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# Vitori Health: A Better Alternative for Employer- Sponsored Health Plans

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# Presenters



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# Announcement



Nothing in this presentation is represented as legal, accounting or insurance coverage advice. Everyone's situation is different; therefore, it is incumbent upon everyone to seek the advice of their attorney, accountant and or insurance professional when making decisions regarding insurance coverages, investments and/or tax decisions. Nothing contained presented here is advice.

# Introduction



## *A BETTER HEALTH PLAN EXPERIENCE*

- Employers are getting tired about **double digit renewals**, **increased costs** to both employers and employees, and **declining benefits**.
- There is a lot of “**fat**” in the system
- Retention and **Recruitment** is tougher than ever before, and benefits are becoming more important
- It’s time to look for a new way to manage benefits.
- Welcome to **Vitori Health!**

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# A COMPREHENSIVE NEXT-GEN HEALTH PLAN SOLUTION FOR 20%+ SAVINGS

- **Medical** Claims Administration
- **Concierge Member Service**
- Proprietary **Fair MarketPayment™** Algorithm
- **Pharmacy** Administration w/ patented pricing Technology
- **Telemedicine** (including mental health counseling)
- Member Claims and Billing Advocacy
- Scientifically Validated Design w/ **no-cost member features**
- **Guaranteed Results**

Agnostic to reinsurance, captives, consortiums, etc.  
We will never charge a fee to integrate with reinsurance

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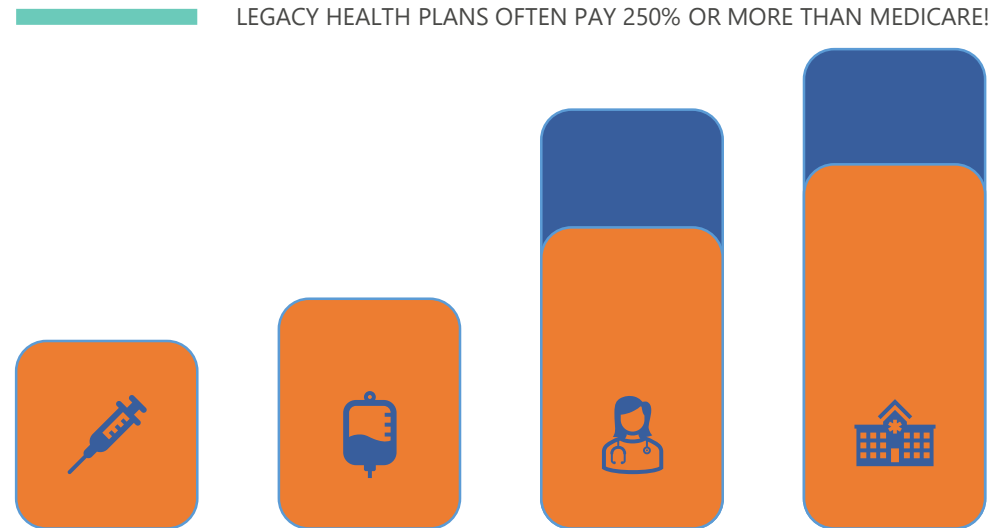
Fair Market Payment<sup>®</sup> (FMP) removes costly networks and price-blind reimbursement, ensuring fair payment for patients, the plan, and providers while maximizing savings and quality.

FMP is tailored by geography, claims service categories, and reimbursement data, and more.

FMP along with preferred arrangements for elective surgeries creates optimal:

- Access
- Quality
- Affordability
- Member experience

An Alternative to Legacy PPO Networks and Old School RBP Plans  
Fair Market Payment Pays Providers Fast, Accurately, and Fairly  
No physicians or facilities are out-of-network



#### Accepted by Providers

Our proprietary Fair Market Payment tailoring algorithm dynamically determines reimbursement based on multiple variables, including service category, commodities vs. procedures, complexity, geographical location, government payor reference indices, cash pricing rates, and hospital cost vs. charges, historical reimbursement, and payment appeal and resolution data. FMP incorporates a claims resolution corridor for less common instances where the plan might agree to pay a provider more than the original reimbursement. FMP decreases provider appeals and balance billing while significantly reducing overspending on medical claims and drugs that apply to the medical plan.

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# A BETTER MEMBER EXPERIENCE

*Success in paying claims – better than BUCAH!*



## Member Friction & Balance billing issues are fear mongering:

- . 99% of patients receive care when presenting their member ID card
- . 98% of claims paid in 7-14 days with prepayment integrity protocols
- . 96% of FMP™ reimbursements accepted by providers without question
- . 0.24% of claims are balance billed
- . 0% have required litigation for resolution

Moreover, there are a number of industry publications pointing to a significant reduction in facility and provider attempts to capture unpaid medical bills (see attached). The No Surprises Act, along with the first of several Interim Final Rules being issued under the No Surprises Act, will aid a net reduction in balance bills, and easier resolution when they occur. [Health Affairs Article on Interim Final Rule Re: Balance Billing](#). And lastly, in the French vs. Centura Health decision, the Colorado Supreme Court determined that the patient is cannot be billed OON chargemaster-based rates which

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# NATIONWIDE PREFERRED SURGERY PROGRAM

Surgeons of Excellence

## HIGH QUALITY Surgeons of Excellence

High performance surgeons near members in most metropolitan areas across the U.S. 100% board-certified, these surgeons have undergone rigorous screening, including specialized training and fellowships, reducing the risk of complications and preventable costs.

## GREAT MEMBER EXPERIENCE Full-Concierge Service

Handles everything for the patient. A dedicated Care Coordinator will locate the best-fitting provider, schedule all appointments, coordinate medical record transfers, and travel and follow up with the patient post-procedure to ensure top satisfaction with the procedure experience.

## LOW PRICING Pre-Negotiated Bundled Rates

Lower than FMP™ reimbursement, Bundled pricing eliminates unexpected post-procedure medical bills. Members and Plan will know exactly what the procedure costs, removing unnecessary cost and financial burden. Reduced cost share saves member out of pocket dollars.

Preferred Arrangements for Elective Surgeries ensures access to the highest quality surgeons at the best rates.

- Expert Opinion Feature
- Surgeons of excellence: **physician-level credentialing**, board-certified, best outcomes
- Local/regional travel
- Concierge patient handholding; coordination of appointments, records, travel, procedure, and discharge
- Bundled “total procedure cost” eliminates balance billing
- Exceptional member experience—**all OOP costs are waived**

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# Employee Benefits, with *Real Benefits!*

- **Free** 24/7 Telemedicine including Mental Health
- No Out-of-Pocket for elective (including travel expenses) \*
- Hospital financial assistance advocacy for member cost-share responsibility
- **FREE** specialty – high-cost medications\*\*

	PPO Plan	Vitori Health	Savings
Knee Replacement	\$40,000	\$20,000	\$20,000
Employee Costs:			
Deductible	\$1,500	FREE	\$1,500
Co-Insurance	\$3,500	FREE	\$3,500
Total Employee Cost	\$5,000	FREE	\$5,000
Plan Net Cost to Company	\$35,000	\$20,000	\$15,000



*\*When Employee uses Vitori Health Centers of Excellence Program | \*\*When employee qualifies for PAP, Co-Pay Assistance Programs*

# VITORI PHARMACY SERVICES PLATFORM

20-40%+ SAVINGS OVER LEGACY PBM'S

## LOWEST-NET-COST, CLINICALLY-BASED RX

- **Broad National Network over 67,000 pharmacies including all major chains**
- **Part PBM and Part GPO** - We're not in the pharmacy business to make money—we save clients money through transparency and ingenuity
- **Our formulary is built using a Comparative Effectiveness Research Model**
- **We use patented technology to pay the lowest prices—no artificial spread pricing**
- **What is paid at the pharmacy is what the plan pays**
- **100% of Rebates / Credits paid monthly – an industry first**
- **Coupon Maximization and Member Financial Assistance is built in with no extra cost or shared savings charges**
- **Our only source of revenue is a per script fee**

### USING COST-EFFECTIVENESS SCIENCE **THE BEST DRUGS OFTEN COST LESS!**

We apply comparative effectiveness research to pharmacy plan management, synthesizing 1,000-page reports to turn the best clinical data into algorithms. This lets us identify evidence-based improvements in patient outcomes and savings.

### LEADING-EDGE PRICING TECHNOLOGY **BETTER FOR MEMBERS & THE PLAN**

Patented Acquisition Cost Index (ACI), Specialty Inclusion Program, and integrated manufacturers financial assistance support saves the plan and members money and protects against future risk without adding cost or taking shared savings.

### SPECIALTY RX COST COMPRESSION **SMART SOURCING FOR BIG SAVINGS**

Traditional PBM channels will not deliver meaningful savings for high-cost specialty medications. Using preferred channels, international sourcing and patient assistance programs we can drive 70-90% savings on a numerous specialty brand drugs.

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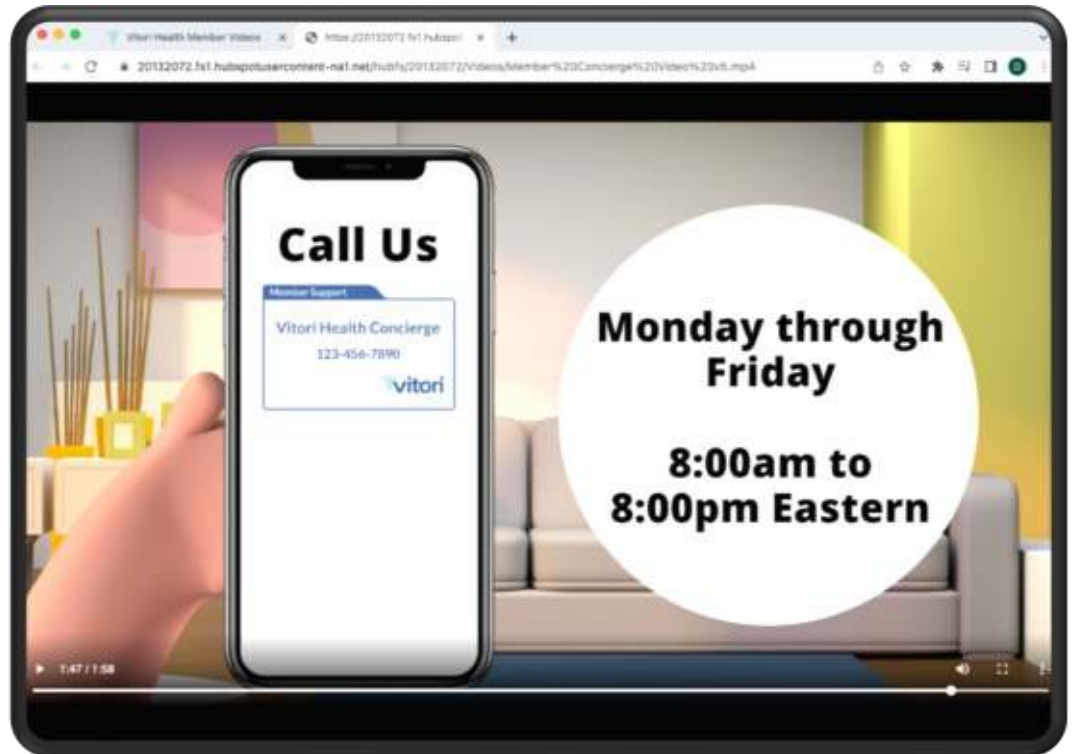


# Easy Implementation

Communication is key



# Better Member Experience



# Dedicated Member Support

**SUPPORT**  
 Vitor Health Concierge: 1-23-456-7890  
 Member Portal: [vitorhealth.com/member](http://vitorhealth.com/member)  
 MDLIVE Phone: 1-23-456-7890

For physical and mental health telemedicine, visit [mdlive.com/indiahealth](http://mdlive.com/indiahealth).  
 To locate a participating provider, view the directory on the portal or contact the Vitor Health Concierge.

Rx Benefits Support: 1-23-456-7890

**ELIGIBILITY**  
 To confirm eligibility, verify benefits

**PRE-CERTIFICATION**  
 Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, please call 1-23-456-7890. Emergency admission must be certified on the MDLIVE Business Day.  
 Failure to obtain pre-certification/ admission certification may result in a reduction of benefits.  
 Possession of this card or obtaining pre-certification does not guarantee coverage for the services or procedures rendered.

**MEDICAL CLAIMS SUBMISSIONS**  
 Electronic (EDI Payer ID): 12345  
 Mail: P.O. Box 211681  
 Eagan, MN 55121

Providers file medical claims to Vitor Health.

**vitori** Vitor Health Plan, sponsored by Techstar

**MEMBER INFO**  
**PENELOPE JACOBS**  
 Member ID: ACME1654321  
 Coverage: Employee + Family

**MEMBER COSTS**  
 Primary Care: \$25 copay  
 Specialist: \$60 copay  
 Urgent Care: Deductible + 25% coinsurance  
 ER: Deductible + 25% coinsurance  
 Deductible: \$2,500 indiv./ \$5,000 family  
 Out-of-Pocket Max: \$8,000 indiv./ \$16,000 family

**PLAN INFO**  
 Group ID: ACME1  
 Rx PCN: WXYZ  
 Rx BIN: 123456  
 Rx GRP: ACME1

**NETWORK INFO**  


- Easy one phone number
- 24/7 Concierge level support
- Comprehensive reporting

	YTD Total	Dec	Jan	Feb	Mar	Apr
Total - All Calls	2709	-	246	170	223	437
Provider Calls	1452	-	-	-	75	298
Member Calls	1257	-	246	170	148	139
Total - Advanced Support	103	3	17	14	17	11

### Concierge

- Balance Bill	1	-	-	-	-	-
- Benefits/Plan Info	7	-	2	-	1	1
- Claim Issue	11	-	-	-	-	2
- Current Provider	17	2	10	2	1	-
- Eligibility	1	-	-	-	-	-
- HP2 Surgery Program	2	-	-	-	1	-
Provider	4	1	1	-	1	-
- Pre-Cert	2	-	-	-	-	-
- Reimbursement	3	-	1	-	1	1
- Rx	4	-	3	1	-	-
<b>Total (Concierge)</b>	<b>52</b>	<b>3</b>	<b>17</b>	<b>3</b>	<b>5</b>	<b>4</b>

### Member Advocacy

- Current Provider	15	-	-	6	4	1
- New Provider	36	-	-	5	8	6
<b>Total (Member Advocacy)</b>	<b>51</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>12</b>	<b>7</b>

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# Success Stories

## Global Call Center | Dallas, TX | Multi-state employees



\$7.6M



1,230



\$84M

**After doubling their size through acquisition**, this growing call center with private equity ownership sought to reduce operating expenses and improve employee benefits to attract top talent. Achieving this with their fully insured traditional health plan meant reducing benefits or shifting costs to employees, which was unacceptable. Their new Vitori Health plan satisfied their strategic objectives so well that they left their previous plan eight months early to begin reaping savings as quickly as possible.

## Manufacturer | Pittsburgh, PA | Multi-state employees



\$2.1M



440



\$14M

**This manufacturing firm faced multiple challenges after merging two of their companies:** shifting to a single health plan, and addressing financial stresses driven partly by massive specialty Rx costs. Their traditional fully-insured plans offered no relief without increasing employee contributions and reducing benefits. Vitori Health not only reduced expenses to ease financial concerns, but implemented a health benefits and pharmacy solution that mitigated present and future risks for any specialty drug.

## Automotive Retailer | Tucson, AZ | Multi-state employees



\$1.1M



850



\$7.5M

**When you're in aggressive acquisition mode, you need to create synergies that facilitate growth, increase control, and lower acquisition costs.** This private equity-owned organization shifted from multiple high-cost, low-value traditional health plans to the Vitori Health platform. In addition to increasing the financial value of their holdings, this strategy enabled them to attract, hire, and retain employees in a highly competitive job market and gain access to plan performance data to better control costs.



# A BETTER HEALTH PLAN EXPERIENCE

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## Q & A



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# Contact Information



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