

The Real Cost of “Marginal” Medical Care How do YOU select your Doctor?

2015 FPHRA
Annual Conference

“Wild About HR”

GEHRING
GROUP
INSURANCE BROKERS & CONSULTANTS

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Time for Question!



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How do Lions actually kill their prey?

- A) Tearing into the prey with their teeth and fangs.
- B) Simply Scaring them to death.
- C) Covering their noses and mouths to suffocate them.





C) Covering their noses and mouths to suffocate them!

U.S. Healthcare Cost Trends and Causes

What Key Factors are Responsible for Rising Costs?

- How U.S. providers currently practice medicine.
- The health care payment system and approach.
- New treatment innovations.
- Reduced provider competition.
- Patient engagement: instilling a “Culture of Health”.

***Level-Setting* – U.S. Healthcare Cost Trends and Causes**

The State of Affairs of Health Care Cost Trends:

- With only brief interruptions, health care spending in the U.S. has grown substantially faster than the economy for decades.
- Health care sector now accounts for 17% of the GDP – at least 12% more than other countries with modern health care systems.
- U.S. healthcare expenditure rates have slowed over past several years.
- Strong evidence it will resume its prior pace.
 - Aging-in of population;
 - Increased biometric innovations;
 - Continued defensive medicine, and other reasons.

U.S. Healthcare Cost Trends and Causes

Key Causes of Continuing Cost Escalation:

- How U.S. providers currently practice medicine.
 - Data availability and integration in provider delivery systems.
- The health care payment system and approach.
- New treatment innovations.
- Status and trend of market competition –
 - Competition among providers can be compromised by acquisitions.
 - Transparency to empower consumers in selecting their providers and health plans.
- Patient Engagement: Difficulty instilling a “Culture of Health” in U.S. society.

Key Causes of Rising U.S. Health Care Costs

1) How U.S. providers currently practice medicine.

- **Fragmented, “siloeed” care** leads us to often inefficient and uncoordinated delivery of services
 - **Failure to coordinate care when patients transition across care providers and settings resulting in:**
 - **Wasteful spending** – Duplication, unnecessary tests or procedures.
 - **Missed opportunities** – Not heading off full onset of chronic disease for at-risk patients.
 - **Health complications** -- particularly for growing number of chronic complex patients.
 - Accounts for **75% of health care costs** in U.S.
 - **Lack of data availability and sharing of Patient Health Information:**
 - Physicians’ Love / Hate relationships with Electronic Health Records – adoption rate is still low.

*There are several examples of successful provider integration primarily in health systems that employ their physicians so their corporate structure supports this. ***A very difficult model to replicate.***

*Today’s Accountable Care Organizations (ACOs) are largely “loose confederacies” --

- Severely challenged to become truly integrated models & have the ability to move to a ***Value-Based reimbursement system.***

Health Care Providers and Their Impact on Rising Costs

2) The health care payment system and approach – *Payment Reform Is Needed*

Three (3) Key Weaknesses of the Current System:

#1 -- **Fee-For-Service (FFS)** rewards providers for delivering ***MORE UNITS*** of service and intensity of services **not based on the quality or efficiency that the deliver;**

#2 -- **Fragmented delivery system that inhibits care coordination across providers and settings:**

- Does not allow for adoption of more effective, ***value-based performance compensation methods***
 - Capitation, Bundled payments, Episodic care packaging.
- Accountable Care Organizations (**ACOs**) part of ACA designed to adopt risk-sharing/bearing compensation methods. **Very Few are Sharing or Assuming Risk!**

Key Causes of Rising U.S. Health Care Costs

Payment Reform Is Needed (cont'd)

Three (3) Key Weaknesses of the Current System:

#3 -- New innovative ways of delivering care are not compensated in our traditional payment systems.

- Examples: no coverage for new lower-cost treatment sites and through wireless services.
- The ACA has promoted cost control in the health plans – led to national trend by payers to establish “**narrow networks**” that reduce the range of choice of participating providers as a way for carriers to tap into “quid pro quo” arrangement.
 - Providers selected to participate in the “**narrow network**” offer up to a 25% deeper discount in exchange for higher patient volumes. Most always still FFS.
 - Carriers contend “narrow networks” are based on “QUALITY”.

****Must independently challenge carriers' assertions that doctors must be top quality to be in their “narrow networks”***

Key Causes of Rising U.S. Health Care Costs

3) New treatment innovations – drugs, biologics, devices, procedures:

- New products and procedures that answer unmet medical needs and save or improve lives – they serve as major contributors to rising health care expenditures.
 - These new outcome-improving treatments come at a high price tag.
 - New Hepatitis C drugs (Harvoni, Sovaldi) -- > \$95,000 per 3 month treatment but can cure the disease in most patients.
 - With new drugs, the “direct to consumer” advertising only adds to the increased demand with the “ask your doctor” messaging.

***The price of the new valuable treatment may initially save money but.... due to the innovation’s ability to extend life, it subjects surviving patients to new downstream illnesses -- Any initial cost reductions from the new treatment can be easily diminished.**

Key Causes of Continuing U.S. Healthcare Cost Escalation

4) Status and trend of market competition:

- **INFORMED Consumer Choice in the Health Care Marketplace**
 - Consumer choice and competition produce better quality at lower costs when buying other goods.
 - In health care, the complexities of the industry force consumers to rely on information from their physicians and other health care professionals.
 - **Lack of understandable decision-making health care information** is in the hands of the actual consumer.
 - **Incentives are not there** since the consumer is often buffered from the true cost impact since insurance covers most and providers are being paid fee-for-service (**more units of service = \$\$\$**)
 - **Lack of transparency – Empowering the consumer with independent, unbiased access to quality and cost data on providers.**
 - **Value-Based Insurance Design (VBID)**

Key Causes of Continuing U.S. Healthcare Cost Escalation

4) Status and trend of market competition (cont'd):

- **Provider Competition to drive lower costs / higher quality**
 - Competitive forces that are effective in improving accessibility and performance are threatened by **provider consolidation nationally**.
 - Acquisition of scarce primary care providers; mergers & acquisitions of health systems
 - Higher pricing due to limited provider competition

**Cost Reduction by combining transparency, consumer tools for assessing quality / efficiency of doctors/hospitals, and improved competition.*

Key Causes of Continuing U.S. Healthcare Cost Escalation

5) Patient Engagement in Improving and Maintaining a positive health status -- Getting to “A Culture of Health”.

- Well-designed and incentivized **Wellness Programs are ESSENTIAL.**
- Without **direct physician involvement**, wellness program effectiveness, especially those designed for the chronic patient populations, is compromised.
- **Difficulty instilling a “Culture of Health”** in U.S. society.
 - Example: Obesity - resulting from poor diet and lack of exercise as an example – 17% of children afflicted with childhood obesity and 35.7% of adults are obese. **Cost of obesity estimated at \$147B per year.**
- Employer and Provider Involvement is essential to **fortifying the patients’ continued engagement.**



Time for Question!



**There is a collection of African Wild Animals
that are referred to as “THE BIG FIVE”.**

Which of the following is NOT one of them?





- A) The Water Buffalo**
- B) The Elephant**
- C) The Hippopotamus**
- D) The Lion**
- E) The Rhinoceros**



C) The Hippopotamus

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Employer-Driven Approaches: Improving Health Care Costs & Quality

Primary Care Clinics Combined with Value-Based Insurance Design (VBID)

- 17 Clinics and counting...
- Number of Clients using these are here today.
- For those who are not yet, here's a summary of the beneficial results.

Why Onsite Medical Health Centers?

Increased Employer interest in onsite centers due to:

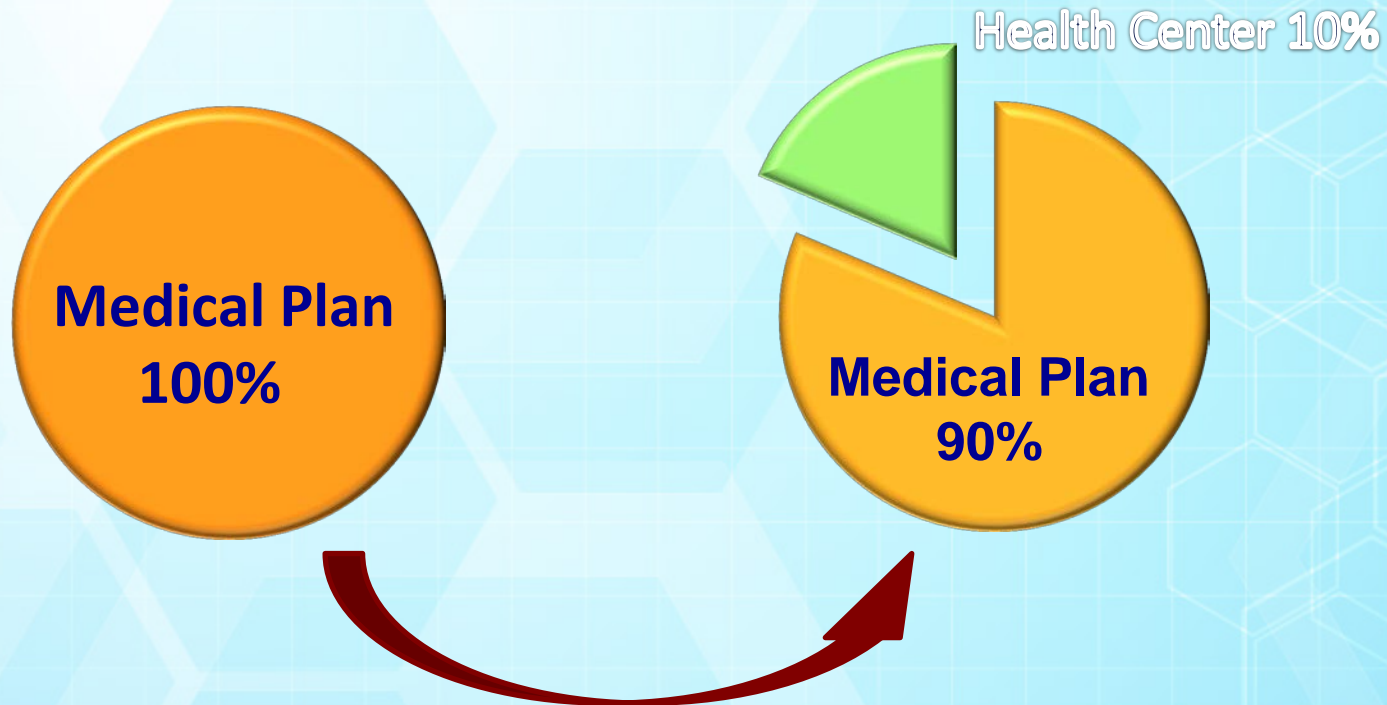
- Reduce costs - *ROIs experienced between 2:1 to 4:1 savings.*
- Guarantee supply of primary care.
- Make it convenient to get employees to preventive, routine care.
- Identify and manage patients with chronic illnesses.
- Reduce patient non-compliance with prescribed treatment.
- Increase employee satisfaction and productivity.

Employee Benefits Magazine Survey – “50% of surveyed employers are planning to open an employee clinic.”

Onsite Medical Center Funding

Shift costs from Medical Plan to Health Center at a lower price

Example – Group with \$10M health plan cost can reduce plan costs by 10% (\$1,000,000) to establish a health center



Onsite Medical Centers

Where do the savings come from?

FEE FOR SERVICE	versus	HEALTH CENTER MODEL
Physician – fees for services performed	versus	Salaried physician and staff
Prescription drug company incentives	versus	Generic Rx promotion / no dispensing fees / no retail profit
Treatment provided as required	versus	Greater focus on preventive care

So Let's review... how Primary Care Clinics have helped with rising costs

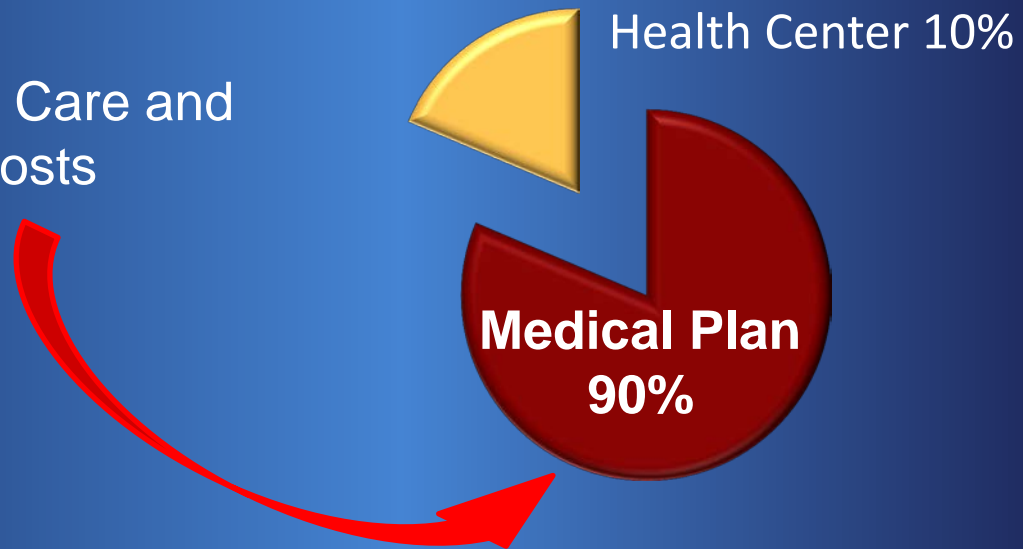
- ✓ How U.S. providers currently practice medicine - ***Clinics coordinate care.***
- ✓ The health care payment system and approach. ***Clinicians salaried not fee-for-service.***
- ✓ New treatment innovations – Cost of Drugs - ***Lower dispensing cost and feature generics.***
- ✓ Reduced provider competition- ***Clinics are popular due to convenience, lower out of pocket, access, etc.***
- ✓ Patient engagement: instilling a “Culture of Health” - ***Wellness programs are built in.***

What has to be next?

Employers can use clinics to save estimated 10% on primary care, drugs, tests.

What can be done to address the other 90%???

90% = Specialty Care and Hospital Costs



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Time for Question!



Again, about the
BIG FIVE AFRICAN WILD ANIMALS...
What about them earns them this ranking?



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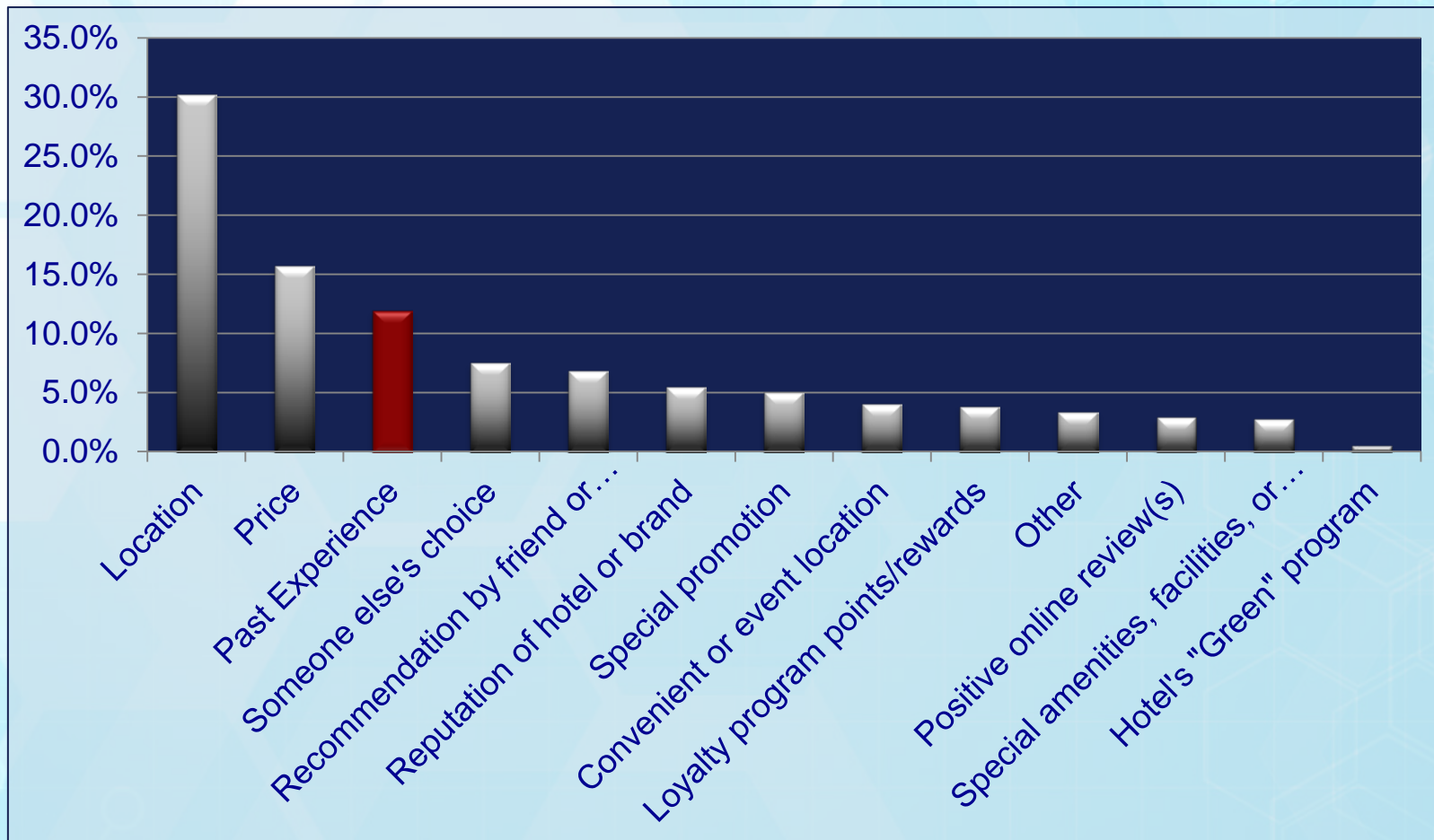
- A) They are the most prolific hunters.**
- B) They are the longest surviving species in the jungle.**
- C) They all work for the largest accounting firms in Africa.**
- D) Because of how difficult and dangerous they are to hunt them down.**



D) Because of how difficult and dangerous it is to hunt them down.

Let's Just Take a Minute to Talk about how YOU make your selections of hotels when you go on vacation?

Why do Guests Select a HOTEL? Global Results*



* Based on survey responses from American, European, and Asian travellers during 2012

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Now Let's Compare....

How Do **YOU** Select Your Doctors?

- Where he/she is located?
- Recommended by a friend or co-worker?
- Because they take your insurance?
- Because your PCP plays golf with him?

Doesn't this spell

T-R-O-U-B-L-E ?

What if you had a tool to help you?

Getting to Best Care at Lower Cost

Channeling Patients to Top-Ranked Specialists and Hospitals

Key Takeaway: *Need to independently validate that highest quality, most efficient physicians are actually in your carriers' networks!*

The Concept

“The Best Care Costs Less” – Referrals to the Highest Quality, Most Cost- Effective Specialty Physicians and Hospitals

- **Independent and Unbiased Evaluation of Providers.**
- **Referring Provider Decision Support leads to *“network within a network”*.** Allows the benefit of narrow networks without sacrificing access/patient preference.
- **Matching patients with specific needs to doctors with demonstrated success (defined as price efficiency and quality) in treating those specific needs yields better care at lower cost.**
- **Employee Empowerment.**
- **Facilitates “data-driven select network” based on VALUE while maintaining full network access.**

How the Data Mining Tool Works

- **Ranks hospitals and doctors for cost efficiency and quality (severity-adjusted, longitudinal data, all treatment costs over a 12-month or longer period using 300 Quality Indicators) on:**
- **256 chronic illnesses (75% of health care costs) and unlimited episodic procedures (bundled) using multiple sources.**

Background: Claims & Data Sources

- Specific Gehring Group **client data and CMS data** are the foundation.
- **All Florida carrier networks** are fully loaded.
- **Physician rankings** derived from using up to 200 quality indicators.
- **Hospital privileges** for each doctor are included.
- **Hospital quality for each illness** using 70+ quality criteria.
- **Actual Claims cost results for same physician & procedure at different hospitals** (affords ability to factor in hospital results and savings).

Examples of the Benefits of this new Program

- Providing a tool that will result in **consumers being sent to better value providers.**
- Providing **objective, independent quality and cost information.**
- **Obtaining “value selection” results** without sacrificing choice and keeping referrals internal to the organization.
- **Delivering quantifiable savings while improving quality and satisfaction.**

How We Can Use this Provider Quality and Price Efficiency Data

Modifying PCP referral patterns:

- Use the tool to identify “**top value in-network docs**” by specialty & procedure for clinic referrals.
- Use patient engagement methods through benefits and awareness campaigns to ensure compliance with referrals.

Equipping Employees to Make Better Provider Decisions:

- Providing access to this sophisticated yet easy-to-use **tool** to assist with identifying the “**top value docs**”.



Time for Question!

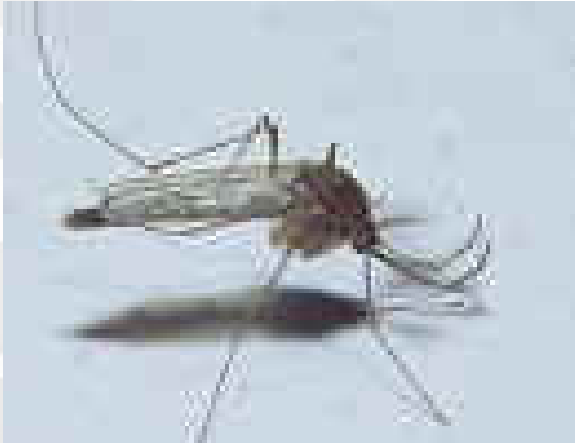


Worldwide, these animals are responsible for the most human deaths. Which one is the most deadly?



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- A) Meerkat**
- B) Mosquito**
- C) Dog**
- D) Shark**



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In order of most to least inflicted deaths:

B) Mosquito

C) Dog

A) Meerkat (NOT!!)

D) Shark

Martin County Specialists - Cardiology

Who Ranks Well?	Physician Name	Ranking (Quality Ranking 5 best/1 lowest - Efficiency Ranking 5 best/1 lowest)	Plan #1 Network	Plan #2 Network	Both
1	Joseph Gage	5 + 5	No	No	
2	Adrian Danchenko	5 + 4	Yes	Yes	Yes
3	Larry Mufson	4 + 4	Yes	Yes	Yes
4	Robert Cutler	3 + 4	Yes	Yes	Yes
5	Norman Bennett	3 + 4	No	Yes	
6	William McManus	3 + 4	Yes	Yes	Yes
7	Howard Helfman	3 + 3	Yes	No	
8	Arden Bradley	3 + 3	No	Yes	
9	DR. NO!	2 + 4	No	No	
10	DR. NO!	3 + 2	Yes	Yes	Yes
11	DR. NO!	3 + 2	No	No	
12	DR. NO!	5 + 1	Yes	Yes	Yes
13	DR. NO!	3 + 1	Yes	No	
14	DR. NO!	3 + 1	No	No	
15	DR. NO!	3 + 1	Yes	Yes	Yes
16	DR. NO!	3 + 1	No	No	
			9	9	

Independent identification of highest quality, most efficient specialists compared to carrier “narrow network” doctors.

Martin County Specialists – Orthopedic Surgery

Who Ranks Well	Physician Name	Ranking (Quality Ranking 5 best/1 lowest - Efficiency Ranking 5 best/1 lowest)	Plan #1 Network	Plan#2 Network	Both
1	Charles Phillips	5 + 5	Yes	Yes	Yes
2	Brett Feldman	5 + 2	No	No	
3	Prasher	3 + 3	Yes	Yes	Yes
4	DeBartolo	3 + 2	No	No	
5	DR. NO!	2 + 3	Yes	No	
6	DR. NO!	5 + 1	Yes	Yes	
7	DR. NO!	5 + 1	Yes	No	
8	DR. NO!	5 + 1	No	No	
9	DR. NO!	5 + 1	No	No	
10	DR. NO!	5 + 1	No	No	
11	DR. NO!	5 + 1	No	No	
12	DR. NO!	5 + 1	Yes	Yes	Yes
13	DR. NO!	1 + 5	No	No	
14	DR. NO!	4 + 1	Yes	Yes	Yes
15	DR. NO!	4 + 1	No	No	
16	DR. NO!	4 + 1	Yes	Yes	Yes
			8	7	

Independent identification of highest quality, most efficient specialists compared to carrier “narrow network” doctors.

Hillsborough County Specialists - Cardiology

Who Ranks Well?	Physician Name	Ranking (Quality Ranking 5 best/1 lowest - Efficiency Ranking 5 best/1 lowest)	Plan #1 Network	Plan #2 Network	Both
1	John Sullebarger	5 + 5	Yes	Yes	Yes
2	Fadi Matar	5 + 4	Yes	Yes	Yes
3	Sivia Kumar	5 + 4	Yes	Yes	Yes
4	Debbie Rinde-Hoffman	5 + 4	Yes	Yes	Yes
5	Ronald Hulse	4 + 4	No	No	
6	David Whitaker	3 + 5	No	No	
7	Philip Rogal	3 + 5	Yes	Yes	Yes
8	Adam Cohen	4 + 3	Yes	Yes	Yes
9	Peter Berman	3 + 4	Yes	Yes	Yes
10	Luis Arroyo	3 + 4	No	Yes	
11	DR. NO!	2 + 5	Yes	Yes	Yes
12	DR. NO!	2 + 4	No	No	
13	DR. NO!	5 + 1	Yes	Yes	Yes
14	DR. NO!	1 + 5	Yes	Yes	Yes
			10	11	

Independent identification of highest quality, most efficient specialists compared to carrier “narrow network” doctors.

Pinellas County Specialists - Cardiology

Who Ranks Well?	Physician Name	Ranking (Quality Ranking 5 best/1 lowest - Efficiency Ranking 5 best/1 lowest)	Plan #1 Network	Plan #2 Network	Both
1	Michael Williamson	5 + 5	No	No	
2	Ravi Kethireddy	5 + 4	No	Yes	
3	Aland Fernandez	5 + 4	No	No	
4	David Mokotoff	5 + 3	No	Yes	
5	David Kohl	4 + 5	No	Yes	
6	Mahesh Amin	4 + 5	Yes	No	
7	Wayne Cheng	4 + 5	Yes	Yes	Yes
8	DR. NO!	2 + 4	Yes	Yes	Yes
			3	5	

Independent identification of highest quality, most efficient specialists compared to carrier “narrow network” doctors.

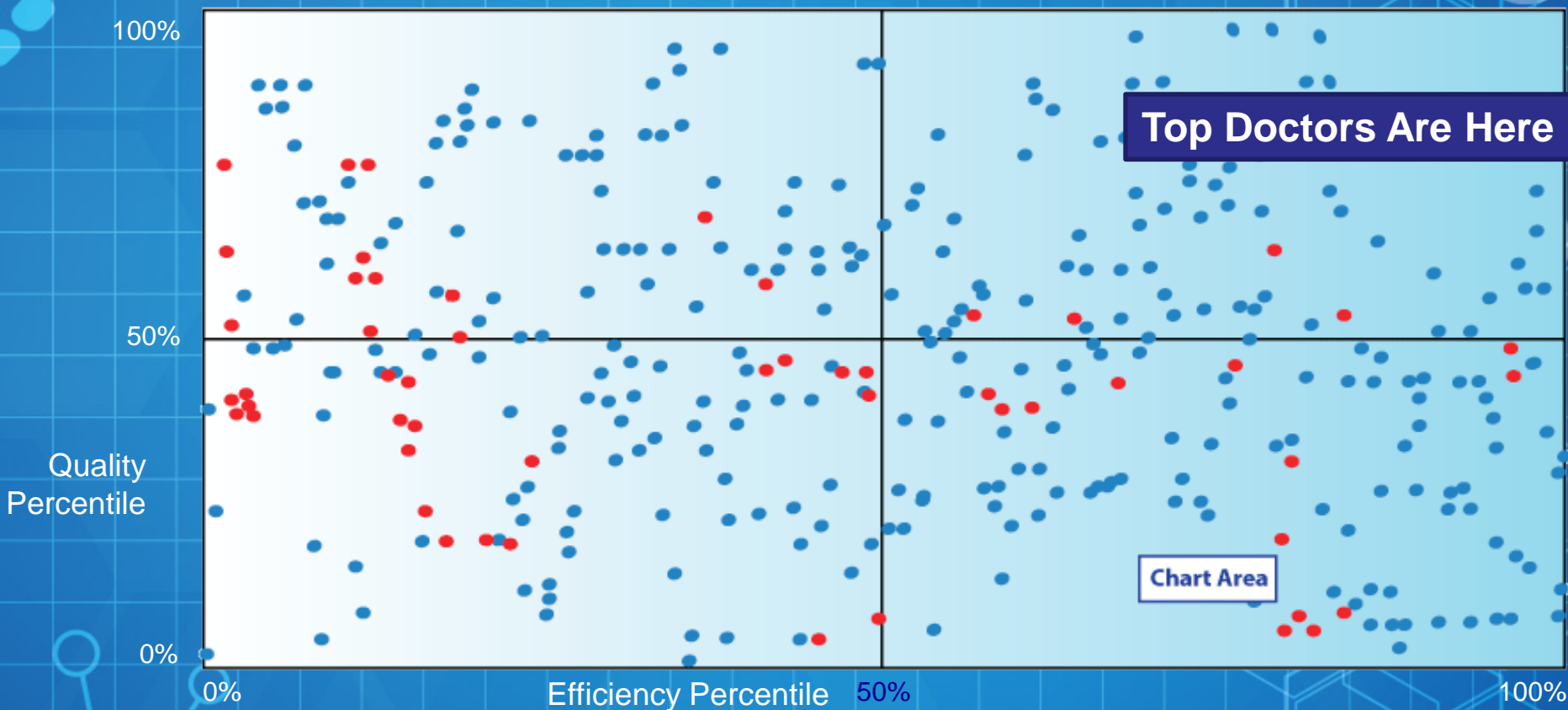
Charlotte County Specialists – Orthopedic Surgery

Who Ranks Well?	Physician Name	Ranking (Quality Ranking 5 best/1 lowest - Efficiency Ranking 5 best/1 lowest)	Plan #1 Network	Plan #2 Network	Both
1	Thomas Parent	5 + 4	Yes	No	
2	Leslie Schultzel	2 + 5	Yes	No	
3	Mark Davis	4 + 4	Yes	Yes	Yes
4	Richardn Deiorio	3 + 3	No	No	
5	DR. NO!	4 + 2	Yes	Yes	Yes
6	DR. NO!	2 + 4	Yes	No	
7	DR. NO!	2 + 4	Yes	Yes	Yes
			4	3	

Independent identification of highest quality, most efficient specialists compared to carrier “narrow network” doctors.

Providers Ranked By Chronic Illness and Episodic Procedure on Quality & Efficiency

Total Knee – Physician and Hospital Value (Efficiency and Quality)



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- VAHN Provider - Hospital & Doctor
- Non VAHN Provider - Hospital & Doctor

Live Example: Knee Replacement Price Disparity (Dallas Market)

Market High: \$61,585

Market Average: \$31,121

Market Low: \$16,772

Source: Washington Post January 21, 2015 “A knee replacement surgery could cost \$17k or \$61k. And that’s in the same city.” by Jason Millman. From Blue Cross Blue Shield Association study.
<http://www.washingtonpost.com/blogs/wonkblog/wp/2015/01/21/a-knee-replacement-surgery-could-cost-17k-or-61k-and-thats-in-the-same-city/>

Dallas Knee Replacement Price by Quartile



Market Median = \$29,040

Market Average = \$31,121

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Combined Provider Quality & Efficiency Rankings

Support Optimization and Savings Opportunities

(Actual Florida Results)

Cardiologist Cost per Patient Per Year

(Professional Fees Only)

Quartile	Percent of Average	Savings Opportunity
Top Quartile	50%	0%
2nd Quartile	74%	24%
3rd Quartile	100%	50%
Bottom Quartile	175%	125%

Hospital Cost Per Cardiac Event

Quartile	Percentage of Average	Saving Opportunity
Top Quartile	84.4%	0%
2nd Quartile	91.4%	7%
3rd Quartile	100.3%	16%
Bottom Quartile	124.0%	40%

Calculating Actual Savings for Both Physicians and Hospitals

Use client claims data to identify savings generated by shifting patients from lower ranking providers to higher-quality, most cost-effective physicians.

The data mining tool also contains hospital claims data by procedure:

- Compare cost differentials for the same physician performing the same procedure at two competing hospitals;
- Direct referral decisions to having the high-value physicians perform these procedures at the highest quality/most efficient hospitals.

The total cost savings will be appreciable when directing patients to highest performing physicians and hospitals by procedure.



Time for Question!



What new method is being used to protect rhino's from poachers?



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- A) Rhinoplasties**
- B) Rhino HornCams**
- C) Underground Rhino Sanctuaries**



B) Rhino HornCams

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Actual Client Test Case

- Obtained comprehensive claims data file – 2 years of all claims for employees, dependents and retirees.
- Scored and Ranked Providers by Diagnosis on:
 - Price Efficiency
 - Quality

The Methodology

Score and Rank Providers by Diagnosis on Price Efficiency

- Took 24 months or more of Medical (and Pharma, if available) Claims.
- Aggregated ICD9 Codes into Equivalent Sub-Condition.
- Separated Line items with multiple Sub-Conditions .
- Grouped by Line items by Patient by Sub-Condition.
- Calculated the MD portion of each line patient & allocated other costs.
- Summarized the Full Patient Equivalents by MD by Sub-Condition.
- Ranked MDs by Cost to Treat each Patient Year Equivalent.
- Compared Cost of Worst Performing Physicians to Best on a longitudinal basis (average cost of all care for a rolling 12-month period).
- Quantified savings of referral change by ranking providers on allowable charges and estimating savings differences by quartile by migration percentage.

The Methodology

Score and Rank Providers by Diagnosis on Quality

- Identify provider quality indicators (initial set is approximately 100 which can be expanded easily)
- Score and rank providers into percentiles using QIs from multiple independent credible sources
- Customize QIs to customer needs

Install GG Provider Ranking Tool Platform

- Combine price efficiency and quality rankings
- Implement performance measurement
- Experience the turn-key installation
- Train users

The Methodology

Success Factors

- **Company-wide communication plan;**
- **New Provider Ranking Tool promoted through multiple channels;**
 - ✓ On-site clinics
 - ✓ Work site kiosks
 - ✓ Medical management program
 - ✓ Wellness Programs
 - ✓ Employee/patient advocate program
 - ✓ Employee newsletters/campaign
- **Provide benefit plan incentives:**
 - ✓ Referral-Driven special networks – *Integrate with on-site clinics*
 - ✓ Incentives through Value-Based Insurance Design (copay removal, etc.)
- **Measure and cost and quality improvements**

The Analysis

Using the methodology described, we found large variances in the median cost by condition (diagnosis group) by quartile:

Findings Yielded – estimates savings and ROI using customer **raw data** yielding quartile factor differences. Annual estimated savings is **\$1.1 million with a 20% change in referrals** from below median providers to above median providers.

Opportunity by Condition From Raw Client Data

Average Savings for Claimants
Moved Up To Providers in the 1st or 2^d Quartiles

Condition	Savings/ 3rd & 4th qtr Claimant/Yr	Total Claimants
CONGENITAL ANOMALIES	\$5,408	53
DISEASES OF THE BLOOD & BLOOD FORMING ORGANS	\$4,736	122
DISEASES OF THE CIRCULATORY SYSTEM	\$1,190	515
DISEASES OF THE DIGESTIVE SYSTEM	\$1,498	421
DISEASES OF THE GENITOURINARY SYSTEM	\$689	458
DISEASES OF THE MUSCULOSKELETAL SYSTEM	\$1,775	765
DISEASES OF THE NERVOUS SYSTEM	\$552	763
DISEASES OF THE RESPIRATORY SYSTEM	\$483	639
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES	\$187	630
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES	\$645	565
INFECTIOUS & PARASITIC DISEASES	\$1,018	245
INJURY AND POISONING	\$1,854	379
MENTAL, BEHAVIORAL & NEURODEVELOPMENTAL DISORDERS	\$154	223
NEOPLASM	\$5,815	425
OTHER	\$1,274	21
SUPPLEMENTARY CLASSIFICATION OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES	\$619	1,277
SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS		1,005
Factor for spreading average across all members	100%	
Overall Savings Per Member By Episodic Event & Chronic Condition	\$1,236	
Overall Savings/Member (3.62 Events+Conditions Per Mbr)	\$4,473	
Overall Savings/Employee (@ 100% migration)	\$10,265	

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Savings with Referral Change From Raw Client Data

Referral change % (1)	5%	10%	20%	30%	50%
Estimated Savings (\$M) (2)	\$0.26	\$0.53	\$1.06	\$1.59	\$2.64*
Average Savings PMPY (3)	\$112	\$224	\$447	\$671	\$1,118
Average Savings PEPY (4)	\$257	\$513	\$1,027	\$1,540	\$2,566
ROI (5)	4.3	8.6	17.1	26.7	42.8

Notes:

- (1) Referral change defined as % migrated from below median to above median providers based on efficiency (allowable charges over a 1-year period).
- (2) Total Potential Savings is defined as all patients seeing providers from the lower 50th percentile are migrated to providers above the 50th percentile.
- (3) Average Savings PMPY (Per Member Per Year) is defined as the referral change % times the potential savings divided by the number of members receiving care over a 12-month period.
- (4) This is the same as footnote # 3 but adjusted for number of employees.
- (5) ROI is defined as the Average Savings Per Employee Per Year divided by GG Provider Ranking Tool's fee.

*This is projected savings from the client's total annual spend minus pharmaceutical costs of \$16.2 M or 16% of spend without drugs.



Time for Question!



What endearing behavior is characteristic of the Sea Otter?



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- A) They dig for mollusks for their love interests as part of their courtship ritual.**
- B) They have their own chirpy language to express themselves when upset.**
- C) They hold hands when they sleep to keep from drifting apart.**



C) They hold hands when they sleep to keep from drifting apart.

Closing & Questions



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