

Key Themes

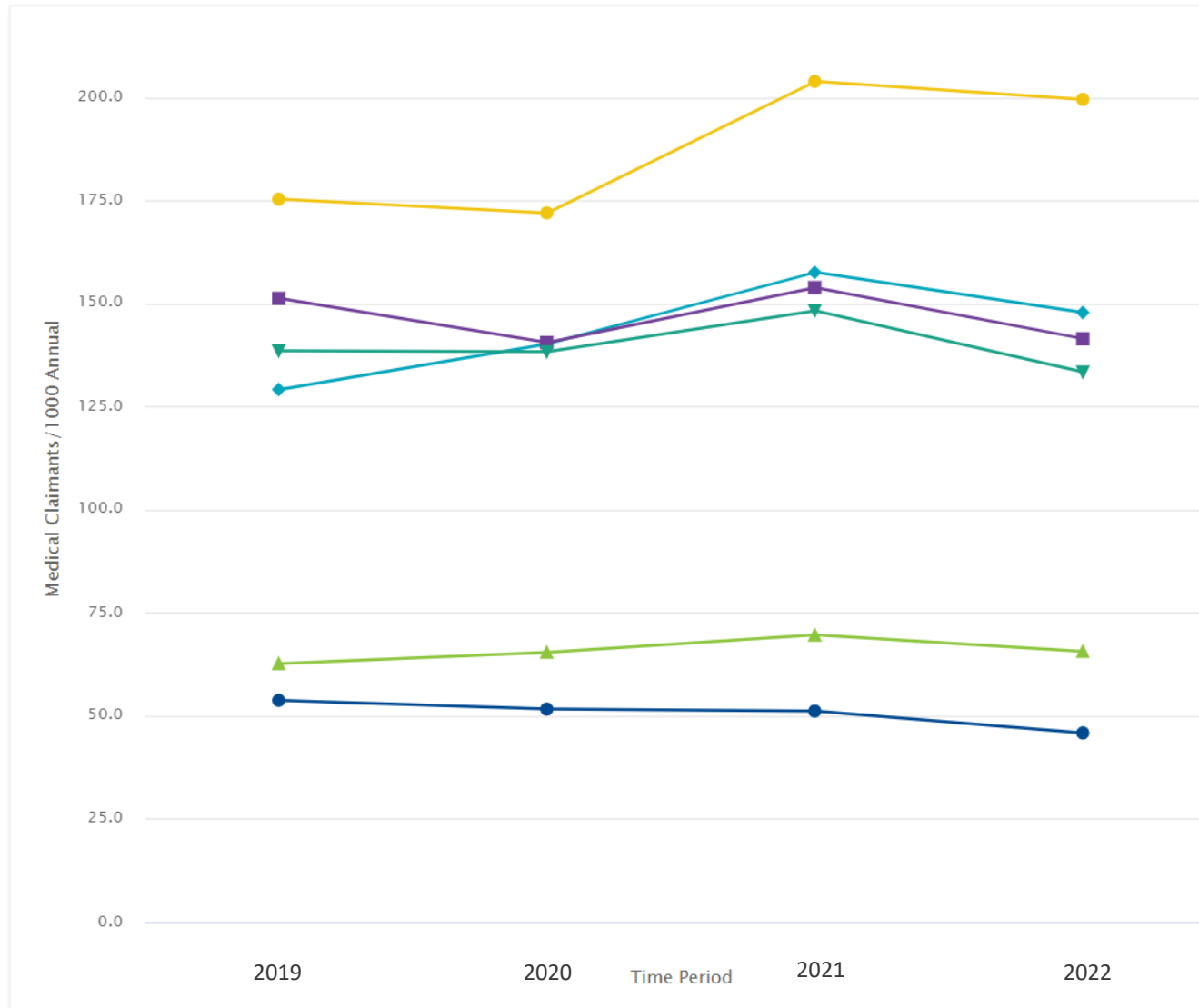
In order to slow rising costs, we must make deliberate, specific choices. Let's better understand the data we have access to.

- ✓ Explore getting back to care as an example
- ✓ Think beyond medical claims
- ✓ Dig deeper to identify health equity barriers

Let's share how our companies are innovating and solving for specific barriers.



Trends in conditions and care



MCC Groups

- Asthma/ COPD
- ◆ Behavioral: depression, anxiety, bipolar disorder
- Cancers
- ▲ Diabetes
- ▼ Hypertension
- Obesity and lipid (fat) disorders; BMI

WHAT WE SEE

*We see many dips in 2020.
We see increases in 2021.
We see decreases in 2022.*

WHAT WE DON'T SEE

*WHO is not returning to care? Why not?
What are the barriers?
What are the whole costs of deferred care?*

Employers think about overall costs

UNDERSTANDING THE

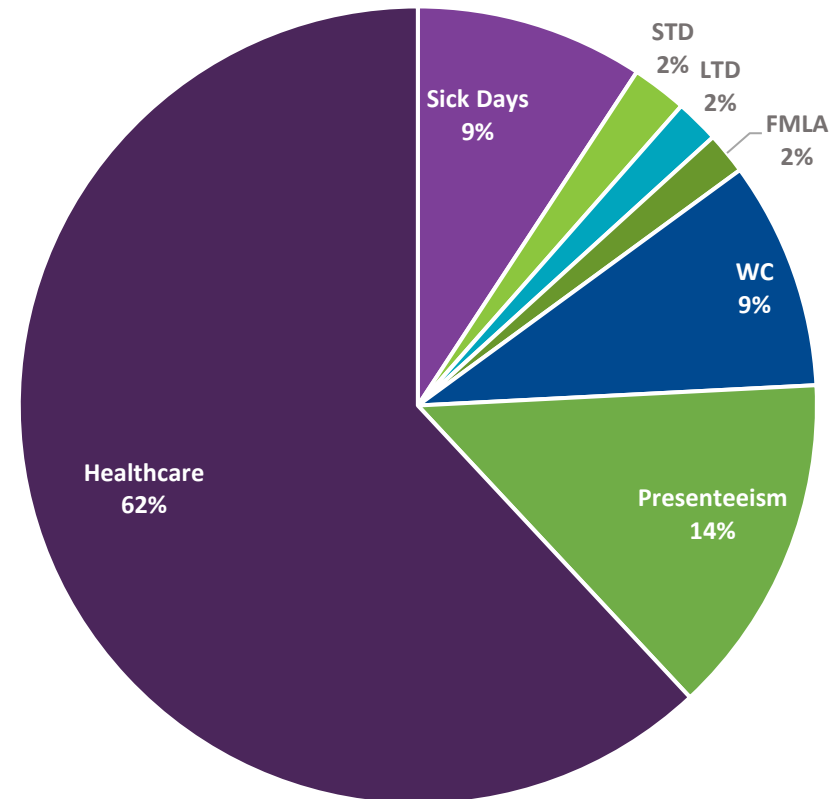
Analytics

The business costs of illness go well beyond the spend for health benefits ► **62%** of costs

A holistic evaluation of health expenditures includes absences and impaired job performance on the bottom-line.

Delays in care may show reductions in healthcare spending, but overall costs to the employer may rise as expenses shift to other illness related line items.

2020 Percent of Expenditures by Category*



Source: IBI Full Cost Estimator. U.S. workforce up to 1M employees

WHY ARE EMPLOYEES DELAYING CARE?

Delayed care due to cost/insurance

58%

Delayed care due to appointment unavailability

42%

Delayed care due to COVID-19 fears

35%

Less than three-fourths of employees are up-to-date on preventive screenings and immunizations.

Investigating SDoH and Care Consumption

– Chronic Conditions

UNDERSTANDING THE

Analytics

SDOH INDEX:

Income Index

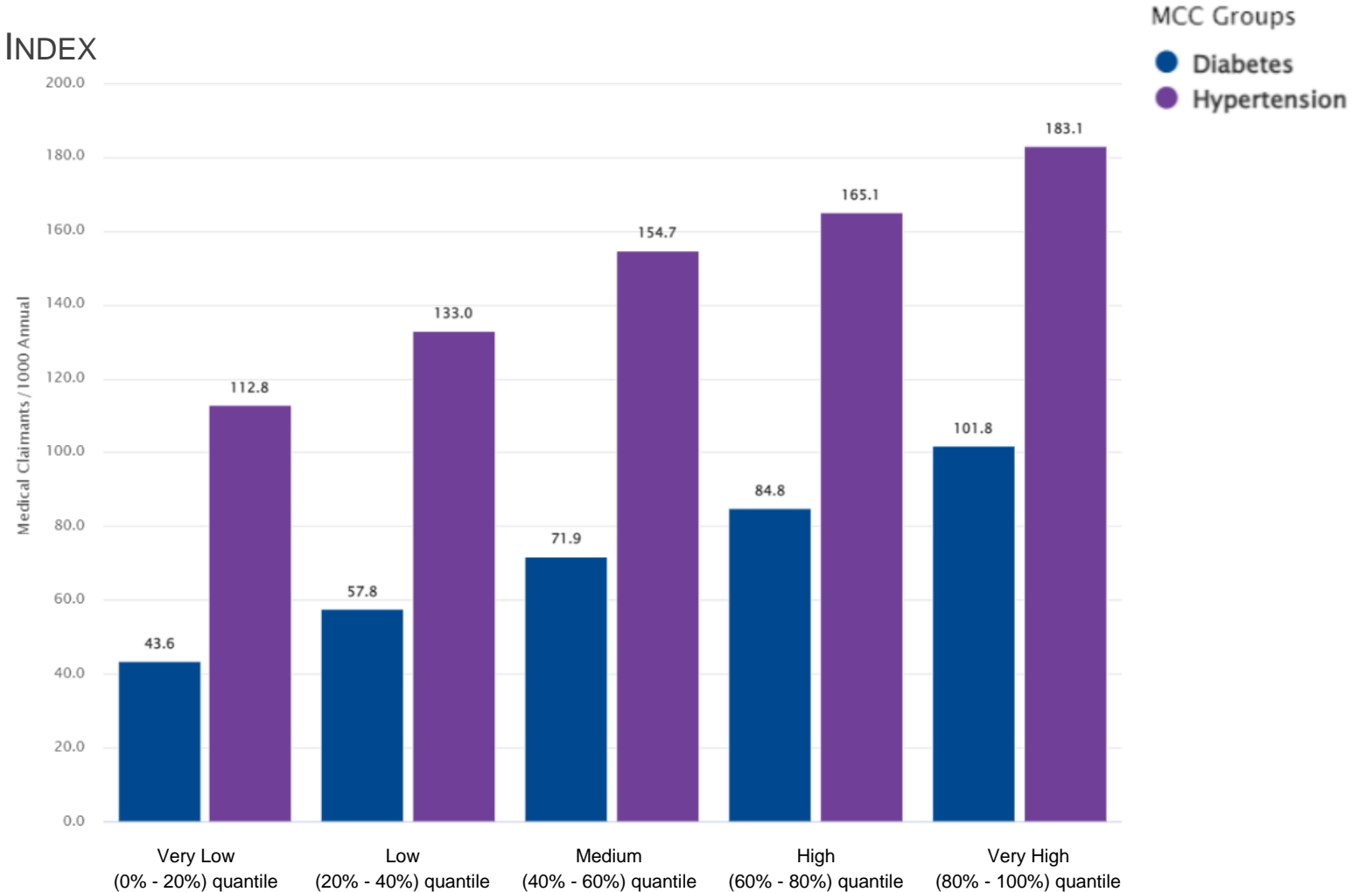
TIME PERIOD:

2021 data

CARE:

Diabetes, Hypertension

by INCOME INDEX



UNDERSTANDING THE

Insights

We see higher utilization in areas with higher income index values

Roundtable Discussion

— How are you addressing these key drivers in ways that are different?

- How are you solving for people that find it difficult to access care?
- What are the specific barriers you are targeting?
- How are you solving for barriers to mental health care and follow-up care engagement?
- What has been your experience with new health products and programs, organizational culture?
- What's working to better communicate benefits to employees? What simplifies ease of access?

— Digging Deeper Into Data

Influences of Social Determinants

Investigating SDoH and Care Consumption

– Behavioral Health

UNDERSTANDING THE

Analytics

SDOH INDEX:

Income Index

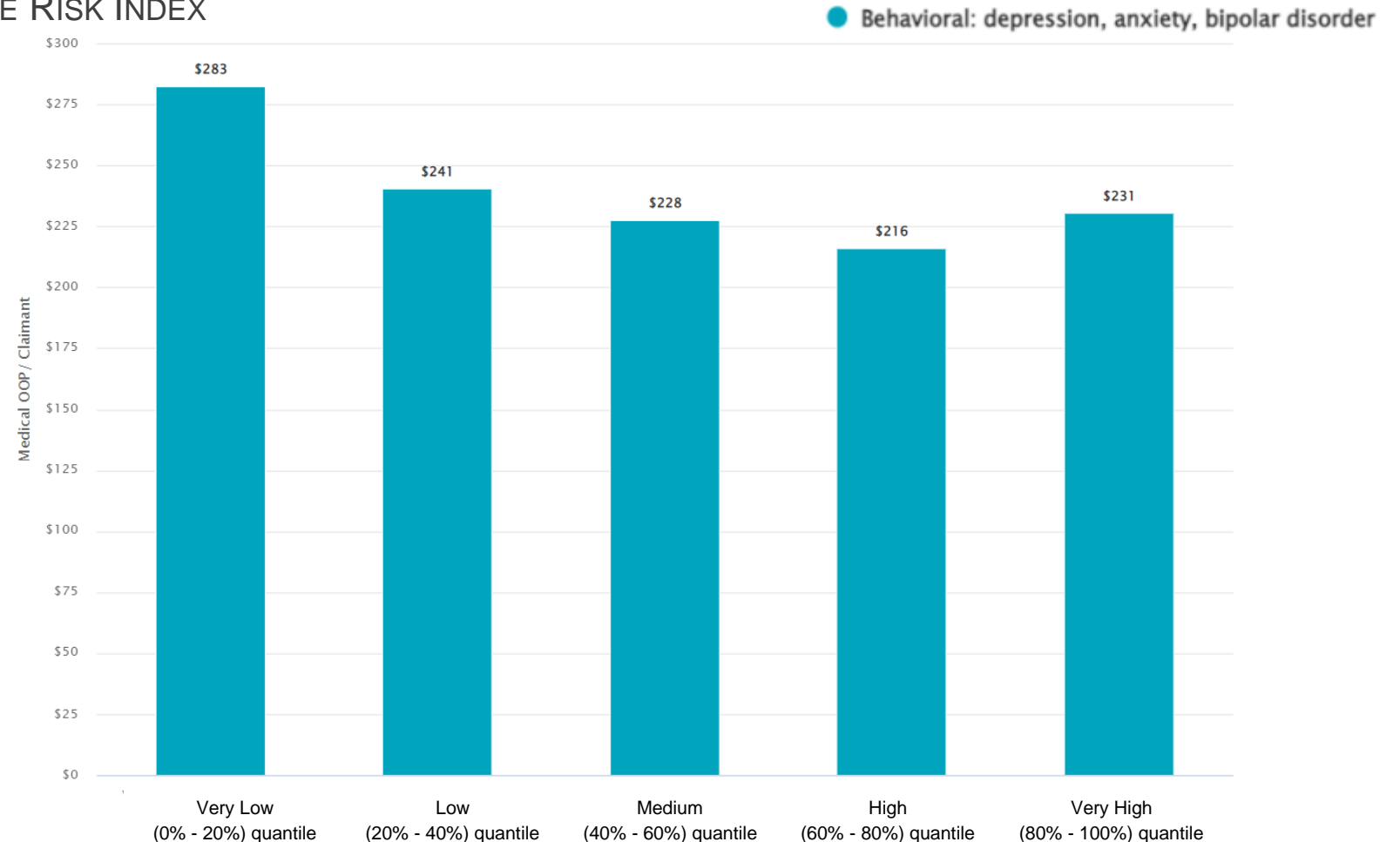
TIME PERIOD:

2021 data

CARE:

BH: Depression, Anxiety, Bipolar Disorder

by INCOME RISK INDEX



UNDERSTANDING THE

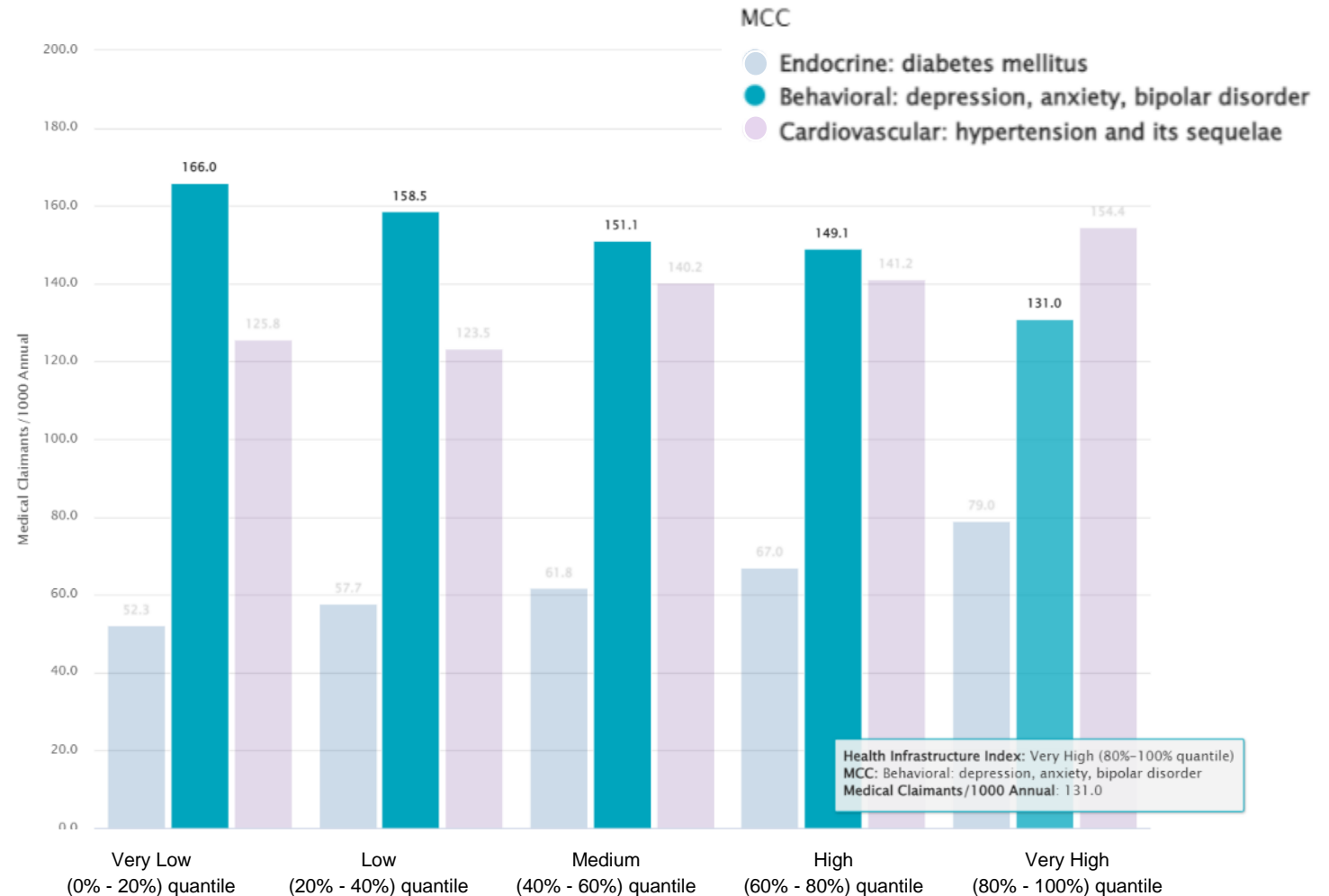
Insights

We see higher utilization in areas where income risk is lower

Investigating SDoH and Care Consumption

– Different Social Influences

by HEALTH INFRASTRUCTURE RISK INDEX



UNDERSTANDING THE

Analytics

SDoH Index:

Health Infrastructure Index

Time period:

2021 data

Care:

Behavioral: depression, anxiety, bipolar

UNDERSTANDING THE

Insights

We see higher utilization in areas where there is better infrastructure

— Leave Benchmarks

Another part of the story

New leave and disability claims

IBI's longitudinal view

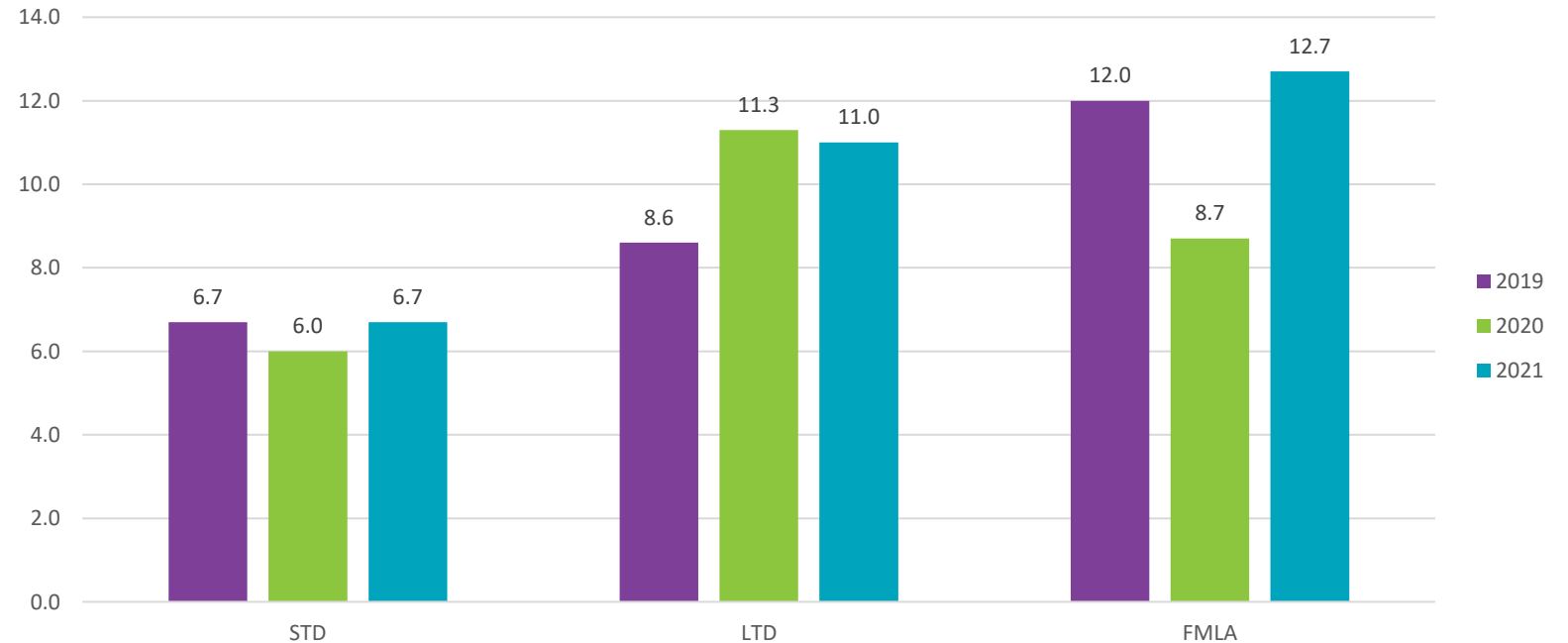
UNDERSTANDING THE

Analytics

Short-Term Disability and FMLA equal to 2019 levels

Long-Term Disability remains significantly higher than 2019 levels

STD is a leading indicator for LTD



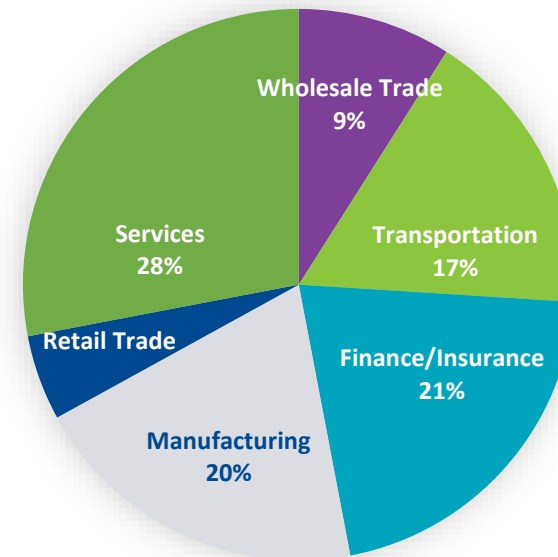
New claims per xxx employee:	2019	2020	2021	2020 v. 2019 % change	2021 v. 2020 % change
STD (per 100)	6.7	6.0	6.7	-10%	12%
LTD (per 1000)	8.6	11.3	11.0	31%	-3%
FMLA (per 100)	12.0	8.7	12.7	-28%	46%

Mental/Behavioral Health

Key Performance Indicators

	New Claims as a % of Total Claims			Claim Count		
	2019	2020	2021	2019	2020	2021
Short-Term Disability	7.3%	8.0%	8.6%	147,889	145,780	232,706 (!!!)
Long-Term Disability	9.3%	9.1%	7.0%	37,415	35,946	40,099

Mental/Behavioral Health: 2021
Percent of **NEW** claims *by industry*



Roundtable Discussion

— What aspects of health equity are important to you and why?

- What does well-being and engagement look like across a diverse population?
- What else would you want to learn more about?
- What would you do with your insights? How are you using this data?
- What process are you likely to work through?

Appendix Material

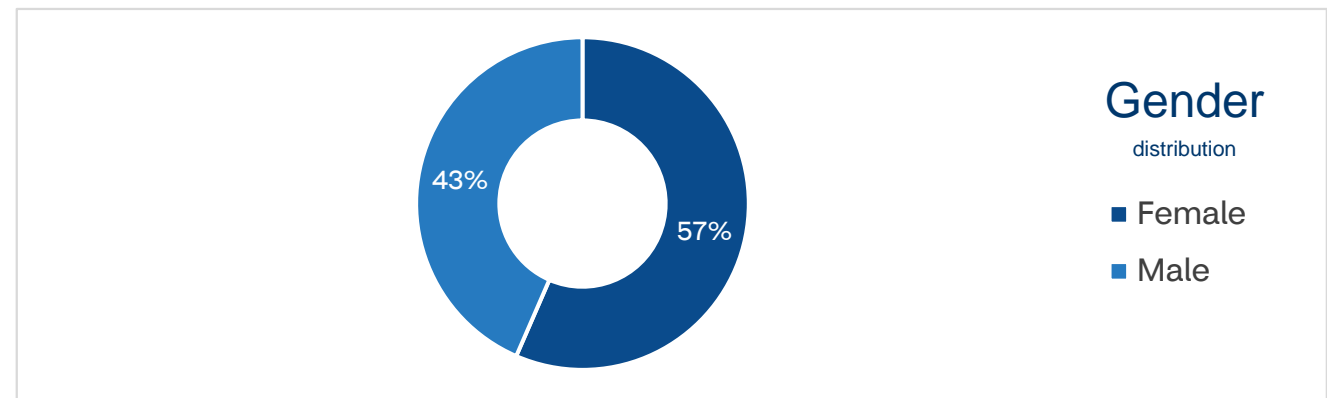
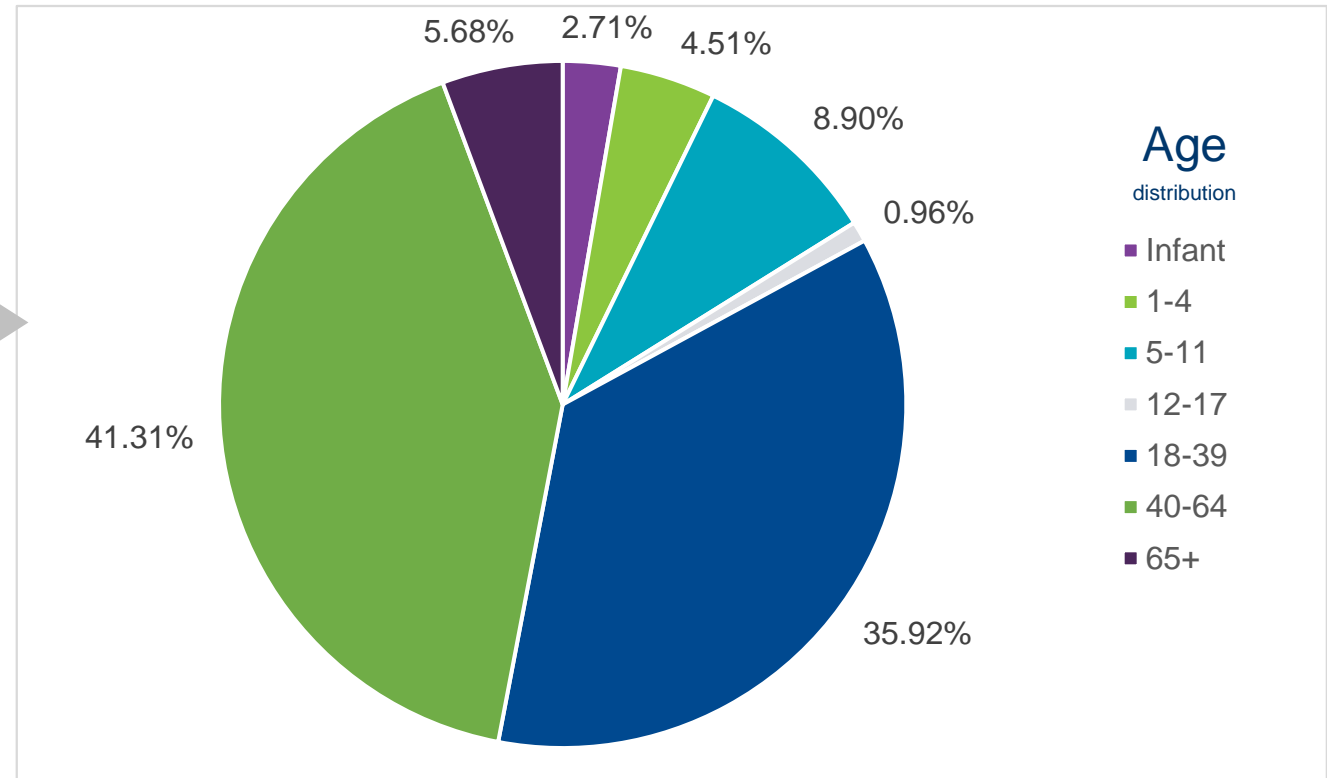
Additional details and ways to use data

What is the data set?

UNDERSTANDING THE

Data analyzed

- ✓ Composite data set, de-identified
- ✓ 75+ self-funded & fully funded employers
- ✓ All types of industries represented
- ✓ Geographically distributed across the US
- ✓ Roughly 250K members
 - ✓ Employees
 - ✓ Spouses
 - ✓ Dependents
- ✓ Multiple carriers
- ✓ Time adjusted to same number of months in each year



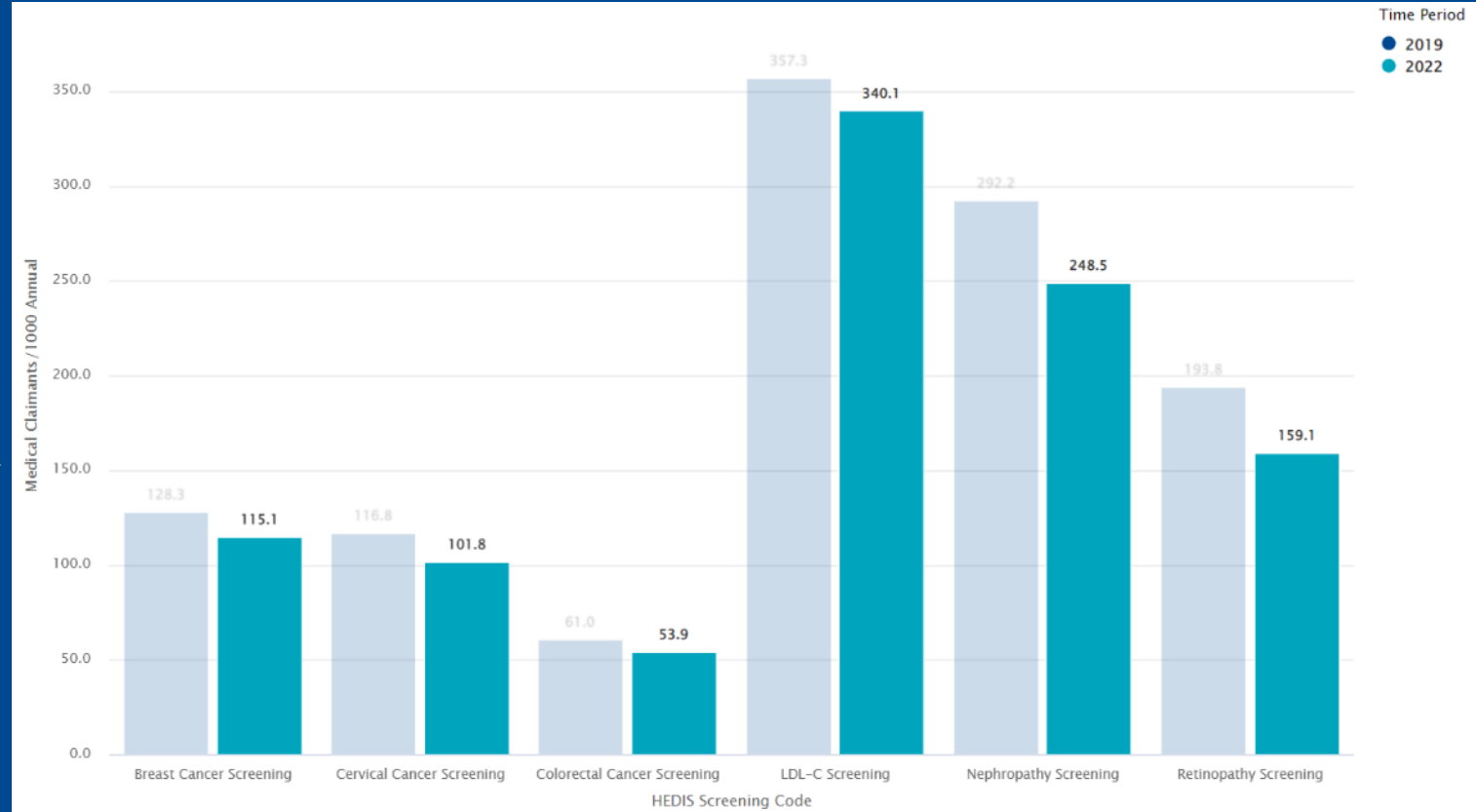
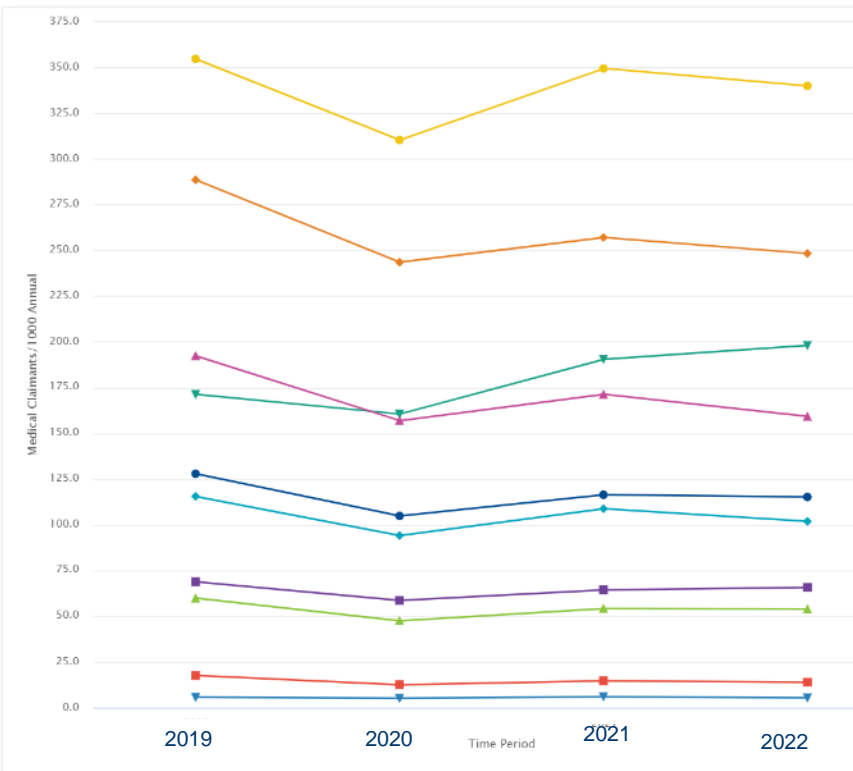
— Taking it even further

For those that want more

Trends in preventative care

HEDIS Screening Code

- Breast Cancer Screening
- ◆ Cervical Cancer Screening
- Chlamydia Screening
- ▲ Colorectal Cancer Screening
- ▼ HbA1c Screening
- LDL-C Screening
- ◆ Nephropathy Screening
- Osteoporosis Screening
- ▲ Retinopathy Screening
- ▼ Cholesterol Screening



*What services have not yet fully recovered?
2019 vs. 2022*

- ✗ Breast Cancer screening
- ✗ Cervical Cancer screening
- ✗ Colorectal Cancer Screening
- ✗ LDL-C screening
- ✗ Nephropathy Screening
- ✗ Retinopathy Screening

Investigating SDoH, Care Consumption, and Costs

UNDERSTANDING THE

Analytics

SDoH Index:

Income Index compared to Health Infrastructure Index

Time period:

2021 data

Care:

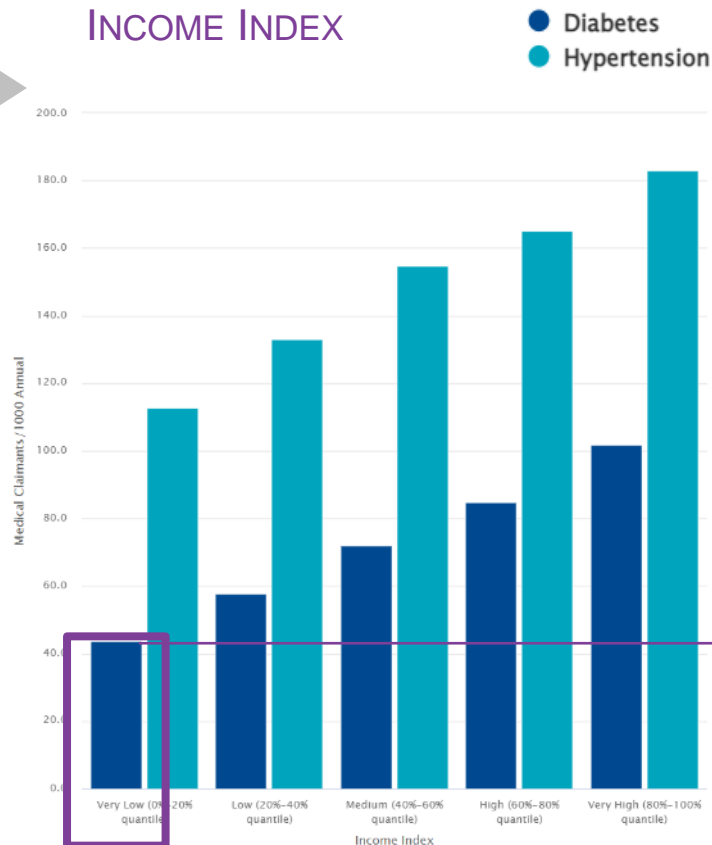
Diabetes, Hypertension

UNDERSTANDING THE

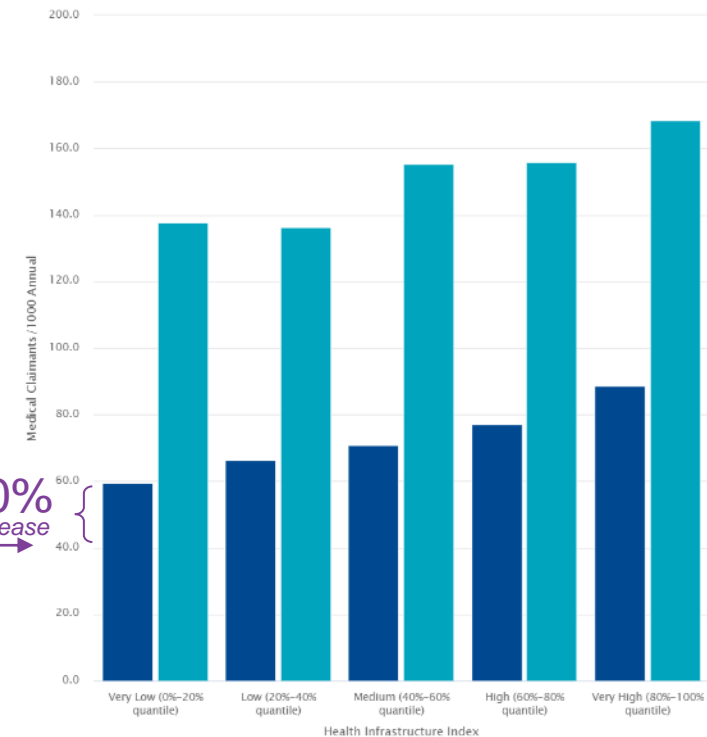
Insights

We see similar trends but different values with a different SDoH Index.

INCOME INDEX



HEALTH INFRASTRUCTURE INDEX



50% increase

Let's look at this audience more closely.

Validates solving for cost in plans geared to low-income families.

Need more insights?

Investigating SDoH, Care Consumption, and Costs

UNDERSTANDING THE

Analytics

SDoH Index:

Income Index = *filtered for Low and Very Low*

Time period:

2021 data

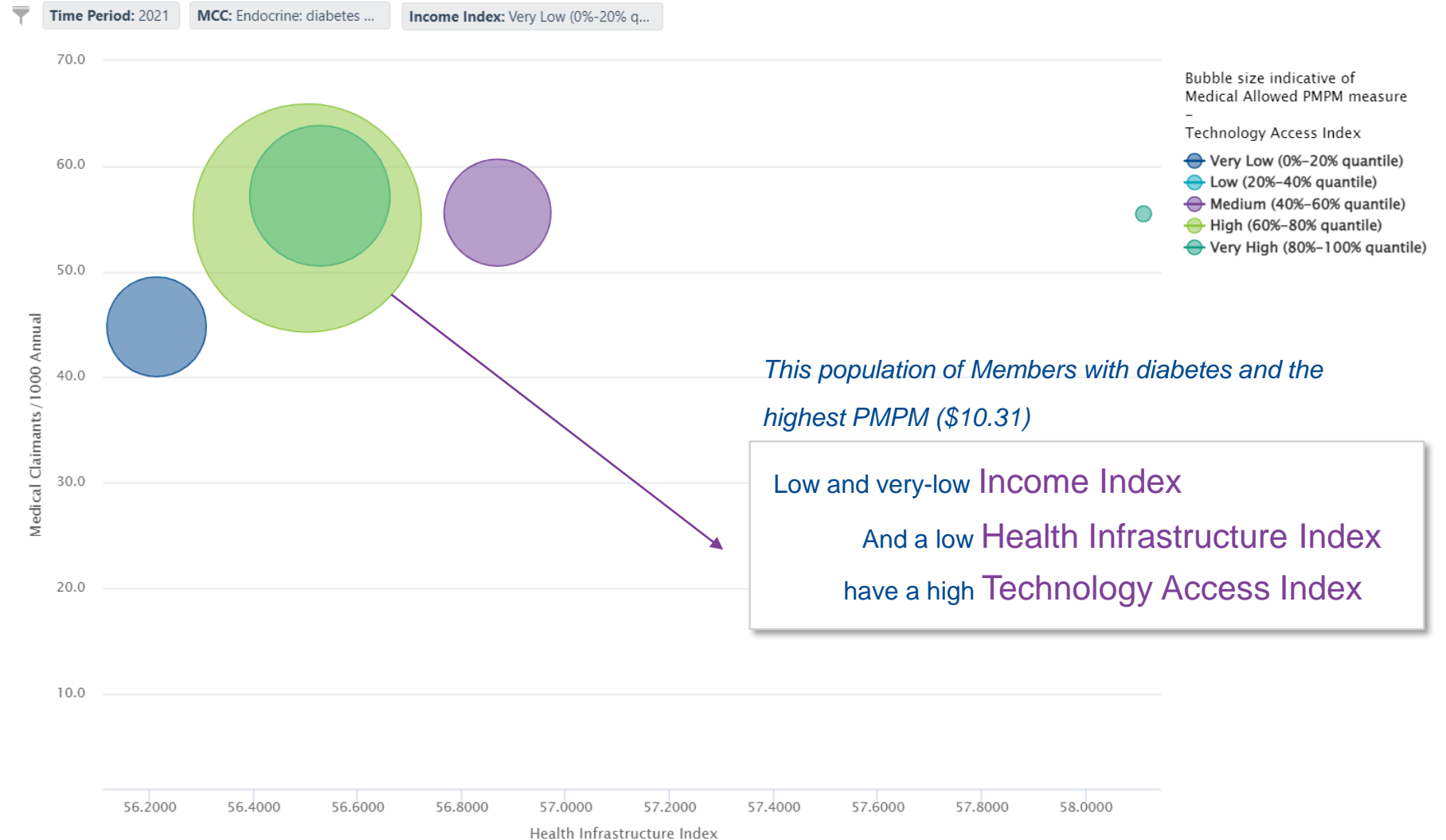
Care:

Diabetes

UNDERSTANDING THE

Insights

Are there technology-based options that better meet the needs of this population?



SDoH and cancer screenings

by INCOME INDEX

UNDERSTANDING THE

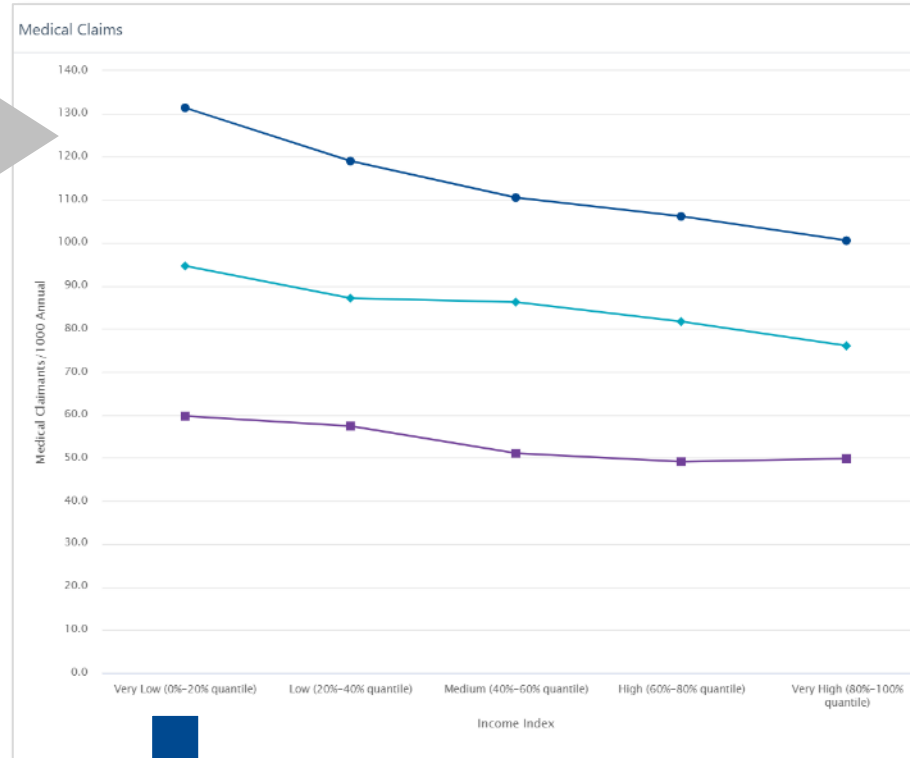
Analytics

SDoH Index:
Income Index



Time period:
2019 - 2022 data

Care:
Cancer Screenings



HEDIS Screening Code

- Breast Cancer Screening
- ◆ Cervical Cancer Screening
- Colorectal Cancer Screening

UNDERSTANDING THE

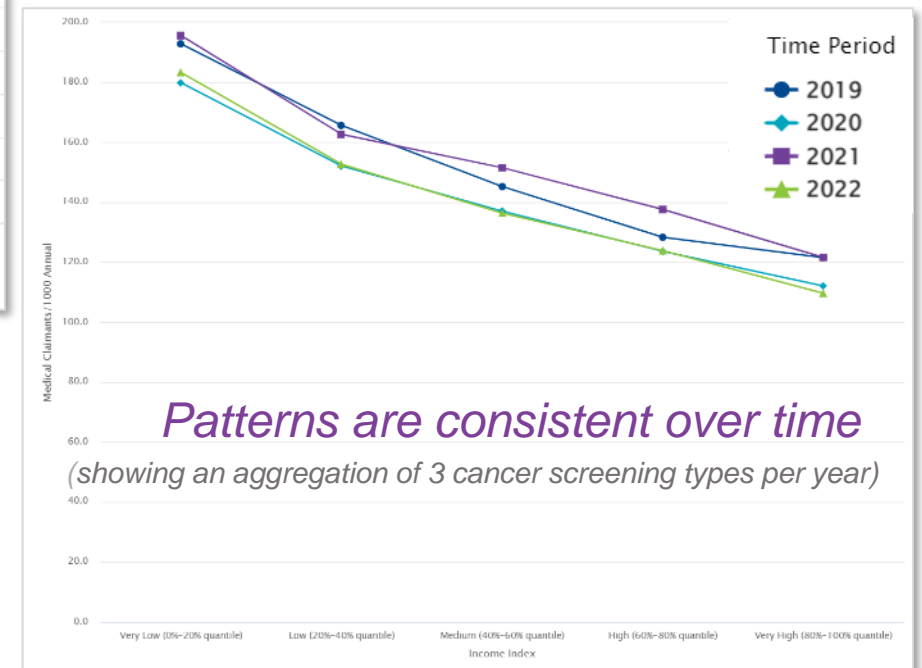
Insights

We see higher utilization in areas with lower income index ranges



~30%

more of the disadvantaged population utilized screenings



Patterns are consistent over time
(showing an aggregation of 3 cancer screening types per year)

How does a business use this?

Impactful
business analyses
(Members with Cancer)

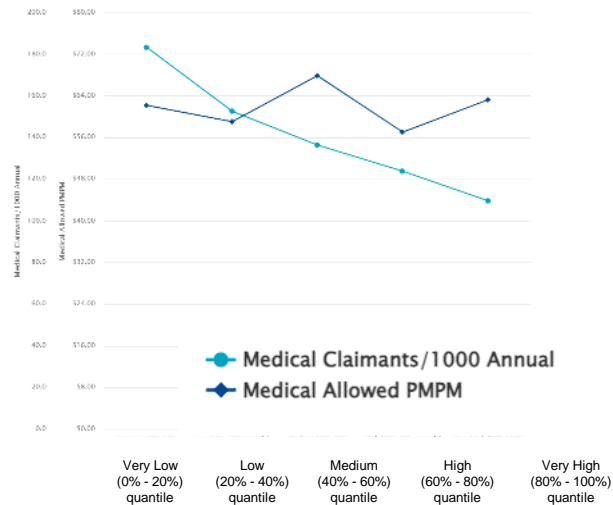
Time period:
2022 data

How does PMPM vary?

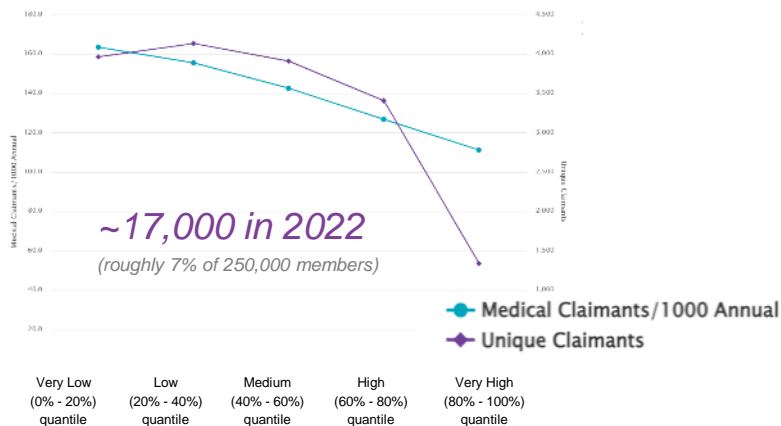
UNDERSTANDING THE Insights

Members with cancer claims cost more in areas with reduced health infrastructure (and there are many more of them.)

by Income Index



How many members are we talking about?



~17,000 in 2022
(roughly 7% of 250,000 members)

by Health Infrastructure Index



What is the OOP expense for Top 5 Providers? (for Cancer Care)

Episode Responsible 1 Provider Name	Medical Claimants/1000 Annual	Medical Allowed PMPM	Medical OOP/ Claimant
[Redacted]	2.8	\$0.34	\$241
[Redacted]	5.1	\$0.27	\$94
[Redacted]	2.3	\$0.16	\$118
[Redacted]	6.5	\$0.59	\$148
[Redacted]	4.3	\$0.14	\$87
Summary	20.7	\$1.49	\$133

How does the OOP expense vary by Income Index?

Episode Responsible 1 Provider Name	Income Index	Medical Claimants/1000 Annual	Medical Allowed PMPM	Medical OOP/ Claimant
[Redacted]	Very Low (0%-20% quantile)	3.7	\$0.36	\$230
	Low (20%-40% quantile)	2.5	\$0.33	\$284
	Medium (40%-60% quantile)	2.8	\$0.43	\$274
	High (60%-80% quantile)	2.4	\$0.22	\$176
	Very High (80%-100% quantile)	2.7	\$0.39	\$224
	Summary	2.8	\$0.35	\$241
[Redacted]	Very Low (0%-20% quantile)	2.5	\$0.12	\$73
	Low (20%-40% quantile)	5.0	\$0.29	\$89
	Medium (40%-60% quantile)	5.6	\$0.28	\$88
	High (60%-80% quantile)	5.2	\$0.28	\$117
	Very High (80%-100% quantile)	8.2	\$0.43	\$95
	Summary	5.2	\$0.27	\$94
[Redacted]	Very Low (0%-20% quantile)	1.0	\$0.09	\$194
	Low (20%-40% quantile)	1.9	\$0.13	\$85
	Medium (40%-60% quantile)	2.5	\$0.17	\$100
	High (60%-80% quantile)	3.0	\$0.19	\$130
	Very High (80%-100% quantile)	3.8	\$0.27	\$118
	Summary	2.3	\$0.16	\$118
[Redacted]	Very Low (0%-20% quantile)	6.7	\$0.52	\$135
	Low (20%-40% quantile)	7.7	\$0.81	\$141
	Medium (40%-60% quantile)	6.2	\$0.54	\$138
	High (60%-80% quantile)	6.5	\$0.52	\$135
	Very High (80%-100% quantile)	5.9	\$0.58	\$213
	Summary	6.6	\$0.60	\$148
[Redacted]	Very Low (0%-20% quantile)	4.6	\$0.13	\$90
	Low (20%-40% quantile)	6.6	\$0.20	\$78
	Medium (40%-60% quantile)	4.0	\$0.13	\$73
	High (60%-80% quantile)	2.7	\$0.08	\$82
	Very High (80%-100% quantile)	3.7	\$0.20	\$131
	Summary	4.4	\$0.14	\$87
Summary		21.1	\$1.52	\$133

IBI Insights

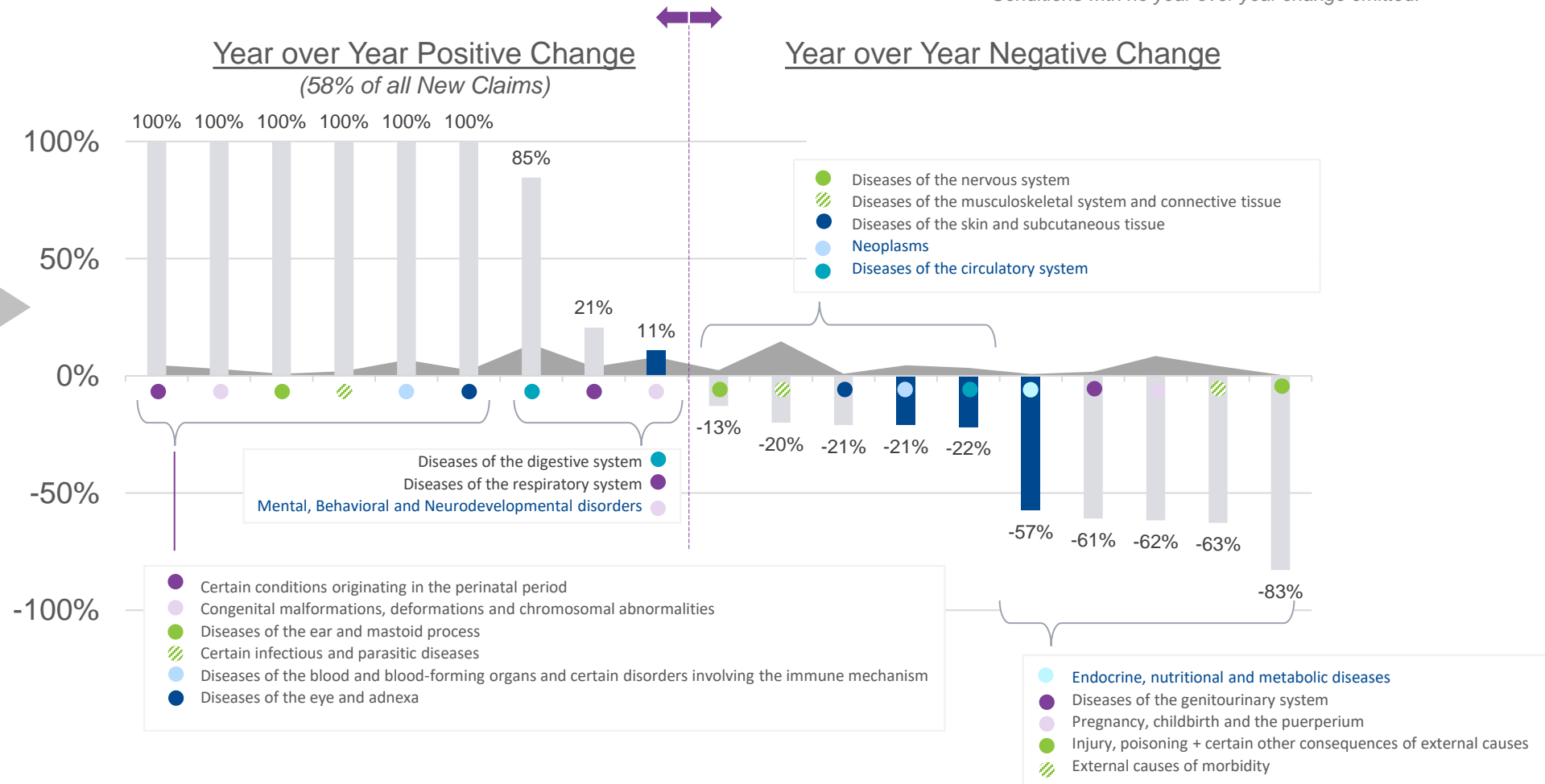
Leave Patterns: 2019 - 2022

How are short-term disability trends changing?

LEGEND

- % Change in New Claims by Condition, 2021 v. 2020
- Health conditions investigated in previous slides
- ▲ % of New Claims

Year over Year (2020 v 2019) Percent Change* *New Claims by ICD Condition Chapter*
 * Conditions with no year over year change omitted.



UNDERSTANDING THE **Analytics**

~ **58%** of all new Claims are in categories showing significant Year-over-Year positive changes

Delays in care and lower participation in health and wellness programs impact disability claims.

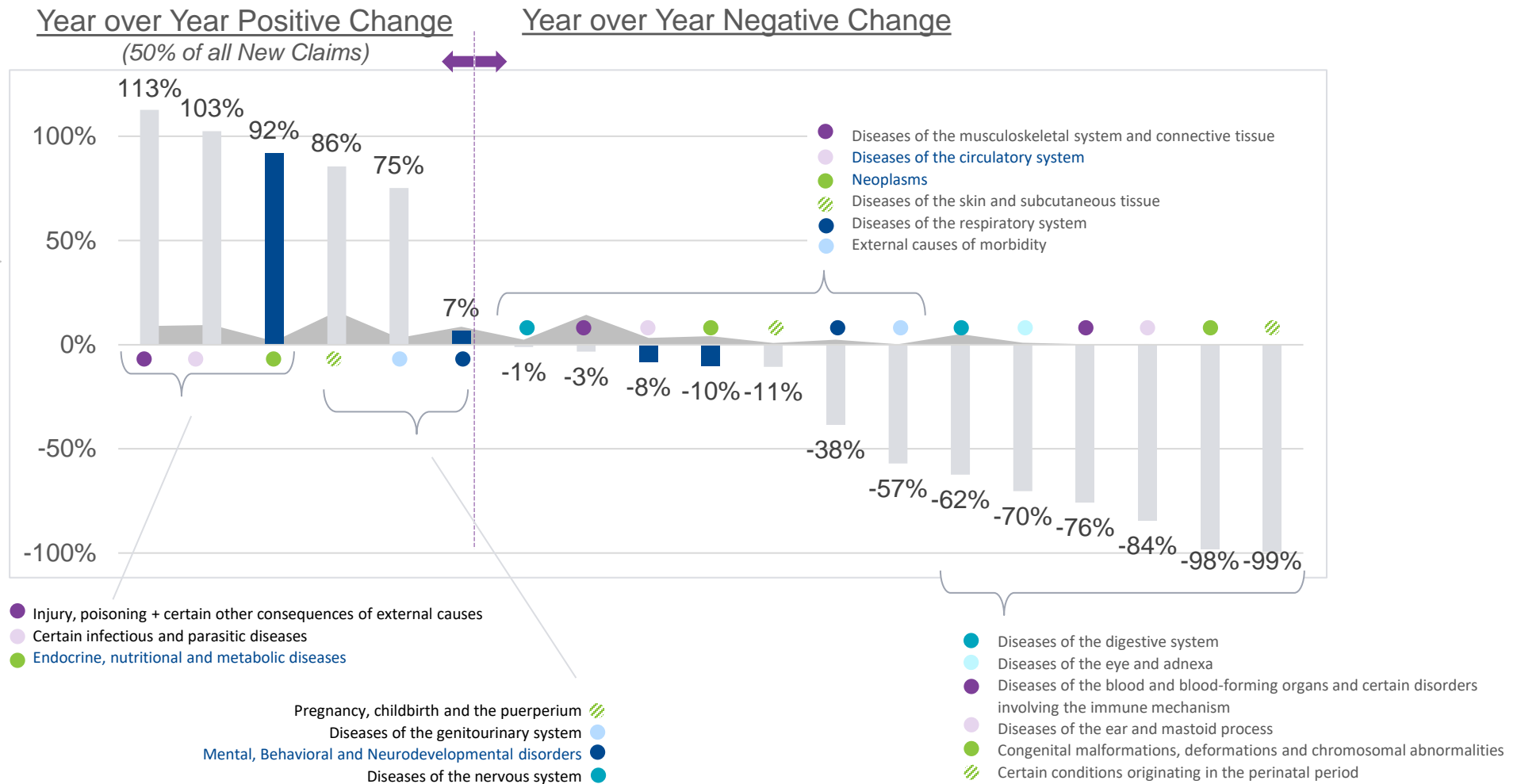
Where are your interventions targeted?

How are short-term disability trends changing?

LEGEND

- % Change in New Claims by Condition, 2021 v. 2020
- Health conditions investigated in previous slides
- % of New Claims

Year over Year (2021 v 2020) Percent Change* *New Claims by ICD Condition Chapter*
 * Conditions with no year over year change omitted.



UNDERSTANDING THE Analytics

~ **50%** of all new claims are in categories showing significant Year-over-Year positive changes

Delays in care and lower participation in health and wellness programs impact disability claims.

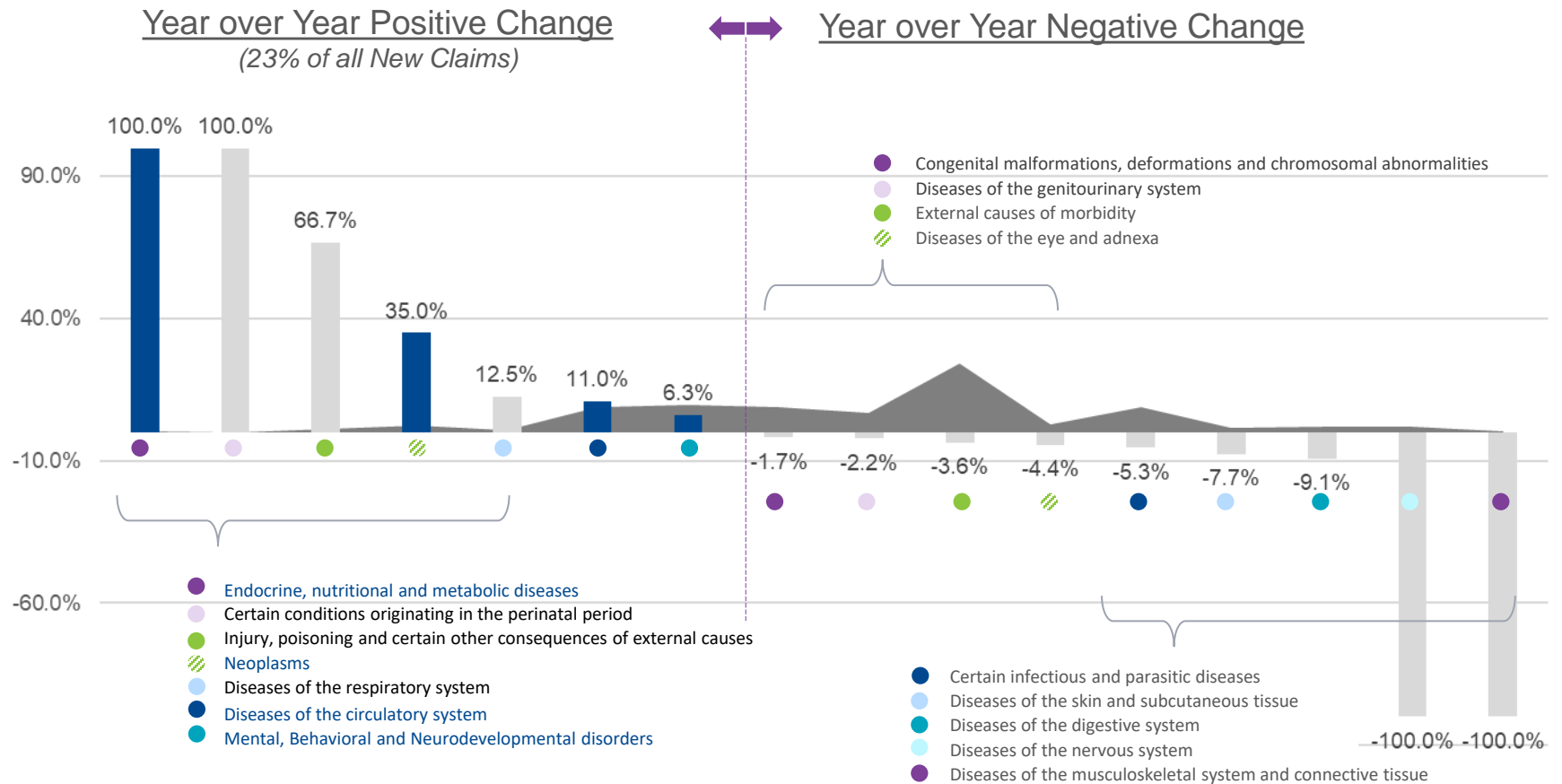
Where are your interventions targeted?

How are long-term disability trends changing?

LEGEND

- % Change in New Claims by Condition, 2021 v. 2020
- Health conditions investigated in previous slides
- % of New Claims

Year over Year (2020 v 2019) Percent Change* *New Claims by ICD Condition Chapter*
 * Conditions with no year over year change omitted.



UNDERSTANDING THE
Analytics

~ **23%** of all new Claims are in categories showing significant Year-over-Year positive changes

This represents the lag between STD and LTD.

Are your health and wellness programs incorporating all sources of expense?

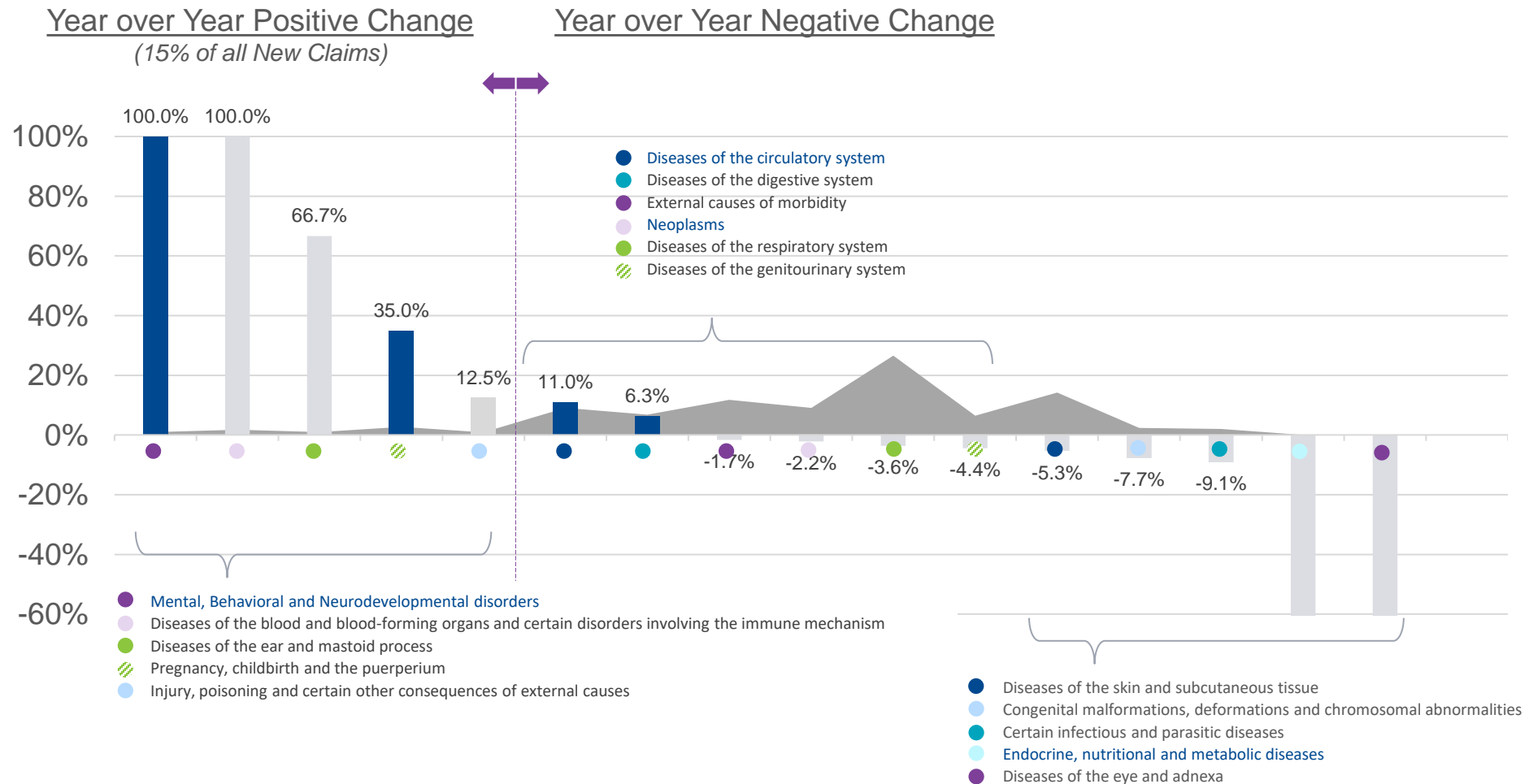
How are long-term disability trends changing?

LEGEND

- % Change in New Claims by Condition, 2021 v. 2020
- Health conditions investigated in previous slides
- ▲ % of New Claims

Year over Year (2021 v 2020) Percent Change* *New Claims by ICD Condition Chapter*

* Conditions with no year over year change omitted.



UNDERSTANDING THE
Analytics

~ **15%** of all new Claims are in categories showing significant Year-over-Year positive changes

This represents the lag between STD and LTD.

Are your health and wellness programs incorporating all sources of expense?

So now what?

What do employers really want?

1

Let's get **back to BASICS**. Use data to quantify and surface actionable inequities. Prioritize and create focus with employers.

2

ASK! Create collaborations **with employers** to coalesce a broader set of data. Use it to understand **whole health and productivity costs**.

3

Create focus and context with insights and analytics. Use data for **hyper-personalization and targeted, audience-specific efforts**.

SDoH INSIGHTS AND ANALYTICS

Delayed Care in 2023

Questions?



Dr. Rani Aravamudhan
Head of Clinical Advisory Services, *HDMS*



Kelly McDevitt
President, *IBI*

