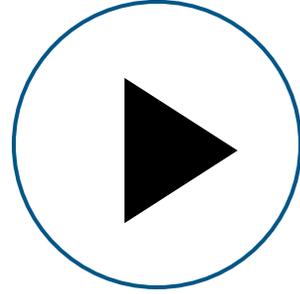


hpi[®]

HPI is pleased to
welcome you



2024
Innovations
Self-Funding Conference



BUILT ON TRUST, NOT NORMS.

LIVINITI.COM

Session – Reinsurance Panel Discussion

Emerging Trends in Cell/Gene Therapy

Moderator: Mehb Khoja, Head of Large Claim Solutions, BCS Financial Corp.

Panelists:

- **Lisa Hundertmark, Dir., Clinical Services Health and Risk Solutions, Sun Life**
- **Kari L. Niblack, JD, SPHR, President, Blackwell Captive Solutions**
- **Dr. Melissa Pearce, Medical Director of Stop Loss, Symetra**

What Does Gene Therapy Mean?

Definition

Gene therapy is a treatment that introduces genetic material into cells to help offset abnormal genes or to make a helpful protein.

Approaches

Replacing mutated genes with healthy versions
inactivating malfunctioning genes introducing new genes
to help treat diseases.



The gene therapy landscape

As of 2022, there are 26 FDA approved gene and cellular therapies. Between 40 and 50 new gene and cellular therapies are anticipated to get approved by 2030¹.

1. FDA approval brings first gene therapy to the United States. (2017, August 30). U.S. Food And Drug Administration. <https://www.fda.gov/news-events/press-announcements/fda-approval-brings-first-gene-therapy-united-states>

Gene Therapy Market Landscape Today

FDA-Approved Gene Therapies

Gene Therapy (Approval Year)	Indication
ADSTILADRIN (2022)	Bladder cancer
CASGEVY (2023, 2024)	Sickle Cell Disease & Beta-thalassemia
ELEVIDYS (2023)	Duchenne Muscular Dystrophy
HEMGENIX (2022)	Hemophilia B
LUXTURNA (2017)	Retinal Dystrophy
LYFGENIA (2024)	Sickle Cell Disease
ROCTAVIAN (2023)	Hemophilia A
SKYSONA (2022)	Cerebral Adrenoleukodystrophy
VYJUVEK (2023)	Dystrophic Epidermolysis bullosa
ZYNTEGLO (2022)	Beta-thalassemia
ZOLGENSMA (2019)	Spinal Muscular Atrophy

11
FDA-Approved
Gene Therapies

~43,000
Estimated US
Eligible Patients

\$3M
Price can be as
high as \$3–4M



Alliance for Regenerative Medicine. Sector Snapshot. https://alliancerm.org/wp-content/uploads/2024/01/20231220_Sector-Snapshot-Outline-Fall-2023_V2.pdf

Gene Therapy Market Landscape Tomorrow

1,894

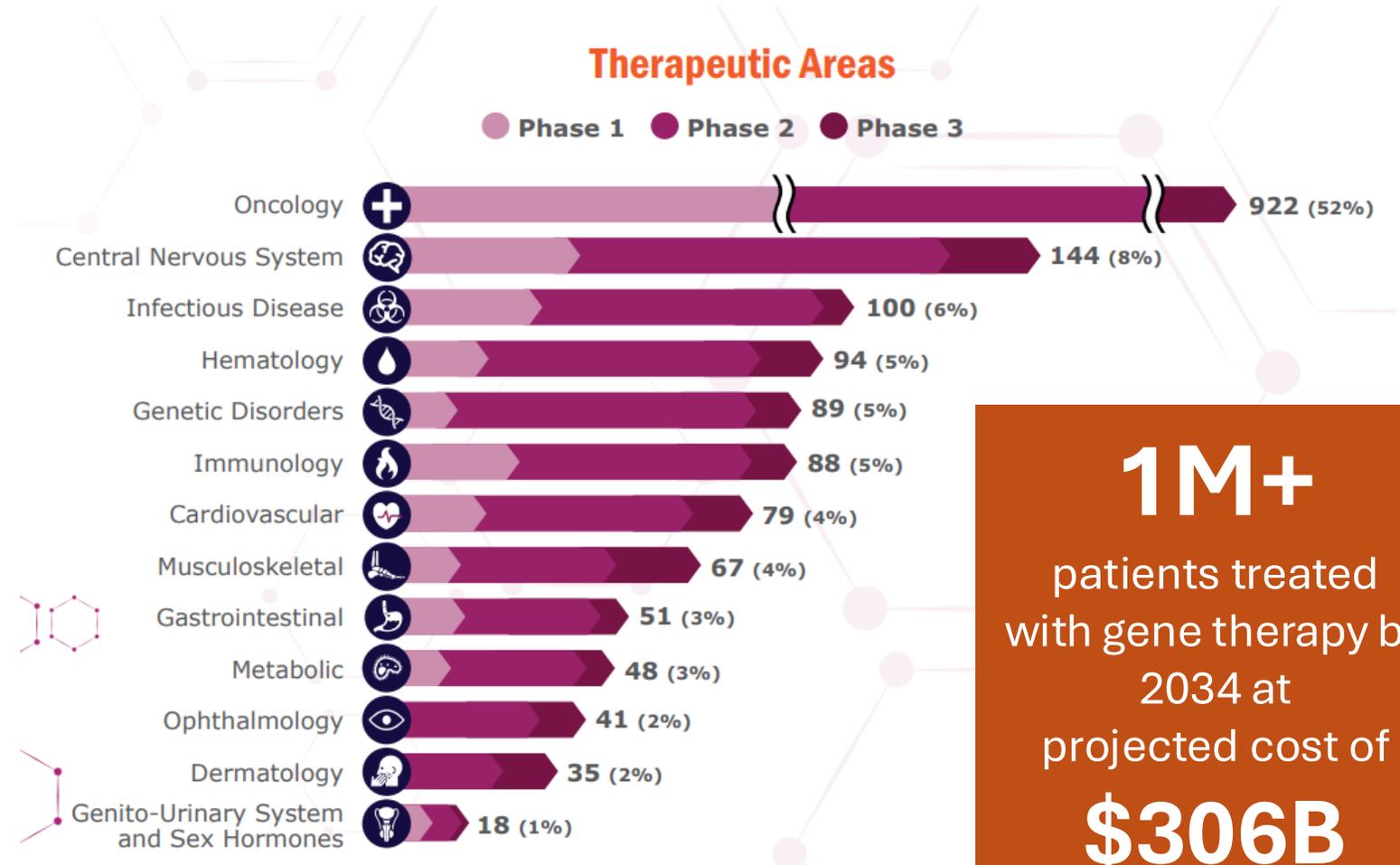
Active Cell & Gene Therapy Clinical Trials

APPROVALS EXPECTED in 2024/2025 FOR:

Hemophilia A
 Diabetic Peripheral Neuropathy
 Duchenne Muscular Dystrophy
 Lysosomal Storage Diseases
 Ophthalmology (4 potential)
 Sickle Cell Disease

10–20

Gene Therapy approvals per year starting in 2025



1M+
 patients treated with gene therapy by 2034 at projected cost of **\$306B**

Alliance for Regenerative Medicine. Pipeline Momentum Builds. <https://alliancerm.org/wp-content/uploads/2022/10/ARM-H1-2022-R13.pdf>. ESTIMATING THE FINANCIAL IMPACT OF GENE THERAPY IN THE U.S. National Bureau of Economic Research. April 2021.

Gene Therapies: Treatment or Cure?

- Progress on the health of members with life-threatening conditions
- May not be a “cure”
- Follow-up treatments, medications, and/or therapies may be necessary after a gene therapy
- Over time, curative properties can be assessed
- Planning for additional costs is recommended
- Potential severe side effects should also be taken into consideration



Thank You.

Mehb Khoja

Chief Actuary, BCS Financial Corp

Lisa Hundertmark

Director, Clinical Services Health and Risk Solutions, Sun Life

Kari L. Niblack, JD, SPHR

President, Blackwell Captive Solutions

Dr. Melissa Pearce

Medical Director of Stop Loss, Symetra

Session

Inspiring Hope Through Innovation

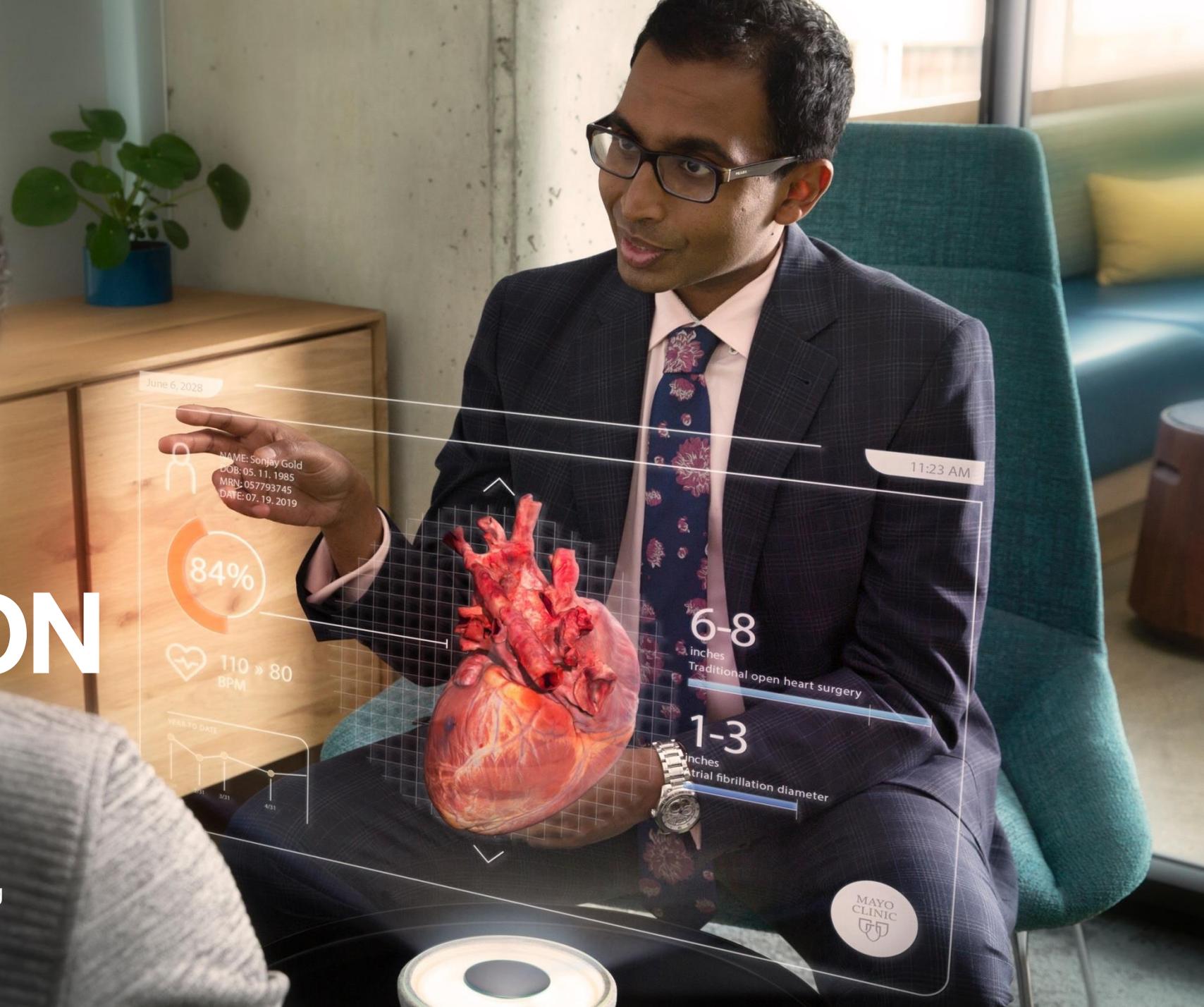
Elizabeth Rice, M.B.A.

Division, Chair, Specialty Contracting, Revenue
Strategy and Innovation

Mayo Clinic

INSPIRING HOPE THROUGH
INNOVATION

Elizabeth Rice, Division Chair – Specialty Contracting
Mayo Clinic Complex Care Program
April 2024





IMPROVING SURGICAL PRECISION



INSPIRING HOPE



AVOIDING RE-OPERATIONS



TRANSFORMING TRANSPLANT

CHALLENGES

**Variable quality
& expertise**
across markets

Misaligned incentives
causing overutilization or
unnecessary care

Poor patient experience
due to lack of coordination

High costs
for plan and patient



SOLUTION

Identify complex members

+

Remove barriers to high-
quality, subspecialized care

=

**IMPROVED PATIENT
OUTCOMES
& LONG-TERM
COST SAVINGS**

MAYO CLINIC COMPLEX CARE PROGRAM

A customizable Center of Excellence program for employees & dependents with complex health conditions

BENEFIT DESIGN

that removes barriers for individuals who need Mayo Clinic care

- ✓ In-network access to Mayo Clinic
- ✓ Travel and lodging benefit
- ✓ Waiver of prior auth while at Mayo Clinic
- ✓ Waiver of copays, deductibles and coinsurance, when possible.

Identify **HIGH-COST, HIGH-RISK MEMBERS** with complex or serious conditions, including:

CANCER

CARDIOLOGY

COMPLEX PEDIATRICS

DIGESTIVE

DIAGNOSTIC ODYSSEY

NEUROLOGY

SPINE

TRANSPLANT



Mayo Clinic review helps determine if member will benefit from **CARE AT A MAYO CLINIC CAMPUS**, ensuring appropriate utilization



DEMOCRATIZE ACCESS to high-quality care



CONCIERGE SUPPORT expedited scheduling and condensed itineraries

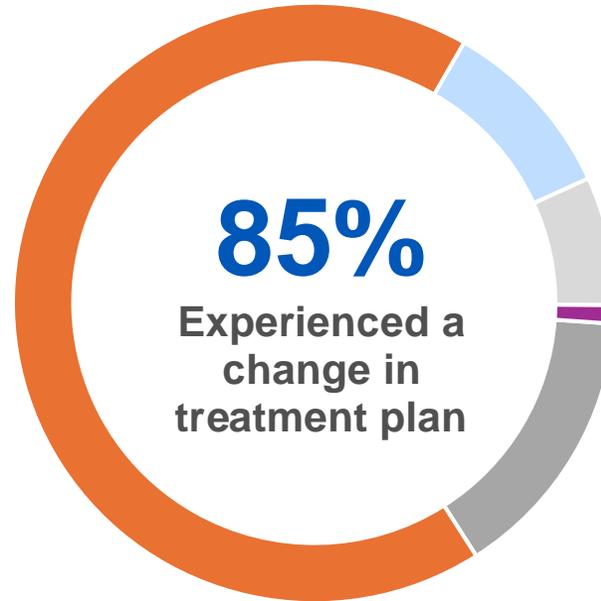
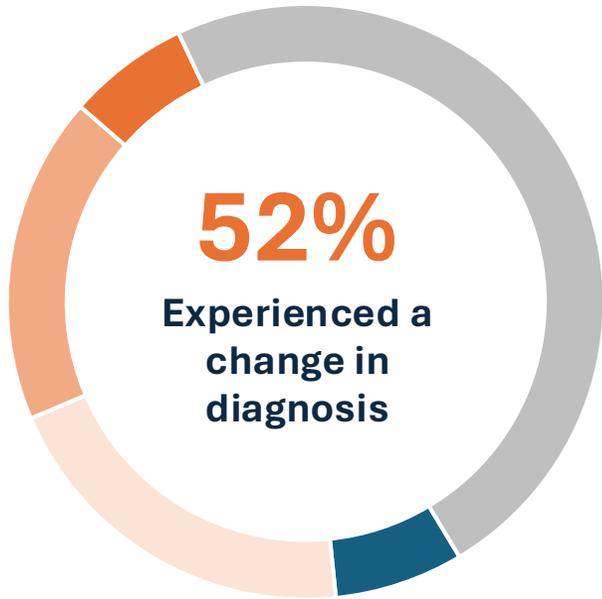


BETTER OUTCOMES accurate diagnoses and best treatment plan



COST SAVINGS Right care, avoid unnecessary treatment, no administrative fees

2023 PROGRAM RESULTS



- Complete Change (7%)
- Confirmation + New (18%)
- Clarified + New (7%)
- Clarified (20%)
- Confirmation (48%)

- Substantive Change (68%)
- Added Conservative (10%)
- No local plan noted (6%)
- Continue Existing Plan (15%)
- Transplant Eval Only (1%)

Based on medical record review of 516 patients (across multiple employers) who travelled for care as part of the Mayo Clinic Complex Care Program in 2023.



3

Average number of specialists seen by each patient



23%

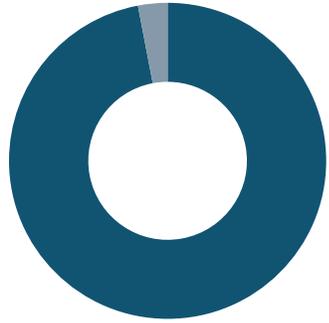
Patients who avoided a locally recommended surgery (10/44)



57%

Treatment plan changes that included a change in medication

PATIENT EXPERIENCE



97.1%

In 2023, 277 patients in the Mayo Clinic Complex Care Program responded to a patient experience survey. 97.1% rated their likelihood to recommend Mayo Clinic to others as “good” or “very good.”

Patient Experience Prompt	Percent of “Good” or “Very Good” Responses*
Likelihood of recommending this practice to others	97.1%
Ease of scheduling your appointment	96.0%
How well staff worked together to care for you	97.4%
Explanations the care provider gave you about your condition	96.4%
Amount of time the care provider spent with you	97.5%
Your confidence in this care provider	96.1%
Response to concerns/complaints made during your visit	96.8%
Care providers efforts to include you in decisions about your care	96.4%
Concern the care provider showed for your questions or worries	97.1%

* Patient Experience survey administered by Press Ganey. “Good” and “Very Good” are top 2 boxes.

“The most impressive thing about my visit was the time each and every person I came into contact with spent talking with me. Not one person made me feel like they didn’t have time to listen.”

“We left this appointment with a sense of relief and confidence.”

“The compassion, kindness and attention to my needs were top priority from the moment I arrived. This is truly a top-notch facility.”





MAYO CLINIC COMPLEX
CARE PROGRAM

THANK YOU

Lunch BREAK

Location:
Picasso 1 - 3



2024 **Innovations** Self-Funding Conference

Lunch
Sponsored by



PriceMDs Direct Sourcing for Specialty Medication ~ 30% Savings

PRICEMDs IS BEST-IN-CLASS & THE RIGHT CHOICE FOR YOUR CLIENTS & MEMBERS!



Contact Dante Panella: dantepanella@pricemds.com or Kathy Winston: kwinston@pricemds.com

Session

Industry Innovation and the Future of Self-Funding

Adam V. Russo, Esq.

Co-Founder and CEO

The Phia Group, LLC

Industry Innovation and the Future of Self-Funding

April 30, 2024



EMPOWERING PLANS



Our Relationship

SUBROGATION

Effective Date: December 2002

Recover on Average \$24 PEPY – Industry Average is \$7
1 Active Case for Every 100 Ees – Industry Average is 500
1,200 Active Cases Worth Over \$11,000,000
68% Recovery Rate – Industry Average is Just Under 50%

PACE

Effective Date: January 2017
73 Groups with Roughly 16,000 EE Lives

PDM

Effective Date: August 2021



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Problem, Purpose, Process

The Problem – **Health Care Costs too Much** and the Price is increasing; Employers are Forced to Offset Costs Through Higher Co-Pays and Deductibles

Our Purpose – To **Make Health Benefits Affordable** for Employers and Employees

Why? – Because **Hard Working Americans Deserve Access** to High Quality, Affordable Healthcare

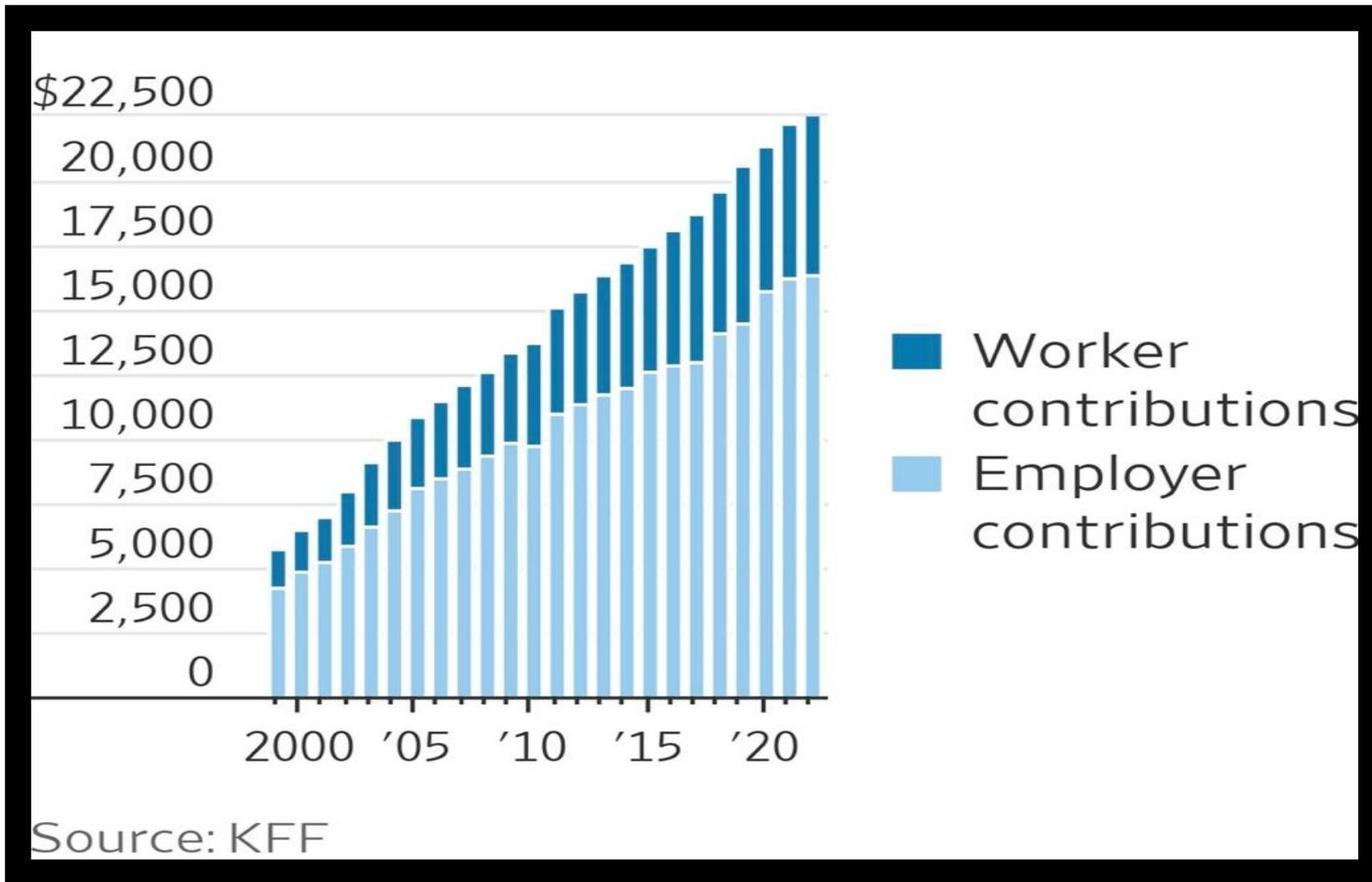


EMPOWERING PLANS

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Annual Premiums for Employer Family Health Coverage



Our Purpose Has Driven Us to Grow

2020



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Sample Detailed Review of Plan Claim Data

Once You Review the Data it Tells You
the Story Regarding Pricing,
Utilization, Overcharges, and Risk
Management

The You Can Design the Plan to Meet
the Needs of the Population

Price Transparency is Not a Silver Bullet

FAT Joe!



Price Transparency is Not a Silver Bullet

The Problem?

- We Are Fighting Against Human Nature



If it costs more, it must be better.

(“Momma said you get what you pay for.”)

**Mandatory Health Plan Workshops
for All Employees
*Create Consumerism!!!***

Discuss Incentive Programs

Hospital Alternatives

Urgent Care – Co-pays waived when utilizing Urgent Care instead of an Emergency Room; save the ER for real emergencies!

Example of Independent Urgent Care:

- ConvenientMD Urgent Care
- PhysicianOne Urgent Care
- American Family Care [AFC]
- CareWell
- North Attleboro Urgent Care

Examples of Urgent Care that are Not Independent:

- Mass General Brigham Urgent Care
- Melrose Wakefield Health Urgent Care at Lawrence Memorial Hospital
- Beth Israel Lahey Health Urgent Care

Diapers & Wipes

Deliver your newborn at a high quality, low-cost facility identified by The Phia Group and receive \$300 per month to use on diapers and wipes for 12 months.

The Boston Globe



A.I.'s Impact on Our Industry

- **Clinical Decision Support and Diagnostic Improvements:** Providers are increasingly using AI for clinical decision support; (i.e. diagnose, predict outcomes, personalize treatment, and improve diagnostic accuracy).
- **Operational Efficiency:** Healthcare providers are utilizing AI to optimize hospital operations, reduce costs, and improve patient flow by predicting admission rates and risks for readmission.
- **Telemedicine and Virtual Health:** AI is being integrated into telehealth platforms to enhance virtual care, providing preliminary medical consultations and follow-up care, etc.
- **Drug Discovery & Development:** AI is being used to accelerate the pace of drug discovery by predicting how different drugs will work, reducing the time and cost of clinical trials.

Process Improvements



20210220000843 - No Alerts, 1 Match

SUMMARY VIEW HISTORY EDIT CLAIM REFRESH CLAIM PRINT CLAIM

LOCATION OF LOSS ADDRESS
CA

BOTH CLAIMANT AND INSURED
KIMBERLY POLIS

- Summary
- Details
- Map

20210220000843

Accident & Health | Date of Loss: 01/07/2021

Matching Claims



	DATE OF LOSS	TYPE	DESCRIPTION	COVERAGES	COMPANY	CLAIM NUMBER
UPDATED	02/13/2020	Commercial Auto	IV REARENDED CV *CO*	PROPERTY DAMAGE, BODILY INJURY	PROGRESSIVE GROUP OF INS COMPANIES	0120207380159

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Mass Torts

Average MVA Value is \$7,000 in Claims Paid by Plan

Average Mass Tort is \$110,000

- 3M Settlement: Proactively Pursuing Subrogation Rights in “Forever Chemicals” Settlement
- How Is Mass Tort Subrogation Different?
- Examples - Devices (knee, hip), Toxic Ovarian Cancer (Talc Powder), Toxic Non Hodgkin Lymphoma (Round Up)
- Key is Access to Pharmacy Data



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ICE Bot Phia Knowledge Base Application

The screenshot displays the 'ICE Bot Phia Knowledge Base Application' interface. At the top left is the logo for 'THE PHIA GROUP' with the tagline 'EMPOWERING PLANS'. The top right shows the user 'Hi Hemant Dua (Appeal Review)' and various system icons. The main interface is titled 'Chat - Knowledgebase' and features a search bar at the top left. Below the search bar are two buttons: 'New Chat - KB' and 'New Chat - Open AI'. A list of chat topics is shown on the left, including 'Do the reimbursement and cash price post...', 'Can a plan carve out gene therapy?', 'What is the issue in the Burwell case?', 'What is the PCORI fee?', 'FAQ from DOL', 'Do the reimbursement and cash price post...', 'Is a plan required to cover OTC COVID test?', 'Does an employer required to offer cobra ...', and 'What are the rules for people with H1-B vis...'. The main chat area on the right shows a question: 'Do the reimbursement and cash price posting requirements under section 3202 of the CARES Act apply to COVID-19 diagnostic tests furnished after the end of the PHE?'. Below the question, the answer is displayed: 'Results shown from KnowledgeBase. No. Section 3202(a) of the CARES Act requires plans and issuers providing coverage for COVID-19 diagnostic tests under section 6001 of the FFCRA to reimburse any COVID-19 diagnostic test provider the cash price listed on the provider's website if a negotiated rate was not in effect before the PHE. This applies only to COVID-19 diagnostic tests furnished during the PHE beginning on or after March 27, 2020. Similarly, section 3202(b) of the CARES Act, which requires COVID-19 diagnostic test providers to make public the cash price of a COVID-19 diagnostic test on the provider's public internet website, applies only during the PHE beginning on or after March 27, 2020. However, providers of diagnostic tests for COVID-19 are encouraged to continue to make the cash price of a COVID-19 diagnostic test available on the provider's public internet website for a sufficient time period (e.g., at least 90 days) after the end of the PHE. This will help plans and issuers process claims for tests furnished prior to the end of the PHE in accordance with the cash price reimbursement requirements.' At the bottom of the chat area is a text input field with the placeholder 'Type a question or topic' and a send button.

Phia University

The screenshot shows a video player interface for a course titled "Basics of Health Insurance". The video content features two cartoon characters in suits standing on a lawn in front of a modern building. A blue banner between them reads "WELCOME PHIA UNIVERSITY". Below the banner, the text "LEARN • PLAN • SAVE • PROTECT" is displayed, followed by a copyright notice: "©Copyright 2023, The Phia Group, LLC". The video player includes a progress bar and standard playback controls at the bottom.

THE PHIA GROUP
EMPOWERING PLANS

MENU

- Basics of Health Insurance
 - Welcome ✓
 - Basics of Health Insurance ✓
 - Disclaimer ✓
 - A Message from Our Leaders ✓
 - Introduction ✓**
 - Health Care vs. Health Insurance
 - Fully-Insured Health Plans
 - Fully-Insured (Pros & Cons)
 - Self-Funded Health Plans
 - Self-Funded (Pros & Cons)
 - Knowledge Check
 - State v. Federal Law - Preemption

Basics of Health Insurance

EXIT

Introduction

WELCOME
PHIA UNIVERSITY

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Brookings Initial NSA Data Results Jan - June 2023

<https://www.brookings.edu/articles/a-first-look-at-outcomes-under-the-no-surprises-act-arbitration-process/>

Median IDR decision is 370 % of Medicare

50% higher than mean in-network commercial prices

Pricing is closer to what payers have historically paid for out of network care

Definitely not how CMS expected this to all play out

Phia strategy and coordinated client partnership improve results in NSA

- Phia received case timely.
- Phia established as the contact.
- Phia used multi benchmark supported offer based on reasonable costs and market
- Phia developed an established relationship and cadence with the provider system

Phia settlements averaging 230% of Medicare

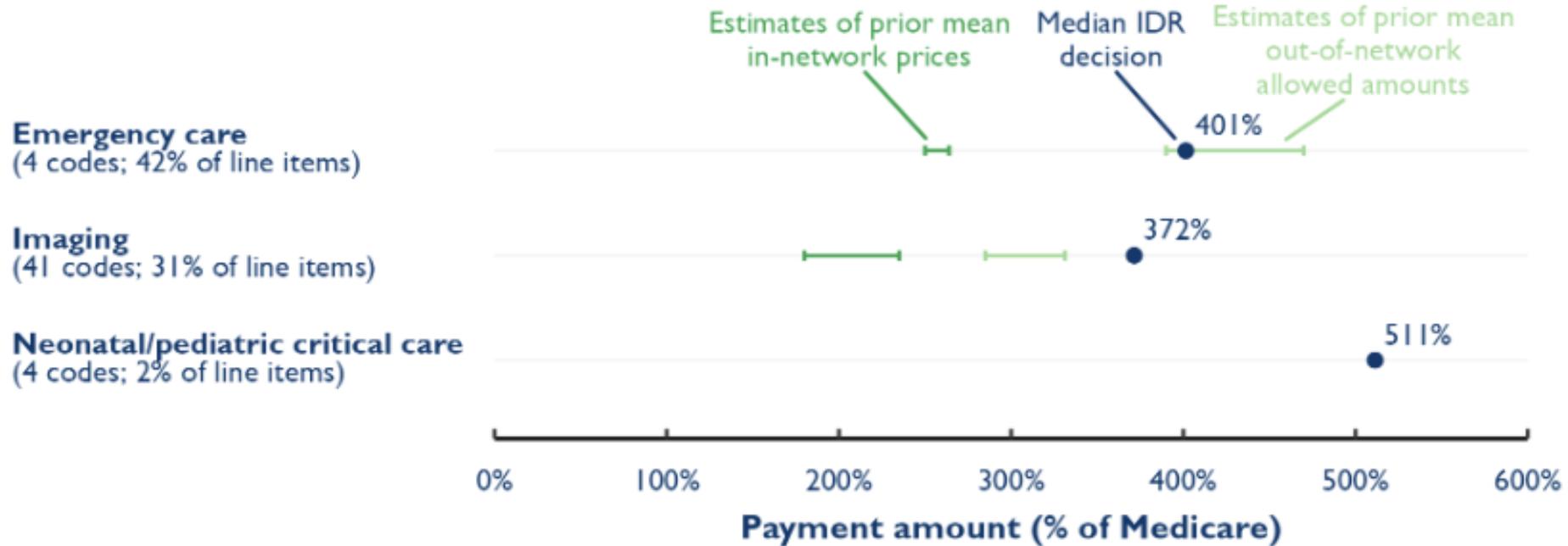


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NSA Results

Figure I. Median IDR Decision and Prior Mean Prices by Type of Service

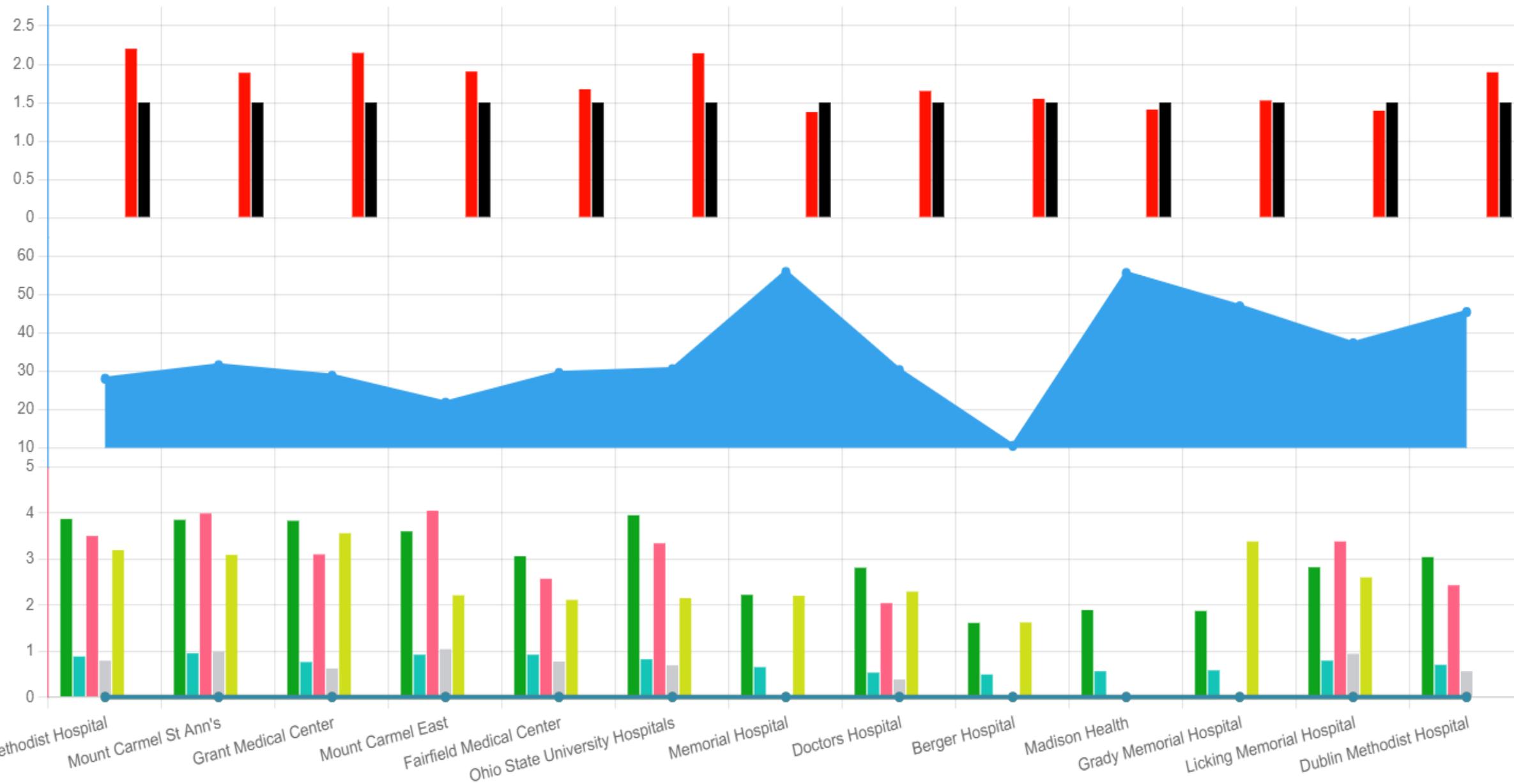
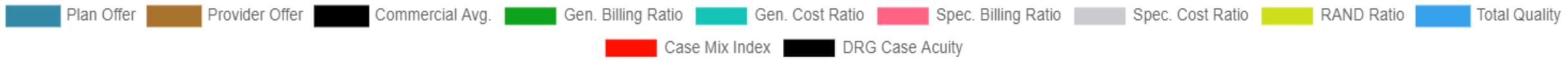


Source: Median IDR decisions from authors' analysis of IDR public use file for 2023Q1 and 2023Q2. Prior prices from Pelech (2018), Song (2019), Cooper et al. (2020), and McMorrow, Berenson, and Holahan (2021). See text for details.

Phia Ignite Example – A Surprise Bill

- Kidney failure occurs in January of 2024 in Columbus OH, the service is an emergency where the patient stays overnight, and the hospital bills \$52,000.00 (over 4 times Medicare) using DRG 682. MSA is Columbus-OH.
- HOW DOES THE QPA LOOK COMPARED TO QUALITY, CASE ACUITY, COST, and MARKET BENCHMARKS?

Hospital Cost and Quality



TPA Service Components Today – Where We Fit?

Plan Design Consultation and Development
Provider Price Negotiation and Contracting
Claims Processing and Re-Pricing
Claims Auditing
Data Analytics and Reporting
Member Support Services
Financial Management
Compliance and Legal Support
Network Management
DPC Options
Value-Based Payment Arrangements
Member Education and Communication
Customer Service
Risk Management



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Trending Risks and Issues

High Dollar Claims

- Cell and Gene Therapy (CGT) Coverage
- Maternity/Newborn Care
- Musculoskeletal (MSK) Treatment
- Weight Loss Drugs

Other Issues

- Stop Loss Behavior – Claim Disclosure and NSA Claim Fee Denials
- Mental Health Parity NQTL - Increased Enforcement
- NQTL Task Force is 25% of Total DOL Investigators!!

Media

Looking to stay updated on the latest health insurance industry news?

Click on the link below to follow our LinkedIn page!



or

Go to LinkedIn and search for [The Phia Group, LLC](#)



Listen to our podcasts on our website!
www.phiagroup.com/Media/Podcasts

Find our blogs at
www.phiagroup.com/Media/Blog

[Being Mindful of Telemedicine Access](#)

November 9, 2023

By Jen McCormick, Esq. and David Ostrowsky From a healthcare standpoint, two of the most significant byproducts of the COVID-19 pandemic have been the exploding popularity of Telemedicine, the practice of providing medical and mental health services remotely, and a heightened awareness of many Americans' longstanding mental health issues. Due to a confluence of prolonged extenuating circumstances, it became readily apparent to healthcare providers, politicians, social workers, employers, teachers, and parents on both sides of the Mississippi that a.) the inimitable convenience of virtual healthcare does not compromise quality (at least for some patients and practitioners) and b.) many Americans ...

[Update on the Federal IDR Process](#)

October 27, 2023

By: Kendall Jackson, Esq. Recently there has been significant discussion about the federal IDR process. The IDR process is an important tool of the No Surprises Act ("NSA") as it resolves claims for payment for out-of-network items and services. It not only provides a procedure for settling disputed claims but is also an integral mechanism for supporting the NSA's protection for plan members against potentially crippling expenses from balance billing for high-cost out-of-network claims. In *Texas Medical Association v. United States Department of Health and Human Services*, Case No. 6:23-cv-59-JDK (TMA IV), the U.S. District Court for the Eastern District of ...



Thanks for listening!

The Leukemia & Lymphoma Society® (LLS) Visionary of the Year Campaign

- A **philanthropic competition** for leaders in the community
- **10-week challenge** to raise funds for the LLS in honor of loved ones impacted by cancer
- Candidates **build strong campaign teams** to support and expand their reach
- **Title awarded** to candidate whose team raises the most funds in the community
- **The Phia Group's** CLO – Ron Peck – has been nominated and **needs our help!**
- Adam Russo is a member of the team; **please donate today!**

<https://pages.lls.org/voy/ma/ma24/arusso>



Session

Creative Solutions, Proven Results

As Told by HPI Clients

Moderator: Elizabeth Vire

Vice President, National Sales

HPI



Session – Panel Discussion

Accessibility and Utilization of AI in the Self-Funded Industry through Several Prisms

Moderator: Lawrence Thompson, CEO, Benefit Systems, Inc.

Panelists:

- **Paul Wann, Chief Operating Officer, HPI**
- **Scott Bennett, Esq., Senior Vice President, Provider Relations, The Phia Group, LLC**
- **Sudeep Mehandru, CRO, Healthcare and Insurance Platforms, Mphasis**

Exploring Integration of AI in Claims Operations

Safeguarding Ethical Practices and Data
Security for Enhanced Operational
Efficiency and Trustworthiness

Where to Start?

- What are our **goals**?
- How do we protect information?
 - Where we ask
 - What we repeat
- Company Charter. **The rules!!!**
 - The Do's and Don't
- Select the **technologies**
 - Open AI, Closed AI, or Hybrid AI
- Ensure our walls are **secured**



Areas of Implementation

Knowledge Base –Hybrid ChatGPT functionality

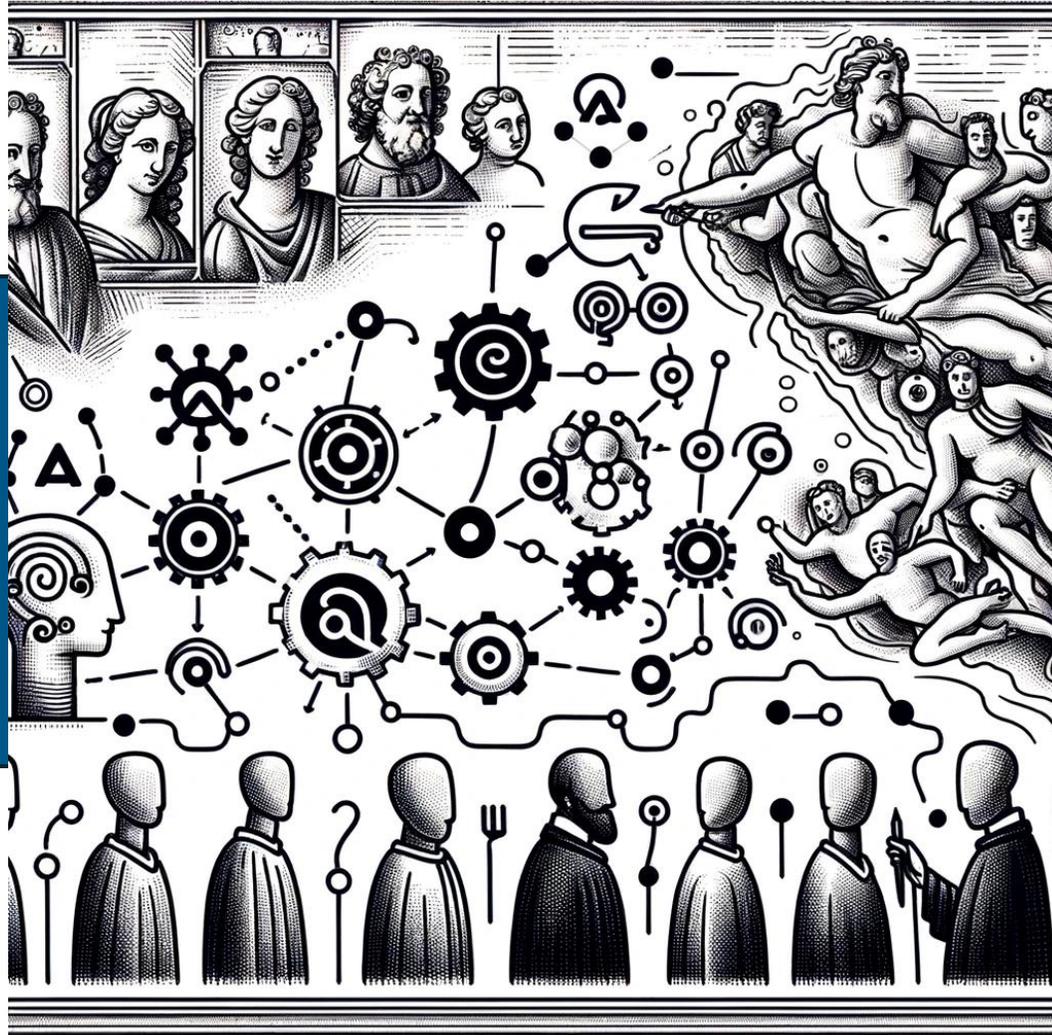
- Single area for **all sources of truth**
 - Summary Plan Documents
 - SBC
 - Benefit Grids
 - Implementation Documents
 - Open enrollment documents
- **Consistent** answers
- **Concise** answers
- Quick summary – Hundreds of pages into **concise bullet points**

Customer\Provider Services

- Generative AI bots
- Concise details from the Knowledge base
- Proactive vs. reactive – Feed the bear!
 - Reduce the need to call
- Quick research of past calls... why is Paul calling.
 - Recent calls
 - Recent claims

Automation and Efficiencies

- We are not replacing people.... We are giving them efficient and concise information, quickly
- Handle the boring stuff
- Summarize the 100-page document to what you really need
- Repetitive work... this is more of Machine Learning but AI sounds cooler
- Finding the needle in the haystack... tsunami alert
 - Early identification and triage of complex claims
 - Claims with the highest level of errors



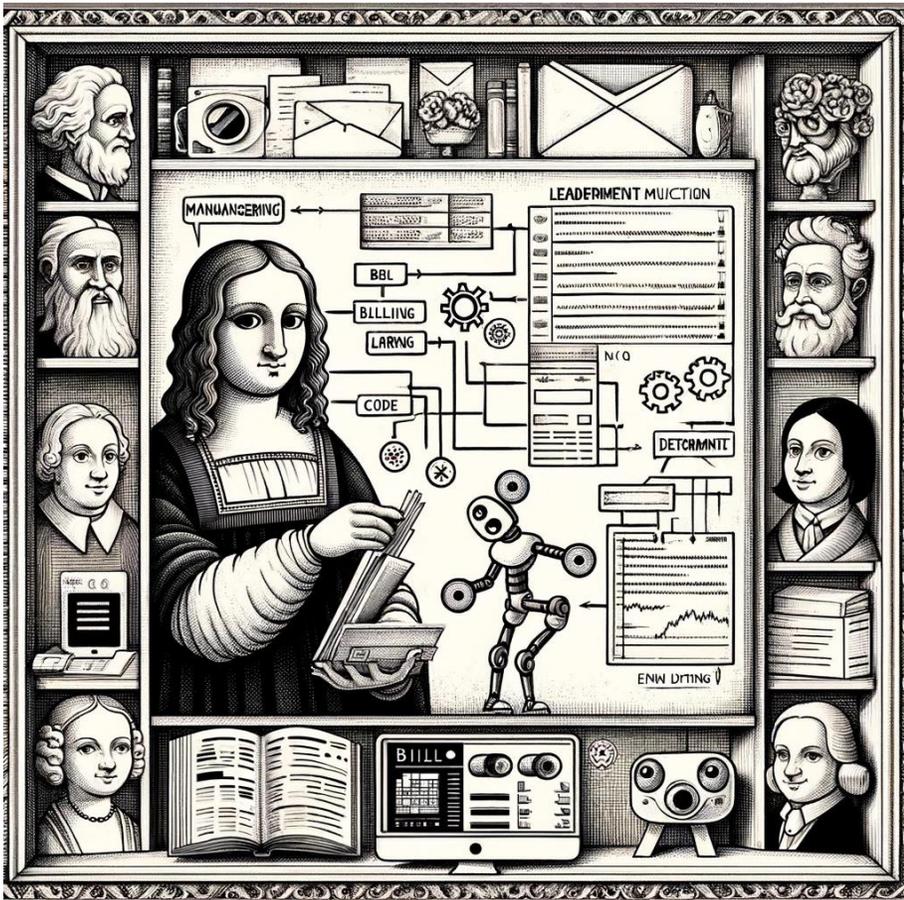
Attaching AI at the User and Team Level at Phia

Less Repetition through Analysis Automation

- We use AI to summarize and analyze case law, regulations, and articles or presentations
- AI can have conversations (written or oral) with materials
- AI can complete complex data analysis and presentations when provided with curated data
- The concept of GPT apps can be used to help automate analysis



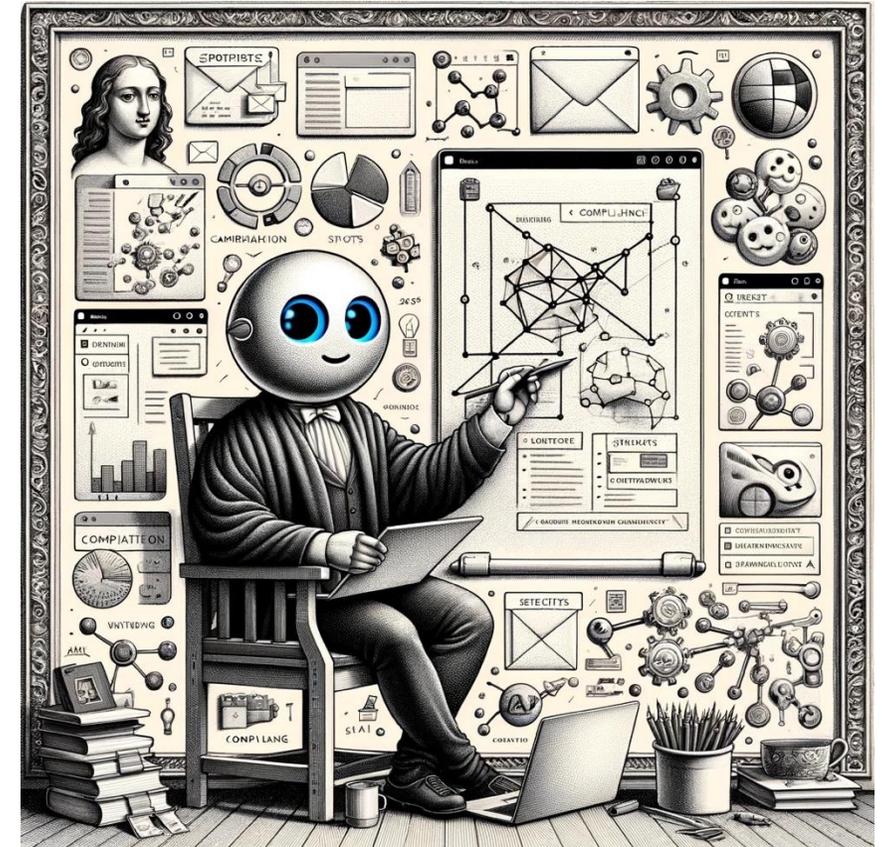
Increased Professional Development through Accelerated Interactions

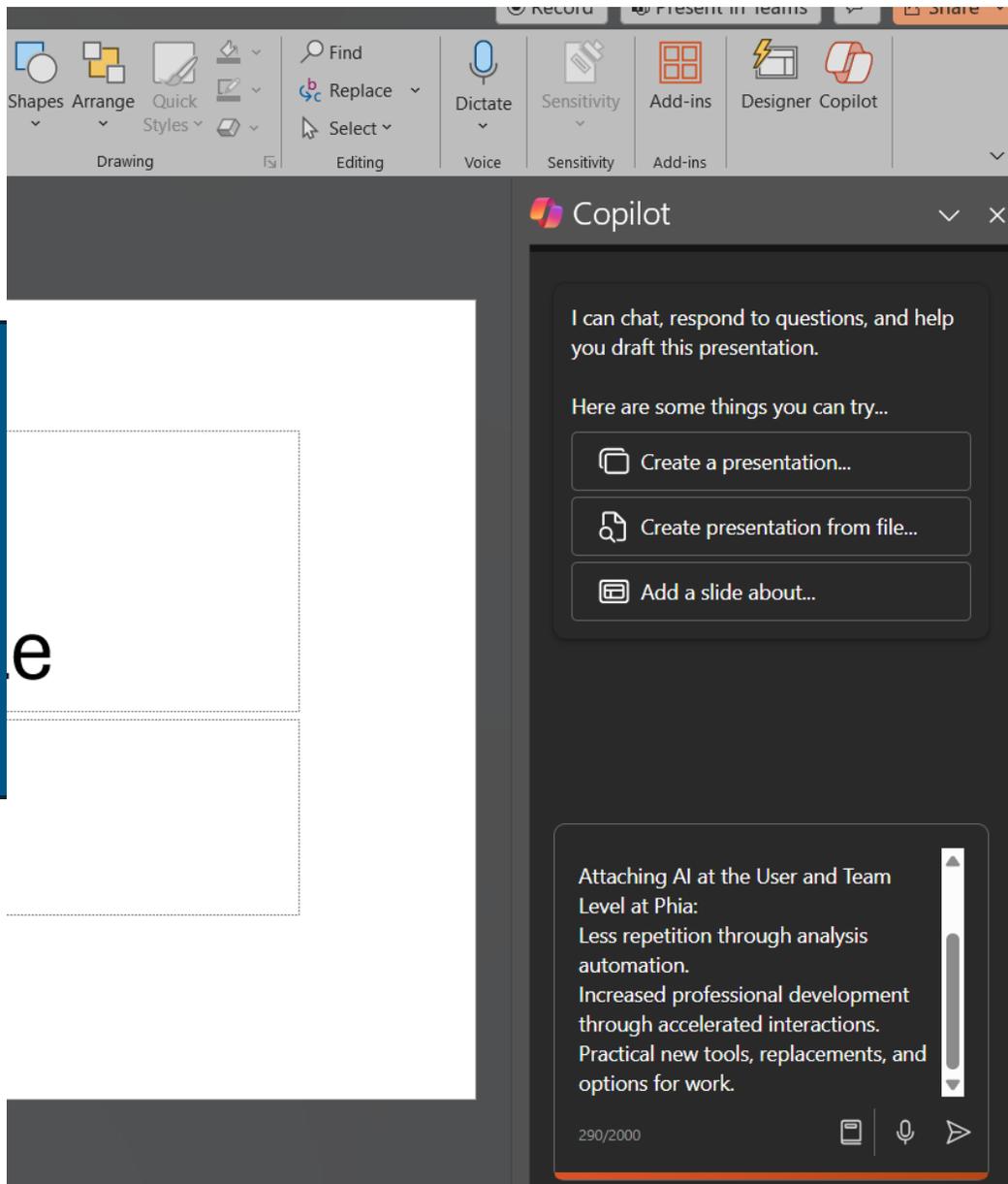


- AI can be used for **simple programming**
- **Billing and coding edits, audits, and concepts** can be completed with the help of AI
- Management and leadership conversations can be **augmented with AI**
- AI can provide **new options for employee professional development**

Practical New Tools, Replacements, and Options for Work

- Copilot throughout windows and office 365 (email, presentations, planning)
- Process documents, scripts, compliance documents
- Software planning and development
- The AI enhanced employee





AI Assistance in Presentation Creation

AI Assistance in Presentation Creation



The image inspired by Leonardo da Vinci's style, representing the concept of ir user and team level within a company named Phia, has been created. It capture Renaissance sketches, blending human and machine elements harmoniously.

S You
make it a little less busy - more cartoonish and more hand drawn looking

ChatGPT



Work Web

Copilot
For Microsoft 365

☰ **What's new?**
What's the latest from [person](#), organized by emails, chats, and files?

📖 **How to**
How do I write a request for proposal?

☰ **Don't miss out**
Summarize Teams messages where I was @mentioned this week.

Copilot uses AI. Check for mistakes.
[Learn more](#) | [Legal Terms](#) | [Privacy and Cookies](#) | [FAQ](#)

🗣️ Ask me anything or type / to add people, files, and more

📎 📁 ➤

The evolving GenAI difference

AUTOMATION

- *Transcribe (speech to text)*
- **Summarize** <text>

Documents, news feeds..

GENERATION

- **Draft** <something>

Contract, email, sales pitch, epic/story, code ..

SEARCH²

- **How do I** (internal content)
- **How do I** (external content)

Knowledge management

ORCHESTRATION

- **Fetch** <data>
- *Do* <something>

Invoke an API, create a calendar appointment, trigger a workflow..

COMPARISON

- *What changed?*

Consuming information

INTERACTION

- *Conversational*

Understand intent; keyboard optional

LEGEND

Indicates functionality we are delivering

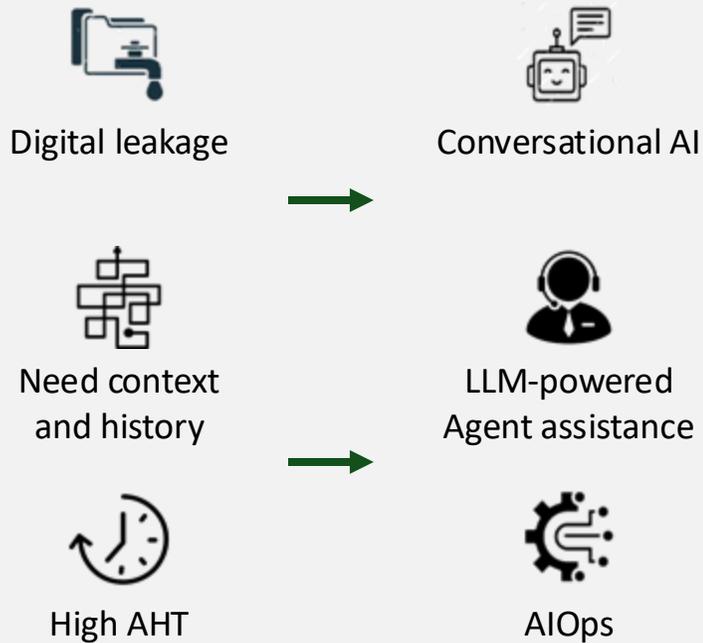
BROADLY AVAILABLE

RAPIDLY EMERGING

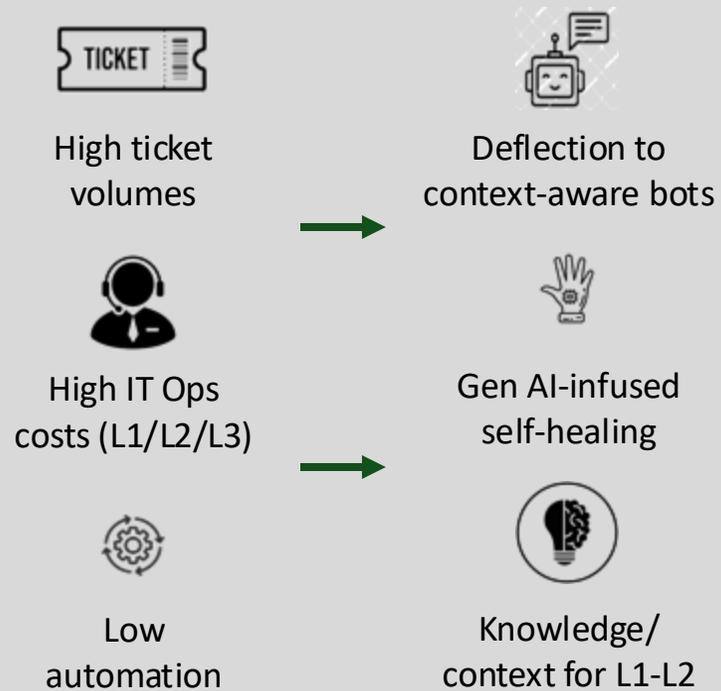


The AI-fication of Transformation

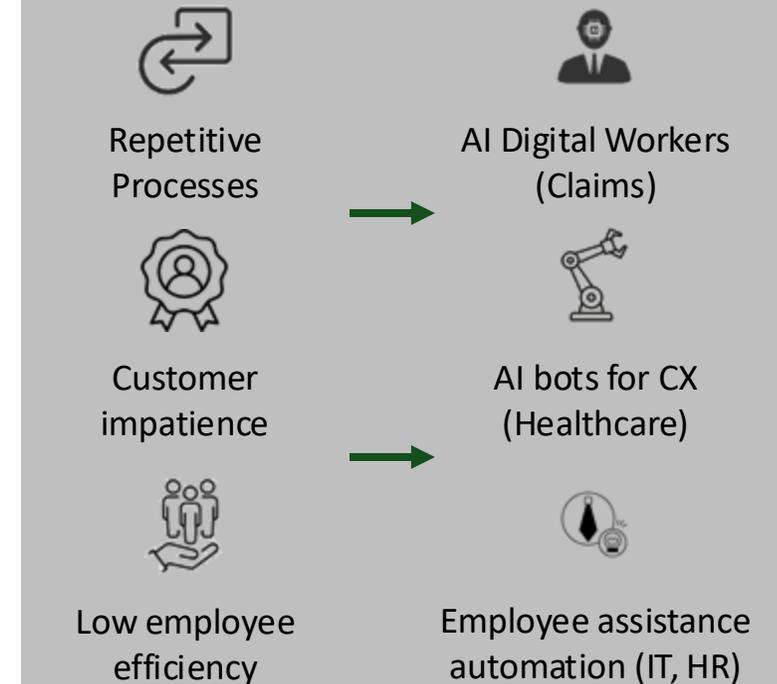
1 Contact Center



2 IT Production Assurance



3 Biz Ops



The AI-fication of Transformation

4 Engineering Productivity



Wasted productivity



Gen AI Engg. Agents for POs/coding/testing



Siloed development



Conversational AI Developer UX



Poor architecture adoption



AI-enabled search & collaboration

5

Mainframe Modernization



Automated code gen loses optimization



LLM-based extractors of business rules, data flow, process maps, message Qs.



Re-learning very human-intensive



LLM-based assistants for future state code and test generation



Hard for business users to refine model



Conversation-based current state Application Profiler, and future state Foundation Profiler

Thank You.

Lawrence Thompson

CEO, Benefit Systems, Inc.

Paul Wann

Chief Operating Officer, HPI

Scott Bennett, Esq.

Senior Vice President, Provider Relations, The Phia Group, LLC

Sudeep Mehandru

CRO, Healthcare and Insurance Platforms, Mphasis



A DIFFERENT PBM
MAKES ALL THE DIFFERENCE



Session – Health System Panel Discussion

Driving High Value through Direct-to-Employer Relationships

Moderator: Blake Allison, CEO, Employers Health Network (EHN)

Panelists:

- **Brian Felty**, System Vice President, Business Development, Value Based Care, Baylor Scott & White Health Dallas
- **Brad Byars**, Executive Director of Product Development, COO, Providence St. Joseph Health Network
- **Phil Eaves**, President and CEO, Ascension Seton Health Alliance and ACO at Ascension Texas

Driving High Value Healthcare through Direct-to-Employer Partnerships

In Your Market...

- How have you **approached the self-funded employers**?
- What **types of structures** are available to the market?
- What is the **value proposition** of these arrangements?
- What are the **required elements** of a relationship with an employer?

Barriers

- What has been the largest barrier to growth of direct relationships?
- What would you say to employers and consultants about how to overcome these barriers?

Down-side or Shared Risk

- Given that self-funding moves the employer into a risk-bearing position, describe your organization's **view on down-side or shared risk with employers?**

Measure the Value

- Outside of potential risk sharing, how do you **measure the value** being delivered to the member and the employer within these types of arrangements?

Designed Network of Aligned Providers

- With the need to keep the members within the designed network of aligned providers, how do you ensure that the providers are performing at a high level?
- How do you measure and monitor performance?
- Are there providers who have been removed from your relationships?

Direct Relationship with Your Health System

- What would you want employers and consultants to know when expressing interest in a more direct relationship with your health system?

Thank You.

Blake Allison

CEO, Employers Health Network (EHN)

Brian Felty

System Vice President, Business Development,
Value Based Care, Baylor Scott & White Health
Dallas

Brad Byars

Executive Director of Product Development, COO,
Providence St. Joseph Health Network

Phil Eaves

President and CEO, Ascension Seton Health
Alliance and ACO at Ascension Texas

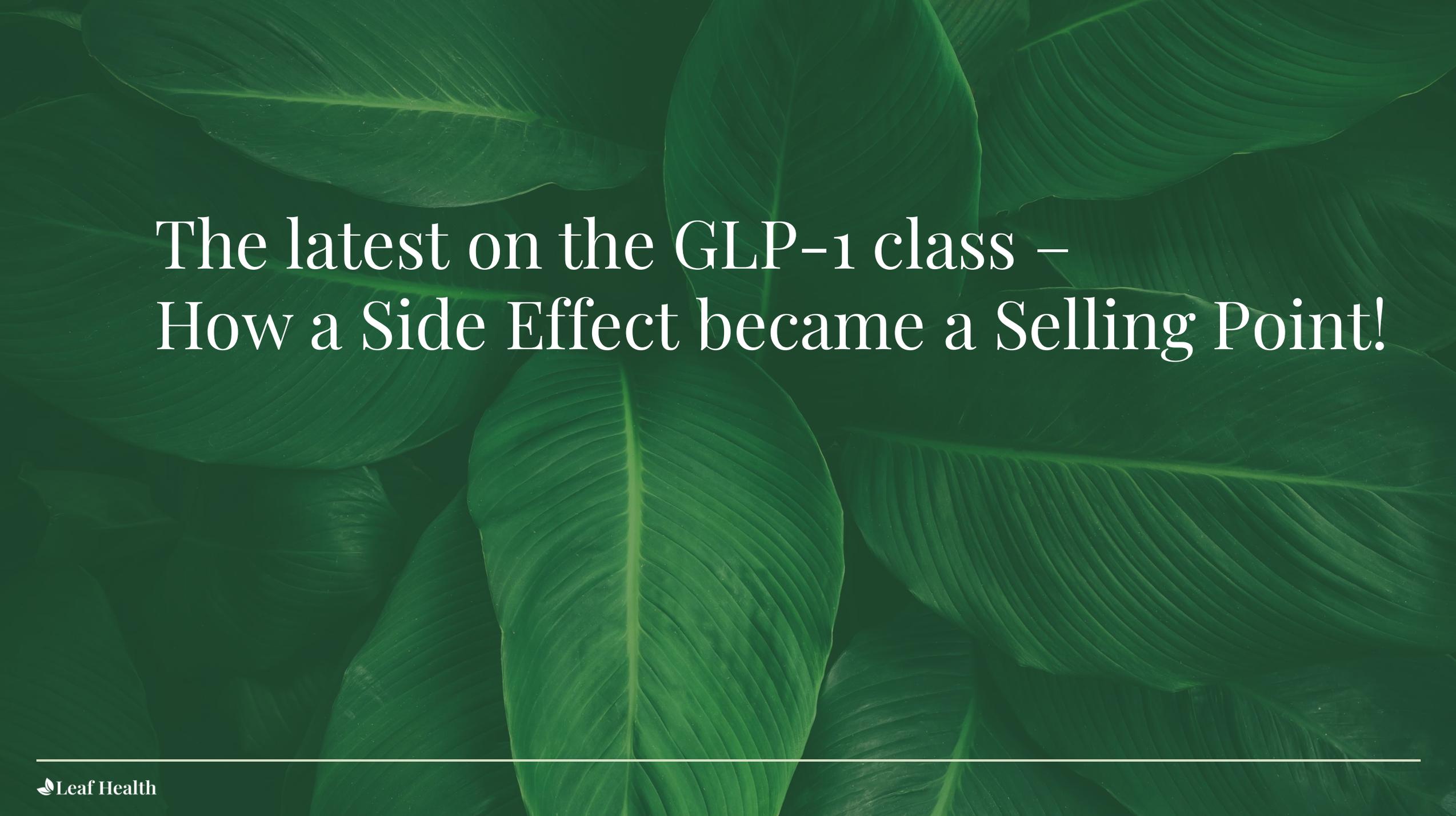
Session – PBM Panel Discussion

How a Side Effect Turned into a Selling Point

Moderator: Hugh Gallagher, Senior Vice President, Leaf Health

Panelists:

- **LeAnn C. Boyd, PharmD, CEO and Founding Partner, Liviniti**
- **Lisa Gish, RN, MHA, CPBS[®], Director of Product Marketing Strategy, TrueScripts**
- **Rachel Strauss, Vice President of Business Development, EHIM**

The background of the slide is a close-up photograph of several large, vibrant green leaves. The leaves have prominent, parallel veins and are arranged in a dense, overlapping pattern. The lighting is soft, highlighting the texture and color of the foliage.

The latest on the GLP-1 class – How a Side Effect became a Selling Point!

-
- https://www.instagram.com/p/CxdI3UPO8xE/?utm_source=ig_embed&utm_campaign=embed_video_watch_again



The Risk of Obesity



70% of Americans are
overweight or obese

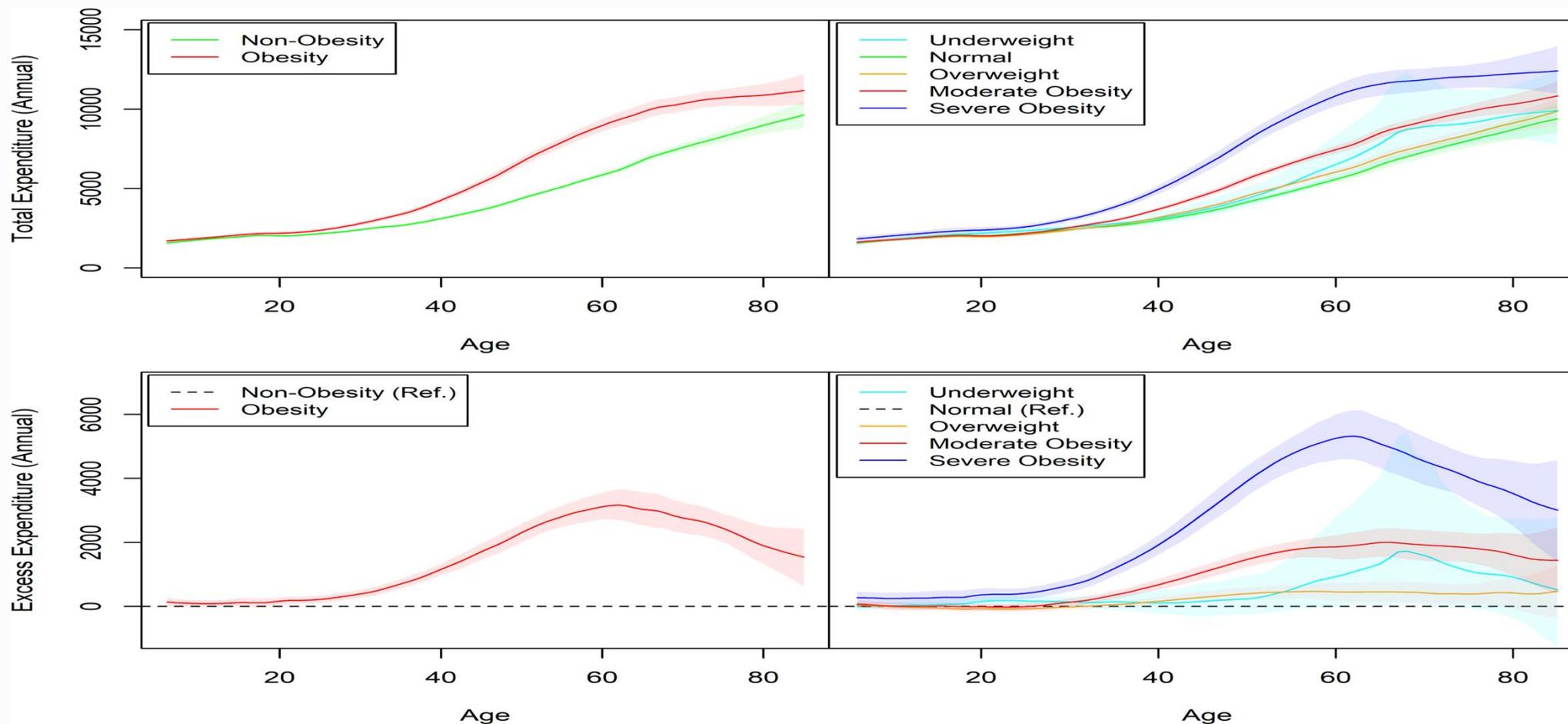
Metabolic Syndrome

Increased blood
pressure
Elevated blood sugar
Abnormal cholesterol

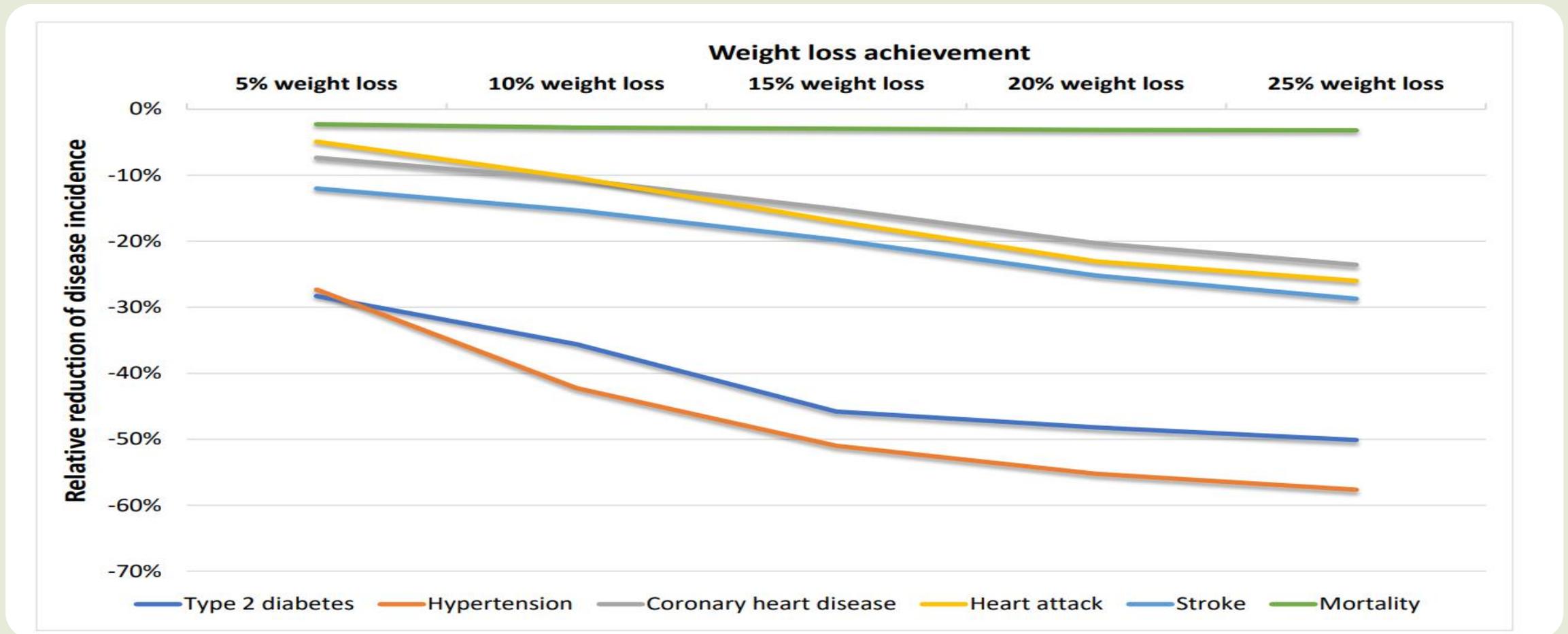
Increased Risk

Heart disease
Type 2 diabetes
Stroke
Mortality

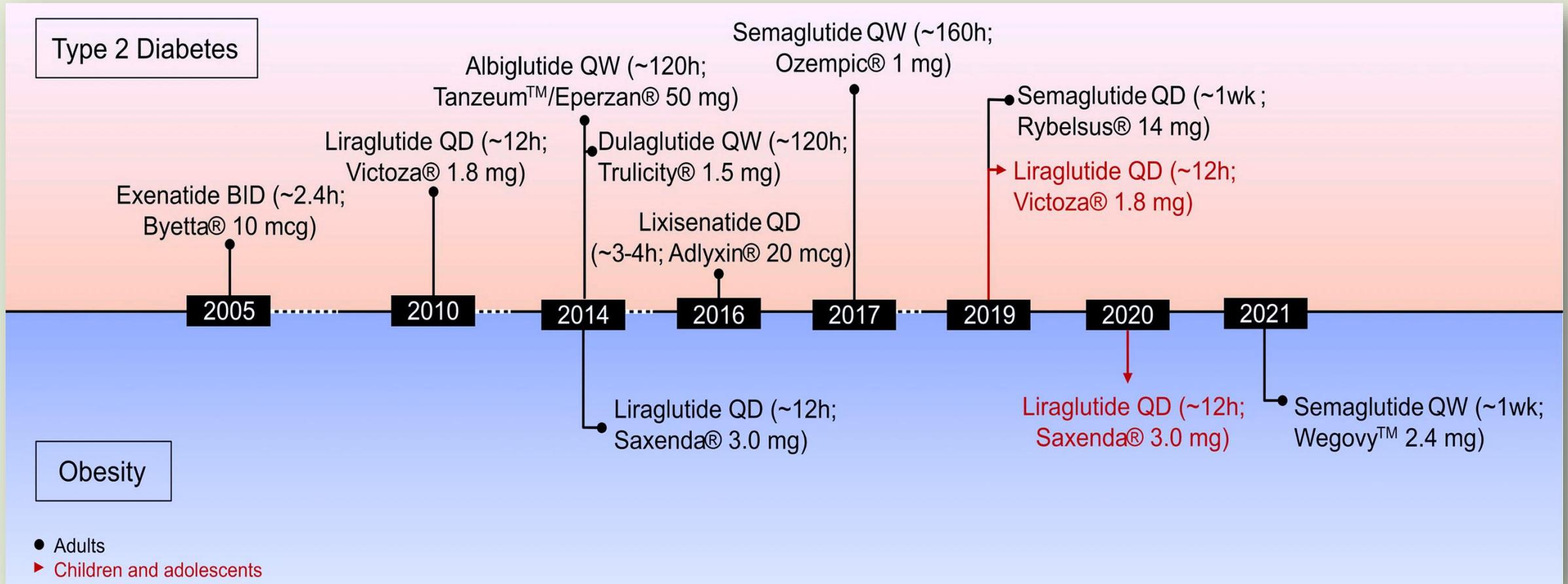
The Financial Impact



Relative Reduction of Disease



GLP-1 Medications: A Brief History



GLP-1 Agonists and Weight Loss

- **FDA approved agents**
 - Saxenda (liraglutide)-
 - Wegovy (semaglutide)- Up to 17%
 - Zepbound (tirzepatide)- Up to 22.5%

GLP-1 Agonists

Research shows these medications must be taken consistently to achieve weight-loss benefits.

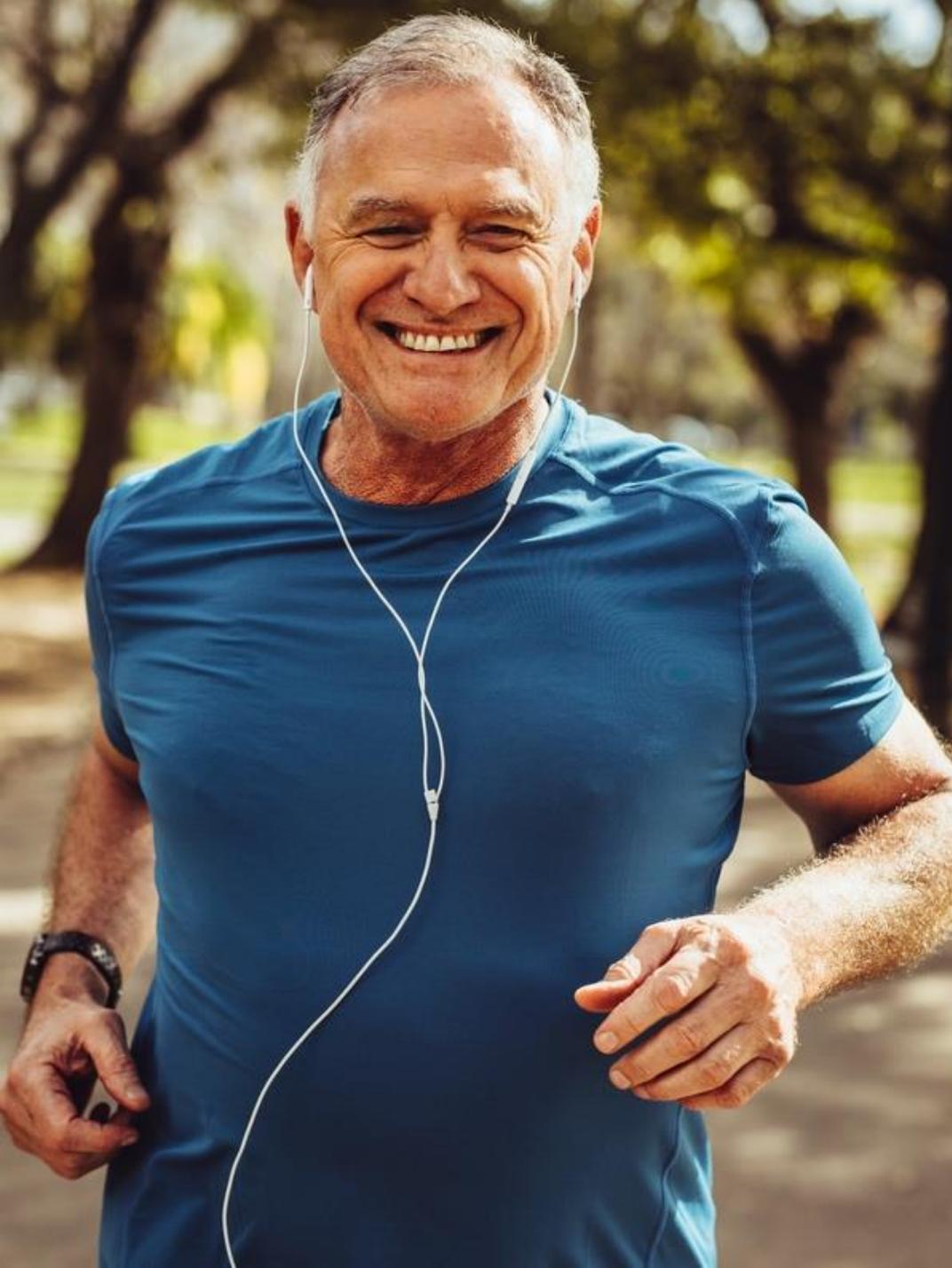
A few doses or inconsistent use incurs waste in prescription benefit dollars.

68%

Adherence Challenge to Therapy

68% of patients taking GLP-1s stopped treatment within a year.





GLP-1 + Lifestyle Change = Success

Data shows emphasis on adherence, along with lifestyle modification, is critical to achieving and maintaining healthy weight.

Including education and care management practices, before, during, and after a patient plans to utilize a GLP-1, will provide a higher likelihood of long-term maintained healthy weight.

Cost and Future of Obesity Coverage

- List prices of \$1,000 or \$1,400 per month
- Non-specialty
- Disease vs Lifestyle
- Medicare coverage
- Clinical guidelines
- To cover or not to cover?



Employer Strategies



Incorporate Utilization
Management



First-fill medication
adherence education
and counseling



Enrollment in continuous
diet and lifestyle program
requirement for coverage



Outcomes based continued
coverage

What can you do?



Access to Health
Strategists



Be Proactive



Explore Lifestyle and
Disease State
Education

Thank You.

Hugh Gallagher

SVP, Client Engagement and Business Development, Leaf Health

LeAnn C. Boyd

PharmD, CEO and Founding Partner, Liviniti

Lisa Gish, RN, MHA, CPBS®

Director of Product Marketing Strategy, TrueScripts

Rachel Strauss

Vice President of Business Development, EHIM

Thank You from all of us at HPI

hpi[®]



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Innovations
Self-Funding Conference