

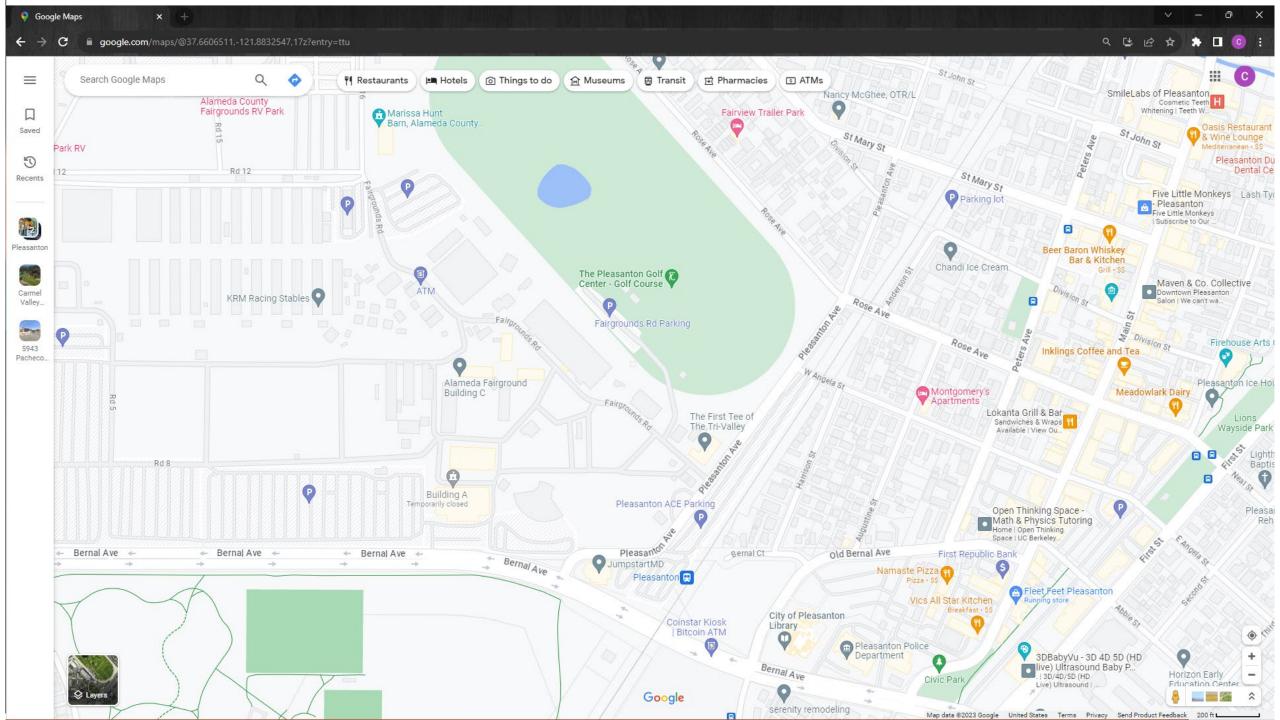
Helping Employers Reduce Their #2 People Expense: Healthcare

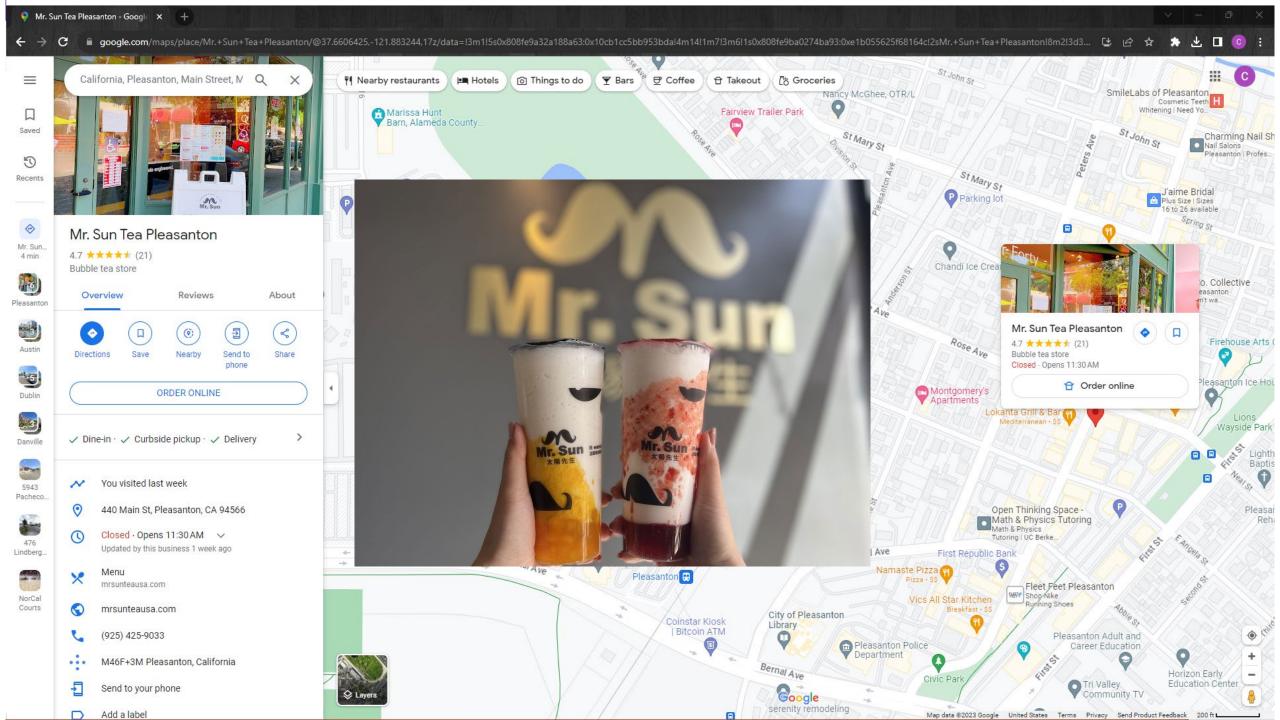
May 2024

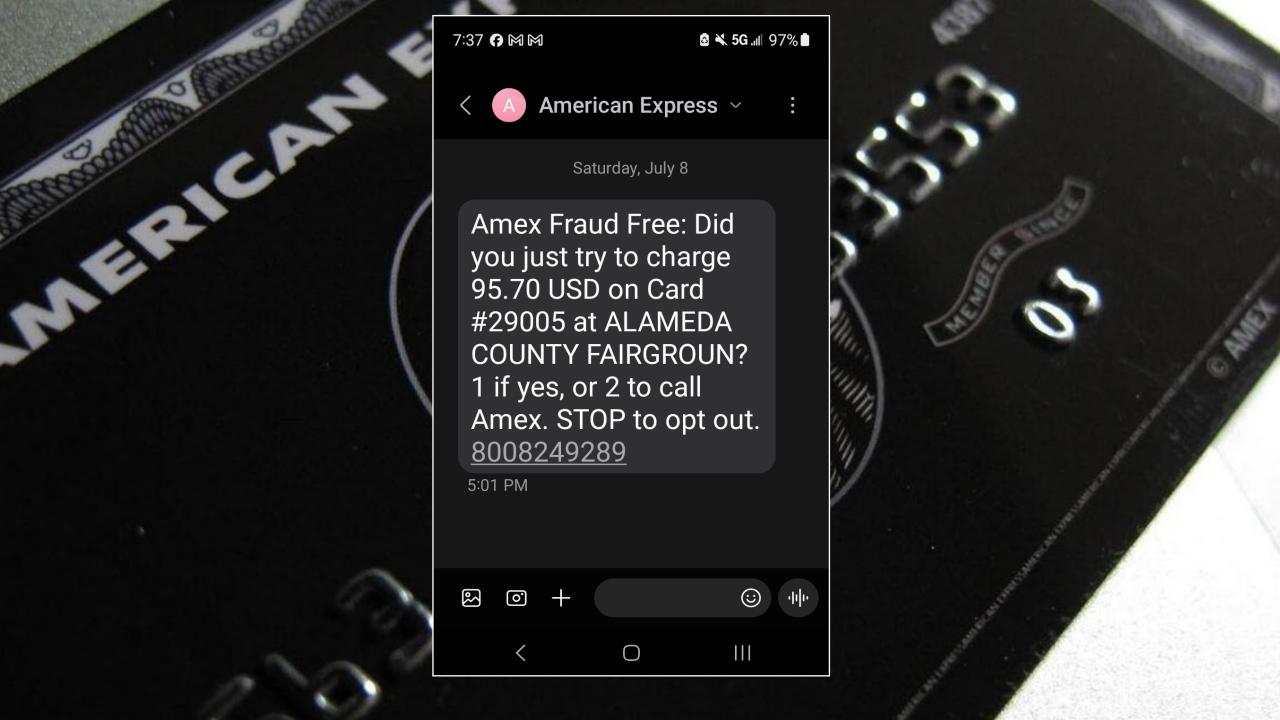


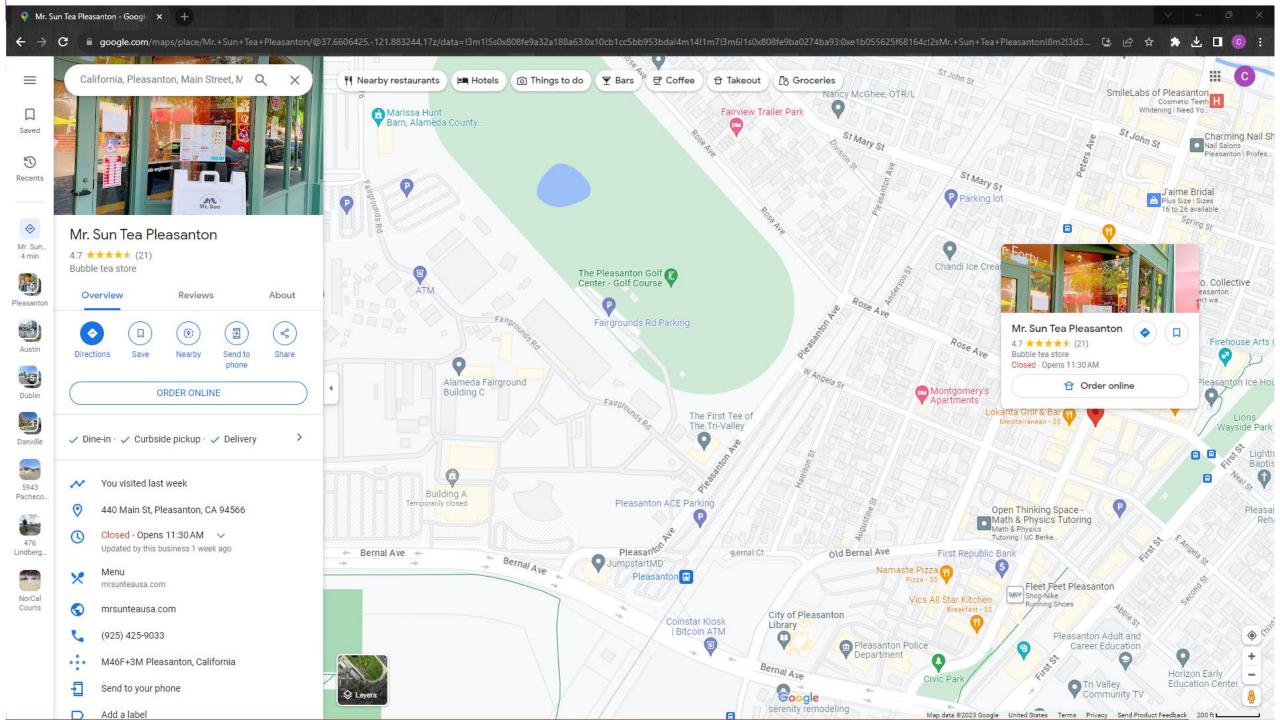
Chris Chan
Chief Value Officer
cchan@finhealth.com

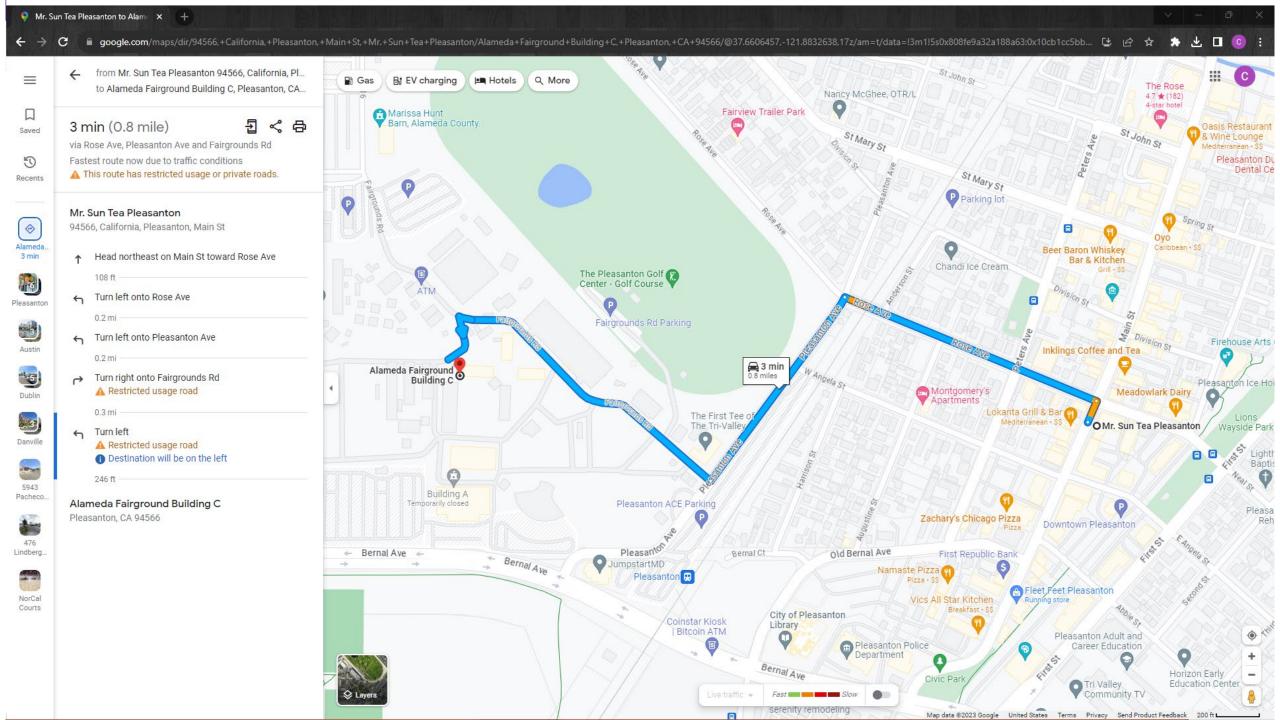


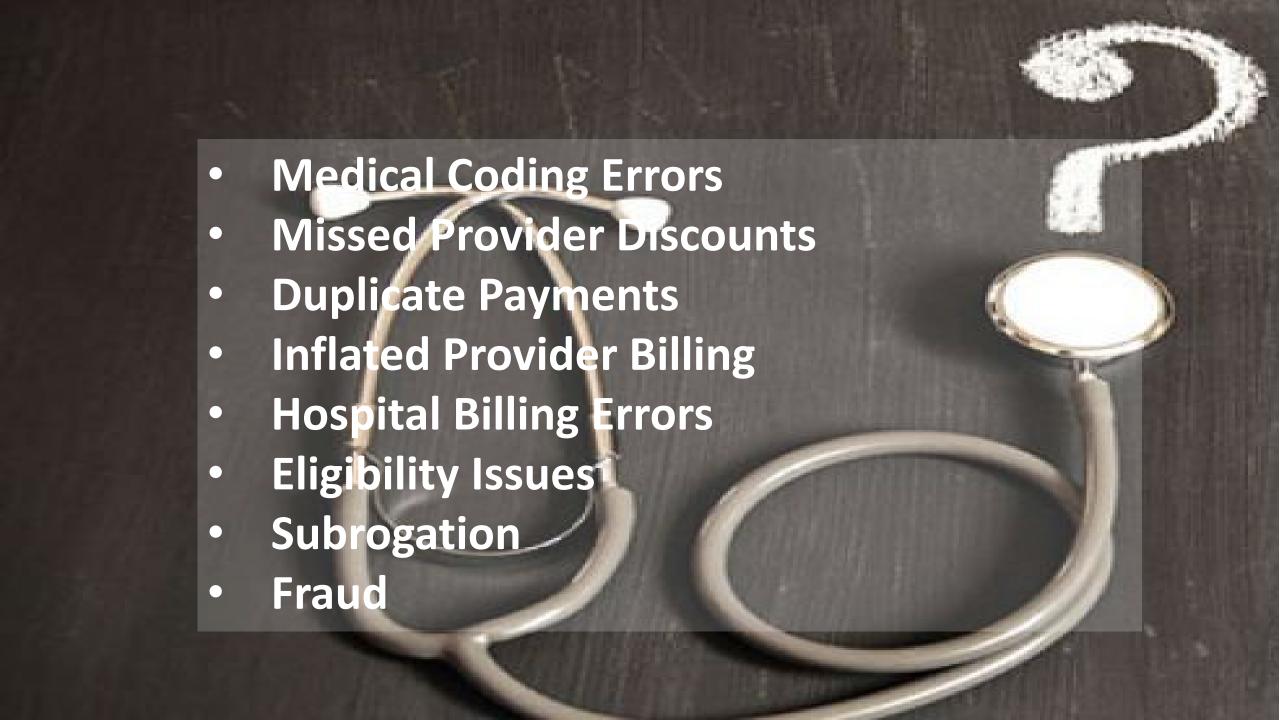












Employers Suing Health Plans/Brokers











LABORERS' BENEFIT
FUNDS

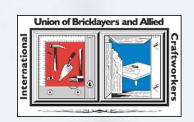






Employers Suing Health Plans/Brokers















Employees Suing Their Employers

Johnson & Johnson

KOHL'S Walgreens

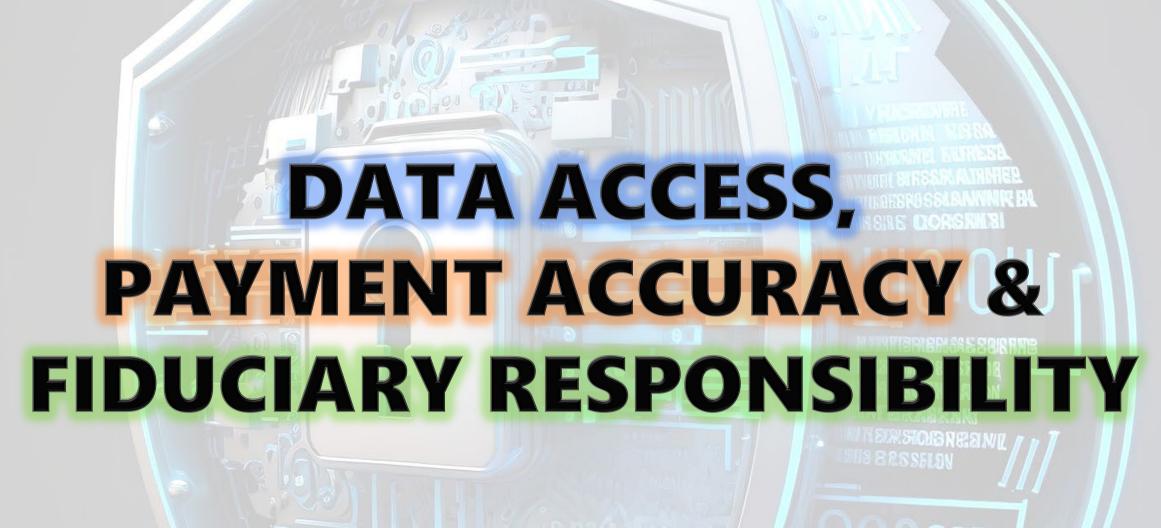












EMPLOYER HEALTH PLAN

PROVIDER

BROKER

A New Approach to Managing Healthcare

What?

• Real-time verification of 100% of healthcare claims by an independent party

Why?

- Safeguard health plan assets for members and their organizations
- Hold carriers / TPAs / PBMs accountable for strong performance
- Avoid lawsuits based on lack of fiduciary governance and oversight (i.e., J&J)
- Fund health plan programs to improve member health / boost employee engagement

How?

- Implement real-time capture of healthcare claims from all sources
- Conduct "weekly funding calls" to establish a recurring point of accountability for partners
- Determine types of errors / opportunities to act upon based on company culture

Results

- Book-of-Business average 7.8:1 Hard Dollar ROI Achieved
- 100% of fees at risk for guaranteed savings



1) Providers in the same zip code, same facility, same procedure, same severity, same carrier network - billing different amounts!

2) Missed provider discount: \$131K on a \$140K claim

3) Patient with the same service code billed 44 times in the same day

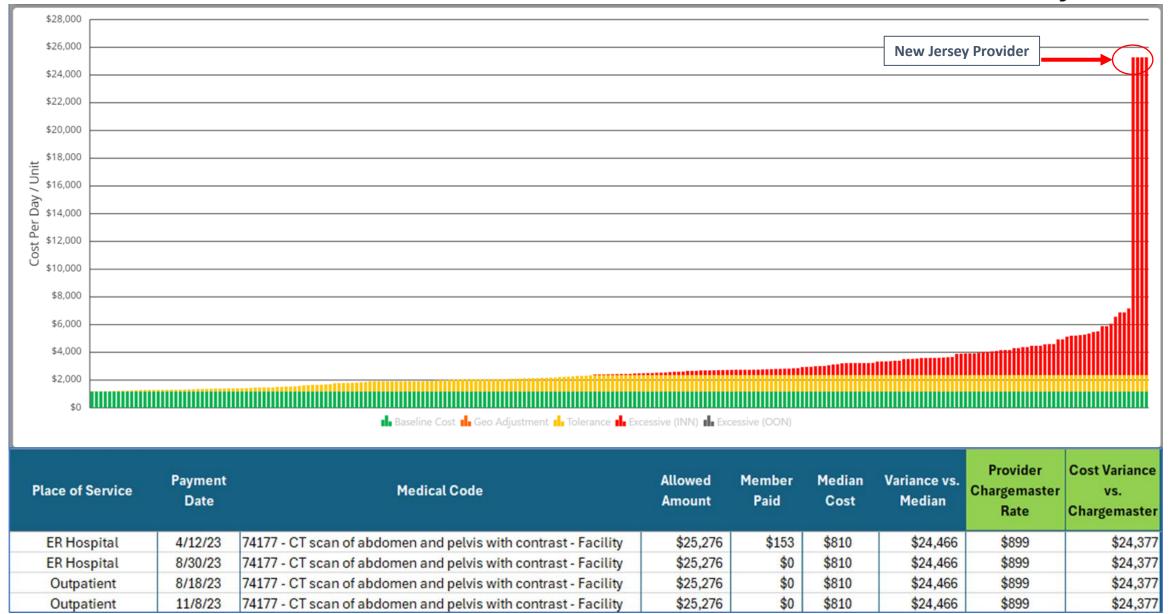


4) \$156K Emergency Room visit for "dizziness" (no hospitalization)

5) Generic drug for Multiple Sclerosis - \$10,239 for a 90 day supply! (cash price between \$28 - \$78)

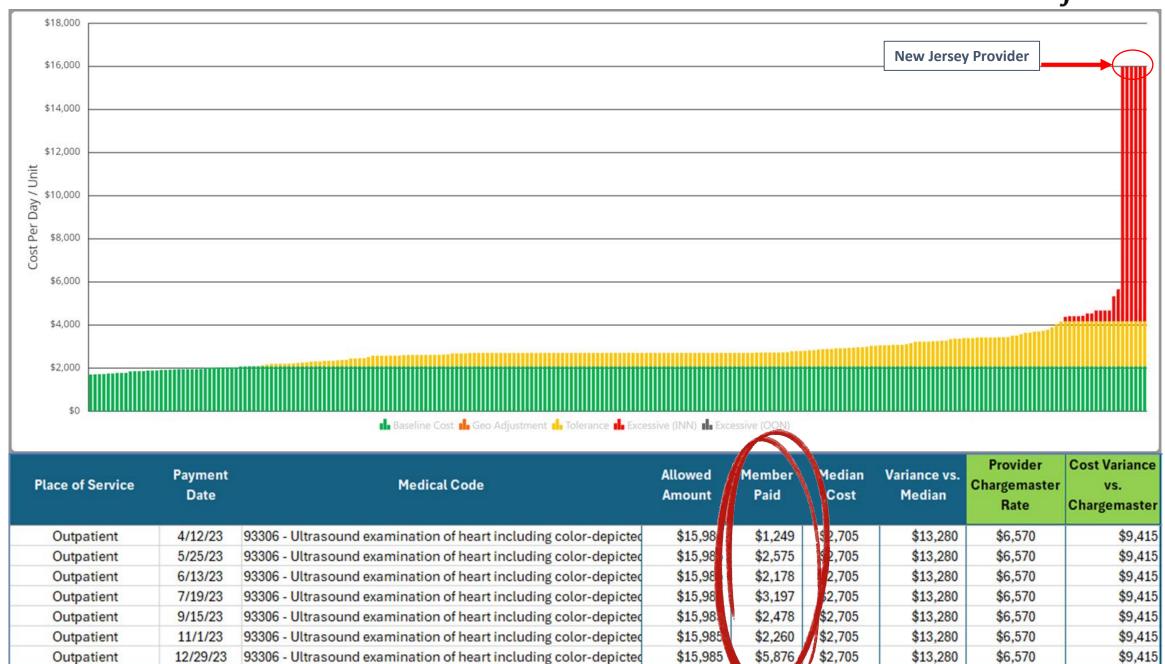
74177 - CT scan of abdomen and pelvis with contrast





93306 - Ultrasound examination of heart

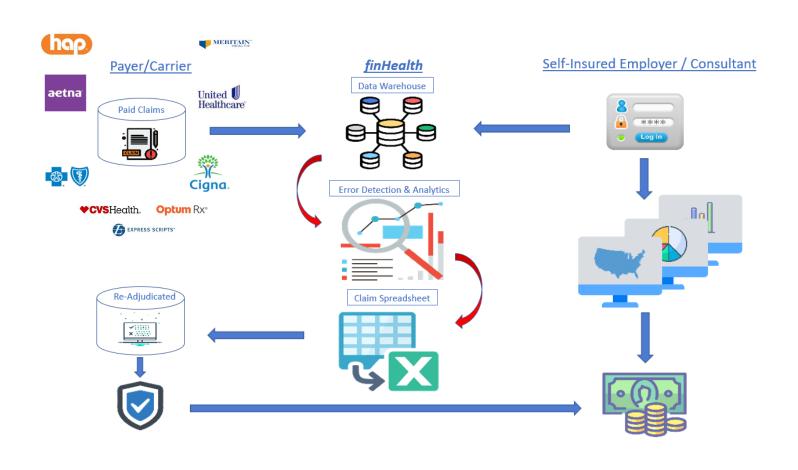






How It Works? Process / Data Integration

- finHealth processes data from all major payers
- Able to receive data feeds daily / weekly / monthly
- Within 2-4 hours, errors & excessive payments are identified
- Up-to-date analytics are available to our client the same day



Case Study A

- Fortune 100 financial services, with 40,000 employees
- Implemented prepayment review of all high-dollar hospital bills (>\$50,000) for accuracy and reasonableness / post-payment review of 100% of claims paid
- 1507% hard dollar ROI, preventing and/or recovering overpayments and inappropriate charges (\$2.4M savings)
 - Little to no hospital / provider pushback
 - No adverse member impact
 - Pursuing an additional \$1.9 million in recoveries on systemic health system billing issue



Case Study B

- State-based public entity, covering 200,000 members
- Carrier resistance, so moving forward cautiously
- Focused solely on post-payment claims initially
 - First claim submitted to carrier resulted in \$500,000 recovery (on a \$700,000 claim!)
 - 728% hard dollar ROI
 - Identified systemic billing issue with largest hospital chain
- Strong senior leadership support, including CEO & Chief Legal Counsel



What Will You Find?



- Widespread fraud, waste & abuse
- Vast differences and inequities in the quality of care received
- Vulnerable members in need of advocacy by a compassionate employer
- Members suffering financially, saddling many with medical debt
- An unwillingness & inability for your national carrier to fix the problems

What Are You Willing & Able To Do About It?

(If you're happy with the status quo, a highly profitable company or a healthcare focused company, you may not want to "rock the boat" over concerns of friction with incumbent partners).



"America's health care system is neither healthy, caring, nor a system."

Walter Cronkite

