



PARTNERCONNECT

2025



The Power of Data

*Turning Healthcare Claims Into a Strategic
Advantage*

Agenda

Introduction

How Data Helps

- ◆ Why Managing Healthcare Data is Important
- ◆ Data Warehouse Solution
- ◆ “I Get Data”
- ◆ Go Down the Rabbit Hole
- ◆ Data Warehouse Solution

Prospecting with Data

- ◆ What We’ve Accomplished
- ◆ Who We Help
- ◆ Value Proposition
- ◆ Prospect Analysis
- ◆ Benchmarking
- ◆ How to engage

Now What?

- ◆ Advancing Analytics
- ◆ Case Studies
- ◆ AssuredExcellence

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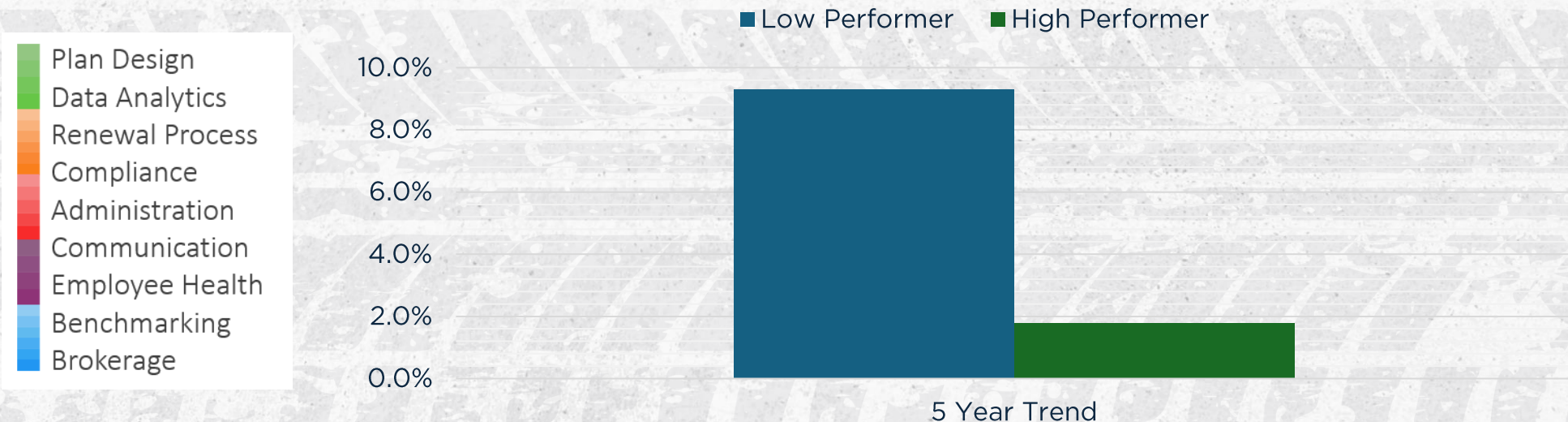
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How Data Helps

Why Managing Healthcare Data is Important

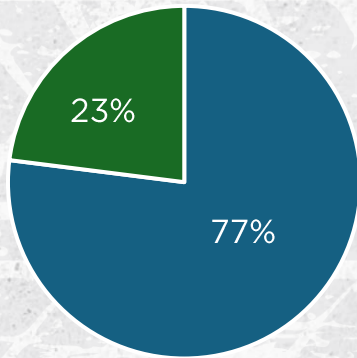
5 Year Trend by Benefit Performance



PEPY difference between high & low performer: \$2,212

Data Warehouse Solution

500 Employees

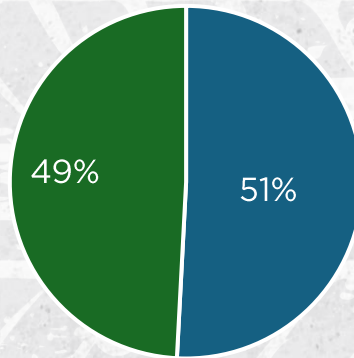


Use Data Warehouse



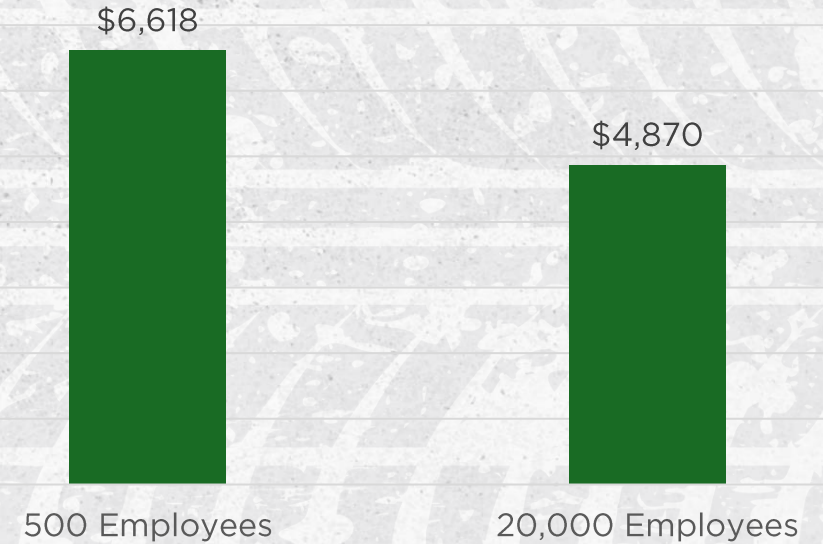
Do Not Use Data Warehouse

20,000 Employees



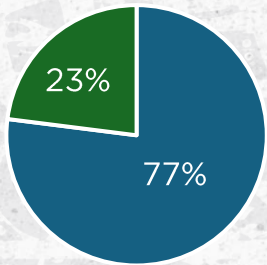
\$7,000
\$6,000
\$5,000
\$4,000
\$3,000
\$2,000
\$1,000
\$0

PEPY Cost

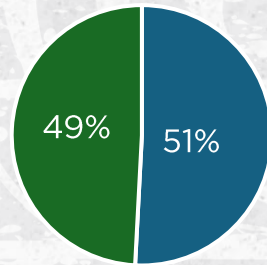


Data Warehouse Solutions

500 Employees



20,000 Employees

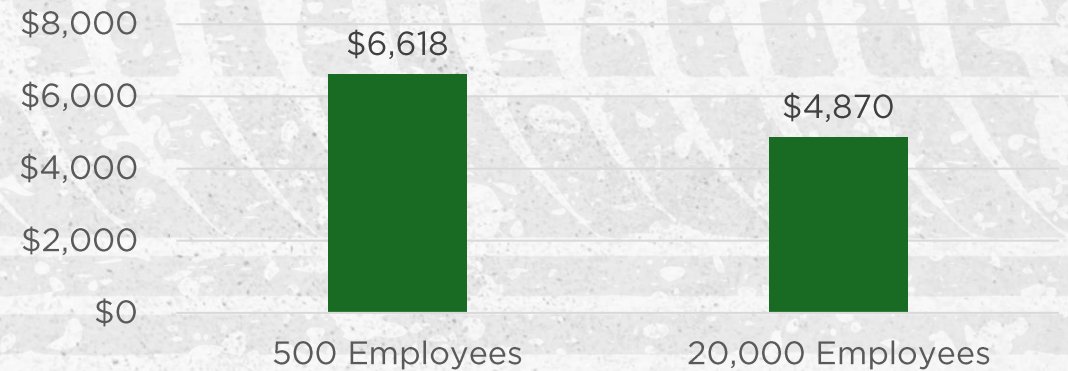


Use Data Warehouse



Do Not Use Data Warehouse

PEPY Cost



- Comparing two employer size segments, their use (or non-use) of a data warehouse and their respective Per Employee Per Year (PEPY) cost:
- 51% of employers in the 20,000-employee segment utilize a data warehouse compared to 23% of employers in the 500-employee segment.
- Difference in PEPY among the two employer segments is **\$1,748**. While *economies of scale* would account for a percentage of the difference, robust data analysis is widely accepted as the primary savings driver.

I Get Data

High Claimant Reports

Financial Information Reports

- IBNR/Lag
- Monthly Claims
- Monthly Enrollment
- Loss Ratio

High Level Utilization Reports

- ER Utilization
- Provider Utilization
- Rx Utilization

Top 10 Lists

- Procedures
- Drugs
- Provider/Hospital

Go Down the Rabbit Hole

What conditions
are driving spend
for your plan?

“Diabetes is a
big problem
for us.”

What percentage
of your
population has
diabetes?

“umm a
lot?”

Ask Questions! Don't Answer or Sell



Applications of Cotiviti

Stop Loss

Utilize individual claimant details to empower negotiation.

Place of Service

Evaluate member ER, Urgent Care, and Primary Care utilization and develop educational initiatives.

Rx Opportunities

Monitor drug spend to identify overpricing and explore alternatives.

Monitor GLP-1s

Track member use of GLP-1s for diabetes and weight loss.

Predictive Analytics

Anticipate claimant costs over next 12 months using current clinical data.

Geolocation Analysis

Utilize demographic information for more informed decision making.

Medicare

Identify claimants who qualify for Medicare.

Compare Providers

Discover popular providers and compare costs.

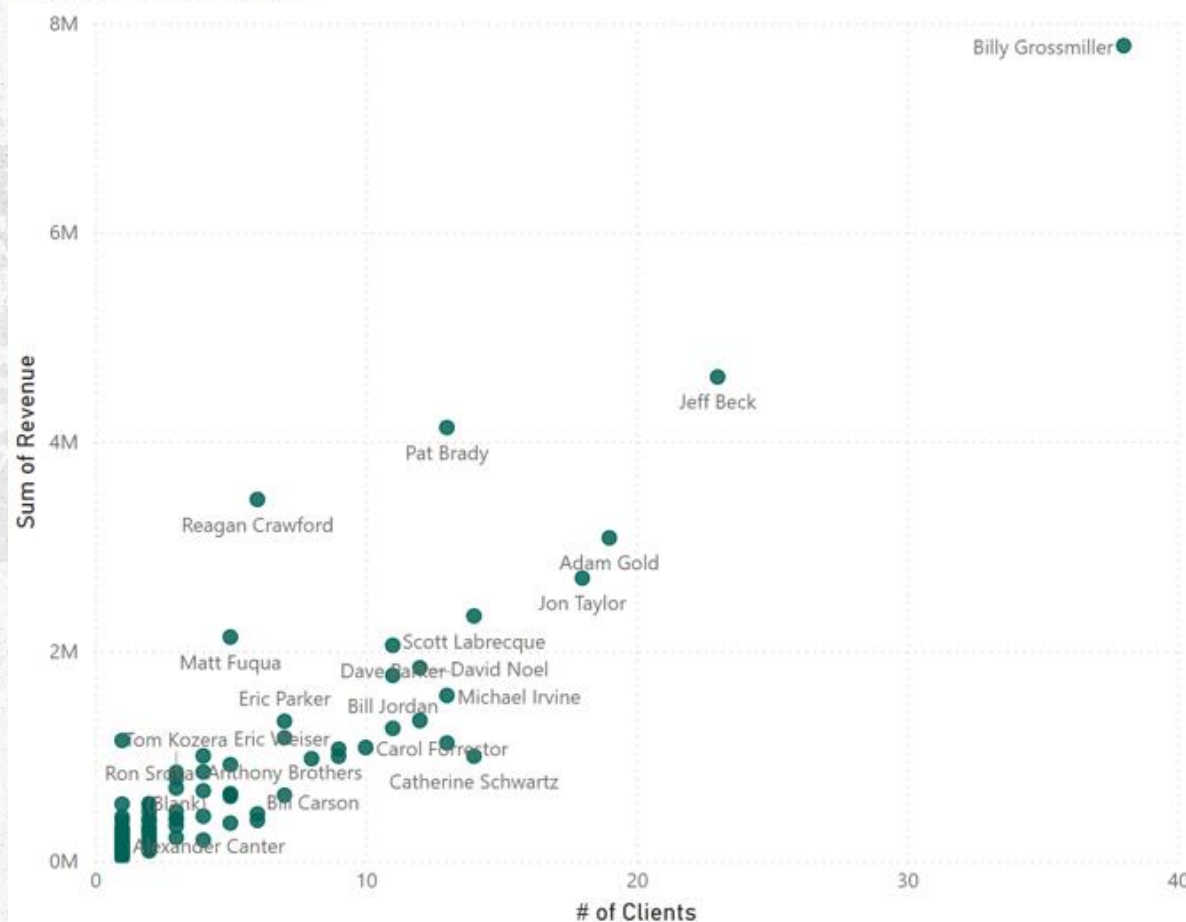
Prospecting with Data

What We've Accomplished

2022	Wins	Analyses Completed	Win %	Average Revenue Per Win		2022 Total
	12	60	20%	\$	161,791.67	\$ 1,941,500.00
2023	Wins	Analyses Completed	Win %	Average Revenue Per Win		2023 Total
	23	78	29.5%	\$	97,509.43	\$ 2,242,717.00
2024	Wins	Analysis Completed	Win %	Average Revenue Per Win		2024 Total
	18	106	16.98%	\$	107,288.72	\$ 1,931,197.00
2025 (so far...)	Wins	Analyses Completed	Win %	Average Revenue Per Win		2025 Total
	14	66	21%	\$	119,048.79	\$ 1,666,683.00
TOTAL	<u>Total Wins</u>	<u>Total Analysis Completed</u>	<u>Win %</u>	<u>Average Revenue Per Win</u>		<u>Total Revenue since 2022</u>
	67	310	21.61%	\$	113,680.55	\$ 7,616,597.00

Who We Help

Producer Performance

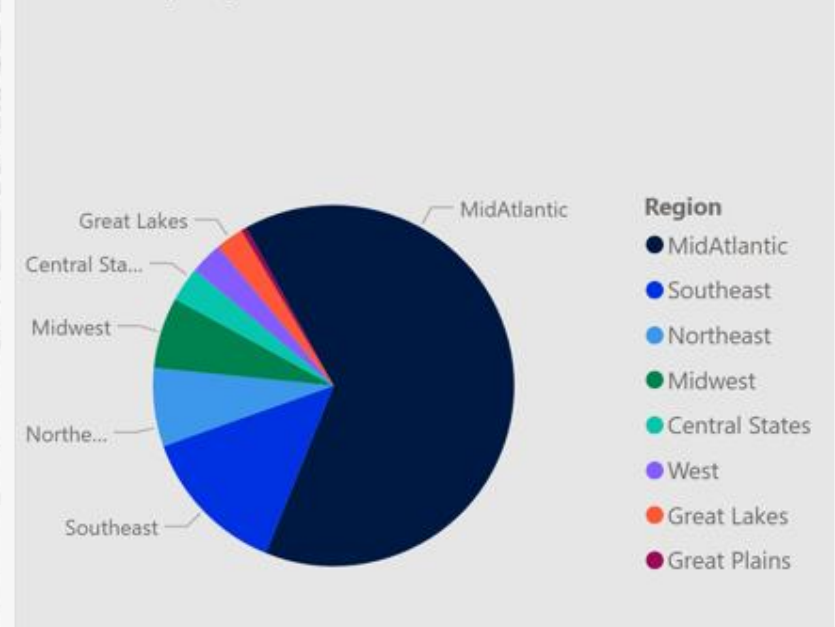


78M
Revenue

137
Producers

446
Clients

Revenue by Region (Drill Down Available)



Current Strengths & Value Proposition

How do we help you win?

The Prospect Team fundamentally helps answer three key business questions for AssuredPartners & our producer partners

How do we accomplish these goals now?

How can we help new and emerging producers grow their BoB from \$0 to \$500k+, providing them with the tools they need to close deals they might otherwise miss?

How can we provide tools essential to the continued success of our Top 1% producers?

How do we use real data to build client/producer trust?

Custom actuarial analyses

Prospect Toolkit

Live Cotiviti demos

Cohesive storytelling to show prospective clients, "Why does this data matter to me?"

Sales is the lifeblood of our organization, and the producers who use our resources return over and over again!

Examples of Outputs – Fully Insured v. Self-Funded

Fully Insured (FI)	2025/26	2026/27	2026/27	2026/27
Total Premium*	\$3,572,076	\$3,857,842	\$3,929,284	\$4,250,770
% Renewal		8.0%	10.0%	19.0%
Premium PEPM	\$1,391.00	\$1,502.27	\$1,530.09	\$1,655.28
Enrolled Employees	214			

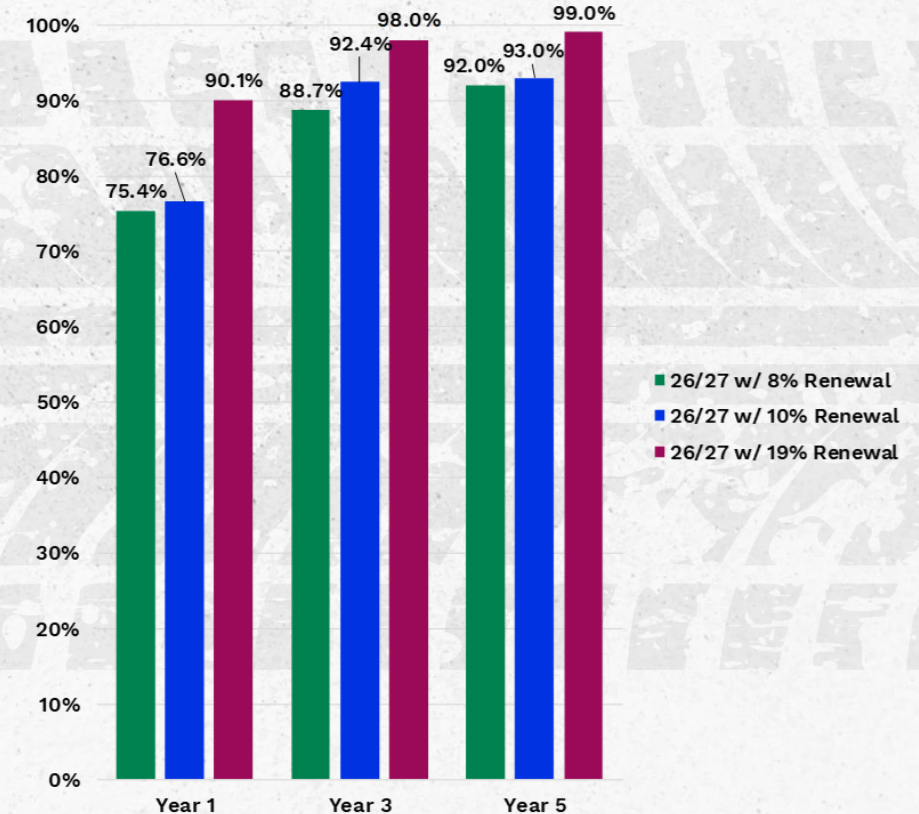
Self-Funding	Scenario 1	Scenario 2	Scenario 3
Specific Deductible	\$125,000	\$125,000	\$125,000
Aggregate Margin	125%	125%	125%
Expected Cost to Self Insure	\$3,671,116	\$3,671,116	\$3,671,116
Expected Savings/(Expense) vs. FI	\$186,726	\$258,168	\$579,654
Likelihood of beating FI after:			
Year 1	75.4%	76.6%	90.1%
Year 3	88.7%	92.4%	98.0%
Year 5	92.0%	93.0%	99.0%
Expected # Claims > Specific Deductible	5.0	5.0	5.0

Expected Cost to Self Insure			
Estimated Claims Payable by the Plan	\$2,919,401	\$2,919,401	\$2,919,401
Stop Loss Premium	\$692,203	\$692,203	\$692,203
Rx Rebates	-\$77,040	-\$77,040	-\$77,040
Administration Expenses	\$136,552	\$136,552	\$136,552
Total Expected Cost to Self Insure	\$3,671,116	\$3,671,116	\$3,671,116

Assumptions and Considerations of Note

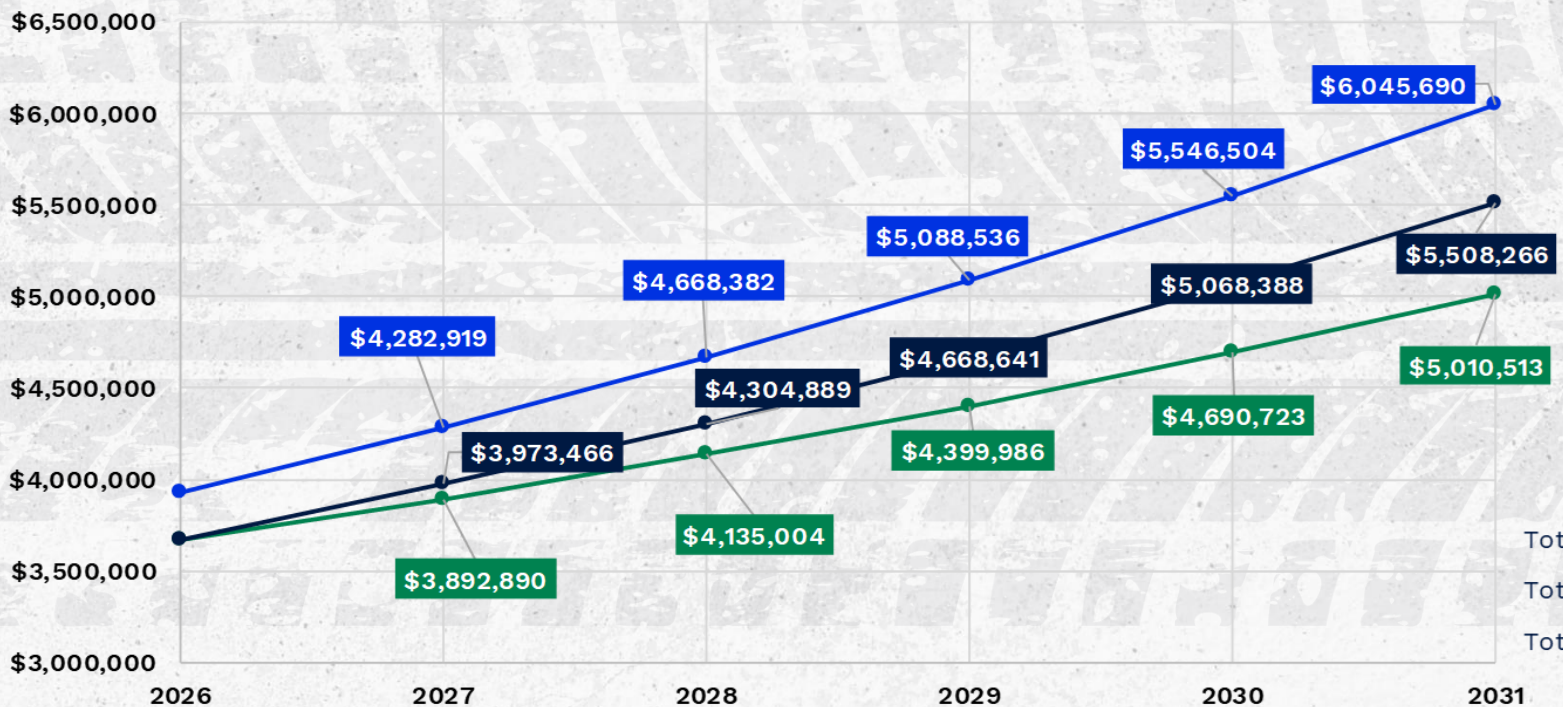
1. This estimated cost to self insure does include a conservative estimate for RX rebates (\$30 PEPM)
2. The 2025/26 premium is based on the 2025 Cigna Renewal rates x 214 currently enrolled EEs
3. The estimated claims payable represents LSI claims under the \$125,000 ISL and is derived from 24 months of LSI claim experience trended forward

Likelihood of SF Winning vs FI



Examples of Outputs – Fully Insured v. Self-Funded

Expected Annual Cost Trend Line – FI v. SF v. SF w/ AP



Expected Trend at AP (5% CAGR)
FI Prem @ 9% CAGR

Expected Cost at National Trend (7% CAGR)

Total FI Costs \$29,561,315.12
Total SF Costs @ Nat'l Trend \$27,194,765.30
Total SF Costs @ AP \$25,800,232.13

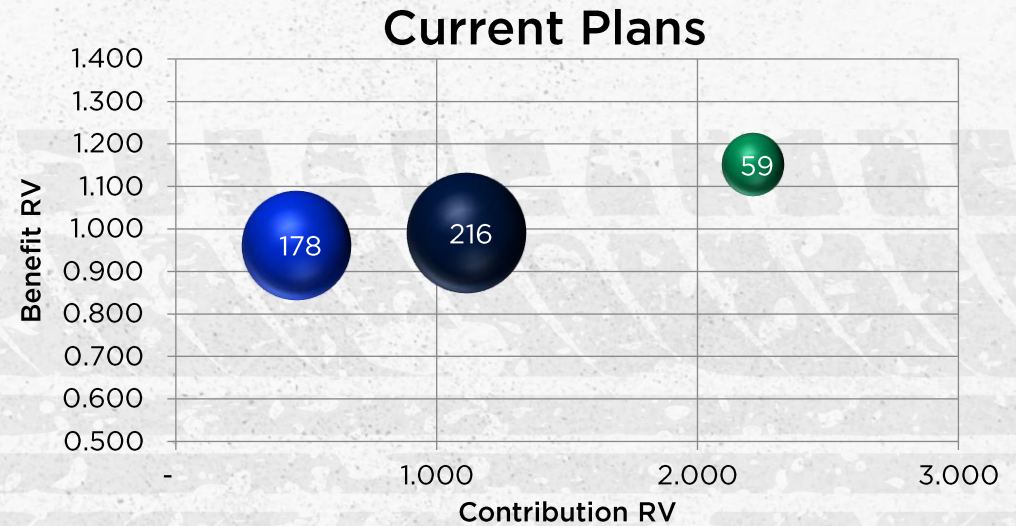
Total 6 Year Opportunity Cost \$3,761,082.99

Examples of Outputs – Migration Analysis

	Premium	Gold	Silver
Medical Benefits	In Network	In Network	In Network
Deductibles			
Individual	\$1,000	\$3,000	\$3,000
Family	\$2,000	\$9,000	\$6,000
Coinsurance	90.0%	70.0%	80.0%
Max. Out of Pocket			
Individual	\$3,000	\$6,350	\$6,000
Family	\$6,000	\$12,700	\$8,550
Copays			
Emergency Room	\$500	\$500	Deduct, Coins.
Urgent Care	\$40	\$40	Deduct, Coins.
Physician - Primary Care	\$20	\$25	Deduct, Coins.
Physician - Specialist	\$40	\$45	Deduct, Coins.
Pharmacy Benefits	Retail	Retail	Retail
Deductible			
Generic	\$10	\$10	CYD, \$10
Brand - Formulary	\$50	\$50	CYD, \$35
Brand - Non-Formulary	\$80	\$80	CYD, \$65
Specialty			
Plan Cost Share* (%)	88.7%	80.7%	78.2%
Participants' Cost Share* (%)	11.3%	19.3%	21.8%
Participants' Cost Share* (\$)	\$996	\$1,554	\$1,769

* Deductible + Coinsurance + Copays; does not include employee contributions

**CYD = Calendar Year Deductible



	Coverage Tier	EE Only	EE+Sp	EE+Fam	FAM	Total
Platinum Plan	EE Contributions	\$444.65	\$930.42	\$760.13	\$1,259.97	
	Monthly Savings	-	-	-	-	
	Acct Contributions	-	-	-	-	
	Enrollment	28	16	8	7	59
Gold Plan	EE Contributions	\$184.46	\$495.14	\$377.07	\$690.56	
	Monthly Savings	-	-	-	-	
	Acct Contributions	-	-	-	-	
	Enrollment	129	32	20	35	216
Silver Plan	EE Contributions	\$55.00	\$246.00	\$169.50	\$300.00	
	Monthly Savings	\$42.00	\$63.00	\$63.00	\$83.00	
	Acct Contributions	-	-	-	-	
	Enrollment	105	21	19	33	178

Examples of Outputs



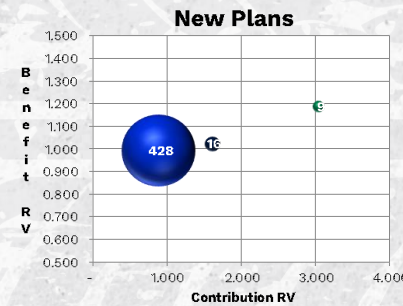
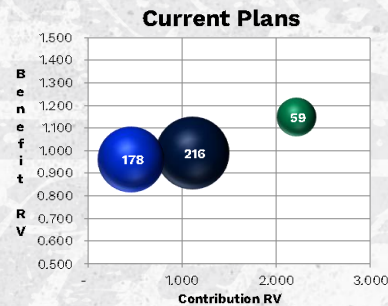
Perceived Value
Expected employee plan selection



Change	
Claims Savings < SL	(53,155)
EE Contributions	(256,367)
SA Contributions	59,090
Net Change	262,302

These three plans are mispriced.

- Our actuarial model suggests that, over time, employees will flow “down” into the Silver Plan. Why?
- The added HSA seed increases the “value” of the plan
- The actuarial values of the plans are too close to justify the contributions being charged



Optimal Value
Employees select best plan for themselves

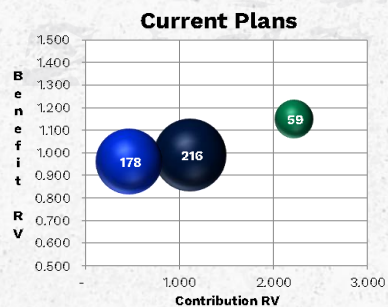


Change	
Claims Savings < SL	(201,808)
EE Contributions	(772,845)
SA Contributions	156,559
Net Change	727,597

Ultimately, the Silver Plan is close from a benefit perspective, and *much* cheaper than the alternatives.

What does this mean for the employer?

- Each time an EE selects the Silver Plan, it costs an additional \$2,905 PEPY!
- \$727,597/250 EE's who moved = \$2,905 PEPY



Minimal Value
Employees select worst plan for themselves



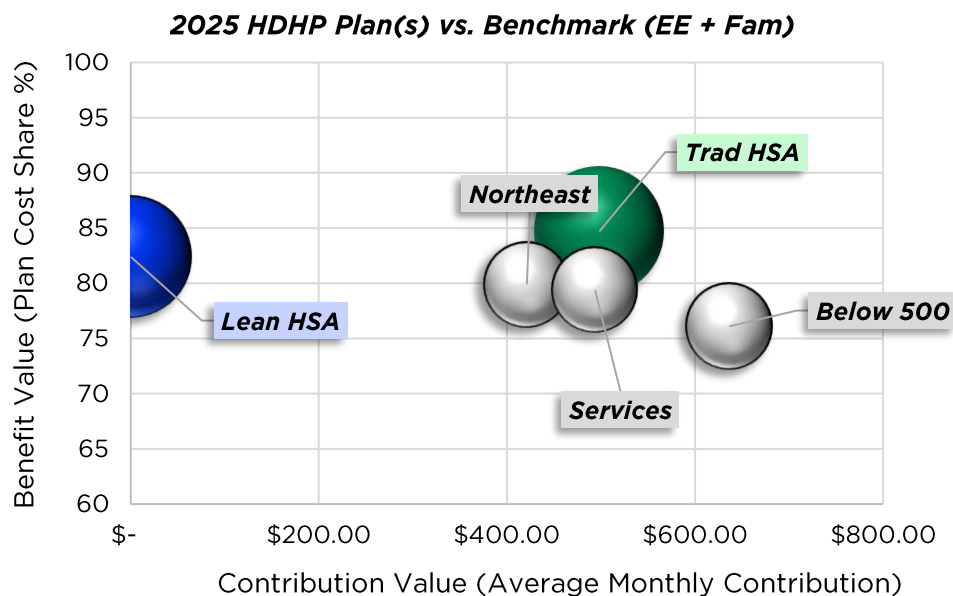
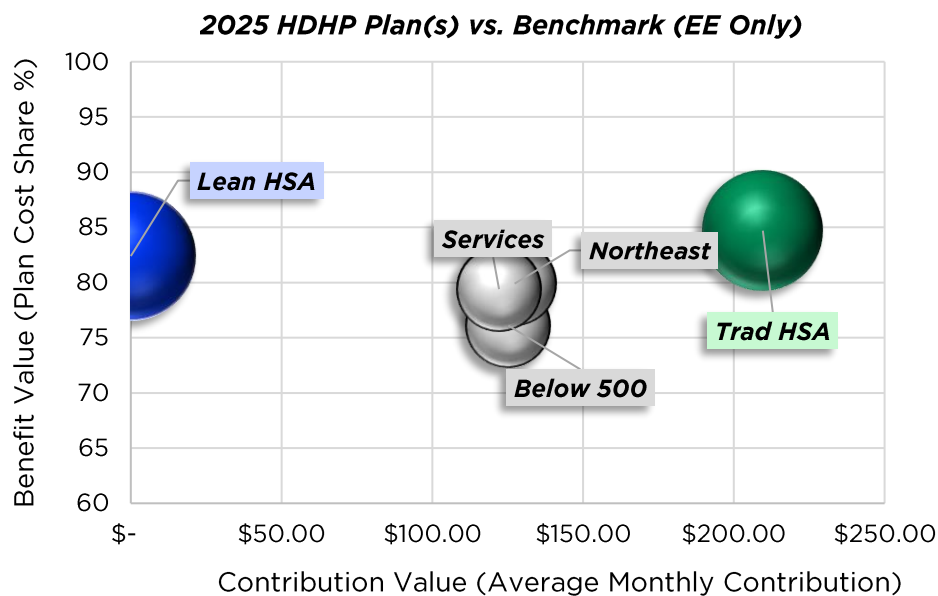
Change	
Claims Savings < SL	810,841
EE Contributions	1,811,484
SA Contributions	(103,214)
Net change	(1,103,856)

As downstream migration occurs, a net loss occurs – the contributions lost + the additional HSA seed paid cannibalize the claims savings from higher deductibles, co-pays and coinsurance.

This is suboptimal and represents unknown risk within the plan structure.

Benchmarking Analysis

The exhibits to the left compare plan(s) to individual and family tier benchmark plans, the y-axis compares benefit value (each plan's actuarial value, percentage of costs assumed by the carrier), and the x-axis compares contribution value (monthly contribution amount for employees)



	Trad HSA	Lean HSA	Below 500	Northeast	Services
Deductible Individual	\$2,000.00	\$2,500.00	\$3,000.00	\$1,850.00	\$2,000.00
Deductible Family	\$4,000.00	\$5,000.00	\$5,600.00	\$3,700.00	\$4,000.00
OOP Max Individual	\$3,200.00	\$4,000.00	\$4,700.00	\$4,000.00	\$4,000.00
OOP Max Family	\$6,400.00	\$6,850.00	\$8,000.00	\$8,000.00	\$8,000.00
Coinsurance	100%	90%	80%	80%	80%
ER HRA/HSA Contribution Indiv Annual	\$1,000.00	\$0.00	\$750.00	\$500.00	\$600.00
ER HRA/HSA Contribution Fam Annual	\$2,000.00	\$0.00	\$1,200.00	\$1,000.00	\$1,040.00
EE Only	\$209.63	\$0.00	\$125.24	\$127.31	\$122.13
Family	\$498.33	\$0.00	\$636.53	\$421.25	\$493.70

Vertical Axis: Benefit Value (richness of the Med/Rx plan)

Horizontal Axis: Average employee contribution cost

Intent of the diagram is to compare the relationship between the value of the plan and the proportional employee cost to be in that plan

How to Engage the Team

Reach out to Nick Wolf (nick.wolf@assuredpartners.com)
AFTER Discovery and **AT LEAST** 2-3 weeks before Blueprint

Prior to reaching out, collect the necessary data/documents
For COE prospects we will customize the following as a standard report, assuming we get all the data we need.

Benchmarking

- Current Plan Designs/Benefit Guide
- Current monthly employee contributions & current enrollment by plan by tier

Self-funded vs Fully Insured Analysis

- 12 (minimum) – 24 (ideal) months of premiums v. claims reports
- Current Plan Designs/Benefit Guide
- Current monthly employee contributions & current enrollment by plan by tier

Migration Analysis (If applicable)

We'll only do this if the prospect is already SF or their SF vs FI analysis looks like Self-Funding is a strong & viable option)

- Current Plan Designs/Benefit Guide
- Current monthly employee contributions & current enrollment by plan by tier
- 12-24 months of monthly claims data

For EB Select prospects, we won't perform any custom analyses but will provide sample slides for Benchmarking and a SF vs FI analysis.

The prospect team is also available to join your blueprint and be the subject matter expert on these reports!

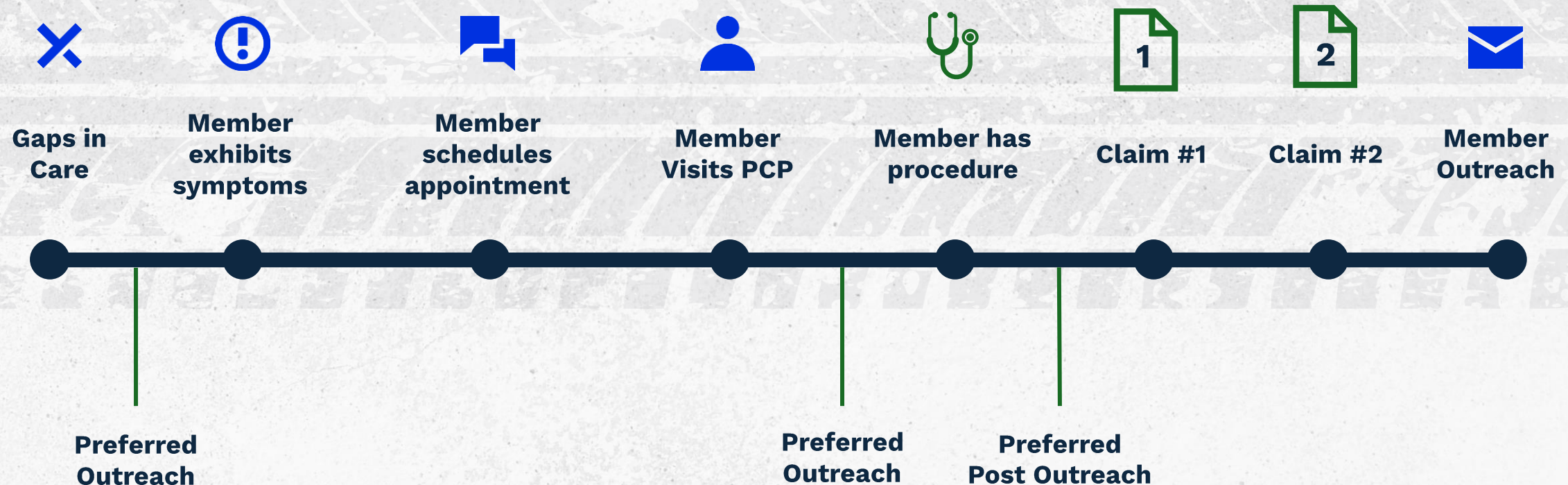
From receipt of necessary data/documents,
standard turn-around time is 10 business days



Now What?

Advancing Analytics

How do we leverage real time data and meet the member where they are?



Examples

Surgery Steerage



AI solution identified a member that was in the early stages of assessing the need for a total knee replacement and routed the member to an AssuredExcellence provider within 60 minutes of their home.

High-Cost Claimants



Care Gap AI agent flagged a high-cost claimant with a history of cardiovascular disease and was non-adherent on blood thinners. Outreach to the member got them their medication + annual cardiologist visit scheduled. Possible future \$100k stroke claim avoided.

Pharmacy Savings



Self-funded employer had a point solution for low-cost mail order prescriptions. Able to identify, engage and switched over more members than were previously on it.

Oncology 2nd Opinion



Employer implemented AssuredExcellence and through the AI Platform, identified lab results indicating a verified cancer diagnosis. Outreach occurs to inform member of point solution for a 2nd opinion cancer diagnosis to verify treatment.

Real World Examples

Quick Facts

Type of Operation: Multistate Manufacturing Company

Number of Employees: 800

Headquarters: Midwest

Problem

This member's cost increased significantly after a provider change in January 2020. Total plan cost per unit increased ~360%, while member cost remained the same. The member was likely unaware that a simple provider change could drastically impact the employer's bottom line. Annual Ocrevus cost for the member in the 2020-21 plan year was **\$494,032**.

Solution

AP was able to successfully re-route the procurement of the script to the specialty pharmacy, and the health system and PBM started a dialogue to determine shipment timing and dosage.

This intervention caused no member disruption to treatment cost, cadence, or location.

Results

The first of two annual scripts was filled in May 2021 for \$35,527. Annual cost is estimated to be \$71,054. Net savings to the employer is **~\$423k (over 6% of annual gross claims)**.

The table below shows actual Ocrevus claims from a member in AP's Book of Business in AP's claims data warehouse. Claims are in sorted in chronological order.

Claim Type	Provider	Primary Diag desc	Proc Code/NDC	Procedure/Drug	Place of Service	Service Date	Service Units	Allowed Amount	Cost/Unit
MED	Hospital 1	Multiple sclerosis-G35	J2350	Injection, ocrelizumab, 1 mg	On Campus-Outpatient Hospital	7/11/2019	300	\$26,910.46	\$89.70
MED	Hospital 1	Multiple sclerosis-G35	J2350	Injection, ocrelizumab, 1 mg	On Campus-Outpatient Hospital	7/25/2019	300	\$26,910.46	\$89.70
MED	Hospital 2	Multiple sclerosis-G35	J2350	Injection, ocrelizumab, 1 mg	On Campus-Outpatient Hospital	01/07/220	600	\$239,118.75	\$398.53
MED	Hospital 2	Multiple sclerosis-G35	J2350	Injection, ocrelizumab, 1 mg	On Campus-Outpatient Hospital	6/29/2020	600	\$247,016.25	\$411.69
MED	Hospital 2	Multiple sclerosis-G35	J2350	Injection, ocrelizumab, 1 mg	On Campus-Outpatient Hospital	12/14/2020	600	\$247,016.25	\$411.69
RX	Pharmacist	Multiple Sclerosis Agents	50242015001	OCREVUS	Pharmacy	5/27/2021	600	\$35,527.41	\$59.21

Real World Examples

Quick Facts

Type of Operation:

Multistate
Manufacturing
Company

Number of

Employees: 800

Headquarters:

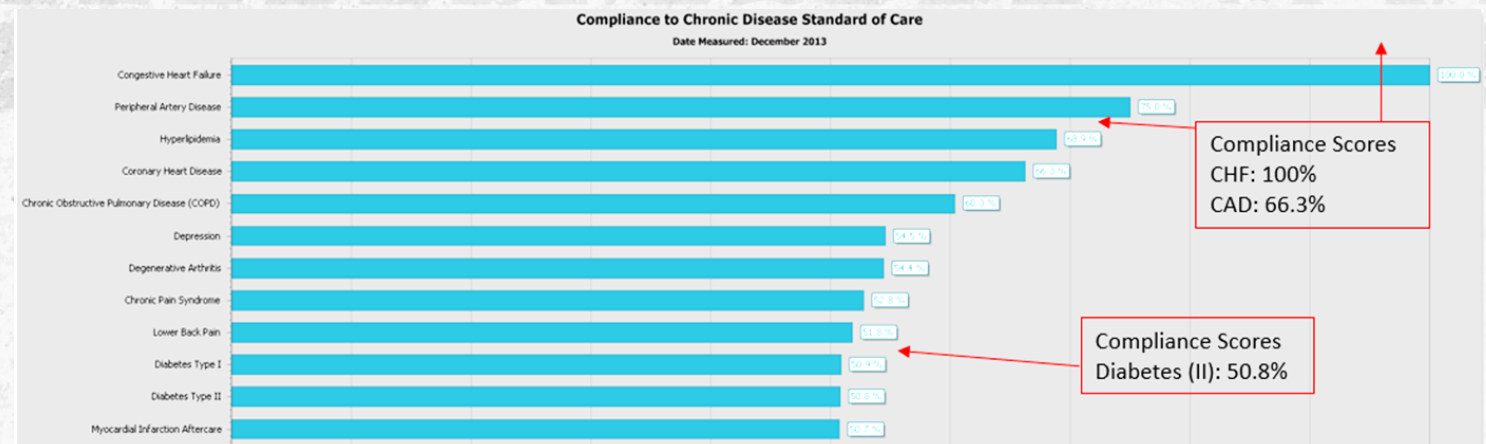
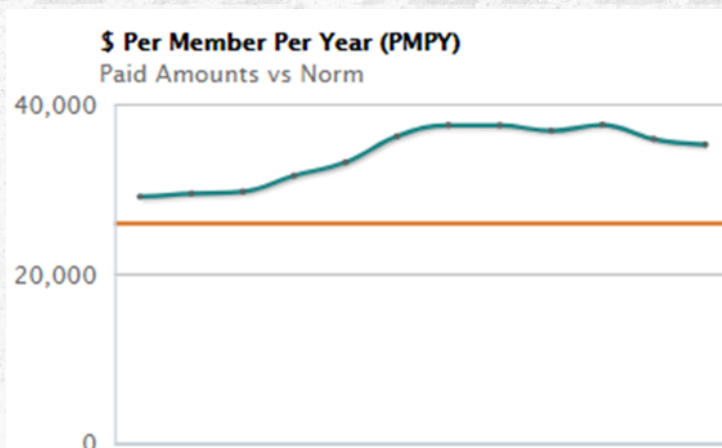
Midwest

Problem

White collar company had implemented on-site clinic and was working with a wellness vendor on a “Healthy Heart” program but seeing little impacts on claims year over year. The logic was based on summary reports indicated Congestive Heart Failure (CHF) and Coronary Artery Disease (CAD) were high-cost drivers within the plan and spend PMPY for those conditions was above benchmarking.

Solution

Analysis showed that members with heart conditions, while costly, were among the most compliant with regards to evidence-based medicine adherence and gaps in care. However, members with Type II Diabetes were amongst the least compliant. Further analysis of just the diabetic population revealed that diabetics with comorbidities of CAD and CHF had much higher hospitalization rates than the rest of the diabetic population, and the claims spend per year on those comorbid members was also significantly higher. Thus, the focus shifted from Heart Health, to Diabetes.



Real World Examples

Quick Facts

Type of Operation:
Multistate Manufacturing Company

Number of Employees:
800

Headquarters: Midwest

Results

Over a two-year period, with a strong focus on closing Diabetes gaps in care, the claims began to reflect the impacts, such that comparing costs **two years later showed that the average cost for Diabetics and members with CAD had been cut in half annually, while the cost of CHF had been reduced by nearly two thirds.** Conservative estimates indicate that the aggregate savings to the plan over this two-year period were nearly \$4M as a result in the data-driven shift in strategy.

Diseases	# of Members		Members per 1000		PMPY	
	P1	P2	P1	P2	P1	P2
*Diabetes	210	239	54.8	56.2	\$17,708.47	\$8,790.67
Coronary Artery Disease (incl. MI)	53	59	13.8	13.9	\$30,919.44	\$15,522.10
Congestive Heart Failure	6	16	1.6	3.8	\$75,093.55	\$20,970.21

Comorbidity		# of Members		Members per 1000	Office Visit per 1000	ER Visit per 1000	Admissions per 1000	PMPY
		Total	Current					
Hypertension		206	164	58.9	8,849.4	437.1	197.2	\$25,530.58
Uncomplicated Hypertension		183	145	52.3	8,465.8	417.0	182.4	\$23,462.33
Hyperlipidemia		155	123	44.3	8,901.7	337.6	159.1	\$23,494.53
Back Pain		113	102	32.3	11,948.1	577.4	198.6	\$29,315.84
Osteoarthritis		107	85	30.6	12,343.5	461.4	222.0	\$33,631.65
Coronary Artery Disease (incl. MI)		62	53	17.7	9,980.7	574.5	319.1	\$40,182.66
Cancer		42	31	12.0	11,434.2	465.4	209.9	\$51,807.03
Neck Pain		35	33	10.0	12,889.6	473.8	193.4	\$34,119.24
Atrial Fibrillation		25	17	7.2	11,487.4	904.5	512.6	\$50,920.25
Asthma		23	20	6.6	11,001.3	608.6	296.5	\$35,689.45
Complicated Hypertension		23	19	6.6	11,843.5	594.5	312.9	\$41,672.09
Congestive Heart Failure		19	12	5.4	14,623.7	1,053.8	817.2	\$67,901.11
Cerebrovascular Disease		19	15	5.4	11,616.8	665.5	242.0	\$42,839.88
Chronic Renal Failure		18	15	5.1	12,949.5	828.3	525.3	\$57,907.83
Chronic Obstructive Pulmonary Disease		17	14	4.9	16,399.3	1,197.8	653.4	\$58,065.07
Headache		17	17	4.9	11,327.8	593.1	39.5	\$25,950.76

Real World Examples

Quick Facts

Type of Operation: Tech Company

Number of Employees: 850

Headquarters: Southeast

Hospital	Admission Type	Diagnosis Group	Primary Procedure	Inpatient Days	Total Paid Amount
INDIANA UNIVERSITY HEALTH INC	Surgical	Osteoarthritis	Total Knee Replacement	1	\$ 85,268
INDIANA UNIVERSITY HEALTH BALL MEMORIAL	Surgical	Osteoarthritis	Total Knee Replacement	1	\$ 82,910
COMMUNITY HEALTH NETWORK, INC	Surgical	Osteoarthritis	Total Knee Replacement	2	\$ 67,970



Problem

The spread in cost for something as “routine” as a knee replacement was over \$60k based on the hospital, with no discernable difference in quality or outcomes. Massive exposure existed to the plan based on something as simple as where plan members chose to have surgery, without any incentive to choose both a high quality and low-cost provider.

Hospital	Admission Type	Diagnosis Group	Primary Procedure	Inpatient Days	Total Paid Amount
INDIANA ORTHOPAEDIC HOSPITAL, LLC	Surgical	Osteoarthritis	Total Knee Replacement	2	\$ 26,878
ADVENTIST MIDWEST HEALTH	Surgical	Osteoarthritis	Total Knee Replacement	3	\$ 25,801
EDWARD HOSPITAL	Surgical	Osteoarthritis	Total Knee Replacement	3	\$ 25,743

Real World Examples

Quick Facts

Type of Operation: Tech Company

Number of Employees: 850

Headquarters: Southeast

Solution

We developed a bundled payment center of excellence program in which roughly 50 surgical procedures could be performed at a fixed, low cost and at some of the top facilities in the country. The engaged employer would incent the member to use program and cover all costs and any necessary travel, and still save tens, or even hundreds, of thousands of dollars per procedure, with better outcomes.

Surgical Care



Musculoskeletal



Gynecology



Gastroenterology



Cardiovascular



General Surgery



Urology



Bariatrics



Pain Management



ENT

Cancer Treatment (All Cancer Types)*



Prostate



Breast



Uterus



Bladder



Lung



Thyroid



Non-Hodgkin
Lymphoma



Leukemia

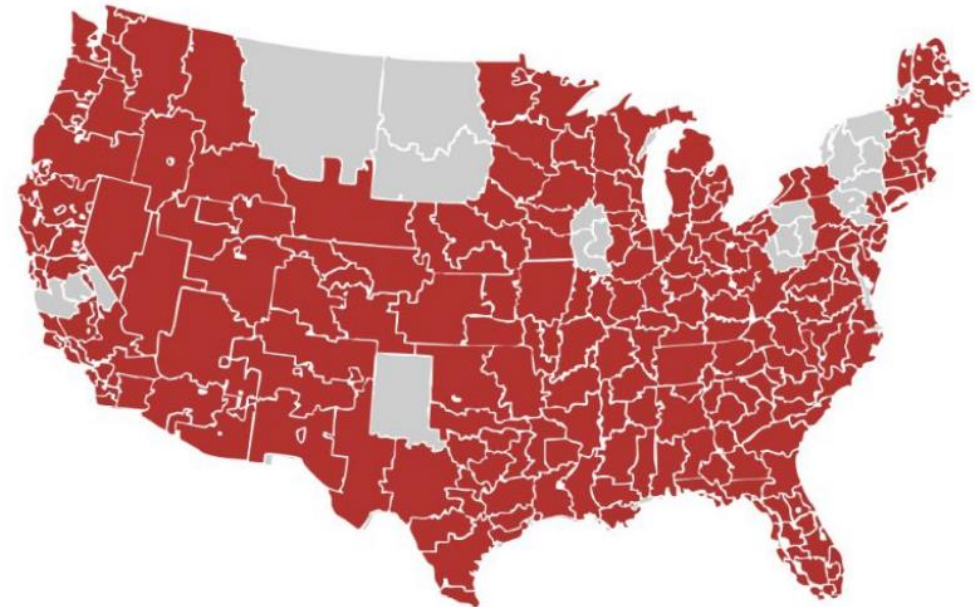
Substance Use Treatment



Alcohol
Use



Opioid
Use



Another Tool in Your Belt

AssuredExcellence is our **proprietary** program that provides specific medical procedures and high-cost specialty drugs.

This is for self-insured groups.

This provides a **bundled pricing arrangement** as opposed to a cost-per-service arrangement done with basic group insurance plans.

This concept could **save up to 1/4** of the cost for a surgery and **up to 1/3** for a specialty drug, when compared to the basic group insurance plan. These lower costs would be applied to the total stop loss claims.

\$0 cost to employer

- No plan implementation fee
- No PMPM cost

\$0 cost to employee*

- paid travel expenses or stipend payment available

 carrumhealth

 Cleveland Clinic

 Eating Recovery Center

 Pathlight Mood & Anxiety Center

 GOLDFINCH Health

 Hazelden Betty Ford Foundation

Hoag Orthopedic Institute.

 JOHNS HOPKINS MEDICINE

MIDLANDS orthopaedics & NEUROSURGERY

MIDWEST ORTHOPAEDICS at RUSH

 PRICEMDs Where America Shops for Healthcare

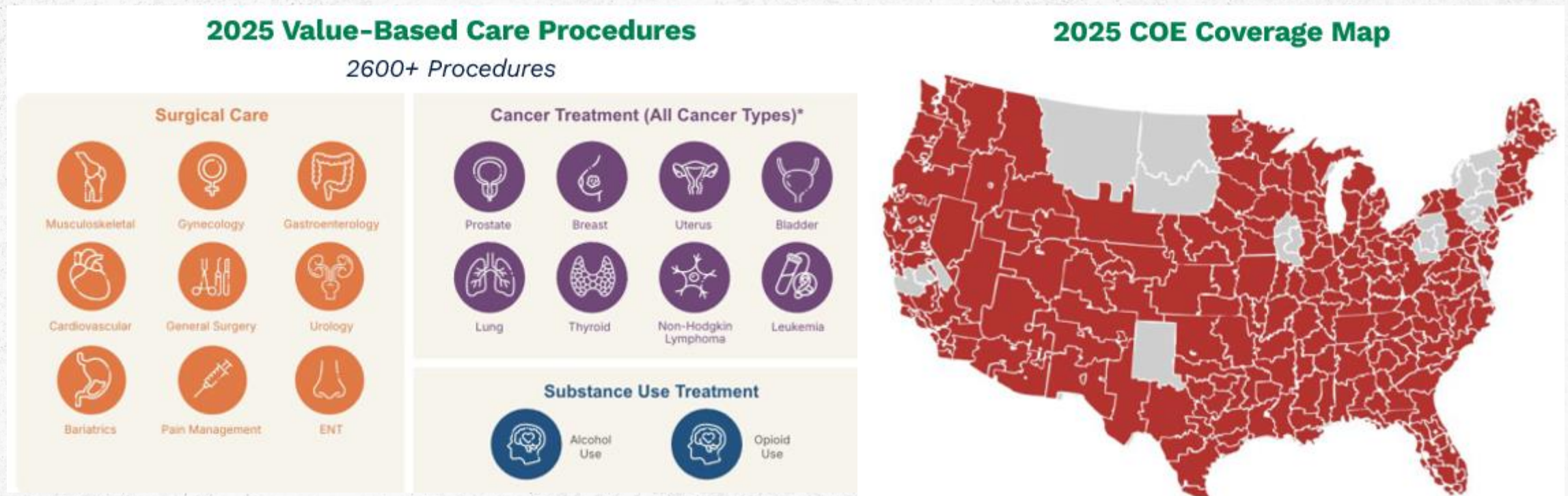
 Shriners Children's

    JOFFREY * BALLET CHICAGO 

**If enrolled in a qualified High-Deductible Health Plan (HDHP), you may be subject to charges at the END of the plan year. IRS min deductible requirement for 2025 is \$1,650 Ind / \$3,300 Fam).*

Carrum Reaches More Members Than Ever

By partnering with Carrum, AssuredPartners will be able to address their national client base by offering “AssuredExcellence in partnership with Carrum” which can address up to 40% of medical spend and reach ~90% of Americans with a high-quality COE within driving distance of their home.



**Map includes contracted and pipeline COEs for 2025.*

Members cannot use their own physician. They must utilize our contracted providers for AE / Carrum services.

AssuredExcellence

- Simple, Fast Implementation Process!
- Use our outreach options through data mining
- Stop loss carrier vetting required.
- Program Training and testimonials available!
- Your clients can't afford **NOT** to have this benefit...

Don't wait for surprise claims!





PARTNERCONNECT

2025

