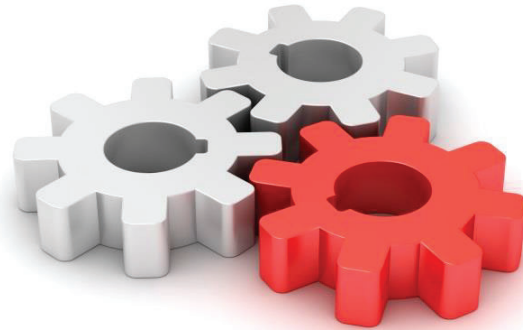


Measuring the Impact of Outreach Program:



Engagement Analysis

Baseline Year: 5/15/2013 - 5/14/2014

Prior Year: 11/1/2015 - 10/31/2016

Current Year: 11/1/2016 - 10/31/2017

Introduction

The main features of the (X inc) XXX Health program are:

- Single point of contact – "XXX"
- Agent gaps in care dashboard Spotlights for proactive engagement
- member personalized dashboards highlighting gaps in care
- Proactive outreach – Letters (email and text messages are also available)
- Wellness and lifestyle coaching (with incentives)
- ("XXX2"), Nurseline for acute care needs
- Stress management (EAP)
- Medical Bill Saver, Pricing Transparency ("XXX")

Multiple Engagement opportunities:

- XXX – single point of contact
- Core Advocacy, wellness and lifestyle coaching
- Chronic care condition management and Nurseline for acute care needs
- Employee Assistance and Work Life interactions
- Proactive outreach – ("XXX")
- Discussion of pricing cost and quality

Report Parameters

- The XXX Inc. (“”) member base used for this comparison report includes employees and family members covered for health benefits who had a medical claim and were continuously enrolled through the measurement period.
- **“Continuously Enrolled”** means that to be counted in outcomes, a member must have been *continuously enrolled* in the health plan over a 12-month period, with no more than a 45 day gap.
- *Continuous Enrollment* is a HEDIS criteria developed by NCQA to allow more valid comparisons of population health programs by eliminating the impact of measuring outcomes for members who may have only been in the program for a short period of time during the year.

Report Parameters

Section 1: Comparative Analysis of Outcomes from Baseline to Current Year

- Baseline Year from 5/15/2013 to 5/14/2014
- Prior Year from 11/1/2015 to 10/31/2016
- Current Year from 11/1/2016 to 10/31/2017

This population includes 4,247 members (1,999 employees and 2,248 spouses and dependents).

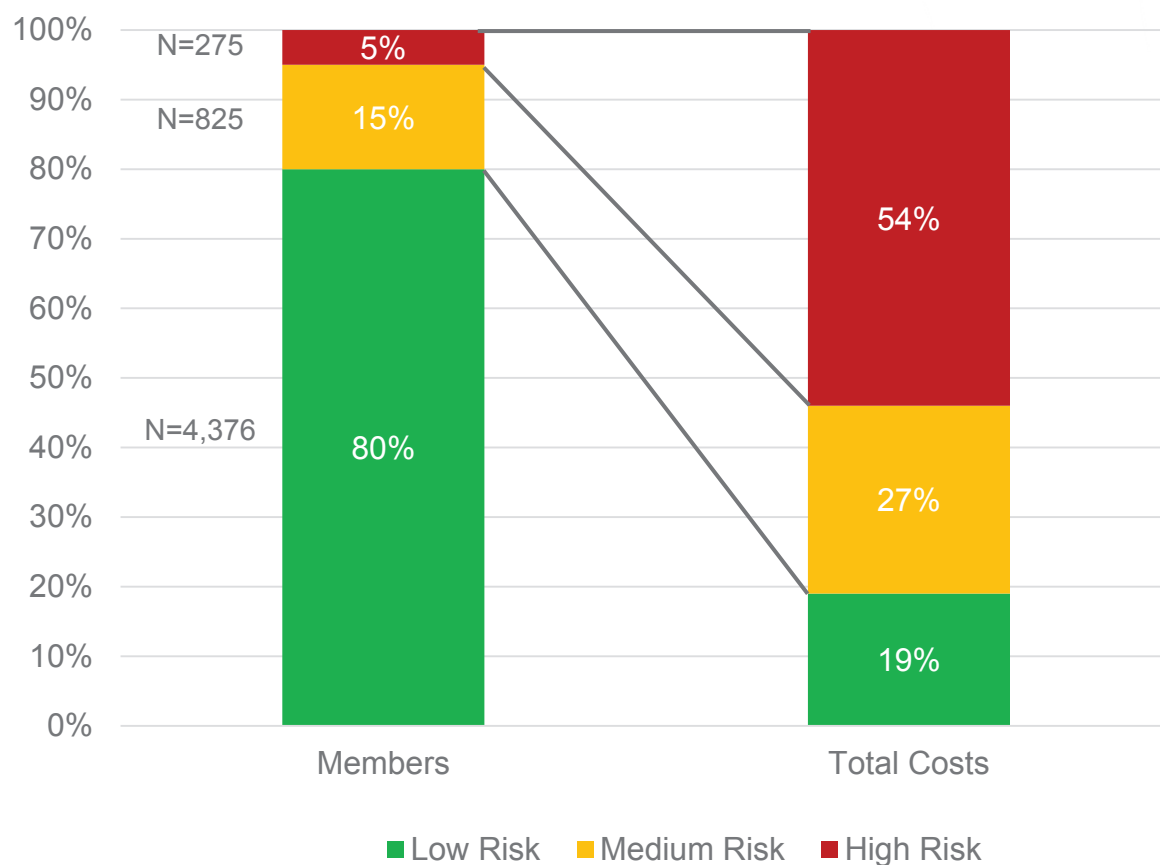
Section 2: Comparative Analysis of Outcomes for the Engaged Group vs. the Non-Engaged Group

- Current Year from 11/1/2016 to 10/31/2017
- Non-Engaged Group = Total Population minus the Engaged Group
- Compares outcomes for those who engaged with advocate program to those who did not

This population includes 5,438 members (2,450 employees and 2,988 spouses and dependents).

Risk Stratification: 5% of members account for 54% of total expenditures. As the mean prospective risk score increases, the engagement also increases.

Member Breakdown and Percent Total Cost by Risk Level

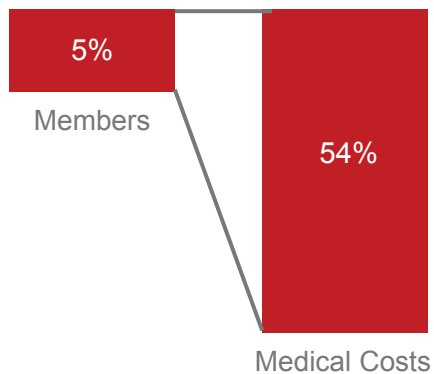


Mean Prospective Risk	Member Engagement Rate
8.33	93.5%
2.08	89.3%
0.54	74.1%
High Risk members are predicted to spend 15 times more than Low Risk members on their medical care in the coming year	

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

Principal Conditions for Top 10 High-Risk Members by Total Medical Costs: 10 members accounted for 13% of total costs

275 High-Risk Members



Top 10 High-Risk Members by Total Expenditures

	Current Year Total Costs	Prospective Risk Score	Clinical Classification	Engaged?
Member A	\$547,438	73.94	Back Conditions	Yes
Member B	\$541,155	97.72	Other Skin Conditions	Yes
Member C	\$509,497	31.16	Cancer	Yes
Member D	\$455,502	13.21	Cancer	No
Member E	\$431,367	22.32	Cancer	Yes
Member F	\$402,715	10.41	Other GI Disorders	Yes
Member G	\$244,841	15.29	Ileitis	Yes
Member H	\$232,209	7.54	Congenital Abnormalities	Yes
Member I	\$230,843	5.72	Back Conditions	Yes
Member J	\$227,150	14.99	Back Conditions	Yes
Total:	\$3,822,717		(24 % of Total Costs in High-Risk Group) (13 % of Total Medical Costs)	

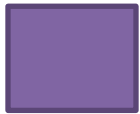
Current Year

Summary

- The top 5% of members make up the high-risk group (275 people), which accounted for 54% of total costs. High Risk members are predicted to spend 15 times more than Low Risk members on their medical care in the coming year.
- The 10 highest cost members accounted for 24% of the total costs in the high-risk group and 13% of total costs in the total population = \$3,822,717.
- The Prospective Risk Scores of these 10 high-risk members ranged from 5.72 to 97.72 times the average risk score in the overall population.

Section 1: Comparative Analysis of the gaps In care Group over the period from the Baseline Year, to the Prior Year and Current Year

The “gaps in care group” are the members identified with a gap in care who received a proactive message (a letter, an email, or a telephone message from a Personal advocate program, or a notice on their member engagement app) prompting them to take an action to address the issue and improve their health.



Baseline Year (Before XXX + XXX2 Initiation)

Continuously enrolled members before receiving a chronic care solution letter (5/15/2013 - 5/14/2014)



Prior Year (After XXX Initiation)

Continuously enrolled members 20 months after receiving the initial chronic care solution letter (11/1/2015 - 10/31/2016)

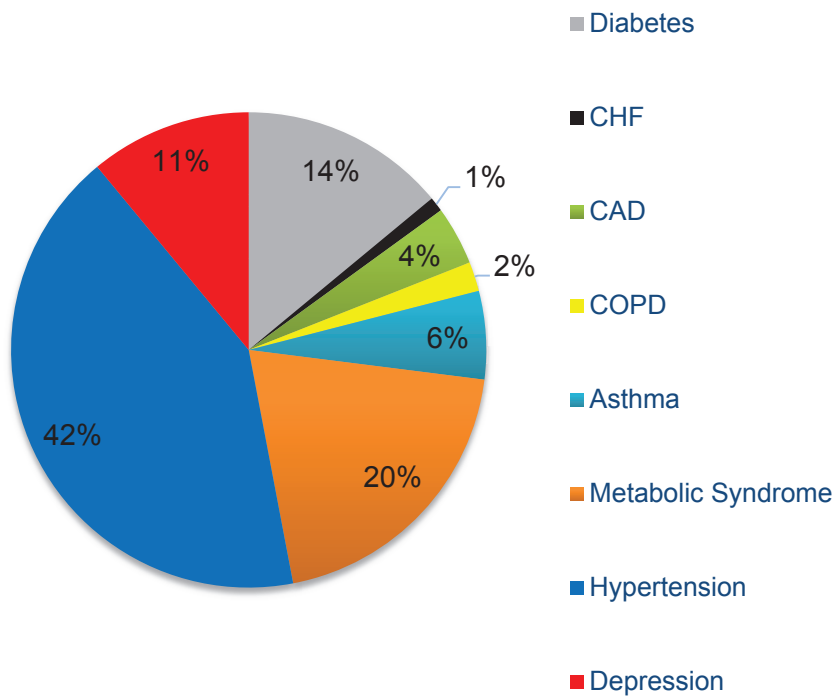


Current Year (After XXX Initiation)

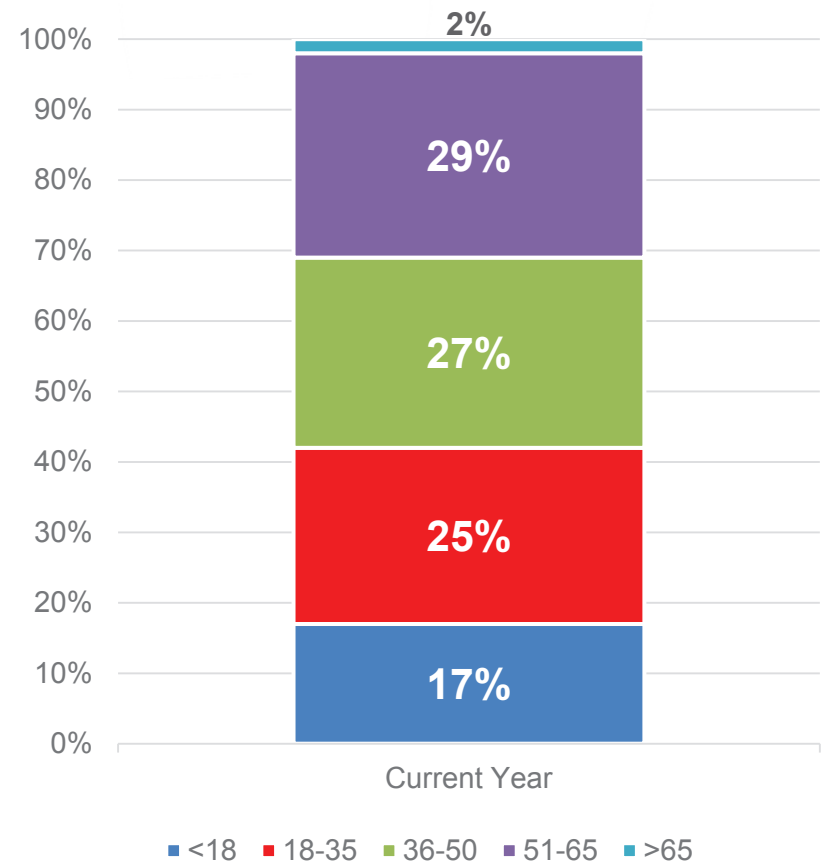
Continuously enrolled members after receiving a chronic care solution letter during the second cycle (11/1/2016 - 10/31/2017)

Demographics of Members in the gaps in care Group:
the majority of members are 50 years of age or younger.
Hypertension is the most prevalent condition (42%)
followed by Metabolic Syndrome (20%).

Chronic Condition Percentage Breakdown
Current Year

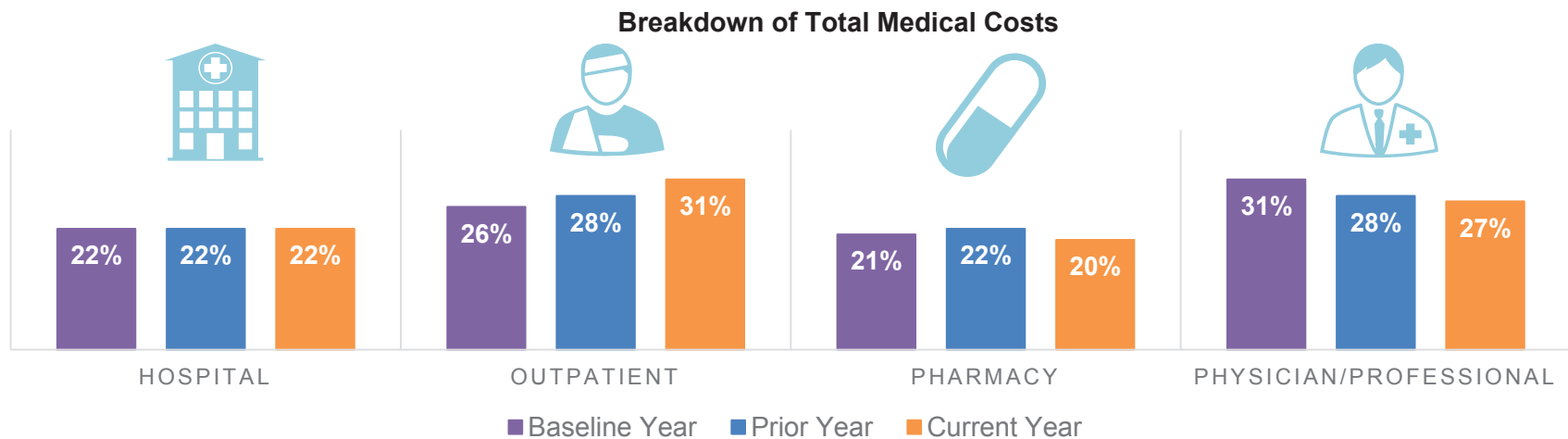
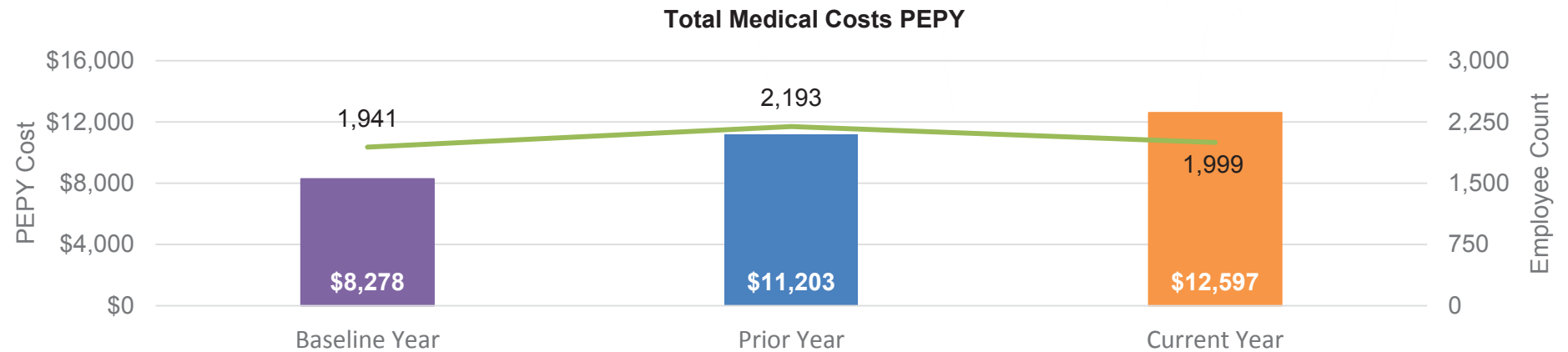


Age Breakdown of Members



Comparative Analysis – Year Over Year

Total medical costs increased by 52% from the Baseline Year to the Current Year. As a percentage of total medical costs, outpatient costs increased and inpatient costs were unchanged, while pharmacy and physician/professional costs decreased.

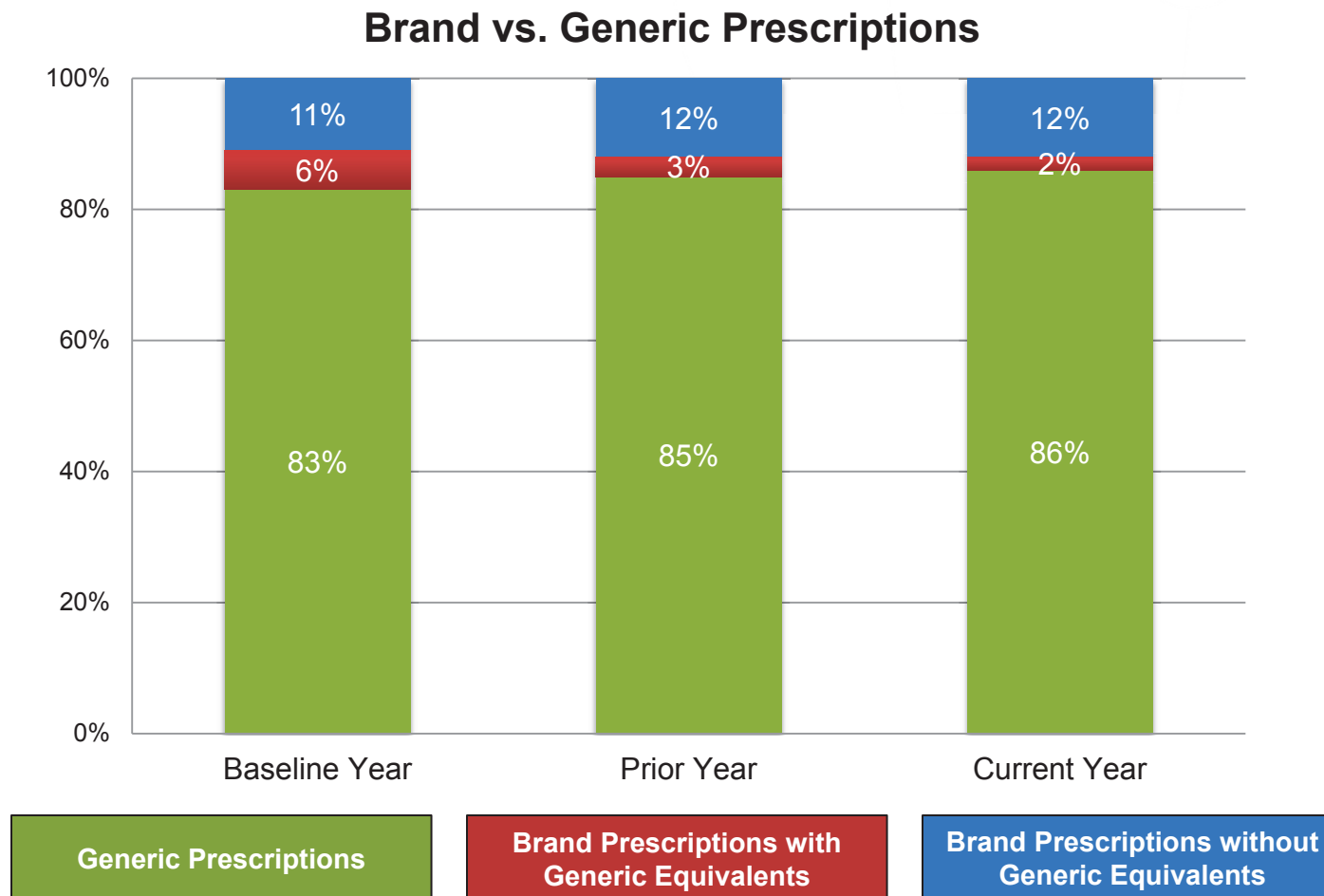


Comparative Analysis – Year Over Year

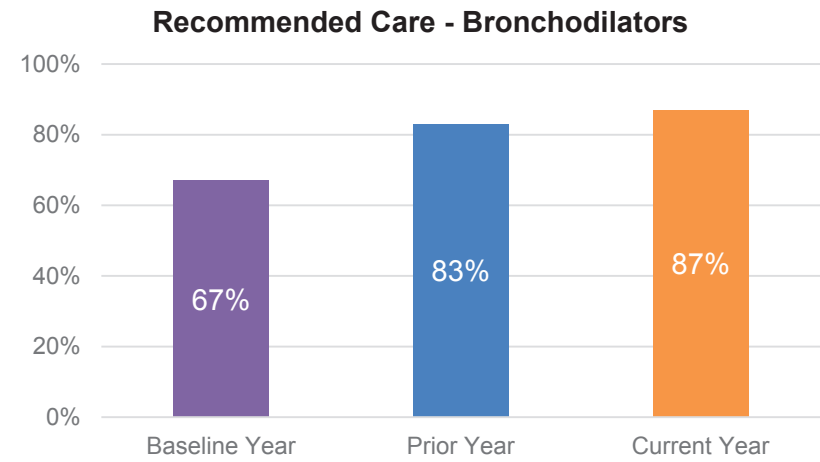
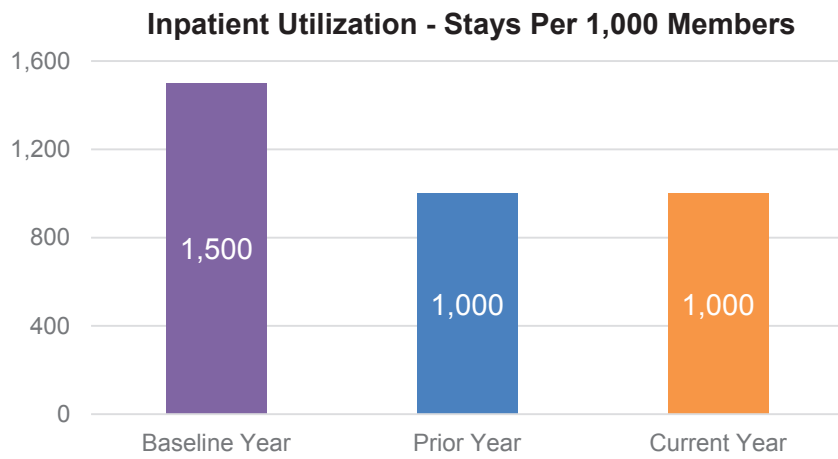
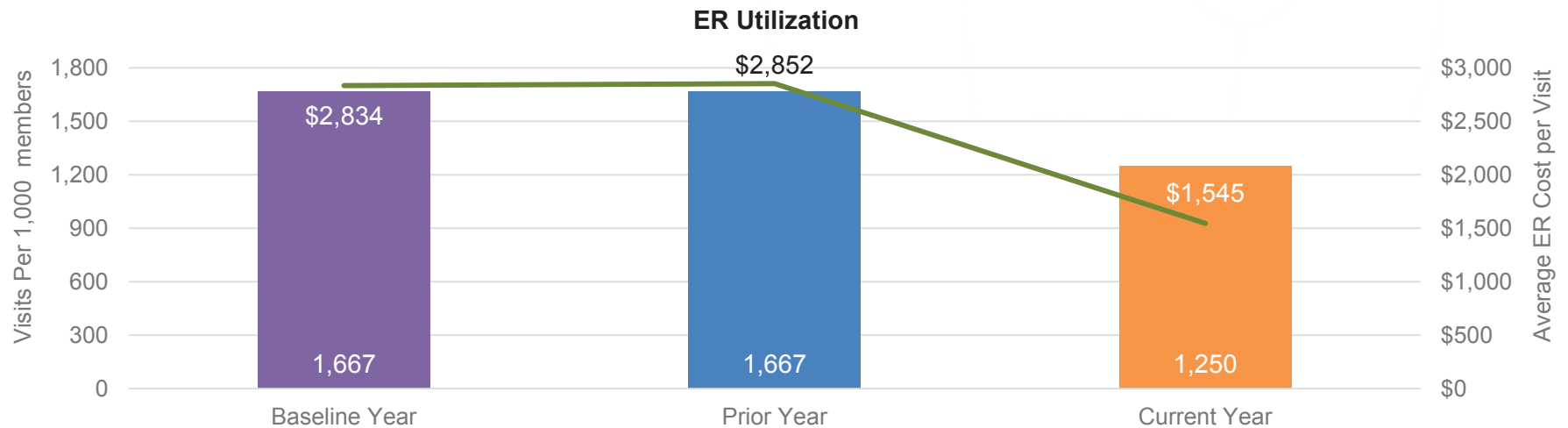
Summary - Baseline Year to Current Year

- Total medical costs increased 52% on a PEPY basis.
- As a percentage of total medical costs, outpatient costs increased and inpatient costs were unchanged, while pharmacy and physician/professional costs decreased.

Brand Prescriptions with Generic Equivalents decreased and Generic Prescriptions increased when comparing the Baseline Year to the Current Year.



COPD: ER visits per 1,000 members, average ER cost per visit, and Inpatient stays per 1,000 members decreased, when comparing the Baseline Year to the Current Year. Recommended care compliance increased for Bronchodilators.



Comparative Analysis – Year Over Year

Metabolic Syndrome: average ER cost per visit and Inpatient stays per 1,000 members decreased, when comparing the Baseline Year to the Current Year.

ER Utilization - Average ER Cost Per Visit



Inpatient Utilization - Stays Per 1,000 Members



Comparative Analysis – Year Over Year

Summary - Baseline Year to Current Year

- Brand prescriptions with generic equivalents decreased and generic prescriptions increased.
- COPD: ER visits per 1,000 members, average ER cost per visit, and Inpatient stays per 1,000 members decreased. Recommended care compliance increased for Bronchodilators.
- Metabolic Syndrome: average ER cost per visit and Inpatient stays per 1,000 members decreased.

Comparison Analysis: Engaged Group vs. Non-Engaged Group

The next section of the report compares outcomes for the continuously enrolled members who had a gap in care, got a letter or other outbound proactive contact, interacted with a personal advocate program, or had a biometric screening (the “Engaged Group”), with the Total Population minus the Engaged Group (the “Non-Engaged Group”).

Outreach Program: Analysis of the Engaged Group vs. the Non-Engaged Group

Engaged Group



Continuously enrolled members who had a gap in care, got a letter or other outbound proactive contact, interacted with a Personal advocate program, or had a biometric screening

Non-Engaged Group (Total Population minus Engaged Group)



Total Population minus Engaged Group members who were continuously enrolled and who did not call advocate program or have a biometric screening

Benchmark



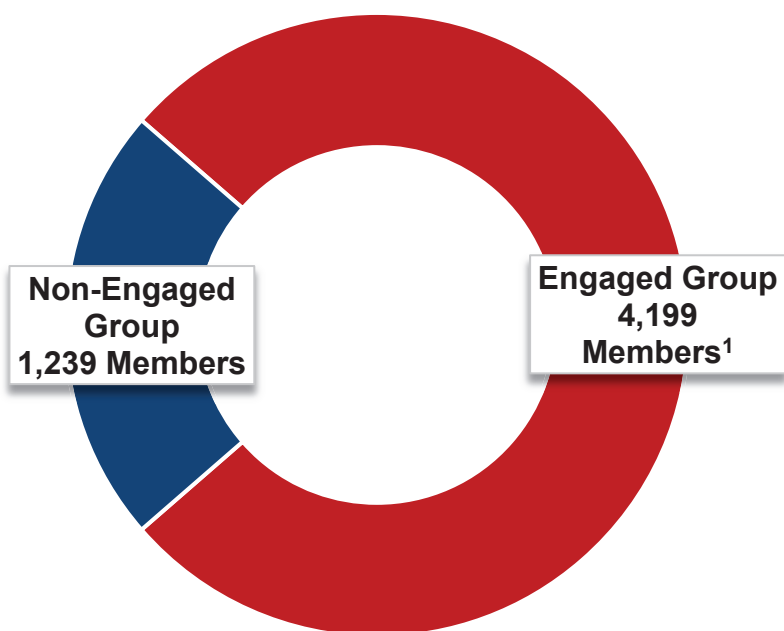
Measures from the Book of Business for the measurement year

Engagement analysis uses data from the year (11/1/2016 - 10/31/2017)

Members who Engaged with advocate program (the “Engaged Group”) accounted for 77% of the member base, but 87% of total medical costs. “Members” includes Employees, Spouses and Dependents.

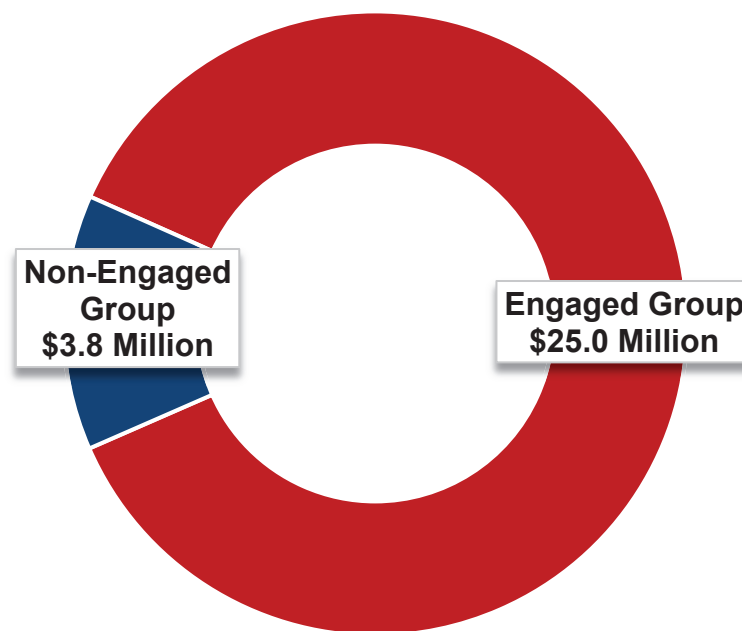
Member Engagement

5,438 Members



Total Medical Costs

\$28.8 Million



■ Non-Engaged Group ■ Engaged Group

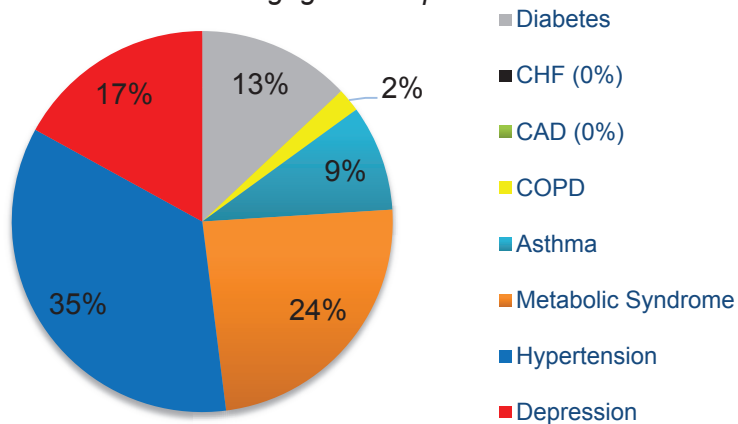
¹Employees may not be related to spouses or dependents in the member group

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

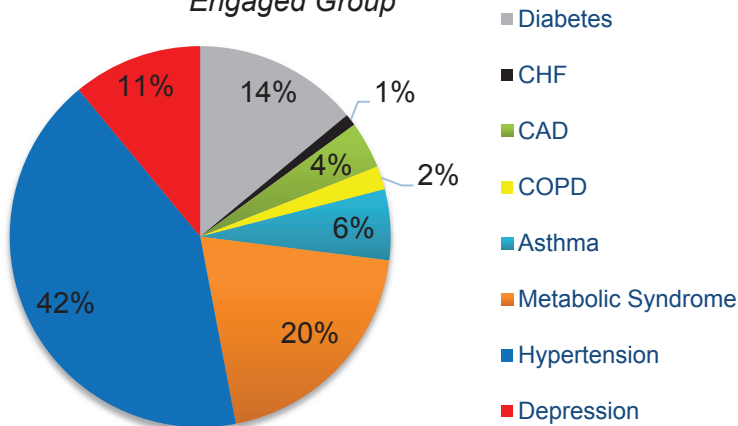
The Engaged Group vs. The Non-Engaged Group

Demographics: The majority of members in the Engaged Group are 50 years of age or younger. Hypertension is the most prevalent condition (42%) followed by Metabolic Syndrome (20%).

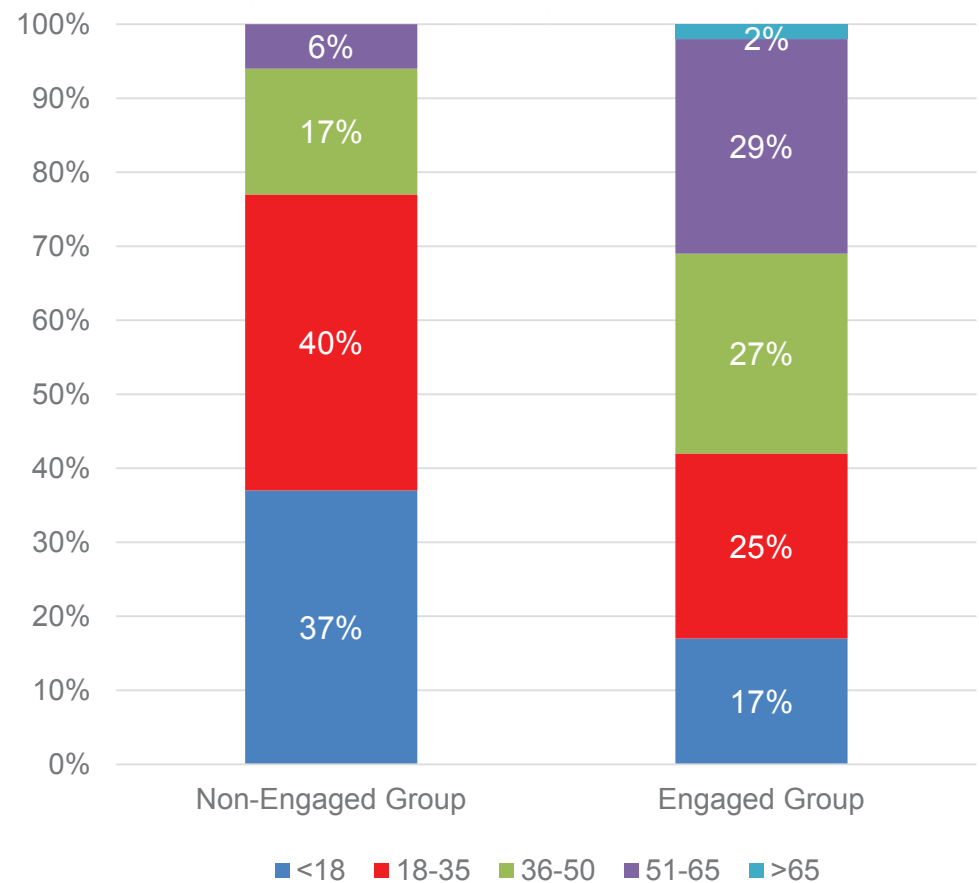
Chronic Condition Percentage Breakdown
Non-Engaged Group



Chronic Condition Percentage Breakdown
Engaged Group



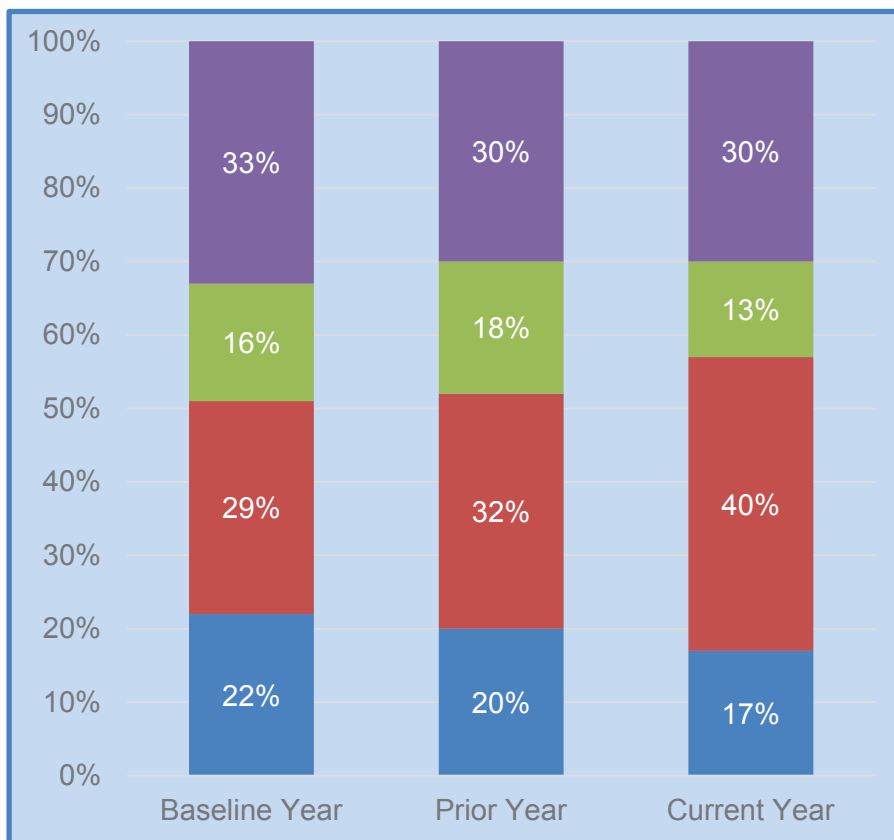
Age Breakdown: Non-Engaged Group vs. Engaged Group



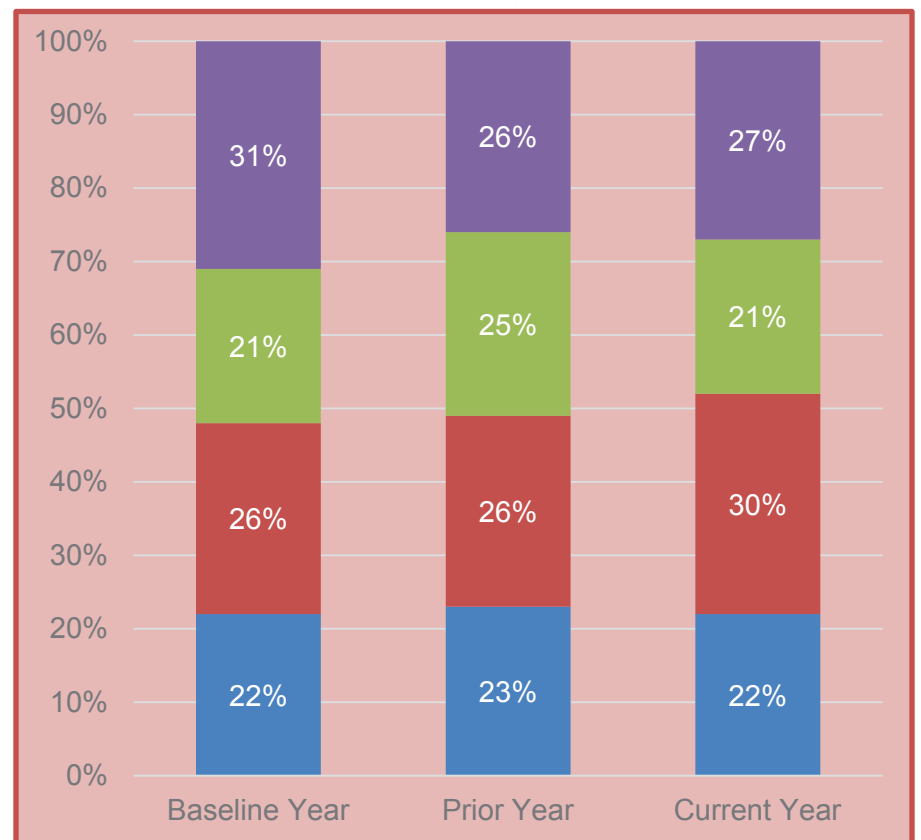
The Engaged Group vs. The Non-Engaged Group

Percentage of Total Medical Cost by Location

**Breakdown of Total Medical Cost
Non-Engaged Group**



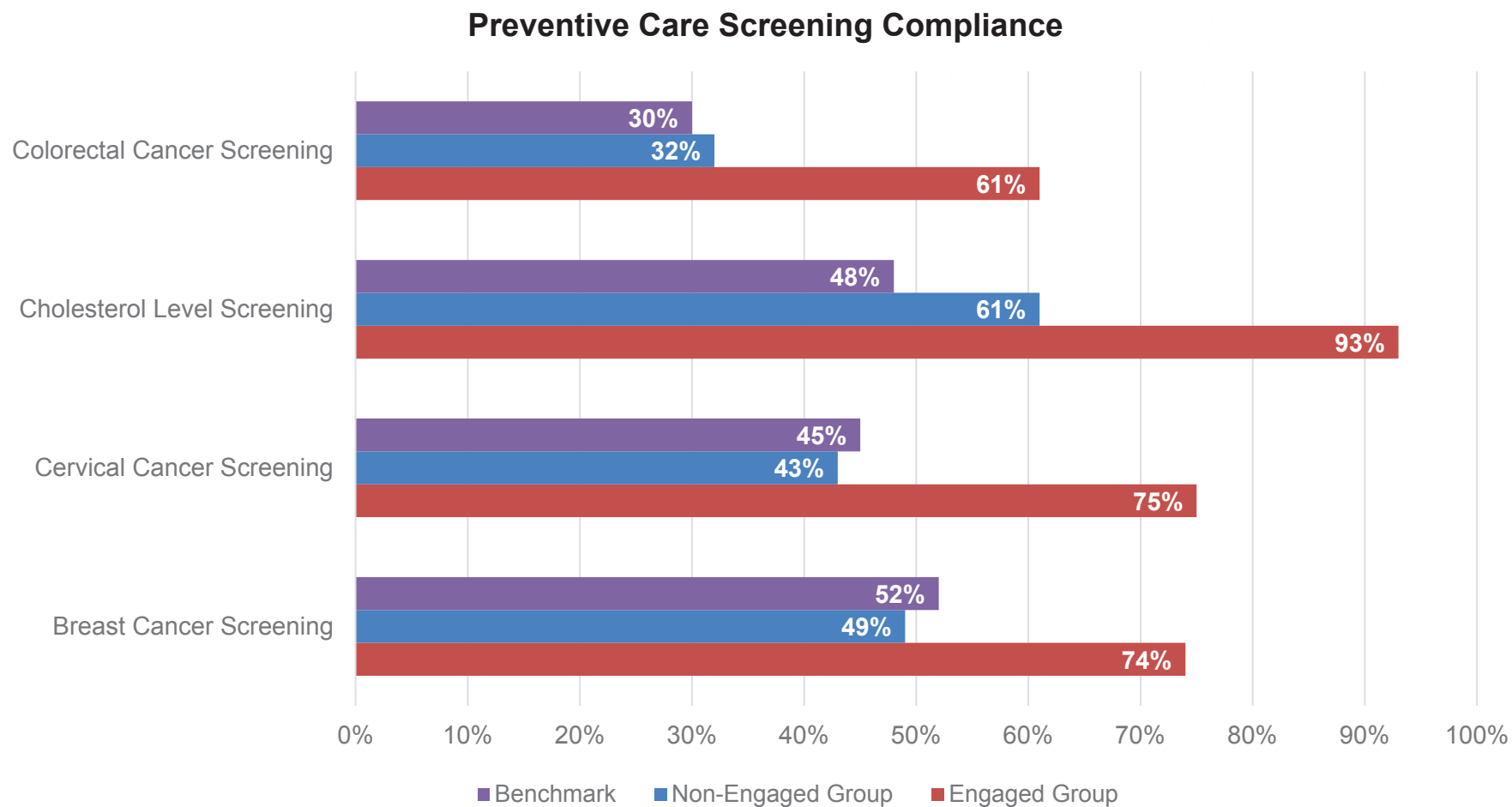
**Breakdown of Total Medical Cost
Engaged Group**



■ Hospital ■ Outpatient ■ Pharmacy ■ Professional/Physician

The Engaged Group vs. The Non-Engaged Group

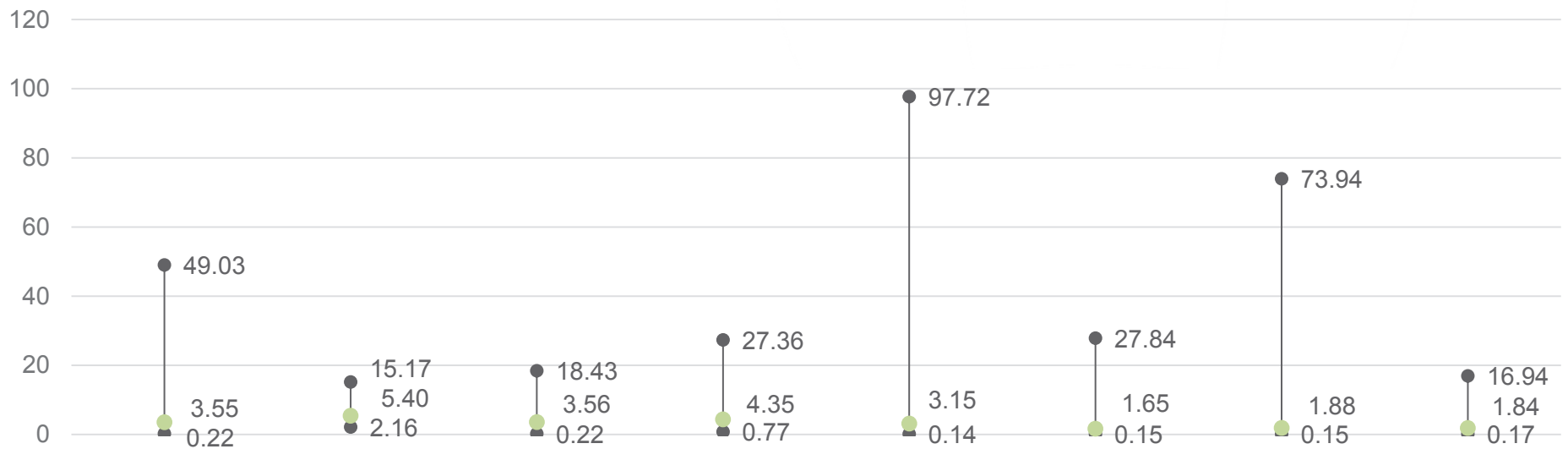
The Engaged Group had higher compliance for all 4 Preventive Care screenings when compared to the Non-Engaged Group.



The Engaged Group vs. The Non-Engaged Group

Risk Scores by Primary Condition: Asthma had the highest Prospective Risk Score range.

Total Population Risk Scores by Primary Condition



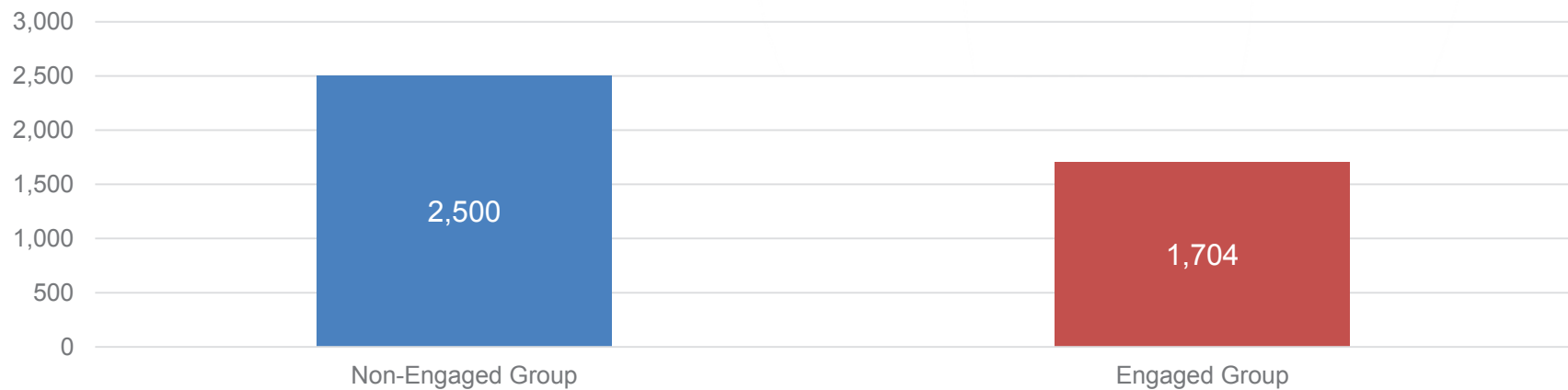
Conditions	Diabetes			CHF			CAD			COPD			Asthma			Metabolic Syndrome			Hypertension			Depression		
	Min	Avg	Max	Min	Avg	Max	Min	Avg	Max	Min	Avg	Max	Min	Avg	Max	Min	Avg	Max	Min	Avg	Max	Min	Avg	Max
Engaged	0.22	3.64	49.03	2.16	5.40	15.17	0.22	3.56	18.43	0.77	4.24	27.36	0.18	3.35	97.72	0.17	1.66	27.84	0.18	1.91	73.94	0.23	1.82	16.94
Non-Engaged	0.75	2.01	3.43	-	-	-	-	-	-	0.84	5.61	10.38	0.14	1.11	3.09	0.15	1.52	8.62	0.15	1.30	8.28	0.17	1.99	10.93

No Non-Engaged members present

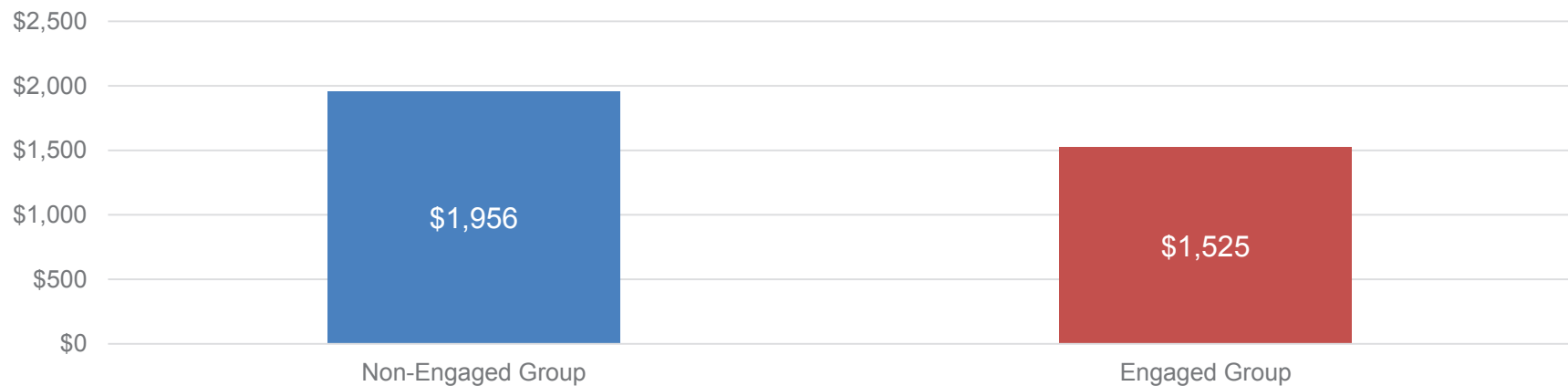
The Engaged Group vs. The Non-Engaged Group

Asthma: ER visits per 1,000 members and average ER cost per visit were lower, when comparing the Engaged Group to the Non-Engaged Group.

ER Utilization - ER Visits Per 1,000 Members

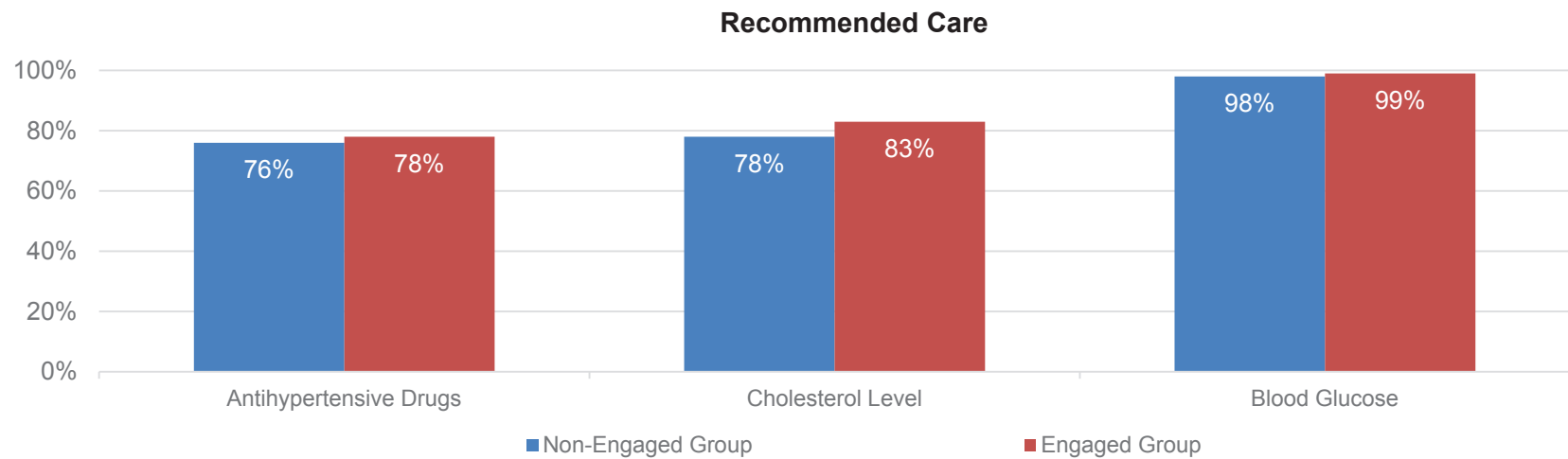
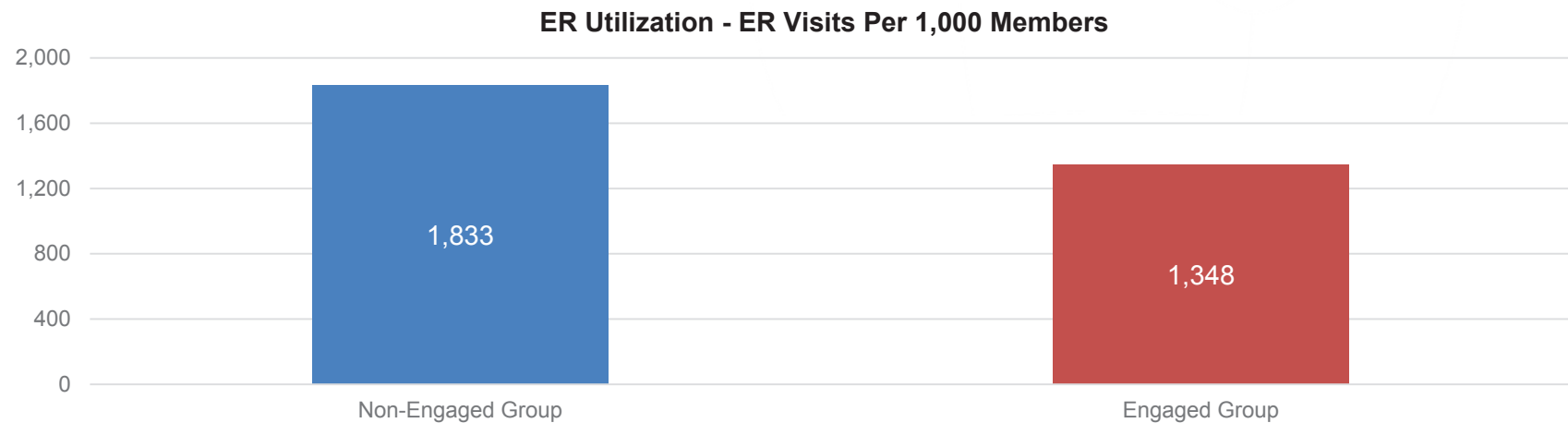


ER Utilization - Average ER Cost Per Visit



The Engaged Group vs. The Non-Engaged Group

Hypertension: ER visits per 1,000 members were lower, while recommended care compliance was higher for all 3 measures, when comparing the Engaged Group to the Non-Engaged Group.



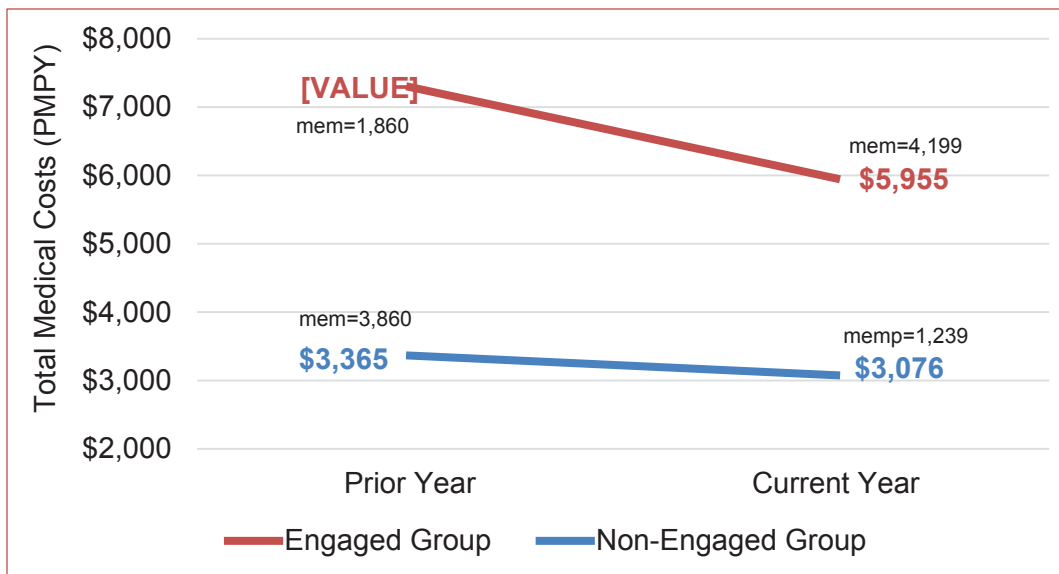
The Engaged Group vs. The Non-Engaged Group

Summary: Engaged Group vs. Non-Engaged Group

- Preventive care screening compliance was higher for all 4 measures.
- Risk Scores by Primary Condition: Asthma had the highest Prospective Risk Score range.
- Asthma: ER visits per 1,000 members and average ER cost per visit were lower.
- Hypertension: ER visits per 1,000 members were lower, while recommended care compliance was higher for all 3 measures.

Prior Year to Current Year: medical costs and savings per member per year (PMPY)

- Non-Engaged Group - Total medical costs (PMPY) decreased 8.59% from the Prior Year to Current Year.
- Engaged Group - Total medical costs decreased 18.34% from the Prior Year to Current Year, despite the fact that this group was more ill and at higher risk than the Non-Engaged Group.
- **This 9.75% difference in PMPY medical cost trend saved XXX \$2,985,489 over 1 year.**



**Members who
engaged with
advocate
program saved
XXX \$2,985,489**

Savings Calculation: advocate program's XXX Health Program saved XXX \$2,985,489 in the Current Year

- The 9.75% difference in medical cost trend between the Non-Engaged Group and the Engaged Group is calculated by subtracting the -18.34% decrease in medical costs for the Engaged Group from the -8.59% decrease in medical costs for the Non-Engaged Group ($-8.59\% + 18.34\% = 9.75\%$)
- The PMPY difference is calculated by multiplying 9.75% x the PMPY for the Engaged Group ($\$7,292 \times .0975 = \711) and adding this to the actual PMPY for the Engaged Group ($\$7,292 + \$711 = \$8,003$)
- \$8,003 is what the medical costs for the Engaged Group would have been without advocate program's interventions.
- The PMPY difference (\$711) represents what the medical costs would have been for the Engaged Group without advocate program's interventions. In other words, without advocate program, there is every reason to expect that the Engaged Group's medical cost trend would have been the same as the Non-Engaged Group's medical cost trend.
- The total savings is calculated by multiplying the PMPY difference for the Engaged Group (\$711) by the number of members in the Engaged Group ($\$711 \times 4,199 = \$2,985,489$)

Savings Summary

- XXX's January 2017 census showed a total of X,XXX employees covered for advocate program's Services
- XXX paid advocate program approximately \$XXX,XXX combined, for the XXX Health services (including XXX).
- The reduction in medical cost trend from -8.59% to -18.34% for the people who engaged with a advocate program Coach compared to those that did not, represents a savings of **\$2,985,489** to XXX over one year.
- **Using fees paid to advocate program, measured as an ROI for 2017, XXX recognized a savings that was more than XX.XX times the cost of advocate program's services.**