



ParetoHealth Data in Action: The 2021 Annual Report

Powered by ParetoHealth Integrated
Cost Management (ICM)

Spring 2022



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Introduction: Cost Containment with ParetoHealth

Cost containment has been a primary area of focus and core differentiator of ParetoHealth since our beginning in 2011. In the early days, our programs included basic cost containment requirements for incoming and renewing captive Members like health risk assessments, biometric screenings, and tobacco cessation to promote consistency and persistency in managing the cost of healthcare. Aligned with one of ParetoHealth’s core values, this “for the greater good” mentality has been the lifeblood of our community and a critical part to sustaining the flywheel that propels our expansive growth.

Over the last ten years, cost containment at ParetoHealth has evolved significantly, with a portfolio of products and solutions that target the most complex and costly areas of risk, including oncology, high-risk maternity, and specialty Rx, to name a few. Additionally, Pareto Rx Consortium (PRxC) has demonstrated a consistent track record of high performance and continues to improve as membership grows each year.

In January 2020, ParetoHealth launched a bundled cost management platform, Integrated Cost Management (ICM), to incoming and renewing captive Members using a selected set of Third-Party Administrators (TPAs). Since its launch, we have continued to refine our messaging and offerings around the three key components of this exclusive ParetoHealth product:

<p>ParetoHealth Integrations</p> <p>Supercharging point solutions via connectivity to TPAs and Pharmacy Benefit Managers (PBMs)</p>	<p>ParetoHealth Interventions</p> <p>Identifying real-time, cost-saving opportunities using trigger events and diagnoses</p>	<p>ParetoHealth Playbooks</p> <p>Retrospective analysis of member-specific data and presentation of summary findings and recommendations with associated savings potential</p>

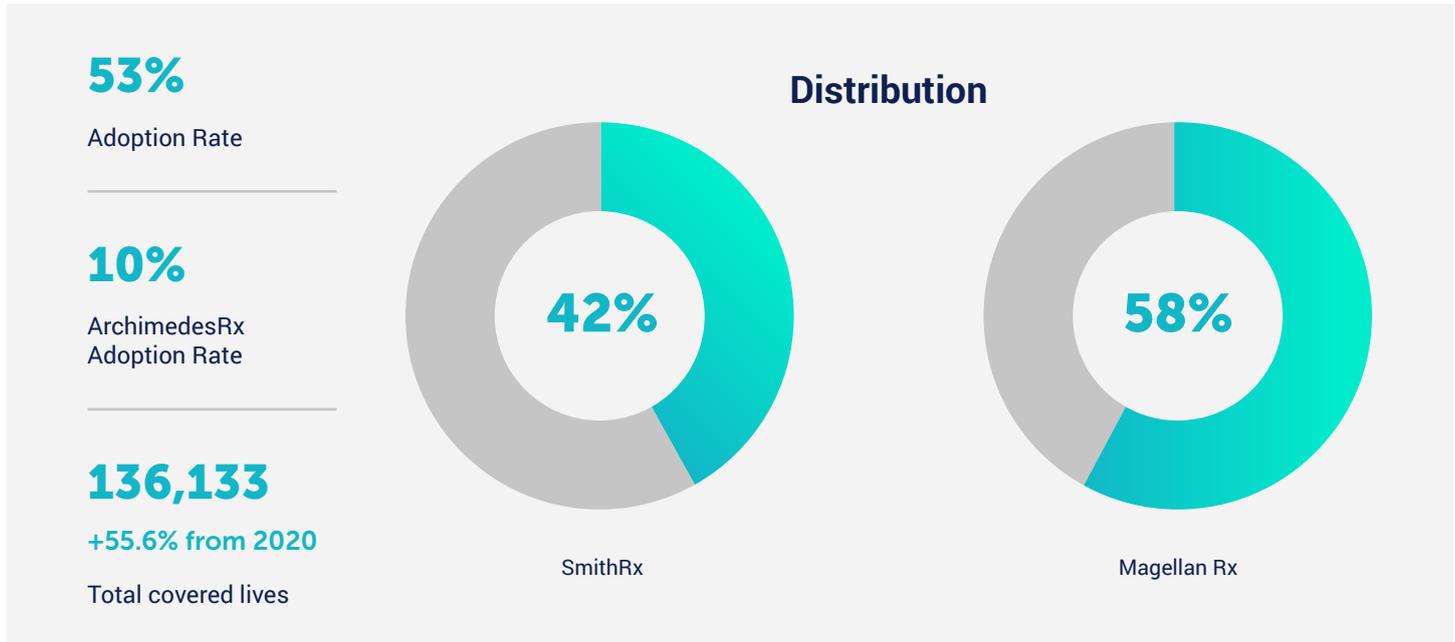
Our ICM platform is available through a select set of TPAs that we have carefully vetted based on their interest and ability to support our cost containment initiatives. We evaluate these partnerships each year to ensure that we are maintaining the established standards for measurable outcomes and quality customer care. Although not a requirement of ICM, Members who also use PRxC have the greatest potential for plan optimization and associated savings.

Data + Analysis + Intervention = Impact

At ParetoHealth, data is the cornerstone to achieving our two-part mission: reducing volatility and healthcare cost. Our Playbooks put ParetoHealth’s Impact Equation into actionable steps. Employers who understand all the data still benefit from our experience in translating it into effective interventions. Exclusively available to captive Members on our Integrated Cost Management (ICM) platform, our Playbooks utilize our proprietary clinical dashboard to give Members the strategy and guidance to optimize their plan. This Year-in-Review Playbook highlights the opportunities and results of our efforts in cost containment through ParetoHealth-sponsored programs and solutions for the 2021 calendar year.

ParetoHealth Cost Containment by the Numbers

PRxC: Performance Summary



Benchmark Comparison

As compared to Magellan Rx's reported 2021 benchmark data for health plan employer groups

\$86.44 PMPM

(\$92.26 PMPM)

PRxC 2021 Total Plan Paid

\$39.85 PMPM

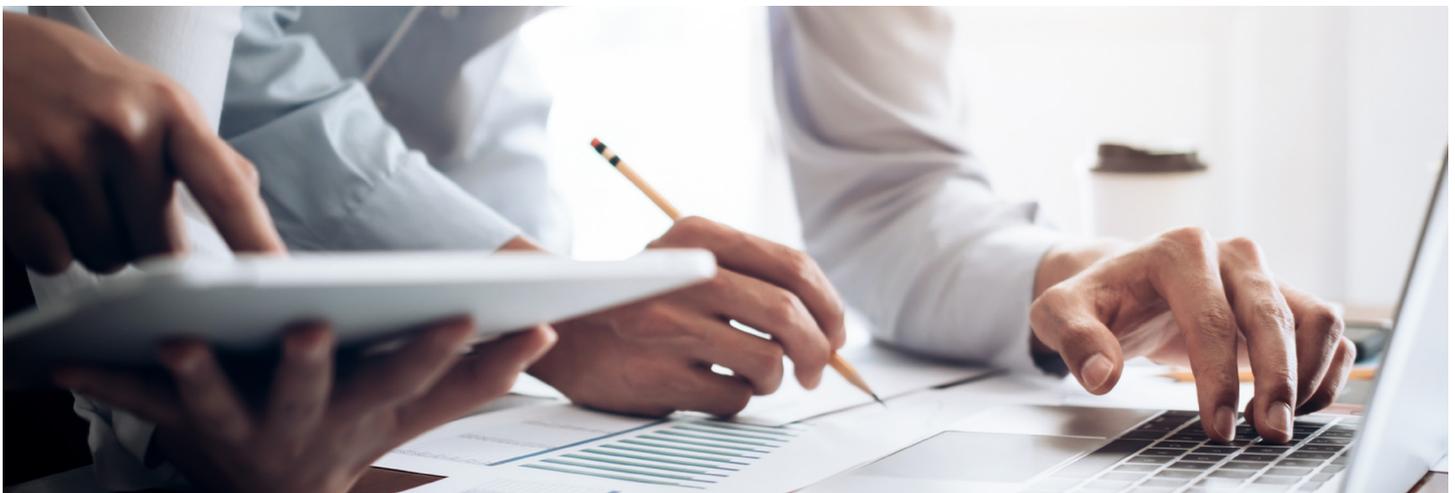
(\$36.35 PMPM)

PRxC 2021 Specialty Plan Paid

46.1%

(39.4%)

PRxC % Specialty of Total Plan Paid



The Six Pillars of PRxC: Driving Value for Members in 2021

Formulary Management

82%

Activation rate of ParetoHealth's historical low clinical value exclusion list across total PRxC membership.

Pipeline Management

502

New-to-market drugs reviewed in 2021, resulting in 88 additional ParetoHealth-specific custom exclusions.

PBM (pharmacy benefit managers) Contracts

2-3%

Annual market check delivered in approximate contract value improvements worth an estimated \$500,000 to \$1.5 million in annual value for PRxC Members for 2022.

Audit/Reconciliation

\$1M

Reconciliation of 2020 aggregate performance in underperformance that was returned to PRxC Members in 2021.

Prior Authorization and Large Claim Review

2,011

Scripts Reviewed In-House in 2021 Resulting in Total Savings of \$1.54 million achieved.

Specialty Rx Management

1.5%

Approximate increase to specialty Rx spend PMPM in 2021 as compared to 2020, nearly six points below industry average trend.



Featured Case Study

In-House Clinical Review



Situation

In-house clinical review of prior authorized script, Daraprim



Indication

Treatment for toxoplasmosis



Issue Identified

PBM filled prescription for the brand drug (pharmacy did not have easy access to generic) despite provider approving the generic.



Outcome

ParetoHealth worked with PBM and provider to approve a one-time only fill for the brand name drug due to urgency and redirect all subsequent fills to a compounding hospital pharmacy under 304(b).



Savings Realized: \$552,251 per year

Pipeline Management



Situation

PRxC plan participant prescribed excluded drug, Kesimpta



Indication

Multiple Sclerosis



Reason for Exclusion

Kesimpta is similarly priced to existing therapies Betaseron and Rebif and more than glatiramer (Copaxone) and Ocrevus.



Outcome

ParetoHealth's in-house pharmacist worked with the Member and plan participant to leverage Novartis' Patient Assistance Program to obtain the drug at \$0 cost to both the participant and the plan.



Avoided Cost: \$99,600 per year

Integrated Cost Management: Performance Summary

ICM

62%

Eligible Members (Captive-wide)

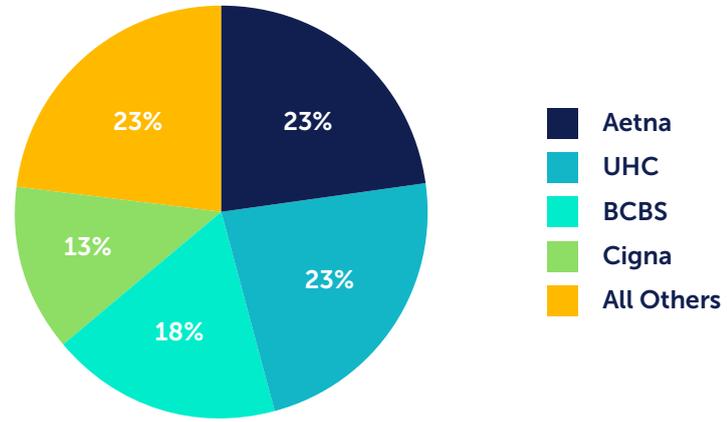
70%

Adoption Rate (Captive-wide)

540

ParetoHealth Playbooks Produced

Network Distribution (Captive-wide)



CancerCARE+

<p>555 Members Enrolled: 32.4% Adoption Rate</p> <p>141,299 Covered Employee Lives</p> <p>292 Opened Cases in 2021</p> <p>\$3M Total Dollars or \$1.75 PEPM in achieved savings for 2021</p> <p>1.6:1 ROI</p>	<p>Top Cancer Diagnoses</p> <table border="0"> <tr><td>Breast</td><td>29%</td></tr> <tr><td>Prostate</td><td>15%</td></tr> <tr><td>Colorectal</td><td>11%</td></tr> <tr><td>Reproductive</td><td>7%</td></tr> <tr><td>Lymphoma</td><td>7%</td></tr> <tr><td>Lung</td><td>5%</td></tr> <tr><td>All Others</td><td>26%</td></tr> </table>	Breast	29%	Prostate	15%	Colorectal	11%	Reproductive	7%	Lymphoma	7%	Lung	5%	All Others	26%
Breast	29%														
Prostate	15%														
Colorectal	11%														
Reproductive	7%														
Lymphoma	7%														
Lung	5%														
All Others	26%														

Featured Success Story

Approximately \$330,000 in savings was achieved for a plan that leveraged INTERLINK’s Centers of Excellence and associated contract for a patient’s oncology care, representing value for both the Member who saved on the expense as well as the plan participant who received quality care and priority access to a nationally recognized cancer center.

**ICM Savings Potential Based on Known 2021 Results*:
\$40.00 PEPM or 5.5% of total claim expense.**

*Based on ParetoHealth’s 2021 average total medical and pharmacy claim spend PEPM as reported by Springbuk.



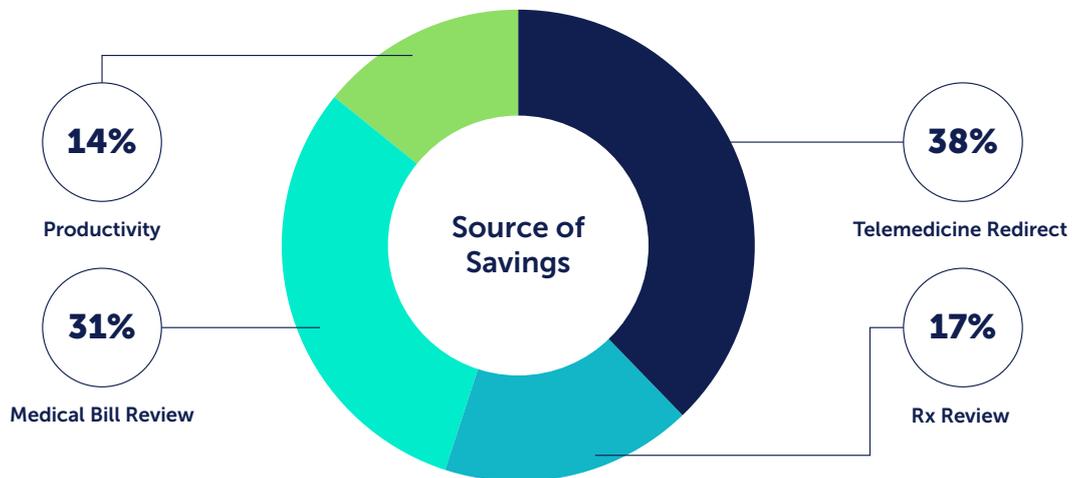
306	Members Enrolled 17.9% Adoption Rate	21	Unique Gym Memberships Active as of 1/1/2022	19	Guest Passes Requested in 2021
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82	Members Enrolled: 2.8% Adoption Rate	942	Inquiries
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93 Enrolled Members; 5.4% Adoption Rate	13,198 Covered Members	71% Activation Rate	57% Average Monthly Utilization	9,248 Chats Logged
934 Phone Conversations	949 Appointments Scheduled	2141 Benefits Questions Answered	1178 Facility Recommendations	4972 Provider Recommendations
1023 Rx Reviews	306 Bill Reviews	\$3.95M Total Dollars or \$25.00 PEPM in achieved savings for 2021	3.5:1 ROI	





<p>411 Enrolled Members; 24% Adoption Rate</p>	<p>58,025 Covered Members</p>	<p>40% Activation Rate</p>	<p>930 Procedures in 2021</p>	<p>2.3:1 ROI (Active Groups)</p>
<p>5.7 Average procedure count for active groups</p>	<p>8 Groups with over 20 procedures</p>	<p>\$2.58M Net total dollars or \$8.00 PEPM in achieved savings for active groups in 2021</p>	<p>\$2,774 Average net savings per procedure*</p>	<p>62% Members had 1-4 procedures and 38% had five or more procedures in 2021</p>

*Net total savings is calculated by taking the difference between the market standard contracted rate using traditional insurance and the KISx Card negotiated case rate less any incentives.



Featured Success Story

One captive member who implemented KISx Card in January 2021 achieved close to \$70,000 in first-year savings across 26 procedures! These savings represented approximately 3.4% of their total spending during that period. Through the first three months of 2022, this same member has saved close to another \$70,000 across nine (9) additional procedures, two of which were outpatient surgeries. What is this Member’s secret to success? Having an app-based care coordination/concierge program (HealthJoy, Medify) to engage with plan participants to keep this benefit front and center.





565

Enrolled Members;
33% Adoption Rate

1119.38

Hours logged
(about 1 and a half months)

508

Inquiries received

58

Documents created

87

Gap analyses performed

12

Appeals reviewed

Document Drafting Services

Document Type	Count
Wrap Document	32
Amendment	13
Cafeteria	6
SBC	3
EBHRA	3
Preventive Care Only	1
Grand Total	58

Most Common ICE Topics (Top-5)

Topic	% of Total Distribution
PD Language	43.84%
COVID-19	7.88%
Federal Law	5.91%
Claims/Appeals	5.42%
Dependents	3.94%

Summary of Appeals

Appeal Topic	Type	Outcome
Exclusion - Obesity	Clinical	Upheld
OON Maximum Allowable	Legal	Upheld
No Medical Necessity	Clinical	Upheld
Claim Filing Time	Legal	Upheld
Coding Dispute	Clinical	Upheld
No Medical Necessity	Clinical	Upheld
OON Maximum Allowable	Legal	Overturned
Experimental or Investigational	Clinical	Upheld
OON Maximum Allowable	Legal	Upheld
OON Maximum Allowable	Legal	Upheld
No Medical Necessity	IRO	Upheld
OON Maximum Allowable	Legal	Upheld

DID YOU KNOW?

Phia Group will assume fiduciary liability for third-level appeals through their PACE service.



134	46.9% (QH BOB 55.1%)	57.3% (QH BOB 51.2%)	34,655
Enrolled Members; 7.8% Adoption Rate	Overall Member Engagement	Conversations with Providers	Total Patient Advocacy Conversations
51.9% (QH BOB 55.3%)	46.7% (QH BOB 53.4%)	58	79.8%
Successful Pre-Admission Engagement	Successful Post-Discharge Engagement	Average Days Prior to Trigger Month that Engagement Occurred	High-Cost Members with Real-Time Intercept™
90.5% (QH BOB 91.2%)	41.6% (QH BOB 43.3%)	58% (QH BOB 59.3%)	87.2%
Overall High-Risk Engagement	High-Risk Clinical Engagement	High-Risk Provider Engagement	High-Risk Chronic Condition Engagement
77.1%	66.1%	\$145	1.7:1
Moderate Risk Chronic Engagement	Low Risk Chronic Engagement	Average Savings of Per Member Per Year	ROI

*Stats are for members who have been with Quantum Health for at least 12 months.



248	Members Enrolled in SmartMatch Active: 14.5% Adoption Rate	64.5%	Engagement
217	Leads in 2021	111	Quotes Produced
69	Products Sold	\$1.06M	Estimated Savings*

*Estimated savings calculated based on the Pareto BOB average PMPY spend of \$9,516 for individuals aged 65 and over.

ParetoHealth Playbooks: An Inside Look

ParetoHealth Playbooks are instructional guides that help consultants and members transform data into action by connecting opportunities to cost-saving solutions.

We remove the guess work and heavy lifting with these comprehensive, customized strategic consulting blueprints so Consultants and Members can shift their focus to execution and engagement.

ParetoHealth playbooks are:



Prepared by the ParetoHealth team on your behalf



Available exclusively to captive members on ParetoHealth's Integrated Cost Management (ICM platform)



Intended to leverage actionable insights available through our clinical dashboard



Designed to connect data and analysis to a recommended intervention

How should ParetoHealth Playbooks be used?

As part of Pareto's arsenal of resources, Playbooks complement Pareto Consultants' existing expertise to help members expand their insights, mitigate risk, and reduce spend. They are a quick and easy way to ensure your team is aware of industry best practices, equipped with expert recommendations, and able to increase your end value to your clients. Pareto playbooks will make this work easy—though if you have established methods for intervention, you will always still have the option to use those.

What kinds of Playbooks are available?

Three types of Playbooks are available—*Participant Optimization*, *Pharmacy Cost Intelligence*, and *Medical Cost Intelligence*—each with a set of “plays” that we will expand upon as new opportunities are identified.



Participant Optimization

This includes plays targeting eligibility strategies (i.e. Medicare-eligible steerage)



Pharmacy Cost Intelligence

This includes plays targeting management of high cost medications, formulary optimization and best practice plan design



Medical Cost Intelligence

This includes plays targeting site of care optimization, preventive care compliance and high risk/high cost trigger diagnoses

What is the anatomy of a playbook?



Identify the problem and explain the potential benefits



Provide supporting data points, specific to a captive Member, that quantify the opportunity



Offer a solution that may consist of recommended interventions (ParetoHealth offering) or recommended strategies (Consultant offering) to solve a problem or seize an opportunity

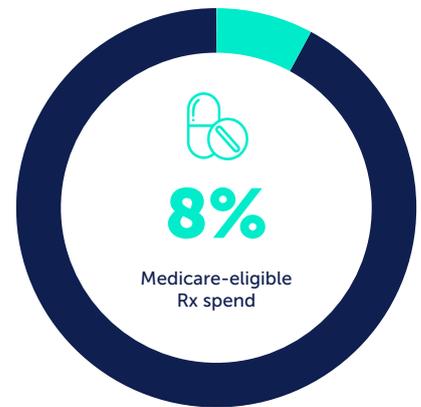
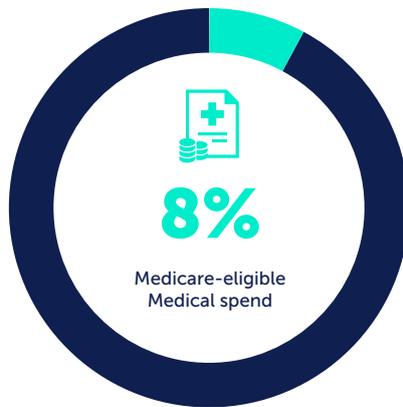
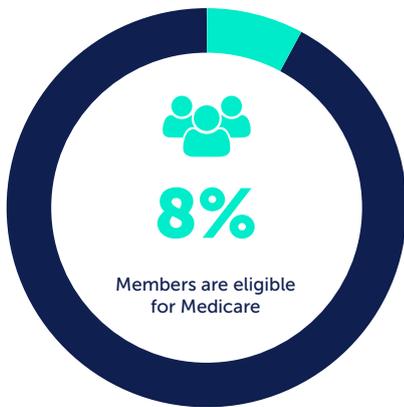


Participant Optimization Playbook Preview

Below is an excerpt from our Participant Optimization Playbook using aggregative captive data:

Cumulative Medicare-Eligible *Spend**

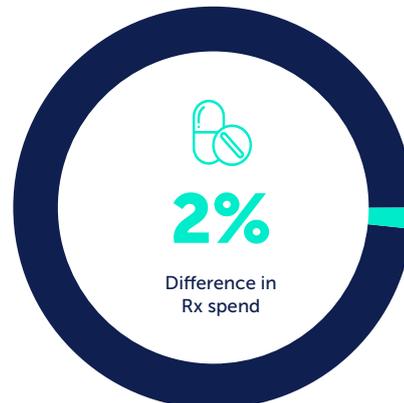
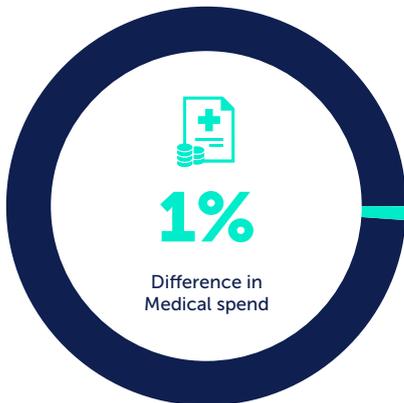
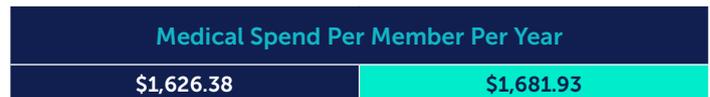
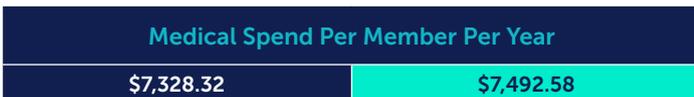
Total Spend: \$531,377,181 Total Medical Spend: \$434,794,541 Total Rx Spend: \$96,582,640



■ Non Medicare eligible ■ Medicare eligible

Currently your population consist of 4629 members who are Medicare eligible, making up 8% of your total population. These members account for 8% of your medical expense as well as 8% of your pharmacy expense.

During the most recent 12-month period of March 2021 through February 2022, your plan has spent \$34,683,135 in medical and \$7,785,676 in pharmacy claims for these participants.



■ Non Medicare eligible ■ Medicare eligible

*Any employee or spouse on the plan aged 65 or older **During the most recent 12-month period of March 2021 through February 2022



Pharmacy Cost Intelligence Playbook Preview

Below is an excerpt from our Pharmacy Cost Intelligence Playbook using aggregative captive data:

Brand to Generic Conversion: Opportunity for ParetoHealth

We have identified seven high-cost brand medications with generic equivalents that consistently yield substantial savings even when factoring in the loss of manufacturer rebates:

<p>1</p> <p>Brand Drug Name: Azopt</p> <p>Used to Treat: Glaucoma</p> <p>Average Brand Cost Per Script (Net of Rebate): \$224.45</p> <p>Generic Name: Brinzolamide</p> <p>Average Generic Cost Per Script: \$107.25</p>	<p>2</p> <p>Brand Drug Name: Atripla</p> <p>Used to Treat: HIV</p> <p>Average Brand Cost Per Script (Net of Rebate): \$2,331.38</p> <p>Generic Name: Efavirenz/ Emtricitabine/ Tenofovir</p> <p>Average Generic Cost Per Script: \$926.65</p>	<p>3</p> <p>Brand Drug Name: Bystolic</p> <p>Used to Treat: High Blood Pressure</p> <p>Average Brand Cost Per Script (Net of Rebate): \$120.18</p> <p>Generic Name: Nebivolol</p> <p>Average Generic Cost Per Script: \$51.80</p>
<p>4</p> <p>Brand Drug Name: Epclusa</p> <p>Used to Treat: Chronic Hepatitis C</p> <p>Average Brand Cost Per Script (Net of Rebate): \$17,339.34</p> <p>Generic Name: Sofosbuvir-velpatasvir</p> <p>Average Generic Cost Per Script: \$6,729.95</p>	<p>5</p> <p>Brand Drug Name: Gleevec</p> <p>Used to Treat: Leukemia</p> <p>Average Brand Cost Per Script (Net of Rebate): \$8,118.37</p> <p>Generic Name: Imatinib</p> <p>Average Generic Cost Per Script: \$787.20</p>	<p>6</p> <p>Brand Drug Name: Tecfidera</p> <p>Used to Treat: Multiple Sclerosis</p> <p>Average Brand Cost Per Script (Net of Rebate): \$6,173.63</p> <p>Generic Name: Dimethyl fumarate</p> <p>Average Generic Cost Per Script: \$2,435.65</p>
<p>7</p> <p>Brand Drug Name: Truvada</p> <p>Used to Treat: HIV</p> <p>Average Brand Cost Per Script (Net of Rebate): \$1,384.64</p> <p>Generic Name: Emtricitabine/ Tenofovir</p> <p>Average Generic Cost Per Script: \$574.45</p>		

Using the most recent rolling 12-month data set, the following generic conversion opportunity exists:

Brand Drug Name	Adj. Script Count	Total Brand Cost (Net of Rebates)	Average Brand Cost Per Script (Net of Rebate)	Total Generic Cost	Average Generic Cost Per Script	Target Savings
AZOPT	23	\$5,162.36	\$224.45	\$2,466.75	\$107.25	\$2,695.61
ATRIPLA	8	\$18,651.06	\$2,331.38	\$7,413.20	\$926.65	\$11,237.86
BYSTOLIC	2577	\$309,699.29	\$120.18	\$133,488.60	\$51.80	\$176,210.69
EPCLUSA	6	\$104,036.02	\$17,339.34	\$40,379.70	\$6,729.95	\$63,656.32
GLEEVEC	23	\$186,722.46	\$8,118.37	\$18,105.60	\$787.20	\$168,616.86
TECFIDERA	146	\$901,350.31	\$6,173.63	\$355,604.90	\$2,435.65	\$545,745.41
TRUVADA	97	\$134,309.60	\$1,384.64	\$55,721.65	\$574.45	\$78,587.95
		\$1,659,931.10		\$613,180.40		
Total Savings: \$1,046,751						

*Adjusted scripts are calculated by taking the total count of 30-day scripts plus the total count of 90-day scripts multiplied by three.

This represents an approximate 63% savings worth \$1,046,751 if these scripts had been filled as generic.

Other less costly but more prevalent drug classes where generic conversion opportunities exist include those treating asthma, attention deficit disorder, cardiovascular disease diabetes, depression/anxiety and hypothyroidism.

DID YOU KNOW?

ParetoHealth has an in-house clinical pharmacist who reviews all scripts requiring prior-authorization with Magellan Rx and SmithRx. Using the PBM's own clinical guidelines, we ensure that no scripts are approved that do not meet the evidence-based criteria established by each PBM. Said differently, we ensure that the PBM's are following their own rules. Our clinical pharmacist also facilitates cost-savings opportunities when appropriate, including alternative funding, therapeutic interchange, and international sourcing. Since 2018, the secondary review process has saved the captives over \$5 Million or approximately \$845 per script reviewed.



Medical Cost Intelligence Playbook Preview

Below is an excerpt from our Medical Cost Intelligence Playbook using aggregate captive data:

Data + Analysis + Intervention = Impact

At ParetoHealth, we view data as the cornerstone to achieving our two-part mission: **reducing volatility and healthcare cost**. This Playbook strives to put Pareto's Impact Equation into actionable steps. Most employers excel with understanding and analyzing the data but have limited ability to effectively intervene. Exclusively available to captive members on our ICM platform, this Playbook utilizes our proprietary clinical dashboard to give you the strategy and guidance to optimize your plan.

Medical Cost Intelligence: The Opportunity

The U.S., despite spending close to double on healthcare per person per year on average as compared to other high-income nations, consistently ranks near the bottom in key indicators for quality, access, and outcomes. While these disparities have existed for decades prior to the COVID-19 pandemic, the unprecedented stress test on our health system for the last two years highlighted the consequences of these inequities for a captive, world-wide audience tracking global response and recovery. We are a leader in biomedical research, innovation, and technology, yet our social inequities, administrative inefficiencies, and health care sector worker shortages all contribute to higher mortality rates, shorter life expectancy, and increasing incidence rates of chronic disease among Americans. These factors, combined with the lack of transparency and demand created for highly specialized, costly treatments, translate to annual health care coverage increases outpacing both inflation and workers' earnings.

Self-insured employers, now more than ever, have the best opportunity to combat the challenges presented by this paradox of cost, quality, and outcomes. Our ParetoHealth community of Members are a powerful collective of disruptors who have chosen to chart a different course, challenge the status quo, and take control of their own destiny.

This ParetoHealth Playbook will deliver the following plays to address medical trend management and guide optimal care pathways:

✓	Benchmarking Comparison
✓	Site of Care Steerage Opportunities
✓	Preventive Care Compliance
✓	Mental/Behavior Health Analysis
✓	Trigger Diagnosis Reporting



ParetoHealth Intelligence: Key Performance Indicators for Cost and Utilization

Prepared for: **ParetoHealth** Analysis Period: **March 2021 through February 2022**

Before drilling down into the specific areas of risk targeted with each play, a more macro-level view of key plan cost and utilization metrics has been provided below.

Dashboard: Cost Summary

Previous Paid	
Total Spend	PMPM
\$421,761,859	\$373
Claims	Population
Mar 20 - Feb 21	134,954

Current Paid	
Total Spend	PMPM
\$584,512,719	\$407
Claims	Population
Mar 21 - Feb 22	159,583

Medical Spend Paid
82% of Total Spend
\$480,136,876
Claims
Mar 21 - Feb 22

Rx Spend Paid
18% of Total Spend
\$106,123,725
Claims
Mar 21 - Feb 22

Net plan payments from medical claims paid during the time period specified.

Net plan payments from drug claims paid during the time period specified.

18% Increase to Membership • 9% Increase to Total Spend PMPM

High Cost Claimants

Current Paid	
Total Spend	PMPM
\$337,828,774	\$239
Claims	Population
Mar 21 - Feb 22	157,527
Non- HCC (\$50K)	

Net plan payments for Members with under \$50K paid during specified time period.

Current Paid	
Total Spend	PMPM
\$584,512,719	\$407
Claims	Population
Mar 21 - Feb 22	159,583
HCC (\$50K)	

Net plan payments for Members with over \$50K paid during specified time period.

1% of individual members drive 42% of total spend.



ParetoHealth Interventions: An Inside Look

Data + Analysis + Intervention = Impact

At ParetoHealth, we view data as the cornerstone to achieving our two-part mission: reducing volatility and healthcare cost. This ParetoHealth Intervention strives to put Pareto's Impact Equation into actionable steps immediately. Most employers excel with understanding and analyzing data but have limited ability to effectively intervene. Exclusively available to captive members on our ICM platform, this Intervention utilizes our proprietary clinical dashboard to give you real-time intelligence to optimize your plan and maximize savings.

Intervention: End-Stage Renal Disease Claimants

What Is End-Stage Renal Disease?

End-Stage Renal Disease (ESRD) is advanced chronic kidney disease, otherwise known as end-stage kidney disease or permanent kidney failure. ESRD impacts people of all ages, including children. With this disease, an individual's kidneys fail to function independently. In order to survive, they must receive long-term dialysis or a kidney transplant.

ESRD and Medicare

Entitlement for Medicare coverage based on ESRD works differently than other types of Medicare entitlement. Individuals diagnosed with ESRD are entitled to enroll in Medicare coverage even if they are younger than 65. Entitlement typically begins on the 1st day of the fourth month of dialysis. Once an individual is entitled under these special rules, Medicare rules dictate that a group-sponsored health plan must satisfy a 30-month coordination period before Medicare will become the primary payer. For this reason, many individuals will delay actual enrollment into Medicare until they are at or approaching the end of the coordination period. Furthermore, individuals entitled for Medicare based on ESRD who don't sign up right away can still initiate coverage with an effective date up to 12 months before the month in which they apply.

...many individuals will delay actual enrollment into Medicare until they are at or approaching the end of the coordination period...

Entitlement and Coordination Period Example:



May 2022

Mary Jane, an employee covered by Acme Corp., a Contrarian Re captive member, has ESRD and receives her first dialysis treatment on May 1, 2022.



August 2022

On the fourth month of her treatment, or August 1, 2022, Mary Jane is entitled for Medicare and her 30-month coordination period begins, even if she doesn't actually sign-up for Medicare at that time.



February 2024

At the end of the 30-month coordination period, or February 1, 2024, Medicare becomes primary payer for Mary Jane.



February 2025

Mary Jane can sign-up for Medicare at the initial date of entitlement or later. Retroactive coverage can take effect up to 12 months prior to the sign-up date. In this case, Mary Jane would want to sign-up for Medicare no later than February 1, 2025 to maximize coverage.

ParetoHealth Interventions in Action

To help our captive members and consultants identify real-time savings opportunities, ParetoHealth analyzes entitlement and claim data on a monthly basis for certain trigger diagnoses or events – what we call our ParetoHealth Interventions. The intent is to provide consultants and members with the identified area for intervention along with the actionable step to address the opportunity. In some instances, we may also communicate with the TPA or PBM if the intervention involves any type of coordination of benefit (COB).

In this Intervention, we are looking for members who may be entitled for Medicare now due to a new or existing ESRD diagnosis.

In the table below, please see a list of assumed entitled individuals based on available data sources* along with important details related to their coverage, most notably the number of months they've been receiving dialysis. Remember, once an individual has received their first dialysis treatment with an ESRD diagnosis, they must wait an initial 3 months to be entitled for Medicare and then on the 4th month the 30-month coordination period begins.

Name	Relationship	Age	Months in Dialysis	Total Paid Claims
Patient A	Spouse / Partner	35	34	\$146,983.42
Patient B	Employee	62	36	\$55,983.46

*These individuals are assumed to be entitled based on available entitlement and claim data. ParetoHealth makes no warranties or guarantees based on this information and assumes no liability for any misrepresentations in the data.

There are two key action items to address individuals with ESRD who may be entitled for Medicare:



1) Providing entitled beneficiaries with the tools and resources to sign-up for Medicare



2) Ensuring that claims are adjudicated properly by the TPA and/or PBM once the coordination period has been satisfied.

Enrolling in Medicare with ParetoHealth

Individuals actively at work with ESRD may keep their employer-sponsored medical benefit even if they elect to sign-up for Medicare; however, both those individuals actively at work and those who are on COBRA may find that Medicare is a more financially suitable alternative.



ParetoHealth partners with SmartMatch Insurance Agency, an independent Medicare enrollment firm, to provide captive members and their employees with year-round Medicare enrollment support on a risk-free basis using a consultative approach and based on an individual's unique coverage needs and budget. As a result, employees and their family members can confidently choose between Medicare Advantage or Medicare Supplement plans to best meet their coverage needs. Enrollment specialists are available to provide on-demand assistance to beneficiaries in the 48 contiguous states of the U.S.

Available exclusively to ParetoHealth ICM members, SmartMatch's SmartConnect program proactively targets both Medicare entitled and aging-in populations three times per year through proactive e-mail and home mailer campaigns. As part of this service, ParetoHealth and SmartMatch provide employers with a complimentary suite of communications that can be utilized year-round to support the direct outreach campaigns.

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