A PRACTICAL APPROACH TO INTEGRATING HEALTH AND DISABILITY PROGRAMS

Speakers:

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Introductions

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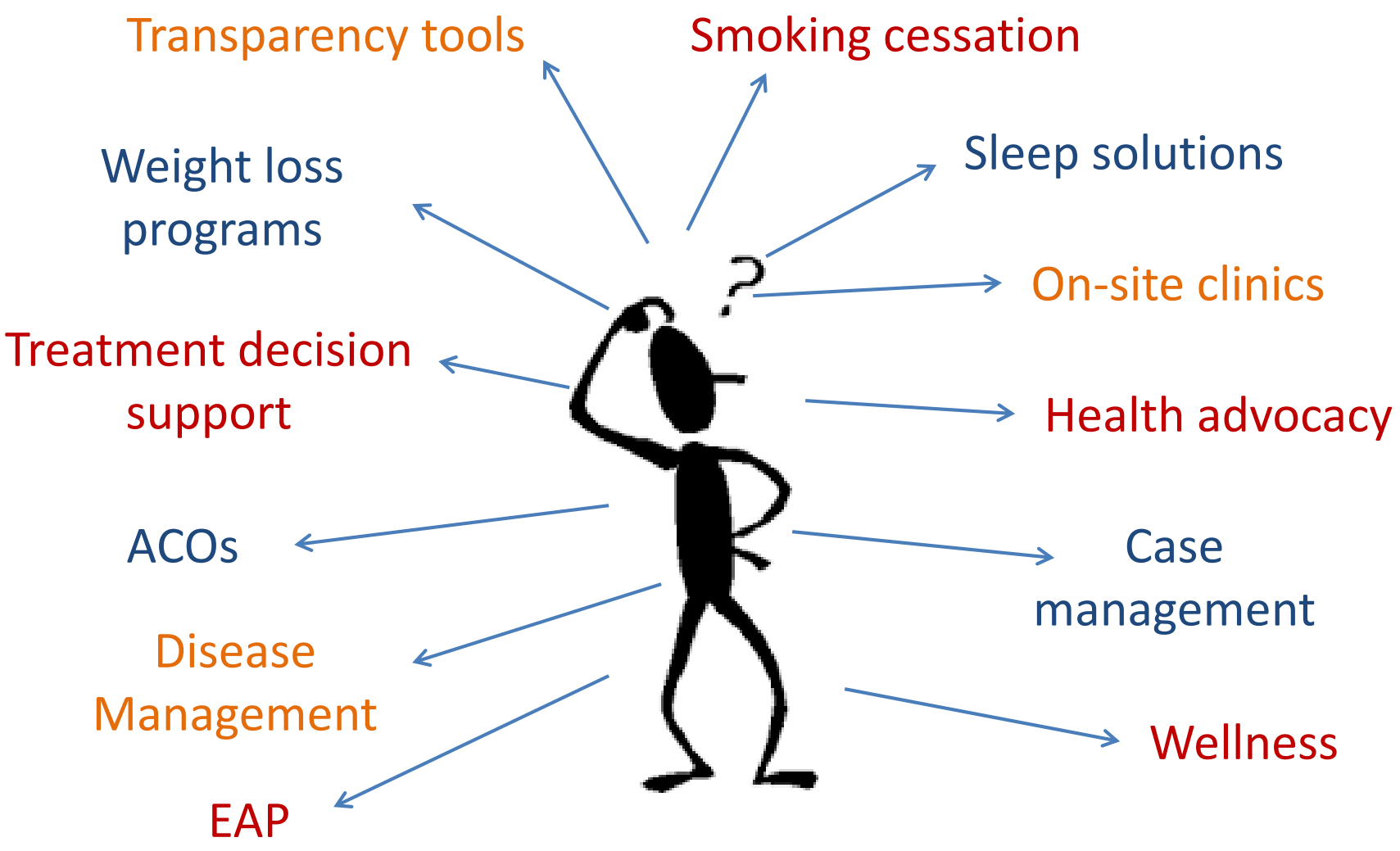
Today's Discussion

- Making the Health and Disability Connection
- Design fundamentals – "the right direction"?
- Tools to Maximize Program Effectiveness
- The Clinical Foundation
- The Consumer Journey - meet "Lee Philips"
- The CBS Experience
- Measurement and Value Drivers

Current array of programs is overwhelming and growing



How can employers help connect employees to the right programs at the right time?

Who

- What triggers a referral?
- Do referrals vary by diagnosis?
- What happens to claimants not enrolled in the medical plan?

When

- How soon after disability intake does a referral happen?
- Should all referrals happen at intake?
- What happens if additional information about the claimant comes up during the disability?

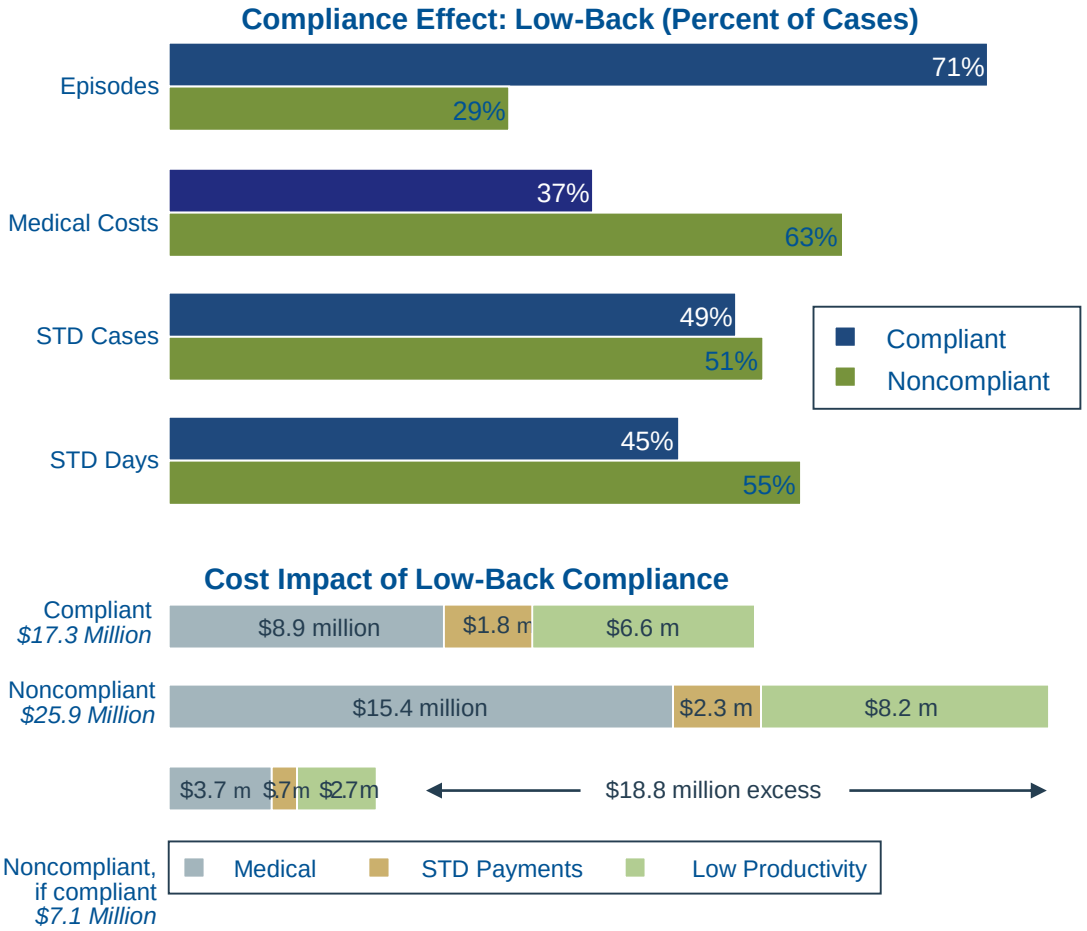
How

- Is the referral a warm transfer? Call back?
- How is the employer name leveraged in the referral process?
- How is the appropriate legal release of information obtained from the claimant?

Tools and Process to Maximize Program Effectiveness

The "high risk" population	• Translate **data into clinical action**, all claims vs. targeted risk populations
Identification during the claim process	• Maintain focus on "high cost" claims to provide greatest impact and efficiency, subjective or **automated**
Education and focused communications	• Programs and services available to help you achieve recovery and better health
Claimant authorization	• A critical step in the process – paper, **electronic signature, voice-authorization**
Making the referral	• Warm transfer, e-transfer, **auto transfer**
Intake and clinical outreach	• Centralized, timing, attempts – **qualified** referral vs. random outreach

Medical Best Practice:
Compliance With Evidence Based Guidelines



Lowest-Severity Low-Back Conditions: Compliant vs Non-Compliant

- ***Compliant treatment*** results in lower medical costs and lower incidence and duration of disability.
- ***Non-Compliance*** is associated with significant financial losses when considering full costs of health, disability, and loss productivity.

The total cost impact – Noncompliant if compliant = $18.8 Million

Source: "Are Medical Guidelines Effective Tools? Research by the Integrated Benefits Institute, February, 2004.

Creating Clinical Alternatives
Solving the big problems

Providing members information to participate in health care decisions with their doctors

BACK, KNEE AND HIP

Decision support programs help guide members who are considering surgery or joint replacement

Each shift to an alternative treatment option produced an average savings of **$10,400** per engaged member.
Members moving to an in-network UnitedHealth Premium®-designated provider for care had an average savings of **$625** per provider shift.

35% ***Choose a less costly treatment path***

Did you know that Musculoskeletal is one of the leading causes of lost work time and medical spend?

Source: UnitedHealthcare book of business, National Accounts Claims Analysis, study period: July 2012 – June 2013 (6-month post-period, 3-month claims run-out).
All figures in the presentation are based on historical experience and are not guarantees of future performance. Actual results will vary.

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Health matters
supporting the employers population

IDENTIFYING HEALTH RISKS MAXIMIZES ENGAGEMENT AND IMPACT

Monitor your entire population for opportunities to deliver a broad portfolio of integrated clinical services and support, referrals maximize the opportunity with “high risk” employees.

Staying healthy	Getting healthy	Living with a condition
		
Wellness and Prevention	**Care Management**	**Chronic Conditions**

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Meet “Lee Philips”

- 39 years old
- Accounts Payable Manager
- Back injury- a bulging disc
- Filed for disability benefits
- Orthopedist is recommending surgery
- Unum Disability Specialist (DBS) identified Lee as referral candidate
- Unum Disability Specialist educated Lee on Care Management and Treatment Decision Support programs provided by CBS health plan provider, UnitedHealthcare
- With Lee’s voice authorization, e-referral was sent to UnitedHealthcare

Musculoskeletal conditions are the number one drivers of medical costs (14%) and disability lost time (24%) for our clients

*Source: UnitedHealthcare National Accounts Trends for AHRQ Chapters (2010)
Note: Lee Phillips is a fictitious character to demonstrate UnitedHealthcare/Unum tools and programs.

Engaging the Member

Lee's UnitedHealthcare Nurse:

- Received referral from Unum – outreach call to Lee
- Discussed non-surgical options- similar outcomes
- Referred to UnitedHealthcare Premium Provider
- Recommended physical therapy and pain management as a conservative treatment
- Because Lee's back pain impacted day-to-day activities, she was screened for underlying depression
- UHC Nurse updated Unum DBS on activity and treatment plan
- Unum's Vocational Specialist worked with Lee, the treating Orthopedist and CBS on return to work plan

TDS focuses on conditions that may respond equally effectively to surgical and non-surgical treatment, with average savings of $10,400. 35% of TDS participants choose less complex procedures.*

* Source UnitedHealthcare analysis of medical expenses (no Rx) for several large employers.

Lee Today – RTW Success

- Avoided back surgery
- Returned to work full time and shortened work absence- 21 saved lost work days
- Back pain managed with weight loss and physical therapy, enrolled in Healthy Back Program
- Exercises daily to strengthen her back
- Co-Managed successfully with Master-Level Clinician from UHC EAP and Personal Health Support nurse for depression and back pain

Right Connection...

Right Programs…

Right Time…

*Source UnitedHealthcare analysis of medical expenses (no pharmacy) for several large employers

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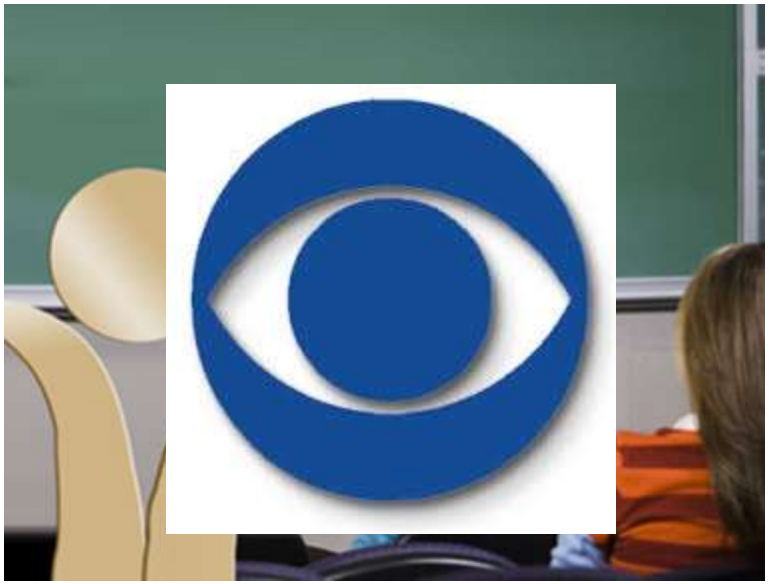
CBS Corporation



CBS Corporation

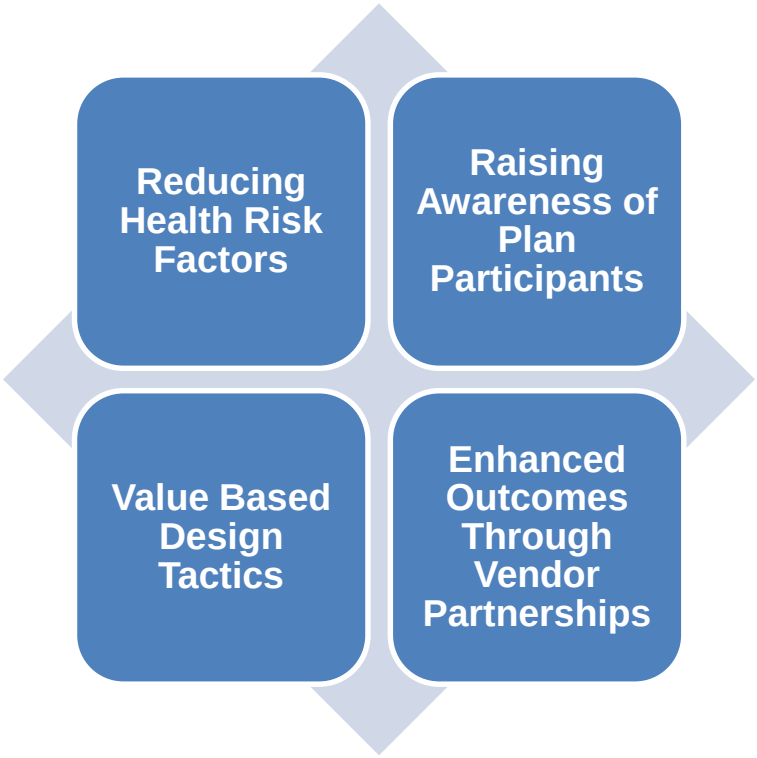
- Not just the news…
- No Medical Director – work with all stakeholders
- Self Insured
- Contributions based on salary tier
- 14,000 active benefit eligible employees
- 30,000 retirees
- Challenge to reach all employees

CBS Benefits Strategy

Health and Productivity in a Challenging Environment

CBS has a strategic approach to managing healthcare cost, employee engagement and lost work time

- Improving Health, Performance and Productivity
- Design with Intent
- Engaging Plan Participants
- Cost-Benefits Program Optimization



Today's Discussion

Disability and Health Integration

- Unum and UnitedHealthcare
- Impacting better outcomes through
  -Early Identification of "high risk claimants"
  -Employee education
  -Coaching and guidance

Value Based Design Tactics – Design with Intent

- Impacting Behavioral Health outcomes
- Small change and easy implementation – significant impact

Leveraging our Health and Disability Business Partners - Unum and UnitedHealthcare

1

Identify: Auto identification through Unum's Referral Priority Tool

CBS Referral Conditions Include:
- Cancer
- Circulatory
- Back
- Chronic Respiratory
- Diabetes
- Maternity (Complex)
- Behavioral Health (EAP)

2

Educate: Upfront education, helping CBS employees learn more about available health management programs and services

3

Refer: Voice Authorization -Secure E-referral to the UnitedHealthcare clinical nurse team

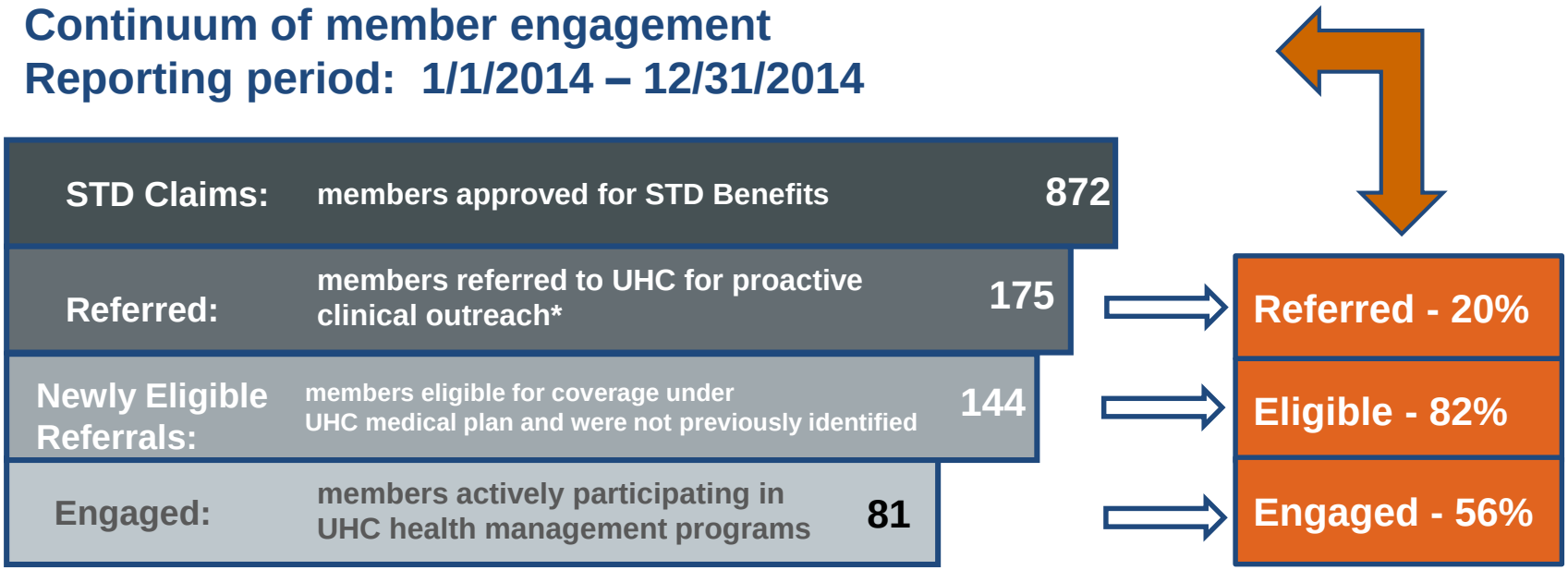
4

Engage: Helping employees make more informed choices, address gaps in care, understanding of their diagnosis and provide the needed support, coaching and guidance

Helping Employees Achieve Recovery and Better Health

CBS - Disability Referral Funnel

Continuum of member engagement
Reporting period: 1/1/2014 – 12/31/2014



Achieving increased levels of engagement and participation in UHC clinical programs through health and disability integration

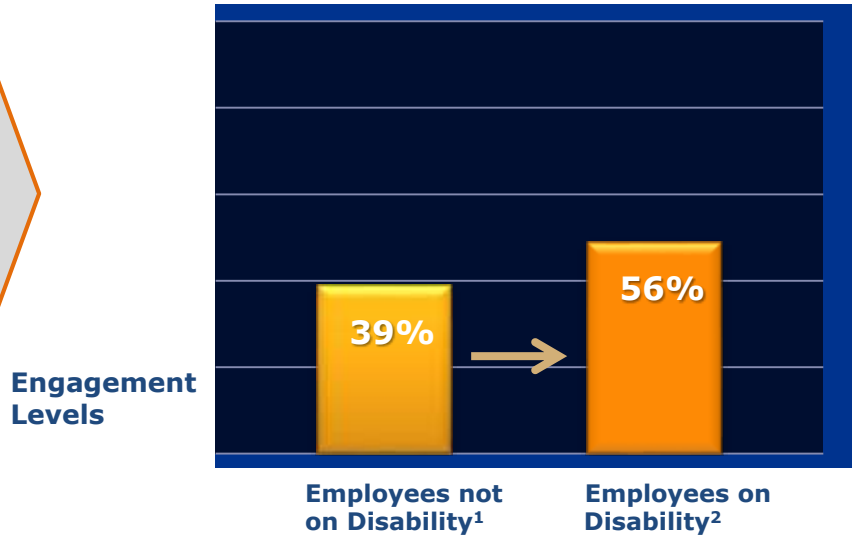
CBS Highlights and Observations

Integration between UnitedHealthcare and Unum expanded our employee engagement in Case Management programs and services

Short Term Disability referrals expand the reach to "at risk" employees: newly identified referrals represent **82%** of referral activity

56% of CBS employees on Short Term Disability engaged in case management programs and services. Increased from 2013 results of 49%.

Achieving increased levels of engagement and participation in UHC clinical programs



[1]Employees identified through the standard referral process for potential participation in a clinical program with similar diagnostic conditions.
[2]Employees identified through the Unum/UHC partnership referral process.

Behavioral Health – A New Approach

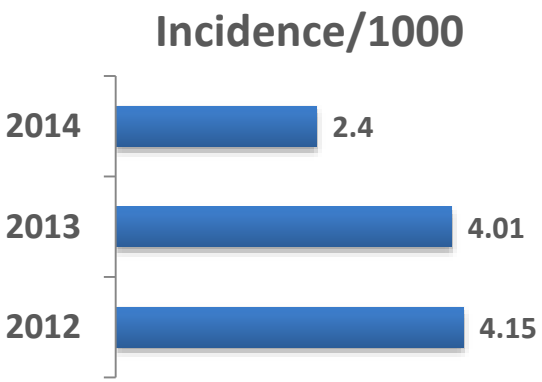
The Challenge: Assurance that Behavioral Health claimants were achieving appropriate and specialized care

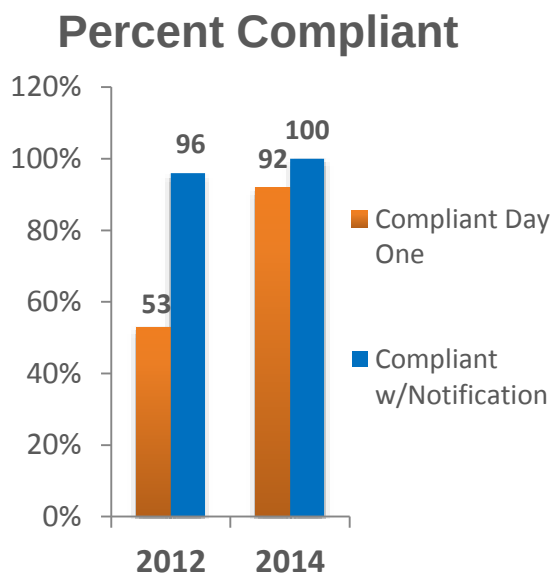
The Approach: Policy change – requires employee on STD claim to be under the care of a Behavioral Health Specialist (BHS) within 14 days of their notice of claim

- Scheduling assistance provided
- Verification Required

Learning's and Result

- **Approach is not viewed as punitive, our goal is to *provide appropriate care***
- **We *leverage EAP* to help employee's with scheduling appointments**
- ***Meaningful change* in compliance**





Where do you go from here?

- Do you know your baseline?
- Grab the low hanging fruit
- Adjust strategy based on your plan, vendors and strategies
- What does success look like?
- Referral volume does not equal value
- Plan design should reinforce the message
- Same goes for RTW Strategy and policy
- “State of the art” is constantly changing

Questions

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