagement platform (desktop and mobile)
- ✓ Data analytics, predictive modeling, risk scoring
- ✓ Remote device integration
- ✓ Personalized Health Communications

Tele-
medicine

Medical
Bill Saver &
Financial
Fitness

Benefits
Gateway

Second
Opinions

Decision
Support

Chronic
Condition
Coaching

Biometrics

EAP +
Work/Life

Gaps
in Care
Outreach

Pricing
Transparency

Wellness

HealthAdvocateSM

The Next Generation of Population Health!

Complete Care Concierge

Blending
and connecting
it all together

EAP +
Work/Life

Gaps in
care
outreach

Pricing
Transparency

Wellness

Tele-
medicine

Health
Advocacy

Biometrics

Medical
Bill Save &
Financial
Fitness

Chronic
Condition
Coaching

Benefits
Gateway

Decision
Support

Second
Opinions

HealthAdvocateSM

The Next Generation of Population Health!

Complete Care Concierge

Removing the silos of separated programs

- EAP + Work/Life
- Gaps in care outreach
- Pricing Transparency
- Wellness
- Health Advocacy
- Medical Bill Save & Financial Fitness
- Benefits Gateway
- Second Opinions
- Decision Support
- Chronic Condition Coaching
- Biometrics
- Tele-medicine

The Next Generation of Population Health!

Complete Care Concierge

Thinking the way consumers think

Proactive Health Coaching

Quality, Cost & Smart Shopping

Lifestyle, Obesity, Tobacco Cessation

Claims, Benefits Family Assistance

Acute Care Triage

Bill Negotiation

Single Point of Contact Care Concierge

Expert Medical Opinions

Health Coaching Clinical Support

Management of Chronic Disease

Medical Testing results

Depression Situational Anxiety, Addiction

Benefits Today



BENEFIT	CONTACT	PHONE	WEBSITE
Medical plan	UnitedHealthcare	1-800-592-3049	www.myuhc.com
Medical plan	Kaiser Permanente	1-800-464-4000	www.kaiserpermanente.org
Dental plans	Aetna	1-877-238-6200	www.aetna.com
Vision plan	EyeMed	1-866-804-0982	www.eyemedvisioncare.com
Flexible Spending Accounts (FSAs)	WageWorks	1-877-924-3967	www.wageworks.com
Health Savings Account (HSA)	Optum Bank	1-866-234-8913	www.optumbank.com
Health Advocacy	Health Advocate	1-877-7526, Option 3	members.healthadvocate.com/Login.aspx
Health care management	Castlight	1-866-970-5989	Access Castlight through the direct link from www.viacombenefits.com
Benefit decisions	Ask ALEX	N/A	www.myalex.com/viacom/2017/intro
Life insurance (under \$300K base salary)	Cigna	1-800-238-2125	www.cigna.com
Life insurance (over \$300K base salary)	MetLife	1-800-756-0124	www.mybenefits.metlife.com (enter: Viacom Inc.)
Critical illness and accident insurance	MetLife	1-800-GETMETB (1-800-438-6388)	
Disability insurance	UNUM	1-866-891-7934	www.unum.com
Legal plan	ARAG	1-800-247-4184	www.araglegalcenter.com
Employee Assistance Program (EAP)	CCA	1-800-833-8707	www.powerflexweb.com/2073/login.html
Financial Wellness Program	Financial Finesse	1-877-766-7526, Option 4	secure.financialfinesse.com/flc/viacom/
Second opinions, treatment reviews, and other guidance on medical decisions	2nd.MD	1-866-841-2575	www.2nd.md/viacom
Advocacy, treatment guidance and benefits, and tools to support you in building your family	Prognity	1-888-843-8939	www.prognity.com
Education, coaching, and support for families of children with a developmental disability	Rethink	1-877-988-8871	viacom.rethinkbenefits.com
Cancer specialists who can guide you through your care	MSK Direct	1-844-259-1506	N/A
General inquiries about your benefits program	Viacom Benefits Center	1-877-766-7526, Option 1	www.viacombenefits.com

Benefits Gateway

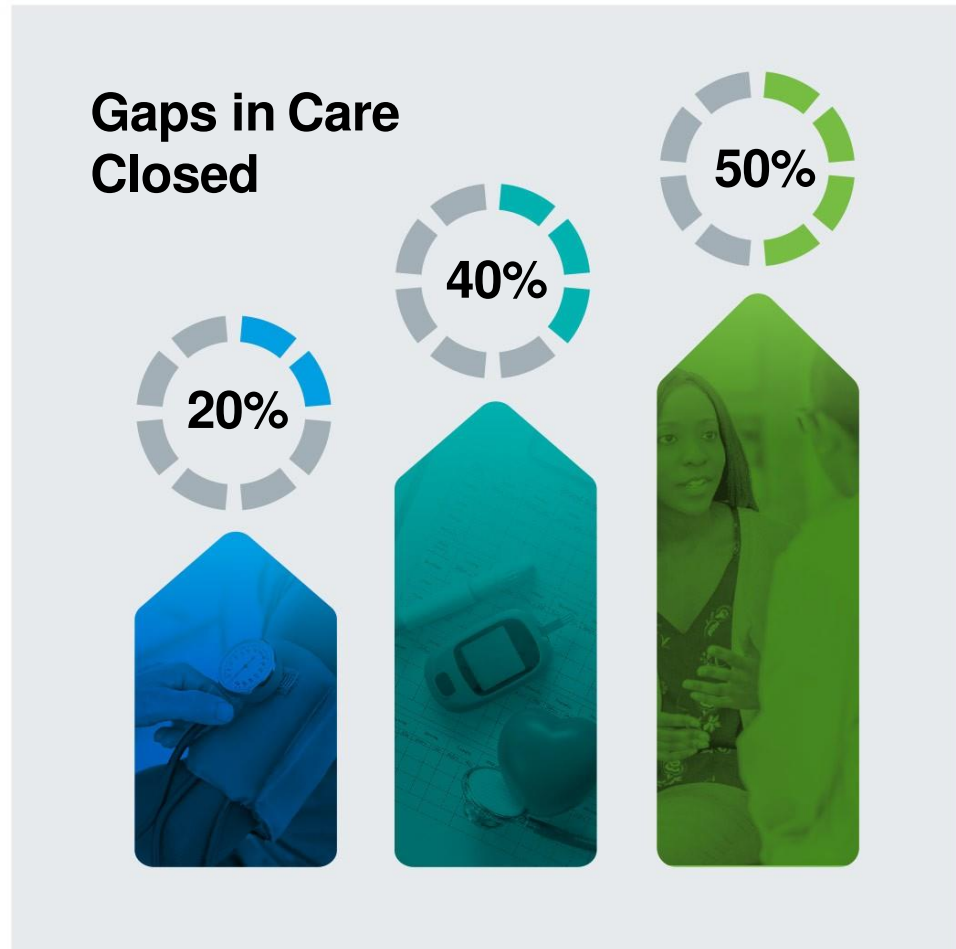
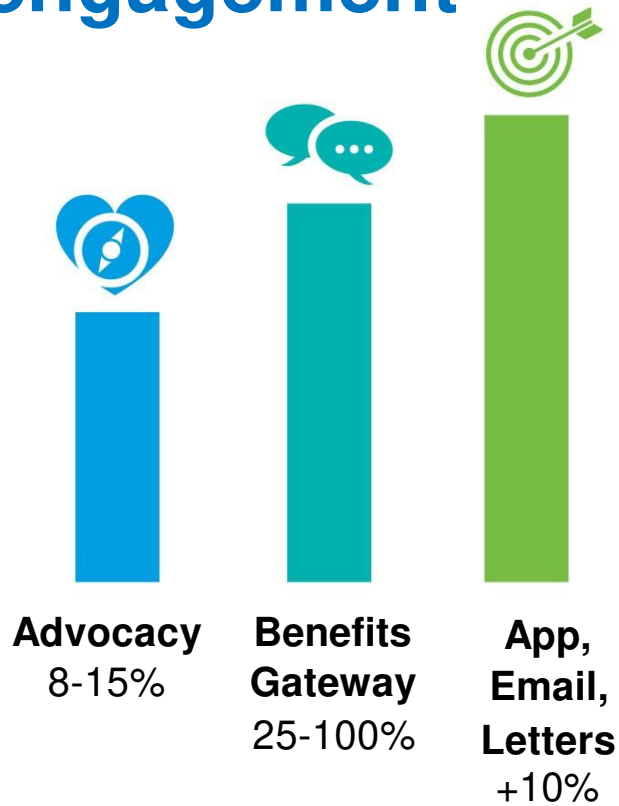
One phone call to Health Advocate

Benefits experts connect employees to all health-related benefits through a single 800#.

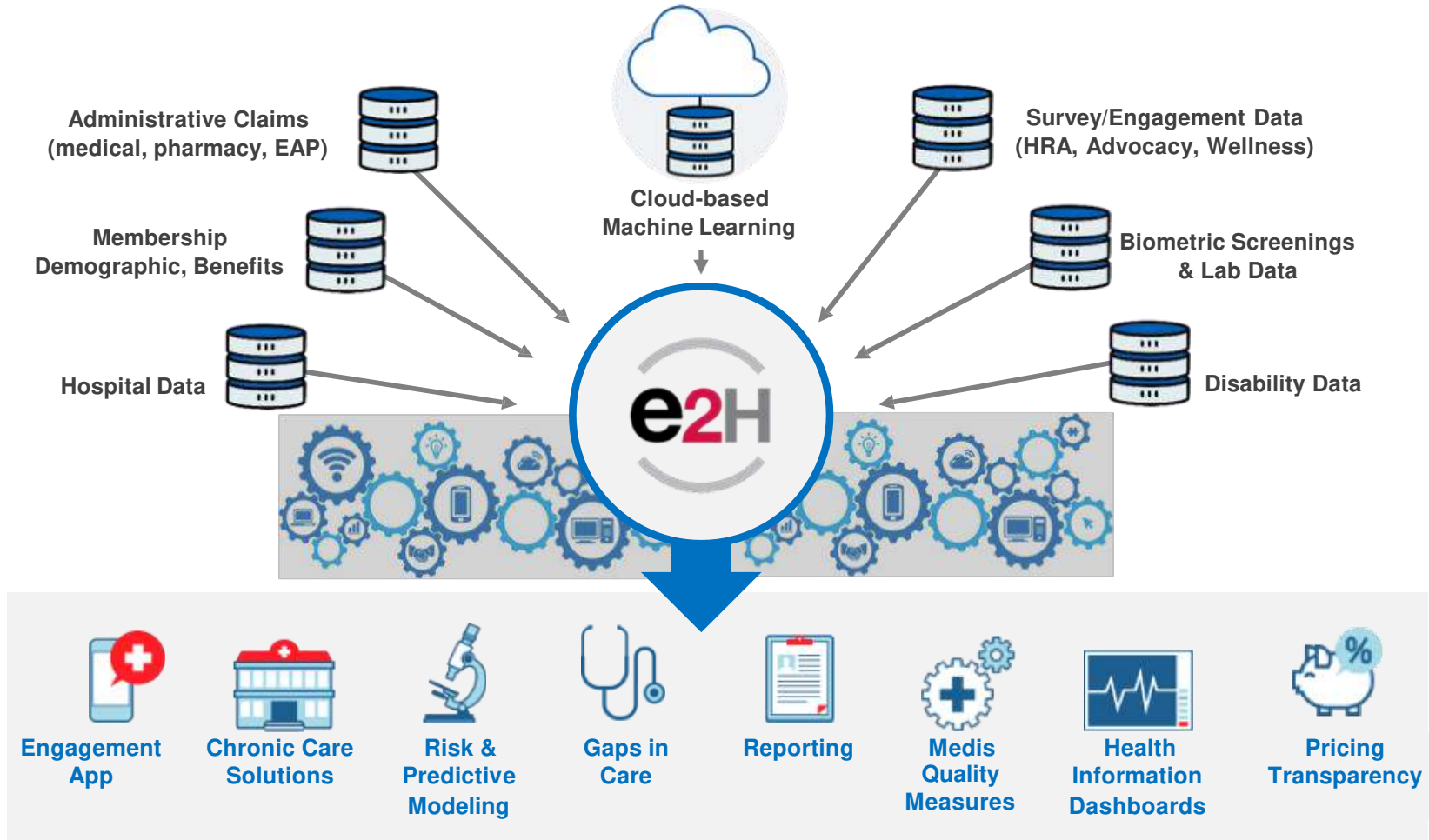


HealthAdvocate™

Integration increases engagement



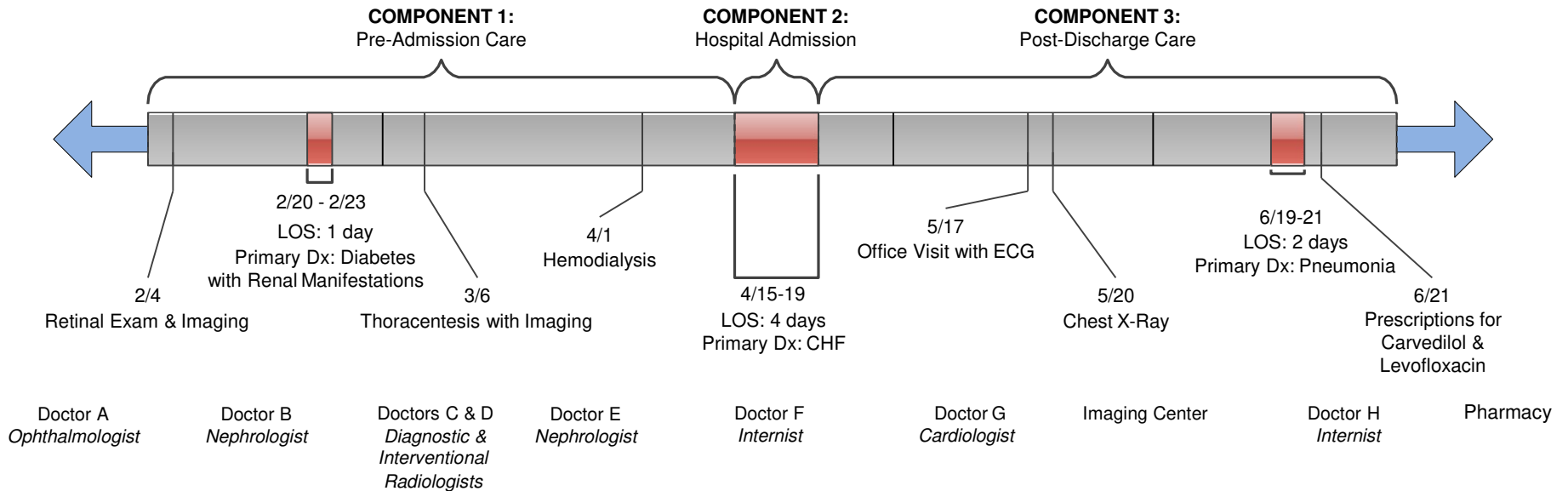
Data Drives Health Actions



Continually Building a Longitudinal Record for Each Member

Case Study for a Patient with CHF

Gender: Male | Date of Birth: 3/28/1960

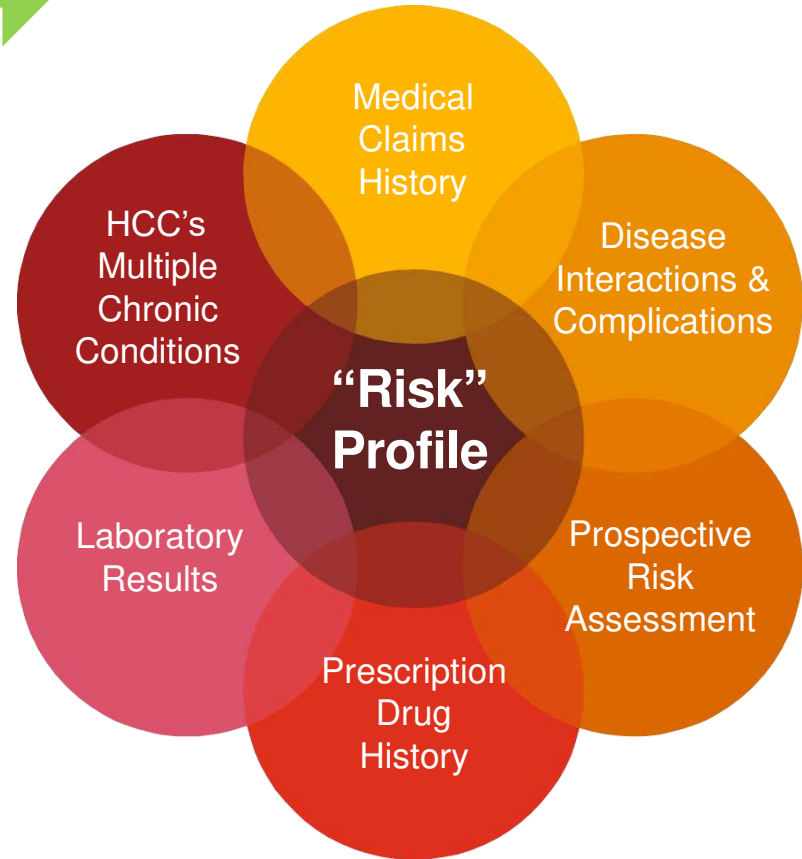


Predictive Analytics: Health Risk Analysis

Multiple Data Sources



Risk Factor Assessment



HealthAdvocateSM

Applying Data at the Point of Contact



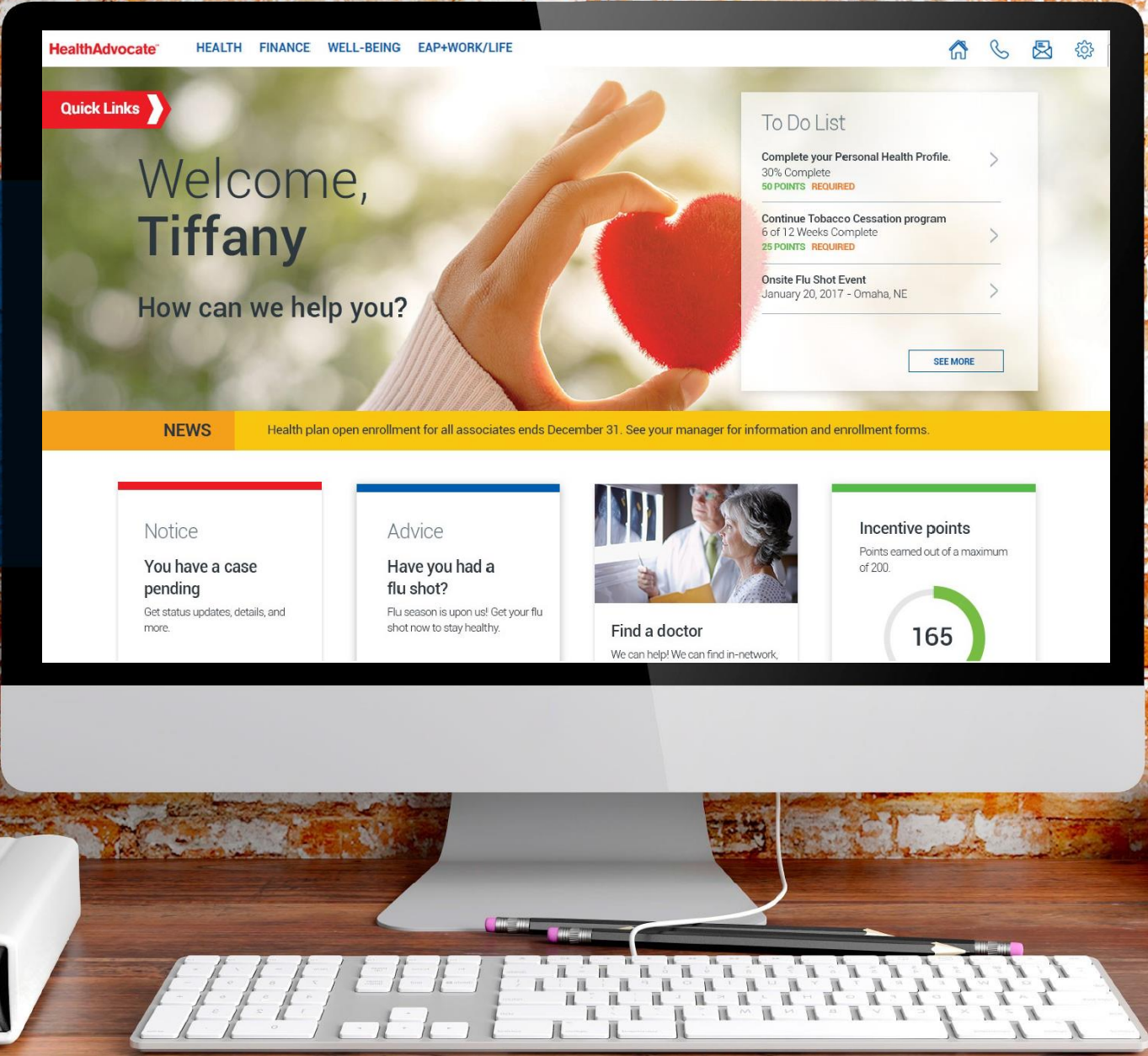
The screenshot displays the HealthAdvocate MemPHIS interface for a member named "Sample Member 02" at "Printpack Inc". The interface includes a navigation bar with "Notifications" (7) and "Clipboard". A row of colored circles represents various health events: four red circles labeled "Medical Test" (dated 4/1/2014), one red circle labeled "Vaccination" (dated 10/23/2017), and two yellow circles labeled "Medical Test" (dated 10/26/2017). A callout box highlights one of the "Medical Test" events with the title "Medical Test - Colon Cancer Screening". The callout text reads: "It appears you may be due for a Colon Cancer Screening. If you need help finding a doctor or making the appointment please contact Health Advocate." Below this, it says "Discussed Tuesday, April 01, 2014". The main profile area shows "Existing Cases" with "Case ID# 101563", "Opened: 2/27/2014", and "Status: Member follow up". The "Overview" section includes "Benefits", "Benefits Education", and "Coverage Levels", with the owner listed as "F Caroline Fischer". The "Details" tab is active, showing "Member Employment Status" as "Full-Time Active" and "Subscriber Employment Status" as "Full-Time Active". It also lists "Primary Carrier" as "Cigna Open Access Plus C" and "Secondary Carrier" as "Secondary Carrier on B...". A "Resources" table is visible at the bottom with columns for Resource Type, Resource Name, Contact, Contact Type, Phone #, Note, and URL. The right sidebar contains an "Alerts" section with a yellow alert: "This member has 5 Benefits Gateway Spotlight(s) for health services." and another alert: "Organization Alert: This is alert 2. This member has 1 open case in Synchrony." Below the alerts is a "Links ..." section with links to "iClue Member Information", "iClue Organization Details", and "Benefits Gateway Agent Dashboard".

Every contact is an opportunity to engage people in their health



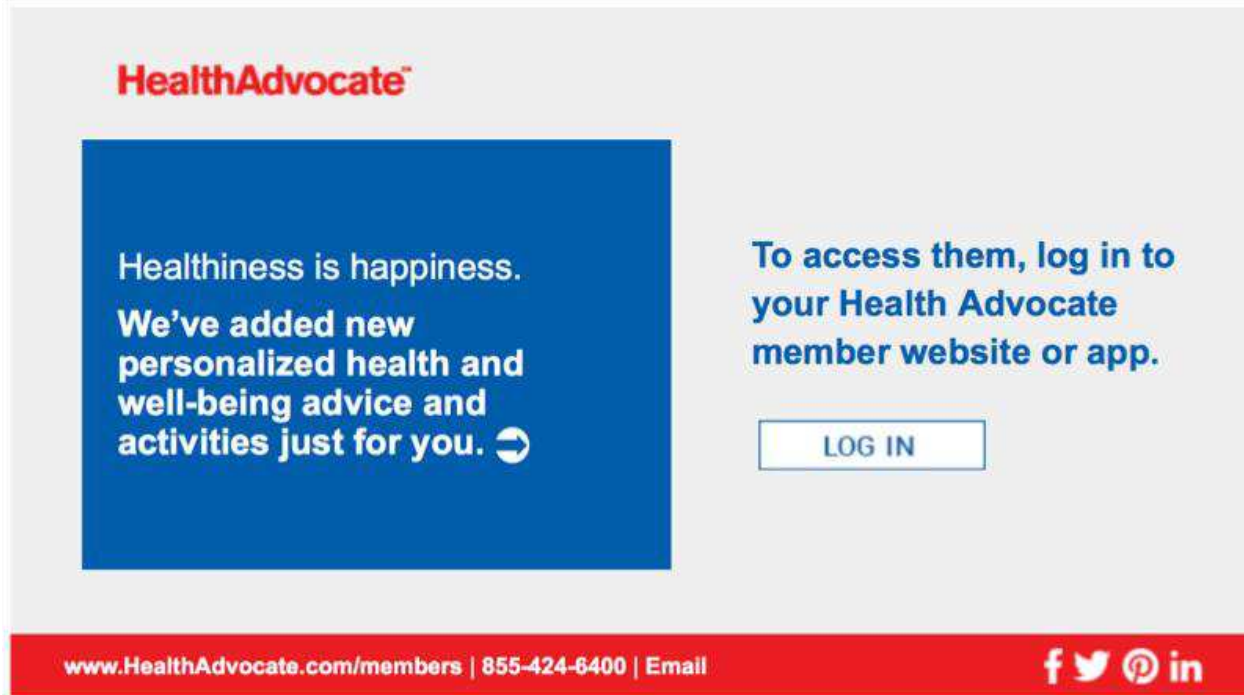
HealthAdvocateSM

Members get access to their own Personal Member Dashboard



Member Engagement Portal “Advice”

healthadvocatealerts-noreply@healthadvocate.com
Improve your health & well-being. Take action now
To: aleibowitz@healthadvocate.net



HealthAdvocate

Healthiness is happiness.
We've added new personalized health and well-being advice and activities just for you. ➔

To access them, log in to your Health Advocate member website or app.

LOG IN

www.HealthAdvocate.com/members | 855-424-6400 | Email

f t @ in

You have received this message because your email address is registered with:
Health Advocate
aleibowitz@healthadvocate.net
[Click here to Unsubscribe](#)

HealthAdvocateSM

Leveraging Data to Deliver Proactive Advice

Predictive Analytics Fuel Tailored Messages and Action Alerts

- Advice is data driven, personalized, and displayed in the Member Engagement Portal (both mobile and web) and also made available to our Personal Health Advocates for point of contact coaching/interventions
- Each Advice suggests actions for a member to take to improve their health and wellbeing
- There are over 1,700 different Advice filters in our library
- "Advice Alerts" are email and push notifications advising people to log into the Member Engagement Portal, website or app and look at newly identified Advice.

Using Data Analytics to Engage the Member Across Multiple Mediums



Web Portal Homepage

Member can see up to three advice cards on their homepage on a range of health management topics



Advice Email Alerts

Members receive an email alert once a week if new advice is identified through analytics



Push Notifications for Advice

Members with the Member Engagement app can receive push notifications weekly

Types of Advice

Chronic Condition Management	Lifestyle Coaching Advice	Rx Brand Name to Generic	Second Opinion Advice	Recommend Diagnostic Screenings	Rx Compliance Notification
------------------------------	---------------------------	--------------------------	-----------------------	---------------------------------	----------------------------

We're always there, 24/7

By phone, through the mobile app, or online, patients can always reach us 24x7



Instantly upload documents and forms

View the status of a case in real time



Access useful health and wellness information

24/7 personal support is just a call or click away

Choose methods of communications that are right for them

View personalized to-do lists and alerts

A Personal Health Advocate in the palm of your hand

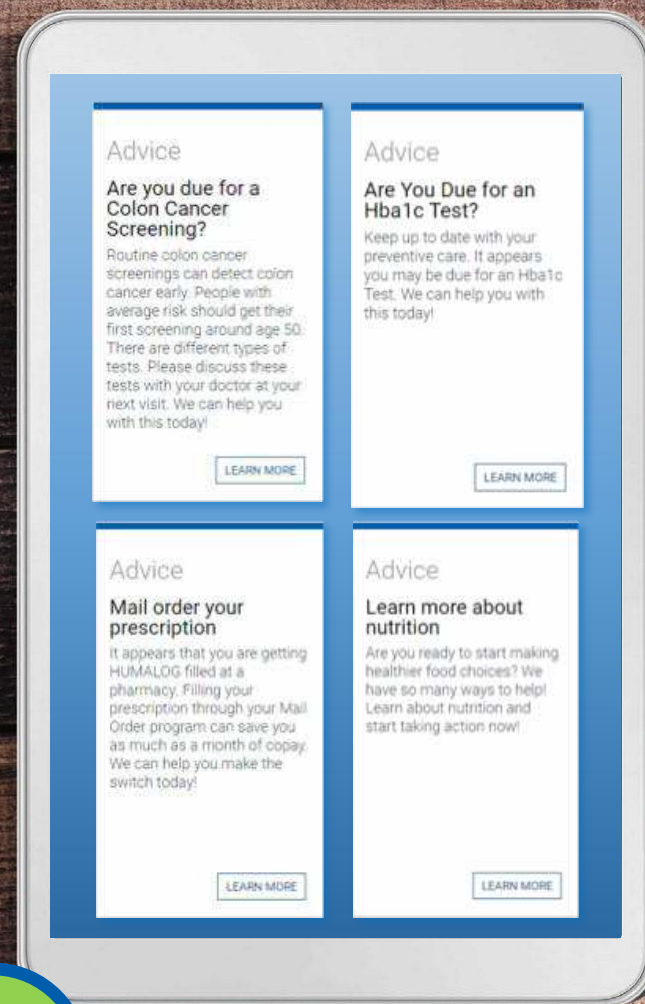


HealthAdvocate™

Advice in the Member Engagement Portal

Health Advocate uses machine learning / predictive analytics to segment populations to provide tailored messages and calls to action the member can take to improve their health and well-being.

- **“Advice Alerts” are email and push notifications** advising people to log into the Member Engagement Portal website or app and look at newly identified Advice.
- **“Advice” is data driven, personalized,** and displayed in the Member Engagement Portal (both mobile and web) and is available in our internal system for our Personal Health Advocates to coach on.
- **There are over 1,700 different Advice filters** in our library operating at this time.



Advice is personalized to a member's health needs



HealthAdvocate

Digital Navigation

HealthAdvocate HEALTH FINANCE WELL-BEING EAP+WORK/LIFE Demo152 Demo152

Health > Plan Information and Benefits

Health Advocate Benefits

Call us for personalized help!
Your Personal Health Advocate is familiar with your benefits package. We can answer your questions and, if needed, connect you to the right benefit provider.

Health Advocacy
Get expert help navigating the healthcare system.

Our experienced Personal Health Advocates can help with a wide range of time-consuming healthcare issues. From explaining medical conditions and finding treatments, to locating doctors and resolving claims and billing issues, turn to us anytime for expert support.

WELLNESS PROGRAM
Reach your best possible health and well-being

Online Wellness
Online and mobile support to reach your best health and well-being

EAP+Work/Life
Confidential help with personal and work-related issues

Chronic Care Support
Take control of chronic health conditions

NurseLine
24/7 access to a Registered Nurse

Health Cost Estimator+
Shop around for care and save

MedChoice Support
Explore your healthcare options

Medical Bill Saver
Reduce non-covered medical bills

Telemedicine
Reach a licensed medical provider 24/7

Onsite Biometrics
Find out your health status and risks

Ziplongo
Online support to cook and eat healthier

Cleveland Clinic Second Opinions
Second opinions from the experts at Cleveland Clinic

Student Assistance Program
24/7 access to confidential support with personal issues

Please note: there may be a delay in updating this list with your most recent benefits.

Medical Benefits

View Your Medical Benefits Summary
See your total and remaining deductibles, out-of-pocket maximum, and more!

John Smith
Demo152
08/01/1980
BlueCross of North Eastern Pennsylvania
ABC123

* Include any numbers or letters from your Medical ID card (e.g. ABC123456789)

VIEW NOW

Other Organizational Resources

Gym Discounts
<http://www.gymdiscounts.com>
1-800-555-9999

Authorization Form
<http://www.authform.com/>
1-800-555-9999

Weight Loss
<http://www.weightwatchers.c...>
1-800-555-9999

EAP
<http://www.EAP.com>
1-800-555-9999

Biometrics
<http://www.biometricServices...>
1-800-555-9999

Flu Shots
<http://www.flushots.com>
1-800-555-9999

Smoking Cessation
<http://www.quitsmoking.com>
1-800-555-9999

Identity Theft Protection
<http://www.lifelock.com>
1-800-555-9999

401K
<http://www.mvtp/lan.com>
1-800-555-9999

Accident Insurance Plan
<http://www.aip.com>
1-800-555-9999

United Concordia
<http://www.unitedconcordia.c...>
1-800-555-9999

Cigna
<http://www.cignadental.com>
1-800-555-9999

Vision Services Plan
<http://www.vsp.com>
1-800-555-9999

Have a Benefits Question?
Just call your Personal Health Advocate for clarity.

CONTACT US

Single Sign-on and API Links to Multiple Programs and Third-party Vendors

HealthEquity

Account Balances

HSA Cash Balance	\$000
HSA Contributions YTD	\$000
HSA Distributions YTD	\$000

GET STARTED

REWARDS BALANCE

\$0

CURRENT POINTS

1081

HealthAdvocateSM

Personalized Health Communications

Customized preventive and chronic care reminders focused on gaps in care

Increases compliance with recommended care, wellness/lifestyle changes and medications

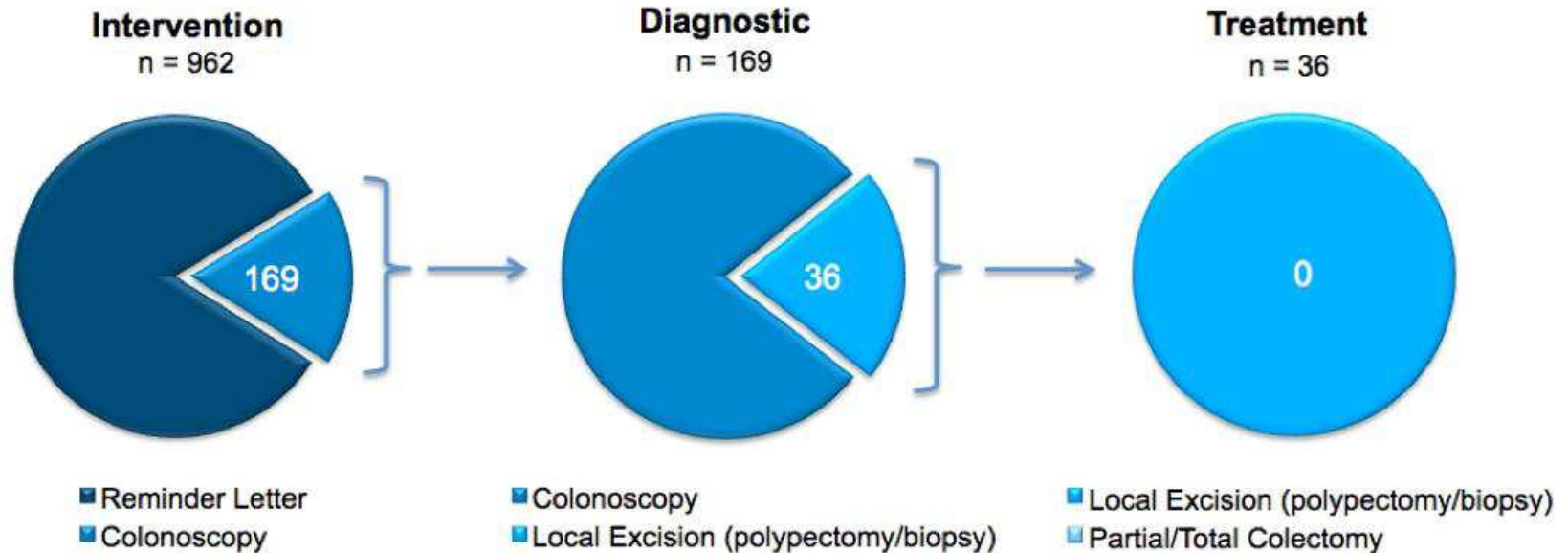
Reminders for preventive care such as mammograms, cervical and colorectal cancer screenings and flu shots

Addresses common chronic conditions such as heart disease, diabetes and asthma



Reminders are personalized to a member's health needs

Clinical Impact of Personal Health Communications Outreach Program

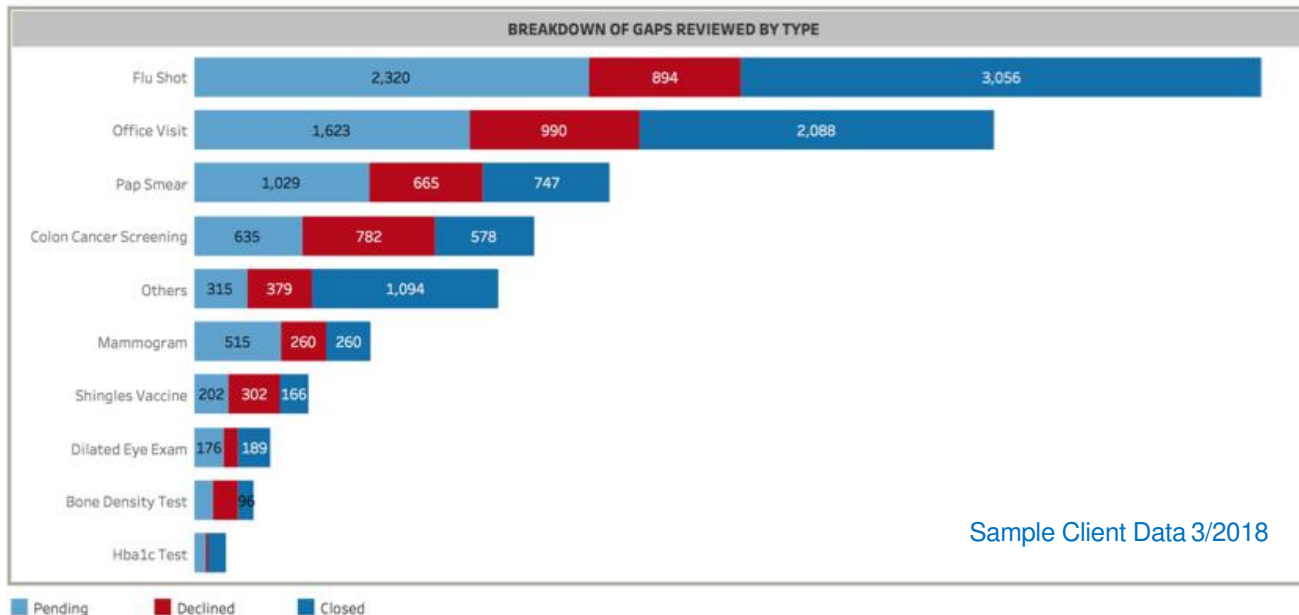
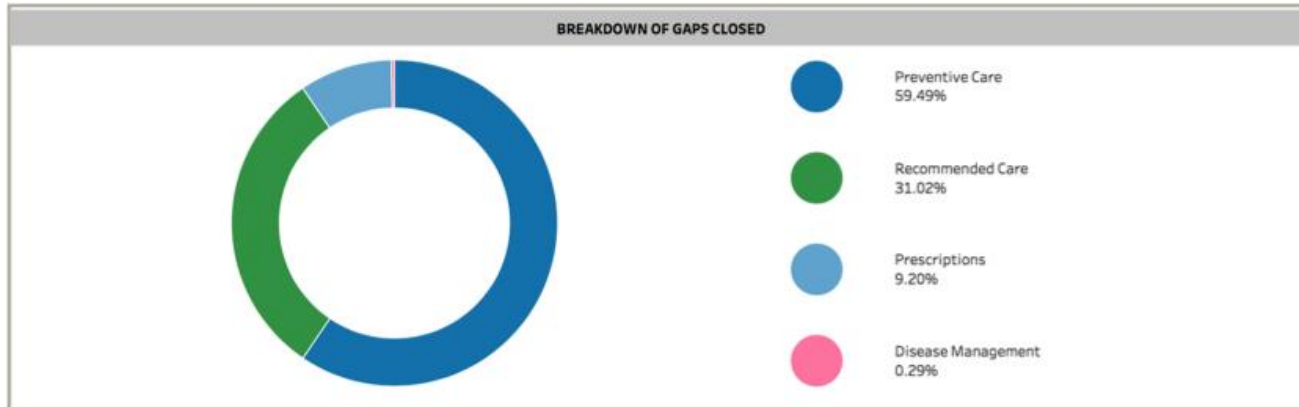


Of the **962** members who were sent a colon cancer screening reminder, **169** members had a colonoscopy after receiving the PHC letter.

Of the **169** members who had a colonoscopy, **36** had a local excision (polypectomy/biopsy - suspicion of a pre-cancerous or cancerous lesion).

Of the **36** members who had a local excision, **none required** a partial or total colectomy for cancer.

Closing Gaps in Care



Sample Client Data 3/2018

Client Reporting Dashboard

Healthcare and RX costs

Key savings opportunities



Employee health risks

Medical Cost Trends in Real-Time

Data allows you to see the health of your organization in real-time

Client Reporting Dashboard

% of Total members	Member Count	Members with Multiple Conditions	Total Chronic Costs	Annual Patient Costs By Condition	Patients Receiving Recommended Care				
Total Medical Costs for Chronic Conditions									
1.									
Month	Diabetes	HF	CAD	COPD	Asthma	Hypertension	Depression	Hyperlipidemia	Total
Feb '17	\$754,967	\$51,745	\$412,371	\$117,197	\$369,082	\$1,110,830	\$6,600	\$513,393	\$3,336,185
Mar '17	\$1,431,662	\$123,364	\$313,873	\$117,619	\$393,641	\$1,624,665	\$17,653	\$488,504	\$4,510,981
Apr '17	\$1,170,631	\$205,368	\$277,727	\$96,958	\$212,363	\$1,335,302	\$24,325	\$467,369	\$3,790,043
May '17	\$927,928	\$119,063	\$243,143	\$150,593	\$434,885	\$1,288,728	\$23,702	\$518,648	\$3,706,690
Jun '17	\$1,005,604	\$199,259	\$276,888	\$117,492	\$452,519	\$1,461,123	\$16,873	\$619,291	\$4,149,049
Jul '17	\$956,397	\$398,323	\$401,630	\$95,426	\$243,118	\$1,632,395	\$19,731	\$487,954	\$4,234,974
Aug '17	\$1,265,677	\$181,610	\$301,115	\$253,337	\$225,335	\$1,825,310	\$20,428	\$597,663	\$4,670,475
Sep '17	\$1,397,099	\$259,763	\$331,161	\$53,721	\$223,731	\$1,328,062	\$26,245	\$469,539	\$4,089,321
Oct '17	\$1,385,658	\$221,584	\$421,212	\$207,970	\$560,530	\$1,603,198	\$42,868	\$526,003	\$4,969,023
Nov '17	\$1,139,377	\$176,246	\$276,363	\$74,879	\$431,549	\$1,813,441	\$37,698	\$586,794	\$4,536,347
Dec '17	\$1,379,732	\$180,409	\$690,756	\$255,943	\$965,729	\$1,997,565	\$30,566	\$599,868	\$6,100,568
Jan '18	\$951,561	\$319,599	\$283,194	\$104,012	\$260,211	\$1,157,228	\$17,764	\$457,410	\$3,550,979
Total	\$13,766,293	\$2,436,333	\$4,229,433	\$1,645,147	\$4,772,693	\$18,177,847	\$284,453	\$6,332,436	\$51,644,635
2.									
<p>Note: The costs for members with multiple chronic conditions are attributed solely to the highest ranking condition in the chronic condition hierarchy (Diabetes, HF, CAD, COPD, Asthma, Hypertension, Depression, Hyperlipidemia). The costs for members with each condition may include costs not associated with the specific condition.</p>									

Trusted Decision Support

Our experienced clinical team of RNs and medical directors is involved in every clinical case

- **Answer questions** about medical conditions, diagnoses, treatments and tests
- **Reviews care options** based on the latest, evidence-based practices
- **Consults and coordinates care** and services with treating physicians and health plan case managers and medical directors
- **Facilitates** pharmacy, medical equipment and prior authorization requests
- **Coordinates clinical services** prior to and after outpatient treatment and hospital stays
- **Guides members to the right care at the right time**

In 2018 our
team
managed
>300,000
clinical
cases



HealthAdvocate™

Perfect MatchSM Physician Locator

Step 1: Personal Touch



Our clinical team performs a detailed clinical intake, informed by updated clinical guidelines and trusted health information.

Step 2: Physician Inquiry



Check physician training, board certification, licensure and network status.



Confirm availability and expertise to provide the required service.

Step 3: Technology



Identify leading physicians using proprietary MEDIS tool and process.



Review of available quality assessments, outcomes and current medical literature.

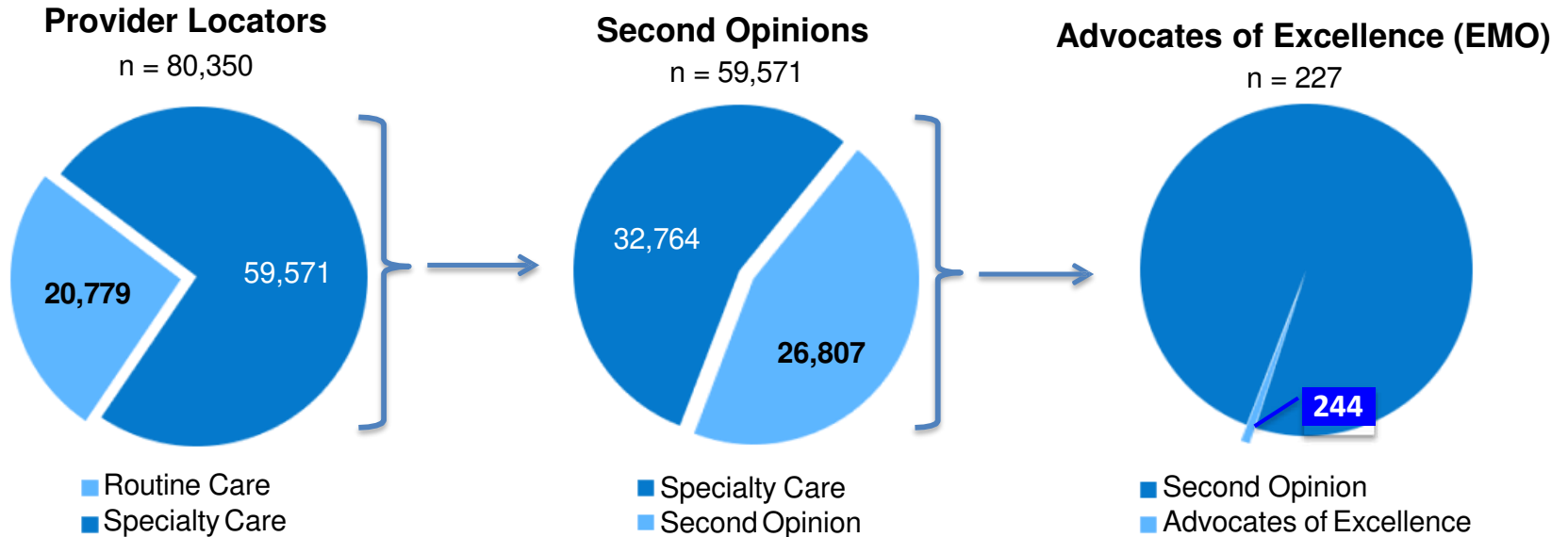
Step 4: Follow-up and Outcomes



Follow-up with member to help them prepare for their visit and check-in following the visit to assess further needs.



What is Second Opinion?

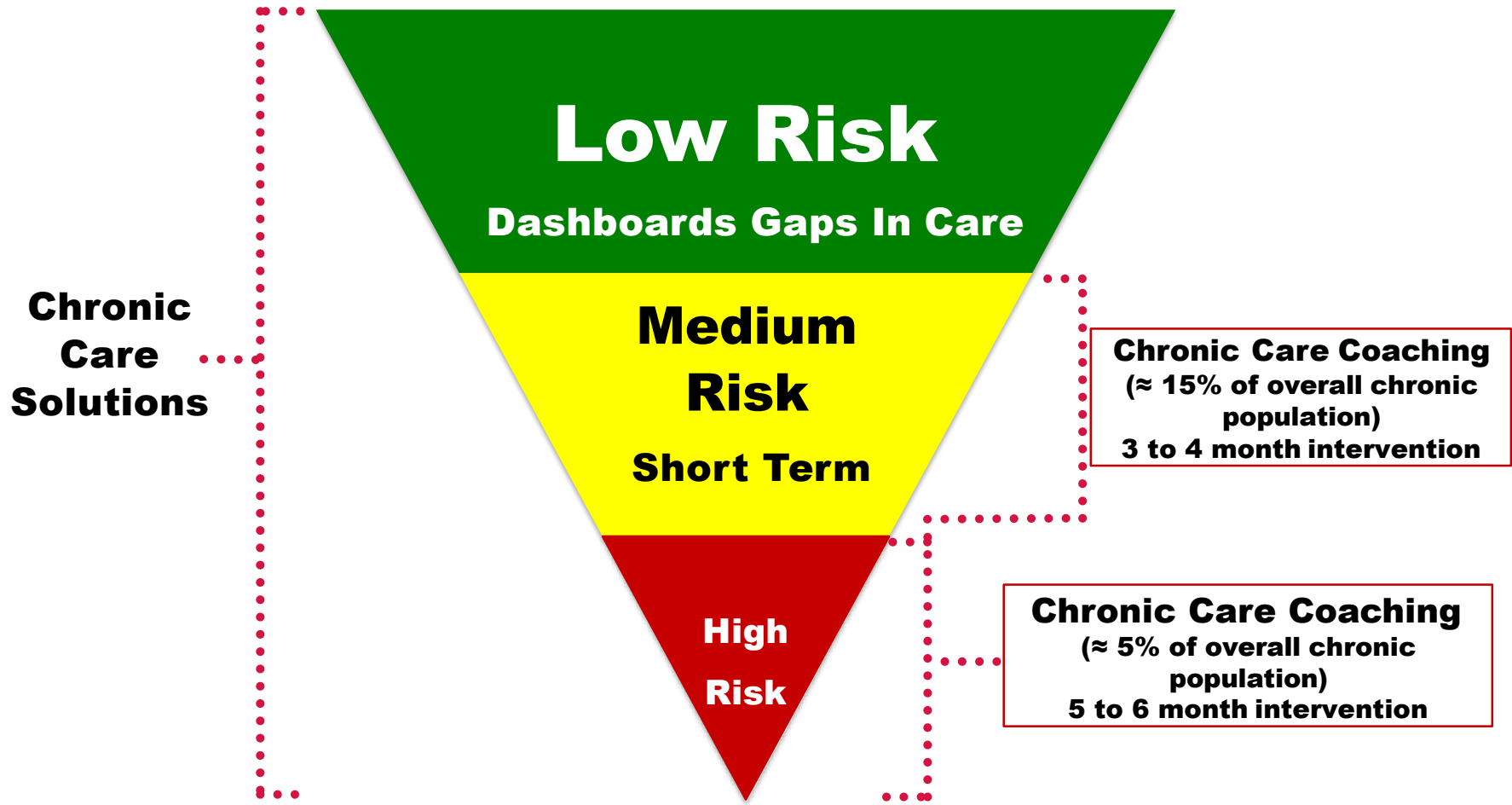


There were 82,657 member requested provider locators in 2017. 60,244 of them were requests for specialty care (73%).

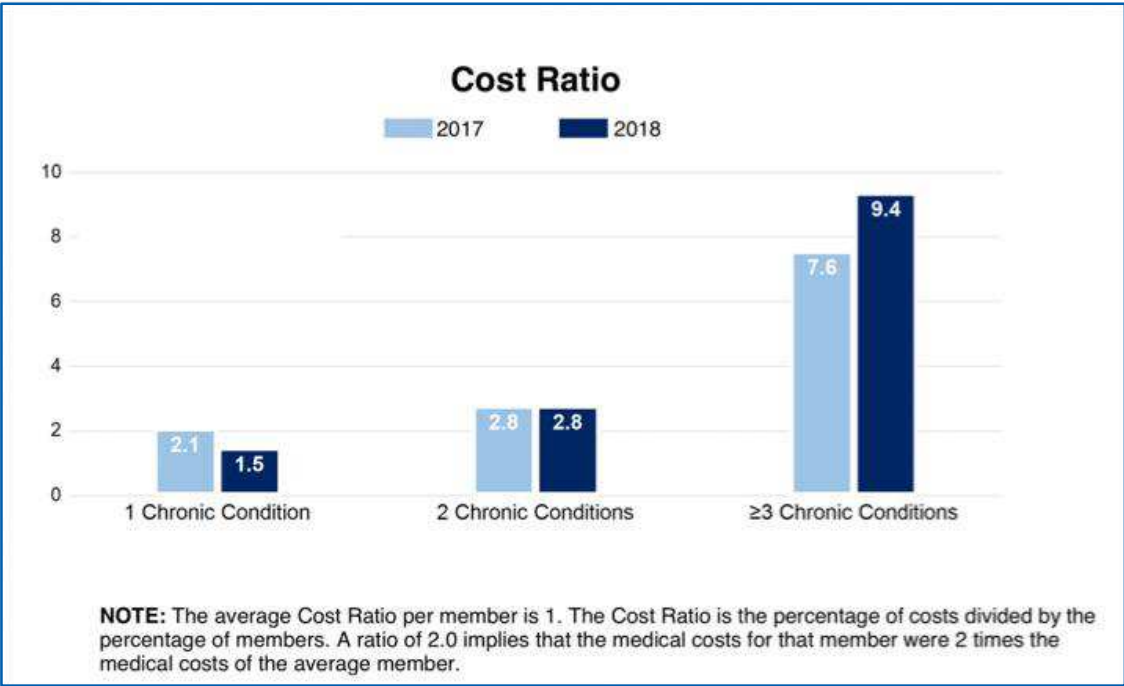
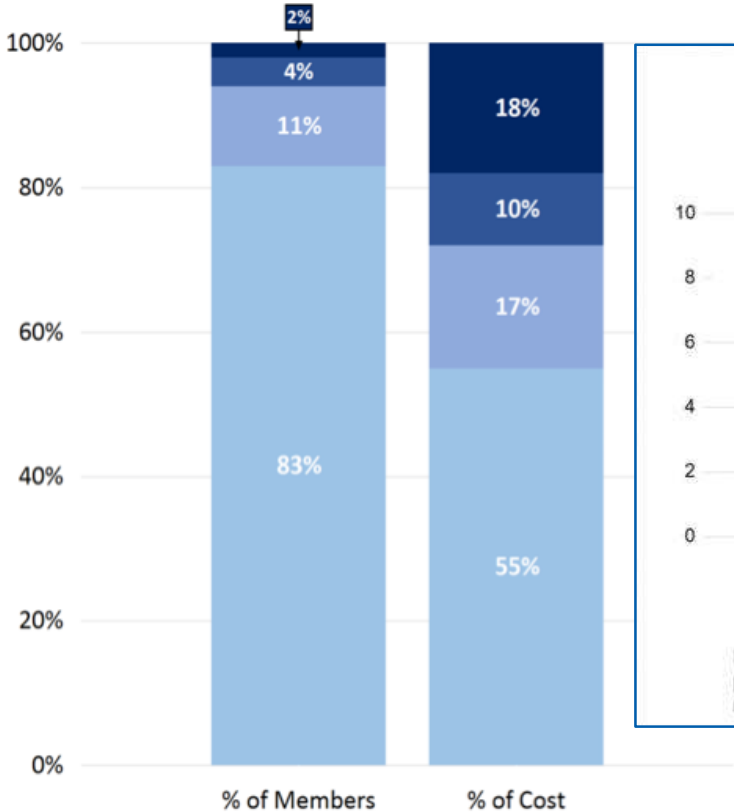
Of the 60,244 Specialty Care locators, 28,526 were for Second Opinions (47%)

Of the 28,526 Second Opinions, 244 were cases that required Advocates of Excellence (EMO) referrals (<1%)

Risk Assessment and Chronic Care Solutions Intervention



Relationship of Chronic Conditions to Medical Costs



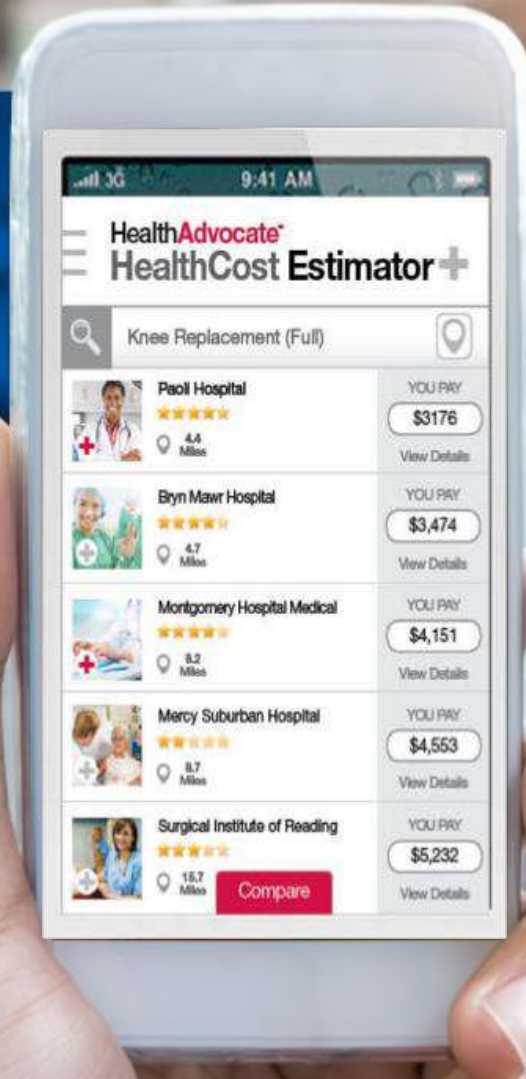
Access Physician Information & Costs

Transparency Tool is integrated into Member Engagement Platform



Transparency Tool can serve as an online physician directory

View real-time status copays and deductibles



Mobile Access to practice and physician information

24/7 personal support is just a call or click away

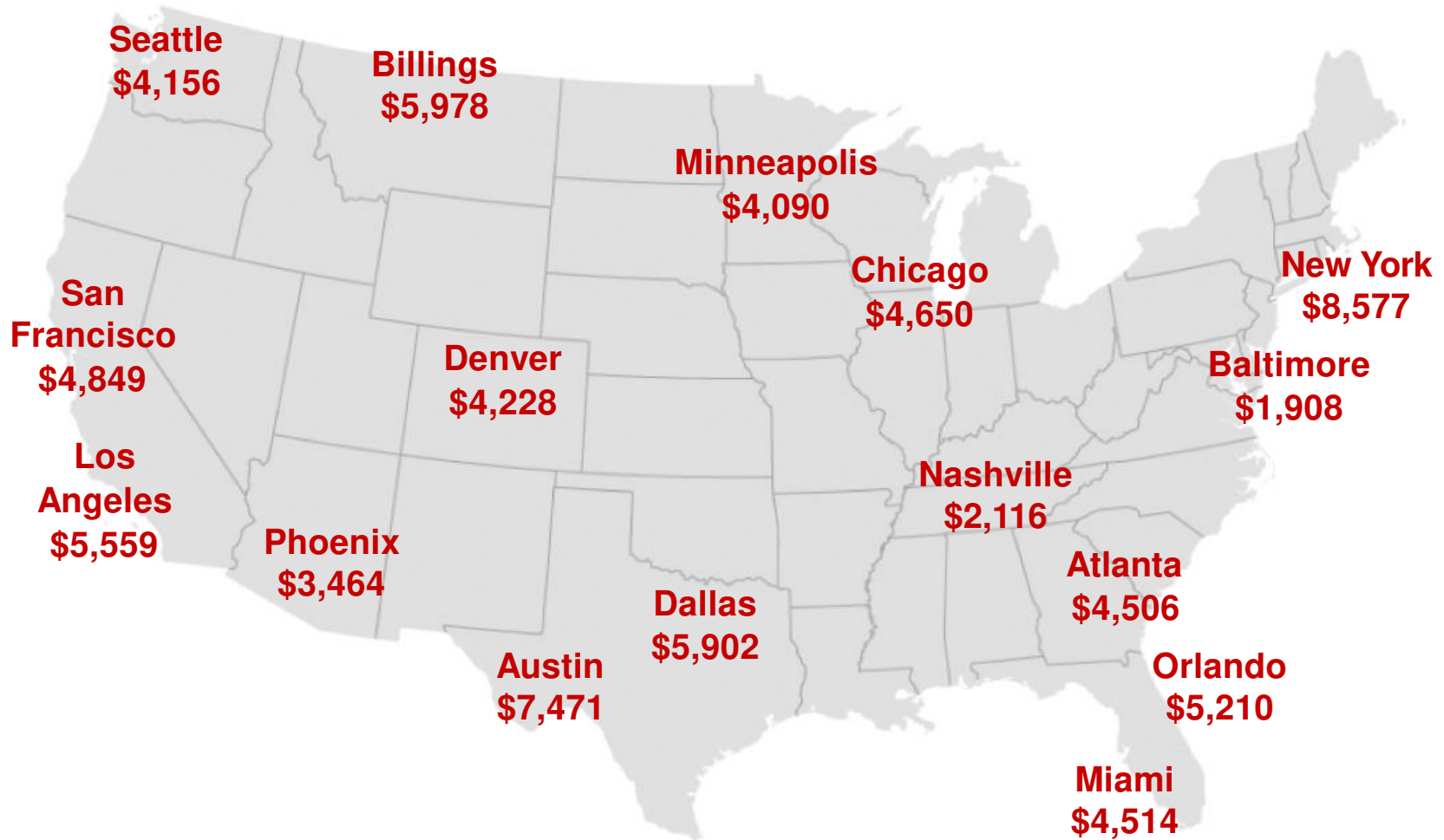
Sign in once for secure access

View personalized links to Healthgrades' social network

Price, quality and benefit information whenever you want it



What Does a Colonoscopy Cost?



... But, Let's be Reasonable



Health Cost Estimator+ Results

Procedure	Average Savings
Pregnancy Care (C-section Delivery)	\$ 8,180
ACL or PCL Repair, Arthroscopic Approach	\$ 5,985
Arthroscopic Shoulder Surgery, Rotator Cuff Repair	\$ 5,846
Surgical Nasal/Sinus Endoscopy	\$ 4,465
Pregnancy Care (Normal Delivery)	\$ 4,335
Inguinal Hernia Repair, Open approach (age 5 and older)	\$ 3,736
Gallbladder Removal, Laparoscopic	\$ 3,653
Bunion Correction	\$ 3,270
Meniscal Repair, Arthroscopic Approach	\$ 2,637
Sleep Study, Attended by Technologist	\$ 2,303
CT scan, abdomen and pelvis (with contrast)	\$ 1,441
Colonoscopy with Biopsy	\$ 1,408
CT chest angiography	\$ 1,391
Cataract Surgery, simple	\$ 1,383
Tonsillectomy (age 12 or older)	\$ 1,382
Bone Marrow Biopsy	\$ 1,334
Co	
CT	
Co	
Co	
MRI, spine (without and with contrast)	\$ 888
CT angiography, abdomen (without and with contrast)	\$ 792



- Total procedures = 32,304*
- Total procedures member saw a low/average cost provider = 26,775
- Total procedures member saw a high priced provider = 5,529
- Potential savings if low/average cost provider used = \$1,375,292

* Actual client data 2017-2018

Wellness Program

HealthAdvocate
WELCOME TO WELLNESS

Support: 855.424.6400

Demo User
Demo Organization

News 5 Logout

Health Profile | Health Trackers | Workshops & Programs | Competitions | Services

It's EASY to Track Your Health Online!

My To-Dos

- Personal Health Profile
3% Complete [Finish](#)
- Competition: Walk America
25 pts for Completion | [Decline](#) [View](#)
- Competition: Choose To Lose
25 pts for Completion | [Decline](#) [View](#)

My Points [See Details](#)

202 Points Earned

0 200

Recent Points Earned

- Logged Steps 1
- Logged Weight Weekly 5
- Logged Weight Weekly 5

- Member portal and mobile app
- Available personal coaching
- Wearable device integration
- Online workshops
- Client customizable competitions
- Incentive tracking
- Integrated reporting and outcomes

HealthAdvocate
WELCOME TO WELLNESS

Support: 855.424.6400

Caillin Kennedy
Demo Organization - All Services

News Logout

Health Profile | Health Trackers | Workshops | Competitions | Services

Manage your Fitness Device!

[Go to My Device Settings](#)

My To-Dos

- Schedule Your Health Screening
Schedule Today [Schedule](#)
- Competition: Choose To Lose
25 pts for Completion | [Decline](#) [View](#)
- Competition: Choose To Lose
25 pts for Completion | [Decline](#) [View](#)
- Competition: Choose To Move
25 pts for Completion | [Decline](#) [View](#)

My Points [See Details](#)

67 200

Recent Points Earned

- Log Weight 5
- Personal Health Profile 25
- Log Weight 5

Health Profile

Personal Health Profile

HealthAdvocate
WELCOME TO WELLNESS

Support: 855.424.6400

Demo User
Demo Organization

News Logout

Health Profile | Health Trackers | **Workshops & Programs** | Competitions | Services

Wellness Workshops

Three Easy Steps to Start a Workshop TODAY!

In Progress

Beginner Weight Loss Workshop [Complete](#)

During this six-week workshop, you will learn the basics of healthy weight loss and physical activity. You will also read about simple ways to eat healthy, how to address hunger cues, sticking to your weight loss program, and more.

6 CHAPTER

[CONTINUE](#)

Completing this 6 chapter workshop will earn 20 points.

Queue

- Walking For Fitness
- Beginner Nutrition
- Stress Management
- Advanced Nutrition

Need Help?
855.424.6400
[Chat Us](#)

HealthAdvocate

CHOOSE TO MOVE

WALK YELLOWSTONE

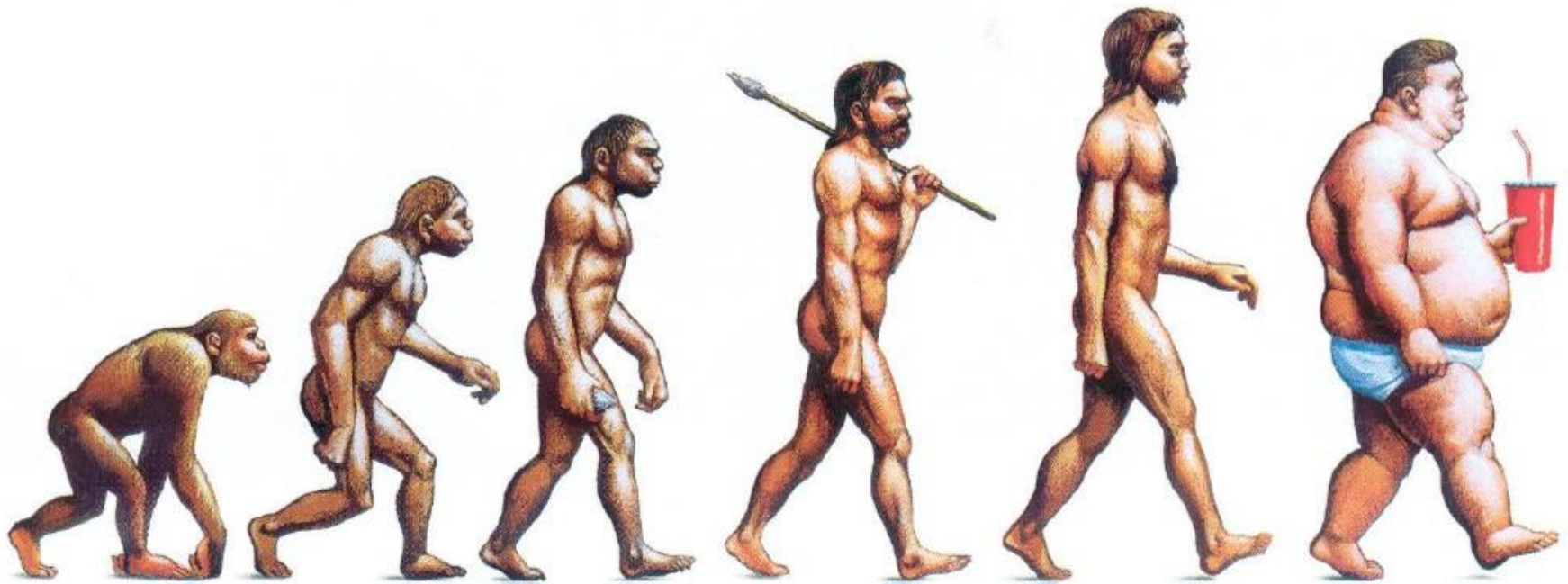
HealthAdvocate

CHOOSE TO LOSE

HealthAdvocate

WALK AMERICA

Natural Selection?



Wellness Incentive Programs

Copyright 2005 by Randy Glasbergen.
www.glasbergen.com



“I decided to start smoking because my employer is giving a bonus to everyone who can quit!”

Responsibility



The Cost of Wellness Programs

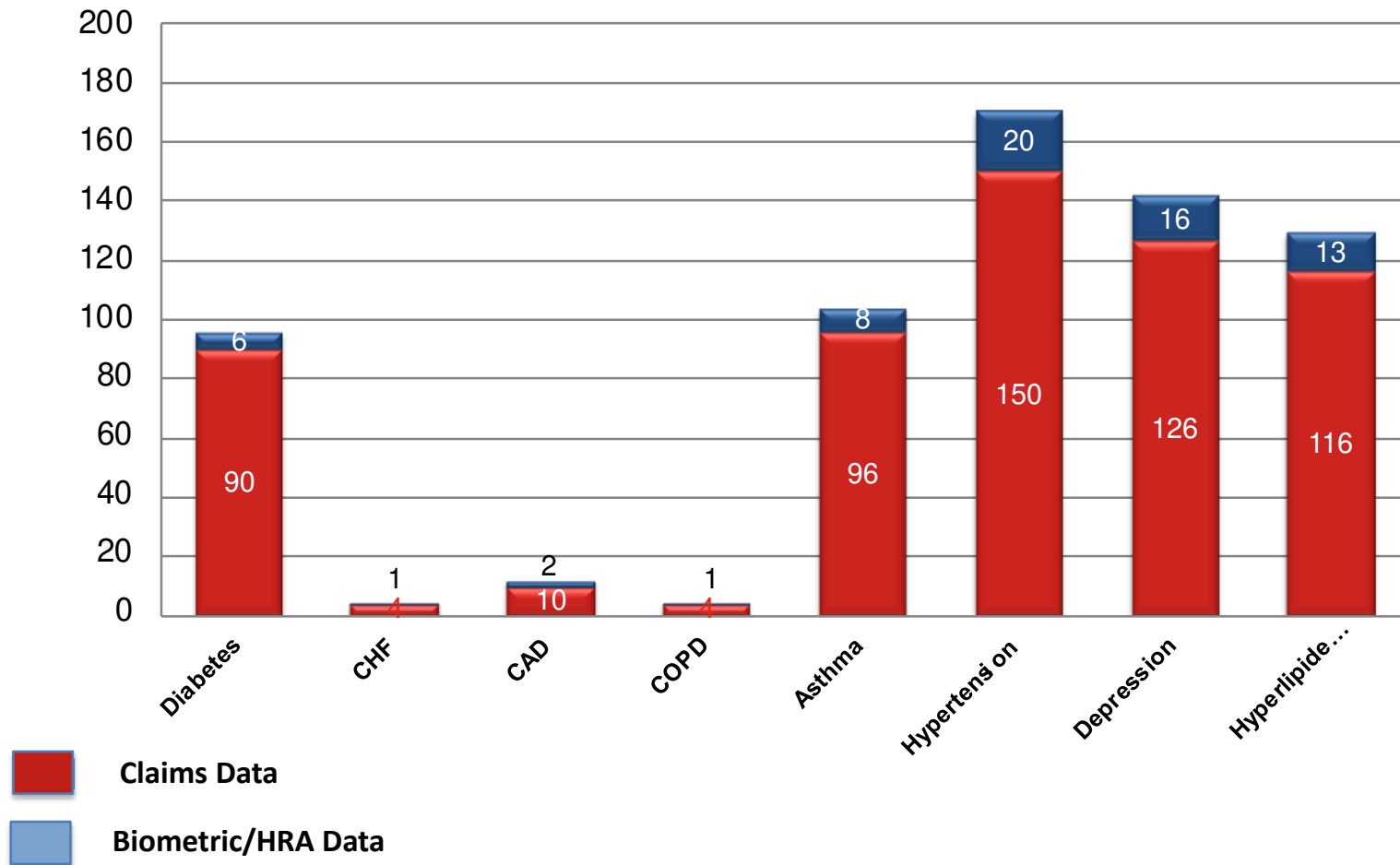
© 1998 Randy Glasbergen.
www.glasbergen.com



Memo: Effective immediately, we are instituting a new corporate fitness program for all employees. If you can outrun the man with the pink slips, you get to keep your job.”

Identifying Members with Chronic Conditions

Additional individuals with chronic conditions identified using biometric and/or HRA data

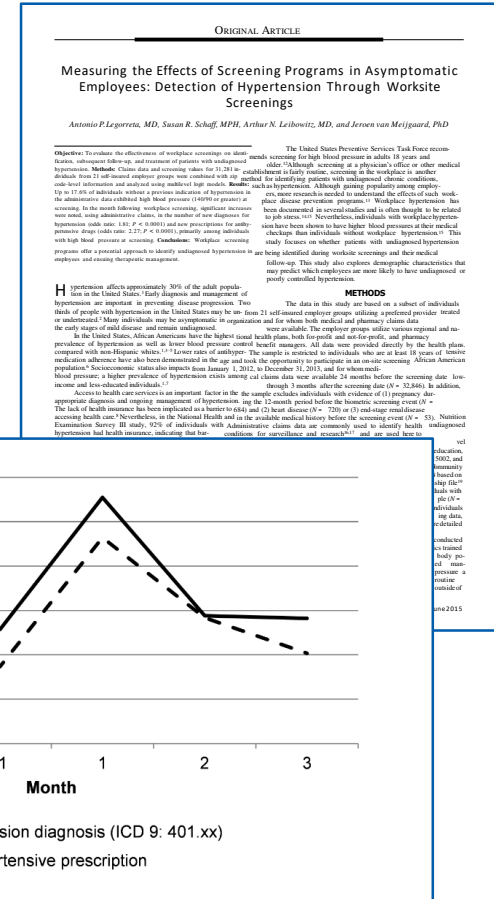


Hypertension Screening Article

- 31,281 individuals screened from 21 self-insured employers
- 14.6% had been previously diagnosed with hypertension
- 21% found to have hypertension at screening
- 68% of those found to be hypertensive at screening had no previous diagnosis of hypertension
- Screening triggered treatment, even in those previously diagnosed with hypertension
- Screening motivated people to have a check up, even if they did not have hypertension at screening

Both new hypertension diagnoses and new prescriptions for hypertension drugs increased within a month after screening

Journal of Occupational and Environmental Medicine.
Vol. 57, No.6. June 2015

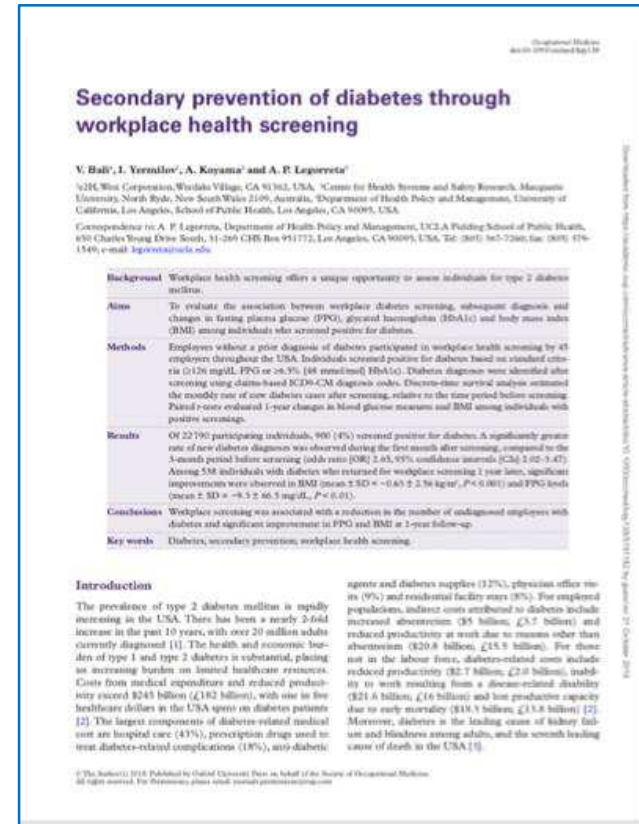


Preventing Diabetes Article

- 22,790 individuals screened from 45 employers
- 900 (4%) people found to have diabetes at screening
- 538 of the 900 diabetics (60%) were screened 1-year later and showed reduced hypertension and hyperlipidemia, lower BMI and lower blood glucose levels
- Most all individuals diagnosed with diabetes at screening had follow up care from a physician

This study demonstrates the real-world benefits of workplace screening in encouraging individuals to seek care and initiate prevention efforts

Occupational Medicine,
December 2018



Integrated Services: Improved Health Outcomes and Cost Savings

A study of 13 Empowered Health Clients

- 2017 aggregate data on **84,587 members** from **13 Empowered Health clients** with at least 2 years participation
- **Medical Cost Trend was 2.9%** across all clients; **1.1% below predicted market average**
- **Savings of \$37 Million** across all clients.
- **Average savings per client = \$2.8 Million**
- **\$277 PMPY lower costs** for the Engaged Group
- **Engaged members had a higher risk score (1.65) compared to the Not-engaged group (1.03)**
- 100 Highest risk member **medical costs decreased 10.3%**
- Overall **ROI exceeds 5:1**

The image shows a whitepaper cover and a thumbnail. The whitepaper cover features a pink piggy bank being held in hands, a woman on a video call, and a bar chart. The title is "Improved Health Outcomes & Cost Savings" and the subtitle is "Health Advocate's Integrated and Targeted Approach". Key statistics on the cover include: "Overall ROI exceeds 5:1", "Average savings per client = \$2.8 Million", and "100 Highest risk member medical costs decreased 10.3%". The Health Advocate logo is at the bottom right. The thumbnail on the right shows a "Strategic Outreach" section with a blue circle containing "100 Highest Risk Members" and a "Phone Call" icon. It also mentions "Members from 13 Health Advocate participation" and "Medical Cost Trend was 2.9% across all clients, 1.1% below predicted market average".

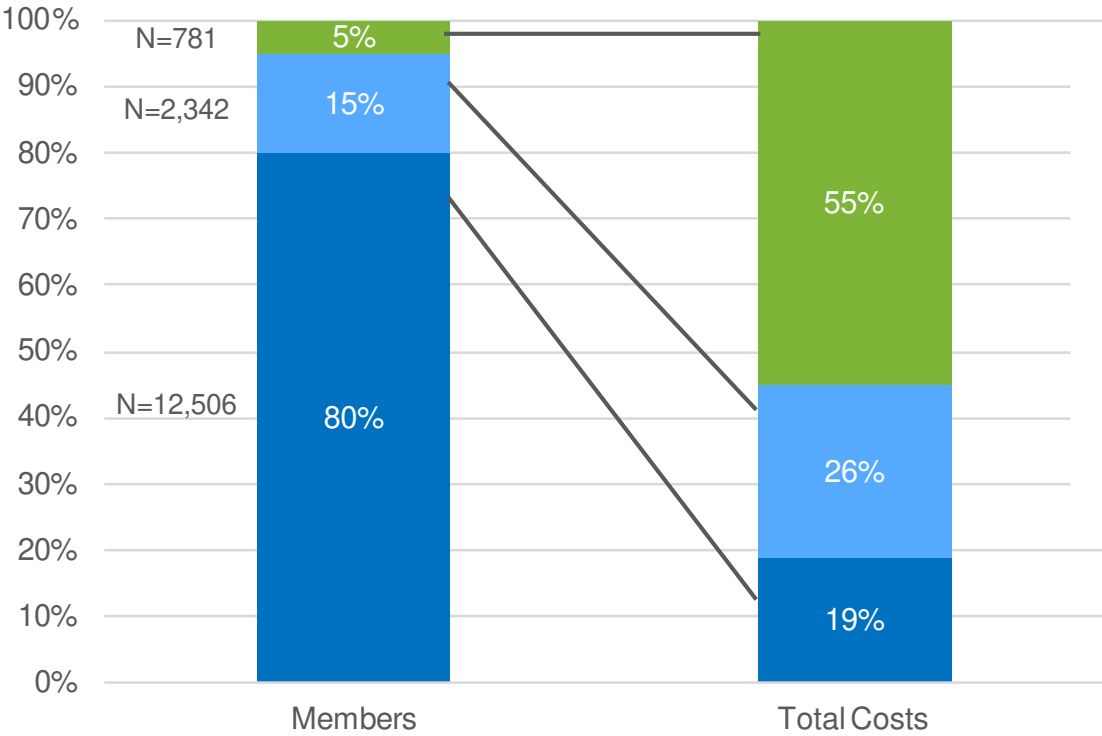
Whitepaper: Improved Health Outcomes and Cost Savings Through Health Advocate's Targeted Approach

HealthAdvocate™

Risk Stratification:

5% of members account for 55% of total medical costs. As the Mean Prospective Risk Score increases, the engagement rate also increases.

Member Breakdown and Percent Total Cost by Risk Level



Mean Prospective Risk	Member Engagement Rate
8.45	66.7%
2.26	62.4%
0.59	27.5%

High Risk members are predicted to spend 14 times more than Low Risk members on their medical care in the coming year

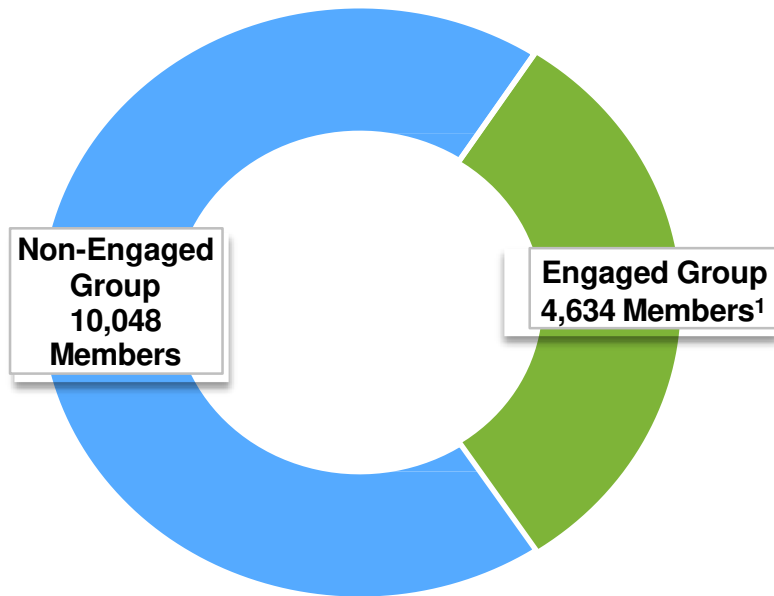
The prospective risk score is an estimate of future medical utilization, including ER visits and average inpatient costs

Current Year ■ Low Risk ■ Medium Risk ■ High Risk

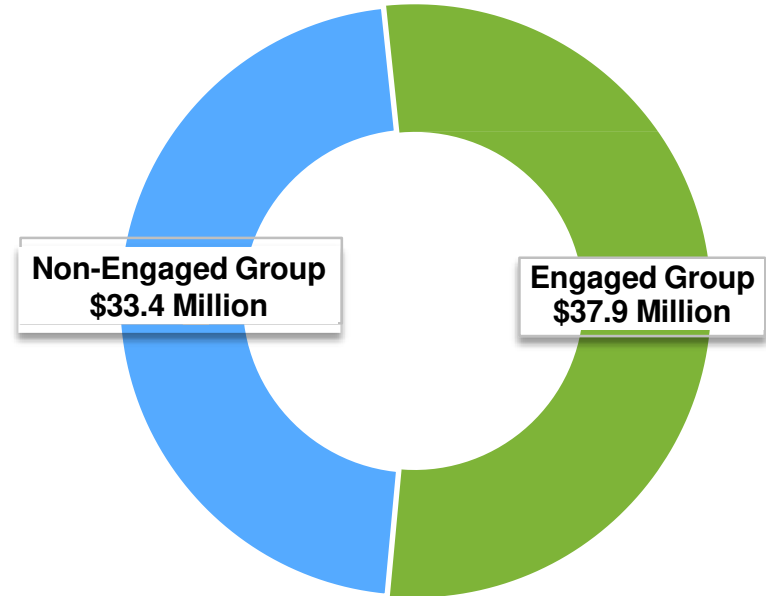
Engaged Group vs Non-Engaged Group

32% of the members engaged with Health Advocate (the “Engaged Group”), however, they accounted for 53% of total medical costs. “Members” includes Employees, Spouses and Dependents.

Member Engagement
14,682 Members



Total Medical Costs
\$71.3 Million



Non-Engaged Group

Engaged Group

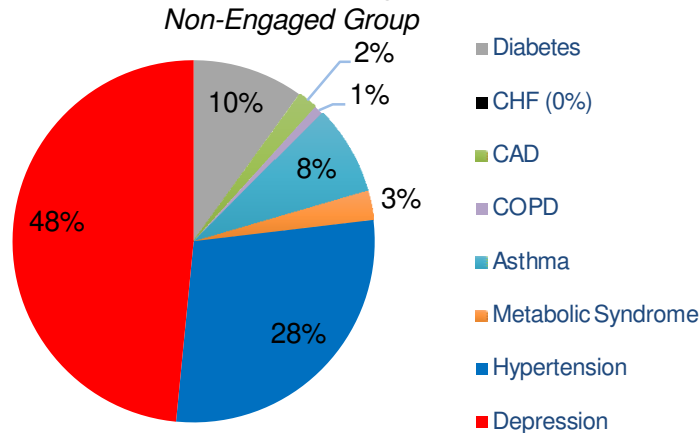
¹Employees may not be related to spouses or dependents in the member group

*Note: additional criteria added - members must be enrolled at end of measurement period

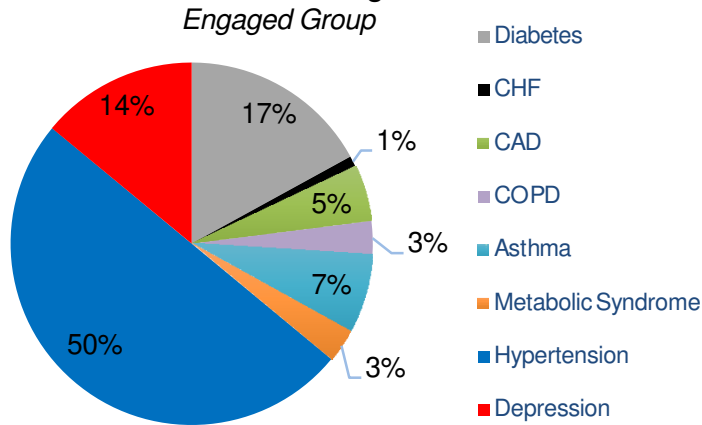
Engaged Group vs. Non-Engaged Group (continued)

Demographics: The Engaged Group is significantly older than the Non-Engaged Group. 50% of the Engaged Group are 51 years of age or older vs. 18% of the Non-Engaged Group. Hypertension is the most prevalent condition (50%) followed by Diabetes (17%) in the Engaged Group.

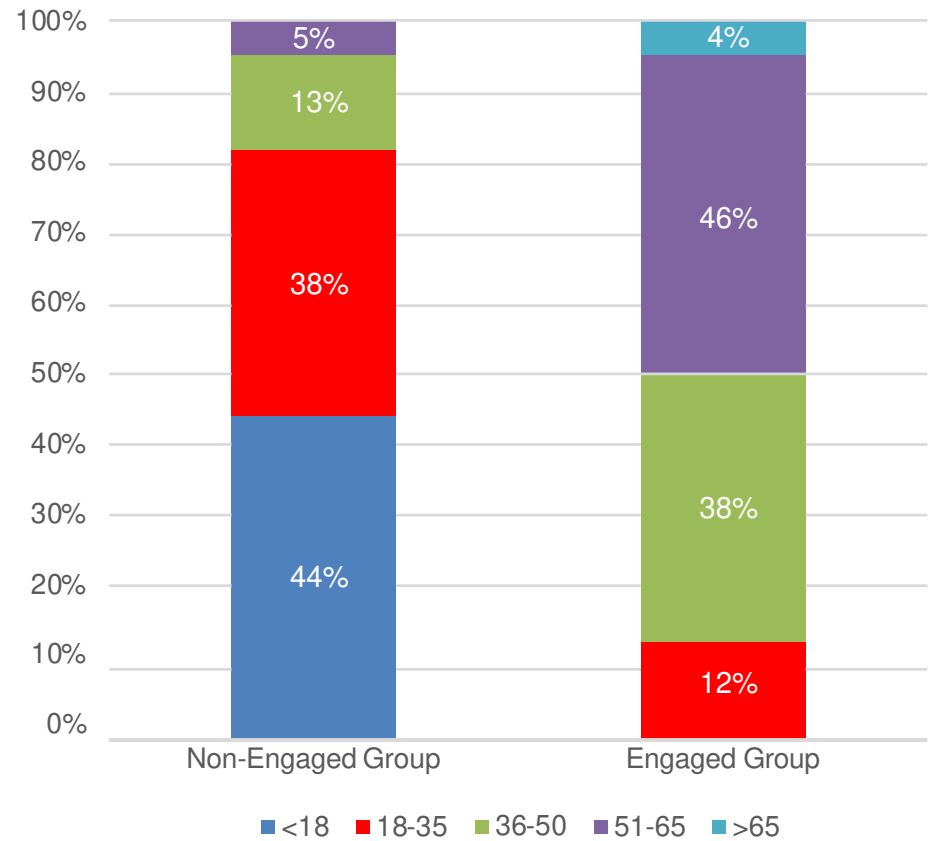
Chronic Condition Percentage Breakdown



Chronic Condition Percentage Breakdown



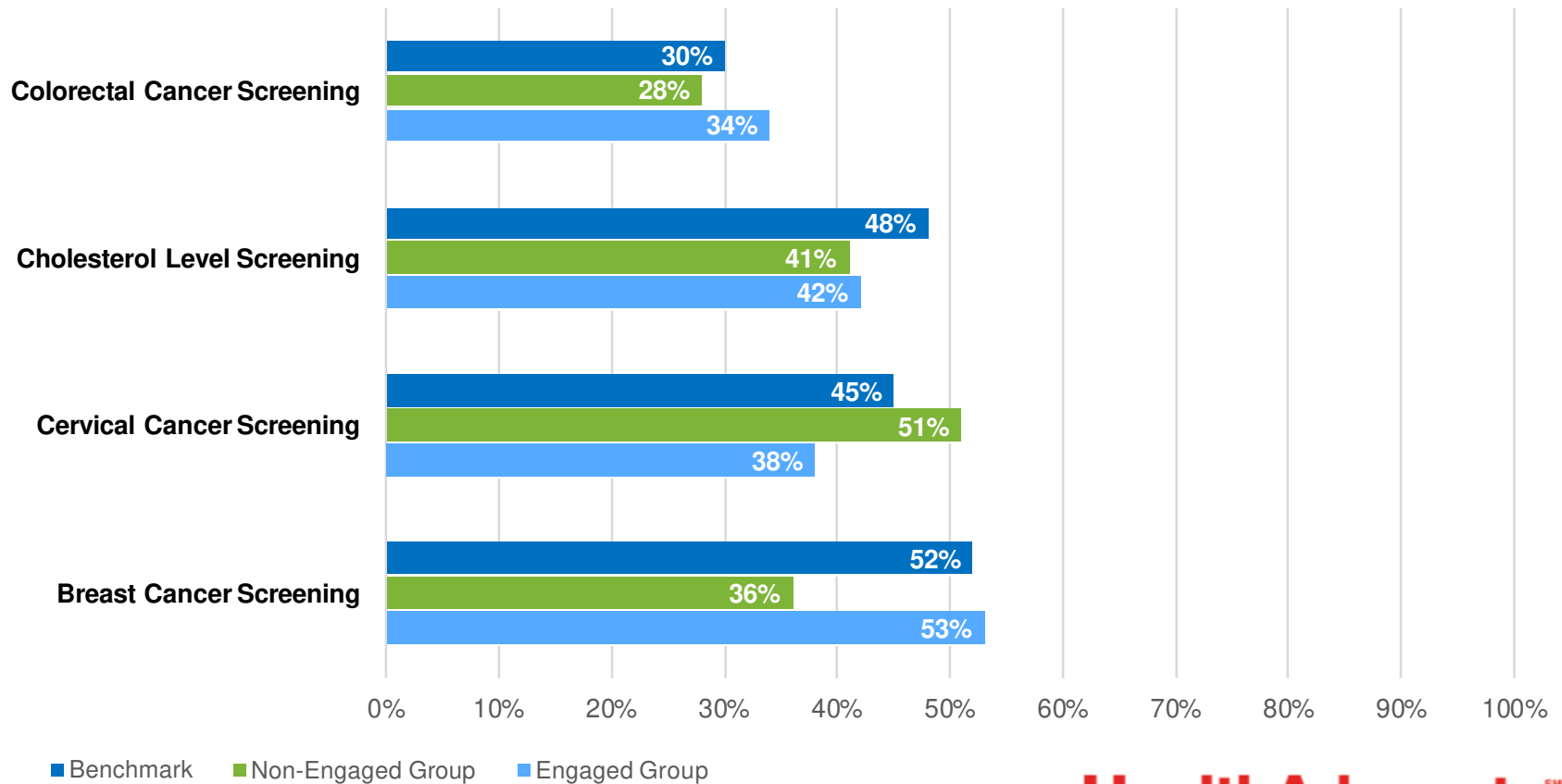
Age Breakdown: Non-Engaged Group vs. Engaged Group



Preventive Care Screening Compliance

Engaged Group vs. Non-Engaged Group

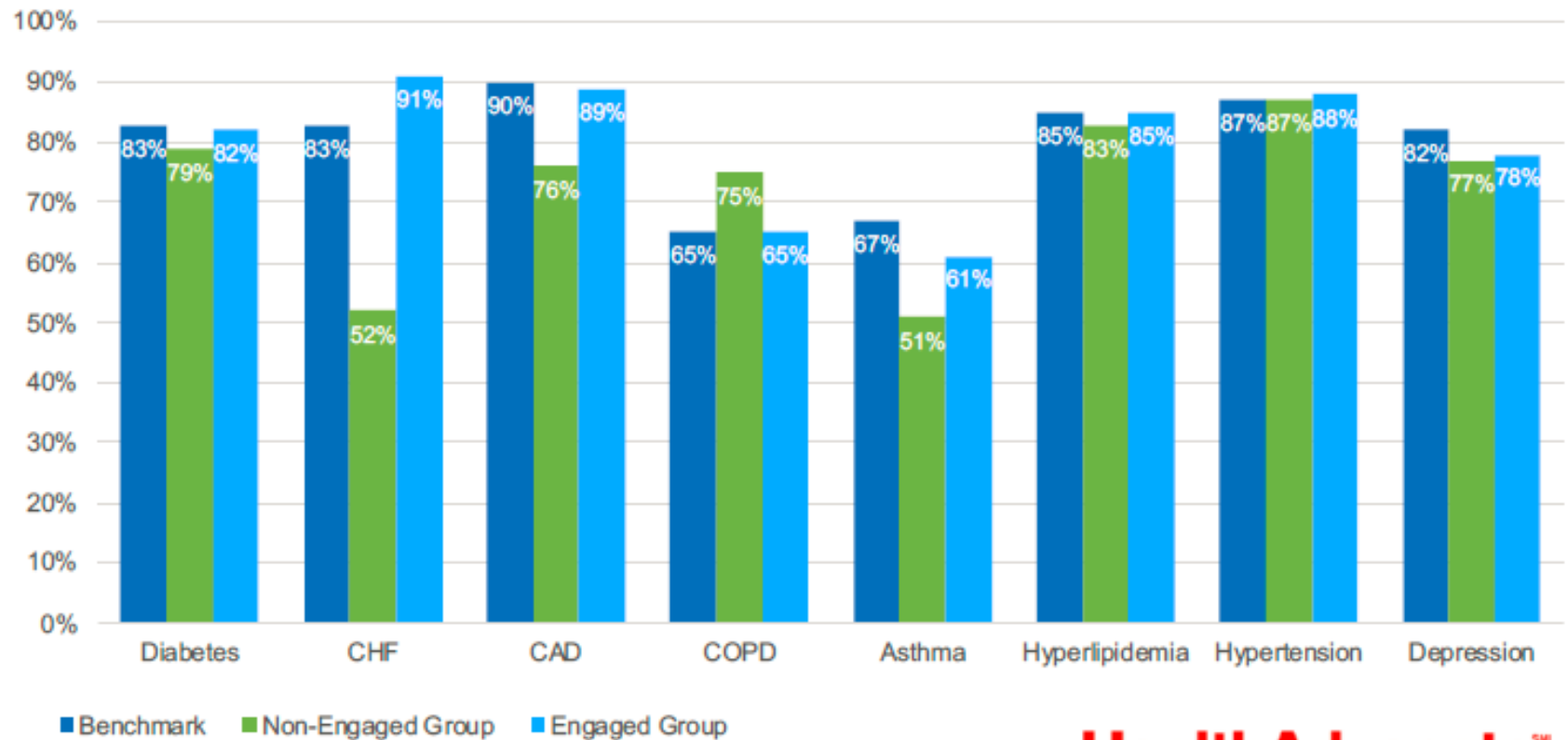
The Engaged Group had higher compliance for 3 of the 4 Preventive Care screenings when compared to the Non-Engaged Group.



Medication Adherence

Engaged Group vs. Non-Engaged Group

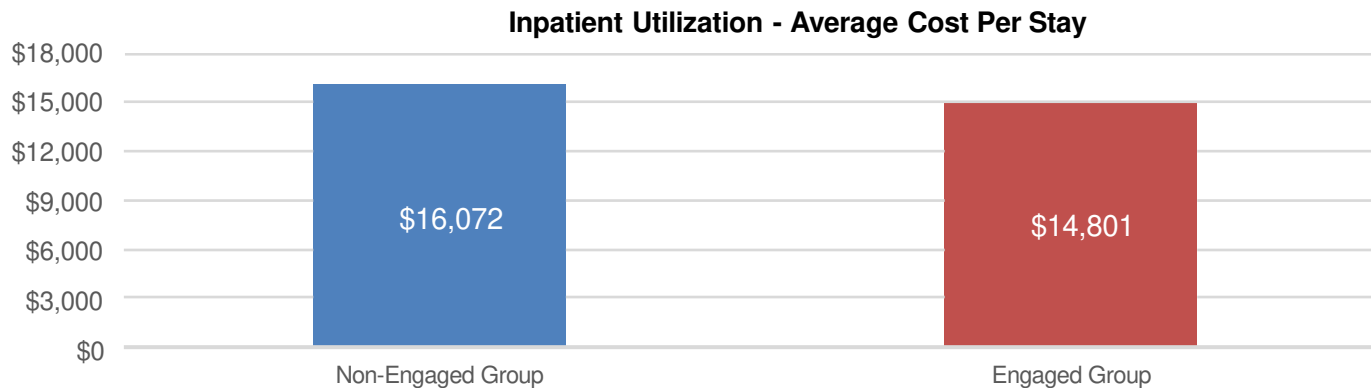
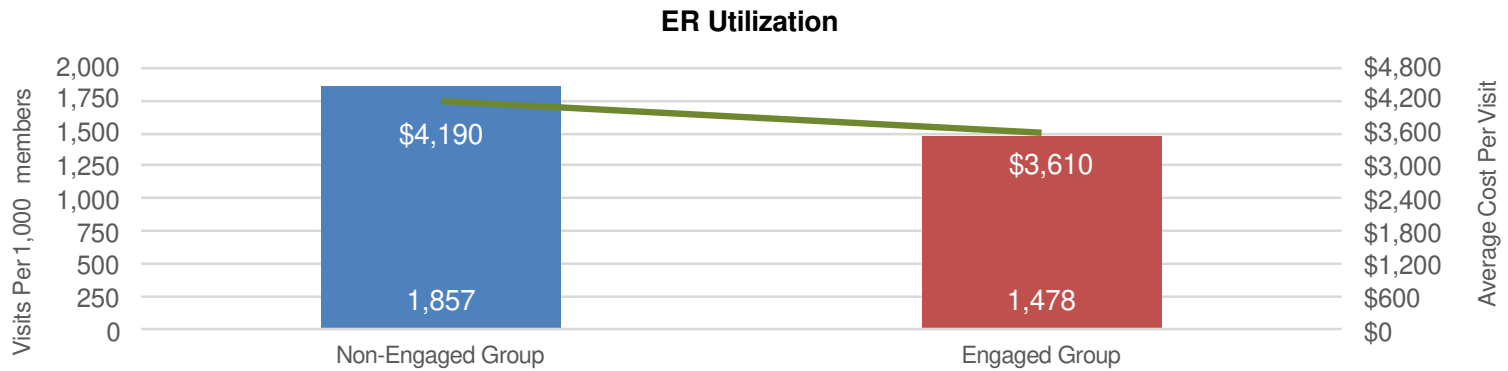
Medication Adherence was higher for 7 of the 8 conditions when comparing the Engaged Group to the Non-Engaged Group.



Diabetes

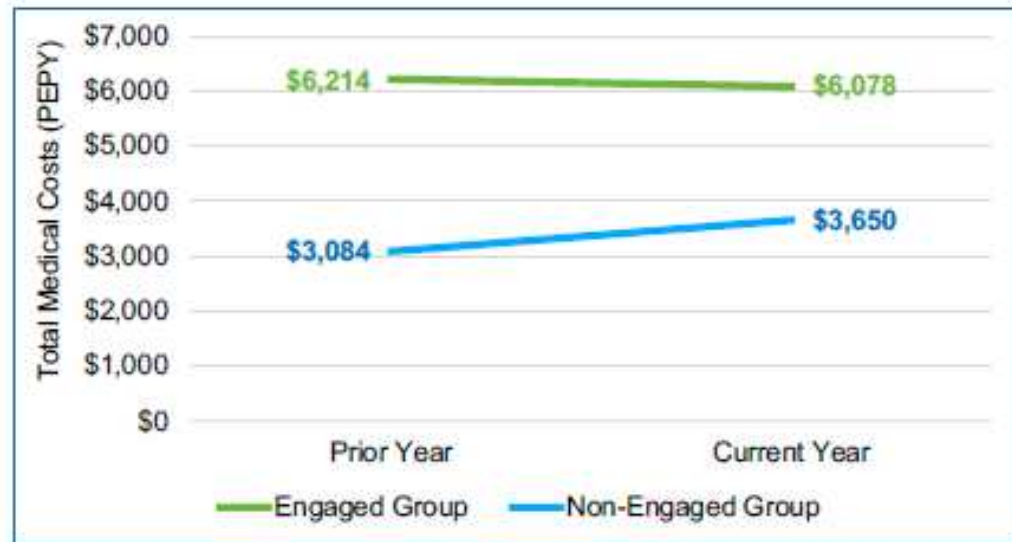
Engaged Group vs. Non-Engaged Group

ER visits per 1,000 members, average cost per ER visit, and average Inpatient cost per stay were lower for the Engaged Group.



Decrease in Medical Cost Trend

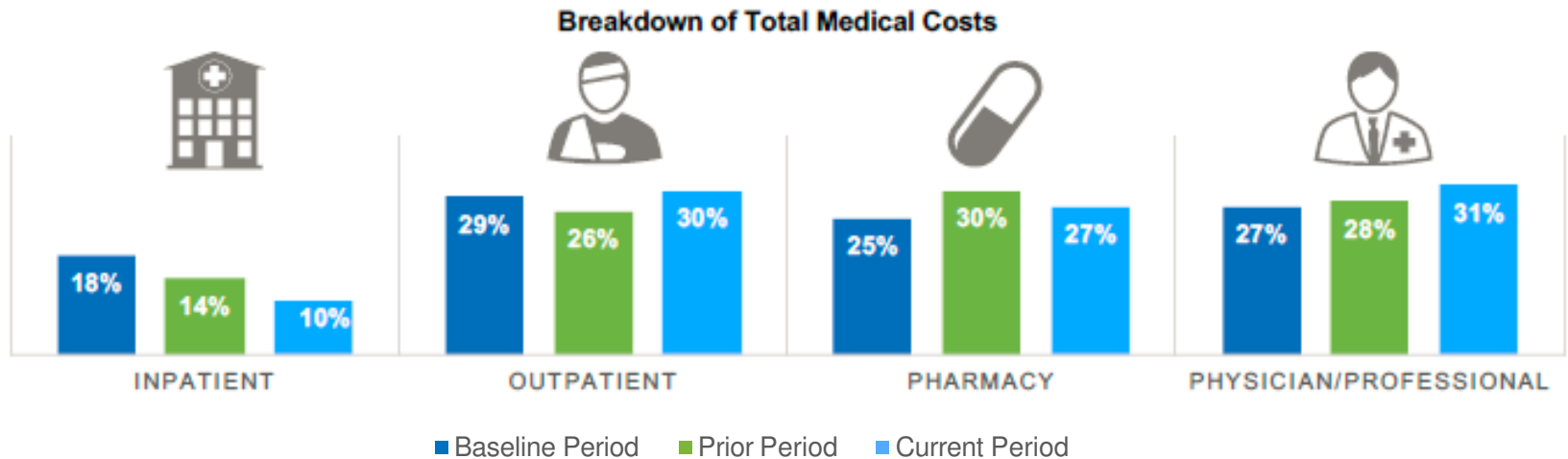
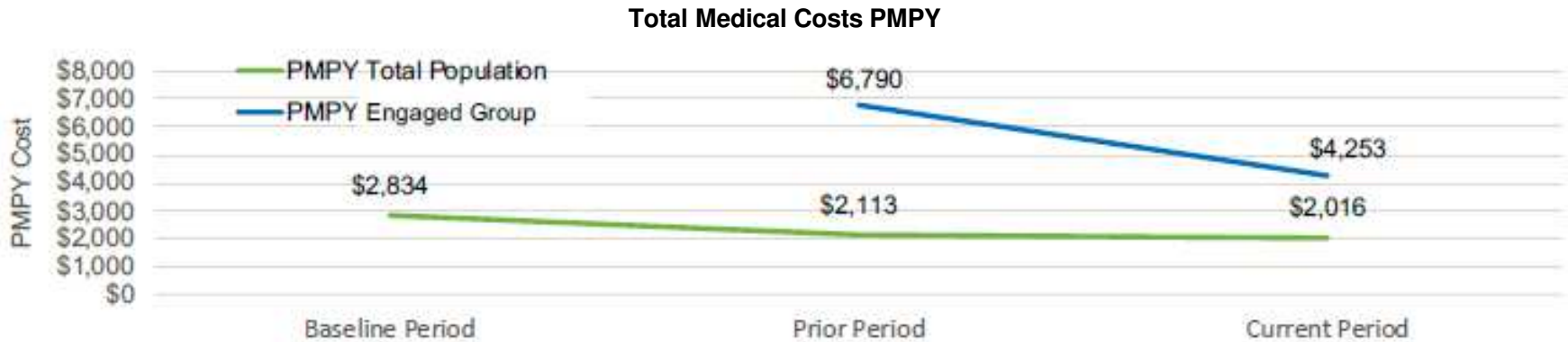
- **Non-Engaged Group** - Total medical costs (PEPY) **increased** 18.35% from the Prior Year to Current Year.
- **Engaged Group** - Total medical costs **decreased** 2.19% from the Prior Year to Current Year, despite the fact that this group was older, more ill and at higher risk than the Non-Engaged Group.
- **This 20.54% difference in PEPY medical cost trend saved Client \$3,449,028 over 1 year.**



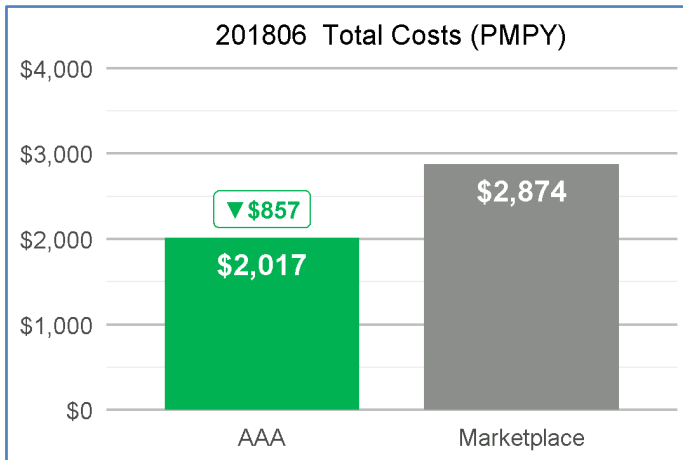
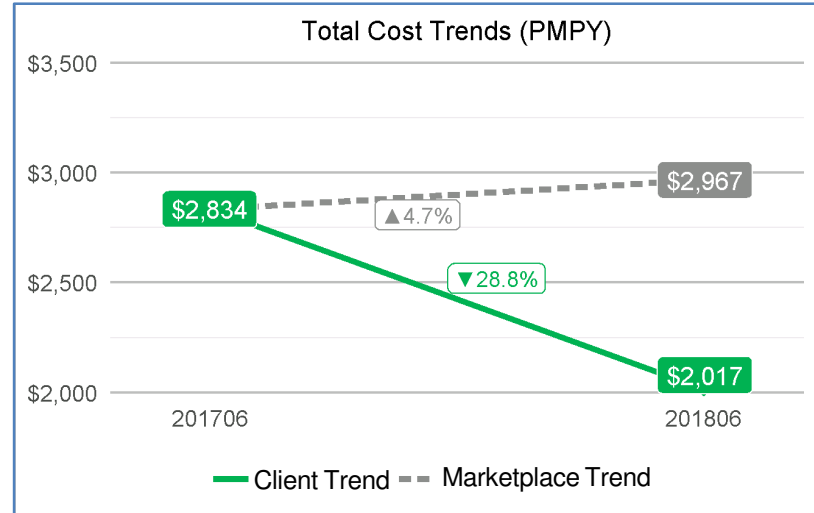
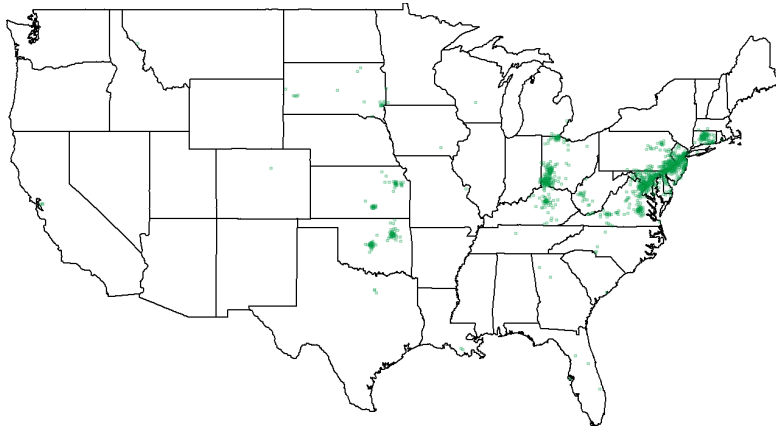
► **Members who engaged with Health Advocate saved Client \$3,449,028 in 2017. ROI > 7:1**

Comparative Analysis – Period Over Period

Client Total medical costs decreased by 29% from the Baseline Period to the Current Period for these continuously enrolled members. As a percentage of total medical costs, pharmacy, physician/professional, and outpatient costs increased, while inpatient costs decreased.



Client Marketplace Performance - June 2018



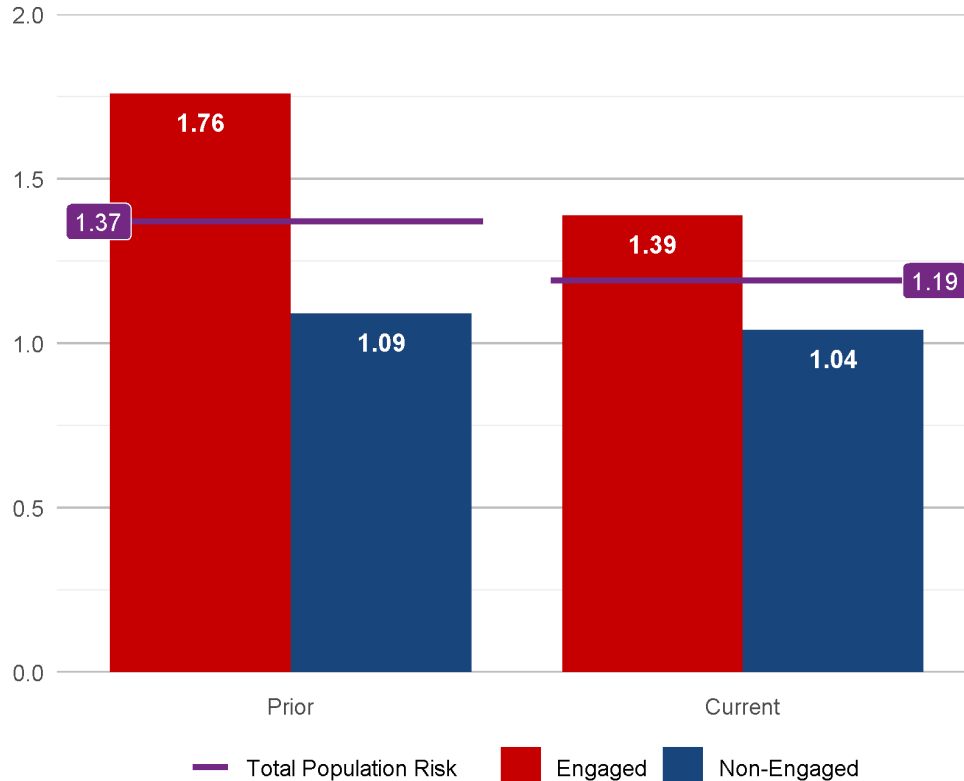
- **Client’s medical cost trend was 33.5% less than the general population in their area, giving them a comparative advantage of \$6,281,43**
- **Client’s per member per year costs (PMPY) were \$857 lower than the general population in their area.**

*Locational Marketplace data based off of Standard & Poor health care costs by location. Location was determined via a weighted average of client member zip codes within a hierarchy based on available data and closest location of member.

Risk and Cost Comparison

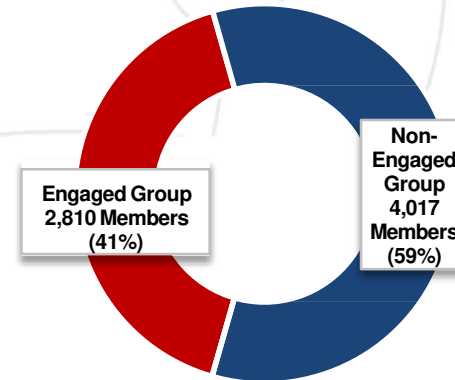
Average Future Risk Score by Group

Are the most at risk members engaging with HA?



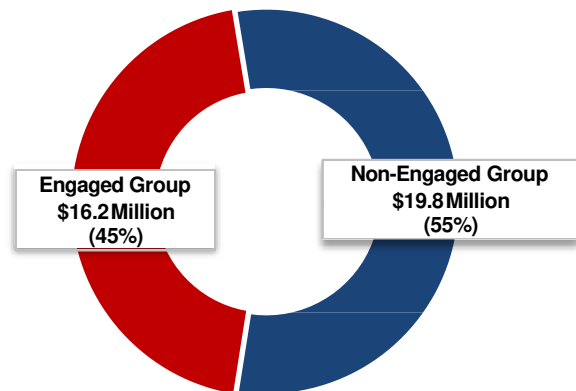
Current Period Member Population

6,827 Members



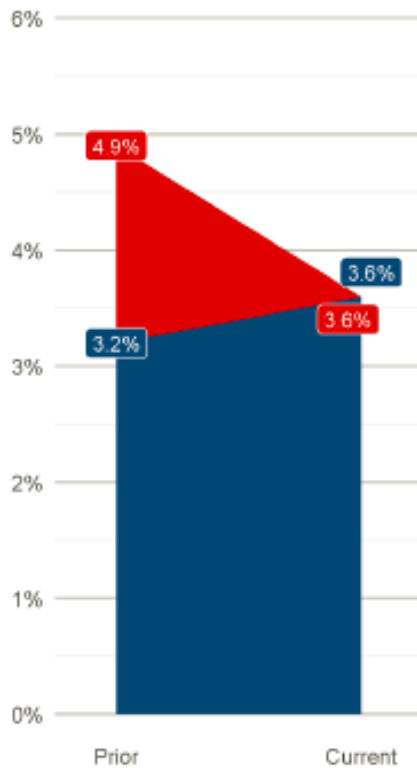
Current Period Medical Costs

\$36 Million

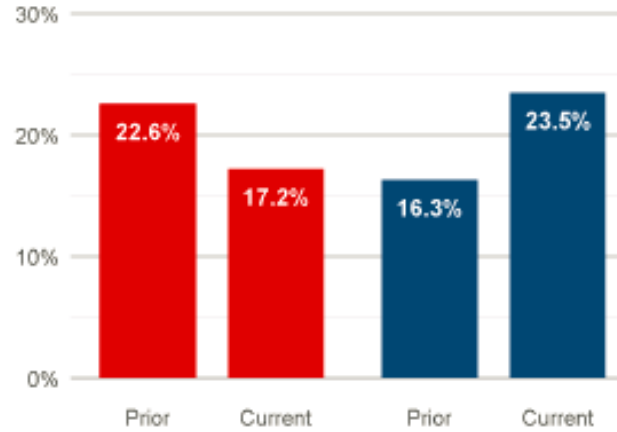


Inpatient Utilization

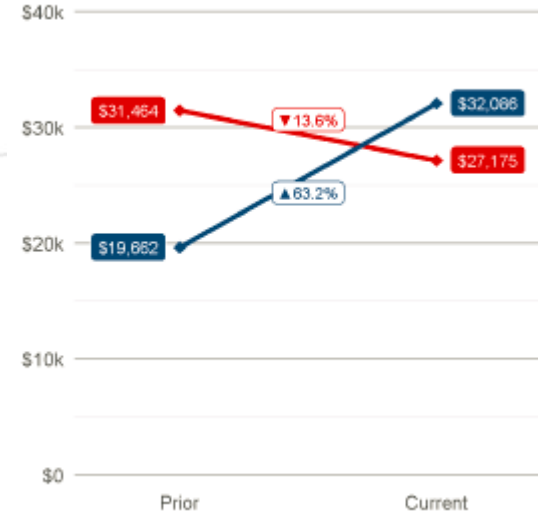
Inpatient Utilization Percentage



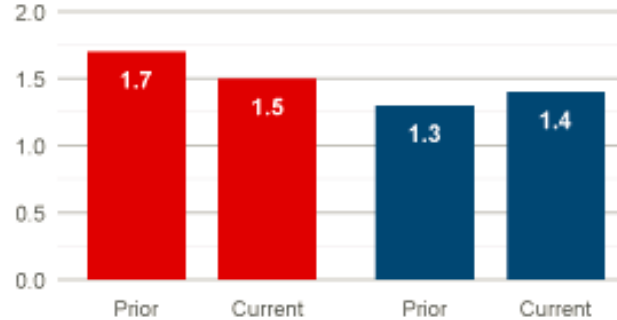
Inpatient Percentage of Total Cost



Average Cost Per Inpatient Member Claim



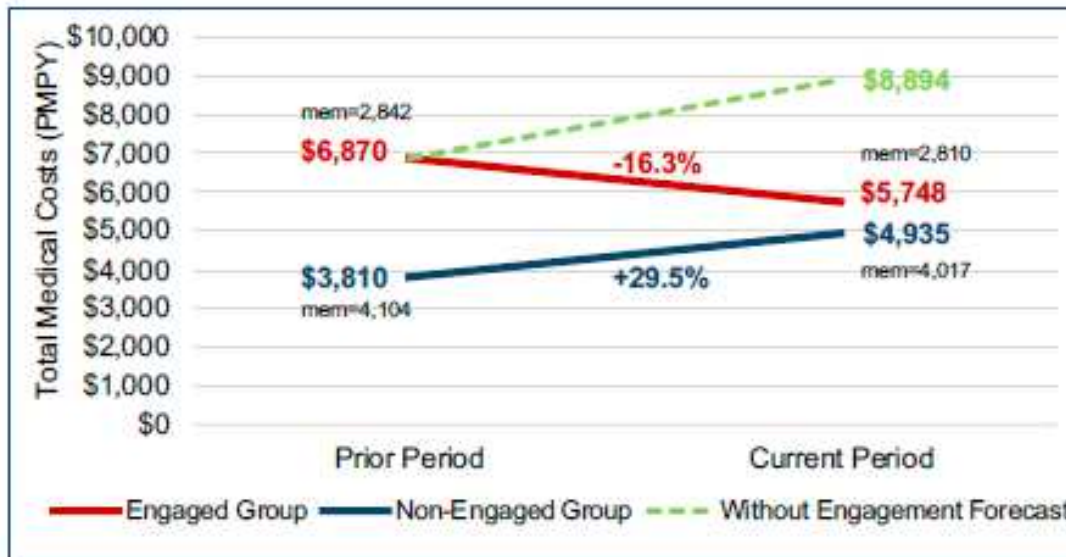
Average Stays Among Inpatient Members



Engaged Non-Engaged

Medical Cost Trend and Savings

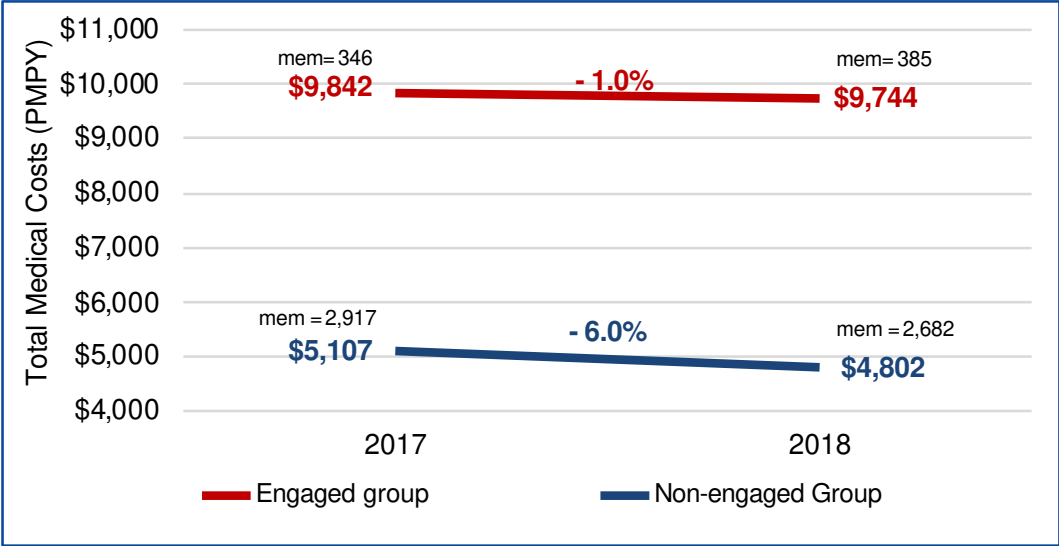
- **Non-Engaged Group** - Total medical costs (PMPY) **increased 29.5%** from the Prior Period to the Current Period.
- **Engaged Group** - Total medical costs **decreased 16.3%** from the Prior Period to the Current Period, despite the fact that this group was at higher risk than the Non-Engaged Group.
- **This 45.8% difference in PMPY medical cost trend saved Client \$8,840,260 in the Current Period.**



Members who engaged with Health Advocate saved Client \$8,840,260 in the Current Period

Medical Cost Trend and Savings

- **Non-Engaged Group** - Total medical costs (PMPY) decreased 6.0% from 2017 to 2018.
- **Engaged Group** - Total medical costs decreased 1.0% from 2017 to 2018. This group was older, more ill and at higher risk than the Non-Engaged Group.



Risk Adjusted Medical Cost Trend and Savings

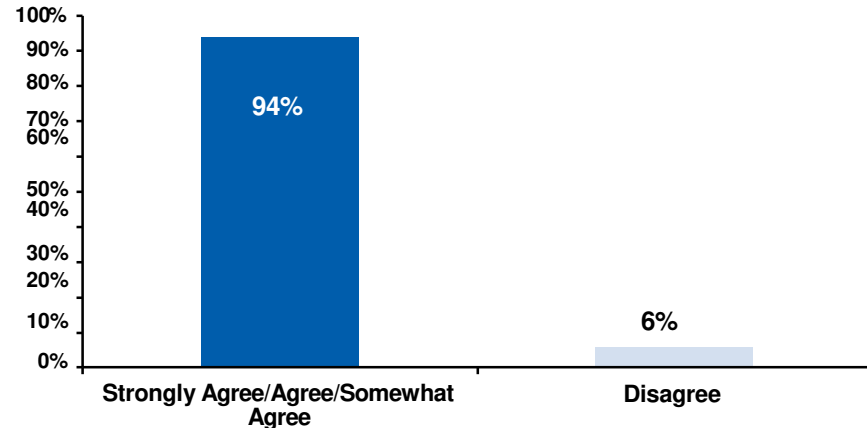
HealthAdvocateSM
Always at your side

- Non-Engaged Group - Total medical costs (PMPY) **increased** 10.0% from 2017 to 2018.
- **Engaged Group** - Total medical costs **decreased** 1.0% from 2017 to 2018.
- **This 11.0% difference in PMPY medical cost trend saved Client an estimated \$180,356 in 2018.**



Member Survey

“I am glad my company offers Health Advocate to its employees.”



- Health Advocate regards user satisfaction surveys as a barometer to assure that we are delivering on the services and promise
- Helps provide focus for our efforts to continuously improve our services
- Online patient survey application ensures accuracy, consistency and timeliness



**HEALTH
ADVICE**

78

**DIAGNOSTIC
CENTER**

**YOUR HEALTH
CARE**

**QUICK
CLINIC**

PHARMACY

**EYE
CENTER**

FOOT clinic

**RANKED
no 1**

HealthAdvocate



Thank You

Abbie Leibowitz, MD
Aleibowitz@HealthAdvocate.com

HealthAdvocateSM

PLEASE WELCOME!!

Kelly Nordby, MPH, RDN, LDN

Diabetes Prevention Program Coordinator

Eat Smart Move More Prevent
Diabetes Team

North Carolina
Business Group on Health

Promoting a better healthcare delivery system
Advocate. Innovate. Educate.



Diabetes Free NC

*Reducing the risk of type 2 diabetes
for North Carolinians*



diabetesfreenc.com

NC STATE UNIVERSITY



SUPPORTED
BY  **BlueCross BlueShield
of North Carolina**

Cost of Diabetes



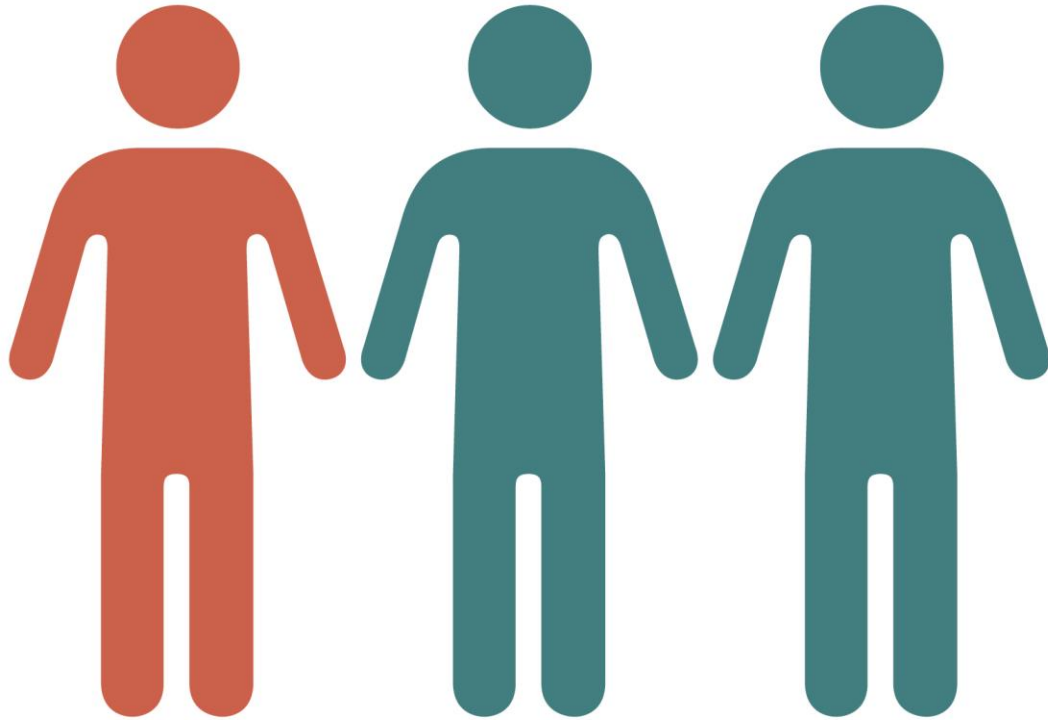
TOTAL MEDICAL COST IN
LOST WORK AND WAGES FOR
PEOPLE WITH DIABETES



EMPLOYEES WITH DIABETES
COST EMPLOYERS \$7,500
MORE ANNUALLY

Source: American Diabetes Association. Diabetes Care 2013 Jun; 36(6): 1797-1797. <https://doi.org/10.2337/dc13-er06>.

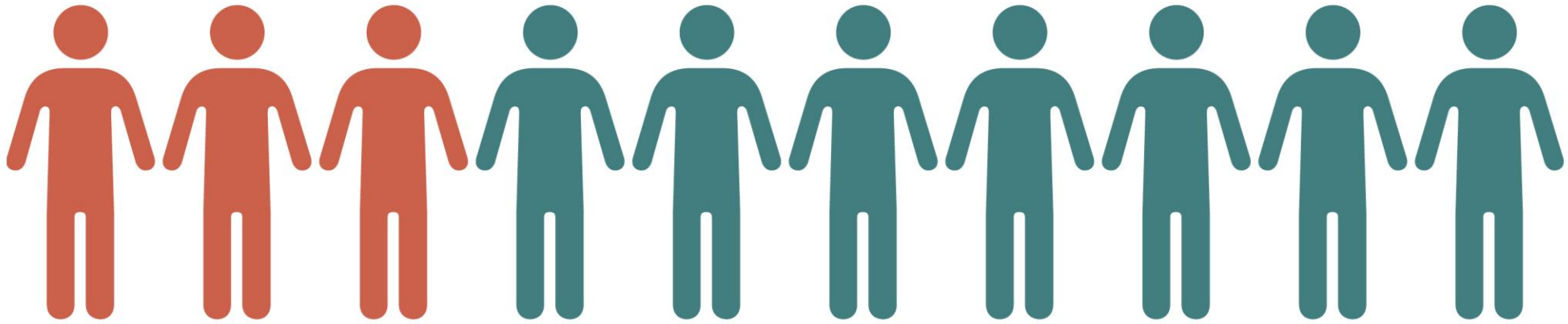
Why choose a Diabetes Prevention Program?



One out of three adults in the nation has pre-diabetes.

Source: Centers for Disease Control and Prevention, National Diabetes Prevention Program

Why choose a Diabetes Prevention Program?



Without intervention, **up to 30%** of people with pre-diabetes will develop type 2 diabetes within 5 years.

Source: Centers for Disease Control and Prevention, National Diabetes Prevention Program

Why choose a Diabetes Prevention Program?



A structured lifestyle change program can help cut the risk for developing type 2 diabetes by **58%** for people with pre-diabetes.

Source: Centers for Disease Control and Prevention, National Diabetes Prevention Program

Diabetes Prevention Program

A key part of the National DPP is a **lifestyle change program** that provides:



**A trained
lifestyle
coach**



**CDC-approved
curriculum**



**Group
support**

Yearlong program designed to empower people at risk for prediabetes to take charge of their health and well-being

Diabetes Prevention Program

Participants learn strategies to...



Eat healthy



**Incorporate
physical activity
into daily routine**



Manage stress



**Solve problems
that get in the way
of healthy changes**

Diabetes Free NC

NC STATE UNIVERSITY



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

SUPPORTED BY



BlueCross BlueShield
of North Carolina

Partnership between NC State University and the NC Division of Public Health with Blue Cross and Blue Shield of North Carolina to offer diabetes prevention programs (DPPs) across the state regardless of insurance status.

diabetesfreenc.com

Diabetes Free NC PARTNERS

- American Medical Association
- NC Academy of Family Physicians
- NC Alliance of YMCAs
- NC Diabetes Advisory Council
- NC Medical Society
- NC Office of Rural Health

Diabetes Free NC GOAL



To remove the barrier of cost to participate in a diabetes prevention program.

CDC Eligibility Requirements for DPP



18 YEARS
AND OLDER

AND



OVERWEIGHT

AND



DIAGNOSED
WITH PREDIABETES

OR



PREVIOUSLY
DIAGNOSED WITH
GESTATIONAL
DIABETES

No previous diagnosis of diabetes.

Diabetes Free NC ELIGIBILITY

North Carolina resident
Meets the CDC eligibility criteria
Enrolls with a funded DPP provider

*27 funded providers (26 in-person and 1
online)*



Funded Providers

All DPPs supported by this funding are CDC-recognized programs.

In-person:

Visit **diabetesfreenc.com** to find a program in your area.



Online:

Visit **esmmpreventdiabetes.com** to find an online class.



Eat Smart | Move More

Prevent Diabetes®

Online

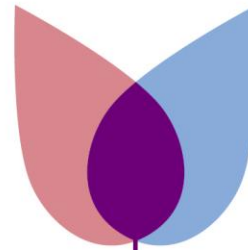
NC STATE UNIVERSITY



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

**NATIONAL
DIABETES
PREVENTION
PROGRAM**

Recognized as a provider of the
Centers for Disease Control and
Prevention's (CDC) National Diabetes
Prevention Program (NDPP)



Eat Smart | Move More

Prevent Diabetes®

Online

What is Eat Smart, Move More, Prevent Diabetes?

A 12-month online program delivered in real-time with a **live** instructor. Participants can see and hear their instructor while interacting with classmates.



What is Eat Smart, Move More, Prevent Diabetes?



What makes Eat Smart, Move More, Prevent Diabetes **unique**?

Ideal for those who don't have an onsite program available.



What makes Eat Smart, Move More, Prevent Diabetes **unique**?



Appeals to those that prefer the convenience of an online program.



What makes Eat Smart, Move More, Prevent Diabetes **unique**?



Provides lunchtime and early to late evening classes.



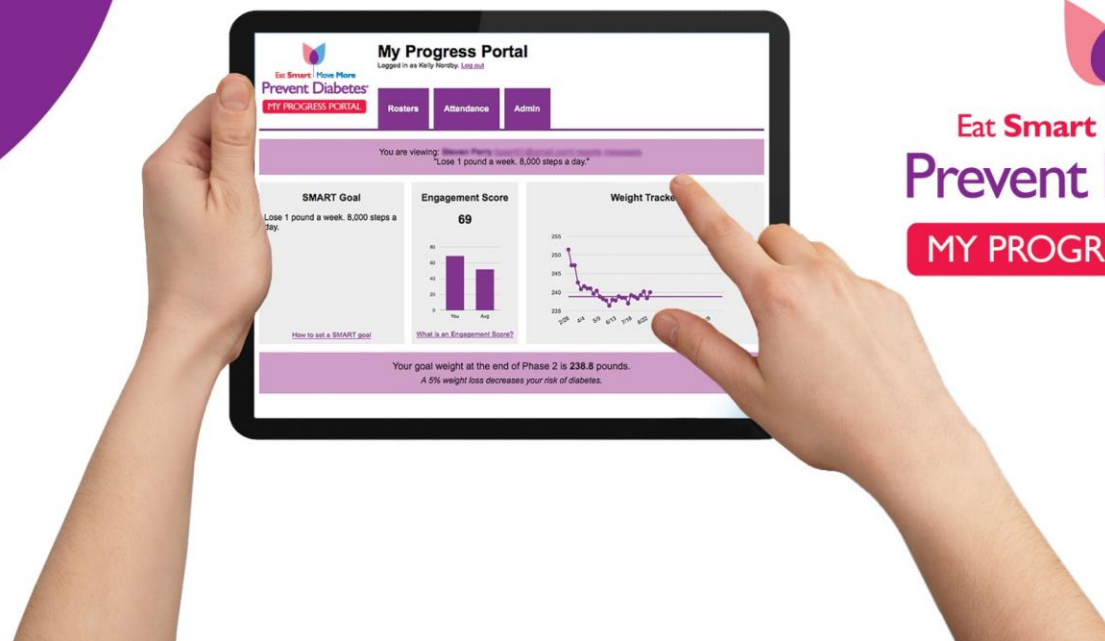
What makes Eat Smart, Move More, Prevent Diabetes **unique**?

Allows frequent program offerings throughout the year minimizing wait time to start a program.



What is Eat Smart, Move More, Prevent Diabetes?

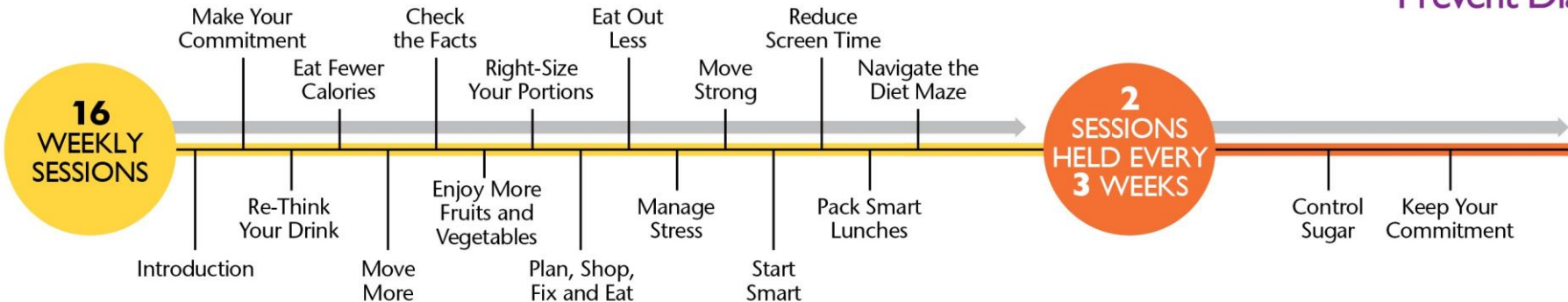
One-on-one support is provided through a **secure online portal**. Participants use the portal to track their progress and communicate with their instructor.



Eat Smart, Move More, Prevent Diabetes Timeline



Phase I



Phase II



Participants receive a **FULL REFUND** of the \$30 payment if they complete the program by:

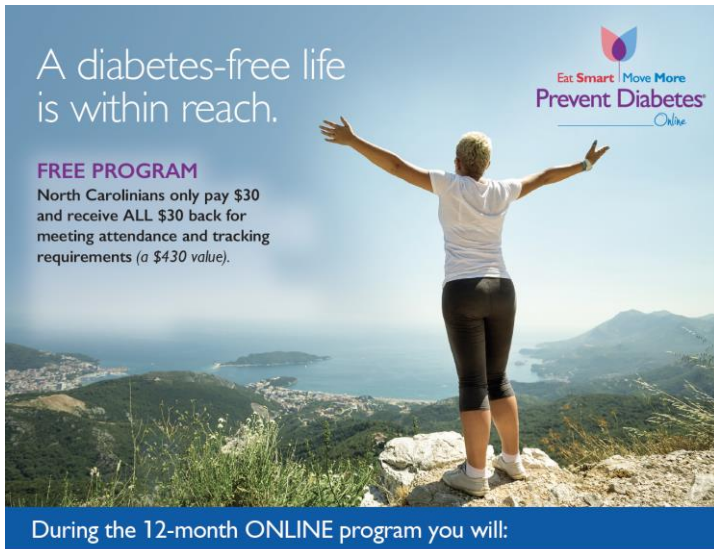
- Attending at least 9 out of 18 Phase I classes **AND** entering weekly weight and physical activity minutes during the weeks of the classes

AND

- Attending at least 5 out of 8 Phase II classes **AND** entering weekly weight and physical activity minutes during the weeks of the classes.



Marketing Materials



A diabetes-free life is within reach.

FREE PROGRAM
North Carolinians only pay \$30 and receive ALL \$30 back for meeting attendance and tracking requirements (a \$430 value).

During the 12-month ONLINE program you will:

Eat Smart | Move More
Prevent Diabetes
Online

Ready-to-go marketing materials are available upon request

Contact: Kelly Nordby, Program Coordinator

kelly_nordby@ncsu.edu



NC STATE UNIVERSITY



SUPPORTED BY
BlueCross BlueShield of North Carolina





Questions?

For more information contact:

Kelly Nordby
kelly_nordby@ncsu.edu
(919) 515 – 9156

We Invite You To Be Part of NCBGH FUTURE

- For those new members... we THANK YOU for joining NCBGH!
 - The board of directors of NCBGH has set annual membership dues at a very affordable rate of \$100 per company (2 members allowed from each company)
- Membership allows for:
 - Attendance at the 2 NCBGH membership meetings per year.
 - National Alliance for Healthcare Purchasers Membership
 - New NCBGH.org Social Media...stay connected...ask questions..share..network!
 - Most important the opportunity for you and your company to help to achieve the mission and goals of NCBGH.
 - Simple process, membership benefit and invoice will be emailed. Membership committee votes on applications.
 - Exclusive peer to peer networking, best practice lunches, membership meetings and new ncbgh.org networking coming soon!
 - For those who are joining us today who are not NCBGH members, we will reach out to you via email post meeting.



Special thank you to:

- Our members of NCBGH
- Our sponsors of NCBGH
- Our speakers today
- Our Board of Directors and Committee Chairs

Watch your inbox for details of the 2019 FALL meeting

Visit us often at www.ncbgh.org to stay up to date on things happening with NCBGH.

