

You Can't Impact The Past:

↑ Advocacy + ↑ Quality = ↓ Cost





In the United States, 12 million people are affected by medical diagnostic errors each year. An estimated 40,000 to 80,000 people die annually from complications from these **misdiagnoses**. Women and minorities are 20 to 30 percent more likely to be **misdiagnosed**.

Feb 22, 2020

PREVALENCE

12 million
adults are misdiagnosed every year

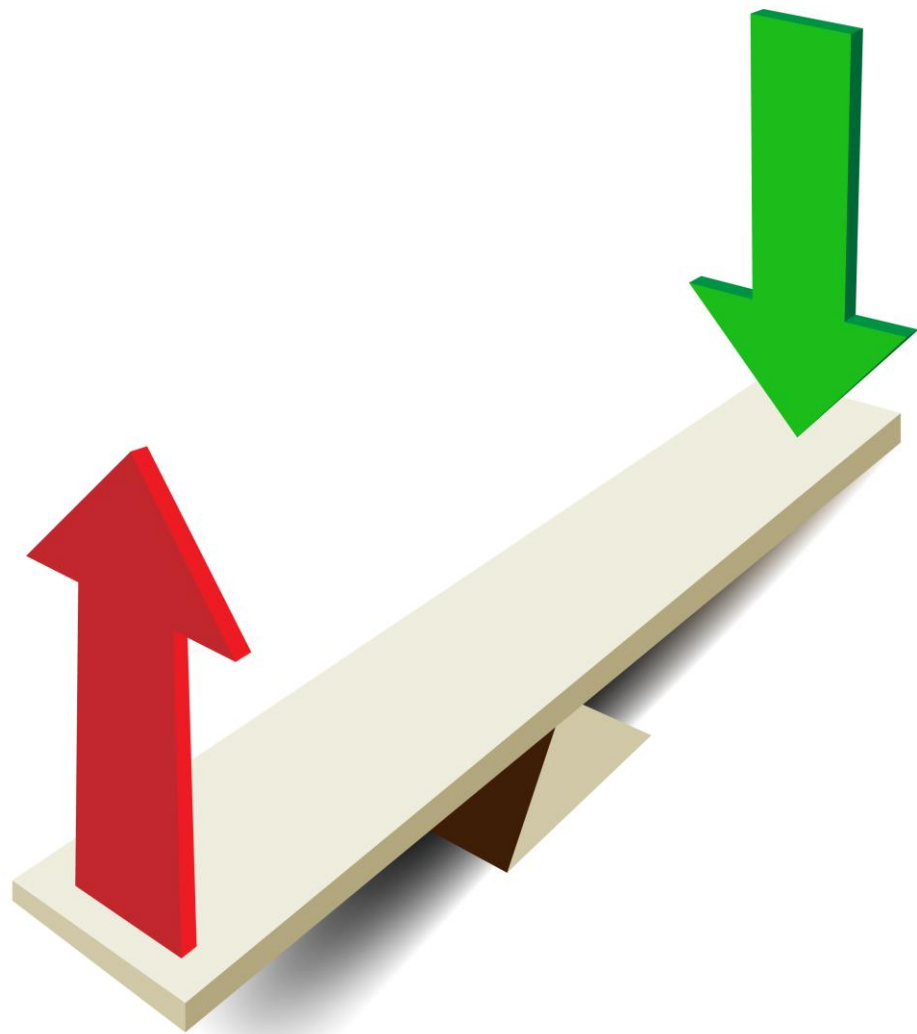
10-20% are patients with **serious conditions**

44% of some **types of cancer** are misdiagnosed

51% of breast imaging second opinions result in a **big change of interpretation**



The median **cost** for each **readmission** was \$8885. **The cost** was higher in patients with either an SSI or an ostomy (Table 2). Among all **readmitted** patients, the leading diagnoses at the time of **readmission** were SSI and gastrointestinal-related complications (Table 3).



W



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You Can't Impact The Past:

↑ **Advocacy** + ↑ **Quality** = ↓ **Cost**

ELIMINATE THE EXCUSES

CHANGE THE STORY

IMPROVE THE QUALITY

Today's Journey

- ✓ Webinar is being **RECORDED**
- ✓ Questions:
 - **Q&A section**
- ✓ Value Creation – CALL TO ACTION
 - Wait to the end... it will be **WORTH IT**
- ✓ **SAVE THE DATE**
 - 6/24 = Employer Facing Webinar
- ✓ **HRCI/SHRM Certification**
 - After completing the webinar, fill out the form on <https://thb.health/academy/>



TRANSPARENT HEALTH BENEFITS



19-year employee benefits professional

12 years at large consulting house

\$3.5M+ personal production

Chief Growth Officer for **\$350M+** practice

Self-funding and health management **expert**

Creator of THB and disruptor of the status quo



LESTER J MORALES

Founder & CEO, Next Impact

Creator of Transparent Health Benefits

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YOU CAN'T IMPACT THE PAST: ↑ ADVOCACY + ↑ QUALITY = ↓ COST

OUR TOPIC

✓ DATA

✓ ADVOCACY

✓ EXECUTION

YOU CAN'T IMPACT THE PAST: ↑ ADVOCACY + ↑ QUALITY = ↓ COST

OUR SPEAKERS



Nick Reber

Founder and CEO

Garner Health



Deborah Ault

President

AIMM



Doug Geinzer

Founder/President

High Performance Providers





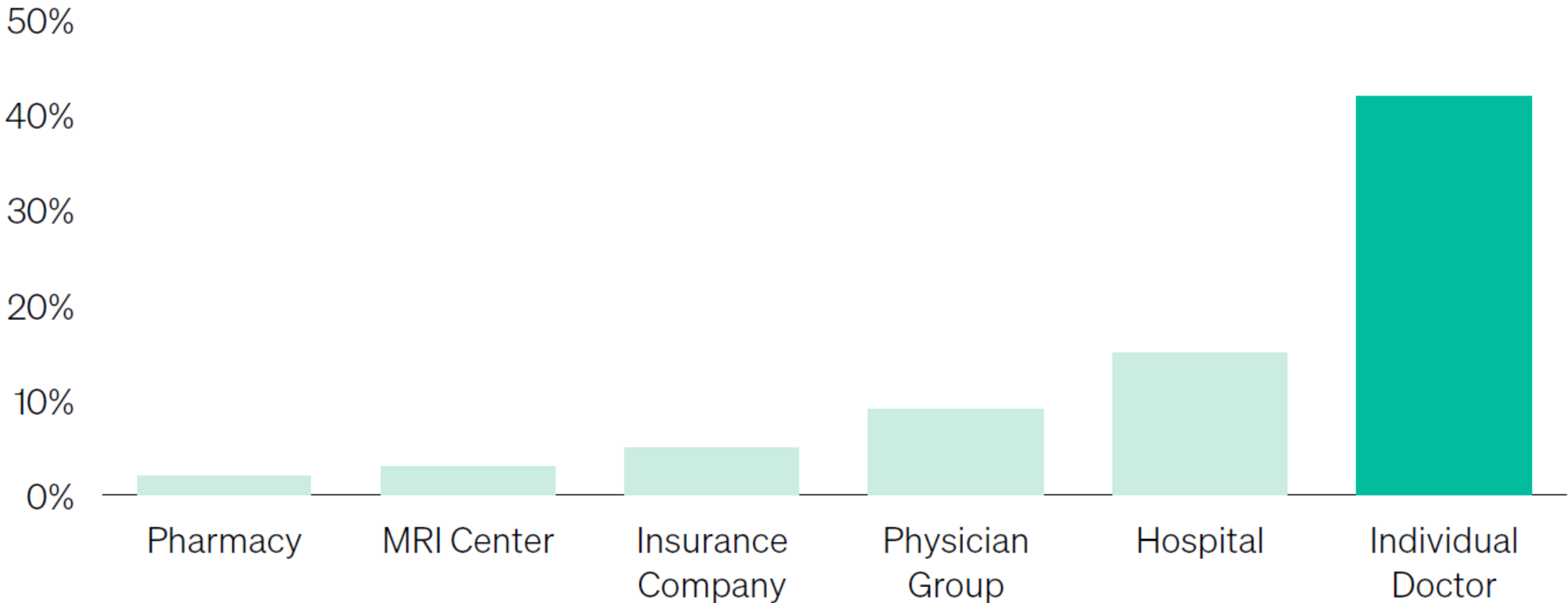
TOP PROVIDERS

garner

garner

The key to lowering healthcare costs is understanding the performance of individual doctors.

Impact of patient choices on the total cost of care



garner

Garner is a simple plan addition that drives more care to the highest quality doctors in the local market, generating significant savings and better health outcomes for both fully and self insured employers.

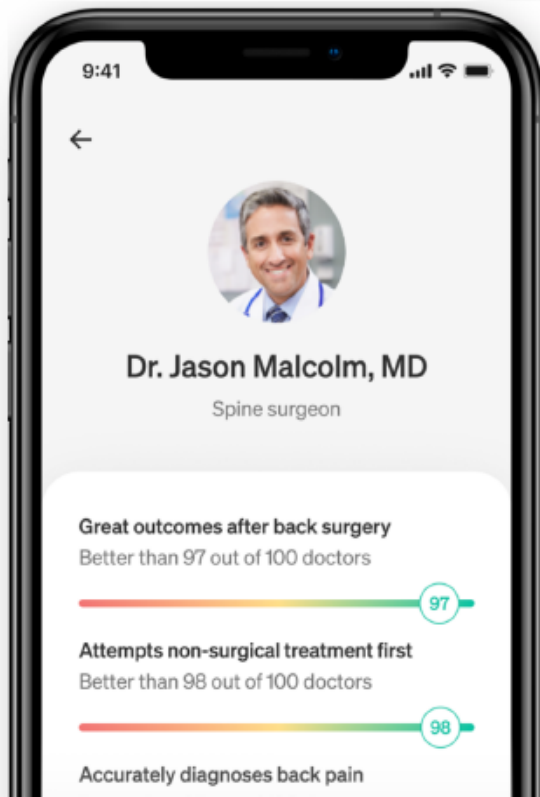
5-20%+ savings
for employers

Lower out of pocket
for employees

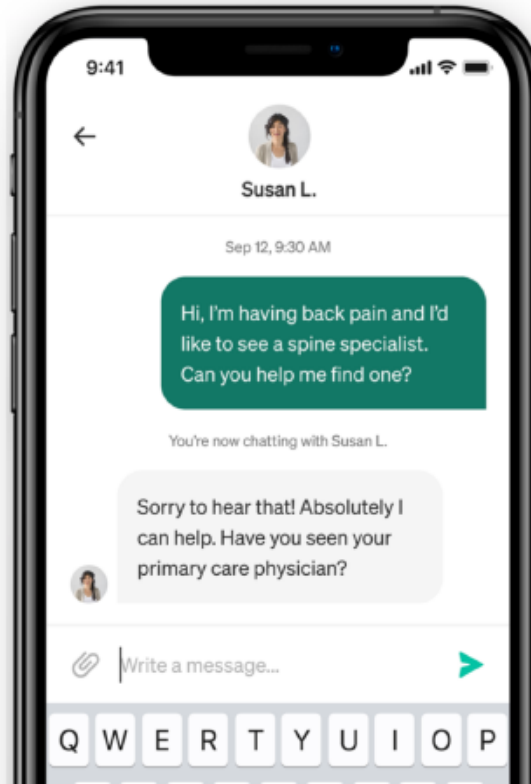
Simple setup
Keep your existing network and carrier

How Garner works

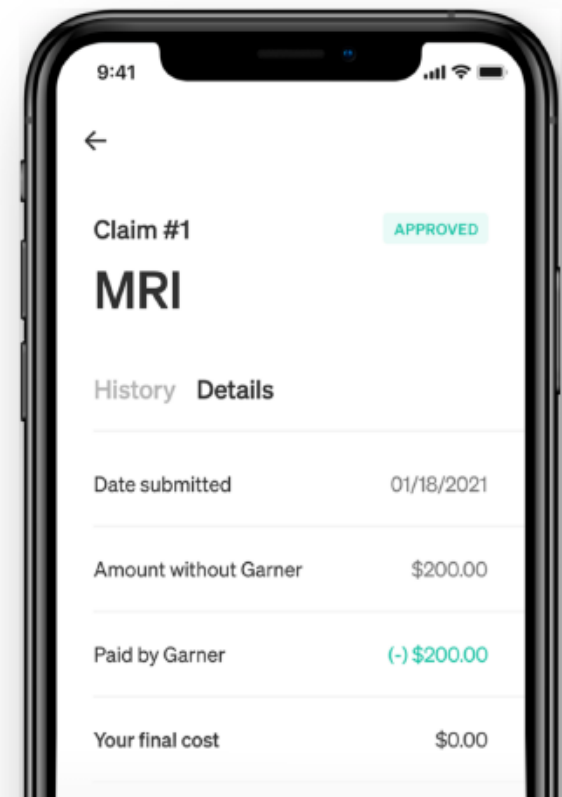
Our data helps us **identify** Top Doctors in every market



We make it easier than ever to **find** Top Doctors

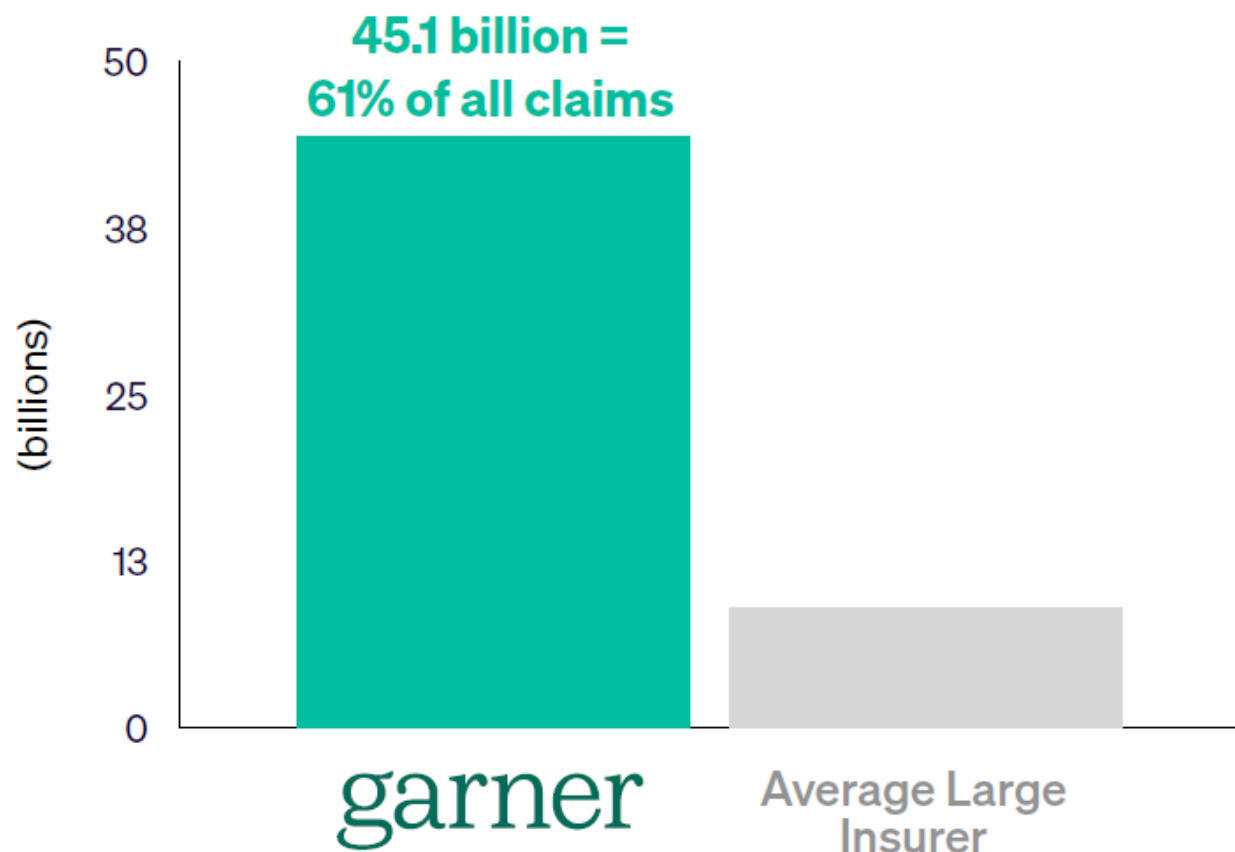


When members see a Top Doctor, our HRA **covers** employee medical bills



Garner's national claims database gives us a richer perspective on physician performance than previously possible

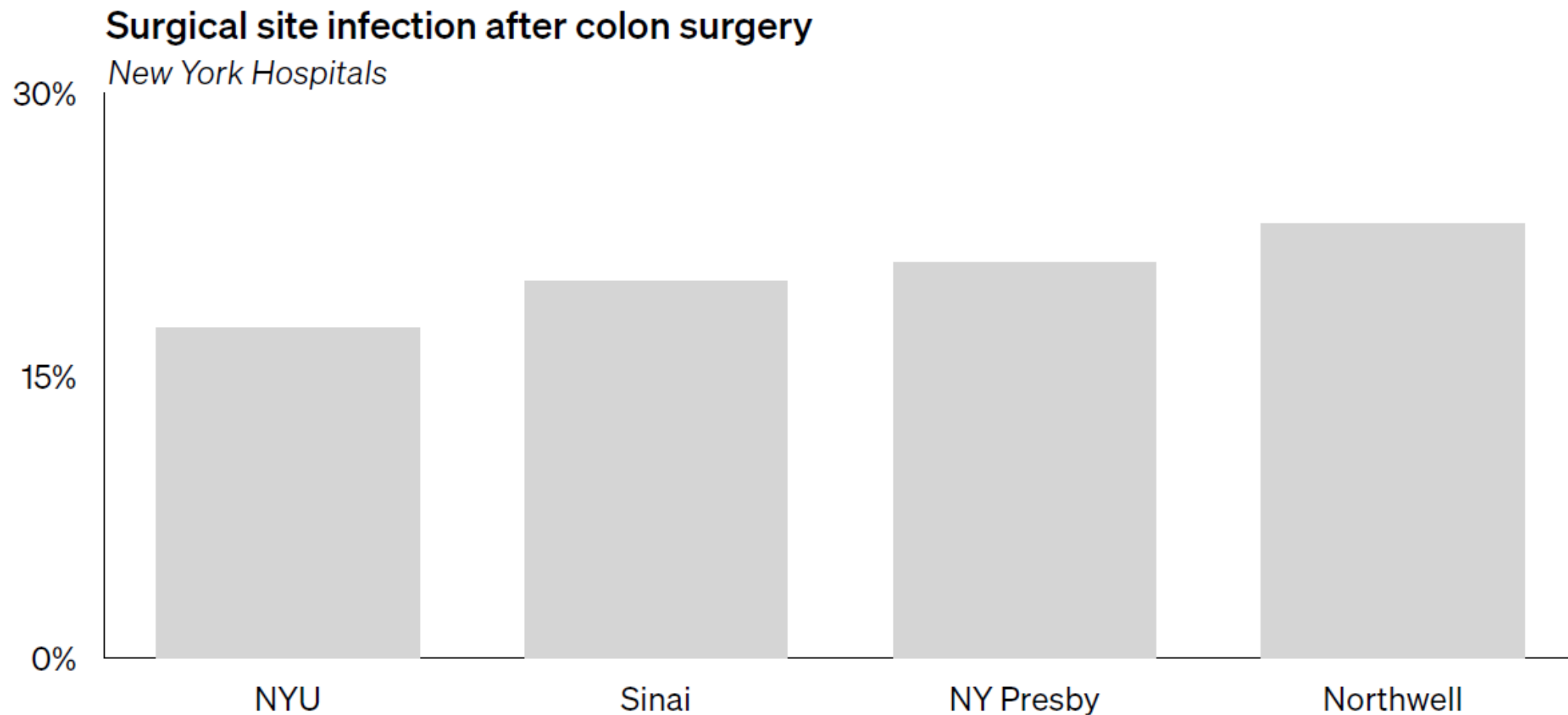
Total Claims in Garner's Dataset



Garner combines data from

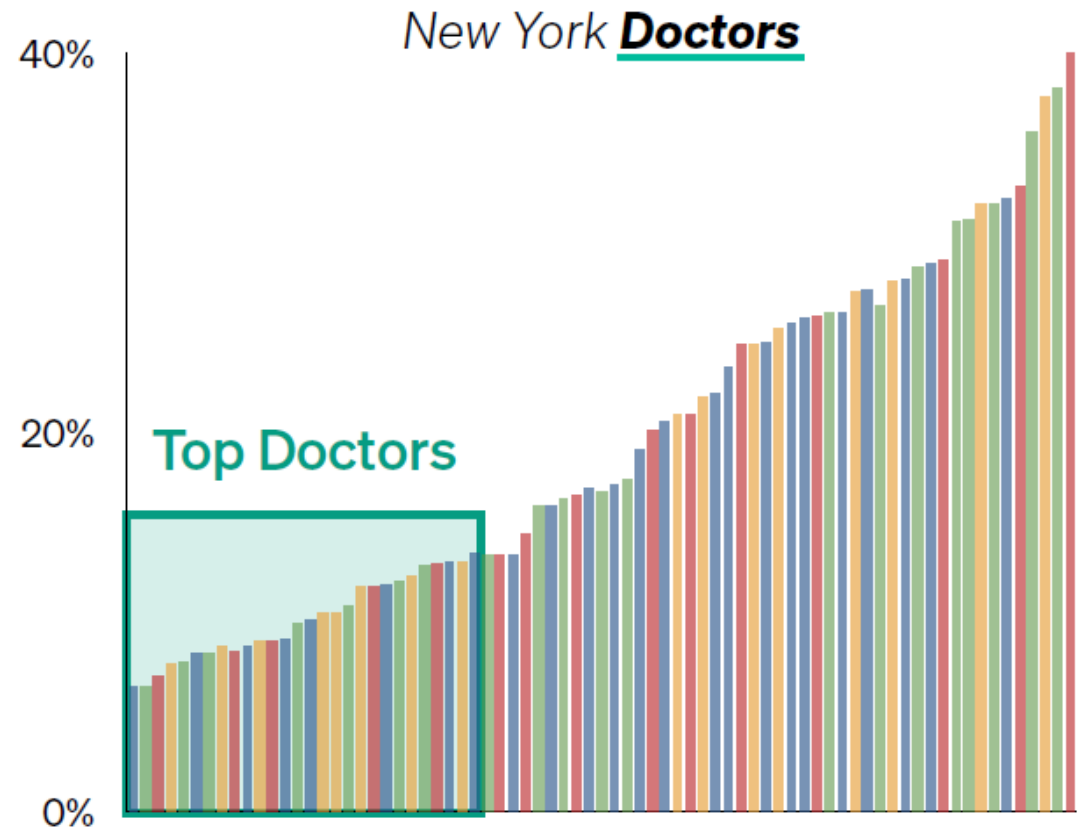
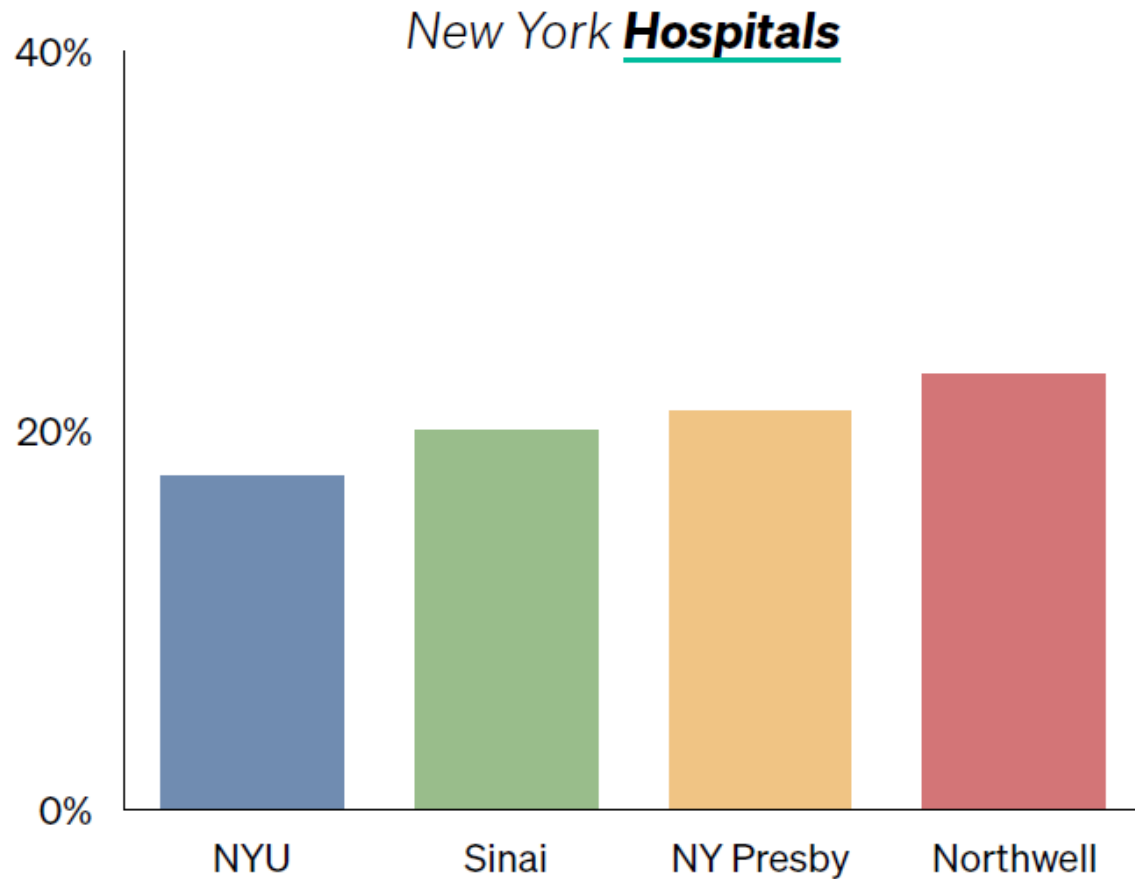
- CMS QE program
- Unique 3rd party partnerships
- Employers
- Clearinghouses
- Insurance companies
- All-payer claims databases

Up until now, quality measures have focused mostly on the hospital level

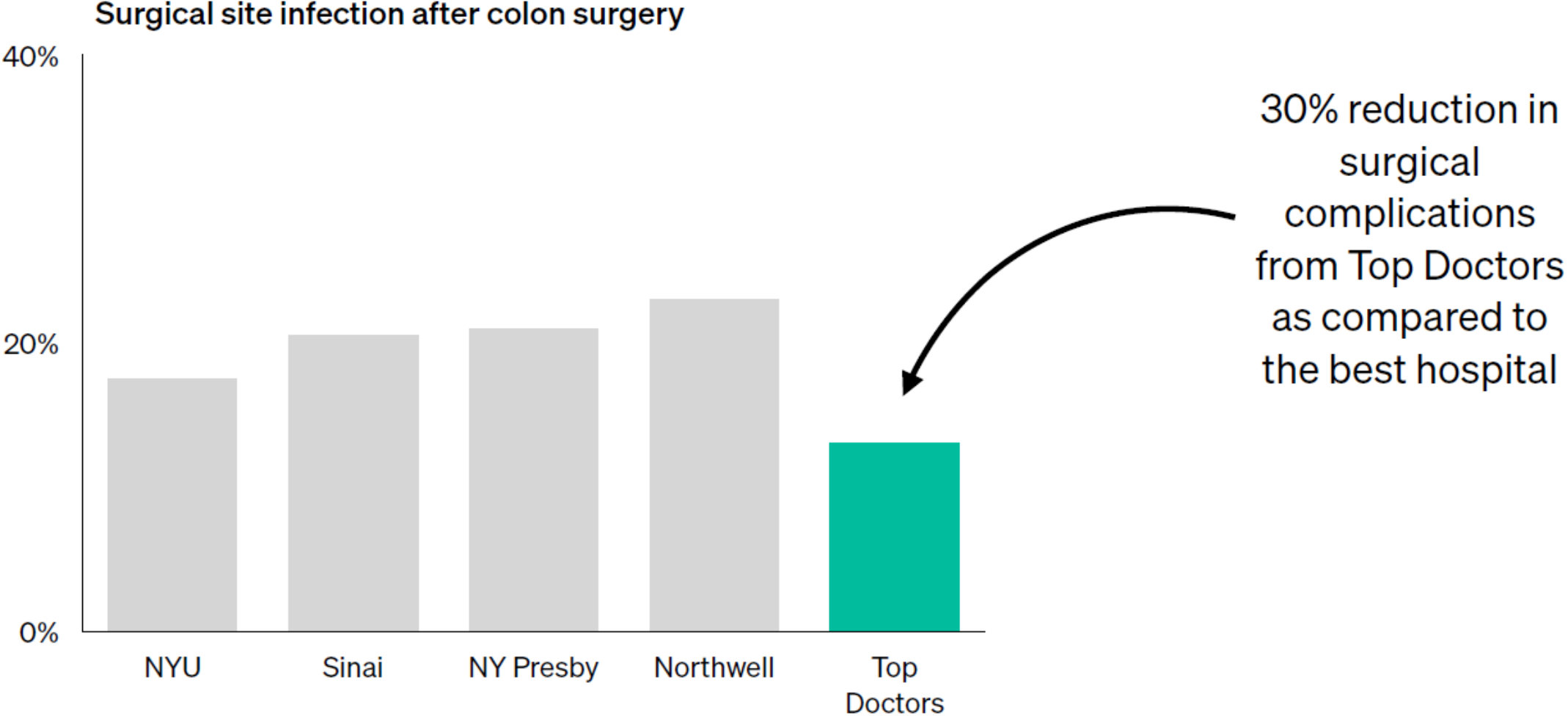


Garner's data shows the variation of doctor quality within major hospital systems

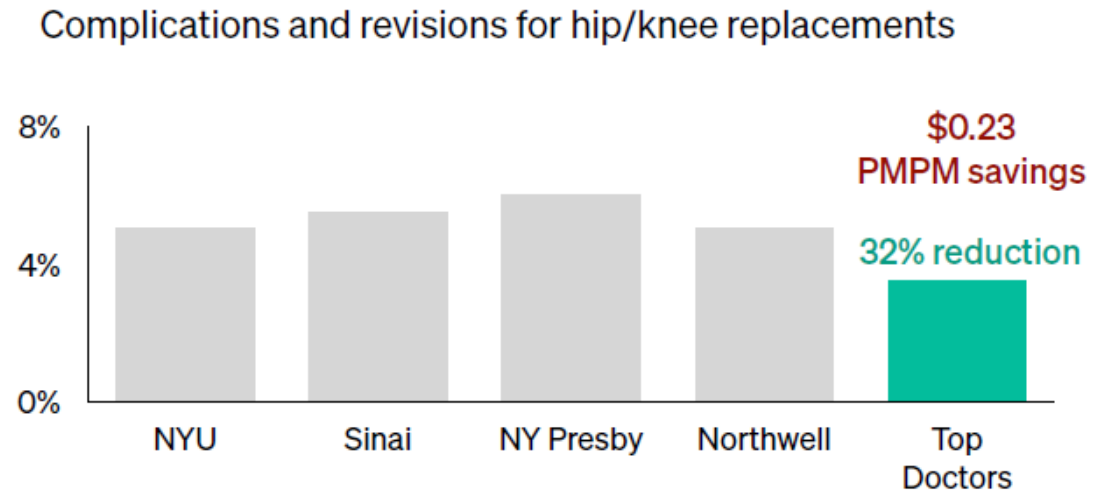
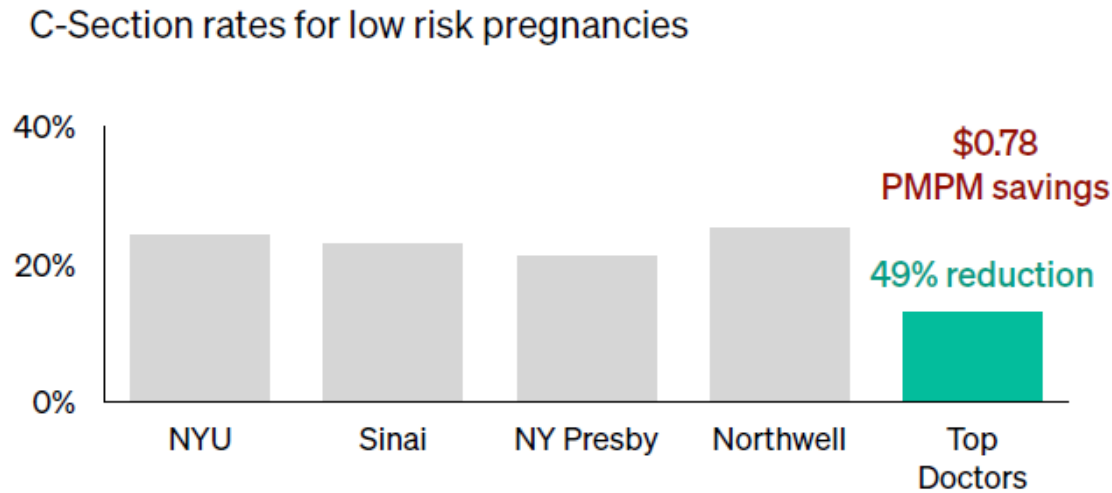
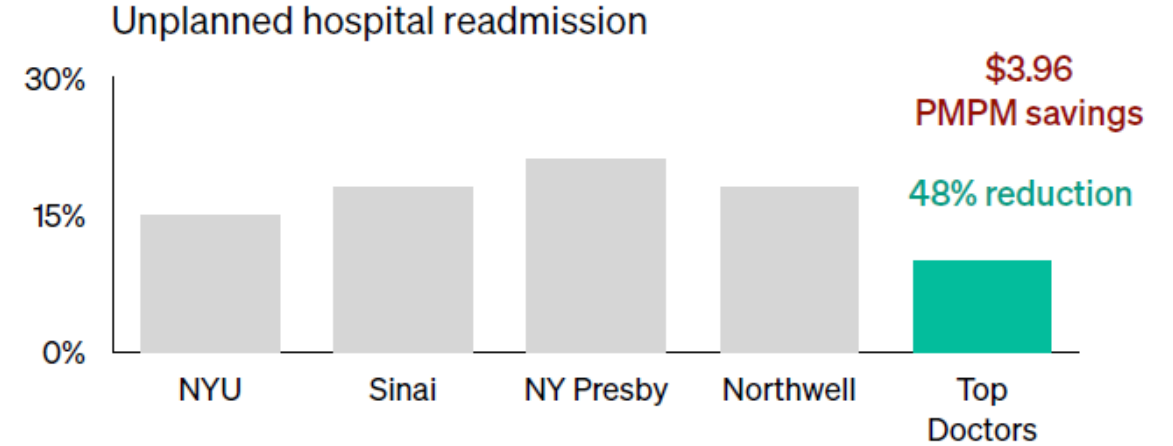
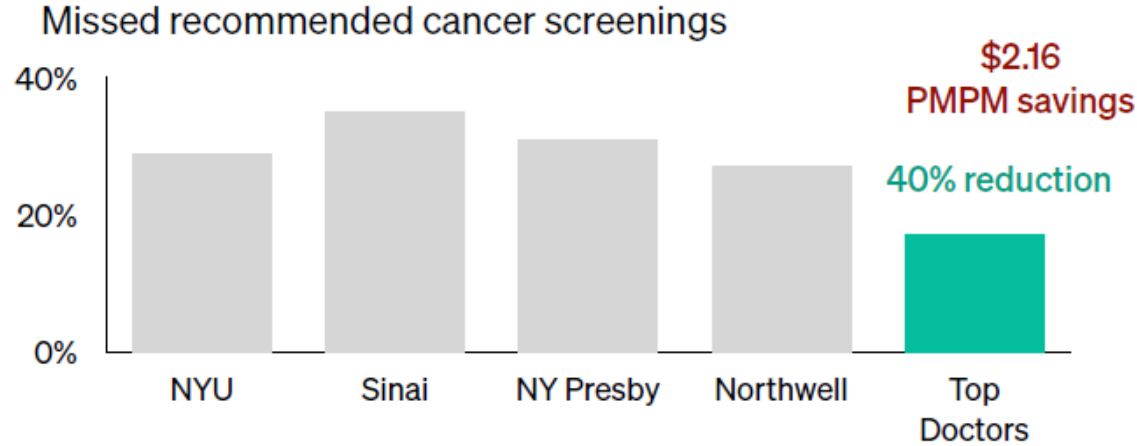
Surgical site infection after colon surgery



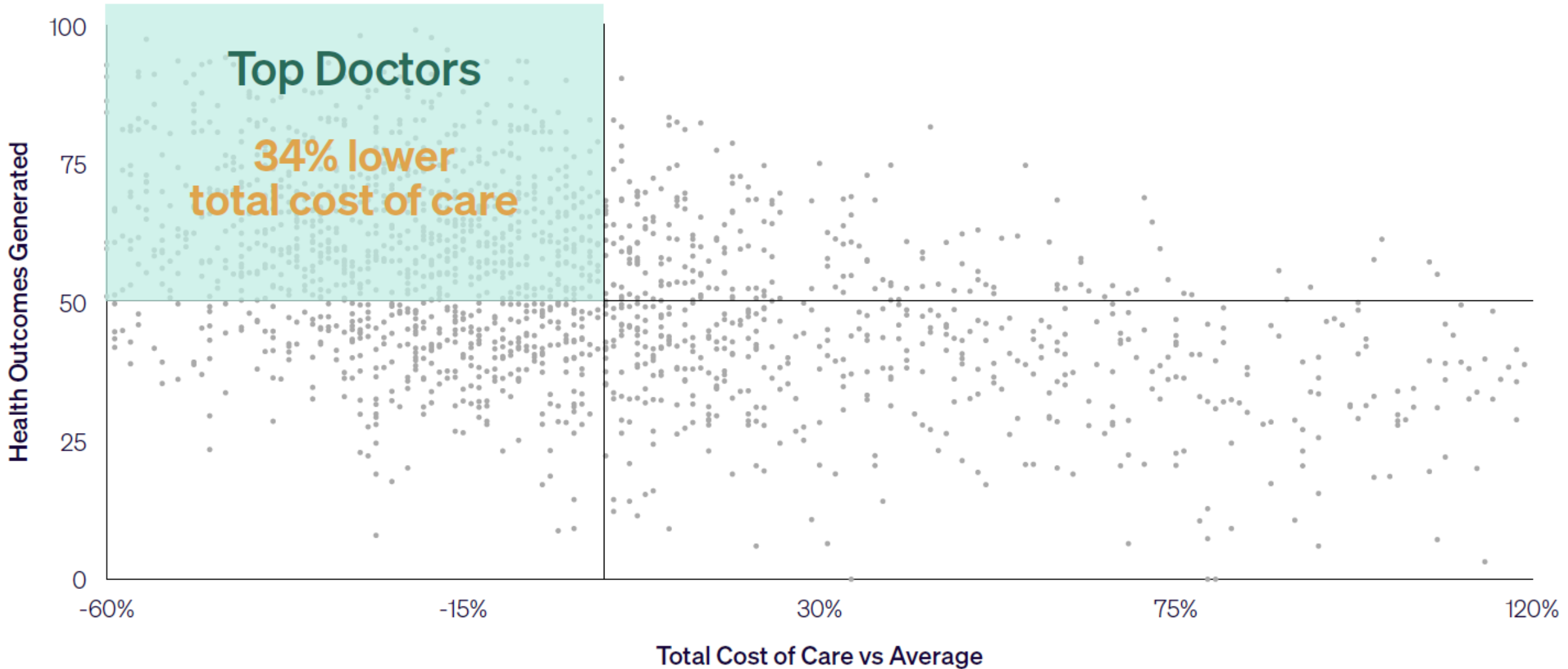
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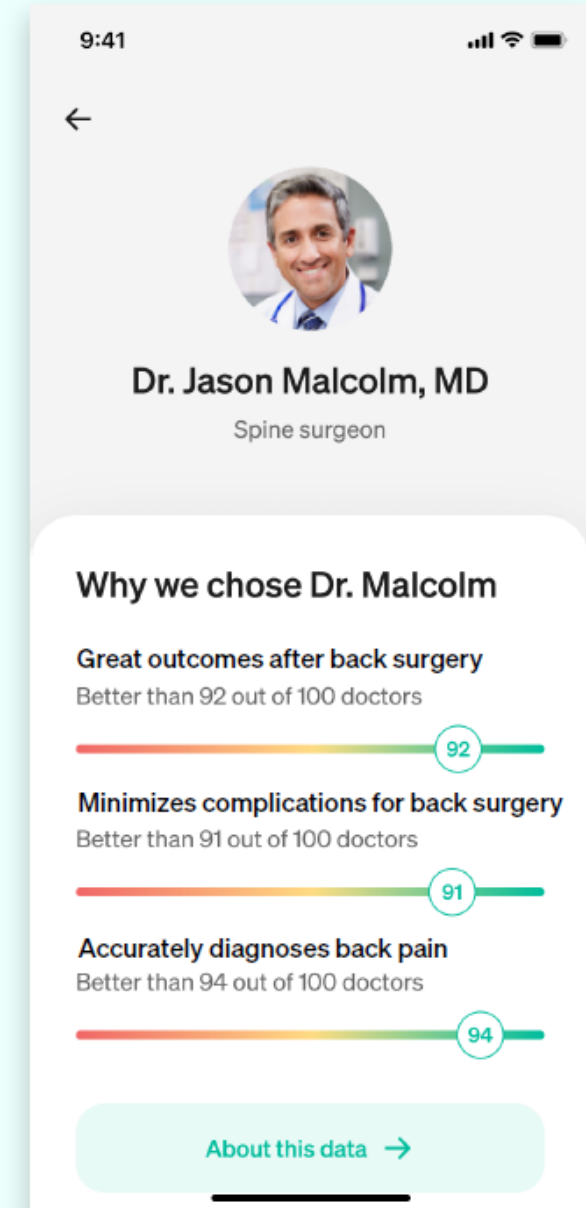
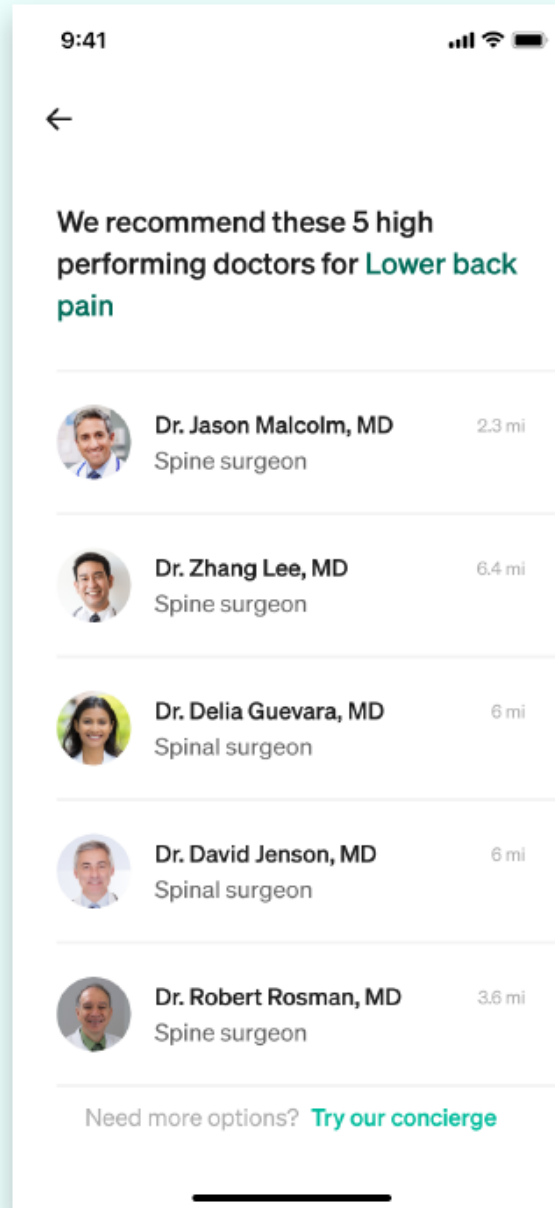
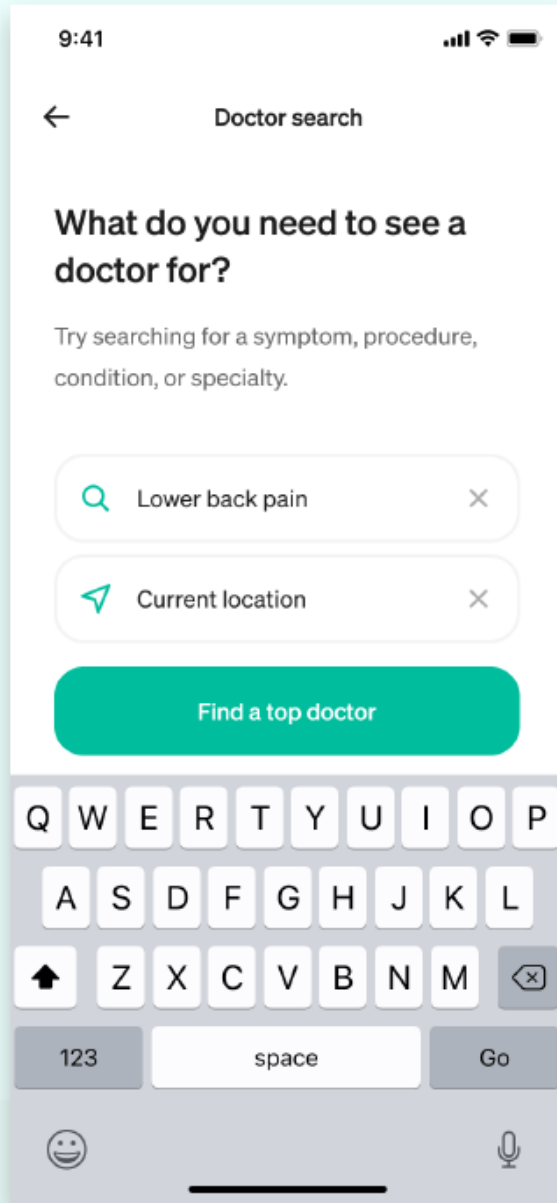
Top Doctors outperform the best hospital across many different quality metrics



Top Doctors are higher quality while also delivering significantly lower costs



The Garner Experience



Garner creates strong engagement, clear savings and high member satisfaction



Average first year engagement rate



% of employees that have a positive experience with Garner



Average savings per episode of care



Engagement rate is calculated as percentage of eligible employees who perform a search or message Garner's concierge
Satisfaction rate from Garner employee surveys
Average of estimated and realized savings of employees seeing Top Doctors

Garner administers a unique engagement-based HRA, enriching the plan for members who use Garner to find high quality care

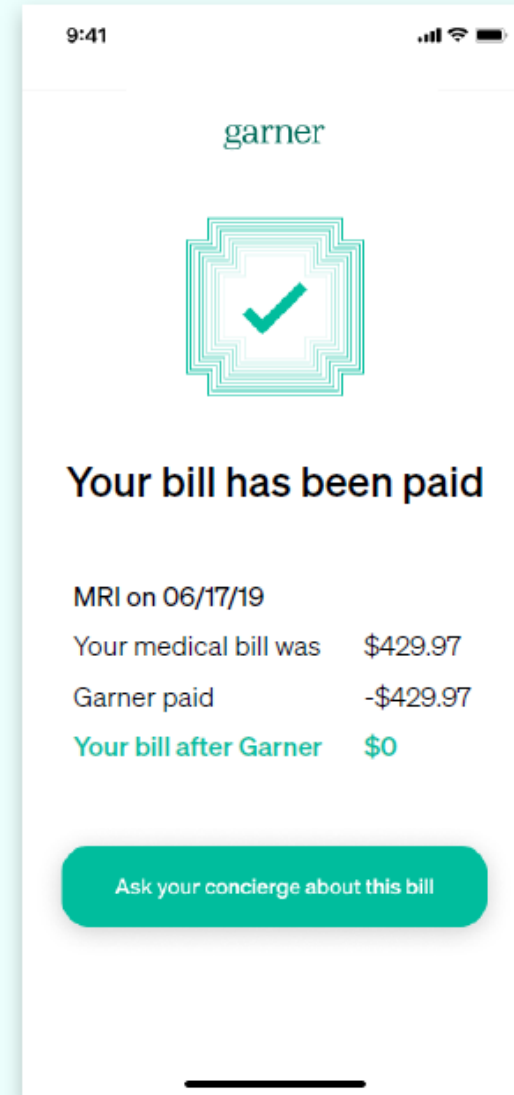
Use Garner's
search tools

+

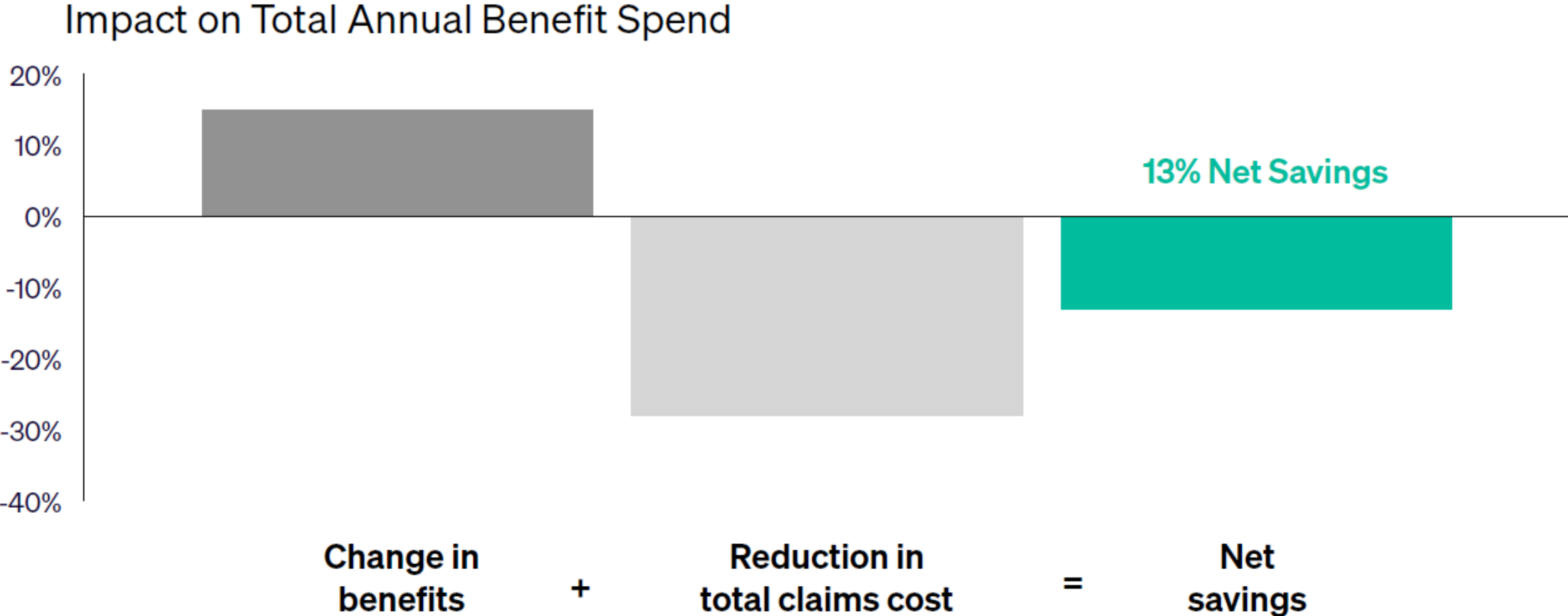
See the
recommended
Top Doctor

=


Unlock funds to
pay out-of-pocket



Garner's unique engagement-based incentive account allows employers to enrich benefits while guaranteeing plan savings

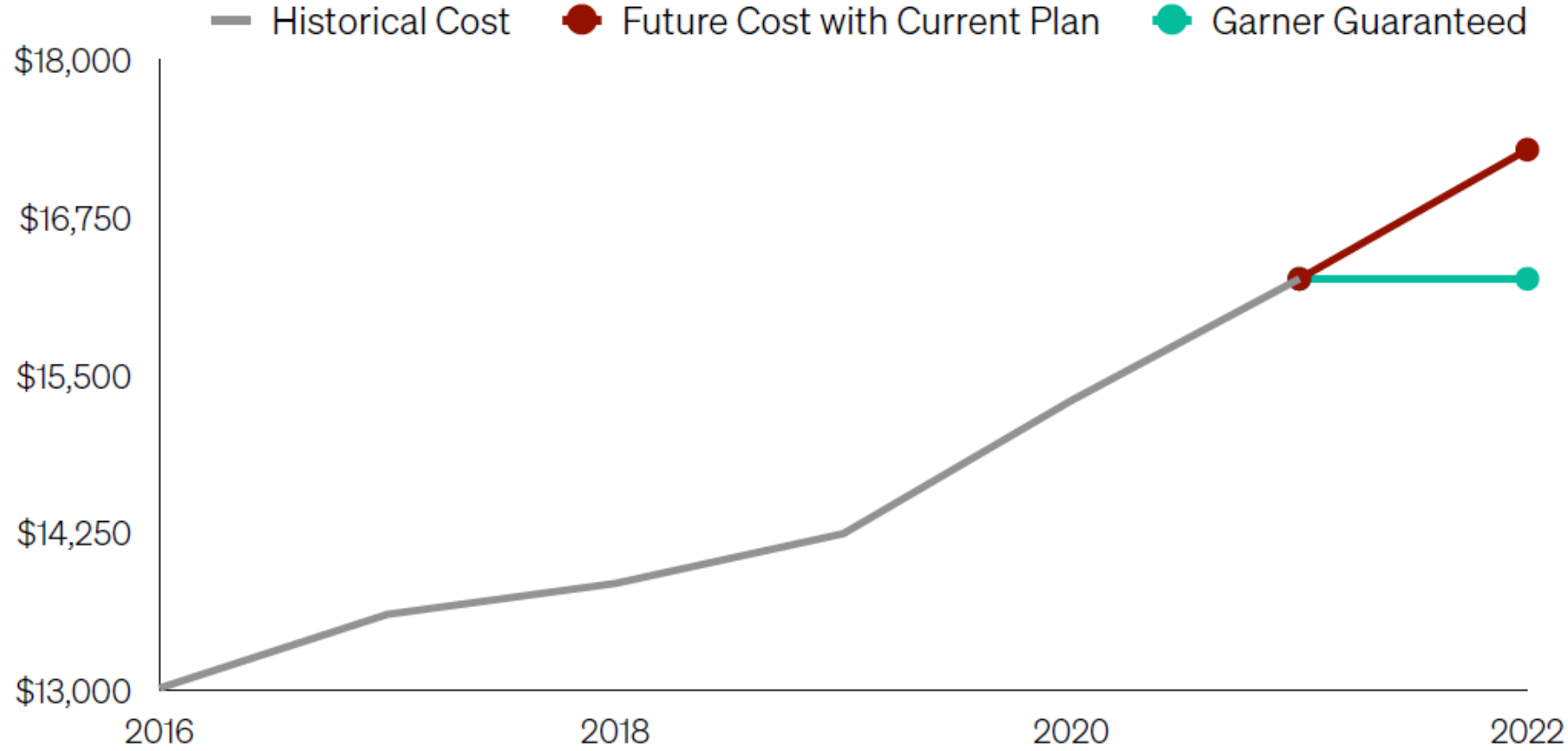


Self insured case study: Garner saves 8% while adding a zero-deductible, high-quality benefit

	Current plan		New Base + Garner	
Deductible	\$1,500	\$1,000 deductible increase + \$2,500 Garner HRA	New Base	<i>Including Garner</i>
Out-of-pocket max	\$4,500		\$2,500	\$0
Coinsurance	20%		\$5,500	\$3,000
Physician visit	\$35		20%	20%
			\$35	\$0
Plan Cost (\$mpm)	\$623		\$564 (8% Plan Savings)	

Garner provides an unmatched performance guarantee

Total Employer Cost for Medical Benefits (\$ per employee per year)



Plan costs likely to rise 6-7% in 2022.

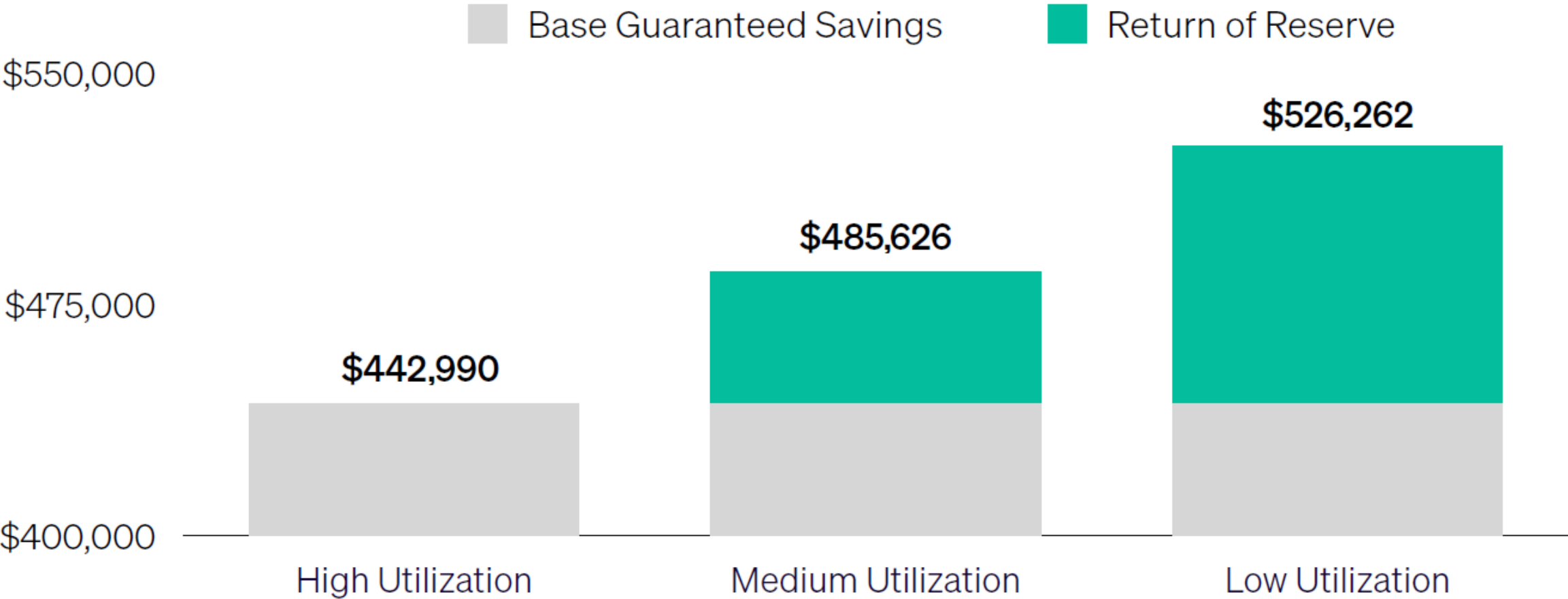
If employer does not achieve guaranteed savings, Garner will refund the employer up to 3x our fees.

Sample fully insured quote: Garner can save over 20% on plan cost while offering richer benefits and higher quality

	Current Plan	New Base + Garner Plan	
		New Base Insurance	Including Garner
Enrollees	197	197	197
Plan Design			
Office Copay	\$30 / \$50	\$30 after deductible	\$0
Deductible	\$2,000	\$5,000	\$0
Coinsurance	80%	80%	80%
Out of Pocket Max	\$4,000	\$6,500	\$1,500
Cost			
Rate (Employee Only)	\$597.70	\$416.89 + \$48.21 =	\$465.10
Annual Plan Cost	\$1,996,796	\$1,392,746 + \$161,060 =	\$1,553,806
Savings			
\$ Total		\$180.81	\$442,990
%	-	-30%	-22%

In addition to the quoted savings, if utilization is lower than expected, Garner will refund 80% of its monthly expense

Annual Plan Savings (\$ Total)



Garner's flexible plan ensures there are no painful employee disruptions

Garner covers...



Existing PCP relationships



Emergency Room Visits



Continuity of Care

Garner's pricing and commission structure

	Fully insured	Self insured	
Pricing includes	Admin fee + HRA claim activity	Admin fee only (employer pays HRA claims)	
Employer Size	-	< 3,000	> 3,000
Price	Individual quote (\$20-50PEPM)	\$6 PEPM	\$4.00 PEPM
Commission	\$5 PEPM	\$2 PEPM	\$1.50 PEPM



Getting started with Garner

For a custom quote please send:

- Current or Renewal Rates (fully insured) / Historical \$PMPM spend (self insured)
- Plan design
- Census with locations and enrollment by plan

Contact us:

steve.santangelo@getgarner.com

732 492 5590

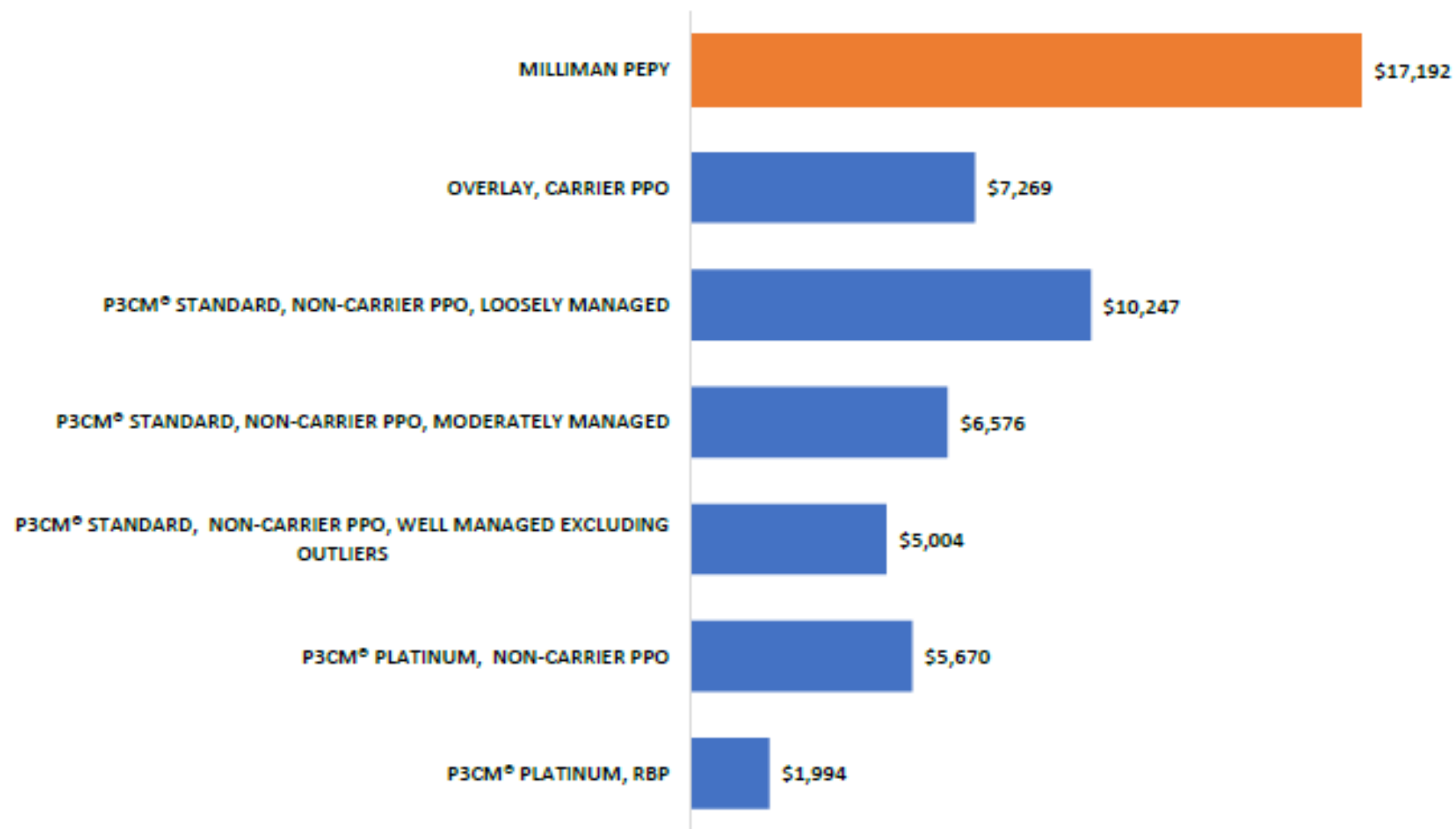
zoe@getgarner.com

908 787 6820

MEDICAL MANAGEMENT + ADVOCACY



Product Performance PEPY - 2019





CaseStudy

Utilizing the most advanced quality & cost transparency technology available, AIMM can ensure your members are armed with all the information, resources, and support that they need to make the best possible choices about their treatment and cost options.

Leveraging the only actuarially certified claims data mining and predictive risk modeling tool in the industry, AIMM moves your Care Management away from the industry norm of reactive approaches, beyond real-time approaches to PREDICTIVE approaches.



//INITIAL CASE:

AIMM received a request for the chemotherapy drug, Keytruda. The facility indicated that in December they charged **\$70,955.10** for the drug.

//SOLUTION:

AIMM nurses bypassed the buy and bill process and insisted the drug be shipped from their specialty pharmacy contact at the cost of **\$9,627.58**.

//OUTCOME:

Savings of \$183,000+ based off the months the patient needed to take the drug.



//INITIAL CASE:

Patient needed an MRI and planned to do the imaging at the hospital. Cost at the hospital ranged from **\$1,150-\$2,550**

//SOLUTION:

AIMM steered the patient to an independent imaging center. Cost at the independent imaging center ranged from **\$575-\$1,250.**

//OUTCOME:

Savings of \$575-\$1,975 for patient to be steered from hospital to higher quality, lower cost center.





//INITIAL CASE:

Patient set to receive treatment at MD Anderson which has been planned for several months. Patient's medical plan changed. Patient called the nurses to notify them of the scheduled 1/7/19 transplant evaluation and of the plan change effective on 1/1/19. Patient has already scheduled travel, lodging, airfare, etc. MDA refused to treat the patient for stem cell transplant due to him being out-of-network. AIMM nurse explained that this would fall under the COE contract with Interlink. MDA continued to refuse treatment until they received signed documentation indicating they were in network.

//SOLUTION:

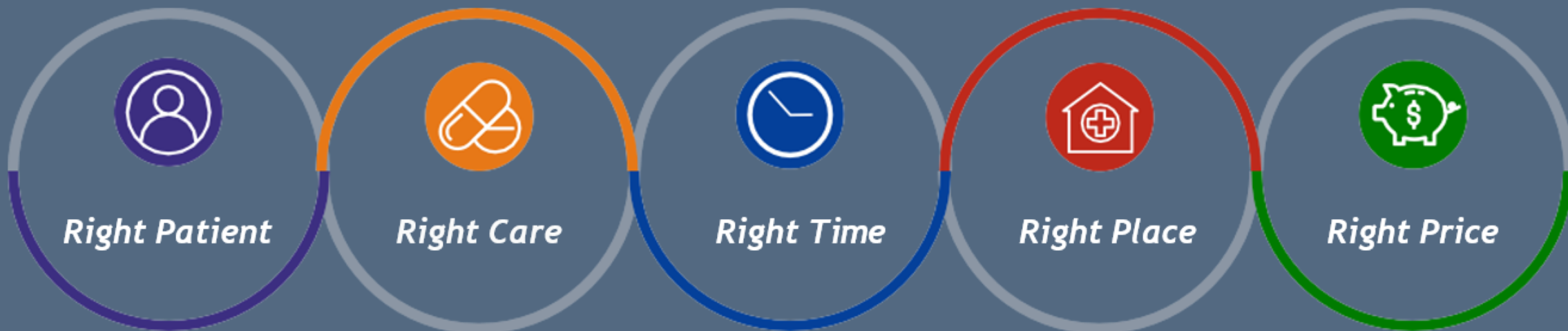
AIMM consistently worked for hours networking and communicating with benefits consultant, the provider, the patient, Interlink and the Physician review. Within 48 hours, AIMM got MDA the required paperwork.

//OUTCOME:

Savings of \$164,500 by using the COE contract rather than PPO for transplant.



Healthcare Cost Containment Done the *RIGHT WAY!*



**Customized Medical Management solutions performing between
\$1,994 and \$10,247 PEPY**

Based on customer preferences & product selections



877-254-5029



HIGH PERFORMING SURGERIES



HIGH PERFORMANCE
— PROVIDERS —

DIRECT CONTRACT/BUNDLED SURGERY CASE STUDY



OBJECTIVES

Find a cost-effective provider to perform surgery on the patient's torn rotator cuff without compromising the quality of care.



OPTIONS

The Alternative

The plan shopped the procedure with the few options that existed in the local market (Idaho) and the best pricing found was around \$44,000. This included facility fees, surgeon, and the anesthesiologist that was not in-network and refused an RBP-type payment. The patient was guaranteed to get balance billed – the provider stated clearly that they wouldn't be accepting any low multiple of Medicare.



Direct Contract Solution

High Performance Providers was able to secure a world-class surgeon to perform the surgery in Las Vegas for a bundled rate of \$12,500. The surgery was scheduled within a week, on the same day as the previously scheduled surgery. The plan paid for all travel expenses (flight, accommodations, ground transportation) for the patient and a companion to travel to Las Vegas and gave the patient an additional stipend of \$2,000. The patient was able to relax and recover in beautiful Las Vegas, Nevada, had no financial obligation and pocketed \$2k while the health plan still saved over \$25,000.



Patient in need of a torn rotator cuff repair



OUTCOMES



High Performance Providers was able to provide the patient and health plan a turn-key alternative option to have the procedure performed by a world-class surgeon in a comfortable setting with a companion and still save the health plan \$25,000.

ALASKAN TOTAL JOINT REPLACEMENT CASE STUDY



OBJECTIVES

Find a cost-effective provider to perform total joint (knee & hip) replacement surgery on the patient without compromising the quality of care.



OPTIONS

The Alternative

Alaska is known to have high-cost/low-value healthcare, with total joint replacements often costing \$70-80k to the health plan, while also requiring a significant patient financial obligation. These burdens often delay access to necessary care and lead to reduced productivity and increased absenteeism.



Direct Contract Solution

High Performance Providers offers a total joint replacement solution with a bundled payment arrangement, allowing patients and companions to travel to fabulous Las Vegas for a 9-day episode of care. The health plan waives any and all patient financial responsibility while covering travel and accommodations. Our orthopedic surgeon has performed over 3,300 total joint replacements in an ambulatory surgery center (ASC) with attached recovery suites, offering around-the-clock concierge care (nursing, physical therapy, and private chef) during the 48-hour stay. Validated outcome measures are published annually through an IRB study, demonstrating superior health outcomes than alternatives.



Municipal workers in need of knee and hip replacements



OUTCOMES

The health plan coordinates and pays for airfare/ accommodations for the member in need of joint replacement surgery and his/her companion to travel to Las Vegas. The surgery is done by a world-class surgeon in an accredited (and Leapfrog surveyed) ambulatory surgery center where the patient is admitted to the recovery suites post-op for 48-hours. The patient then transfers to a local hotel where home health practitioners complete the 9-day episode of care, before returning home to Alaska to finish outpatient physical therapy. The health plan saves \$40-50k. The patient does not come out of pocket any money and returns to work/life quicker because of the superior healthcare delivered.



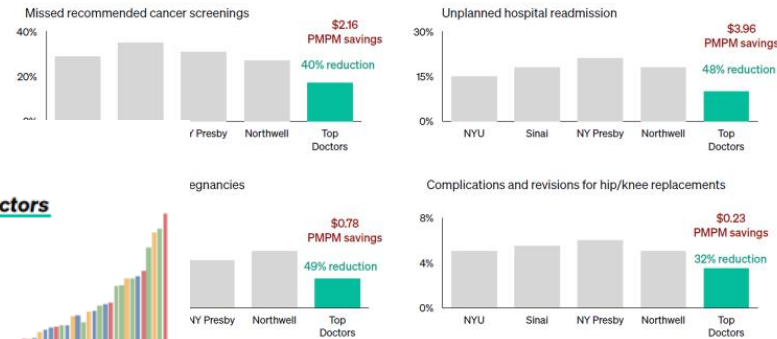


QUESTIONS?

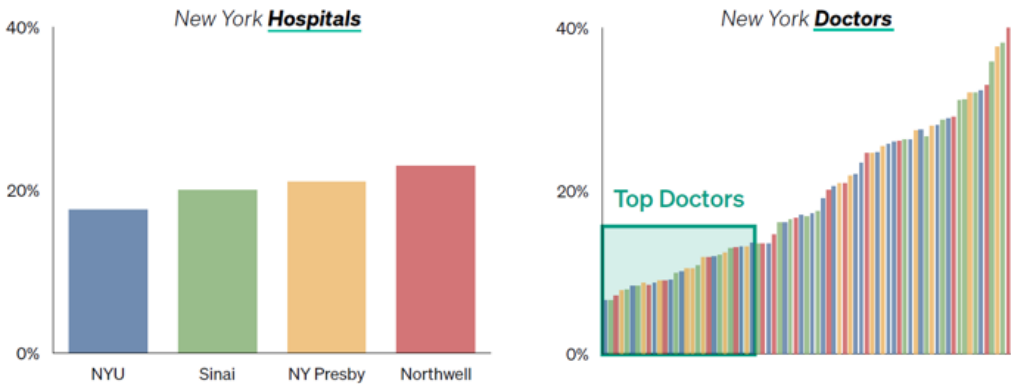
MY MOM SAYS THE ONLY STUPID QUESTION
IS THE ONE NEVER ASKED

TRANSPARENT HEALTH BENEFITS - CALL TO ACTION

Top Doctors outperform the best hospital across many different quality metrics



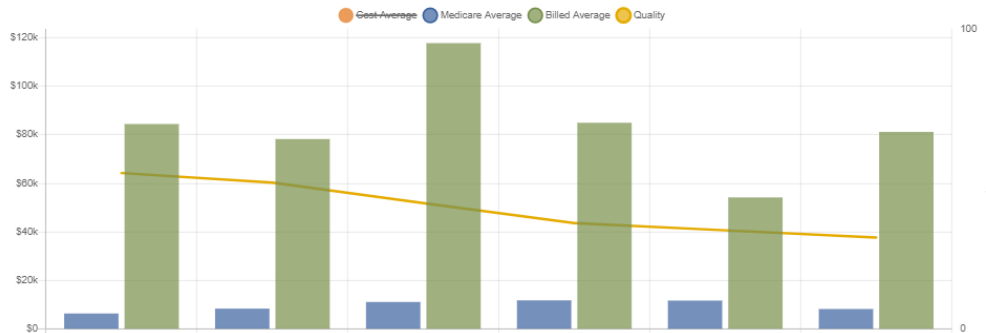
Surgical site infection after colon surgery



**EXCLUSIVE
FOR YOU**

Create Value

Inpatient DRG weighted average across 6 hospitals in TAMPA FL



KNOW YOUR MARKET

YOU CAN'T IMPACT THE PAST: ↑ ADVOCACY + ↑ QUALITY = ↓ COST

A person in a dark suit is holding a glowing lightbulb. The lightbulb is the central focus, emitting a warm, yellow light. The person's hands are visible, holding the base of the bulb. The background is dark and slightly blurred, showing the texture of the suit.

PARTING SHOTS

If you only do 1 thing...

TOP PROVIDERS



Nick Reber - Founder and CEO

917-544-6933

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garner

MEDICAL MANAGEMENT + ADVOCACY



Nicole Elover - National Sales Executive

877-254-5029

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HIGH PERFORMING SURGERIES



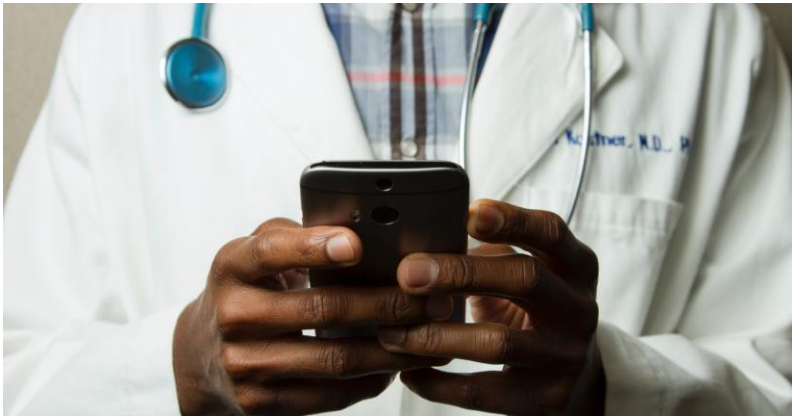
Doug Geinzer - Founder/President

702-604-5627

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Thank You

garner



CHANGE STARTS WITH YOU

