

OSC 12
Ohio Safety Congress & Expo

WELL AT HOME. SAFE AT WORK.

523 Legal Aspects of Results-Based Wellness Programs

James R. Pshock

Wednesday, March 28, 11 a.m. to Noon

Ohio Bureau of Workers' Compensation

Continuing Nursing Education Disclosures

- o **Goal:** To educate conference attendees on specific aspects of accident prevention and Ohio's workers' compensation system
- o **Learning objectives for session # 523 Legal Aspects of Results-Based Wellness Programs:**
 - Explain the argument for wellness incentives
 - Distinguish the difference between participation-based and results-based incentives
 - List the legal implications of sponsoring wellness programs
 - Identify strategies to implement and fund a wellness program
- o **Criteria for Successful Completion:** Attend the entire event and complete a session evaluation.
- o **Conflict of Interest:** The planners and/or faculty have a conflict of interest that has been resolved.
- o **Commercial Support:** There is no commercial support for this event.
- o **Continuing Education:** Awarded 0.1 IACET general CEUs and 1.0 RN* contact hour.

*The Ohio BWC (OH-18801-01-2013) is an approved provider of continuing nursing education by the Ohio Nurses Association (ONA-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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BRAVO WELLNESS incentiSoft solutions

Legal Aspects of Outcomes-Based Wellness Programs

March 28, 2012
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Session Objectives

- ✓ Understand the argument for wellness incentives
- ✓ Distinguish the difference between participation-based and results-based programs
- ✓ Realize the legal implications of wellness programs
- ✓ Outline a potential strategy to implement and pay for a wellness program

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The Argument for Wellness Incentives

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National Obesity Trends

1985 CDC

2010 CDC

In 2010, no state had a prevalence of obesity less than 20%. Thirty-six states had a prevalence of 25% or more; 12 of these states had a prevalence of 30% or more.

http://www.cdc.gov/obesity/data/trends.html 02.23.2012

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Why Results-Based Wellness?

Chronic diseases related to lifestyle account for 75% of national medical costs. Eleven separate studies by the Centers for Disease Control suggest that worksite wellness programs can produce significant improvements in employee health.
 - *Centers for Disease Control, 2006*

53% of U.S. adults think it's fair to ask those with unhealthy lifestyles to pay more for their health insurance. (Up from 37% only three years ago.)
 - *Wall Street Journal/Harris Interactive Poll*

56% of employers plan to hold employees more responsible for the cost of health benefits.
 - *Washington Post, March 12, 2010*

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Risk Factors Impact on Claims

Number of Health Risks and Excess Healthcare Claims Cost

University of Michigan Study

The average employee has 2.2 health risks, nearly doubling healthcare costs.

Number of Health Risks	Health Claims (RR)
0	0.0
1	0.3
2	0.7
3	1.0
4	1.5
5	2.0
6	2.5
7	3.3

n = 205,216

2006 University of Michigan JOEM
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Excess Claims Resulting from Multiple Risk Factors

Number of Risks	No. of Employees	(%)	Excess Claims*
No risks	408	14%	0
1 risk	617	22%	420,966
2 risks	663	25%	951,792
3 risks	498	18%	1,106,144
4 risks	311	11%	1,002,709
5 risks	173	6%	728,312
6 risks	91	3%	493,565
7 or more risks	77	3%	553,031
Total	2,838	100%	\$5,256,518

Excess health claims due to existing risk factors are \$5,256,518 per year for your organization, or **\$1,852/employee**. This is your potential savings should all risk factors be eliminated. A more realistic expectation is to reduce risks by 10-20% per year over several years as shown below.

Projected annual savings* by reducing health risks:

Health Risk Reduction Goal	Total Savings	Savings/Employee
20% reduction	1,051,304	370
30% reduction	1,576,956	556
40% reduction	2,102,607	741
50% reduction	2,628,259	926

*Increased claims, above base costs, for persons with no risk factors. Projections based on your average health claims of \$2,792/year and 2838 employees.

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Risk Reduction Savings

Summary of Total Potential Health Savings in Your Organization per Year
Savings by Meeting Percentage of Risk Reduction Goals

	100%	20%	30%	40%	50%
1. Health claims	5,256,518	1,051,304	1,576,956	2,102,607	2,628,259
2. Productivity	2,996,677	599,335	699,003	1,190,671	1,490,339
3. Absenteeism	467,802	93,560	140,341	187,121	233,901
Totals	\$8,720,998	\$1,744,200	\$2,616,300	\$3,488,399	\$4,360,499
Savings/employee	\$3,073	\$615	\$922	\$1,229	\$1,536

2009 Wellsource, Inc Productivity and Economic Benefits Report
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Recent Employer Surveys

Shaping Health Care Strategy¹

"... 33% of employers plan to adopt an outcome-based program in 2012 — a staggering increase given only 6% of employers had such a program in 2010."

Towers Watson/National Business Group Health Employer Survey²

Over the last five years:

- ✓ Employers experienced a 36% increase in healthcare spending
- ✓ Employees experienced a 45% increase in contributions to healthcare

2006 Healthcare Spending

2011 Healthcare Spending

¹Towers Watson/National Business Group on Health Employer Survey "Shaping Health Care Strategy in a Post-Reform Environment", pg.17
²Towers Watson/National Business Group on Health "2011 Employer Survey on Purchasing Value in Health Care Report." pg. 5
 ©2011 Towers Watson.

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Industry Perspective

- 30% of employers report reducing the scope of health benefits or increasing cost sharing and 23% report increasing the share of the premium employees pay for coverage in response to the economic downturn.¹
- Total health care costs continue to climb reaching an anticipated \$11,176 per active employee in 2011—a 7.6% increase from 2010.²

Source: Towers Watson

¹ Kaiser Family Foundation and Health Research & Educational Trust, "Employer Health Benefits 2010 Annual Survey".
² Towers Watson/National Business Group on Health, "2011 Employer Survey on Purchasing Value in Health Care Report." pg. 4.
 ©2011 Towers Watson.

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Wellness Program Trends

Among firms offering health coverage and wellness programs:

- ✓ 59% of employers think offering wellness programs is effective in improving the health of the firm's employees.¹
- ✓ 44% of employers think wellness programs are effective in reducing their firm's health care costs.¹

47% of nearly 6,000 large U.S. employers representing more than 10 million workers already use or plan to use financial penalties over the next 3 to 5 years for employees who engage in unhealthy behaviors and/or refuse to change.²

¹ Kaiser Family Foundation and Health Research & Educational Trust. "Employer Health Benefits 2010 Annual Survey".
² Hewitt & National Business Group on Health. "The Employee Mindset: Views, Behaviors, and Solutions; 2010 Survey Findings".

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Common Wellness Roadblocks

- ✓ "What's our return on investment for all this wellness stuff anyway...?"
- ✓ "Is anyone really changing their lifestyle and getting healthy?"
- ✓ "Are we risking a discrimination lawsuit or a massive employee revolt?"
- ✓ "Who has time to manage all of this event planning and activity tracking?"

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Participation-Based vs. Results-Based Programs

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Type of Wellness Programs

<p><u>Participation-Based</u></p> <ul style="list-style-type: none"> • First introduced over 20 years ago • Based on participation in activities or event, examples; <ul style="list-style-type: none"> - Completion of health risk assessment - Disease management compliance - Health coaching engagement - Class attendance • Incentives/penalties for participation 	<p><u>Outcomes-Based</u></p> <ul style="list-style-type: none"> • Introduced in 2001; Final Regulations in 2008 • Based on biometric screening results, examples: <ul style="list-style-type: none"> - Blood Pressure value - Cholesterol value - Body Mass Index value - Nicotine use • Benefit differentials/Premium contribution based on results • Impact for passing tests • Must offer Appeals and alternatives
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Results of Wellness Programs

<p><u>Participation-Based</u></p> <ul style="list-style-type: none"> • 10% to 50% employee participation • ROI difficult to measure 	<p><u>Outcomes-Based</u></p> <ul style="list-style-type: none"> • 90% to 99.9% employee participation • 3% to 10% first year cost reduction
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Incentives Landscape

- Employees are 2-4 times more likely to enroll in a program with incentives¹
- 69% of respondents think offering incentives is an effective method to motivate more healthful choices²

¹ 2009 Health and Wellness Touchstone: Priorwater/NovosCoopers?
² 2010 Good Health means Good Business: A survey of health and wellness practices in American organizations; Virgin Health/Miles

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Legal Implications of Wellness Programs

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Wellness Programs and Health Care Reform

- ✓ The Patient Protection and Affordable Care Act Represents Dramatic Short-Term and Long-Term Changes for Employers
- ✓ Many Provisions Will Increase Coverage and Increase Costs.
- ✓ Much clarification is still needed.
- ✓ Employers Can Reduce Cost Through Carefully Designed Results-Based Wellness Strategies

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Employer Effects from Healthcare Reform

“The new law will impose significant new responsibilities on employers nationwide that could, over time, fundamentally alter the nature of employer-sponsored health care and the employer-employee relationship.”

– Littler Mendelson
<http://www.littler.com/PressPublications/Lists/Insights/Displnsights.aspx?id=153>

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Healthcare Reform Summary

- ✓ Many provisions are still unclear or contradictory. The legislative and rules writing process is far from over even as it stands today.
- ✓ Further, there will be a number of Congressional and Senate elections and a Presidential election between now and when many of the provisions are to kick in. We can expect the end result may be vastly different from what was voted on.

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Healthcare Reform Provisions

Added Costs Employers will be impacted by include:

- ✓ Lifetime and Annual dollar value limits on essential benefits are prohibited
- ✓ Dependent Child Coverage extended until Age 26
- ✓ Elimination of coverage restrictions for pre-existing conditions
- ✓ Elimination of Tax Deductions for Medicare Part-D retiree drug subsidies
- ✓ Employers with 200 or more employees will have to automatically enroll new employees

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Reduce Costs with Wellness Programs

- ✓ The new law codifies existing wellness regulations developed under HIPAA
- ✓ Expands percentage of premium linked to wellness results from 20% to 30%
- ✓ Carefully designed wellness program can provide immediate and long-term savings to plan

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History of Wellness Program Regulations

- 1996 • HIPAA requires uniform coverage and non-discrimination
- 2001 • Interim “bona-fide wellness rules” introduce exceptions for wellness plans – very restrictive
- 2007 • Final Wellness Rules issued
 - Distinction between incentives for participation and incentives “contingent upon the satisfaction of a health standard”
 - Rules clarified in February, 2008 Checklist for Wellness Program
- 2010 • National Health Reform solidifies regulation as law and provides for expanded incentives/penalties tied to health lifestyle results
- 2011 • Federal Judge rules that Wellness Programs do not violate ADA, when designed to mitigate costs and design future benefit programs

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Wellness Program Regulations

- ✓ Current Federal legislation allows employer sponsored health plans to give rewards or assess penalties based on the results of a health assessment
- ✓ Rewards or penalties are defined as *differentials*.
 - Premium contribution differentials
 - Benefit plan differentials
 - ✓ Deductibles
 - ✓ co-pays
 - ✓ co-insurance levels
 - Reward Cards
 - Health Savings Account Deposits
 - Health Reimbursements Account Deposits
- ✓ Regulations are complex but achievable. Savings to health plans can be significant (short and long term)

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Federal Wellness Rules Clarity

If a differential is “contingent upon the satisfaction of a health standard”:

- It must be re-assessed at least once per year
- It must be designed to promote health and wellness
- It may not exceed 20% of the total cost of coverage offered
(Raised to 30% effective January 1, 2014)
- It must be available to all “similarly situated individuals”, appeals and “reasonable alternatives” must be offered
- The availability of the appeal must be disclosed in all plan materials

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Compliant Appeals

Administration of Appeals

- Appeals can be an overwhelming, time-consuming process, especially for those who are unfamiliar with the rules.
- IncentiSoft Solutions has extensive experience processing all required types of appeals:
 - **Type 1:** Disputing the accuracy of results
 - **Type 2:** Exceptions due to medical issues
 - **Type 3:** Improvement goal (Optional)
- Customized and Sponsor branded appeal forms available on-line

Medical Issues

- IncentiSoft Solutions also works with individuals and their healthcare provider to set alternative results-based goals and complete healthy lifestyle coaching programs when appropriate.

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Strategy to Implement and Pay for a Wellness Program

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Possible Strategies

- ✓ Create budget for Wellness Program
- ✓ Wait for health improvement to reduce benefit spending to afford program
- ✓ Contribution shift(s) pay for Wellness Program

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Outcomes- Based Strategy

Sample Plan Design

Participation and Results Requirements				
Category	NIH Goals	Adjusted Goals	OR Progress Goal	Points
Tobacco/Nicotine	Negative	Negative	None	1
Blood Pressure	≤120/80	≤140/90	10% improvement	1
Cholesterol	≤100 (LDL)	≤160 (LDL)	10% improvement	1
Body Mass Index <small>(Secondary measures automatically correct elevated BMI due to lean muscle mass, even if the participant fails the BMI goal.)</small>	≤24.9	≤29.9	3 point improvement	1

NOTE: Program must manage appeals and gives alternatives if these goals are unreasonably difficult due to a medical condition, or medically inadvisable.

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Body Mass Index Secondary Measures

Body Fat ^{1,2}		
Gender	Age	Healthy Range (Upper Value)
Female	20 – 39	33%
Female	40 – 59	35%
Female	60 – 79	36%
Male	20 – 39	19%
Male	40 – 59	22%
Male	60 – 79	25%

Secondary measures automatically correct elevated BMI due to lean muscle mass, even if the participant fails the BMI goal.

Waist Measurement	
Gender	Less Than
Male	35
Female	33

* Waist measurements are requested at all screenings. Body fat percentage is checked with a handheld electrical impedance device at events with 20 or more participants. If measurements are not obtained, a secondary measure can be obtained through the appeals process.

¹ Based on NIH/NHO BMI Guidelines.
² As reported by Gallagher, et al., at NY Obesity Research Center.
To determine the percentage of body fat that is appropriate for your body, consult your physician.

NOTE: IncentSoft Solutions manages appeals and gives alternatives if these goals are unreasonably difficult due to a medical condition, or medically inadvisable.

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Earn a Contribution Reduction

Sample Outcomes- Based Plan Design

Premium Contribution Adjustment Example								
	Total Monthly Premium	Current Employee Contribution	* Revised Contribution (50% of Premium) Non-Participant	Contribution Decreased Based on Screening Results				
				Adjust based on points earned	Pass 0 -10%	Pass 1 -15%	Pass 2 -20%	Pass 3 -25%
Single	\$600	\$120	\$300	\$240	\$210	\$180	\$150	\$120
Family	\$1,100	\$220	\$550	\$440	\$385	\$330	\$275	\$220

* Optional: Employers can offset program costs by raising contributions and allowing employees to "earn back"

NOTE: Program must manage appeals and gives alternatives if these goals are unreasonably difficult due to a medical condition, or medically inadvisable.

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Employers Create Budget for Wellness Program

Financial Impact to Sample Group					
Savings Analysis					
	Census	Total Annual Premium Cost	Savings From Differentials	Entire Cost of Program***	Immediate Net Savings
Gentle Implementation (as shown)	1,000	\$9,300,000	\$538,875	\$122,736	\$416,139
Moderate* Implementation	1,000	\$9,300,000	\$747,333	\$122,736	\$624,597
Aggressive** Implementation	1,000	\$9,300,000	\$1,086,648	\$122,736	\$963,912

* Moderate assumes medium criteria, 50% non-participation penalty and 20,15,10,5 or 0% of premium for goals
** Aggressive assumes NIH criteria, 70% non-participation penalty and 20,15,10,5 or 0% of premium for goals
*** Entire cost of \$200 per participant per year includes a \$50 IncentSoft fee and \$150 for (year) other components

NOTE: Program must manage appeals and gives alternatives if these goals are unreasonably difficult due to a medical condition or medically inadvisable.

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Blended Strategy

Outcomes-Based Components				
CRITERIA	GOALS			DIFFERENTIAL ¹
	NIH GOALS	ADJUSTED GOALS	ON PROGRESS GOAL	
LDL Cholesterol	≤100	≤160	10% Improvement	10 pts. (5% of Premium)
Blood Pressure	≤120/80	≤140/90	10% Improvement	10 pts. (5% of Premium)
BMI	≤24.9	≤29.9	3 Point Improvement	10 pts. (5% of Premium)
Tobacco Use	Negative	Negative	None	10 pts. (5% of Premium)
Total: 40 pts. (20% of Premium)				
Optional Participation Components (Available if participant does not pass all outcomes-based components)				
Health Risk Assessment	Once per year			5 pts. (2.5% of Premium)
Biometric Testing	Once per year			5 pts. (2.5% of Premium)
Health Coaching One time	Once in first quarter			5 pts. (2.5% of Premium)
Smoking Cessation Program if a smoker	Once in first quarter			5 pts. (2.5% of Premium)
Total: 20 pts. (10% of Premium)				

¹ Differential awarded for Outcomes Based Criteria based upon the lowest level qualified for.
Note: If attempting to achieve the employer's goal is unreasonably difficult due to a medical condition or medically inadvisable, a participant can receive an alternative goal.

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Balance Savings with Culture

Year 1

- Health Goals: **Gentle**
- Employee Impact: **-\$10 to +\$50/month**
- Employer Impact: **Break Even**

Year 2

- Health Goals: **Moderate**
- Employee Impact: **\$0 to + 20% of premium**
- Employer Impact: **6-8% net savings**

Year 3

- Health Goals: **Aggressive**
- Employee Impact: **\$0 to + 20% of premium**
- Financial Impact: **10-15% net savings**

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What Do the Results Look Like?

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General Observations

- ✓ Significant health improvement can be seen as larger dollars are linked to specific outcomes. \$40 - \$60 per month has the greatest impact.
- ✓ Penalties may be slightly more effective at motivating behavior change than rewards but only time will tell if the improvement will be sustained.
- ✓ Effective communications regarding the reasons for the model and the availability of appeals and alternatives for legitimate medical issues are key.
- ✓ Employers who can afford to defer "cost-shift" savings can increase employee acceptance and reduce push-back by starting with base-line screenings and education and introducing partial rewards for participation and full rewards for meaningful progress.

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1,702 Participants WV based Millwork Company

1,702 Participants WV based Millwork Company				
Criteria	2009	2010	2011	National Average
Metabolic Syndrome	31.3%	23.8%	15.7%	24.9%
BMI (≥ 30 Kg/m ²)	41.4%	41.0%	41.4%	28.7%
Hypertensive (≥140/90 mmHg)	11.7%	12.3%	11.3%	16.1%
Current Smoker	34.8%	33.8%	30.8%	32.1%
Elevated LDL (≥ 130 mg/dL)	39.1%	30.5%	26.9%	44.0%
Elevated Total Cholesterol (≥ 200 mg/dL)	48.6%	38.1%	34.6%	50.7%

Plan Design For 2009 & 2010, added BMI progress goal 2011		
Graded Criteria	Goals	Points
Body Mass Index	≤ 29.9	5
Blood Pressure	≤ 130/85	5
LDL Cholesterol	≤ 130	5
Nicotine Use	Neg	10
Spouse Nic Use	Neg	10
Financial Impact		Monthly Premium Increase
Non- Participant	70% of Premium	
0-15 points	\$35.00	
20-25 points	\$17.50	
30-35 points	\$0.00	

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1,702 Participants WV based Millwork Company Summary

- ✓ 1,700 Participated (99.6%)
- Every incentive category improved in the first 10 months:
- ✓ 305 (16.2%) more participants passed their blood pressure goal
- ✓ 194 (10.3%) participants went from obese to non-obese
- ✓ 207 (11%) participants lowered their cholesterol to a desirable level
- ✓ 37 (2%) participants quit smoking
- ✓ "Hard-Dollar" (cost-shift) in year one Return on Investment was \$1.80 saved to \$1 spent. Surplus was used to hire Wellness Coaches USA and provide smoking cessation programs
- ✓ Total Return on Investment for the first two years of the program, including risk reduction, was \$3.16 saved to \$1 spent
- ✓ Non-incentives measures (i.e. glucose) did not improve. Everything tied to money did

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1,406 Participants OH based General Medical and Surgical Hospital

Data Movement vs. Age/Gender-Specific National Average				
Criteria	2009	2010	2011	National Average
Metabolic Syndrome	20.4%	18.2%	18.9%	28.9%
BMI (≥ 30 Kg/m ²)	37.4%	34.1%	36.9%	33.8%
Hypertensive (≥140/90 mmHg)	8.6%	5.1%	4.0%	17.9%
Current Smoker	16.3%	14.6%	14.4%	26.0%
Elevated LDL (≥ 130 mg/dL)	30.7%	27.4%	24.2%	41.6%
Elevated Total Cholesterol (≥ 200 mg/dL)	45.3%	40.1%	41.9%	52.5%

Plan Design For 2009, added BMI progress goal for 2010 and 2011		
Graded Criteria	Goals	Value
Body Mass Index	≤ 29.9 or 2 point reduction	1 point
Blood Pressure	≤ 130/85	1 point
LDL Cholesterol	≤ 130	1 point
Nicotine Use	Neg	1 point
Spouse Nic Use	Neg	1 point
Financial Impact (Premium Adjustment)		Single Monthly Impact Family Monthly Impact
Non- Participant	\$200 \$400	
0-1 points	\$60 \$120	
2 points	\$45 \$90	
3 points	\$30 \$60	
4 points	\$15 \$30	
5 points	\$0 \$0	

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1,406 Participants OH based General Medical and Surgical Hospital Summary

- ✓ 33.1% of participants had a desirable BMI; this improved 1.2% from the previous year. The number of participants classified as obese dropped 3.4% to 34.5%
- ✓ 53.8% of participants had a normal blood pressure under 120/80 mmHg; an improvement of 3.7%. The total population above the company goal of 130/85 mmHg was reduced from 11.4% to 7.3%
- ✓ 74.1% of participants had a desirable LDL level below the company goal of 130mg/dL; this is an improvement of 4.3% from the previous year
- ✓ 81.4% of participants reported not using tobacco/nicotine products within the past 90 days and tested negative for serum cotinine in their blood, an improvement of 1.6%
- ✓ 73% of participants reported having a normal fasting glucose reading, up almost 3%

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1,860 Participants MN based Manufacturing

Data Movement vs. Age/Gender-Specific National Average				
Criteria	2009	2010	2011	
BMI (≥ 30 Kg/m ²)	58%	53%	48%	
Glucose (≥ 100 mg/dL)	28%	19%	29%	
Hypertensive (≥140/90 mmHg)	54%	18%	8%	
Elevated LDL (≥ 130 mg/dL)	35%	30%	24%	
Results Classified as "AT RISK"	16%	12%	Not Available	
"AT RISK" who addressed with Health Advocate	49%	72%	Not Available	

Plan Design 2010 & 2011			
Result Based	Goals	Impact	
Body Mass Index	≤ 29.9 or 2 point reduction	5-15% of Premium	
Blood Pressure	≤ 140/90		
LDL Cholesterol	≤ 160		
Nicotine Use	Neg		
Participation Based		Impact	
Complete Health Assessment	Required to qualify for incentives		
Attend Biometric Screening	5-15% of Premium		
Additional Health Education Activities			
- Videos - Articles			
- Challenges - Walking			
- Dietician - Coaching			

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1,860 Participants MN based Manufacturing Summary

- ✓ Employer had engaged participation based program for three years prior to a results based design beginning in 2009
- ✓ At risk participants received outreach from health coaches, employer saw more people engage and improve health as contribution strategy was engaged. **23% increase** engagement with Health Advocate.
- ✓ Body Mass index has continued to improve year over year, those with a BMI over 30 kg/m² has **reduced 10%** over the last three years.
- ✓ **23.4% decrease** in prehypertension since the initial screenings in 2009.

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4,417 Participants NM based General Medical and Surgical Hospital

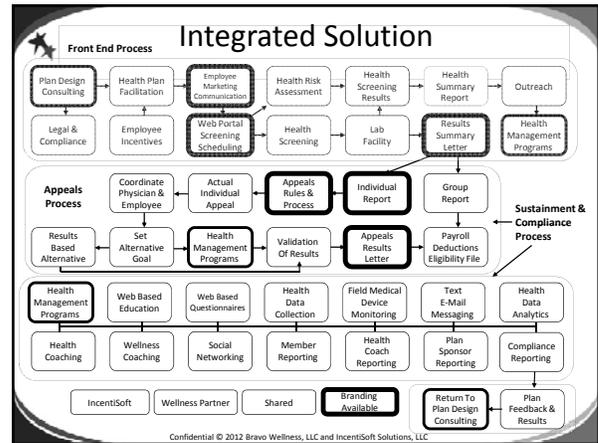
Data Movement vs. Age/Gender-Specific National Average					Plan Design 2010 <small>* Contributions were raised to \$40/80 then incentives were introduced (2011 introduced lower BMI goal)</small>		
Criteria	2009	2010	2011	National Average	Graded Criteria	Goals	Value
Metabolic Syndrome	23.6%	23.1%	19.7%	26.8%	Body Mass Index	≤ 29.9 or 3 point reduction	1 point
BMI (≥ 30 kg/m ²)	41.5%	40.8%	41.0%	32.2%	Blood Pressure	≤ 130/85	1 point
Hypertensive (≥ 140/90 mmHg)	10.0%	9.1%	7.9%	16.3%	LDL Cholesterol	≤ 130	1 point
Current Smoker	12.1%	13.0%	14.1%	27.1%	Blood Glucose	≤ 126	1 point
Elevated LDL (≥ 130 mg/dL)	27.0%	24.9%	20.8%	39.7%	Nicotine Use	Neg	1 point
Elevated Total Cholesterol (≥ 200 mg/dL)	38.2%	36.6%	37.4%	49.3%	Spouse Nic Use	Neg	1 point
					Financial Impact (Monthly Premium Reduction)	Single Impact	Family Impact
					Non-Participant	\$160	\$320
					0-1 points	\$0	\$0
					2 points	(\$10)	(\$20)
					3 points	(\$20)	(\$40)
					4 points	(\$30)	(\$60)
					5 points	(\$40)	(\$80)
					6 points	(\$50)	(\$100)

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4,417 Participants NM based General Medical and Surgical Hospital Summary

- ✓ 4,998 Participated (92%)
- ✓ Prior to results-based, employer provided participation-based incentives but saw no measurable improvements
- ✓ First Year ROI funded program and more
 - Non-participants and those not passing at least four categories generated employer savings of \$2.6 million
 - 54% of participants had no increase or earned a lower contribution than 2009 amount
 - HRA aggregate report indicated an additional \$6 million in savings available through lifestyle changes
- ✓ By third year of results based employer saw a 37% reduction of critical values see at screening event

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Thank You!

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