



“Steps to *WELLth*” STRATEGIES

iNeticare is a comprehensive cost and care management company designed to move your healthcare benefit plan into the totally realistic and achievable realm of loss control through assertive illness prevention (claim prevention) and through rapid disease and catastrophic event intervention (large claim avoidance).

Our vision is that improving health through *WELLness* and care management creates a significant wealth value proposition for your health plan and for your health plan participants: a “*WELLth*” Strategy. Not only does the employer save money on claims’ costs through claim avoidance, but there is a resultant increase in company profitability related to a healthier, more productive and more competent and capable workforce. Improving employee and family health leads to improved job performance and reduced health related absences, and results in corporate bottomline wealth that flows from top-line *WELLth* Management.

We focus on *today*. Too often the approach to wellness looks at savings only “down the road”. While improving the health of a workforce will indeed show results on an ongoing and ever improving basis, our *WELLth* strategies effect change on a *today* basis. As a result of these *today* changes, many of the tomorrows will take care of themselves.

Being an efficient, accurate and prompt transaction processor is just the beginning of the successful partnership we offer. We partner with you in successfully transitioning your health plan into a proactive workforce health management service. This is a highly-valued employee benefit addition to the protection your health plan already affords your workforce and their families. It is a time for the TPA/employer/sponsor of the health plan, to regain control of the plan’s health related expenditures. iNeticare provides a suite of comprehensive and flexible *WELLth* program components. The plan sponsor maintains control of the *WELLth* program options that will be provided to plan participants.

INETICARE’s general population health management tools and individualized health and wellness tools combine to produce a system that meets CDC recommendations regarding:

1. Access to effective screening and diagnostic tools
2. Appropriate chronic disease prevention, screening, and treatment
3. Effective management of catastrophic and chronic conditions
4. Improved health and job performance

5. Individual empowerment and health and cost accountability

INETICARE will work with the Reinsurance Carrier/MGU/TPA/employer/plan sponsor in any or all of the following ways:

1. Benefit Design that will encourage health improvement and elimination of unnecessary medical care utilization in the workforce.
2. Incentive development that will encourage plan participants to adopt healthy behaviors.
3. Competitive Claim Cost assurance through comprehensive and individualized provider management.
4. Claims Data Mining, Interpretation and Predictive Modeling that offers programs in which the plan claim history can be effectively analyzed to ensure appropriate underwriting and financial predictability, to provide early identification and intervention of clinically and/or financially catastrophic events, and to demonstrate legitimate outcome measurement for benchmarking purposes.
5. Loss/Claims Prevention through implementation of any or all of the following programs:
 - HEALTH RISK ASSESSMENT (HRA)-Health Risk Assessments with individual health data and aggregate data provides a baseline to measure future results. Individuals are assessed based on the provision of biometric measures such as height, weight, blood pressure, body mass index measure (bmi), family and lifestyle history; medication history and compliance, clinical laboratory values of on-site tests, i.e. cholesterol, glucose etc. Individuals receive a HIPAA compliant “report card” with their own risk factors for various diseases, comparative analysis to optimal, and summary analysis of overall health and disease risk/disease state.
 - HEALTH MANAGEMENT- General wellness and disease education to include targeted wellness education based on review of claims and review of Health Risk Assessments, and provision of a “**WELLth** (*wellness/health*) coach” to those identified to be in a higher risk category. **WELLth** coaches work with participants to identify wellness strategies. **WELLth** coaches motivate, educate, and guide plan members to specific programs for intervention and education. **WELLth** coaches guide and aid in the development of locally based as well as on-line based intervention programs for participation, support and education. Areas addressed include but are not limited to weight management, smoking cessation, nutrition, stress management, medication management, blood pressure management, exercise training, cholesterol and lipid management, personal health habits and safety, self care/disease state management, personal and family health history,

environmental exposures, social and emotional wellbeing and more. Health management and HRA programs are often combined and made available through health fairs and similar events and can be individually structured in a variety of forms to meet each particular workforce needs.

- DEMAND MANAGEMENT-Provision of a Nurse Call Line available 24-hours per day 7-days per week for triage, appropriate referral, and patient education. Demand management services promote preventative care and encourage health plan participants to become proactive about their health. The result is a reduction of misappropriated use of healthcare resources, direction of patients to appropriate levels of care, improvement in patient health through education, assistance in the management of chronic conditions through outbound calls and documentation, and increase in participant satisfaction.
- UTILIZATION MANAGEMENT (UM) –An RN- and MD-staffed unit that will provide the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan; sometimes called “utilization review”. UM functions such as pre-certification of hospitalizations, surgery and more; concurrent review of pre-certified events; retrospective reviews are performed. Through improvement of the traditional UM functions our UM advances in technology enable the inclusion of predictive modeling and other data analysis methods. This in turn creates additional opportunity for UM processes to be targeted to the areas most likely to yield the greatest impact.
- DISEASE MANAGEMENT (DM)- Registered Nurses, i.e. **WELLth** coaches operating under the supervision of board certified MDs, provide a system of coordinated health care intervention, communication and education for those populations with conditions in which patient self-care opportunities are significant. DM supports the physician/patient relationship and plan of care and emphasizes prevention of exacerbations and complications. This is done through utilizing evidence-based practice guidelines and patient empowerment tools, and evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health. Traditionally DM has focused on the following chronic diseases: heart disease, heart failure, diabetes, pulmonary disease, and asthma. DM components include: population identification processes; evidence-based practice guidelines; collaborative practice models to include physician and support-service providers; patient self-management education (may include primary prevention, behavior modification programs, and compliance/surveillance); process and outcomes measurement, evaluation, and management; routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers), and practice profiling. As many as 35% of the diabetics, 65% of those with hypertension, and 27% of those with cardiac issues in the workforce have shown a return to wellness due to our ongoing, persistent, targeted interventions. Our DM programs are offered telephonically and electronically involving interaction with our trained nursing professional **WELLth** coaches,

and require an extended series of interactions, including a strong educational element. Patients are expected to play an active role in managing their conditions. The DM approach employed is a whole person model in which all the conditions and health factors a patient has are managed by a single disease management program. Interventions also often include educational efforts, treatment guidelines and reminders aimed at physicians and other providers. The whole person model integrates with the health management, demand management and utilization management as well as other loss prevention components.

- CATASTROPHIC CASE MANAGEMENT (CCM)- Often CCM is referred to as large claim management. Our team of Registered Nurses operate under supervision of board-certified physician advisors to provide a collaborative process of assessment, planning, facilitation and advocacy for those with significant and serious health care needs. Effective communication and a vast array of resources promote high quality care and the most cost effective outcome. Catastrophic case managers ensure that the patient's needs are met appropriately (advocacy) and that the proper use of resources maintained. Our nurses work in conjunction with the patient and family, the health care providers and facilities to coordinate, facilitate and monitor through time a patient's use of an array of health and social services. CCM is an intensive service and INETICARE recognizes that the selection of which cases are to be managed at this intense level is quite important.
- EMPLOYEE ASSISTANCE PROGRAMS (EAP)- An EAP option that combines short-term counseling, management consultation, educational workshops, and additional resources is available. An additional adjunct to the other wellness programs to further aid an increase in productivity and reduce turnover. With a focus on early problem identification, the information, support, and resources of an EAP provides makes available tools for employees to solve problems that may not be necessarily appropriate to a disease condition. Armed with solutions employees can focus on their job and an effective EAP program can demonstrated 33% improvement in employee use of sick time; 30% improvement in Worker's Compensation Claims; a 65% improvement in Workplace accidents; and a 33% decrease in MHSA claims. Based on the premise that employees do not leave their personal lives at home when they come to work the EAP works with employees to get themselves back on track by providing information, training, professional counseling, and crisis management.
- ONSITE MEDICAL INTERVENTION PROGRAMS-When these programs are combined with a worksite MD and PA staffed medical clinic an employer now has the ability to actually reverse (reduce) the medical trend of it's health plan. We have the ability to establish and manage a worksite medical clinic and integrate the loss prevention tools in such a manner as to optimize the effectiveness of every component. Worksite clinics have proven to improve the health of a workforce, reduce health plan costs well in excess of the clinic operating costs, dramatically improve employee satisfaction and morale, reduce absenteeism and more. Clinic hours are structured by demand and

appointments can be flexible and scheduled on line. Medical records are maintained and integrated with the **WELLth** coaches and loss prevention programs for optimal benefit of the patient. This is the most effective and *proven* method of obtaining the healthiest workforce and reducing or reversing the health plan costs trend period.

In the United States, approximately 10 percent of patients account for 70 percent of overall health care spending-typically due to chronic or complex medical conditions. In addition, research shows significant gaps between best medical practices that follow evidence-based treatment guidelines and the care many patients actually receive (Center for Studying Health System Change; Issue Brief No. 69, October 2003).] These well-established facts have driven the development of our program, which typically identifies a population, where well-established, evidence-based prevention and treatment guidelines exist and participant self-care and compliance are important factors in managing the condition.

It is time to realize that we cannot take just one approach. To effectively intervene in the continued increase in healthcare costs and decreased employee productivity, actions taken must be varied and comprehensive. Measurement of success must include delivery of the best processes of managing both fixed costs and claim costs with innovative solutions.

Your first “Step to Wellth” is to contact us for a demonstration of our processes and a review of our program.