The Health Plan State of the Union

New Strategies to Thrive in a Market of Risk-Bearing Providers and Mobilized Members

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Health Plan Precision Investment Timing

Implementation Resource to be Published

Sample Snapshot from Toolkit

What This Strategic Discussion Guide Helps Plans Do:

- Understand the market trends that are driving change
- Capture the essential capabilities that plans need to succeed
- Time investments to match market readiness

Email your dedicated advisor for an advanced copy
A Market in Transition

1. Shifting Towards Today’s Purchaser

2. The New Adaptive Plan Traits
House Passes the American Health Care Act

Reconciliation Bill Would Drastically Cut Spending, Reduce Coverage

Legislation in Brief: American Health Care Act

- Reconciliation bill proposed by House Republicans on March 6th that would repeal or modify many elements of the ACA, while leaving others intact
- Following series of amendments, passed by the House on May 5th
- Bill’s major goals are to:
  - Repeal ACA’s taxes
  - Reform the individual insurance market
  - Remake the Medicaid financing model

Bill Passes House with Razor-Thin Margin

217-213
Final House vote on AHCA; required 216 votes to pass

CBO’s¹ Projected Impact of the AHCA

$119B
Decrease in federal deficit

23M
Increase in number of uninsured

Source: Congressional Budget Office projections as of May 24, 2017.

### Key Elements of the American Health Care Act

#### Repeals ACA Taxes
- Beginning in 2017, eliminates ACA taxes on health plans, medications, HSAs, medical devices, tanning services, investment income, etc.
- Delays implementation of the Cadillac Tax until 2026

#### Reforms Individual Market
- Eliminates individual mandate as of December 31, 2015
- Requires penalties for not maintaining continuous coverage
- In 2020, replaces subsidies with age-based tax credits

#### Reforms Medicaid Financing
- Freezes expansion, ends enhanced match after 2020
- Reverses DSH cuts, provides funding for safety net providers
- Shifts Medicaid to block grant and/or per capita cap in 2020

### MacArthur Amendment Boosts State Flexibility on Key Insurance Market Regulations

#### Health Status Underwriting
States may allow insurers to charge more based on pre-existing conditions

#### Age-Ratio Pricing Bands
States may create pricing bands with age-ratios greater or less than the AHCA’s 5:1

#### Essential Health Benefits
States may define the categories and benefits insurers must provide

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1) Restores funding in 2018 in non-expansion states and 2020 in expansion states.
2) Block grant option only available for traditional adult and children populations.
3) Only permitted for individuals who fail to maintain continuous coverage.
4) Contingent on state demonstration of plan to provide additional financial assistance for high-risk individuals.
5) Includes funding to help states support high-risk individuals: $1.7B annually from 2018-2026 plus any unappropriated dollars from Patient and State Stability Fund; Upton amendment provides additional $8B.

Far From a Done Deal

Senate Likely to Make Significant Changes

Major Roadblocks Remain in Senate

Ensuring Compliance with Reconciliation Rules

Senate parliamentarian must strike any AHCA provisions that she determines do not meet rules of budget reconciliation

Overcoming Thinner Voting Margin

GOP can only afford to lose 2 votes; potentially gives moderates greater influence and ability to dial back coverage losses

Awaiting Pending CBO Score

Senate must extend voting timeline until CBO scores final, amended bill


1) Provisions may only impact spending, revenues, or the federal debt limit.

Senate Promises Longer Timeline, Signals Prospect for Significant Change

“There will be no artificial deadlines in the Senate. We’ll move with a sense of urgency but we won’t stop until we think we have it right”

*Sen. Lamar Alexander (R-Tenn.)*

“Any bill that has been posted less than 24 hours, going to be debated three or four hours, not scored? Needs to be viewed with suspicion.”

*Sen. Lindsay Graham (R-S.C.)*

“The bill that passed out of the House is most likely not going to be the bill that is put in front of the president”

*Mick Mulvaney, Director, Office of Management and Budget*
Uncertain if New Administration Is Friend or Foe

Is Bark Worse Than Bite?

Offering Criticism…

“Democrats jeopardizing the safety of our troops to bail out their donors from insurance companies.”

Donald Trump
President

…But Facing an Uphill Climb

“I don’t know how we get to 50 (votes) at the moment. But that’s the goal.”

Mitch McConnell
Kentucky, Senate Majority Leader

“Even now as I came in here, payments have to be made that weren’t scheduled to be made on Obamacare. If you don’t make them, it fails.”

Donald Trump
President

Upon asking for 90-day delay on subsidy appeal case: “Going forward, we are weighing our options and still evaluating the issues.”

Alleigh Marré
Spokeswoman, DHHS

Administration Raises Questions About Future of Risk

Despite Uncertainty, Payment Reform Likely to Remain in Some Form

### Key Payment Reform Questions Looming with Change in Leadership

- Will the new administration migrate away for payment transformation?
- What is the future of CMMI and programs such as NGACO?
- What is the long-term trajectory of programs such as MSSP?
- How will the new administration tweak MACRA implementation?

### But Many Reasons to Bet on Future of Payment Reform

- Strong bipartisan support for concept of payment reform
- Tom Price acknowledged promise of CMMI in confirmation hearings
- Repeal of MSSP likely falls outside bounds of budget reconciliation
- Near-unanimous bipartisan support for MACRA legislation

“...I’m a strong supporter of innovation at every level. CMMI I believe has great promise to do things that would allow us to change the payment model, and I strongly support that.”

*Representative Tom Price, Nominee for HHS Secretary, Senate HELP Committee Hearing*
Dealing Physicians in on Risk

Greater Payment Updates, Bonuses Depend on Payment Migration

Annual Provider Payment Adjustments

MIPS Bonuses/Penalties

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>+/-4%</td>
<td>Maximum annual adjustment, 2019</td>
</tr>
<tr>
<td>+/-9%</td>
<td>Maximum annual adjustment, 2022</td>
</tr>
<tr>
<td>$500M</td>
<td>Additional bonus pool for high performers</td>
</tr>
</tbody>
</table>

APM Bonuses/Penalties

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>Annual lump-sum bonus from 2019-2024</td>
</tr>
<tr>
<td></td>
<td>(plus any bonuses/penalties from Advanced Payment Models themselves)</td>
</tr>
</tbody>
</table>

Baseline payment updates:

- **2015 – 2019:** 0.5% annual update (both tracks)
- **2020 – 2025:** Payment rates frozen (both tracks)
- **2026 onward:**
  - 0.25% annual update (MIPS track)
  - 0.75% annual update (Advanced APM track)

Source: The Medicare Access and CHIP Reauthorization Act of 2015; CMS, Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, April 25, 2016; Health Care Advisory Board interviews and analysis.

1) Relative to 2015 payment.
MACRA Propelling Force for Partnerships

Creating New Urgency for Larger Group Employment

Alignment Requests Likely Coming from Smaller, Medicare-Heavy Practices

- Often lack EMR
- No history of group affiliation
- Minimal insight into performance
- Likely not taking risk

30%

Percent of medical groups report most important reason for partnering is for access to capital

Plan “To-Dos” Steps to Prepare

- Carefully evaluate physicians that approach you
- Plan for provider consolidation
- Crystallize your value proposition

Stepping into Risky Business

Plans Have Serious Concerns Around Provider Risk Performance

**MSSP¹ ACO 2015 Performance Against Benchmarks**

- 52% Spent more than their benchmark
- 48% Spent less than their benchmark

**Per Capita Savings in MSSP 2015 Performance**

- $197 ACOs enrolling in 2012
- $19 ACOs enrolling in 2015

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Every conversation we have with providers starts with them saying, “Yes! We want more risk!” Then you peel back one or two layers of the onion and you realize, “Oh, you’re absolutely not ready for risk. All you want is for us to give you a pile of money.”

*Director of Policy State regional plan*

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1) Medicare Shared Savings Program.

Putting a Stake in a Crowded Field

Is it Too Late to Offer New Provider Enablement?

Key Areas of Plan Support to Risk-Bearing Providers

- Risk segmentation
- Care management
- Data and analytics
- Provider benchmarking
- Utilization management

Provider Enablement Companies

- Lumeris
- Caradigm
- Optum
- Health Catalyst
- Healthagen
- CareAllies
- Privia Health
- Aledade
- Evolent Health

8-15 Plans with whom a provider contracts

Source: Health Plan Advisory Council interviews and analysis.
Consumers Present New Service Opportunity

Plans Expand from Historic Focus on Providers to Support Consumers

**Historical Investment Focus**
- **Member Services**: Care navigation, financing, call center, health awareness
- **Actuarial Operations**: Claims processing, pricing, product development
- **Providers**: Network design, care management support, value-based contracting

**New Investment Focus**
- **Member Services**: Care navigation, financing, call center, health awareness
- **Actuarial Operations**: Claims processing, pricing, product development
- **Providers**: Network design, care management support, value-based contracting

$572M
2015 VC\(^1\) funding for health care consumer engagement companies

Most importantly, our go-to market value proposition…seeks to engage the individual…being a more engaged consumer. Cornerstone to what we believe and what we do is really that.”

*David Cordani, President & CEO, Cigna*

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1) Venture Capital.

1. A Market in Transition

2. Shifting Towards Today’s Purchaser

3. The New Adaptive Plan Traits
The Activated Consumer Has Yet to Arrive

Waiting for Our Date…Forever

Activated, Retail Consumer Characteristics

- Invests time to manage health conditions and follow care plan
- Amenable to multiple care sites for procedures
- Considers multiple data points to drive purchasing decisions
- Expertly uses online tools and information to find care

“We can talk all we want about provider accountability. But as important as that is, it misses an important piece of the puzzle—and that’s consumer accountability. There are a lot of things that we need patients to do if we’re going to get this right. And we need to give them the incentives to do all of those things.”

Greg Poulsen,
Chief Strategy Officer,
Intermountain Healthcare

Source: Advisory Board interviews and analysis.
Today’s Purchasers Seek Convenience

Immediacy Trumps Quality, Personal Recommendations

Utility Scores for Top Preferred Primary Care Clinic Attributes

$n=3,873$

- I can walk in without an appointment, and I’m guaranteed to be seen within 30 minutes: 4.11
- If I need lab tests or x-rays, I can get them done at the clinic instead of going to another location: 3.98
- The provider is in-network for my insurer: 3.95
- The clinic is open 24 hours a day, 7 days a week: 3.91
- The clinic’s quality scores are in the top 10% for my area: 2.1
- Other patients recommended the clinic in online reviews (Yelp, Google, etc.): 0.6

Source: Advisory Board interviews and analysis.
Most Employers Scared to Disrupt Status Quo

Conservative Approach Meant to Protect Employees

Employer Willingness to Change Benefits Within Three Years
n=190

- **59%**
  - Employers unlikely to make changes in plan design or program offerings that disrupt employees’ benefits

- **75%**
  - Employers unlikely to take on an operationally challenging project

Tools Mismatched to Consumer Needs

Industry Largely Struggling to Create Self-Service Options

Member Tool Use and Preferences

- **2%** Use mobile apps
- **2/3** Providers aren’t at listed locations

Majority Report Difficulty Finding Cost Information

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Easy</td>
<td>3%</td>
</tr>
<tr>
<td>Somewhat Easy</td>
<td>23%</td>
</tr>
<tr>
<td>Somewhat Difficult</td>
<td>10%</td>
</tr>
<tr>
<td>Very Difficult</td>
<td>29%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>35%</td>
</tr>
</tbody>
</table>

Consumer Assessment of Difficulty Locating Pricing Information for Doctors and Hospitals

**Want:**
- Right answer “pushed” to them
- Advice from their doctor or family
- A single price point

**Don’t Want:**
- To spend time “pulling” information
- Health plan advice
- A cost range or price estimate

Casting Light on Prices Not Working Out

Market Slow to Value New Services

Criteria for A Retail Environment

- Procedure that can be scheduled in advance
- More than one provider in market that can provide service
- Price data available for different providers

We overestimated the speed here...transparency hasn’t even started.

Dr. Giovanni Colella
Castlight Chief Executive

Castlight Stock Price

Monthly, At Close (03/2014 – 11/2016)

A Warning from Oscar

Market Revolution Takes More Than a Few Years

Oscar’s Losses vs Capital Raised

By Year (in millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Loss (in millions)</th>
<th>Capital Raised (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$(28)</td>
<td>$40</td>
</tr>
<tr>
<td>2015</td>
<td>$(105)</td>
<td>$110</td>
</tr>
<tr>
<td>2016</td>
<td>$(205)</td>
<td>$400</td>
</tr>
</tbody>
</table>

Cost-Reduction Strategies

1. Create narrow networks in Texas and New York
2. Build provider clinics for more cost control
3. Raise premiums

Just shocking that a bunch of tech dudes and a sweet app somehow failed to solve health insurance once and for all.”

Adam Cancryn,
Senior Reporter, S&P Global Market Intelligence

Evolutionary Events Require Timely Adaptation

Consequences of Mistimed Investments

**Adapt Too Slowly**
- Suffer from high network costs
- Miss strategic partnership opportunities
- Lose large group business to competitors
- Drive up premiums in market without cheaper options
- Distance consumers with inefficient products

**Evolutionary Events**

- Providers Graduate from FFS
- Employers Differentiate with Benefits
- Consumers Flex Purchasing Power
- Plans Create Episodic Products

**Adapt Too Quickly**
- Limit plan network prematurely
- Disengage providers in value-based contracting
- Overinvest in services groups unlikely to buy
- Alienate relationship with larger providers prematurely
- Design transient products that consumers will tire of

Source: Health Plan Advisory Council interviews and analysis.
1. A Market in Transition

2. Shifting Towards Today’s Purchaser

3. The New Adaptive Plan Traits
Providers Graduate from FFS

Providers Finally A Reliable Partner in Cost Control

Population Health and Risk Transfer Fuel New In-Kind Collaborations

Evolutionary Event

EARLY TREMORS

Growing participation in CMS initiatives

Increase in PSHP1 market entrants

Providers view FFS as a smaller portion of overall revenue

Newly formed PSHPs stay in market at least 10 years

Adaptive Plan Trait

Symbiotic Partnerships

1) Provider-sponsored health plan.

Source: Health Plan Advisory Council interviews and analysis.
Sell Your Data Expertise to Help Providers Thrive

Plan Knowledge and Assets Transform to Plan’s Core Value

Relevant Plan Expertise

- Change management and leadership
- Provider network curation and optimization
- Partner risk readiness
- Performance insights towards quality targets
- Data aggregation

"Some [customers] will need us to provide or build core capabilities, and we will also work collaboratively with provider clients that already have those capabilities in place to help them achieve greater physician alignment and clinical integration."

Julian Harris, MD
President, CareAllies, Inc.

Products to Facilitate Population Health

Advising and consulting
Technology
Analytics

Case in Brief: Cigna CareAllies

- New subsidiary service helping providers shift to value-based care
- CareAllies sells advisory and management services, technology, and analytics to providers, even supporting the launch of their own health plans

Related resource: How to Talk to Your Providers About Data, available at advisory.com/hpac

Follow Providers into New Markets

Plans Seek New Partnerships to Expand Geographic Footprint

Tufts Market Expansion

Case in Brief: Tufts Health Freedom Plan

• In 2015, Tufts Health Plan announced partnership with Granite Health (a conglomeration of 5 hospitals) to launch Tufts Health Freedom Plan
• Plan allowed quick entry into new market for Tufts with an affordable product
• Plan targets large groups in New Hampshire

Provider Attributes for Market Expansion

- Large network of integrated providers
- Experience managing high-risk members
- Recognizable local brand

Employers Look to Differentiate on Benefits

Health Plans Position Themselves as Complementary Partners

Evolutionary Event

**EARLY TREMORS**

- Employers expanding to new geographical markets
- Tight labor market
- Decreased employee satisfaction with benefits

**Adaptive Plan Trait**

Self-Guided Networks

Source: Health Plan Advisory Council interviews and analysis.
Shed Light on the Best Performers

Compass Enhances Employee Decision Quality through Provider Data

Premier Providers Chosen for High-Quality, Cost-Effective Care

Compass reviews medical claims data, conducts interviews to identify top performers.

Providers must:
- Maintain updated medical practices
- Demonstrate compassion and concern for patients
- Deliver care that reduces excessive visits and spending

High-Quality Physicians Reduce Employees’ Average Annual Health Care Spending

- Bottom 50%: $6,698
- Top 50%: $3,875
- Top 25%: $2,752
- Top 10%: $1,795

High annual savings: $4,903

Case in Brief: Compass Professional Health Services

- Health navigation and transparency company based in Dallas, Texas
- Markets a health activation platform to employers that provides cost and quality data, promotes wellness and prevention, and engages employees in care pathways using Compass Premier Providers
- Clients include Southwest Airlines, Dillard’s, Michaels, and The Container Store

Source: Compass Professional Health Services, Dallas, TX; Health Plan Advisory Council interviews and analysis.
Plans Herald the Rise of Purchaser-Centered System

Fast, Affordable and Dependable Health Care Aggregator

Evolutionary Event

EARLY TREMORS

- Increased use of plan tools
- Members contact plan with care, not just benefit, questions
- Increased retention
- Improved satisfaction

Adaptive Plan Trait

Fast-Casual Provider

Source: Health Plan Advisory Council interviews and analysis.
Seamless Health Care Transactions Become Norm

HealthSparq’s E-Commerce Platform Powers Fast and Easy Approach

Illustrative Marketplace Website

<table>
<thead>
<tr>
<th>Your location</th>
<th>Service Category</th>
<th>Service</th>
<th>Patient Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland, OR</td>
<td>Primary Care</td>
<td>Wellness Exam</td>
<td>Select gender</td>
</tr>
</tbody>
</table>

Provider

Alice Brewer, MD
General practitioner

Natural Health Wellness Center
(Map) Distance: 2.3 miles

In network
English

Service Details

Primary Care

Wellness Exam – Female 31-39

- Mammogram
- Colonoscopy
- Cervical cancer screening
- High blood pressure

Service Category

- Primary Care
- Dentistry
- Immunizations & Vaccinations
- Complementary and Alternative Medicine
- Physical, Occupational and Speech Therapy
- Hearing

Patient Gender

- Select gender

Provider price: $179.00
Plan pays (100%): -$179.00
Average regional: $185.00

Your total: $0.00

Members can select to shop a host of services and sort by distance, quality, and price.

Members lock in their price by paying with their HSA, debit or credit card.

Platform incorporates member’s specific coverage and benefit details.

Source: HealthSparq, Portland, OR: Health Plan Advisory Council interviews and analysis.
Assemble Low-Cost Needs in a Single, Familiar Place

Wal-Mart/Sam’s Club Creating Destinations for Small Business, Caregivers

Sam’s Club Insurance Exchange

27 States with marketplace access

7-15 Percentage savings reported on premiums

1 Health plan partner to date (Aetna)—with plans to add more

Sam’s Club Offerings for Caregivers

- One-stop shop website—lift chairs, stress management advice
- Reported discounts of 40%-63% on OTC\(^1\), 23%-27% on prescription drugs\(^2\)
- Free monthly screenings (glucose, cholesterol, vision, hearing)
- Piloting free “new mom” memberships if pregnant or child under 12 months
- Adding dieticians, healthy food discounts

“The competitive landscape is shifting...Sam’s Club could be an Amazon Prime-type model.”

Rosalind Brewer
President and CEO, Sam's Club

Source: "Sam's Club testing ways to deliver health care, NWA aims to be health center of excellence," KATV.com, April 2016; Banjo, S. “Sam’s Club Tests Online Subscription Service as Threat From Amazon Grows,” Wall Street Journal, February 2014; Sam’s Club Caregivers web site, available at http://www.samsclub.com/sams/family-caregiving/15720473.cp; James, K. "Walmart vs. Sam's Club Who Actually Has the Better Deals?", WiseBread "Living Large on a Small Budget," October 2015; Munrow, D. "Sam’s Club or Walmart: Where will you get bigger savings?" ABC15.com, September 2014; Advisory Board interviews and analysis.

1) Over the counter.
2) Compared to Wal-Mart.
More Purchasing Power Activates Consumer Needs

Plans Propel Activity by Expanding Consumer-Driven Supply Chain

Evolutionary Event

EARLY TREMORS

- Growth in HRA/HSA participation
- Increase in wages
- Consumers switching due to non-cost factors

Adaptive Plan Trait

Time-Sensitive products

Source: Health Plan Advisory Council interviews and analysis.
# Say Goodbye to Dr. Google

Female-Friendly Maven Caters to Precise Care Needs and Questions

<table>
<thead>
<tr>
<th>Maven’s Female-Focused Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Type</strong></td>
</tr>
<tr>
<td>23-year old student</td>
</tr>
<tr>
<td>33-year old first time pregnancy</td>
</tr>
</tbody>
</table>

## Maven’s Custom Product

### Maven Campus

Offers students unlimited access to same-day provider video appointments with yearly subscription.

### Maven for Business

Helps employers offer employees extra pregnancy support, postpartum care, and back-to-work benefits.

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1) Sexually transmitted infection.

Source: Maven Clinic, New York, NY; Health Plan Advisory Council interviews and analysis.
Flexible Insurance When You Need It

Cuvva’s Ease of Use and Comparative Flexibility Fill Market Gap

Cuvva’s Flexible Auto Coverage

- October 2016: Weekend trip away
- January 2017: Running errands
- June 2017: Airport pick-up and drop-off

Potential Health Care Analogies

- Post-heart attack nutrition counseling
- Pre-back surgery acupuncture
- Perinatal palliative care support

Case in Brief: Cuvva

- Start-up based in Scotland and operating in UK offering hourly car insurance
- Cuvva covers users who borrow or drive a friend’s or family member’s car at short notice or for a few hours
- Users enter the plate number, choose how many hours they want to be covered for, take a picture of the car, and pay for coverage through iOS Mobile app

Source: Cuvva, Edinburgh, Scotland; Health Plan Advisory Council interviews and analysis.
## The New Adaptive Plan Traits

### Overall Evolution Framework

<table>
<thead>
<tr>
<th>Evolutionary Events</th>
<th>Description</th>
<th>Adaptive Plan Traits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Providers Graduate from FFS</strong></td>
<td>With little to no plan support, providers lower costs and improve clinical outcomes by proactively managing members across the care continuum.</td>
<td>Symbiotic Partnerships</td>
</tr>
<tr>
<td><strong>Employers Differentiate with Benefits</strong></td>
<td>Employers differentiate on benefits, and hire partners to design tailored benefits that drive employee loyalty and lower costs.</td>
<td>Self-Guided Networks</td>
</tr>
<tr>
<td><strong>Consumers Flex Purchasing Power</strong></td>
<td>Consumers flock to services that play on their desire for convenient, affordable care.</td>
<td>Fast-Casual Provider</td>
</tr>
<tr>
<td><strong>Plans Create Episodic Products</strong></td>
<td>Activated consumers demand products customized to care needs at a given time.</td>
<td>Time-Sensitive Products</td>
</tr>
</tbody>
</table>

Source: Health Plan Advisory Council interviews and analysis.
Market Evolution Shapes Future Identity

Two Paths of Partner Support Emerging in Future Era

**Market Evolution**

**Current Era**
- Plans hold risk that diminishes in value
- Providers unable to meet spending targets
- Consumers paralyzed by prospect of active decision-making

**Evolutionary Events**
- Providers graduate from FFS
- Employers differentiate with benefits
- Consumers flex purchasing power
- Plans create episodic products

**Future Era**
- Plans connect high-value providers to engaged purchasers
- Individuals willing to negotiate for care
- Providers continually evolve to serve populations’ needs

**Plan Roles in Each Era**

**Uncompensated Scapegoat**
Vilified for not managing end-users’ spending, poor experience

**Provider Alliance Architect**
Develop select relationships with advanced providers to grow market presence

**Smart Consumer Proponent**
Provide adaptive and expert support for consumers as they navigate care

Source: Health Plan Advisory Council interviews and analysis.
Want More Resources Plan Corporate Strategy?

Resources for Plans to Cross the Chasm to Evolve Alongside Market

1. Get providers ready to share risk
   - Watch for our Risk Partnerships Toolkit to be released in August

2. Support consumer decision-making around care
   - Read our How to Influence Where Members Seek Care Executive Research Brief

3. Understand emerging consumer needs
   - Check out our Services Preference Portal to explore what more than 4,700 consumers want from their health plans

REGISTER NOW
2017 HPAC National Meeting will be held in Washington, DC on September 19 and on November 9 in Chicago. Register here.

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Source: Health Plan Advisory Council interviews and analysis.
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