



City of Boston Informatics and Strategic Planning Meeting

December 11, 2018

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

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Discussion Topics

Highlights and Overview

Population Health Review

Next Steps

Objectives

1 Review the holistic population health profile and trend activity

2 Discuss recommendations and opportunities for continued plan success

3 Obtain feedback on proposed recommendations and next steps

Data Overview

1 Reporting Period

- Three-year retrospective analysis
- Plan experience from July 1, 2016 to June 30, 2018
- Claim data is reported on an incurred basis with two months of runout

2 Data Sources

- PPO Medical claims
- PPO Pharmacy claims

3 Comparators

Plan Performance

- **Network:** unadjusted average of Blue Cross Commercial Book of Business (PPO ASC) groups >100 subscribers)
- **Benchmark:** average Blue Cross experience PPO ASC products; actuarially-adjusted for demographic factors

Prevalence and Other Benchmarks

- National statistics and literature-based data used for lifestyle risk categories
- NCQA/HEDIS guidelines



Highlights & Overview

LOCAL
NATIONAL

Plan Performance at a Glance

- 4.4%

change in subscriber headcount

The average subscriber / member age also decreased 0.3 years, but remained 13 years older than network averages

-1.6%

PMPM claim change

compared to a 3.0% increase in Benchmark PMPM.

Medical PMPM decreased 3.2% and pharmacy increased 6.9%

- 1.3%

change in member cost share PMPM

Lower member cost for medical services drove the 33% difference from the Benchmark member cost share PMPM

23.5%

of total claims attributable to high-cost claimants >\$150,000 compared to 26.4% in the prior period

48.2%

average medical discount

50%

of adult members had a well visit compared to 47.4% in the prior period and the Network average of 43.5%

39.0%

of Pharmacy cost was driven by Specialty drugs lower than average of 45-50%

94.7%

In-network utilization compared to Network average of 96.2%

148.7

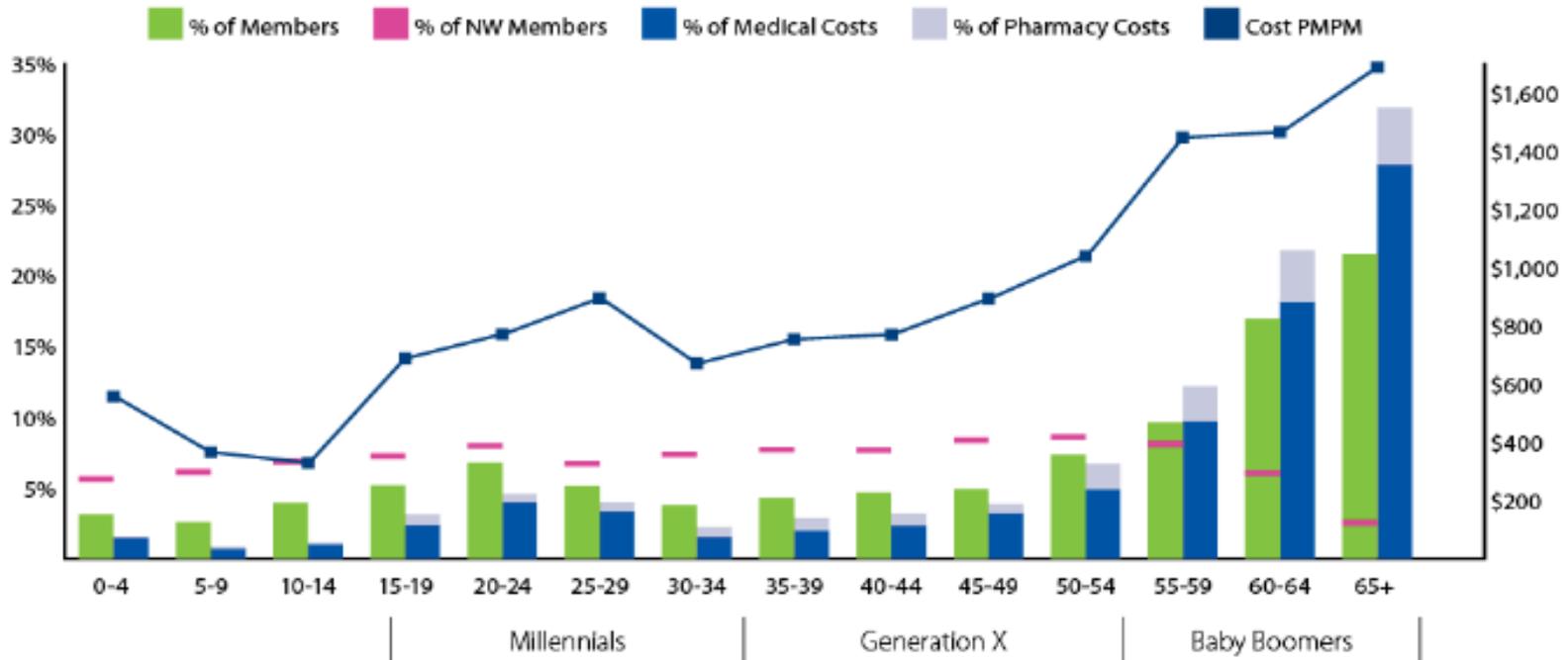
ER visits per 1,000 for non-emergent or PCP-treatable conditions compared to network average of 99.1/1000

Demographics

- Medicare aged population, with higher cost and health risks
- There are a number of dependents on the PPO plan as well that contribute to costs



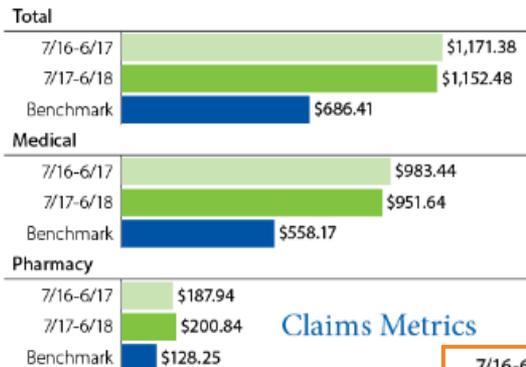
Demographics by Age Band



Year-Over-Year Comparison

- Medical PMPM was 68% greater than Benchmark and pharmacy PMPM was 57% greater
- Several factors contribute to City of Boston's higher PMPM including: older demographics, lower member cost sharing, higher utilization of services and elevated out-of-network use compared to averages
- The membership enrolled in the BCBSMA PPO plan is largely an early retiree and retiree population

PMPM



Claims Metrics

	7/16-6/17	7/17-6/18	Benchmark
Total Claims	\$43,547,268	\$41,027,068	
Total PMPM	\$1,171.38	\$1,152.48	\$686.41
PMPM Change	-1.7%	-1.6%	3.0%
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Medical Claims	\$36,560,522	\$33,877,482	
Medical PMPM	\$983.44	\$951.64	\$558.17
PMPM Change	-3.0%	-3.2%	2.9%
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Pharmacy Claims	\$6,986,746	\$7,149,586	
Pharmacy PMPM	\$187.94	\$200.84	\$128.25
PMPM Change	5.2%	6.9%	3.3%

Member Cost Sharing

	7/16-6/17	7/17-6/18	Benchmark
Total Cost Share	\$51.77	\$51.13	\$76.29
% of Total Claims	4.2%	4.2%	10.0%

Utilization

(per 1000 members)	7/16-6/17	7/17-6/18	Benchmark
Inpatient	177	168	80
Office Visits	6,600	6,296	4,883
Prescriptions	23,339	23,354	15,722

Additional Metrics

	7/16-6/17	7/17-6/18	Network
Avg. Medical Discount	49.6%	48.2%	50.3%
Network Utilization	94.8%	94.7%	96.2%

Components of Cost Change

- A decrease in claims over \$150,000 and costs for outpatient services; particularly therapeutic radiology, laboratory, and surgery, drove the decrease in medical PMPM
- Medical pharmacy and ancillary costs are above Benchmark: There is a rider that allows self injectable medications and others to be billed in the outpatient setting (not through pharmacy benefit): This contributes to higher medical drug costs



PMPM Change by Claims Band

Account	Change
\$0-\$10K	0.1%
\$10K-\$50K	0.6%
\$50K-\$150K	1.0%
\$150K+	-3.3%
Total Change	-1.6%

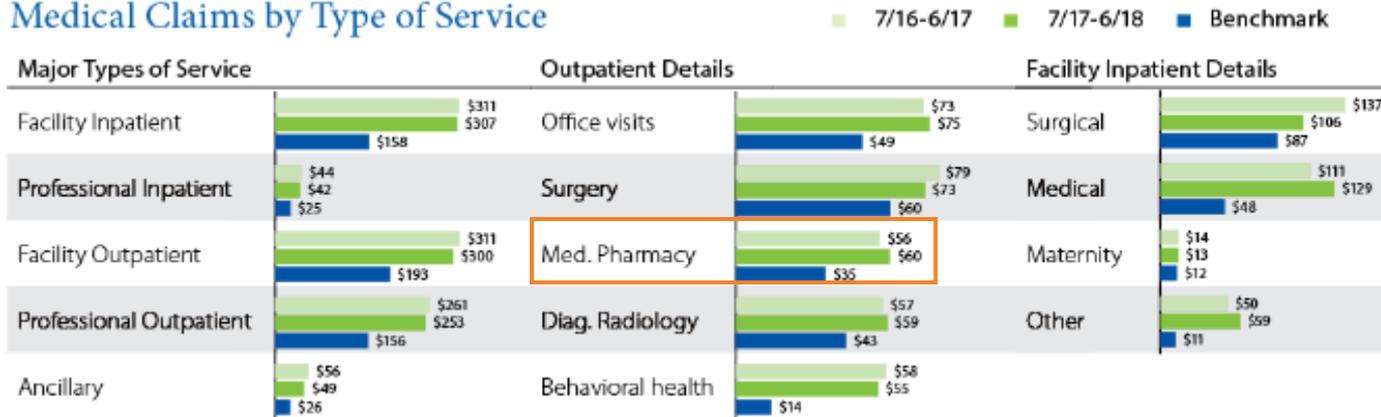
High Cost Claims

(per 1000 members)	7/16-6/17	7/17-6/18	Network
Claimants > \$50k	65.8	63.4	12.1
% of Total Claims	54.7%	53.3%	37.1%
PMPM	\$641.14	\$614.05	\$254.85
Claimants > \$150k	14.8	12.1	2.4
% of Total Claims	26.4%	23.5%	17.0%
PMPM	\$309.64	\$271.00	\$116.70

PMPM Change by Type of Service

Medical	Change
Facility Inpatient	-0.4%
Professional Inpatient	-0.2%
Facility Outpatient	-1.1%
Professional Outpatient	-0.8%
Ancillary	-0.7%
Total Medical Change	-3.2%

Medical Claims by Type of Service



Pharmacy Cost and Utilization

- Mail order use was lower than Benchmark, unexpected for a significantly older membership with high prevalence of chronic disease
- The cost of single source brand name drugs increased and was lower than average. Specialty drug costs were also relatively moderate compared to BCBSMA average of 45-50%
- Drugs to treat cancer and multiple sclerosis were the major drivers for increase in pharmacy spend due to a combination of increased utilization and mix of drugs utilized



Pharmacy Cost and Utilization

	7/16-6/17	7/17-6/18	Benchmark
Avg Plan Cost per Script	\$96.63	\$103.20	\$97.89
Avg Member Cost Share per Script	\$11.06	\$10.81	\$11.79
% Plan Cost	89.7%	90.5%	89.2%
% Mbr Contribution	10.3%	9.5%	10.8%
Scripts per Mbr per Year	23.3	23.4	15.7
% of Scripts through Mail Rx	9.2%	8.8%	10.3%

Brand vs Generic	7/16-6/17	7/17-6/18	Network
Avg Single Source Brand Cost per Script	\$562.57	\$603.35	\$621.43
Avg Multi-Source Brand Cost per Script	\$388.17	\$328.85	\$249.58
Avg Generic Cost per Script	\$25.29	\$24.42	\$25.85
% Single Source Brand Scripts	11.6%	12.5%	12.4%
% Multi-Source Brand Scripts	2.5%	2.1%	2.2%
% Generic Scripts	85.9%	85.4%	85.4%

Top 5 Specialty Drugs

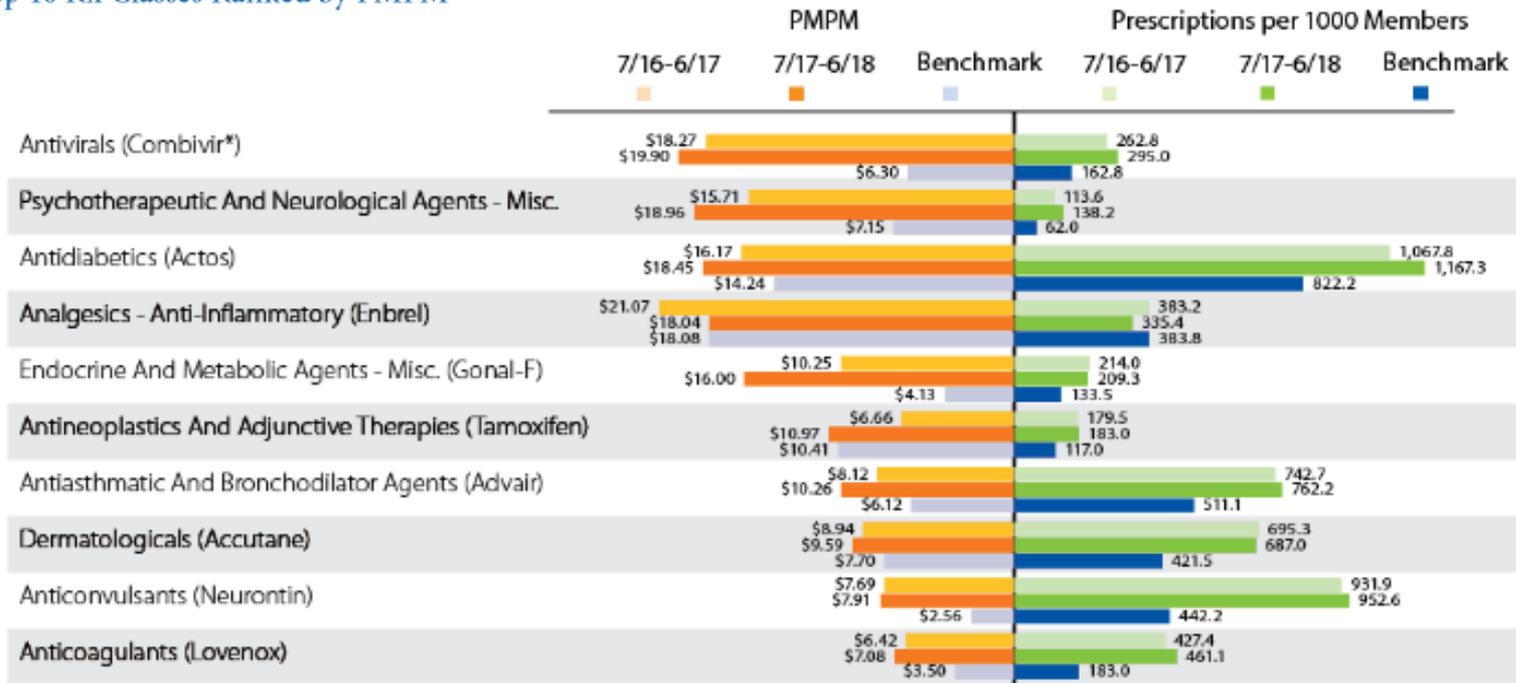
Specialty Category	7/16-6/17			7/17-6/18		
	% of Scripts	% of Payments	PMPM	% of Scripts	% of Payments	PMPM
Inflammatory Disease	26.8%	33.6%	\$23.09	21.7%	28.7%	\$22.43
Multiple Sclerosis	16.3%	21.8%	\$15.00	13.9%	21.9%	\$17.11
Oncology	13.0%	12.4%	\$8.52	15.0%	21.5%	\$16.85
Hepatitis C	1.4%	9.5%	\$6.51	1.7%	8.1%	\$6.31
Infertility	24.1%	8.3%	\$5.73	15.0%	3.8%	\$2.95
All Other Specialty	17.4%	14.4%	\$9.87	20.7%	16.1%	\$12.60
Total Specialty	626	\$2,569,849	\$68.72	653	\$2,800,184	\$78.25
% of Total Pharmacy	0.9%		36.6%	0.9%		39.0%

Pharmacy Cost & Utilization Overview

- There was an increase in prescriptions of the top three therapeutic classes in the recent period
- PMPM increases for Endocrine and Metabolic Agents and Antineoplastics were due to increased cost per prescription
- Use of Anti-Inflammatory drugs, through the pharmacy benefit, was at Benchmark



Top 10 Rx Classes Ranked by PMPM





Population Health Review

Preventive Care Metrics

- Generally member rates of routine care were at or above averages, with the exception of cancer screening rates for breast and cervical cancer
- Breast cancer was the fourth highest cost-ranked ETG during the recent period



ETG Rates

	Members	Total Costs	Cost per Member	Benchmark Cost/Mbr	Member Rate per 1000		
					7/16-6/17	7/17-6/18	Benchmark
Immunizations, Screenings and Routine Exams (ISR)	1,050	\$364,185	\$347	\$380	553.1	551.7	555.3

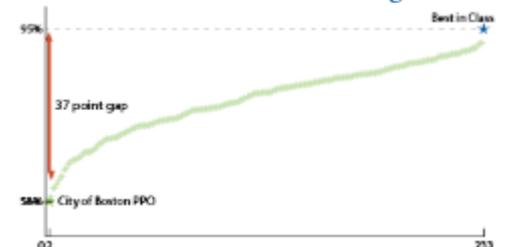
Well Visit Utilization

	7/15-6/16	7/16-6/17	7/17-6/18	Network
Adult	46.8%	47.4%	50.0%	43.5%
Child	86.3%	82.1%	84.6%	78.2%

Routine Screening Rates

Cancer Screening Measures	2016	2017	HIA Average	Variance from HIA
Breast Cancer Screening Rate (Mammogram)	57.6%	57.7%	78.3%	-20.6
Cervical Cancer Screening Rate (Pap Smear)	69.3%	69.1%	73.6%	-4.5
Colorectal Cancer Screening Rate (Colorectal Tests)	70.5%	69.2%	65.3%	3.9

Breast Cancer Screening



ER and Urgent Care Utilization

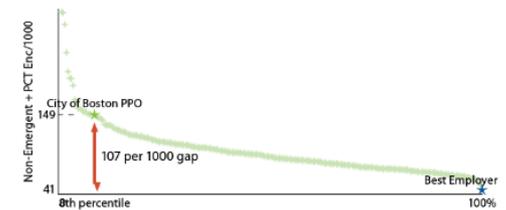
- Emergency room use for non-emergent and primary care treatable ER visits declined 11% from the prior period. Urgent care visits for the same period increased 18%.
- 92% of large BCBSMA accounts had better non-emergent and primary care-treatable emergency room utilization



Non Emergent/PCP-Treatable Utilization

	7/16-6/17	7/17-6/18	Benchmark
ER PMPM	\$17.89	\$18.71	\$12.36

Non-Emergent and PCP Treatable	Percent of Encounters			Encounters per 1000		
	City of Boston PPO			City of Boston PPO		
	7/16-6/17	7/17-6/18	Network	7/16-6/17	7/17-6/18	Network
Non-Emergent	25.2%	20.0%	22.4%	63.8	48.7	34.7
Emergent PCP Treatable	40.6%	41.0%	41.6%	102.9	100.0	64.4
Total Non-Emergent and PCT	65.8%	61.0%	63.9%	166.7	148.7	99.1



Urgent Care Utilization

Provider Specialty	7/16 - 6/17			7/17 - 6/18		
	Paid	Claimants	Visits/1000	Paid	Claimants	Visits/1000
Retail Clinic	\$8,343	131	23.5	\$6,628	113	23
Urgent Care	\$51,887	353	71.7	\$58,524	401	89.2
Summary	\$60,230	466	95.2	\$65,152	498	112.2

Blue Care Line Utilization

7/15-6/16	7/16-6/17	7/17-6/18
36	24	35

Key Clinical Indicators

Cardiometabolic Disease

- Four of the top 10 ETGs by cost were related to cardiometabolic disease
- Prevalence rates of at-risk, chronic and complex conditions were significantly above Benchmark and stable year over year

Behavioral Health

- Depression and substance abuse were top cost ranked ETGs but also top contributors of outpatient costs
- A small number of out of network admissions contributed to costs

Musculoskeletal

- Joint degeneration was City of Boston PPO's highest cost-ranked ETG; responsible for 5.7% of City of Boston PPO's claims
- Musculoskeletal system admissions represented 15% of total admissions

Top 10 Clinical Conditions by Cost

	Members	Total Costs	Cost per Member	Benchmark Cost/Mbr	Member Rate per 1000
Joint Degeneration, Localized	566	\$2,599,829	\$4,593	\$3,994	191.2 [a] 168.0
Depression	462	\$2,096,580	\$4,538	\$2,433	156.1 90.0
Diabetes	303	\$1,706,084	\$5,631	\$2,793	102.4 [d] 91.5
Malignant Neoplasm of the Breast	68	\$1,540,060	\$22,648	\$22,590	23.0 [a] 17.4
Substance Abuse/Drug dependence	128	\$1,341,040	\$10,477	\$3,212	43.2 37.7
Chronic Renal Failure	113	\$1,244,060	\$11,009	\$8,683	38.2 [a] 17.4
Inflammation of Skin & Subcutaneous Tissue	666	\$1,200,715	\$1,803	\$789	225.0 [a] 160.5
Hypertension	949	\$1,123,767	\$1,184	\$857	320.6 [a] 262.5
Inflammation of the Central Nervous System	28	\$1,037,716	\$37,061	\$23,022	9.5 4.8
Congestive Heart Failure	120	\$941,326	\$7,844	\$5,981	40.5 14.7

Cardiometabolic Disease

- Prevalence rates of at-risk and chronic disease were greater than Benchmark, but remained relatively stable over the two periods
- Circulatory system was responsible for 12% of total admissions The PMPM was 88% higher, and admissions were than double the Benchmark. The average cost per admission was lower than Benchmark



ETG Rates



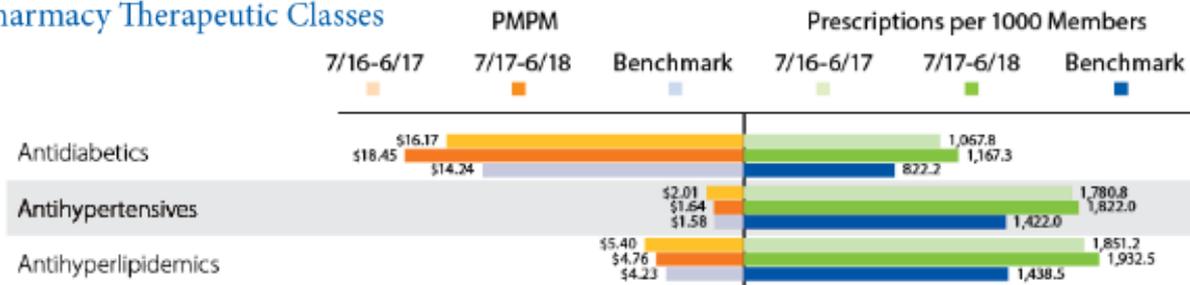
Inpatient Admissions

Major Diagnostic Category	Admissions per 1000			PMPM			Cost per Admit	
	7/16-6/17	7/17-6/18	Benchmark	7/16-6/17	7/17-6/18	Benchmark	7/17-6/18	Benchmark
Circulatory System	23.2	20.6	9.0	\$60.44	\$56.42	\$29.94	\$32,927	\$39,896

Cardiometabolic Disease

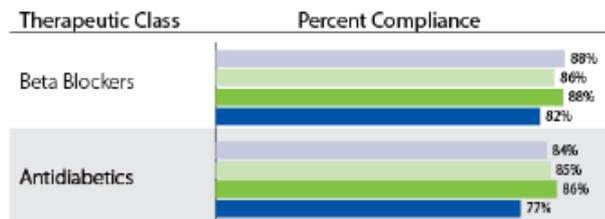
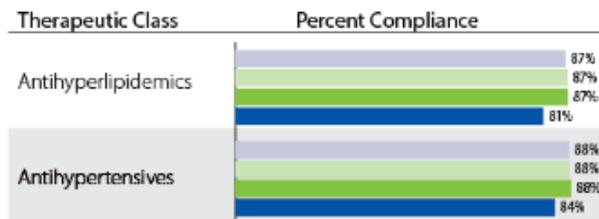
- Utilization of prescription drugs to treat diabetes, hypertension and high cholesterol were well above Benchmarks
- The increase in pharmacy cost for antidiabetics was due to the increase in utilization. 60% of diabetic costs were pharmacy claims
- Medication position ratios improved slightly in the recent months and were greater than average

Pharmacy Therapeutic Classes



Medication Possession Ratio

■ Jun 2017 ■ Dec 2017 ■ Jun 2018 ■ Network



Diabetes Screening Measures

	2016	2017	HIA Average	Variance from HIA
Eye Exam	67.1%	68.8%	55.7%	13.1
HbA1C Testing	69.9%	67.2%	91.2%	-24.0
Nephrology Screening	89.8%	91.5%	90.1%	1.4

Behavioral Health

- City of Boston PPO’s prevalence of behavioral health ETGs were well above Benchmarks and consistent over the two periods. The average cost per member for these ETGs are also well above Benchmark costs
- Depression and substance abuse were two of the top 5 cost-drivers of outpatient services
- Behavioral health and substance abuse admissions were well above Benchmarks. Out of Network services contributed to the higher cost for substance abuse ETG costs



ETG Rates

7/16-6/17 7/17-6/18 Benchmark

	Members	Total Costs	Cost per Member	Benchmark Cost/Mbr	Member Rate per 1000
Stress, Sleep and Adjustment Disorder (ONBD)	257	\$461,742	\$1,797	\$958	
Depression	462	\$2,096,580	\$4,538	\$2,433	
Substance Abuse/Drug Dependence	128	\$1,341,040	\$10,477	\$3,212	
Autism/Attention Deficit Disorder/ Developmental Disorders	167	\$509,707	\$3,052	\$2,185	

Inpatient Admissions

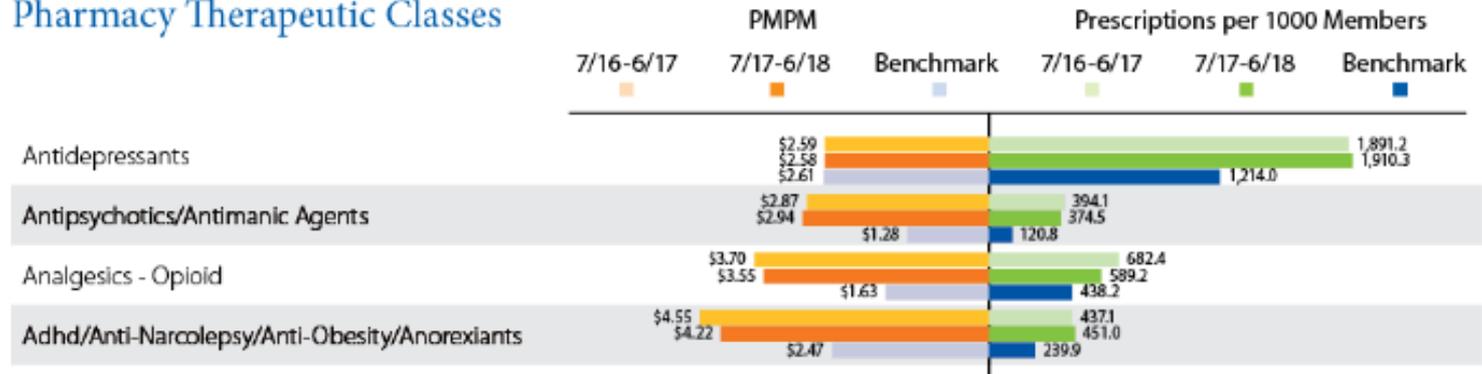
Major Diagnostic Category	Admissions per 1000			PMPM			Cost per Admit	
	7/16-6/17	7/17-6/18	Benchmark	7/16-6/17	7/17-6/18	Benchmark	7/17-6/18	Benchmark
Behavioral Health	7.7	9.1	3.3	\$9.57	\$12.74	\$3.81	\$16,798	\$13,981
Alcohol/Drug Use	22.9	22.6	4.9	\$18.21	\$13.24	\$2.32	\$7,033	\$5,667

Behavioral Health

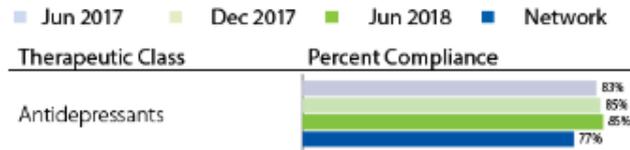
- Utilization of antidepressants were 63% greater than Benchmark while the cost PMPM was similar to Benchmark. The medication position ratio for these chronic prescriptions was greater than average
- Opioid use declined in the recent period, but cost remained significantly above Benchmark.
- After peaking in ages, 40-60, depression rates drop over 60, but remain higher in females and males.



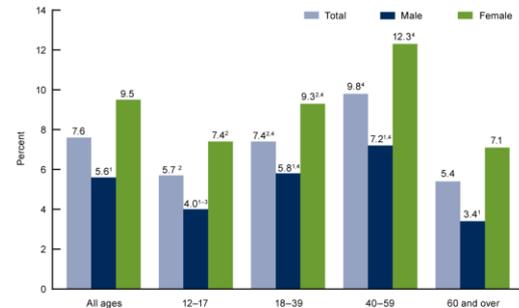
Pharmacy Therapeutic Classes



Medication Possession Ratio



National Depression Rates by Age Band



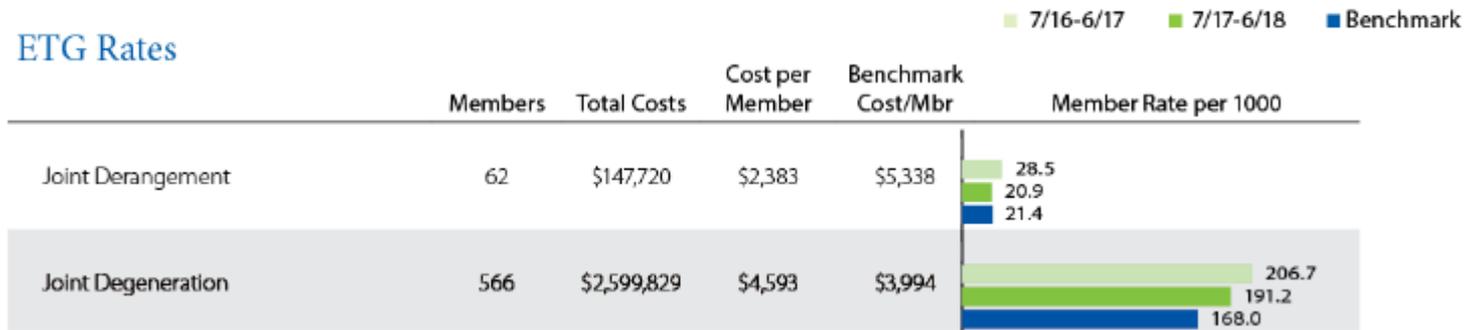
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2009-2012.

Musculoskeletal

- The prevalence of joint degeneration and joint derangement declined in the recent period. Joint degeneration, however, remained 14% higher than benchmark
- Musculoskeletal system PMPM was 42% higher than the benchmark, and decreased 18% from the prior period. Musculoskeletal admissions were 84% higher than the benchmark after a decrease from prior period



ETG Rates



Inpatient Admissions

Major Diagnostic Category	Admissions per 1000			PMPM			Cost per Admit	
	7/16-6/17	7/17-6/18	Benchmark	7/16-6/17	7/17-6/18	Benchmark	7/17-6/18	Benchmark
Musculoskeletal System	30.3	25.6	13.9	\$64.85	\$53.28	\$37.51	\$24,957	\$32,400

Population Health Management

To best support the member, Care Management is linked across all areas of Blue Cross, providing a 360 view of the member.

Medical Care Management

- Complex & High Risk Case Management
- Oncology
- High Risk Pregnancy
- Aftercare

Specialty Pharmacy Management

- Custom Network
- Utilization Management
- Integrated Benefits
- Consultation and referrals into care management
- Multidisciplinary rounds

Behavioral Health & Substance Abuse

- Aftercare
- Substance Use
- High Risk
- Depression

Chronic Condition Management

- Asthma
- Congestive Heart Failure
- Coronary Artery Disease
- Diabetes

Seamless Integration

- Seamless experience for the member's service, clinical, and wellness needs
- Our coordinated approach combines human resources, technology, and clinical expertise to service our members holistically

Engaging Complex and High Risk Members

Health Management

	# Identified with Chronic Condition	# Eligible for Gap Notification	# With One or More Gaps	# Without Gaps
Chronic Condition: Identification & Gap Notification	385	350	246	104
	# Identified	Provider # Notified	BCBSMA Managed # Reached	# Engaged
Chronic Condition: High Risk Coaching	220	152	11	9
	# Identified	# Reached	# Engaged	
Complex Case Management: (Medical and Behavioral Health)	118	60	53	

Results

	City of Boston PPO	Plan Average
◆ Chronic Members as % of Total Population:	7%	4%
◆ % of Chronic Members with Gaps	69%	75%
◆ Overall DM Engaged; Provider Notified Rates	73%	70%
◆ Overall DM Reached / Engaged Rates	82%	64%
◆ CM Engagement Rates	45%	41%
◆ CM Reached / Engagement Rates	88%	84%



- The percentage of members with a gap in care for chronic disease was lower than plan average.
- Reaching City of Boston members telephonically continues to be a challenge with most outreach calls left un answered
- Opportunities exist to promote MyBlue registration and collect cell phone numbers to improve engagement

High Cost Claimants

- Complex conditions such as cancer, infections, heart and renal failure and behavioral health conditions drove the top cost cases
- Health management programs reached out to each of the top cases for one or more programs

Claims in Excess of \$250,000

	First ETG Description	Second ETG Description	Health Management	Total Net Payments
1	Behavioral Health	Behavioral Health	BH CM Unable to reach; UM	\$629,669
2	Chronic Renal Failure	Congestive Heart Failure	CCM Unable to reach; Gap letter	\$501,263
3	Congestive Heart Failure	Coronary Artery Disease	CM Unable to reach; Gap letter; UM	\$456,582
4	Cerebral Vascular Accident	Congenital and other Disorders of the Central Nervous System	CM Engaged, goals met; Gap letter; UM	\$434,841
5	Behavioral Health	Behavioral Health	BH CM Unable to reach	\$415,876
6	Malignant Neoplasm of Endocrine Glands	Infection/Inflammation of the Oral Cavity	CCM Unable to reach; Gap letter; UM	\$413,372
7	Malignant Neoplasm of the Genitourinary System, except Prostate	Brain/Spinal Trauma	CCM Engaged, goals met; Gap letter; UM	\$383,376
8	Malignant Neoplasm of the Breast	Hypertension	Gap letter	\$347,315
9	Complications, Environmental, Toxic Effects	Major Infectious Disease	CCM Engaged, goals met; UM	\$342,264
10	Neoplastic Disease of Blood and Lymphatic System except Leukemia	Diabetes	Gap letter; UM	\$339,082
11	Hernias	Major Infectious Disease	CCM Unable to reach; Gap letter; UM	\$333,367
12	Major Infectious Disease	Conduction Disorder	Gap letter; UM	\$325,642
13	Leukemia	Diabetes	CCM Engaged, goals met; Gap letter; UM	\$319,032
14	Leukemia	Diabetes	Multi CM Engaged, goals met; Gap letter; UM	\$316,651
15	Brain/Spinal Trauma	Major Infectious Disease	CCM Engaged, goals met; Gap letter; UM	\$287,843
16	Malignant Neoplasm of the Intestines, Abdomen and Rectum	Inflammation of the Genitourinary System	CM Engaged, goals met; UM	\$271,606



Next Steps

Recommendations & Opportunities

Focus Area	Proposed Activities
Consumerism	<ul style="list-style-type: none"> • My Blue registration campaign • Member education that generic medications are as clinically effective as the brand-name medications <ul style="list-style-type: none"> ✓ Generic utilization savings, 1% increase in GFR= 2.1% in savings (based on BCBSMA data)
Site of Care Steerage	<ul style="list-style-type: none"> • Promote Well Connection and registration campaign • Offer Smart90 (CVS Retail Option) or Select Home Delivery
Health Management and Condition-Specific Interventions	<ul style="list-style-type: none"> • Consider Blue Cross platform for Omada and Livongo • Onsite Screenings with Robust Coaching • Introduce Diabetes Care Value • Behavioral Health management • Hinge Health
Wellness	<ul style="list-style-type: none"> • Promote Women's health through member education • Promote ahealthyme

Managing Pharmacy Costs



Benefits

Copay Tiers
 Formulary
 Flexible Benefits
 Consumer-Driven Health Plan
 Value-Based



Utilization Management

Prior Authorization (PA)
 Step Therapy
 Quantity Limits



Retail Networks

Standard
 Limited
 Smart90¹



Home Delivery

Select Home Delivery
 \$9 Generics by Mail



Specialty Pharmacy

Custom Specialty Network
Acaria Health™, Accredo®, CVS Specialty™, BrioRx®, Freedom, Metro, Village, Walgreens
 PA
 Quality Care
 Dosing
 Formulary



Data

Integrated Reporting
 Account Reports
 AQC Provider Reports

1. For self-insured accounts only.

Pharmacy Options

New! Retail Smart90 Option



Member cost share and plan cost for 90-day supply are the same regardless of whether the medication is filled at ESI Mail or CVS retail pharmacy. Applies to certain long-term (maintenance) medications only. Cannot be combined with Select Home Delivery.



Two options
available to self-
insured accounts at
no additional cost:

Exclusive Option

- Members allowed two fills of maintenance medications through any participating retail pharmacy, then must switch to 90-day supplies through ESI Mail Pharmacy or CVS retail pharmacies
- Members who continue to use one-month supplies or fill at a pharmacy outside of the CVS or ESI Mail Pharmacy will pay 100% of the cost of the medication

Voluntary Option

- Members may receive 90-day supplies of long-term medications through ESI Mail Pharmacy or CVS retail pharmacies
- Members who continue to use one-month supplies at any pharmacy receive targeted communications about the program

Diabetes Care Value Overview

Diabetes Care Value (DCV) engages members and promotes increased medication adherence through:

1 Diabetes remote monitoring

2 The Mango Health solution

Beginning 7/1/18, eligible* members will be invited to participate in this diabetes management solution which includes:

- OneTouch Verio Meter by Lifescan at no additional cost
- Blood glucose remote monitoring by specialized diabetes pharmacists who perform outreach to members if dangerous trends are identified
- No-cost access to the Mango Health app which uses a gamified approach to drive engagement and improve adherence

*Member participation is optional. To qualify, members must be 18 years or older and meet 1 of 3 clinical criteria based on claims within the last 6 months:

1. Metformin plus any other diabetes medication
2. Any test strip claim plus any diabetes medication
3. Any diabetes medication (except metformin alone)

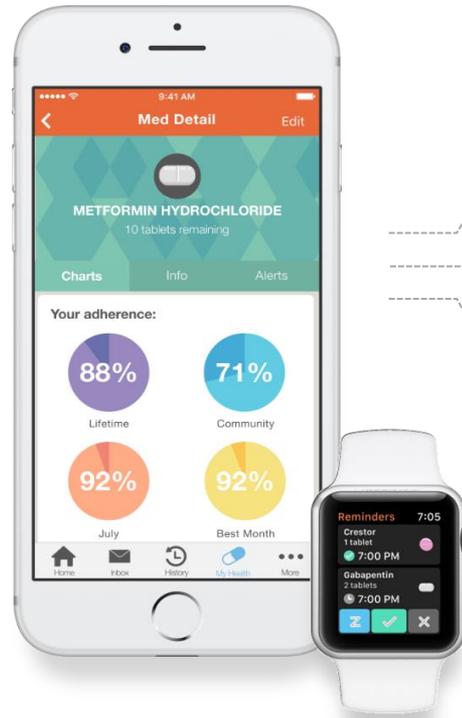
Mango Health Member Engagement Platform

The Mango Health platform rewards and incentivizes long-term healthy habits—right from the member's smartphone.

Coaching and
in-app messaging

Medication lists
and refills

A personalized implementation process incentivized with an instant gift card and auto-populated medication list enables a turnkey member experience.



Daily health tracking
and digital diary

Caregiver support

Rewards and
incentives

Members receive three invitation postcards over five weeks, encouraging them to download the app and participate in the program.

Well Connection Registration Campaign

Wallet Card Sample



MASSACHUSETTS | **WellConnection**
Care at Your Convenience

Getting Sick Isn't Convenient.
Well Connection Is.

See licensed doctors using live video visits on your favorite device.

Download the app, or visit wellconnection.com

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.
183536M 55-1831 (04/18)

Post Card Sample



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Download the Well Connection app today!

Well Connection

Four City of Boston PPO members have used five telehealth visits

through September 2018

Prediabetes Screening Program

At the worksite screening

- Email, telephone number, and provider information are collected.
- Blood sugar, BMI, total cholesterol, CHDL, cholesterol HDL ratio, waist circumference, and blood pressure taken.
- Results review and coaching session (10-15 minutes), plus relevant health education materials are provided.
- ahealthyme® and Blue Cross programs, employer resources, and any incentives are reviewed.

Stratify

Engage & Influence

3%
High Risk



- Telephonic nurse outreach (within two to three business days)
- Referral to Care Management program, if appropriate
- Targeted health education handouts (post-screening)
- Follow-up email promoting registration on ahealthyme

Recommended doctor consult: immediately, or call 911

- Results shared with provider
- Data integrated into personalized health score and health action plan on ahealthyme

37%
Moderate Risk



- Telephonic nurse outreach (within one month)
- Referral to Care Management or wellness coaching program, if appropriate
- Targeted health education handouts (post-screening)
- Follow-up email promoting registration on ahealthyme
- Monthly follow-up email with targeted health content and prompts to engage in wellness coaching (for six months)

Recommended doctor consult: within one month

- Results shared with provider
- Data integrated into personalized health score and health action plan on ahealthyme

60%
Lowest Risk



- Targeted health education handouts (post-screening)
- Follow-up email promoting registration on ahealthyme
- Monthly follow-up email with targeted health content and prompts to engage in wellness coaching (for six months)

Recommended doctor consult: non-urgent

- Results shared with provider
- Data integrated into personalized health score and health action plan on ahealthyme

Prediabetes Management with Omada

Omada empowers people with prediabetes to **build healthy habits that last.**



Livongo provides the tools and coaching to successfully manage diabetes



Online access to blood glucose readings, along with graphs and insights.

Members with diabetes receive:

- A welcome kit with Livongo's connected blood glucose meter, a lancing device, test strips, lancets, and a carrying case
- Unlimited test strips and lancets shipped to each member's front door, and automatic re-ordering
- Live 24/7 support by phone, text message, and via the Livongo mobile app for in-the-moment questions
- Coaching with Certified Diabetes Educators for in-depth diabetes management support
- A better experience: members can share glucose readings with loved ones and clinicians to alert them when the member is out of range, and for insight on glucose trends

Improve musculoskeletal health and reduce costs with Hinge Health

This 12-week, coach-led digital program is designed to help your employees increase movement and muscle strength, reducing pain and the need for treatment.

How It Works



1. Your employee completes activation and the Hinge Health screening. They receive their wearable motion-tracking bands and a ready-to-use tablet with the app.
2. Your employee receives support from a trained health coach via text, email, phone, or app, and can use the Hinge Health app for personalized care when and where it's convenient for them.
3. By increasing movement and muscle strength through the program, your employee reduces the affects of osteoarthritis and improves cartilage function, leading to reduced pain and fewer surgeries.



Advantages for You and Your Employees

- Participants average 50+% pain reduction and 23% opioid reduction after 12 weeks¹
- Avoid 2 out of 3 surgeries²

1. Hinge Health data. <https://www.hingehealth.com/>

2. Effects of a 12-Week Digital Care Program for Chronic Knee Pain: RCT (2018). <https://www.jmir.org/2018/4/e156/>

Behavioral Health: Specialty Programs

Case Management Programs

Depression

Provides members who have scored highly on the PHQ-2 depression scale with education and treatment referrals

High-Risk

Identifies members who require additional support, removes barriers to care, and improves health status

After Care

Engages members discharged from a behavioral health and/or substance use admission to improve follow-up care

Substance Use

Collaborates with inpatient facilities to engage members at admission and improve discharge coordination

Integration with Medical

- All psychiatrists are located and engage in both Behavioral Health and medical surgical case discussions
- Psychiatrists and Behavioral Health case managers collaborate with Blue Cross Nurse Care Managers on medical cases
- On-site doctor specialties:
 - Addiction medicine
 - Child psychiatry
 - Geriatric psychiatry
 - Eating disorders
 - Neuropsychology
 - Autism

New Programs & Pilots

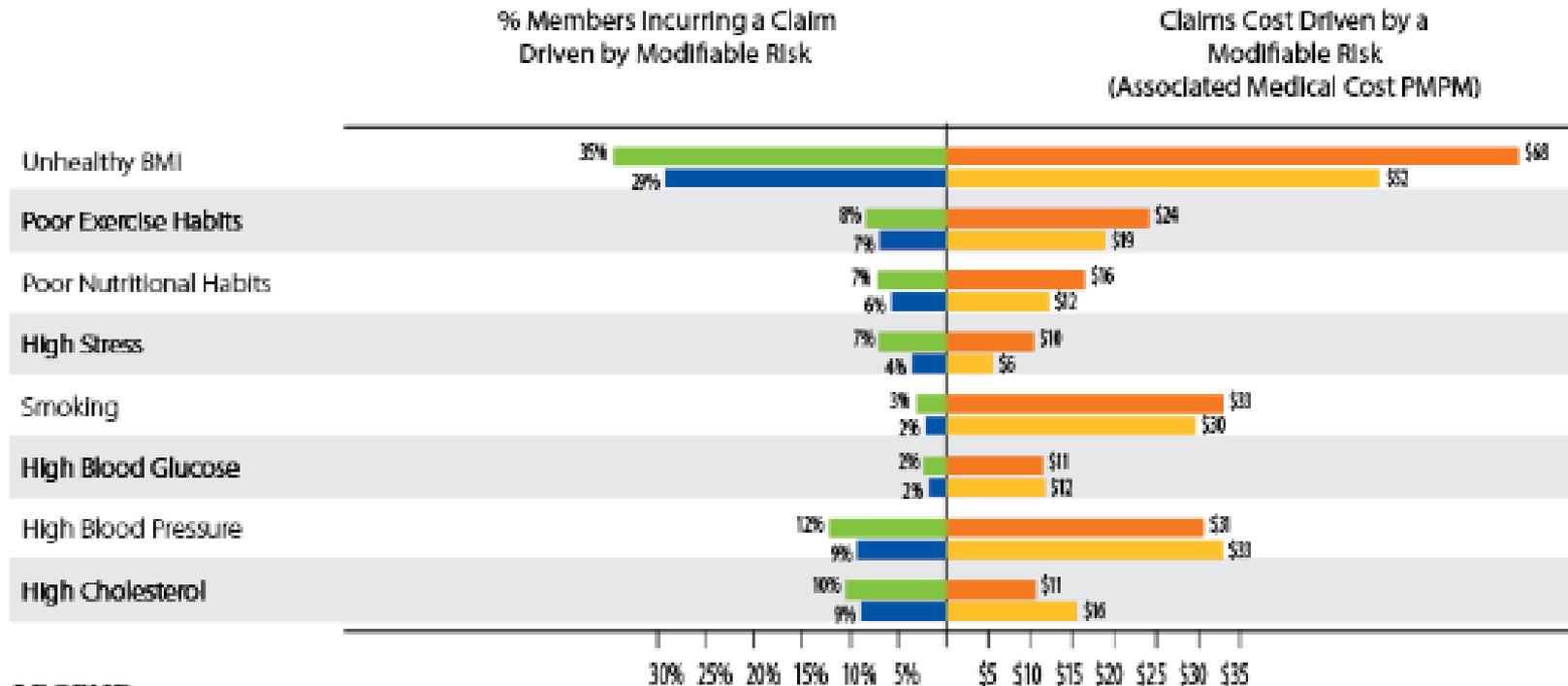
Evolving Opioid Strategies

- Methadone
- Collaboration with law enforcement

Out-of-Network Claims Strategies

- Medical policy updates (i.e. urine drug testing limits)
- Managing out-of-network provider claim cost

Modifiable Health Risks



LEGEND

- Account data (orange and green bars)
- Benchmark data (yellow and blue bars)



Nearly \$7.3 million of City of Boston’s PPO spend in the recent policy year was attributed to a modifiable risk factor

The Power of Blue

**No other partner can
balance your financial objectives
with what members want most
—a differentiated experience.**

**We drive advancements that matter
to you and your employees.**

Driving Advancements That Matter



MASSACHUSETTS

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