

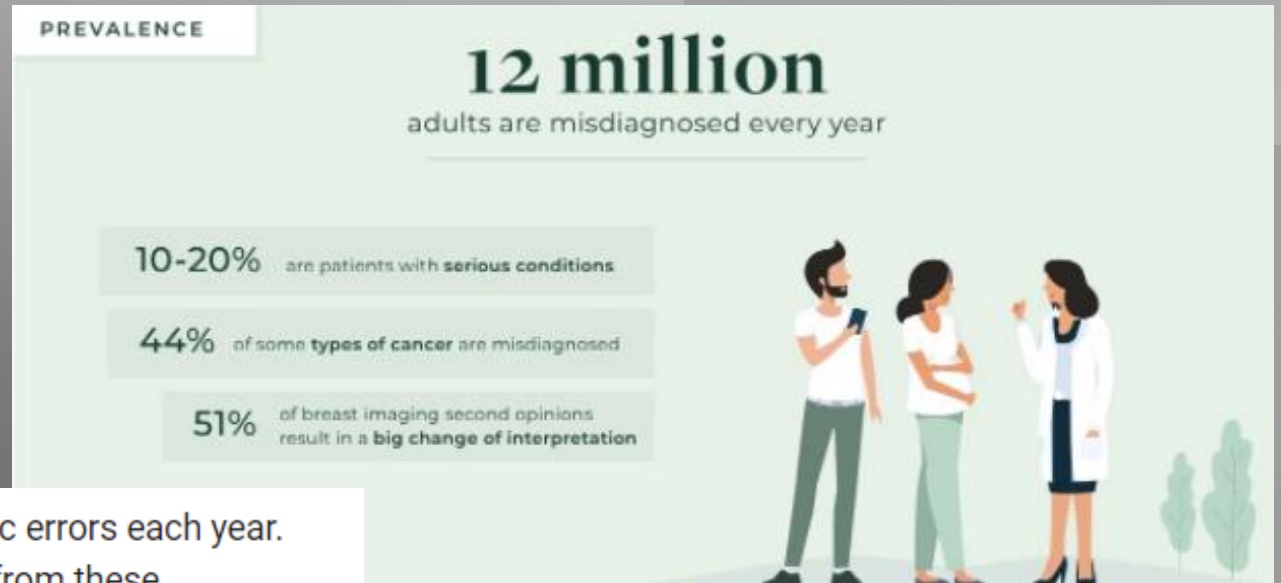
The background of the slide is a dark blue gradient. In the center, there is a large, glowing lightbulb. The top half of the lightbulb's glass is shattered, with numerous sharp, translucent fragments floating in the air around it. The filament inside the lightbulb is visible and appears to be glowing with a warm, orange-yellow light. Overlaid on the center of the lightbulb is a large, bold, white text box with an orange border.

***WELCOME!***

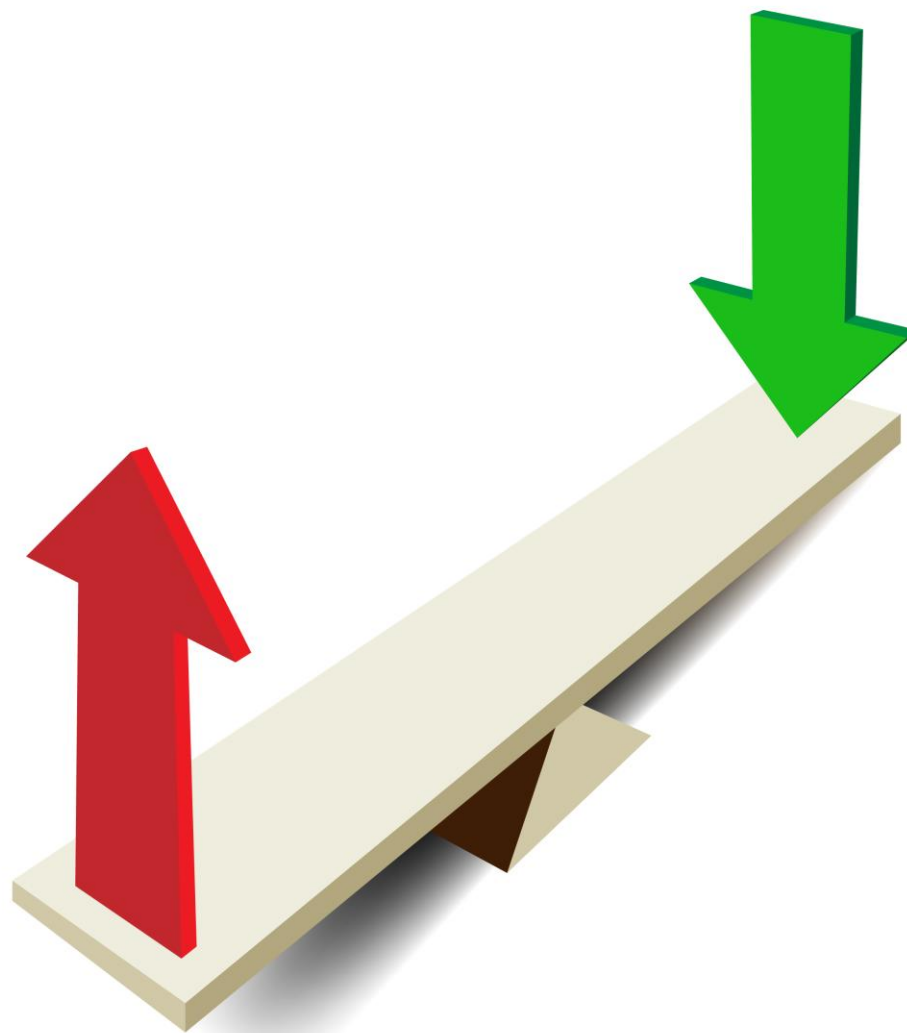


In the United States, 12 million people are affected by medical diagnostic errors each year. An estimated 40,000 to 80,000 people die annually from complications from these **misdiagnoses**. Women and minorities are 20 to 30 percent more likely to be **misdiagnosed**.

Feb 22, 2020



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).





Why?





***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**
- ✓ Better **QUALITY** = Lower **COST**
- ✓ Ask in CHAT / **Q&A section**
- ✓ Your participation will be rewarded
  - ✓ Wait to the end... it will be **WORTH IT**
- ✓ **SAVE THE DATE**
  - ✓ **12/21 = Next Employer Facing Webinar**



# TRANSPARENT HEALTH BENEFITS



- ✓ 19-year employee benefits professional
- ✓ 12 years at Willis
- ✓ \$3.5m+ personal production
- ✓ Chief Growth Officer for \$350m+ practice
- ✓ Self-funding and health management expert
- ✓ Creator of the THB movement and disruptor of the status quo



LESTER J MORALES

Founder & CEO, Next Impact

Creator of Transparent Health Benefits

[lester.morales@nextimpactllc.com](mailto:lester.morales@nextimpactllc.com)

(813) 784-1519

# OUR TOPICS

- ✓ Advocacy
- ✓ Cost
- ✓ Quality

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



# OUR SPEAKERS



Deborah Ault

*President*



Ron Janetzke

*Broker Relations Specialist*



Joana Ruano

*Senior Sales Executive*



Rob Gelb

*CEO*



# ***Medical Management + Advocacy***



# Healthcare Cost Containment Done the *RIGHT WAY!*



*Right Patient*



*Right Care*



*Right Time*



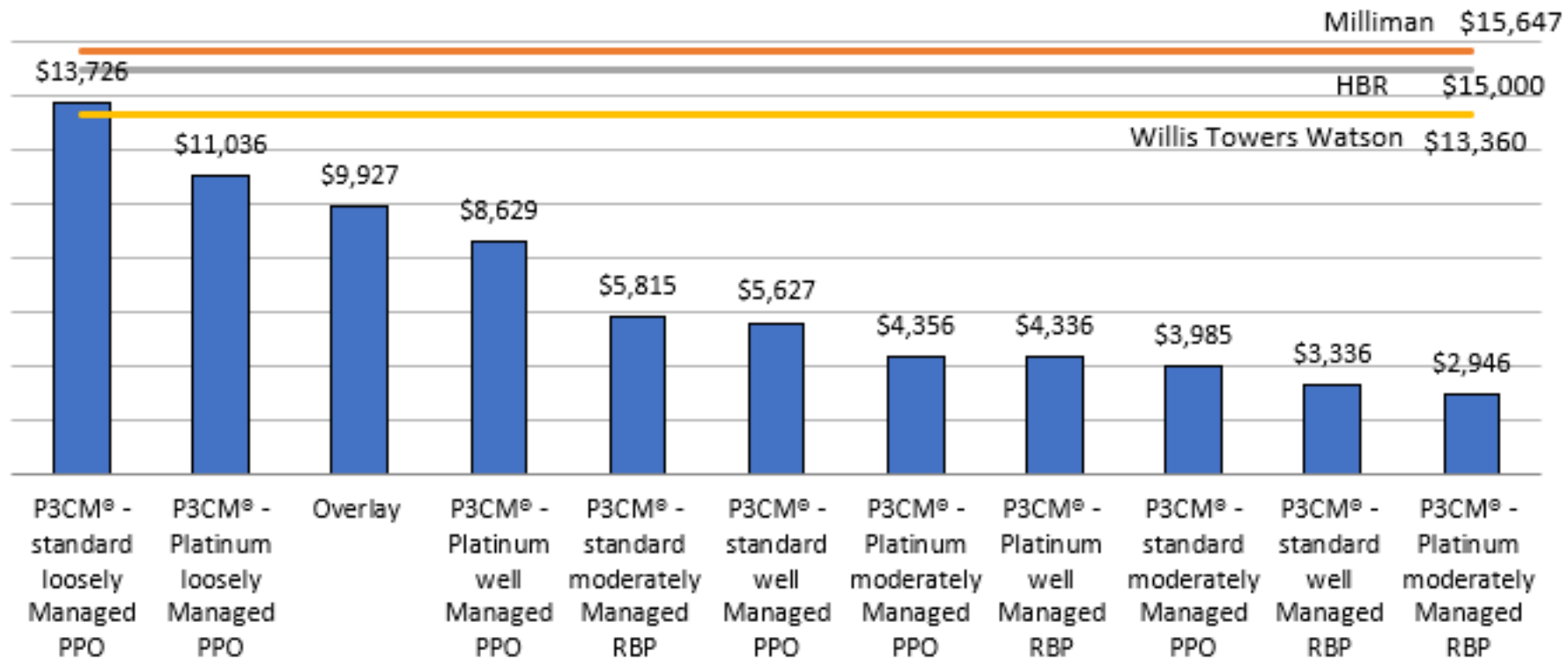
*Right Place*



*Right Price*



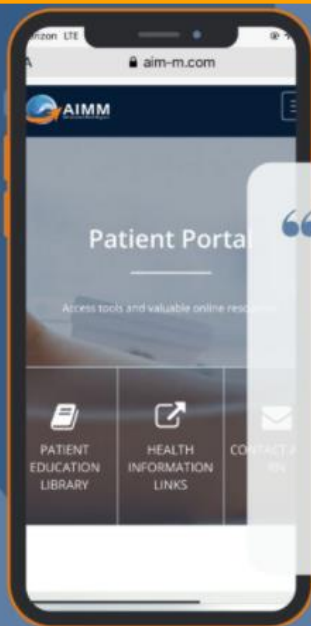
NOT YET RELEASED TO THE PUBLIC



Graph 1 Per Employee Per Year Costs – AIMM plans/ Published Benchmarks







“



Nurse Melissa has been so helpful and so kind and has just gone out of her way to help give me information and make me feel more comfortable with my decisions. Everybody should be able to use a service like this when facing serious medical conditions!!

”

**Michael**  
An AIMM Patient



**"When I have called they have been most excellently helpful from care in the situation I have to ratings on Doctors. In addition they are always most kind and compassionate! Thank-you!"**

-Carrie  
An AIMM Patient



#### TESTIMONIAL

## What People Say About Us



I needed a CT scan, AIMM found a lab that accepts my insurance, assisted with making the appointment, followed up on the appointment and there was zero out of pocket cost to me for any of it, not even the scan itself. I have actually already recommended AIMM to a co-worker.

**Lisa**  
An AIMM Patient



## PATIENT REVIEW

“

Excellent staff... Caring, professional, and consistently successful in directing our care towards the most competent physicians.

”

## Testimonial

I'm trusting you to help me find good doctors and testing, also affordable and so far I believe you have come through.

Danielle - An AIMM Patient



★★★★★  
John - An AIMM Patient

I love AIMM. They helped me pick out doctors at the top of their game. Low infection rates, low serious follow up issues, good prices with less drama. Who could ask for better help than that when trying to navigate the great big world of medicine!

## "IT WAS A REAL LEARNING EXPERIENCE"

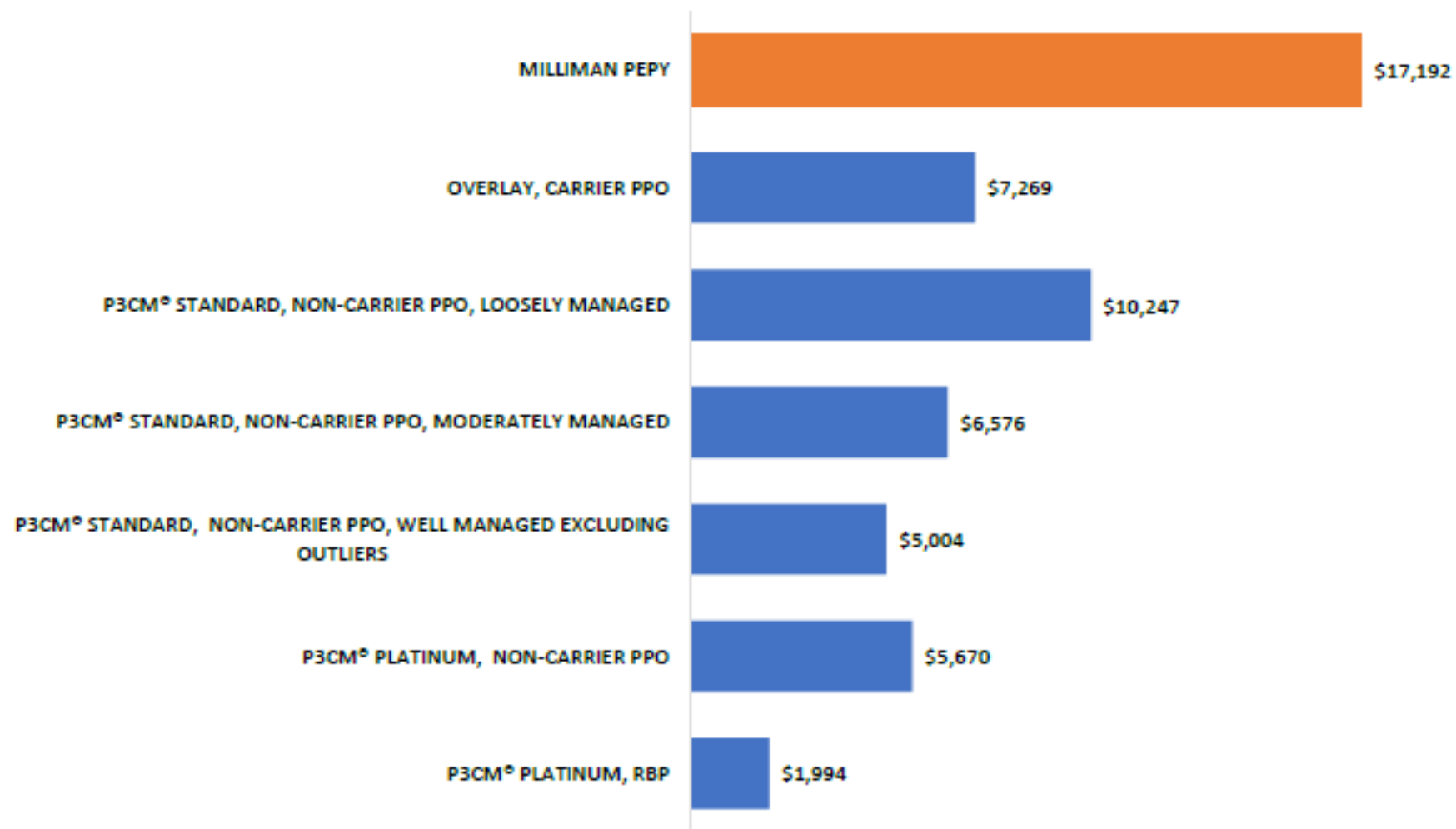
"It was a real learning experience. I was very impressed how knowledgeable they were and also their system of ranking physicians and reasons why the doctor may not have met the recommended score- add to mention they were each very pleasant"

-Dawn  
An AIMM Patient



## 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:

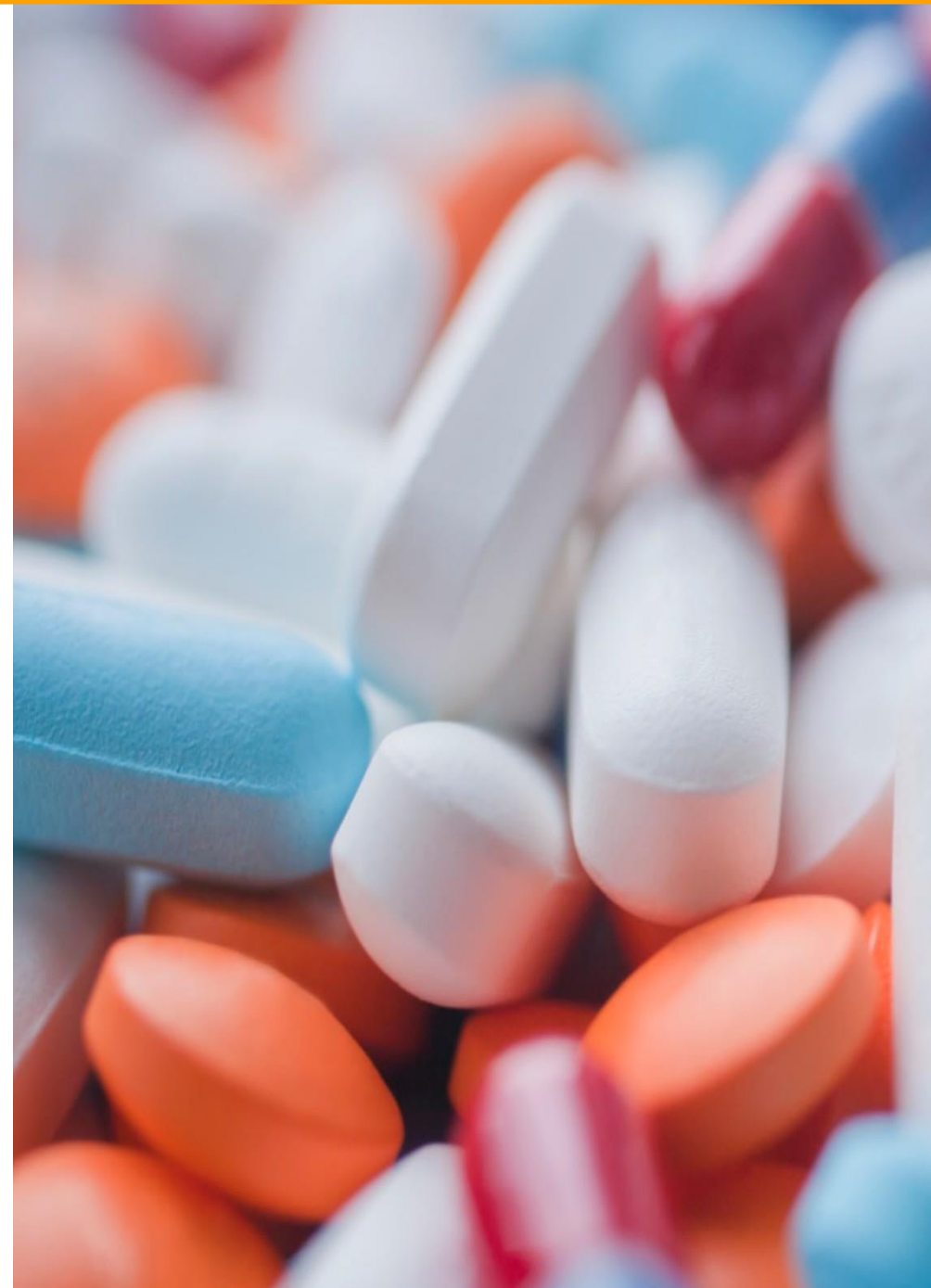
Patient set to receive treatment at MD Anderson which has been planned for several months. Patient's medical plan changed. Patient called the nurses to notify them of the scheduled 1/7/19 transplant evaluation and of the plan change effective on 1/1/19. Patient has already scheduled travel, lodging, 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**





*It's all about  
the Quality.*





The background features a network of colorful lines (blue, orange, green, pink) and circular icons. The icons include a DNA helix, a document with a plus sign, a molecular structure, and a line graph. A photograph of three people in a modern office setting is visible on the right side.

# Make **smarter, better, faster** **healthcare** possible with Vālenz®

Vālenz® Solutions Overview – ‘Talk Deck’

November 2021

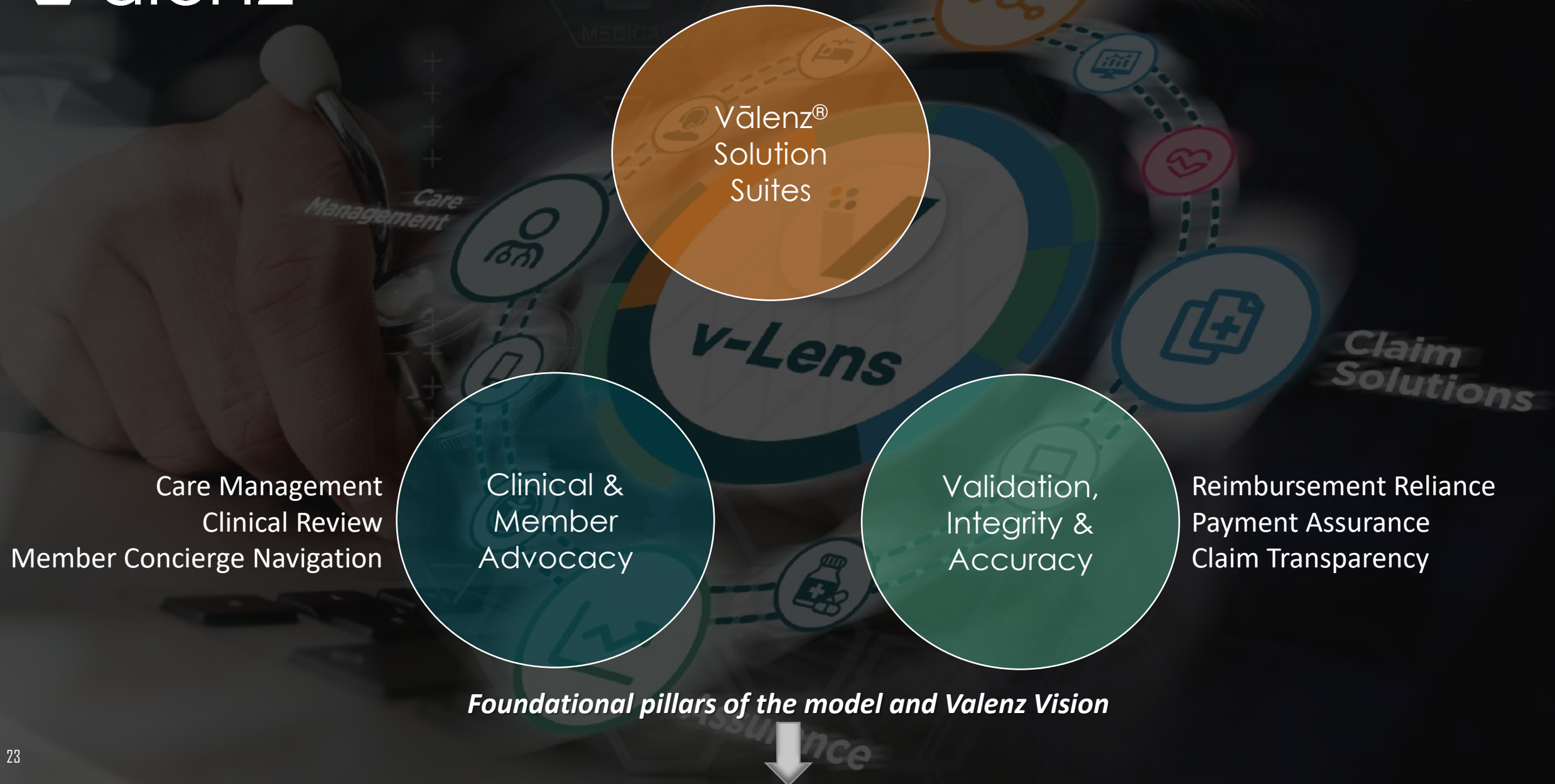


## Let's begin with: Why we exist

At Valenz, our team is committed to deliver on our promise to engage early and often for smarter, better, faster healthcare.

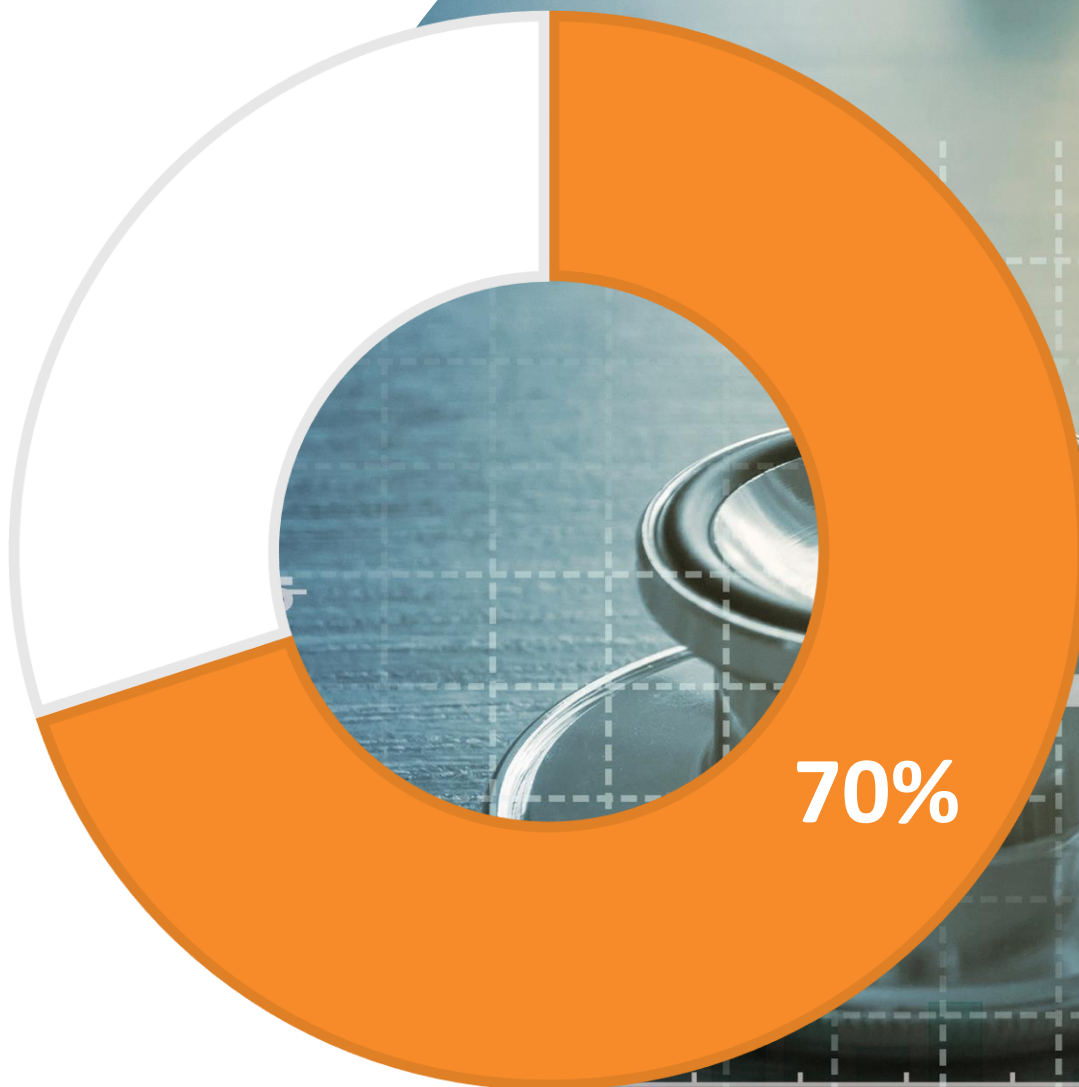


*We want everyone engaged within our ecosystem to be strong, vigorous and healthy.*





5-15% drives  
>70%  
of health costs





**Quality**

# Balancing the equation

**Utilization**

**Cost**

# Aligning provider, payer and patient



# Data streamlines the member journey

We engage early and often with member-centric services with data-driven insights, connecting the dots with personalized service and guidance for high-quality care and improved outcomes.





The background of the slide features a hand holding a pen, poised to write on a document. Overlaid on this is a complex diagram with various icons and text labels. The diagram includes a central circular flow with icons for a person, a smartphone, a laptop, and a document. Surrounding this are several text labels: 'Access Solution Suite' at the top right, 'Claim Solutions' at the bottom right, 'Care Management' on the left, and 'Valenz' in the center. The overall theme is healthcare and technology.

Payment integrity  
Compliance solutions  
Claim management  
Bill review with provider signoff  
Contracted networks  
Open and out-of-network solutions  
Assured payment  
Care navigation  
Care management  
Disease management  
Utilization review  
Specialty care solutions  
Rx solutions  
Data engagement  
Decision enablement

Care  
Management

Access Solution Suite

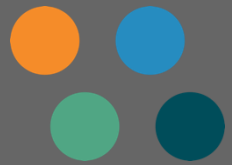
Claim  
Solutions

**v-Lens**

Assurance

Smarter,  
better, faster  
healthcare





# Results Demonstration Reporting



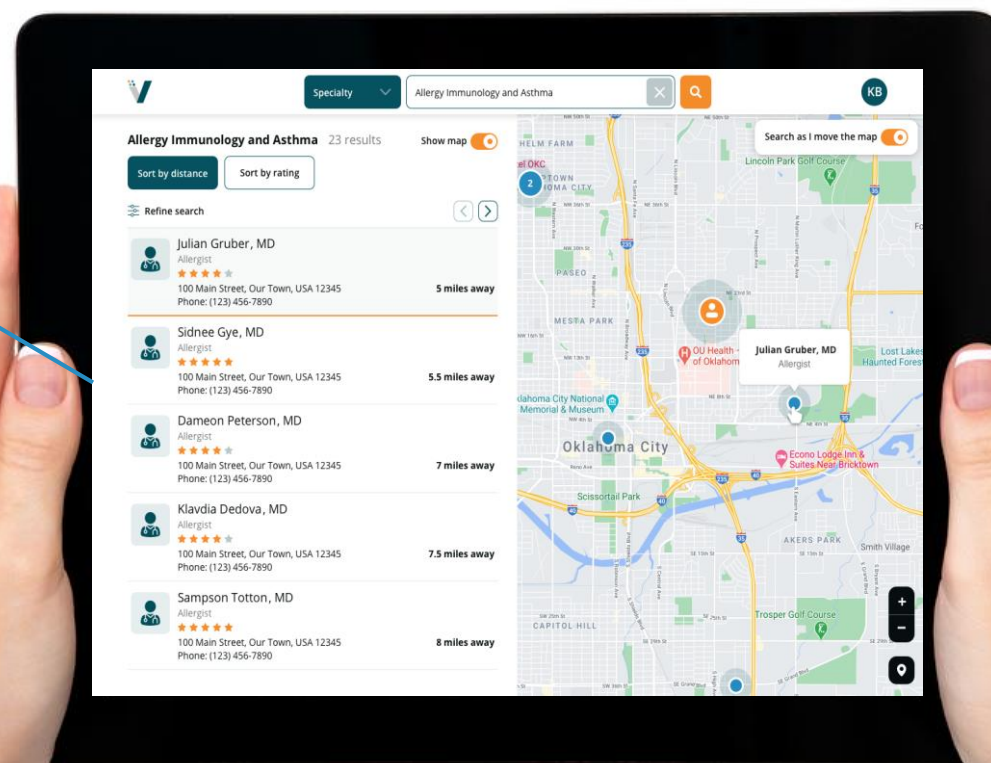


# Navigated networks with NaVcare

Our data-driven, concierge-level care navigation service drives **improved member satisfaction, improved health outcomes and improved utilization of provider partnerships** — all while lowering the overall cost of care for clients

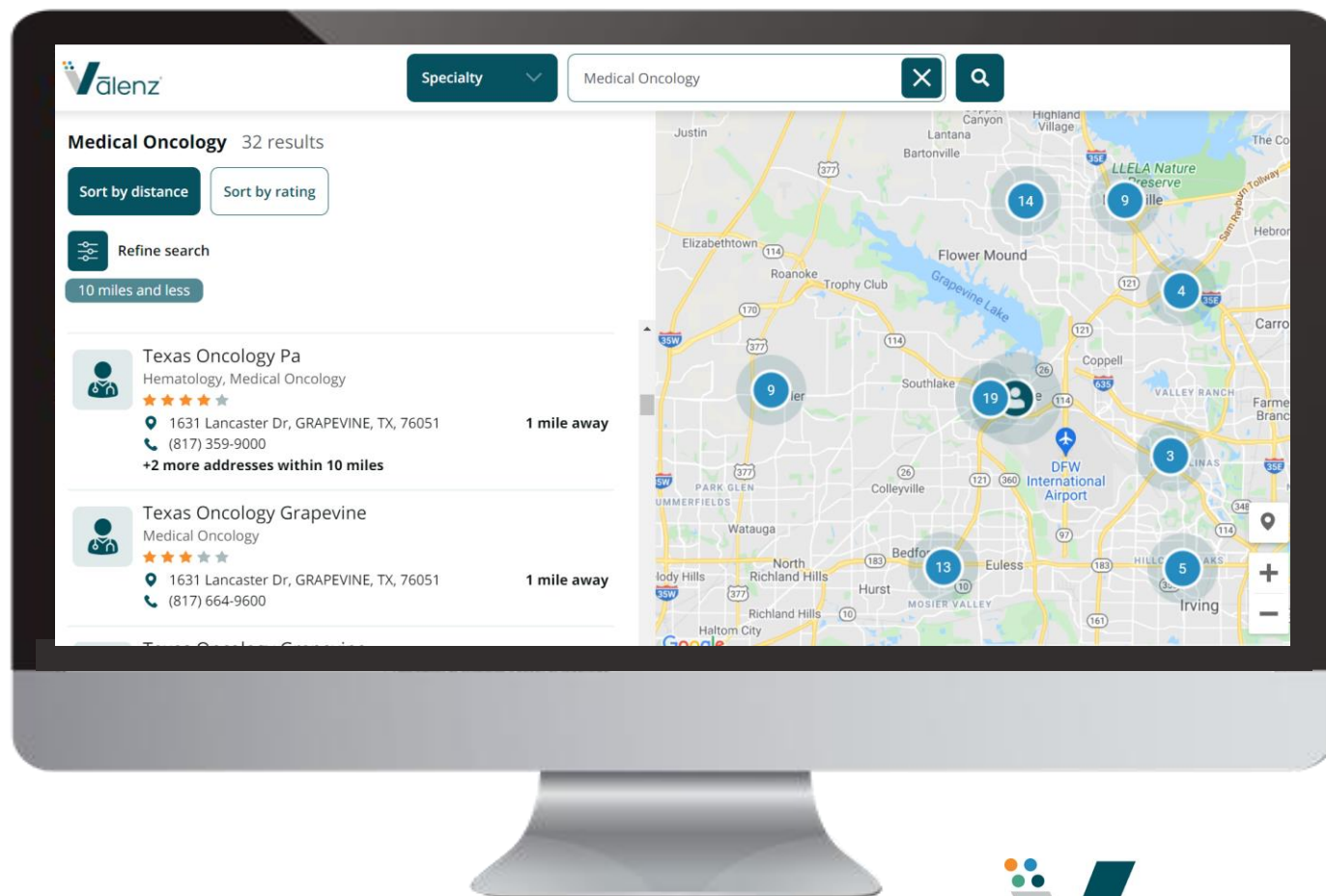
## NaVcare

- Included service in proposed PEPM
- Guide to network providers
- Coordinate with care providers
- Identify cost-effective pharmacy solutions
- Introduce virtual care solutions
- Collaborate with care management team
- Ensure two-way communication with members, families, providers, administrators, benefit consultants, payers
- Assist with claim denials and appeals





# Enhanced Experience: v-Lens Member Portal



- Launched November 1
- Allows geographic map-based search by provider name, specialty, facility type, or services, including directions
- Turquoise Health price transparency and quality data embedded
- Healthcare Bluebook/Quantros quality data embedded
- Includes Valenz Access and Valenz Friendly (prior SCA or accepted payment without appeal)



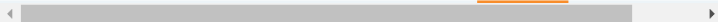
# Enhanced Experience: v-Lens Member Portal

 **Provider Profile**


 **Texas Oncology Grapevine**  
Medical Oncology  
★★★★★


 



[Overview and Provider Locations](#) [Services](#) [Costs](#) [Quality](#) [Network](#)




Cost: 4


 **Provider Profile**





 **Texas Oncology Grapevine**  
Medical Oncology  
★★★★★


 


[Overview and Provider Locations](#) [Services](#) [Costs](#) [Quality](#) [Network](#)





 Valenz Access Directory


 **Specialty**  Medical Oncology  




 **Provider Profile**

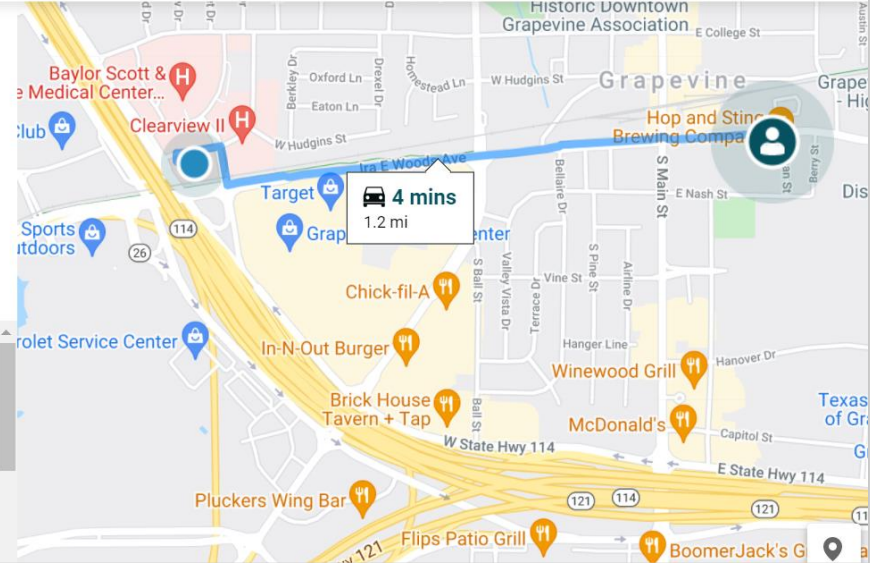
 **Texas Oncology Grapevine**  
Medical Oncology  
★★★★★

[Overview and Provider Locations](#) [Services](#) [Costs](#) [Quality](#) [Network](#)



**Texas Oncology Grapevine**  
 1631 Lancaster Dr, GRAPEVINE, TX, 76051 **1 mile away**  
 (817) 664-9600  
 Call for Office Hours





# v-Lens: predict future costs with confidence

As the robust data engine that powers the Valenz ecosystem, v-Lens offers true transparency that supports smarter, better, faster health plan decisions





# Exclusive Turquoise Health data Relationship

## Drives smarter, better, faster network contract terms

cbsa_name	(All)		Minneapolis - Saint Paul										
mapped_payer_class	(Multiple Items)		CARDIOVASCULAR STRESS TEST, WITHOUT INTERPRETATION OR REPORT										
Max of rate	Column Labels												
			Blue Cross										
		Blue	Blue	Cash			Health	Health					United
Row Labels	Aetna	Cross	Shield	Price	Cigna	Coventry	Alliance	Partners	Humana	Medicare	Multiplan	PHCS	Healthcare
Allina Health System	2268.16	1270.01		1388.03	1926.65			1767.57	1024.76	1789.26			1787.09
Abbott Northwestern Hospital	257.94	783.96		815.4	614.98			543.72	285.09	1240.04			1145.38
Buffalo Hospital	1331.64	1136.73		1388.03	1694.98			1555.03	285.09	1732.06			1561.89
Cambridge Medical Center	1331.64	1136.73		1388.03	1694.98			1555.03	285.09	1732.06			1561.89
Mercy Hospital	257.94	783.96			614.98			538.08	285.09	1240.04			1145.38
Phillips Eye Institute	257.94	783.96		815.4	614.98			543.72	285.09	1240.04			1145.38
Regina Hospital	1331.64	1136.73		1388.03	1926.65			1767.57	285.09	1732.06			1561.89
River Falls Area Hospital	927.16	1270.01		1388.03	1900.65			1743.72	1024.76	1789.26			1787.09
St. Francis Regional Medical Center	1331.64	1136.73		1388.03	715.04			689.08	285.09	1732.06			1561.89
United Hospital	2268.16	783.96		815.4	614.98			543.72	285.09	1240.04			1145.38
Unity Hospital	257.94	783.96			614.98			538.08	285.09	1240.04			1145.38
CentraCare Health System	206.75	924.97	941.62	187.25	222.03			499.32		188.32			204.64
CentraCare - Monticello	206.75	924.97	941.62	187.25	222.03			499.32		188.32			204.64
Fairview Health Services		864.24								245.97	556.75		282.41
Fairview Lakes Regional Medical Ctr		864.24								245.97	556.75		282.41
Fairview Northland Reg		864.24								245.97	556.75		282.41
Fairview Ridges Hospital		864.24								245.97	556.75		282.41
Fairview Southdale Hospital		864.24								245.97	556.75		282.41
Healtheast St Johns Hospital		864.24								245.97	556.75		282.41
Healtheast St Josephs Hospital		864.24								245.97	556.75		282.41
Healtheast Woodwinds Hospital		864.24								245.97	556.75		282.41
M Health Fairview University of Minnesota Masonic		864.24								245.97	556.75		282.41
University of Minnesota Medical Center		864.24								245.97	556.75		282.41

- Retrieve competitive pricing in a geographic area down to the procedure code level
- Better determine contract terms and % of Medicare to guide RBP pricing
- Exclusive industry partnership through mid-2022



# v-Lens – COSA/Plan Modeling

Limited client data available

Rate Tier	Employees	Rates	Base Case	Scenario	Diff BC to SC
EE	0	523.88	Composite PMPY	Composite PMPY	% Change Dollar Change
EE+SP	0	1,152.53	Final Plan Cost (w/ expenses & enrollment)	\$12,216 \$9,679	-20.8% (2,536)
EE+CH(s)	0	942.98	Final Plan Benefit Change	\$5,325.16 \$4,219.52	-20.8% (2,536)
EE+Fam	0	1,571.63	Total Billed Charges	\$11,288.58 \$11,288.58	0.0%
Total - All Tiers	1	1,017.97	Adjust for Normalization	0.0%	0.0%
Expected annual cost		12,215.67	Adjust forTrend	5.5%	0.0%
Rx Percent of Total Claim Cost		23.3%	Adjust for Area	-0.2%	0.0%
Plan Cost Share*		90.1%	Adjust for Age/Gender	-9.1%	0.0%
Participant Cost Share*		9.9%	Adjust for Industry	0.0%	0.0%
Annualized Participant Cost Share		\$587.00	Adjust for Network Discounts	-46.2%	-19.8% <<<<<<
* % of allowed claim cost			Adjust for User Util	0.0%	0.0%

	Base Case	Se:	Sc:	Scenario	Se:	Sc:
	Medical Plan Design			Medical Plan Design		
Percent of services in Tier	Tier: 1	Tier: 2	Tier: ON	Tier: 1	Tier: 2	Tier: ON
	1 90.0%	90.0%	0.0%	1 90.0%	90.0%	0.0%
Individual Deductible	2 1,000	1,000	0	2 1,000	1,000	0
Family Deductible	3 1,000	1,000	∞	3 1,000	1,000	∞
Coinsurance (plan persp i.e. 80%)	4 90%	90%	100%	4 90%	90%	100%
Individual MOOP	5 5,500	5,500	∞	5 5,500	5,500	∞
Individual MOOP - in Dep Cov'g	6 5,500	5,500	∞	6 5,500	5,500	∞
Family MOOP	7 11,000	11,000	∞	7 11,000	11,000	∞
Copays do not accrue to the MOOP	8	Accrue	Accrue	8	Accrue	Accrue
Non Embedded Deductible	9	Embedded	No Deductible	9	Embedded	No Deductible
Individual Coinsurance Maximum	10	∞	∞	10	∞	∞
Family Coinsurance Maximum	11	∞	∞	11	∞	∞
Individual Copay Maximum	12	∞	∞	12	∞	∞
Family Copay Maximum	13	∞	∞	13	∞	∞
Tier: 1	Copay	% of Cost (part persp. i.e. 20%)	Max Copay(s) (IP max/stay)	Copay	% of Cost (part persp. i.e. 20%)	Max Copay(s) (IP max/stay)
	Min \$ / Srv		Apply Ded	Min \$ / Srv		Apply Ded
			Coins % (plan persp. i.e.80%)			Coins % (plan persp. i.e.80%)
			(Copay) Ded Coins			(Copay) Ded Coins

- Limited claim data: we use Claros Analytics Actuarial Assistant to model plan results for potential groups with limited data (census, geography, total costs- no detailed claim data.





# v-Lens – COSA/Plan Modeling

Complete client data available



## Step 5 - Modeling Results

Current Allowed  
% of MC

333.33%

Total Allowed  
Current

\$21,488

Total Allowed  
Repriced

\$17,191

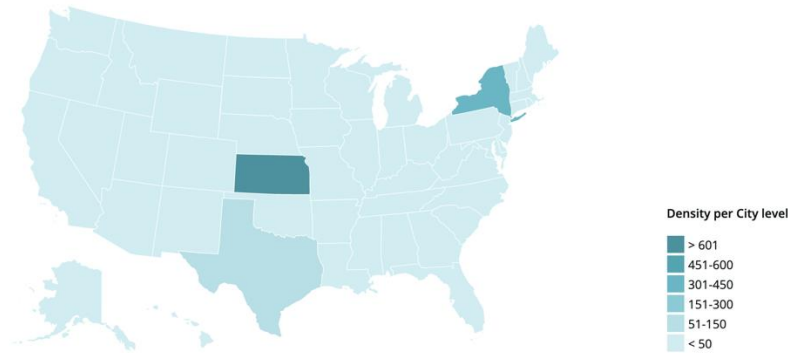
Improved  
Savings

>-12.07%

Total Projected  
Savings Over Existing

\$4,298

Geographic distribution of members



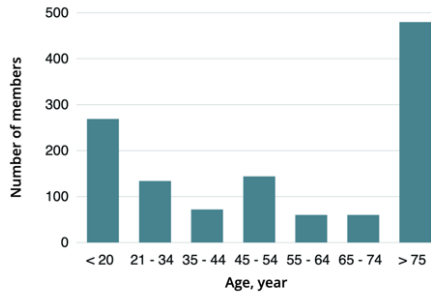
## Client Opportunity Savings Analysis (COSA) – Output goals

- Profile of the groups medical, demographic and financial (past) results/outcomes
- Opportunities for improvement: Clinical, Financial, Access, Care, Outcomes
- Identify areas of agreed opportunity to implement
- Develop and deploy the plan with metrics, reporting and outcome commitments

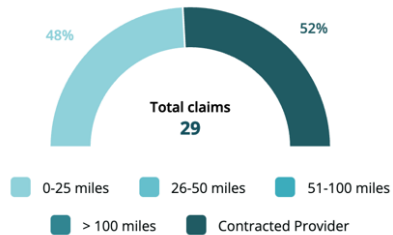
# v-Lens – COSA/Plan Modeling

Complete client data available

Age distribution of members



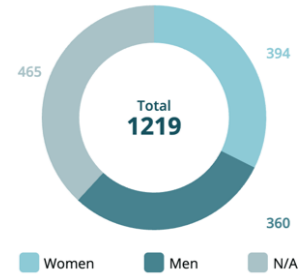
Claims count by distance to contracted providers



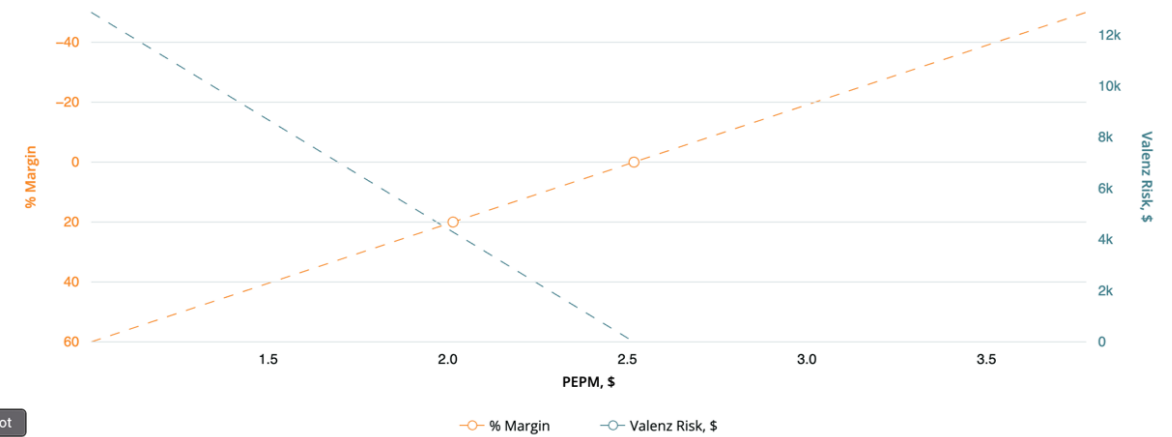
## Complete claim data:

- For groups with full claim data, we will use our proprietary v-Lens Plan Modeler

Gender distribution of members



PEPM chart



Screenshot

# v-Lens – COSA/Plan Modeling

Complete client data available



## Step 3 - Data Analysis

Census data

Claims data

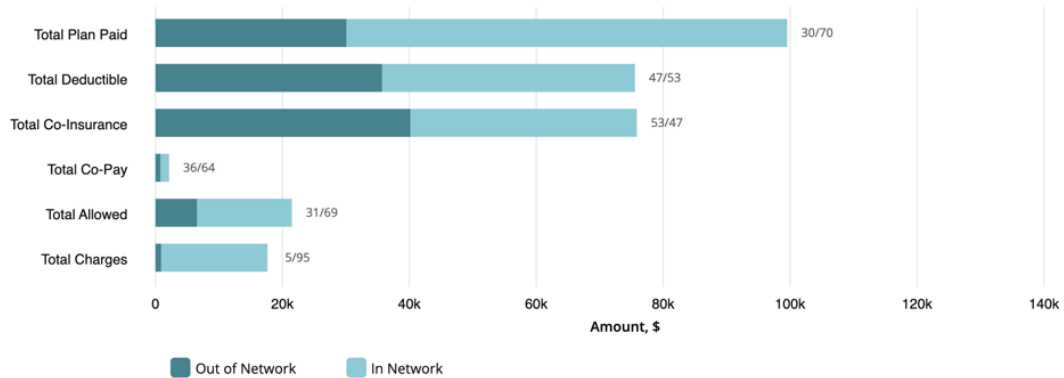
Claims Total Charges, \$

17,654

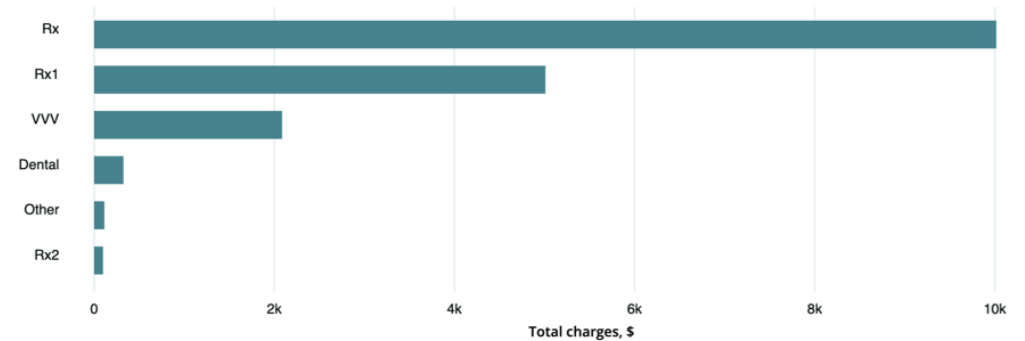
Claims Total count

29

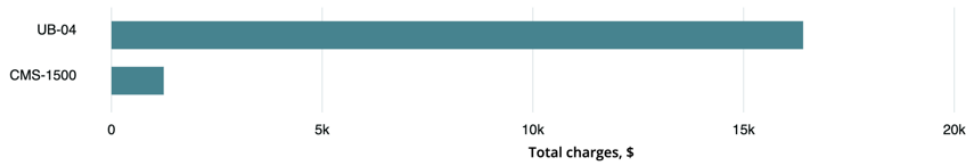
### In/Out of Network payments distribution



### Total Charges by Claim type



### Total Charges by Bill type



### Total Charges by Top 10 Revenue Codes

Code	Total Charges, \$
901	8,946
549	8,718
604	6,561
370	5,282
499	96





# v-Lens – COSA/Plan Modeling

Complete client data available

## Top 10 Services

CPT Code	Claims count	Total Charges, \$
K0587	6	8,946
V5273	6	6,561
90842	6	5,282
INSJ OCULAR TELESCOPE PROSTH	6	96
G0451	5	8,718

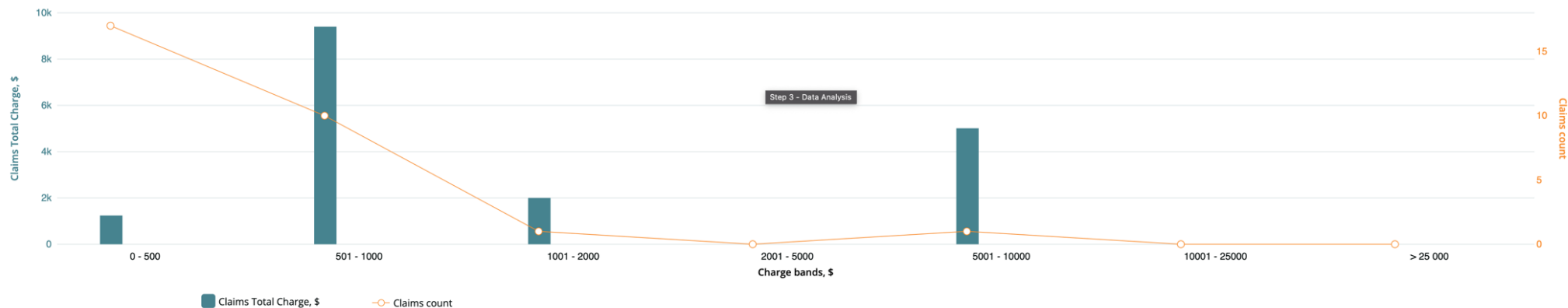
## Top 10 Highest Claims Charges

Claim ID	Total Charges, \$
IUX21R35	5,011
IUX21R29	2,000
IUX21R9	989
IUX21R34	989
IUX21R19	989
IUX21R24	989
IUX21R14	988
IUX21R10	892
IUX21R30	892
IUX21R20	892

## Top 10 Procedures

HCPCS Code	Claims count	Total Charges, \$
Q0000-Q9999	6	8,946
Aicd, other than sing/dual	6	6,561
D7410-D7415	6	5,282
Replacement breastpump cap	6	96
External transmitter, cgm	5	8,718

## Claims Total Charge and Count by Charge bands



[Proceed to Plan Modeling](#)



# v-Lens – COSA/Plan Modeling

Complete client data available

Total Charges representing Case Management opportunity

Case Management Opportunity

\$7,279

Valenz Risk Analysis

Stop Loss Risk

\$4,298

Total Cost for High Cost Claims, their Repriced Cost, Administration fees and Savings

Total High Cost Claims  
\$17,654

Total High Cost Claims Savings  
\$175

Administration Fee  
\$2

Valenz Repriced Cost  
\$17,477

Bill Type Breakdown

Bill type	# Claims	Charges	Current				MC Rate	Valenz				
			Allowed	Allowed % of MC	Savings	Savings %		Allowed	Savings	Savings %	Additional Savings	Savings as % of Current Savings
CMS-1500	17	\$1,240	\$8,276	333.33%	-\$7,036	-567.30%	\$2,483	\$6,621	-\$5,381	-433.84%	\$1,655	76.47%
UB-04	12	\$16,413	\$13,212	333.33%	\$3,201	19.50%	\$3,964	\$10,570	\$5,844	35.60%	\$2,642	182.54%
	29	\$17,654	\$21,488	333.33%	-\$3,835	-21.72%	\$6,447	\$17,191	\$463	2.62%	\$4,298	-12.07%

Plan Design Details

Client Name VV-3-map	Plan Name Step 5 calculation_edited	Valenz Team Member N/A
High Cost Claims Minimum Threshold \$1	Networks N/A	

Generate PDF





**Engage Early and Often for  
Smarter, better, faster healthcare**





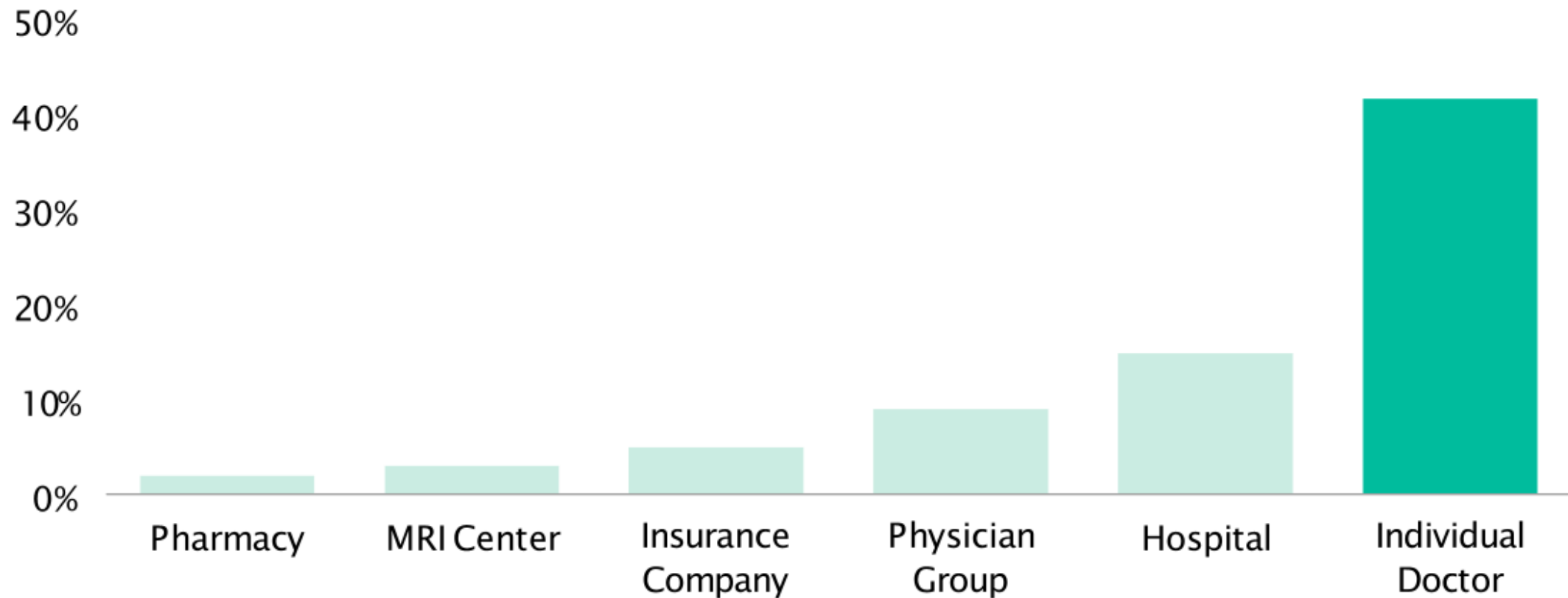


*It's all about  
the Cost*

garner

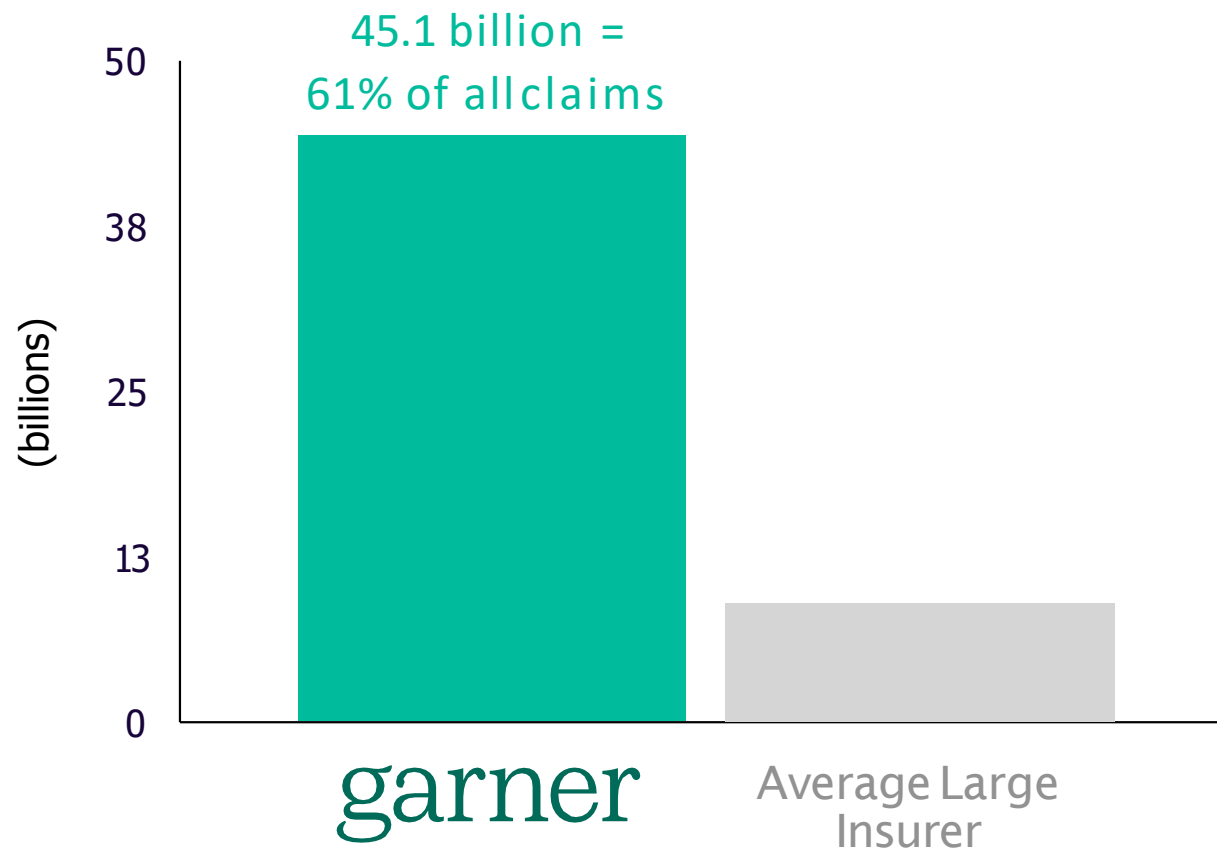
# The key to lowering healthcare costs is understanding the performance of individual doctors.

Impact of patient choices on the total cost of care



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

## Total Claims in Garner's Dataset

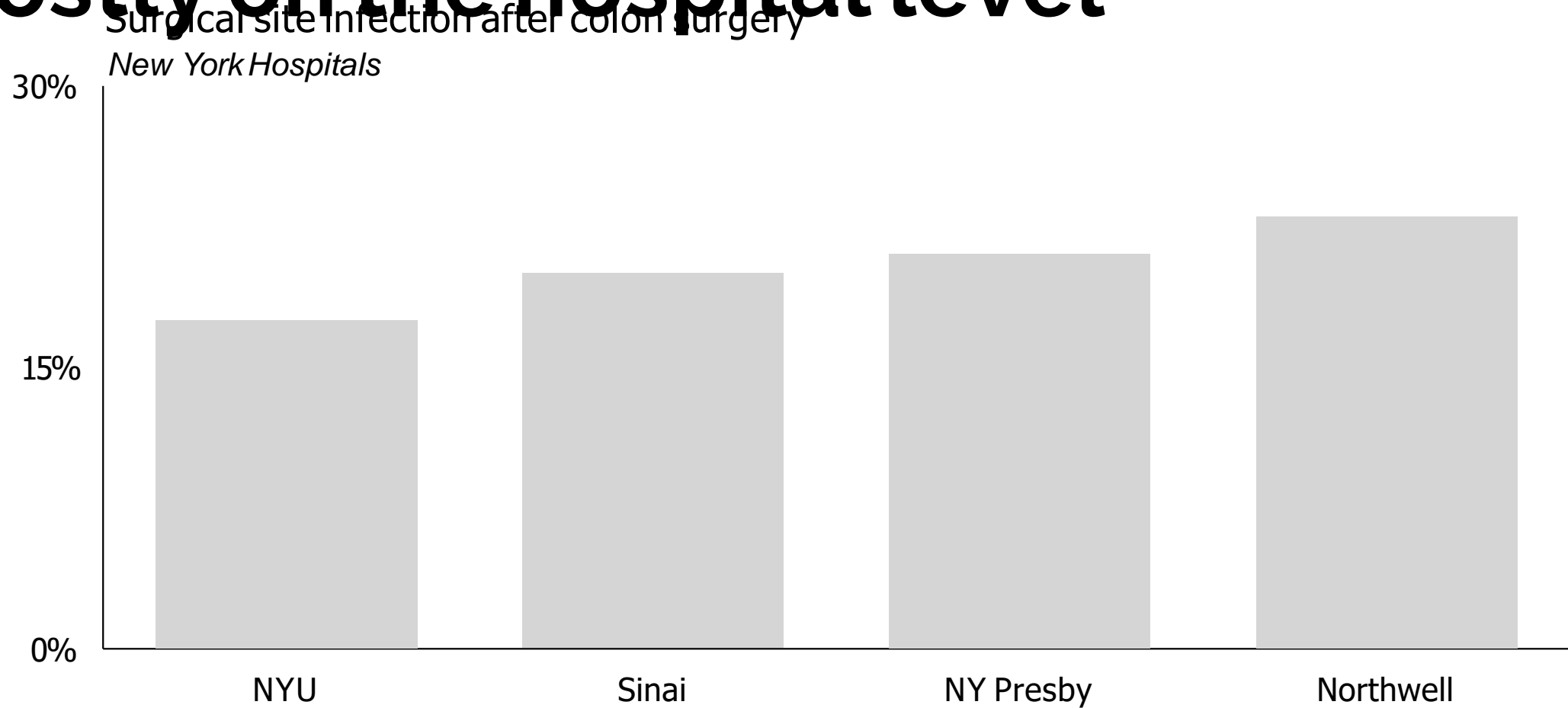


Garner combines data from

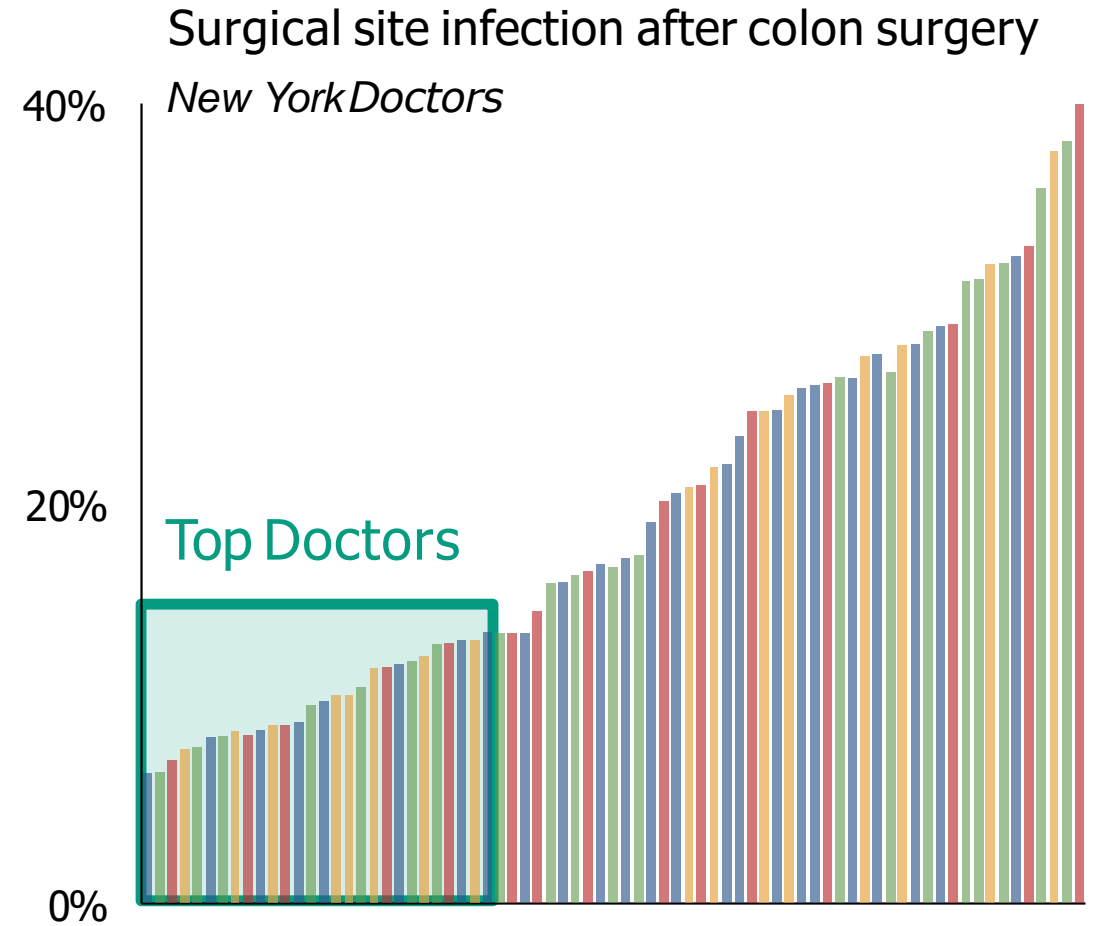
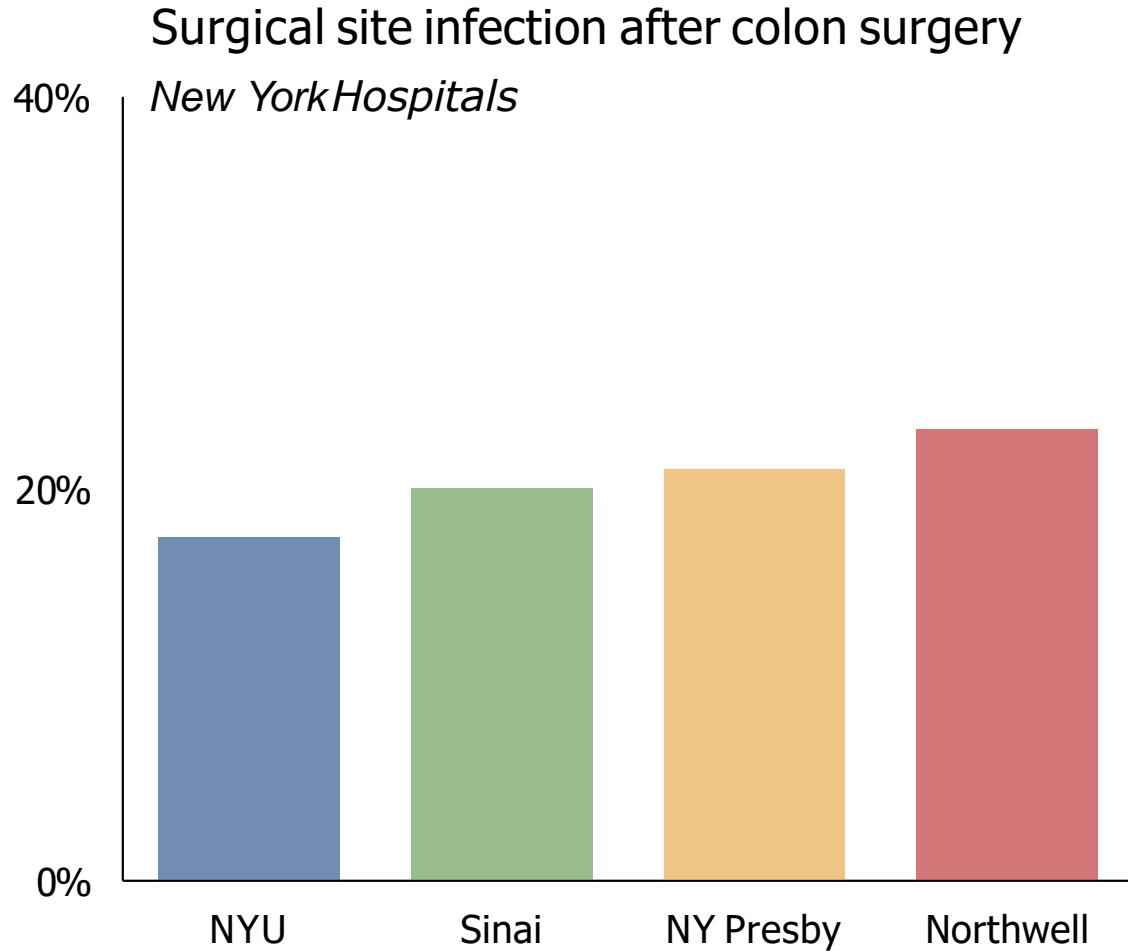
- CMS QE program
- Unique 3rd party partnerships
- Employers
- Clearinghouses
- Insurance companies
- All-payer claims databases



# Today's perspective on quality focuses mostly on the hospital level

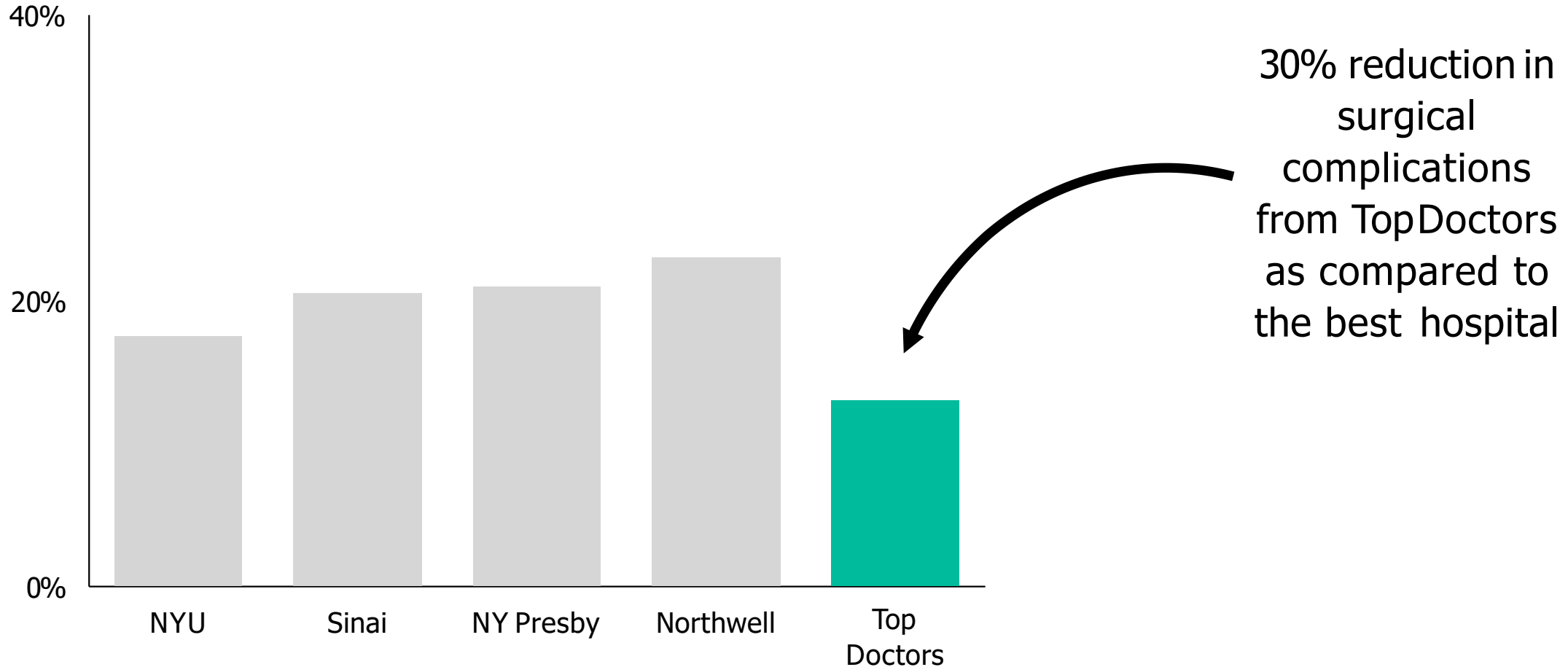


# Garner's data shows the variation of doctor quality within major hospital systems



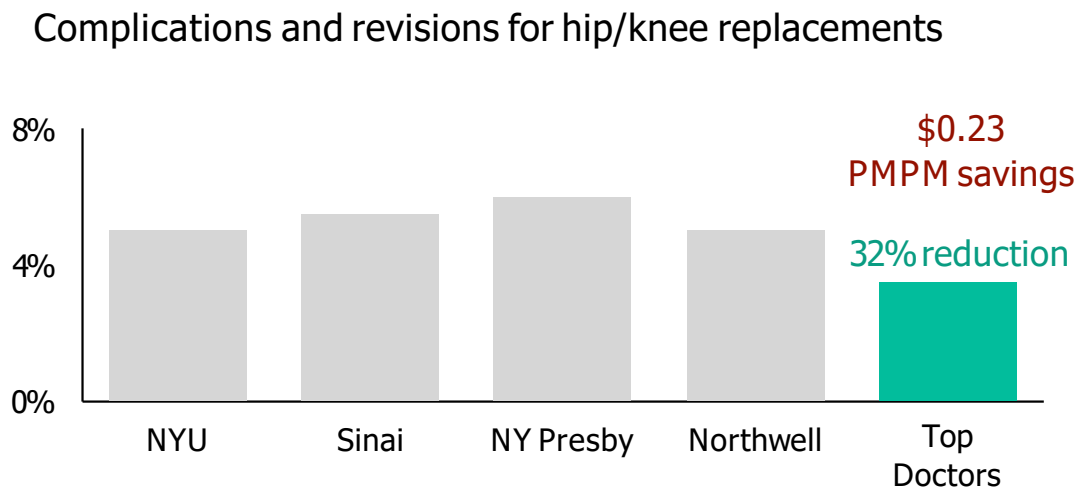
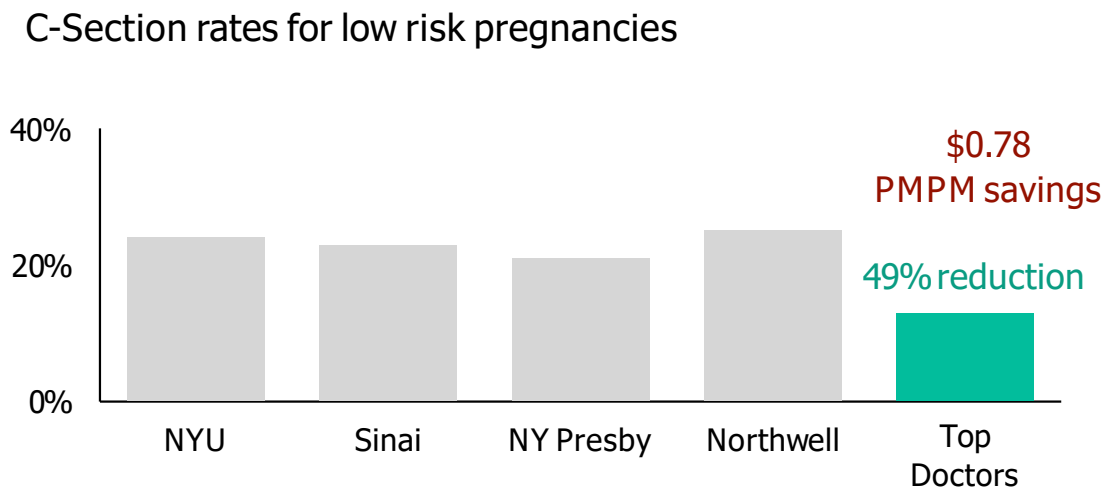
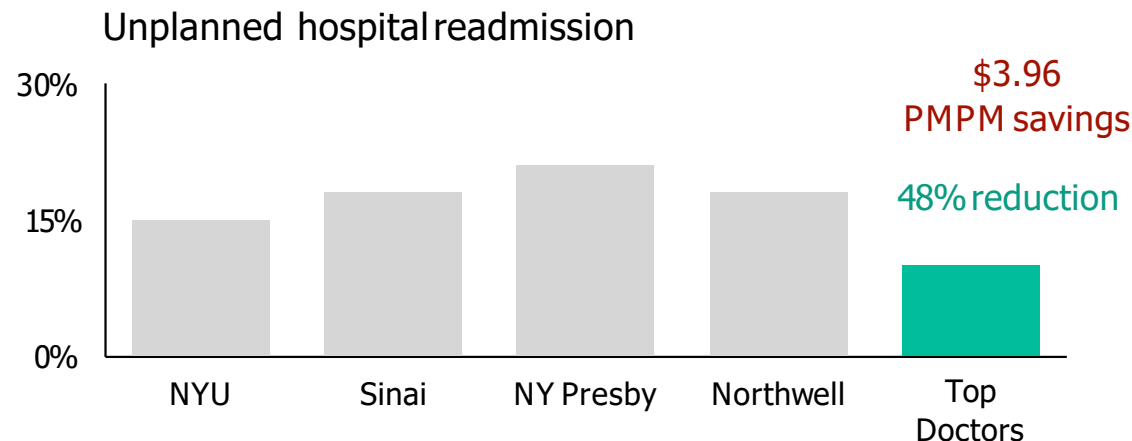
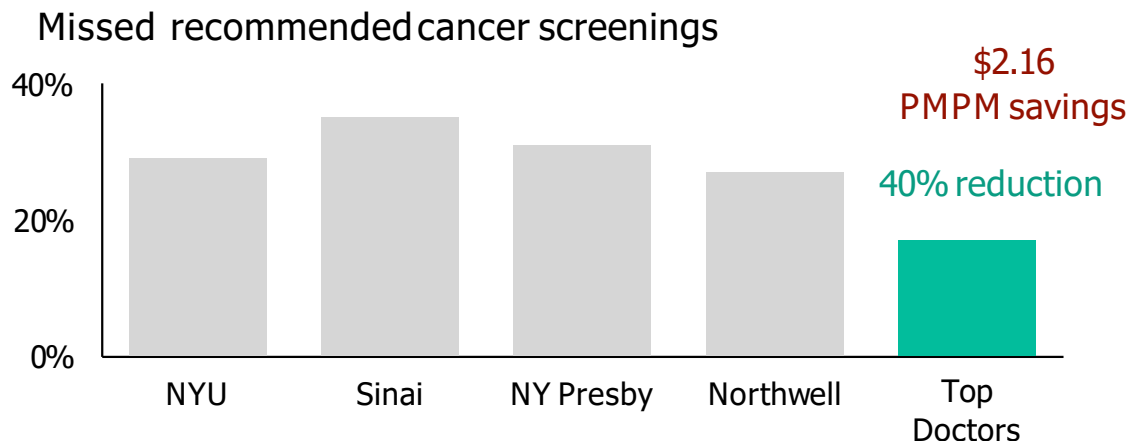
# Garner's data shows the variation of doctor quality within major hospital systems

Surgical site infection after colon surgery

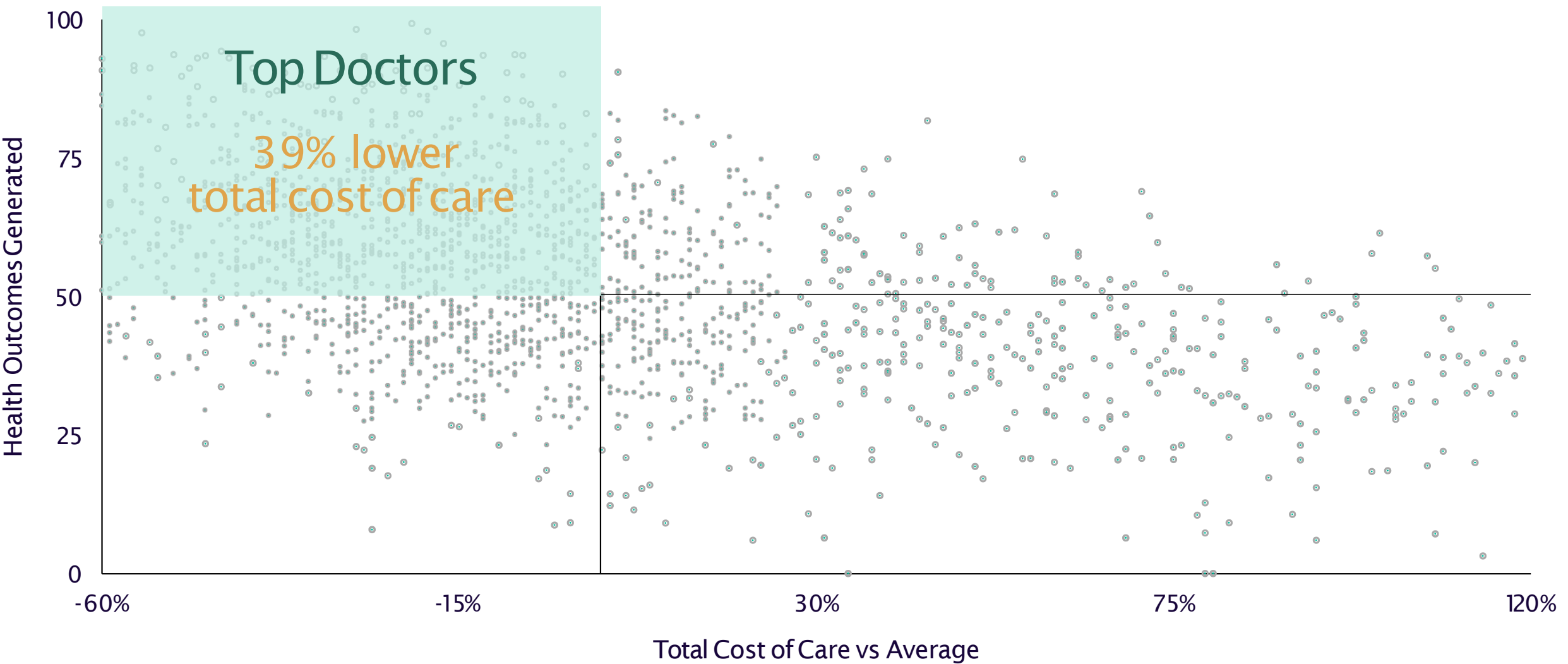




# Top Doctors outperform the best hospital across many different quality metrics



# Garner uses these metrics to identify Top Doctors that are high quality while also delivering significantly lower costs



# garner

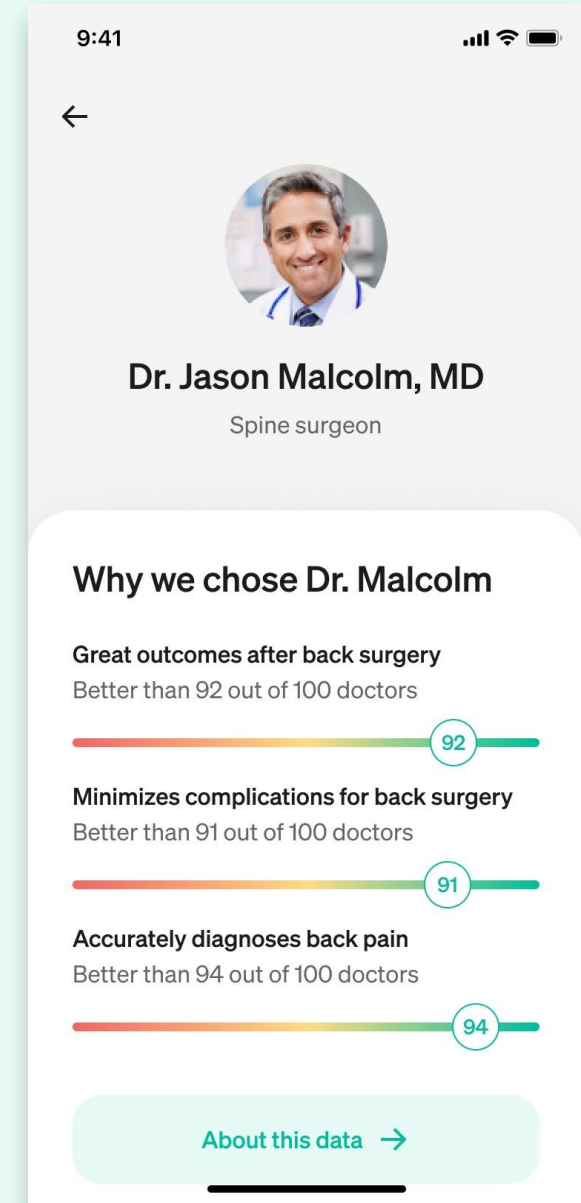
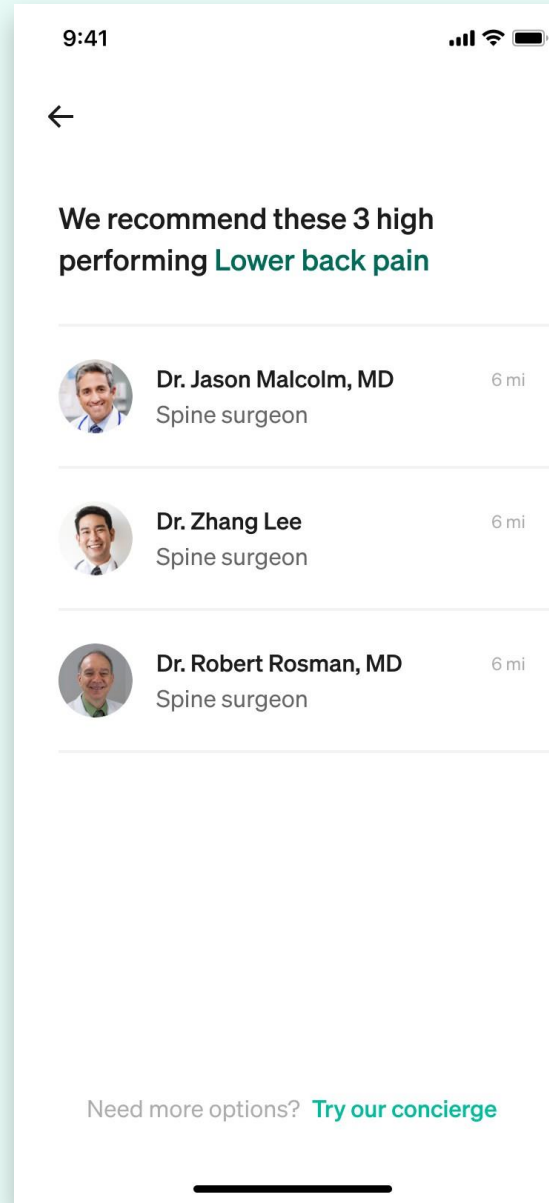
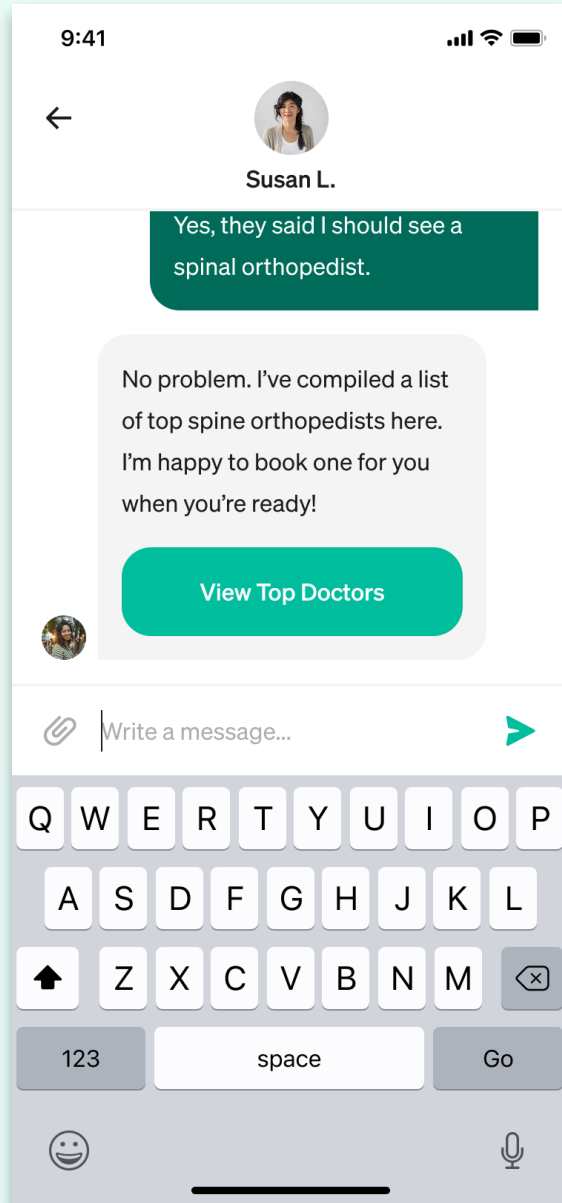
Garner is a simple plan addition that helps employers get more care to the **highest quality doctors** nearby without requiring a change in network or carrier.

5-10%+ plan level savings

Lower employee out-of-pocket

Works for fully and self insured plans

# Garner makes it easy to find Top Doctors via search or chat





# Garner administers an HRA-based incentive account that covers employee out-of-pocket for engaged members seeing a Top Doctor

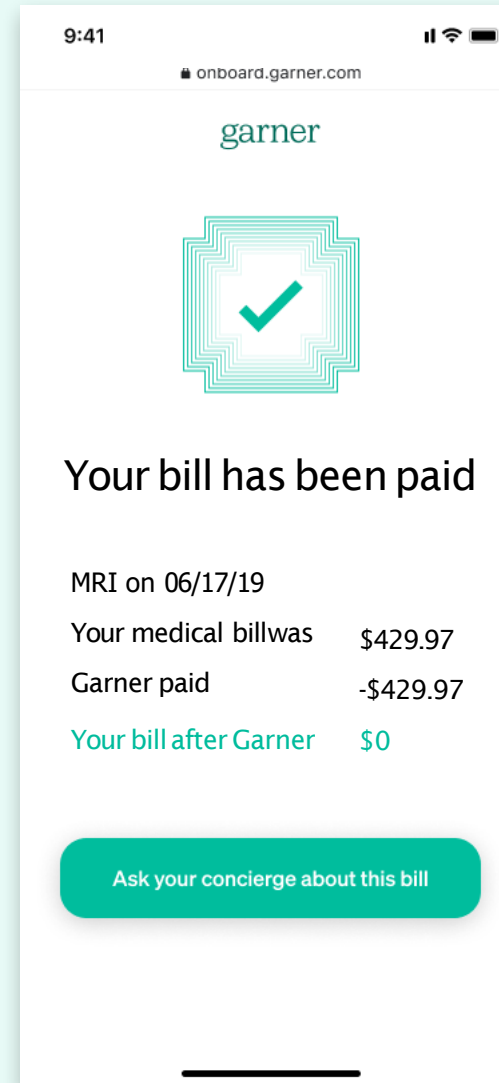
Use Garner to  
find a Top Doctor

+

Get care from  
Top Doctor

=

Garner HRA  
covers member  
medical bills





# QUESTIONS?

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

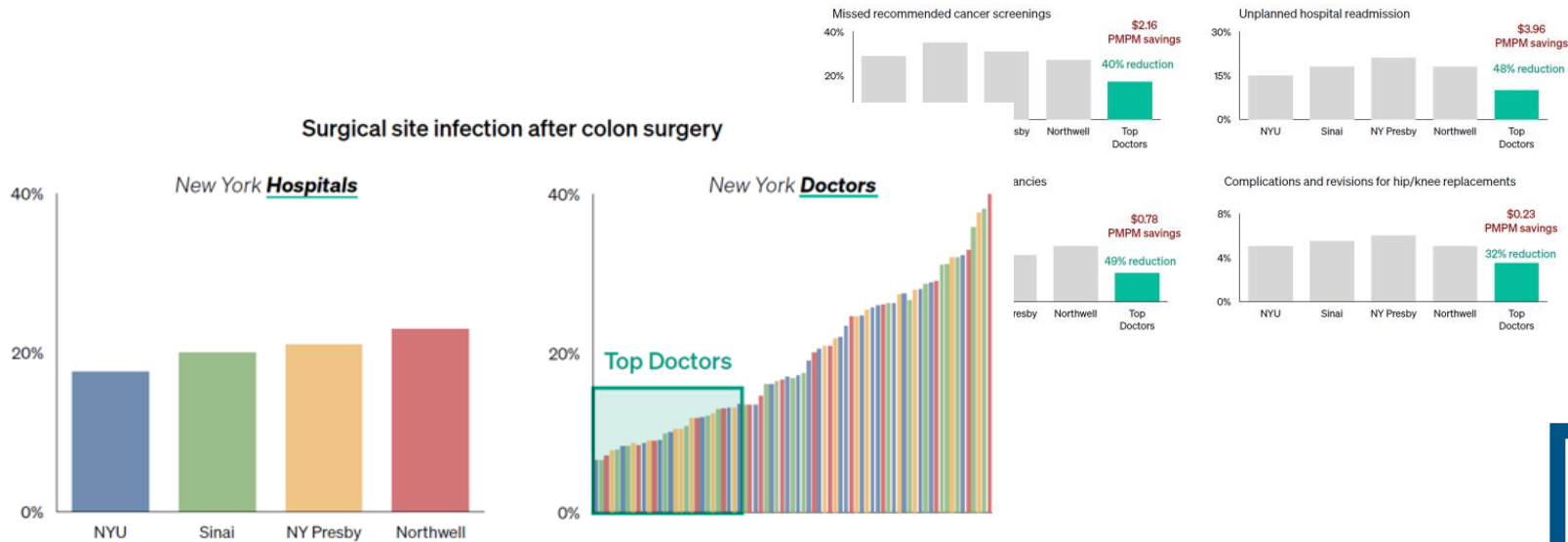


# ***CALL to ACTION***

action is the key to all success

# TRANSPARENT HEALTH BENEFITS - CALL TO ACTION

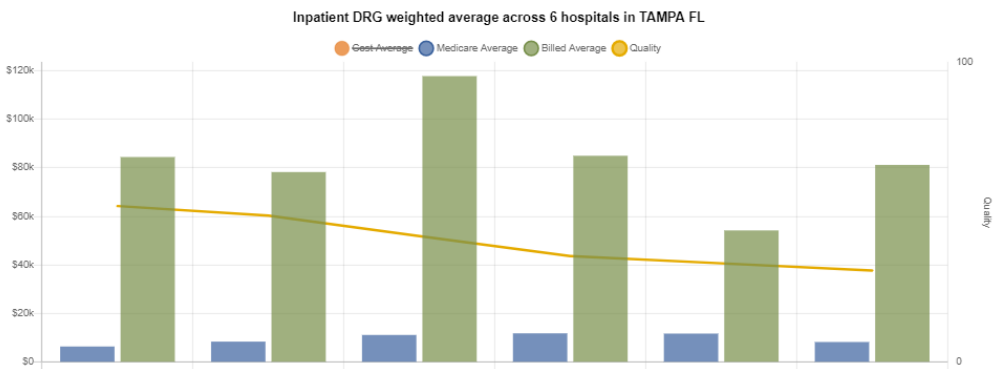
Top Doctors outperform the best hospital across many different quality metrics



Create Value,  
Add Clients

EXCLUSIVE  
FOR YOU

KNOW YOUR MARKET







# PARTING SHOTS

if you only do 1 thing...

# Medical Management + Advocacy



Deborah Ault

*President*

(877) 254-5029

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# Medical Management + Advocacy



Ron Janetzke

*Broker Relations Specialist*

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# It's all about the Quality



**Rob Gelb**

*CEO*

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# It's all about the Cost



**Joana Ruano**

*Senior Sales Executive*

(401) 663-3181

[joana.ruano@getgarner.com](mailto:joana.ruano@getgarner.com)

**garner**

# STAY TUNED

- ✓ **First every educational platform with Solutions dedicated for the PE space**
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# STAY TUNED



## ✓ SAVE THE DATE

✓ 12/21 = Next Employer Facing Webinar

### ✓ Immediate Impact:

- ✓ Adding advocacy to your health benefits may be the best decision ever made
- ✓ Where you go to access healthcare *drastically* changes both the quality and cost
- ✓ Incentivizing employees and their families to make better decisions leads to a **win** all around



**LESTER J MORALES**

**Founder & CEO, Next Impact**

**Creator of Transparent Health Benefits**

lester.morales@nextimpactllc.com

(813) 784-1519



# Thank You



CHANGE STARTS WITH YOU

