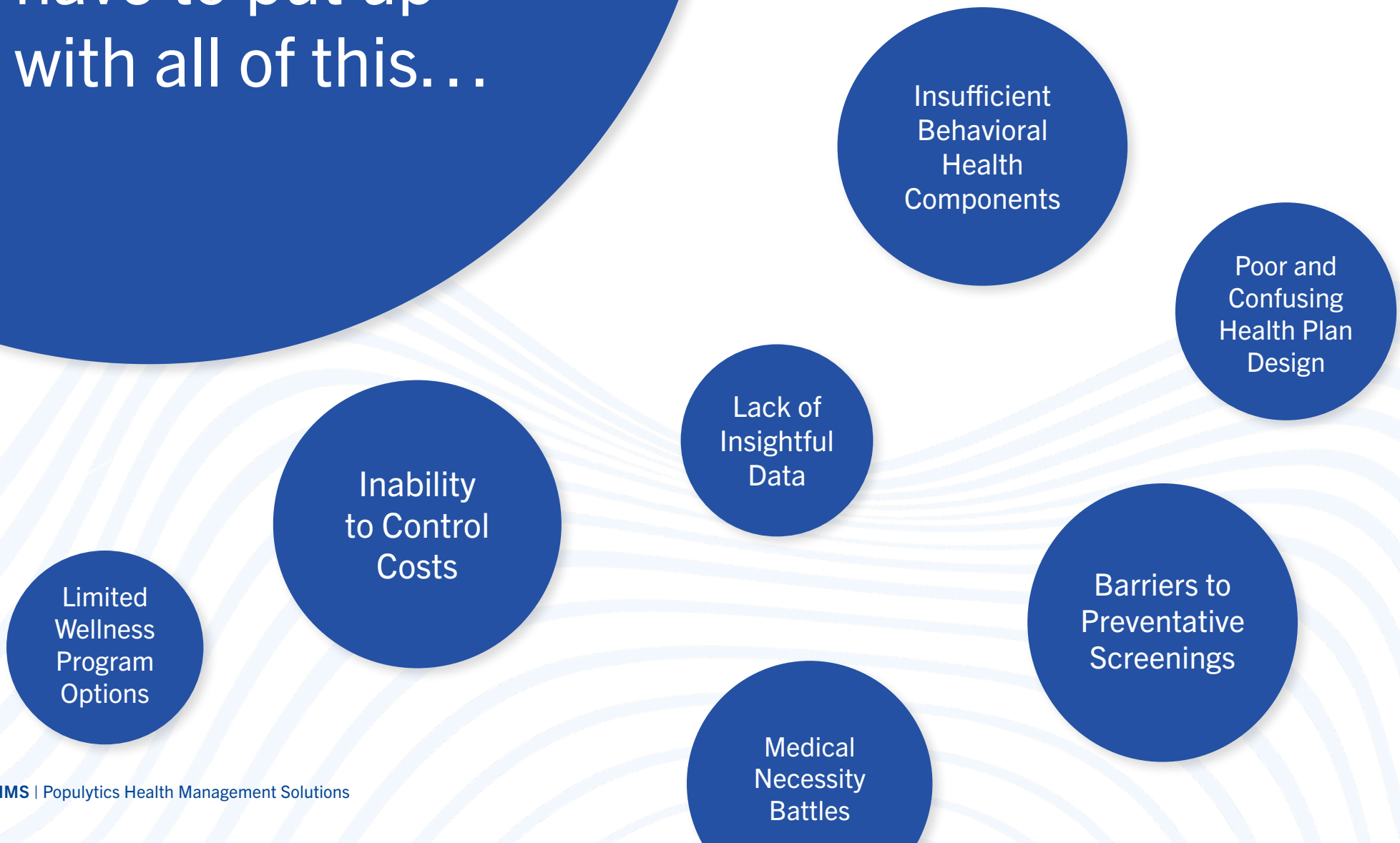
Populytics®
How Healthier Happens

PHMS

Populytics Health Management Solutions

Gain leverage over your company's health care expenditure with a direct connection to clinicians dedicated to quality.

Why do you have to put up with all of this…



When all you really want is this...

Healthy and happy employees, with an affordable, understandable company health plan that works as promised.

Inadequate Provider Networks

Disconnected Care

Incorrect Billing Practices

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For Self-Insured Employers, here's a logical way to level the paying field.

Traditional insurance arrangements are essentially middleman models. Their revenue is derived by managing the space between your employees and the providers of their health care. The increasing costs and lack of transparency in these traditional service models have many employers looking for new solutions to connect their employees with the best health care providers in their communities.

Direct-to-employer (D2E) contracting is a fast-growing, innovative health plan model in which self-insured employers and health systems work directly, without the extra layer of an insurance company.

Costs and terms are negotiated, and the health care provider manages the administrative duties for the company's employees and dependents, including health plan design and claims processing.

In most D2E contracts the provider assumes these functions supported by the services of an outsourced third party administrator (TPA). This introduces another "moving part" into the mechanism, making direct contracting less direct.

More streamlined, and arguably more effective, D2E arrangements include an integrated TPA (ITPA) that specializes in population health management with its own in-house analytics, care management, and claims administration capabilities.

With an ITPA, all functions are managed by the provider with no outsourcing. This serves to mitigate costs and enhance communication while concentrating control exclusively with the two essential partners of the D2E relationship: the provider and the employer.

Nontraditional Pathways

Reasons why more employers find value in this direct connection for their employees' health:

- Eliminates complex "middleman" models
- Better management of costs without compromising quality
- Greatly improved data transparency
- Simpler, more understandable health plans for employers
- Improved employee health, personal experiences, and company loyalty
- Potential to directly link costs to health outcomes for shared savings and other outcomes-based health benefits

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Valley Preferred
LEHIGH VALLEY HEALTH NETWORK

Valley Preferred Providers and the Integrated Lehigh Valley Health Network

Comprehensive. Convenient. Best-In-Class Care.

Valley Preferred is your connection to a time-honored partnership of doctors and hospitals dedicated to improving health care quality, value, and effectiveness in the Lehigh Valley and surrounding region. Valley Preferred offers clinically integrated efforts in our communities to identify the best clinical standards, support adoption of these standards, monitor provider performance, measure outcomes, and provide performance-based incentives to providers.

Working together, we offer:

- 10 hospital campuses throughout a 7-county service region of Pennsylvania
- Coordinated Health, which includes two additional hospital campuses and over 20 multi-specialty locations
- 27 health centers with numerous primary and specialty care practices
- 20 ExpressCARE locations with emergency care 24/7
- Region's only Level I Trauma Center
- Lehigh Valley Reilly Children's Hospital with Level IV NICU
- Region's only Level I Trauma Center
- Nationally recognized cancer care and member of the Memorial Sloan Kettering Cancer Alliance
- Joint Commission-Certified Comprehensive Stroke Center
- Regional Burn Center
- 5 clinical institutes: Leaders in cardiac, cancer, and surgical care
  - LV Heart and Vascular Institute
  - LV Topper Cancer Institute
  - LV Institute for Surgical Excellence
  - LV Orthopedic Institute
  - LV Fleming Neuroscience Institute
- A regional leader in population health management

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Populytics Health Management Solutions (PHMS) achieves this through the coordinated capabilities of our own in-house departments specializing in:

Integrated Third-Party Administration

Populytics is built upon a rich foundation of health benefits administration experience, a superior technology infrastructure, and an integrated network of process-oriented applications. Our strength is in the ability to balance the discipline and structure required to adjudicate a benefit plan with the agility needed to serve the unique needs of each self-funded health plan.

Population Health Analytics

Using Populytics' advanced technology platform, our informatics and analytics experts collect, translate, and aggregate data into customized, drillable dashboards. Then we take it to the next level. Our health care experts interpret and help you apply the data to your own organization, offering informed, accurate, and intelligent health care solutions for a particular population.

Integrated Care Coordination

Clinical initiatives identified through the analysis of claims and clinical data are put into action with a plan customized to the needs of your organization. We can uncover current high utilizers, current high-risk members, and potential future high-risk members with deep insights into data. Once care gaps are uncovered, our Care Coordination Team provides comprehensive support that extends from prevention through chronic condition management.

Total Wellness

For employers interested in helping their employees and families live healthier lives, BeneFIT Corporate Wellness℠, a leading innovator in total well-being, specializes in custom wellness solutions for workforces of all sizes and types. BeneFIT's team of Certified Health Education Specialists and Health and Wellness Coaches are experts in designing, implementing, and evaluating programs to promote, maintain, and improve healthy behaviors.

Employee Assistance Program

Since emotional well-being is an important part of total health, Preferred EAP provides customized counseling, coaching, and consultation to employees and their families for personal or work-related problems. Restoring and maintaining employee well-being and organizational success is our goal through services that are highly professional, strictly confidential, and available when you need them.

What to Expect with PHMS

100% Customized Plan Design

Freedom from inflexible plans and constraints

Stronger Patient Relationships

Direct involvement with community health providers

Enhanced Company Loyalty

Through better health experiences for employees and dependents

Responsive, Knowledgeable Support from PHMS Teams

Outstanding employee/member service across the continuum of care and plan management

Outcomes-Based Care

New emphasis on quality outcomes, healthier employee population, improving health care value

Greater Transparency of Costs and Quality Metrics

Optimized communication between provider and employer

BENEFIT FLEXIBILITY + NETWORK SECURITY:

Joint Administration Solutions

The Benefits You Want + The Coverage You Need

With Populytics, employers enjoy a number of unique benefit solutions, ranging from advanced analytics to care coordination across the continuum and total well-being. Populytics has more than 30 years of experience managing the Lehigh Valley Health Network Employee Health Plan and legacy third-party administration.

Highmark Blue Shield (Highmark) and Populytics, Inc. (Populytics) are working together to jointly administer Highmark's PPO Blue products. This arrangement will give your employees access to affordable care from high-quality providers and the reliable reputation of Highmark, coupled with the flexible solutions of Populytics.

With Highmark's PPO Blue products, your employees will have access to providers close to home as well as nationwide access through the BlueCard® program while maximizing their benefit offering through a self-funded health plan. Employers can enjoy the highest level of benefit customization paired with unmatched access to care – the ultimate combination of flexibility and security.

With Highmark's PPO Blue products, your employees will have access to local network providers and providers across the nation as well as to Highmark's value-based reimbursement programs. Highmark's value-based reimbursement programs reward providers for patient outcomes, quality, and controlling the cost of care, not volume.

Help employers and their employees achieve the maximum savings and care they've always wanted with the joint administration solution.

HIGHMARK

- **Access to 97% of the Nation's Hospitals***
- **Access to 85% of the Nation's Doctors***
- **Access to local community and regional hospitals, primary care doctors, and specialists close to home**

**According to the Blue Cross and Blue Shield Association*

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Populytics, Inc. is an independent population health management and analytics company that provides third-party administration services. BlueCard is a registered mark of the Blue Cross and Blue Shield Association.

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- **Customized plan design options and consultation**
- **Improved quality of care by clinicians who are held accountable for quality of outcomes**
- **Advanced care coordination covering wellness, mental health, and everything in between**
- **Enhanced relationships through direct involvement with care providers**
- **Gained efficiencies from reduction of unnecessary tests and procedures**
- **Highest value by emphasizing outcomes vs. number of visits/treatments**

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