

# Planning & Analytics for Total Health

Deliver actionable analytics and prescriptive strategies

## Virginia Bankers Association

Previous: April 2022 – March 2023

Current: April 2023 – March 2024

# Agenda & Introduction



Health care trends



Executive summary



Clinical insights



Population health



Recommendations



Appendix

## Your PATH Team



**Nancy Novak**  
BSN, RN, CCM Clinical  
Consultant



**Laura Moore, CWPC**  
Health Management  
Consultant



**Divya Patel**  
VP, National EH&B  
Data Analytics

# Reporting Parameters – MMA Book of Business

## Reporting Period

Paid during the following periods:

Current:

**Apr 2023 – Mar 2024**

Prior:

**Apr 2022 – Mar 2023**

## Settings

Inpatient facility, Outpatient facility and Professional.

Stop loss reimbursements and pharmacy rebates are not included in this data.

High-Cost Claimants are defined as those greater than \$100k.

## Benchmarking

Normative database has been categorized based on specific metrics on the proportions of your population's geography; age and gender.

## Risk Scoring

MARA Risk Score is the measure of risk associated with an individual's age, gender, and conditions, relative to an average person.

A relative risk score of 1.00 is average and an individual with an RRS of 1.50 is predicted to spend 50% more in resources compared to the average person.

# Health care Trends



# 4 trends of 2024

1

## 4 generations, 1 workforce

Boomers, Gen X, Millennials, and Gen Z “live in different worlds” from one another.

Their **unique economic challenges, health care issues, values, and work attitudes** shape their benefits expectations.

2

## Better benefits, better talent

Benefits are more important than ever according to 95% of employers, and in some cases on par in importance with pay increases.

**Customization of benefits** is the way of the future.

3

## Whole Person Health is here to stay

Employers see the **value** in Whole Person Health.

**Employees expect whole person benefits** because they believe employers are responsible for their well-being.

Whole Person Health has a **positive ROI**.

4

## Health care costs – the pressure is on

Health care costs are rising – 5.4% in 2024 alone.

**Employees and employers are strained by rising pharmaceutical costs.** 1 in 3 employees struggle to afford their prescriptions.

Employers are turning to **transparency and optimization** to mitigate frustration.



All generations report being **under-engaged, concerned about cost of living, and in need of improved mental health services.**

# Executive summary



# Executive summary



Prior: 04/22-03/23

Current: 04/23-03/24

<b>Enrolled Members</b>	<b>11,322 (-8%)</b>
Employees	6,784
Spouses	1,384
Dependents	3,154
Female / Male	61% / 39%

<b>Average Member Age</b>	<b>40 years</b>
Employee age	48 years
Spouse age	55 years
Dependents age	18 years

<b>Medical/Rx PMPM</b>	<b>\$339 / \$147</b>
Employees	\$365 / \$180
Spouses	\$574 / \$224
Dependents	\$176 / \$41

**Summary**  
Spouses have the highest Medical/Rx PMPM and the highest risk scores.

126 members 70 yrs. or older and 1,817 members in 60-69 age bin  
Members >60yr. old (1,943 total): Total Employer Paid Amount of \$21.3M.  
Members <60yr. old (9,379 total): Total Employer Paid Amount of \$44.7M.

Trend Insights	Current	% Change	Benchmark	Notes
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### Cost Trends

Medical Plan Paid	\$46,022,471	-12%	--
Pharmacy Plan Paid	\$19,936,263	-4%	--
Total Plan Paid	\$65,958,734	-10%	--
Med PMPM	\$339	-4%	\$414
Rx PMPM	\$147	5%	\$154
Total PMPM	\$485	-1%	\$568
Total PMPM Exc. HCC's	\$343	6%	--

### Utilization Trends

PCP visits per 1k	2,000	0%	1,759
Specialist visits per 1k	1,369	2%	1,284
Telemed visits per 1k	1,100	44%	--
ER visits per 1k	154	2%	188
Avoidable ER visits per 1k	53	7%	--
Urgent Care visits per 1k	310	7%	243
Outpatient Surgeries per 1k	106	10%	110
Admits per 1k	35	-12%	53

### Pharmacy Trends

Scripts per 1k	9,501	-3%	--
Generic scripts	87%	2%	--
Specialty drug spend	54%	2%	--

Top Drug Classes by Prevalence: Antidepressants - SSRI, HMG CoA Reductase Inhibitors, and Hormonal Contraceptives  
Top Drug Classes by spend: Anti-Rheumatics/Immune Modulators, Psoriasis Agents, and GLP-1 Agonists

Total Plan Paid Trend decreased -10%; Medical is the primary driver, -12%

Spouses are driving the higher medical and Rx PMPM

HCC are contributing to the trend decrease; prior 113, current 101, 12 fewer HCC

ER and Avoidable ER utilization saw increases. Stomach bug, nausea/vomiting and upper respiratory infections were top Avoidable ER diagnoses.

Outpatient surgeries has increased in utilization and cost; EGD's and colonoscopy by prevalence, hip repair and gallbladder removal by cost.

Inpatient Admissions cost and utilization have decreased; average length of stay increased and is above the benchmark. Six of the top 10 HCC had lengthy admissions.

**Consider Medicare education program options.TT**

**Data insights**





# Year over year cost & utilization

	1Q2022	1Q2023	1Q2024	Trend	2 Year Trend
<b>Enrollment</b>					
Average Enrolled Employees	7,476	7,421	5,119	-31%	-32%
Average Enrolled Members	12,438	12,383	8,398	-32%	-32%
<b>Cost</b>					
Employer Paid Amount (Med)	\$11,383,277	\$11,181,567	\$7,935,921	-29%	-30%
Employer Paid Amount (Rx)	\$4,330,709	\$4,871,700	\$2,874,555	-41%	-34%
Employer Paid Amount (Med+Rx)	\$15,713,986	\$16,053,267	\$10,810,476	-33%	-31%
PMPM Employer Paid Amount (Med)	\$305	\$301	\$315	5%	3%
PMPM Employer Paid Amount (Rx)	\$116	\$131	\$114	-13%	-2%
PMPM Employer Paid Amount (Med+Rx)	\$421	\$432	\$429	-1%	2%
<b>Utilization</b>					
Per 1k Preventive Visits	610	658	741	13%	21%
Per 1k PCP Visits	2,136	2,031	2,216	9%	4%
Per 1k Specialist Visits	1,325	1,331	1,395	5%	5%
Per 1k Telemedicine Visits (Medical Claims)	871	689	804	17%	-8%
Per 1k Urgent Care Visits	331	355	371	4%	12%
Per 1k Emergency Visits	155	149	155	4%	0%
Per 1k Avoidable ER Visits	47	57	63	11%	36%
Per 1k Outpatient Surgeries	91	95	117	22%	29%
Per 1k Inpatient Admits	35	34	38	13%	9%
Per 1k Rx Scripts (HCG)	9,521	9,323	10,022	7%	5%

# Overview: HCC and non-HCC groups

Members with >\$100,000 in combined medical & Rx costs

Employer Paid Amount without High Cost Claimants				Employer Paid Amount High Cost Claimants Only			
Measure	Prior	Current	Trend	Measure	Prior	Current	Trend
PMPM Employer Paid Amount (Med)	\$222	\$236	6.4% ↗	PMPM Employer Paid Amount (Med)	\$131	\$103	-21.2% ↘
PMPM Employer Paid Amount (Rx)	\$99.75	\$105	4.9% ↗	PMPM Employer Paid Amount (Rx)	\$39.50	\$42.13	6.7% ↗
PMPM Employer Paid Amount (Med+Rx)	\$321	\$340	5.9% ↗	PMPM Employer Paid Amount (Med+Rx)	\$170	\$145	-14.7% ↘
Sum Employer Paid Amount (Med)	\$32,900,765	\$32,042,831	-2.6% ↘	Sum Employer Paid Amount (Med)	\$19,388,925	\$13,979,640	-27.9% ↘
Sum Employer Paid Amount (Rx)	\$14,805,627	\$14,211,811	-4.0% ↘	Sum Employer Paid Amount (Rx)	\$5,862,530	\$5,724,452	-2.4% ↘
Sum Employer Paid Amount (Med+Rx)	\$47,706,392	\$46,254,642	-3.0% ↘	Sum Employer Paid Amount (Med+Rx)	\$25,251,455	\$19,704,092	-22.0% ↘

# Top 10 high cost medical & Rx claimants

Members with >\$100,000 in combined medical & Rx costs

## Summary

- 1 Head injury, critical care, ventilator, inpatient admission for 32 days.
- 2 Multiple myeloma, history of breast cancer, Kadcylla \$12/mo (through 8/23) Darzalex \$14k/mo
- 3 Anemia, inpatient admission for 49 days for bone marrow transplant, Jadenu \$8k/30d and Prevymis \$7k/28d
- 4 Multiple myeloma, inpatient admission for 49 days stem cell transplant, Revlimid \$21k/28d.
- 5 Motor vehicle accident, inpatient admission for 15 days, fractured vertebrae, surgical fusion, ESRD on hemodialysis 6/2023. Mounjaro \$1k/mo, Humalog KwikPen \$2k/56d through 1/2024. Eylea \$3,700 twice in 2024 for diabetic retinopathy
- 6 Relapsing polychondritis, acute respiratory failure, lobectomy, ECMO machine, inpatient admission for 14 days Noxafil \$3k/30d, IVIG \$2k/mo
- 7 Congestive heart failure, inpatient admission for 5 days for cardiac arrest.
- 8 Colon cancer stage IV, Vectibex \$17k/mo
- 9 Breast cancer, Keytruda \$20K/mo and radiation
- 10 Breast cancer, inpatient admission for 10 days for bacterial infection, Keytruda \$32k/mo through Oct 2023

Gender	Type	Age	Still Enrolled	HC Med	HC Rx	HC Prior	Prior Paid	Med Paid	Rx Paid	Total Paid Med + Rx	Predicted Cost
Male	Dependent	20	✓	○ ●	○ ○	○	\$284	\$641,393	\$1,789	\$643,182	\$100k - \$125k
Female	Subscriber	63	✓	● ●	○ ●	●	\$367,837	\$490,365	\$101,452	\$591,816	\$250k +
Male	Subscriber	47	✗	○ ●	○ ●	○	\$13,375	\$498,651	\$36,818	\$535,469	\$150k - \$175k
Female	Subscriber	62	✓	● ●	● ●	●	\$297,357	\$289,017	\$220,863	\$509,880	\$250k +
Female	Subscriber	60	✓	○ ●	● ●	○	\$44,446	\$388,175	\$33,688	\$421,863	\$250k +
Male	Dependent	18	✓	○ ●	○ ○	○	N/A	\$380,786	\$20,728	\$401,514	\$250k +
Male	Spouse	47	✓	○ ●	○ ○	○	\$4,197	\$375,521	\$4,783	\$380,305	\$50k - \$75k
Female	Subscriber	45	✓	● ●	○ ○	●	\$329,159	\$369,655	\$378	\$370,032	\$225k - \$250k
Female	Subscriber	58	✓	● ●	○ ○	○	\$99,705	\$350,529	\$13,006	\$363,536	\$175k - \$200k
Female	Subscriber	58	✗	○ ●	○ ○	○	\$1,313	\$359,054	\$1,672	\$360,726	\$100k - \$125k

### HCC Summary

- Members with chronic conditions, however, managed well with Specialty Rx
- Lengthy hospital admissions; #1, #3, #4, #5, #6, #10
- 2 out of 10 members are no longer active on the plan; #3, #10

# GLP-1 Agonists/Weight Loss Drugs

Apr 2022, Mar 2023 PAID Apr 2023, Mar 2024 PAID

Preferred Drug Name (Artemis)	Sum Employer Paid Amount (Rx)	Sum Employer Paid Amount (Rx)	Sum Employer Paid Amount (Rx)	* Sum Rx Scripts (HCG)	Count Distinct Members with Rx Claims	Count Distinct Members with Rx Claims
<b>19 Items</b>	<b>\$2,444,561</b>	<b>19.0%</b>	<b>\$2,053,834</b>	<b>2,120</b>	<b>533</b>	<b>328</b>
Hide "No Value" Row <input type="checkbox"/>						
Mounjaro	\$534,289	277.9%	\$141,378	477	111	78
Ozempic (1 MG/DOSE)	\$402,454	-0.6%	\$405,032	291	98	85
Semaglutide(0.25 or 0.5MG/DOS)	\$395,515	4,255.6%	\$9,081	389	142	107
Trulicity/0.5ml	\$342,118	-36.7%	\$540,743	273	70	59
Trulicity	\$259,108	27.5%	\$203,201	201	51	44
Rybelsus	\$252,325	26.1%	\$200,116	175	43	36
Ozempic (2 MG/DOSE)	\$203,213	107.2%	\$98,063	163	47	43
Bydureon BCise	\$28,961	-34.9%	\$44,487	21	6	5
Ozempic	\$13,514	-96.6%	\$400,700	12	13	10
Victoza Pen	\$13,064	20.4%	\$10,849	14	3	3

## Best Practice

- MMA does not recommend off-label use of medications outside of FDA approved labeling language.
- Examine Carrier and PBM guidelines for utilization and Prior Authorization requirements and quantity limits.
- Ensure consistency in policy documents depending on client decisions to cover or exclude weight-loss medications.

\* Virginia Banker's Association has a prior authorization (PA) in place for those prescribed GLP-1 Agonists.

# Virginia Bankers Association - Gene Therapy Risk Assessment

<u>Gene Therapy Drug Name</u>	<u>Approved to treat:</u>	<u>Estimated Cost</u>	<u>Prevalence</u>	<u># Members</u>
Luxturna	Vision Loss - Retinal Dystrophy	\$ 850,000	1:3,500	1
Zolgensma	Spinal Muscular Atrophy (SMA) children <2	\$ 2,100,000	1:10,000	0
Zynteglo	Blood disorder - Beta Thalassemia	\$ 2,800,000	1:100,000	1
Skysona	Active cerebral adrenoleukodystrophy male, children <18	\$ 3,000,000	1:15,000	0
Hemgenix	Hemophilia B	\$ 3,500,000	1:40,000	1
Elevidys	Duchenne Muscular Dystrophy children 4-5 years old	\$ 3,200,000	1:3,500	0
Roctavian	Hemophilia A – adults with severe bleeding	\$ 2,900,000	1:5,600	1
Vyjuvek	Dystrophic epidermolysis bullosa (DEB)	\$ 632,000	1:51,000	0
Casgevy (Exa-cel)	Sickle Cell Disease >12 years old (with crisis)	\$ 2,200,000	1:3,300	Total Sickle Cell Members 0
Lyfgenia (Lovo-cel)	Sickle Cell Disease >12 years old (without crisis)	\$ 3,300,000	1:3,300	

- Estimated cost – as published by the drug manufacturer at the time of FDA approval.
- Prevalence – indicates prevalence of established medical cases in the United States
- # Members – indicates the number of enrolled members on the plan who match the diagnosis code and identify with the FDA approved drug indication.

# Executive summary

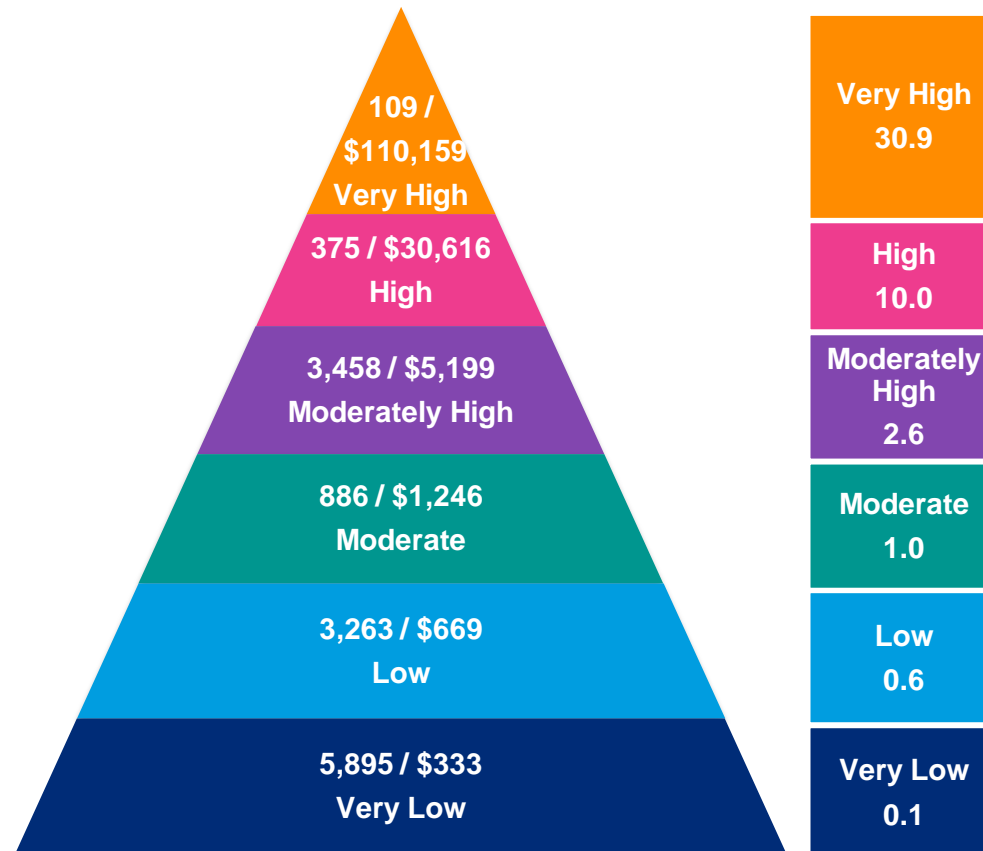
Prior: 04/22-03/23  
Current: 04/23-03/24

Behavioral Health	Current	% Change
Members	2,128	2%
Per 1k	188	11%
Med Paid PMPM	\$15.68	15%
Rx Paid PMPM	\$2.35	-40%
Diabetes	Current	% Change
Members	667	1%
Per 1k	59	11%
Med Paid PMPM	\$2.15	30%
Rx Paid PMPM	\$34.29	15%
Hypertension	Current	% Change
Members	1,152	-4%
Per 1k	102	4%
Med Paid PMPM	\$1.36	-50%
Rx Paid PMPM	\$0.62	8%
Musculoskeletal	Current	% Change
Members	1,355	-5%
Per 1k	120	4%
Med Paid PMPM	\$24.13	20%
Rx Paid PMPM	\$0.06	-1%
Hyperlipidemia	Current	% Change
Members	522	-1%
Per 1k	46	8%
Med Paid PMPM	\$0.30	25%
Rx Paid PMPM	\$2.35	38%

## Member risk profile

Concurrent 1.39 / Prospective 1.35

Employees 1.54 / 1.57      Spouses 2.01 / 1.97



### Preventive Care

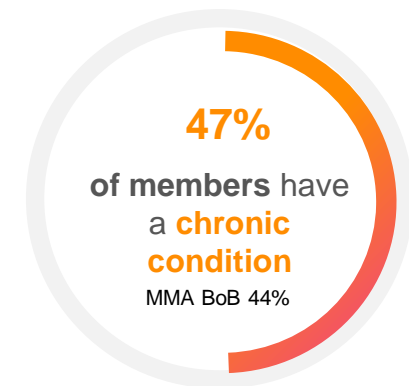
- 45% members had a preventative visit
- 739 /1k Prev. visits 3.7% from prior

### Primary Care / PCP

- 60% members had a PCP visit
- 2,000 /1k PCP visits 0.4% from prior

### Well-being programs

Comprehensive programs with optimal engagement can help shift members to a lower risk status ideally leading to savings.



# Recommendations

4

# 2024 Data-driven Action Plan

Focus area	Current solutions in place	Strategic opportunities
<p><b>Well-being Strategy:</b> Employee Awareness Strategy Planning</p>	<p><b>VBA:</b> Individual bank well-being survey results:</p> <ul style="list-style-type: none"> <li>• Fitness: online organized classes and activities</li> <li>• Address substance use, anxiety and depression</li> <li>• Retirement planning</li> <li>• Caregiving</li> <li>• Best times to participate in activities while at work: Lunch time and after work</li> </ul> <p><b>Anthem: Top conditions by generation</b></p> <ul style="list-style-type: none"> <li>• Gen A: Newborn and Asthma</li> <li>• Gen Z: Behavioral Health and Low Back Pain</li> <li>• Millennials: Maternity and Low Back Pain</li> <li>• Gen X: Cancer and Hypertension</li> <li>• Baby Boomers: Cancer and Hypertension</li> </ul>	<p><b>Promote and Support Employee Health and Self Awareness</b></p> <ul style="list-style-type: none"> <li>• Consider a virtual health fair</li> <li>• Onsite events: Healthy cooking demos, educational lunch and learns</li> </ul> <p><b>Ongoing Strategy Planning</b></p> <ul style="list-style-type: none"> <li>• Revisit survey results to help with ongoing considerations of well-being programs, tools and resources</li> <li>• Monitor engagement of well-being platform: considering WellWorks for You</li> <li>• Wellness Summit 2.0: February 2025</li> </ul> <p><b>Education Campaign:</b> Customized by employee generations</p> <ul style="list-style-type: none"> <li>• Promote importance of preventive care and getting back in front of providers: Leverage Anthem resources and MMA's eMMpower Toolkit</li> </ul>
<p><b>Musculoskeletal:</b> Solutions Prevention</p>	<p><b>Hinge Health:</b> 2023 utilization: January – December</p> <ul style="list-style-type: none"> <li>• 8500 eligible: Engaged: 238 (3%): 88% chronic/12% acute</li> <li>• All time engagement: 700 (8.2%): 87% chronic/13% acute</li> <li>• Thru July 9, 2024: 6274 eligible: 77 engaged (1.2%): 86% chronic/14% acute</li> </ul> <p><b>Anthem</b></p> <ul style="list-style-type: none"> <li>• MSK Toolkit – Time Well Spent <a href="https://timewellspent.anthem.com">https://timewellspent.anthem.com</a></li> </ul>	<p><b>Consider a Preventive Approach</b></p> <ul style="list-style-type: none"> <li>• Ergonomic training and onsite/virtual office assessments: The Rising Workplace</li> </ul> <p><b>Hinge Health:</b></p> <ul style="list-style-type: none"> <li>• Promotion campaign – leverage Hinge Health resources</li> </ul>
<p><b>Metabolic Syndrome</b></p>	<p><b>Anthem: update with 2023 utilization</b></p> <ul style="list-style-type: none"> <li>• LiveHealth Online virtual medical services: 2023 utilization <ul style="list-style-type: none"> <li>◦ 280 registrations: Medical 545 and Dermatology 11</li> </ul> </li> <li>• Condition Care Management: Asthma, CAD, Heart Failure, COPD and Diabetes: 2023 utilization <ul style="list-style-type: none"> <li>◦ 12,290 eligible: 1982 identified: 16% engaged</li> <li>◦ Asthma 6.5%: Diabetes 4.93%: CAD 1.78%: Heart Failure 0.37%: COPD: 0.68%</li> </ul> </li> <li>• Lark: January – May 2024 utilization: 211 enrolled</li> </ul> <p><b>Noom:</b> Pilot engagement as of June: 101 enrolled</p> <ul style="list-style-type: none"> <li>• Engaged: 98 (97%): Total pounds lost: 152 - 63 users w/weight data</li> </ul> <p><b>Hello Heart:</b> Pilot engagement February – April : 107 users</p> <ul style="list-style-type: none"> <li>• 55.6% with a blood pressure reading of &gt;130/80</li> <li>• 77.5% at high risk reduced their blood pressure</li> <li>• 84% blood pressure tracking: 92% Digital Lifestyle Coaching:74% utilized other features</li> </ul>	<p><b>Point Solution Considerations:</b> Fitness and Condition Management</p> <ul style="list-style-type: none"> <li>• <b>Fitness:</b> Promote available gym membership discounts and virtual fitness videos: <ul style="list-style-type: none"> <li>◦ Anthem: Active and Fit Program, Husk Wellness and LifeMart</li> <li>◦ Noom Move</li> <li>◦ Bswift: BodyBoss 2.0 Home Gym, GymNetwork Club Memberships and 24-Hour Fitness Discounts</li> <li>◦ Offer Lifestyle Management Account: home gym equipment reimbursements and other fitness products (i.e., Peloton)</li> </ul> </li> <li>• <b>Condition Management:</b> <ul style="list-style-type: none"> <li>◦ Implement Noom and Hello Heart based on pilot results: January 2025</li> </ul> </li> </ul>
<p><b>Behavioral Health:</b> Strategy Planning Solutions Education</p>	<p><b>Anthem</b></p> <ul style="list-style-type: none"> <li>• Live Health Online virtual services: 2023 utilization: BH 128 (1.6%)</li> <li>• EAP: 2023 utilization <ul style="list-style-type: none"> <li>◦ 1704 total contacts (22%) 231 total requests (3%): 72% emotional: 8% marital: 14% Family/Child issues</li> </ul> </li> <li>• Talkspace</li> <li>• Learn to Live: Emotional Well-being Resources</li> </ul> <p><b>ComPsych EAP: Lincoln</b></p>	<p><b>Continue efforts to help reduce employee stress</b></p> <ul style="list-style-type: none"> <li>• Promote caregiving resources and manager support services: EAP</li> </ul> <p><b>Education Campaign:</b> Customized by employee generations</p> <ul style="list-style-type: none"> <li>• Leverage eMMpower communication toolkit and Anthem resources</li> </ul>



# Population health resources & toolkit



# Introducing eMMpower

Your one-stop-shop for well-being resources, education and toolkits. Here you will find fully vetted resources that will help support:

- Well-being strategy development
- Tools to help build a well-being program
- Turnkey employee communication samples
- Compliance requirements

“When employees feel supported, in all aspects of their lives, it resonates throughout an organization.”

- Dave Eslick, CEO, Marsh McLennan Agency

## Accessing eMMpower:

[eMMpowermma.clientportalonline.com](https://eMMpowermma.clientportalonline.com)

Username: [emmpower@zywave.com](mailto:emmpower@zywave.com)

Password: MMAemmpower

# Know where to go for care:

## Guide to help save money & time

Cost comparison	No Cost	Low Cost	Low Cost	Low Cost	Higher Cost	Highest Cost
Deciding where to go:	24/7 NurseLine	Telemedicine	Retail Health Clinic	Primary Care Doctor	Urgent Care Center	Emergency Room
Sprains, strains, stitches	X			X	X	
Mild Asthma	X			X		
Back pain	X			X		
Nausea, vomiting, diarrhea	X	X		X		
Minor allergic reactions	X	X	X	X		
Bumps, cuts, scrapes	X	X	X	X	X	
Rashes, minor burns	X	X	X	X		
Minor fevers, colds, ear or sinus pain	X	X	X	X		
Eye swelling, irritation, redness or pain	X	X	X	X		
Broken bones						X
Sudden loss of consciousness						X

When to go to the ER	Resource	Note
<p>If you feel you are experiencing a medical emergency, call 911 or head straight to the emergency room. Examples of a medical emergency include severe shortness of breath, chest pain, a cut or wound that won't stop bleeding, possible broken bones, sudden or unexplained loss of consciousness, facial drooping, arm weakness, and speech difficulty.</p>	<ul style="list-style-type: none"> <li>• <b>Health Plan Carrier</b> - Visit <a href="http://www.anthem.com">www.anthem.com</a> and click on <b>Find Care</b> to locate facilities near home, school and work.</li> <li>• <b>Telemedicine</b> - Connect with a doctor via video chat by visiting <a href="http://www.anthem.com">www.anthem.com</a>.</li> <li>• <b>24/7 NurseLine – Call 800-901-0020.</b></li> </ul>	<p>For less serious issues, skip the emergency room and save time and money by using telemedicine, visiting your PCP or urgent care center.</p>

# Know where to go for care

## Emotional health resources

Cost comparison	No cost	Low cost	Low cost	Higher cost	Highest cost
Deciding where to go	Employee Assistance	Telemedicine	Primary Care Doctor	Urgent Care Center	Emergency Room
Non-emergency (feeling blue, work or general stress & anxiety)	•				
Need help caring for an elderly parent or family member?	•		•		
Addiction or substance abuse issues	•	•	•	•	
Workplace/work-life services	•				
Need quick access to a licensed counselor?	•	•	•		
Need legal or financial consultation	•				
Eating disorders, adjustment/mood disorders		•	•		
Suicidal thoughts or emergencies		•	•		•
Pediatric or adult counseling	•	•	•		

➤ For less serious issues, skip the Emergency Room and **save time and money** by using telemedicine, visiting your PCP or urgent care center.

When to go to the ER	Need care now?
If you feel you are experiencing a medical emergency, call 911 or head straight to the emergency room. Examples of a medical emergency include severe shortness of breath, chest pain, a cut or wound that won't stop bleeding, possible broken bones, sudden or unexplained loss of consciousness, facial drooping, arm weakness, and speech difficulty.	<ul style="list-style-type: none"> <li>• <b>Employee Assistance:</b> Call confidential member services number.</li> <li>• <b>Telemedicine:</b> Call your provider at <a href="tel:833-592-9956">833-592-9956</a>. Licensed psychologists and psychiatrists are available 24/7/365 for adults and pediatric counseling.</li> <li>• <b>Urgent Care Center:</b> For available centers in your area, visit your carrier website or call your carrier member services line <a href="tel:833-592-9956">833-592-9956</a>.</li> </ul>

- **NEW: 988 Suicide & Crisis Lifeline (SAMHSA):** Call or text 988 or chat [988lifeline.org](https://www.988lifeline.org)
- *The Lifeline accepts calls, texts, and chats from anyone who needs support for a suicidal, mental health and/or substance use crisis.*

# Know your providers

## Common provider types

Behavioral health specialist	What do they do?	When do you need them?
Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW) or Licensed Substance Abuse Professional (LSAP)	Licensed Professional Counselor (LPC), Licensed Clinical Social Workers (LCSW) and Licensed Substance Abuse Professionals (LSAP) generally follow a traditional psychological approach towards counseling, and primarily concentrates on providing individual treatment.	Family counseling, marriage counseling, substance abuse or addiction issues.
Psychologist (Masters or PhD)	<del>A licensed (non-MD) mental healthcare clinician with either a Masters or</del> Doctorate (PhD).	Typically they treat adults. Child Psychologists typically treat patients under the age of 18.
Child Psychologist (PhD)	Child psychologists typically conduct educational and IQ (Intelligence Quotient) testing in children. They also diagnose and recommend treatments for children struggling with learning disabilities and behavioral adjustment problems.	For children under the age of 18 with learning disorders or disorders on the autism spectrum. Also treats children with eating disorders, personality adjustment disorders and other child behavioral health disorders.
Pediatric Psychiatrist (MD)	Diagnoses disorders, including nature and extent, determines the appropriate course of treatment, and discusses these treatment plans with the child or adolescent and the responsible adults. Prescribes medication when necessary. May need to act as an advocate for the best interests of the patient.	If the child or adolescent needs to be hospitalized in a treatment facility, medicated and or monitored through medication (whether it is in an inpatient or outpatient setting).
Psychiatrist (MD or DO)	Psychiatry is the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. A psychiatrist is a medical doctor (an M.D. or D.O.) who specializes in mental health, including substance use disorders.	If the adult patient requires medication, highly likely the patient will need to see a psychiatrist during the initial period of taking a medication to level off any side effects or enhance the efficacy of the medication.

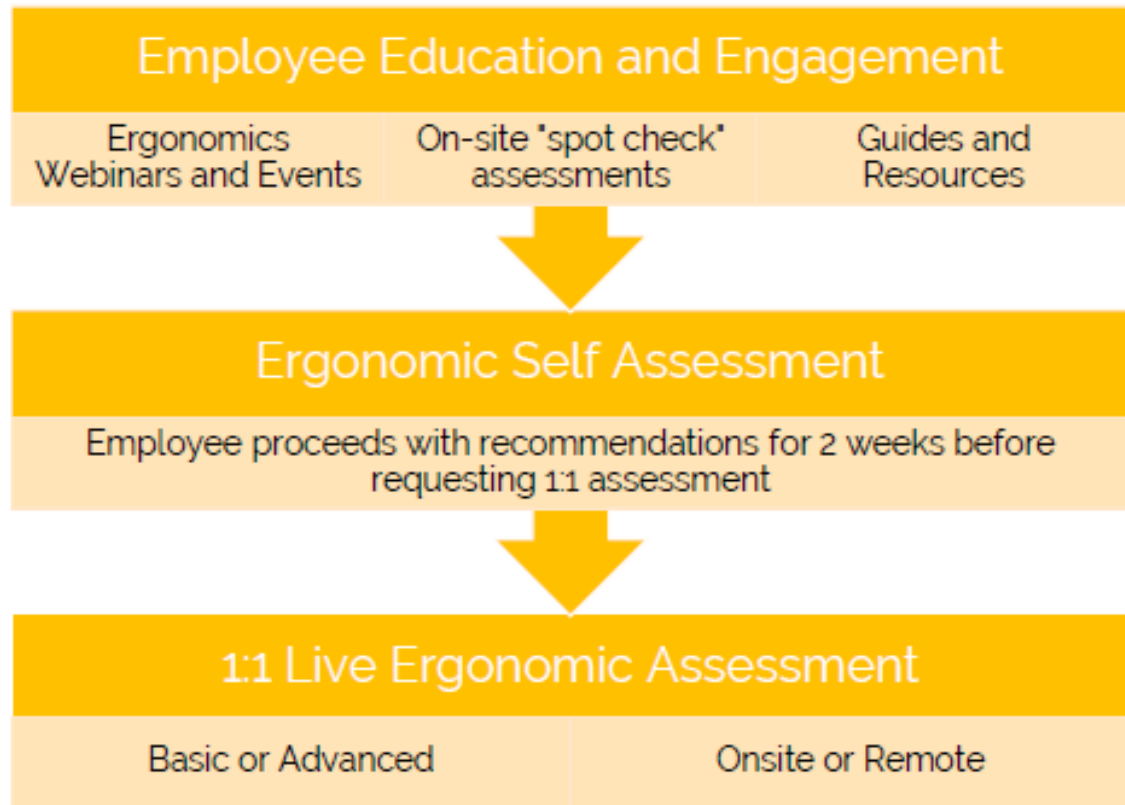
**NEW: 988 Suicide & Crisis Lifeline (SAMHSA): Call or text 988 or chat 988lifeline.org**

**The Lifeline accepts calls, texts, and chats from anyone who needs support for a suicidal, mental health and/or substance use crisis.**

**Point-solution vendors**

**6**

# Ergonomics Program with The Rising Workplace



## Pricing

- 1 hour office ergonomics webinar
  - \$580
- 1 hour onsite ergonomics training
  - \$560 includes travel
- Online Self Assessment Tool
  - Requires quote ~\$1800-\$2800
- Onsite Assessments
  - Advanced \$360
  - Spot Assessment \$90
- Virtual Assessments
  - Advanced \$200
  - Basic \$90

\*\*Employee with high level discomfort proceeds to 1:1 assessment stage

# Ergonomic Assessment Options

Onsite Office Assessments	Virtual Office Assessments
<p data-bbox="275 411 1149 515"><b>Individual Advanced Onsite Assessment</b> (1 hour/ \$360)</p> <p data-bbox="244 582 1174 772">Recommended for complex job demands, reported musculoskeletal disorders, ADA accommodations, moderate to severe discomfort, or workers compensation</p>	<p data-bbox="1268 411 2142 515"><b>Individual Advanced Virtual Assessment</b> (1 hour/ \$200)</p> <p data-bbox="1276 582 2135 715">For reported musculoskeletal disorders, ADA accommodations, reported moderate to severe discomfort, or workers compensation</p>
<p data-bbox="389 901 1029 1005"><b>Spot Assessments for Groups</b> (~20 min/ \$90)</p> <p data-bbox="236 1072 1187 1162">For preventive or educational purposes, or as part of a wellness initiative. Minimum of 4 required.</p>	<p data-bbox="1416 901 1995 1005"><b>Basic Virtual Assessments</b> (30 minutes/ \$90)</p> <p data-bbox="1230 1072 2181 1205">For individuals with mild to moderate discomfort, for preventive or educational purposes, or for selecting remote office equipment</p>



**Appendix**

**7**



**Clinical insights**

# Enrollment & demographics

**6,784** average enrolled subscribers



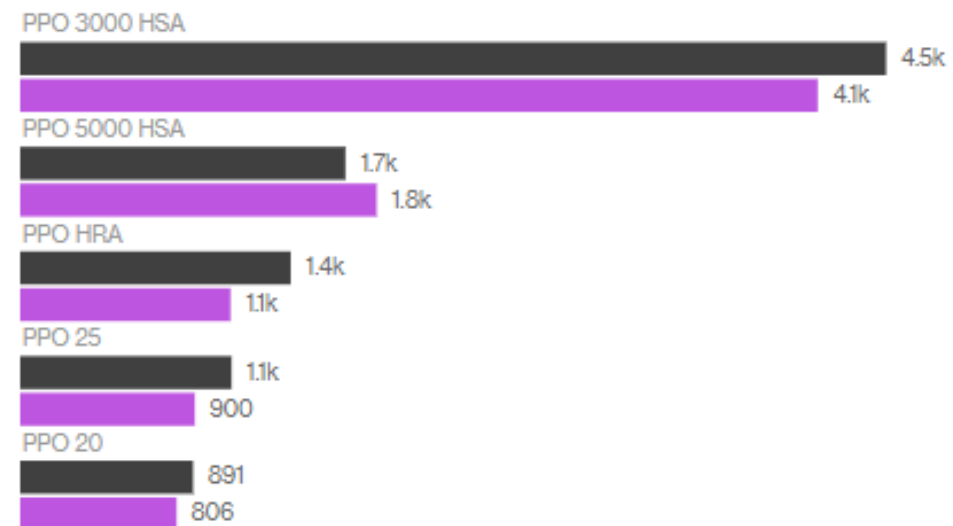
↓ 8.5% vs prior

**11,322** average enrolled members



↓ 8.5% vs prior

## Average Enrolled Members by Medical Plan



## Average Family Size

**1.7**

↑ 0.02% vs prior



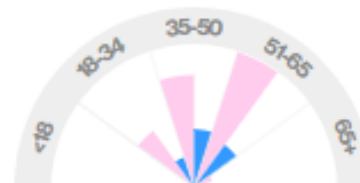
## Average Subscriber Age

**48**

↑ 2.1% vs prior

Subscriber Gender and Age Bins

- Male
- Female



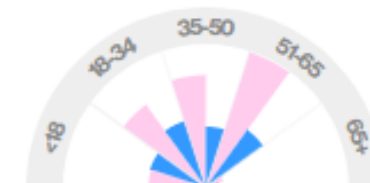
## Average Member Age

**40**

↑ 2.6% vs prior

Member Gender and Age Bins

- Male
- Female



# Cost summary

Medical Total Allowed PMPM

**\$429**

Employer paid

**79%**

↓ 1.4% vs prior



Member paid + COB

**21%**

↑ 1.4% vs prior

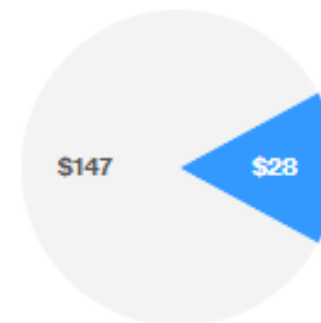
Rx Total Allowed PMPM

**\$174**

Employer paid

**84%**

↓ 0.34% vs prior



Member paid

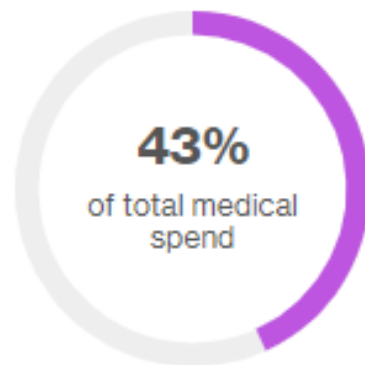
**16%**

↑ 0.33% vs prior

Average Employer Paid Medical per Medical High Cost Claimant

**\$119,109**

↓ 13% vs prior



Average Employer Paid Rx per Pharmacy High Cost Claimant

**\$71,170**

↓ 0.84% vs prior



# Utilization metrics

Members Using Medical Benefits

**88%**

↑ 0.34% vs prior



Admits per 1k\*

**35.4**

↓ 12% vs prior

Average Length of Stay

**5.9**

↑ 3.3% vs prior

Outpatient Surgeries per 1k\*

**106.4**

↑ 10% vs prior

Out of Network % of Employer Paid Medical

**<1%**

↓ 42% vs prior



ER Visits per 1k\*

**154**

↑ 2.3% vs prior

Urgent Care Visits per 1k\*

**309.8**

↑ 6.8% vs prior

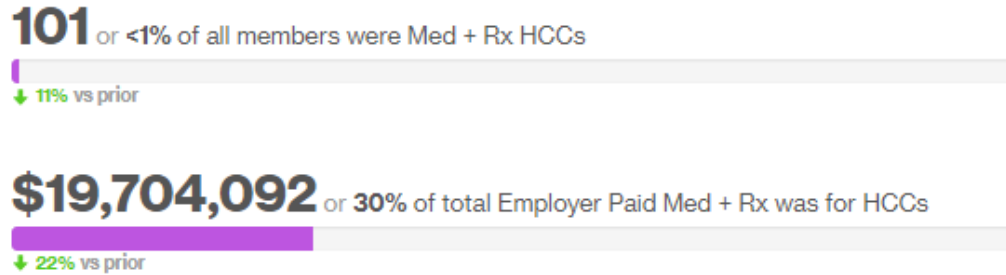
PCP Visits per 1k\*

**2,000**

↑ 0.35% vs prior

# High cost medical & Rx

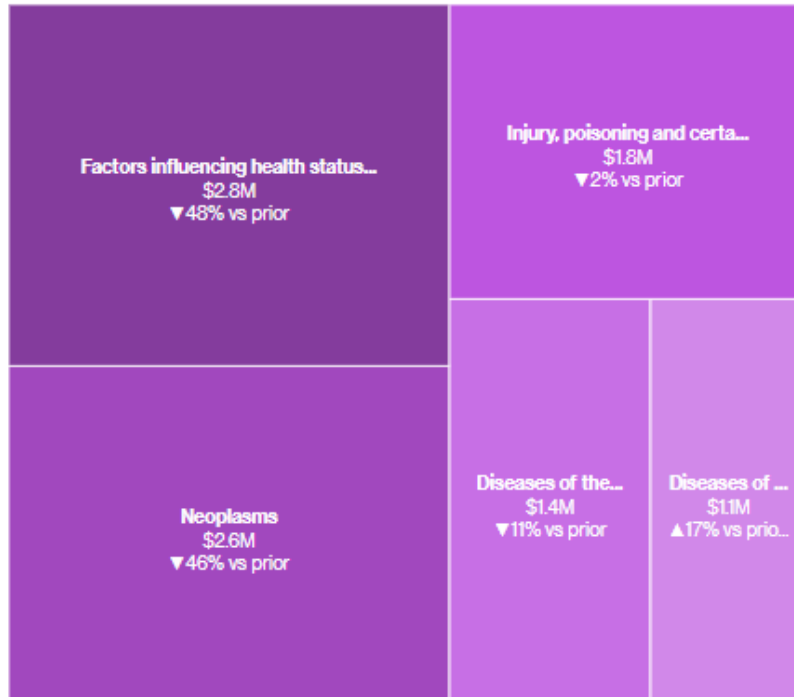
Members with >\$100,000 in combined medical & Rx costs



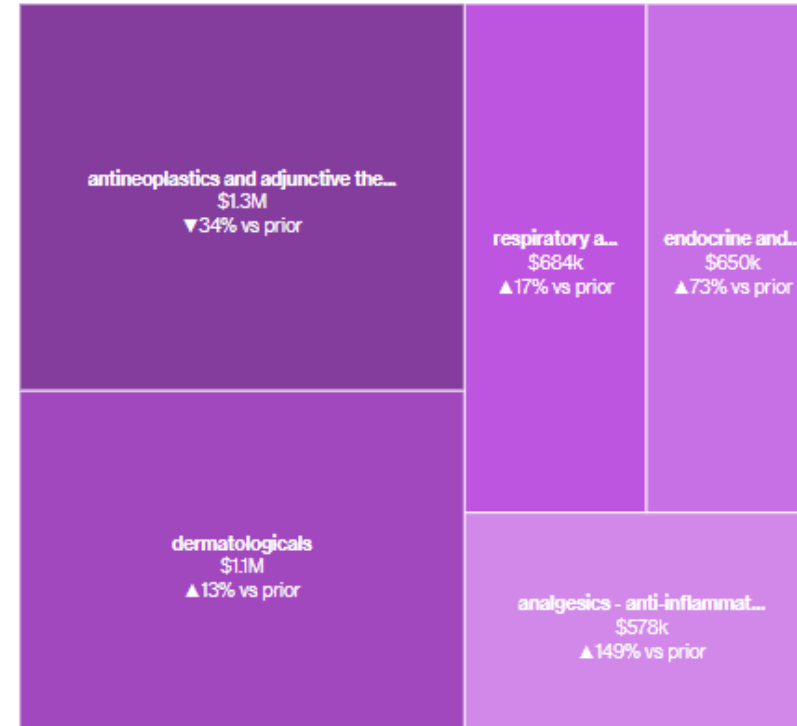
Average Employer Paid Med + Rx per HCC



Top 5 Diagnosis Chapters by Employer Paid (Med) for Med + Rx HCCs



Top 5 Drug Groups for HCC by Employer Paid Rx





# Pharmacy insights

# Pharmacy overview

Members with an Rx Claim

**10,440**

↓ 7.7% vs prior

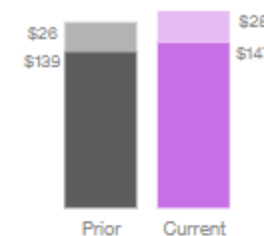
**75%**



Allowed Amount Rx PMPM

**\$174**

↑ 5.8% vs prior



Specialty Spend

**\$10,762,011**

↑ 0.53% vs prior

**54%**



Avg Paid per Script

**\$163**

↑ 4.5% vs prior

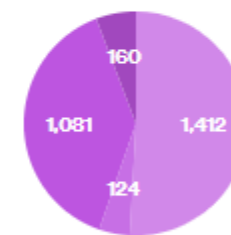


Members with Controlled Substance Scripts

**2,362**

↓ 8.7% vs prior

- Schedule Ii
- Schedule Iii
- Schedule Iv
- Schedule V



Formulary Scripts

**99%**

↓ 0.25% vs prior



Generic Scripts

**87%**

↑ 1.6% vs prior



Mail Order Scripts

**9%**

↓ 0.28% vs prior





# Top 5 drug classes

## Top 5 Drug Groups by Employer Paid Rx

Drug Group - Level 1 (GPI)	Claimants	Employer Paid Rx	Avg Cost Per Claimant	Percent of Total Employer Paid Rx	Percent of Total Scripts
antidiabetics	1041	\$4,224,190	\$4,058	21%	6%
dermatologicals	1931	\$3,170,742	\$1,642	16%	3%
analgesics - anti-inflammatory	1604	\$2,952,202	\$1,841	15%	3%
antineoplastics and adjunctive therapies	156	\$1,555,091	\$9,969	8%	<1%
endocrine and metabolic agents - misc.	129	\$888,649	\$6,889	4%	<1%

## Top 5 Drug Groups by Utilization

Drug Group - Level 1 (GPI)	Claimants	Rx Scripts (HCG)	Employer Paid Rx	Avg Cost Per Claimant	Percent of Total Employer Paid Rx	Percent of Total Scripts
antidepressants	2563	10702	\$111,048	\$43	<1%	10%
antidiabetics	1041	6425	\$4,224,190	\$4,058	21%	6%
antihypertensives	1810	6040	\$84,804	\$47	<1%	6%
antihyperlipidemics	1797	5785	\$319,141	\$178	2%	5%
contraceptives	1219	4095	\$256,158	\$210	1%	4%

# Population health

# Population health

Avg Concurrent Risk - Unscaled

**1.4**

↑ 4.9% vs prior



Avg Prospective Risk - Unscaled

**1.4**

↑ 1.7% vs prior



Medical High Cost Claimants

**167**

↓ 11% vs prior

**1%**



Rx High Cost Claimants

**157**

↓ 0.63% vs prior

**1%**



Members with a Chronic Diagnosis

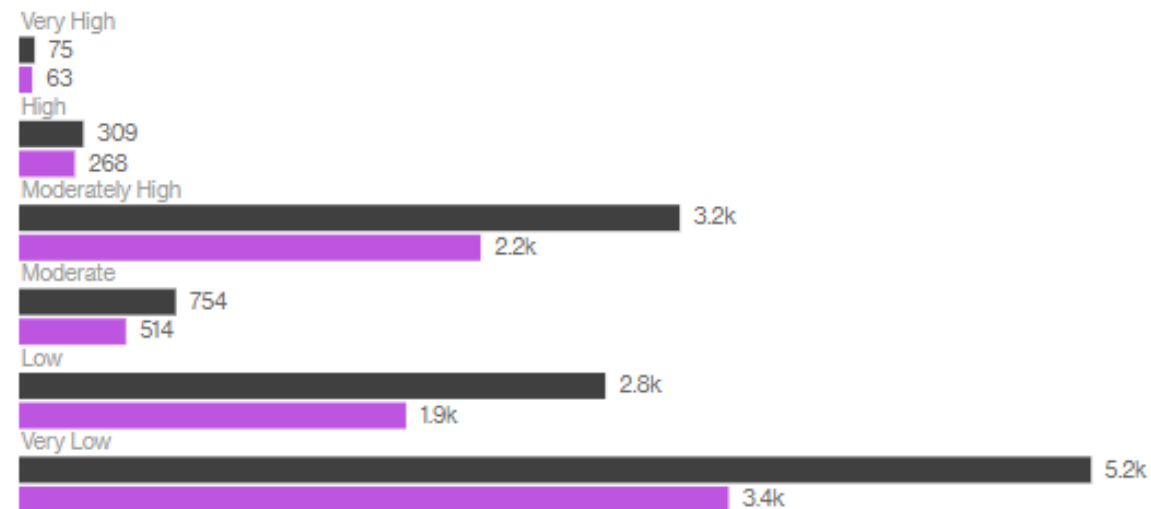
**6,874**

↓ 2.0% vs prior

**49%**

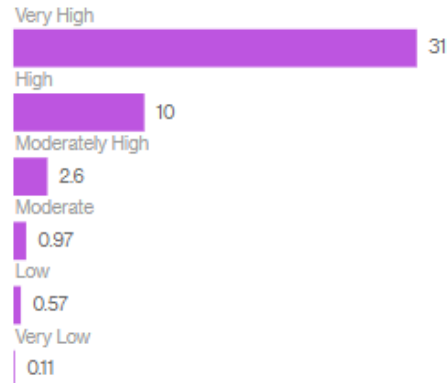


Members by Risk Strata

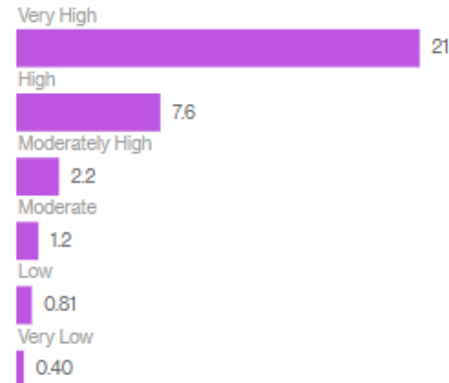


# Population health

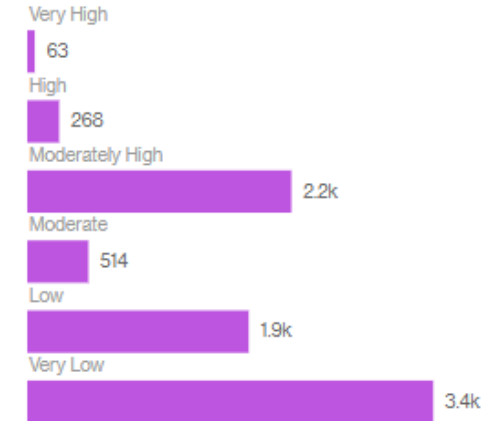
Avg Concurrent Risk - Unscaled by Risk Strata



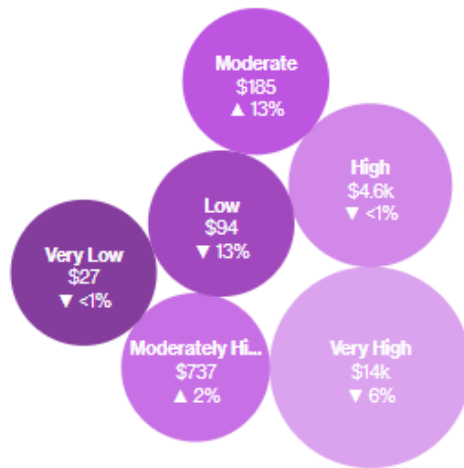
Avg Prospective Risk - Unscaled by Risk Strata



Members by Risk Strata



Employer Paid Amount Med + Rx PMPM by Risk Strata



Health Continuum

**24.2%** increased risk and **22.5%** decreased risk

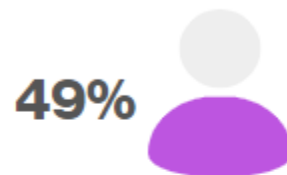
Prior status	Current status					
	Very Low	Low	Moderate	Moderately High	High	Very High
Very Low	27.84%	6.93%	1.49%	4.12%	0.14%	0.04%
Low	8.0%	8.17%	1.77%	4.9%	0.34%	0.01%
Moderate	1.13%	1.74%	0.8%	2.38%	0.1%	0.0%
Moderately High	2.93%	4.89%	2.07%	15.19%	1.56%	0.22%
High	0.07%	0.14%	0.04%	1.11%	1.09%	0.21%
Very High	0.0%	0.0%	0.01%	0.11%	0.22%	0.24%

# Population health

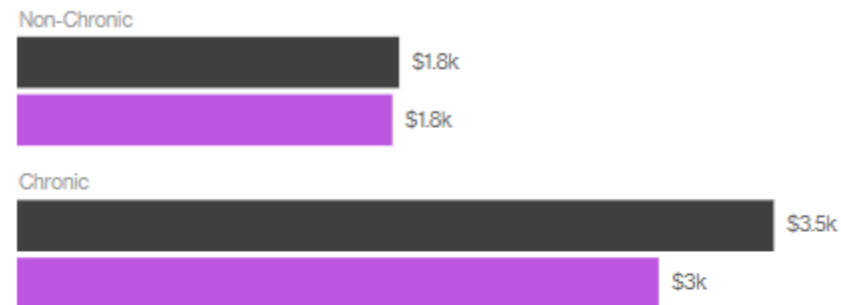
Members with a Chronic Diagnosis

**6,874**

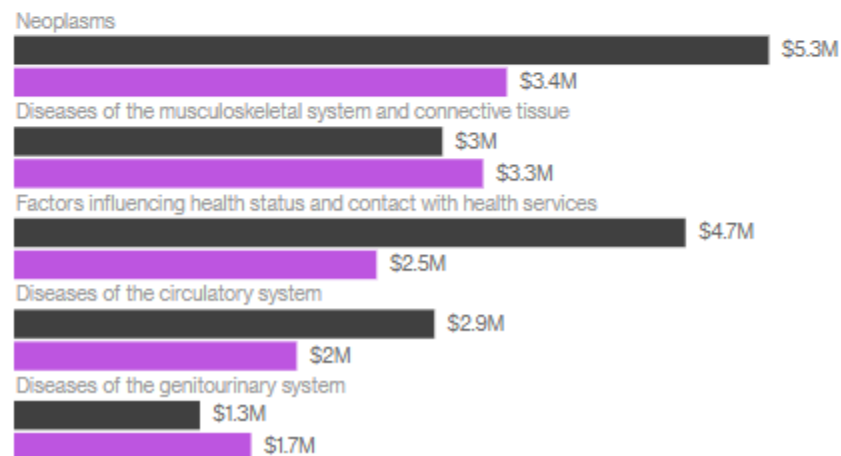
↓ 2.0% vs prior



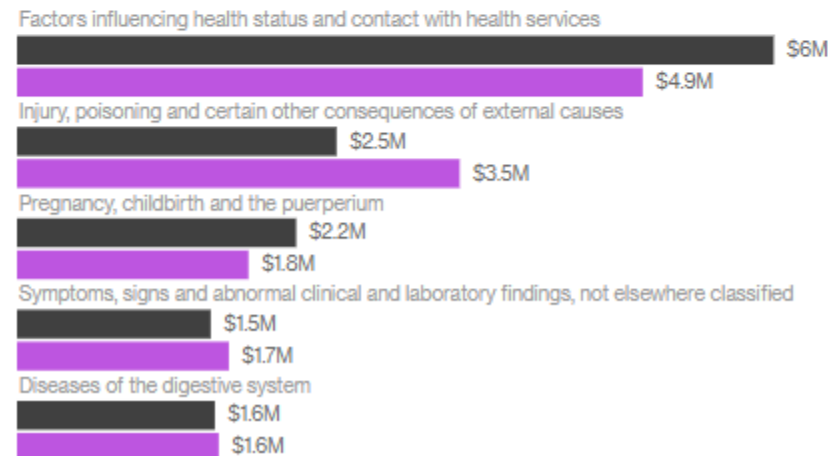
Cost Per Condition Type – Avg by Mem Employer Paid Med



Top 5 Chronic Diagnosis Chapters by Employer Paid Med



Top 5 Non-Chronic Diagnosis Chapters by Employer Paid Med



# Top conditions & diagnosis group

ICD-10 Diagnosis Category (CMS) (Primary Diagnosis)	Count Distinct Members with Medical Claims	PMPM Employer Paid Amount (Med)
Hypertensive diseases	1,151	\$1.36
Anxiety, dissociative, stress-related, somatoform and other nonpsych...	1,014	\$3.12
Diabetes mellitus	667	\$2.15
Episodic and paroxysmal disorders	644	\$2.63
Other dorsopathies	617	\$3.66
Metabolic disorders	565	\$0.39
Other diseases of upper respiratory tract	550	\$2.25
Noninflammatory disorders of female genital tract	497	\$3.83

# Gene Therapies

Drug Name	Frequency	Outcomes
Luxturna	2 treatments (1 each retina)	Slows progression with vision improvements lasting up to 3-4 years.
Zolgensma	1 treatment	Stops progression of spinal muscular atrophy with significantly greater improvements in motor function.
Zynteglo	1 treatment	Lessens bleeding episodes and need for transfusions. 89% of patients across ages and genotypes achieved transfusion independence during the clinical trials.
Skysona	1 treatment	Slows progression
Hemgenix	1 treatment	Long term mitigation of bleeding episodes or need for transfusions.
Elevydis	1 treatment	Clinical Outcomes tbd – clinical study underway
Roctavian	1 treatment	Long term control (up to 12 years) before patients potentially switch back to prophylaxis.
Vyjuvek	Multiple treatments	Blisters and wounds can heal completely with long term use
Casgevvy (Exa-cel)	1 treatment	For patients with Sickle Cell Disease and crisis episodes
Lyfgenia (Lovo-cel)	1 treatment	For patients with Sickle Cell Disease but without crisis episodes

# Your future is limitless.<sup>SM</sup>

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