

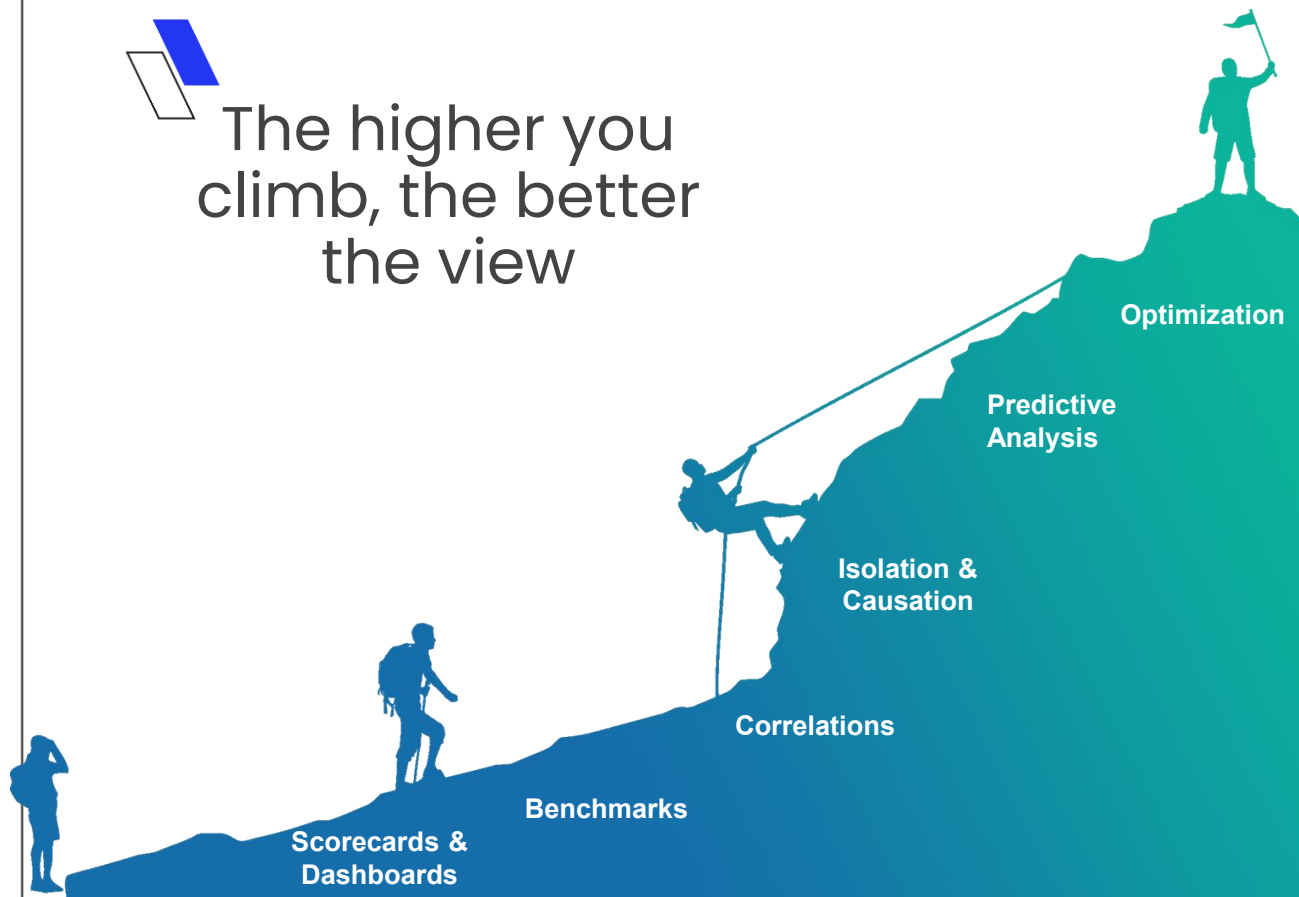


Action to Impact:

Do More with Data



The higher you climb, the better the view



Optimization

Predictive Analysis

Isolation & Causation

Correlations

Benchmarks

Scorecards & Dashboards

“Let data get in the way of your decisions.”

Consortium

- ✓ Access to dollar one claims data
- ✓ Member level & aggregate view of claims data
- ✓ Data-driven cost containment reduces exposure
- ✓ Informed underwriting
- ✓ Data to inform clinical intervention

Advisor / Consultant




- ✓ Identify opportunities impacting specific employers
- ✓ Drive best-practice cost-containment solutions across the entire Consortium
- ✓ Measure & validate ROI
- ✓ Use data to win new business & retain customers
- ✓ Automate reporting

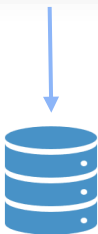
Employer (Plan Sponsor)

- ✓ Data warehouse for plan sponsor to own plan data & comply with fiduciary
- ✓ Drive better health outcomes & lower medical and Rx fraud, waste & abuse
- ✓ Implement appropriate cost containment strategies based on data
- ✓ Measure & validate vendors to hold the healthcare ecosystem accountable



Create Unified Record



-  Medical
-  Pharmacy
-  Plan Design & Financials
-  Account Structures



Enrichment Data

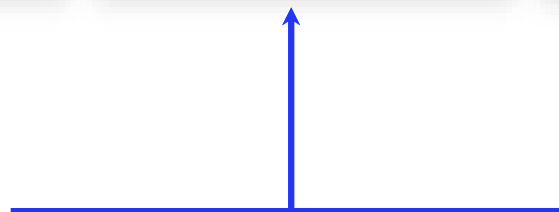
-  Medispan
-  NADAC
-  Risk Scoring
-  AMA
-  NPI

Benchmark Data

-  Innovu National Benchmark Data (8M+ lives)
-  National Benchmark Data (52M lives)



Lens Capabilities

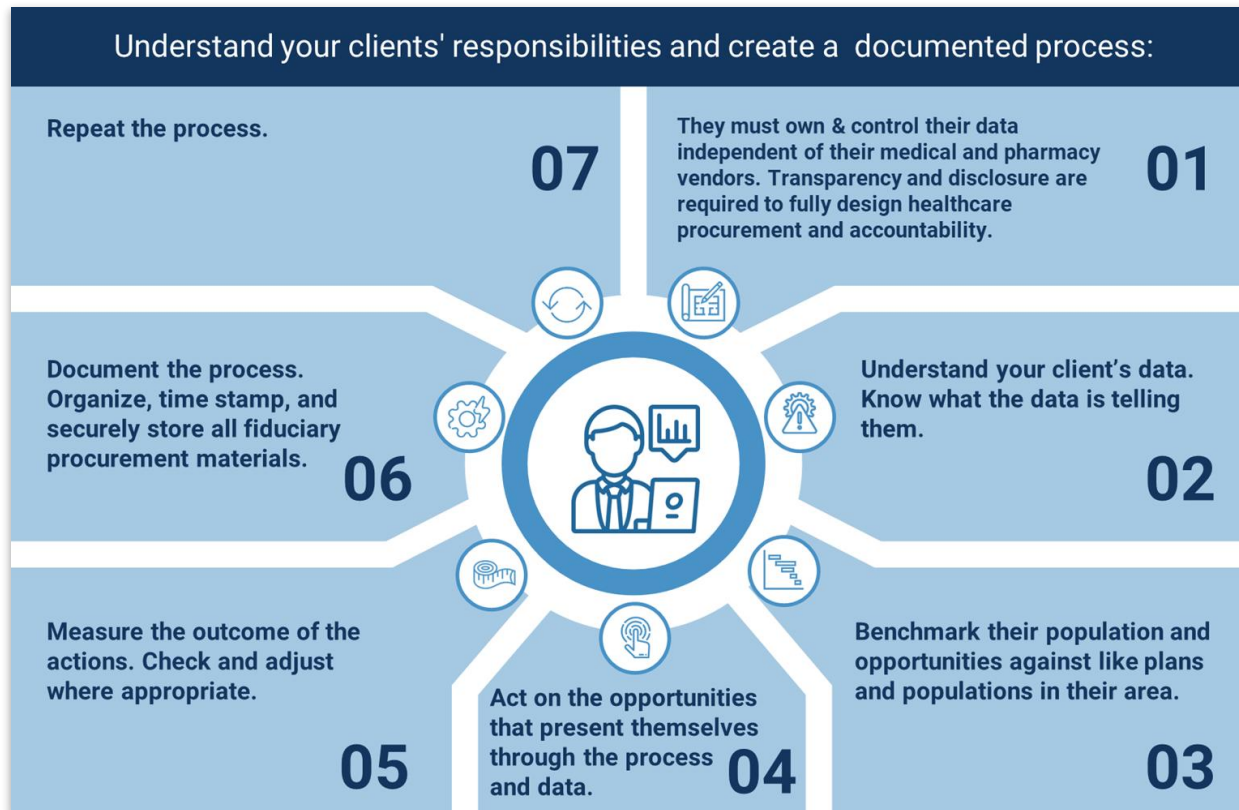


Enhancement Modules

-  Healthcare Price Transparency
-  Quality Scoring
-  HEDIS Gaps in Care
-  Episodic Groupers
-  Additional / Custom



Understand your clients' responsibilities and create a documented process:



The Path To Fulfilling The Fiduciary's Responsibility:

- ✓ DOL, Health & Human Services, & Treasury are committed to transparency & disclosure.
- ✓ CAA, TICRA, and Hospital Payor federal regulations make the plan sponsor the fiduciary & give them what they need to be accountable.
- ✓ Innovu's tools and expertise can help make this process a reality.

Pharmacy Analysis: Wasteful Drugs



Wasteful drugs can be 97% more expensive than an equivalent, lower-costing alternative drug. The table below highlights some examples of wasteful spending in your claims with non-wasteful alternatives.

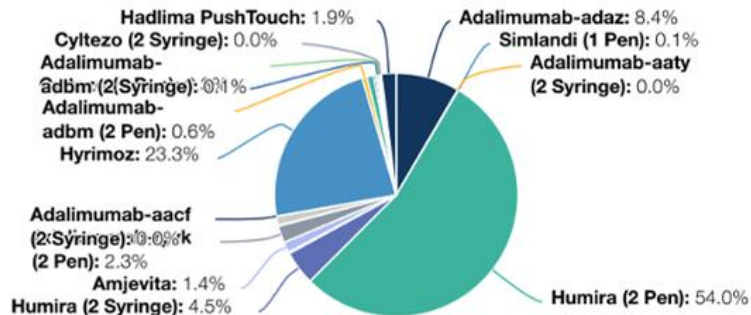
Drug Dispersed	Drug Alternative	# Rxs	Dispersed AWP/30 Days	Alternative AWP/30 Days	AWP % Diff	AWP Savings
AUVI-Q 0.3mg inj	Epinephrine 0.3mg inj	2	\$39,199	\$7,500	-80.8%	\$8,565
Duexis 800-26.6 tablet	Ibuprofen 800mg tablet	7	\$496.44	\$61.65	-87.5%	\$16,459
Brimonidine Ophthalmic Solution, 0.15%	Brimonidine Ophthalmic Solution, 0.20%	10	\$267.22	\$46.11	-82.7%	\$1,153.62
Bystolic 5mg Tablet	Atenolol 50mg Tablet	59	\$171.89	\$24.27	-85.9%	\$10,756.68
Clobetasol Cream, 0.05%	Betamethasone Cream, 0.05%	60	\$559.99	\$175.45	-68.7%	\$1,976.99
Metformin ER 1000mg Tablet	Metformin ER 500mg Tablet	3	\$7,748.30	\$153.40	-98.0%	\$42,708.11
Wellbutrin XL 300mg tab	Bupropion HCL XL 300mg tab	58	\$555.60	\$143.04	-74.2%	\$86,447

A 13-page report benchmarking the critical components in pharmacy

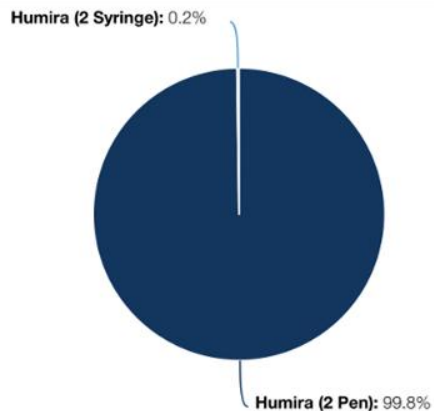
- ✓ Reclassification of Drugs
- ✓ Wasteful Spending
- ✓ Generic Utilization
- ✓ Specialty Drug Management
- ✓ Other PBM Programs

Lack of Biosimilars Leads to PBM Change

Benchmark
Innovu Universe



Humira vs Biosimilar Use



Real World Impact:

- ✓ #1-2 drug by spend > 90% of employers
- ✓ Average rebate is 49% of spend

Cost of Humira =	\$2,500,000
Average Rebate (49%) =	\$1,250,000
Unrealized Biosimilar Savings =	\$1,250,000

Humira Rebates Must Equal to Negate Potential Savings

\$2,594,997.04



Finding Future Financial Risk – Gaps in Care



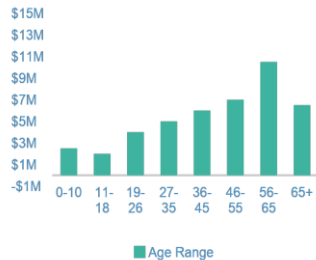
So What?

HEDIS measurements reflect the care that patients receive, facilitating improved health outcomes, & risk mitigation.

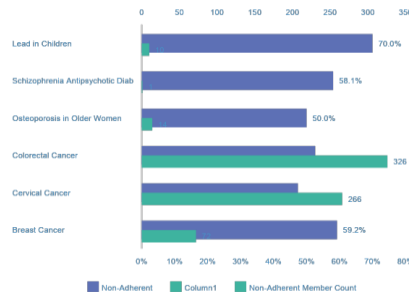
Now What?

Advisors & plan sponsors have access to the same HEDIS Gaps in Care quality metrics to independently evaluate risk, underwrite costs, and implement solutions to drive better outcomes.

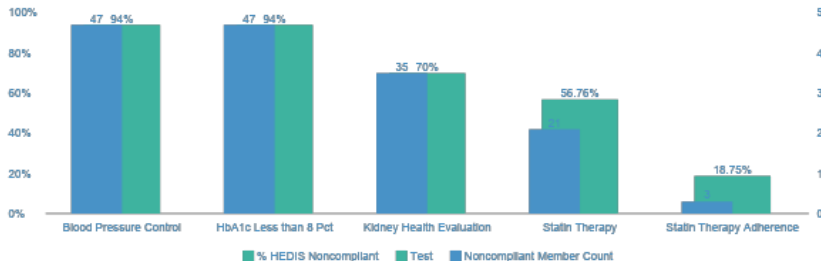
Identify Population by Age & Risk



Preventive Screening Gaps in Care



Measure Gaps in Care by Chronic Condition: Diabetes



Why Care About Gaps in Care?

- Identify predictors of risk in a population
- Target population at risk for cost containment solutions
- Measure changes over time to evaluate the point solution ROI
- Benchmark the cost & quality of the provider network
- Design high-performance, lower-cost plans



Proactively identifies 135 unique gaps in care at a population or employee level so that advisors & employers can implement solutions to better manage outcomes & reduce high-cost claims

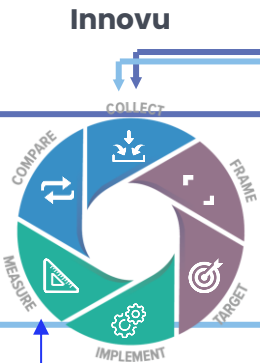
Data Driven Point Solutions



Unified Record

Employer Gap Analysis

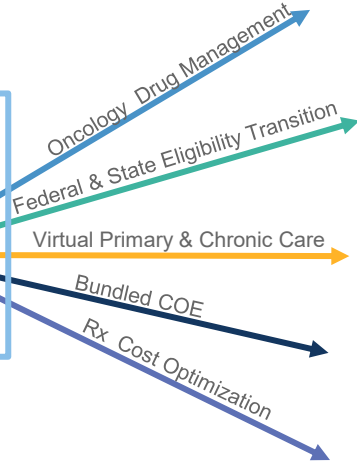
TPA
PBM



Innovu
ConnectCare3



- Cancer, Autoimmune
- Alternative Coverage
- Primary Care Gaps, Mental Health,
- Metabolic, Obesity
- Orthopedics, Transplants, Elective Surgery
- High Generic Spend, Acute & Maintenance Rx



Target members for point solutions Navigate members to the appropriate point solutions

Point Solution provides data on engaged members to validate ROI.



Med/Rx Costs – For All Members

Unique Members	Incurred Medical/Rx Amount Paid	Med/Rx Cost Per Member
6,320	\$31,328,710	\$4,957

Med/Rx Costs – Diabetic Members

Unique Members	Incurred Medical/Rx Amount Paid	Med/Rx Cost Per Member
371	\$5,839,191	\$15,739

Med/Rx Costs – Non-Diabetics

Unique Members	Incurred Medical/Rx Amount Paid	Med/Rx Cost Per Member
6011	\$25,450	\$4,242

Med/Rx Costs – Pre-Diabetics

Unique Members	Incurred Medical/Rx Amount Paid	Med/Rx Cost Per Member
54	\$596,861	\$11,053

Cost Avoidance If Pre-Diabetic Pop. Becomes Non-Diabetic

\$123,893

Cost Increase If Pre-Diabetic Pop. Becomes Diabetic

\$249,480



Examine: Diabetics – Gaps in Care



Participants	Non-Participants
403	4,546

At Least 1 HbA1C Screening	At Least 1 Nephropathy Screening	On Maintenance Drugs	At Least 1 HbA1C Screening	At Least 1 Nephropathy Screening	On Maintenance Drugs
325	315	336	2,806	2,730	3,221
80.6%	78.2%	83.4%	61.7%	62.5%	70.9%

So What?

- ✓ A crucial measurement for point solution evaluation is the impact on participants' gaps in care.
- ✓ Fewer gaps in care & greater adherence to recommended protocols will lead to better outcomes & lower costs.

Now What?

- ✓ Monitor compliance percentages & trends to determine point solution effectiveness in this important area.

So What? Some employer-paid claims may qualify for alternative federal or state coverage, representing avoidable plan liability.

Now What? Benecon partners with FEDlogic to validate eligibility & transition appropriate members, shifting costs off the employer plan & converting exposure into measurable savings.

Population	Members	Total Allowed Amount	Anticipated Transition Rate	Potential Impact – Members	Potential FEDlogic Impact – Allowed Amount
Age 65+	3,224	\$44,258,207	50%	1,612	\$22,129,104
Active COBRA	663	\$5,303,829	80%	530	\$4,243,063
Cancer	626	\$6,580,264	60%	376	\$3,948,159
Compassionate Allowance	348	\$4,516,509	60%	209	\$2,709,905
ESRD	37	\$1,711,521	60%	22	\$1,026,912
Low Birth Weight	47	\$388,640	90%	42	\$349,776
Total Potential Savings	4,945	\$62,758,970	67%	2,791	\$34,406,919



So What? High-cost oncology & autoimmune drug claims represent a concentrated & actionable spend category. Using claims data, we identify members currently driving specialty drug costs & quantify immediate savings opportunity.

Now What? Benecon works with benefitSMART to target active oncology & autoimmune populations, optimize site of care & drug sourcing & convert identified spend into measurable, validated savings.

Population (benefitSMART – Eligible)	Members	Total Allowed Amount	Anticipated Transition Rate	Potential Impact – Members	Potential benefitSMART Impact – Allowed Amount
Medical Oncology Primary & Supportive Drug Claims	7,530	\$27,843,981	40%	3,012	\$11,137,592
Medical/Rx Autoimmune Drug Claims	2,400	\$27,417,750	40%	960	\$10,967,100
Medical/Rx Radiation Drug Claims	216	\$11,235,297	40%	86	\$4,494,119
Total Potential Savings	10,146	\$66,497,028	40%	4,058	\$26,598,811



4Q: Procurement & Accountability Process



Q1: Discovery

Objective: Establish a data-driven “Current State” baseline and align leadership on the upcoming year’s priorities

Action Items:

- Identify stakeholders
- Gather all relevant data & documents
- Define Plan “Mission/Goal”
- Identify risks or barriers to meeting goals

Innovu Resources:

- Cost & Quality of Network (HPTQ)
- Point Solution Validation
- Population Risk Stratification
- CAA Dashboard
- Compliance Document Storage

Q2: Strategy

Objective: Model “Future State” Scenarios – Set data-driven baseline, model potential plan changes, and finalize strategic roadmap

Action Items:

- Set strategic goals
- Model Potential Plan decisions
- Vendor Selection: RFPs
- Fiduciary: Document rationale for chosen strategies

Innovu Resources:

- Plan Design Benchmark
- Pharmacy Program Analysis
- Pharmacy Analysis
- Chronic Condition Strategic Dashboard
- ER & Urgent Care Analysis
- Site of Care Analysis
- Medical & Rx Specialty Drug
- Innovu Key Metric Benchmark
- General Engagement
- Preventive Gaps in Care
- Cancer Cost & Screening Analysis

Q3: Implementation

Objective: Operational Launch of the envisioned plan

Action Items:

- Finalize selection of chosen vendors
- Document vendor criteria & scoring methodology
- Finalize contracting
- Launch Open Enrollment
- Operational Integration: *New data feeds*

Innovu Resources:

- Point Solution Validation
- Cost & Quality of Network (HPTQ)
- Pre-Renewal Data
- Stop Loss Marketing / RFP
- Medical / RX Utilization Review
- High-Cost Claimants
- Population Health
- Financial Reporting

Q4: Measure

Objective: Measure, audit, & reflection period

Action Items:

- Performance Audit – *Compare actual claims data & spend to set projections in Q2*
- ROI Assessment – *Measure initiatives*
- Reporting & Recalibration – *Deliver a year-end report to leadership & identify adjustments for Q1*

Innovu Resources:

- Pre-Renewal Data
- High-Cost Claimants
- Population Risk Assessment
- Financial Reporting
- Plan Design Benchmark
- Targeted Solutions
- Point Solution Opportunity Assessment



CAA Documents



VAULT

Innovu secures your procurement process and documentation:

- Organize, timestamp & store your documentation needed to run a fiduciary process



ANALYSIS & REPORTING

Innovu dissects & analyzes your Medical & Rx data to:

- Substantiate your procurement decisions
- Perform regulatory reporting
- Provide substantial savings opportunities
- Improve your population health



BENCHMARKING

Innovu provides the benchmarking necessary to meet Fiduciary procurement obligations:

- Plan Design Benchmarking
- Pharma Benchmarking
- Site of Care Benchmarking





Thank you!