



QUANTUM HEALTH

Making the Complex Simple

Executive Summary - 2019



Who We Are

We exist to create a guided experience
through the healthcare and benefits journey

1.3Million+
consumers **Inc.**

170+ CLIENTS

5000



Quantum Health in the Marketplace



LEGACY CARRIERS BUY-UP

- Enhanced Member Services
- Traditional Clinical Services (CM/DM)

INDEPENDENT NAVIGATION & ADVOCACY

- Navigation
- Advocacy
- Claims Assist

DIGITAL SOLUTIONS

- Niche
- Condition or Solution Specific
- Alerts/Nudges
- Steerage

HYBRID SOLUTIONS

- Navigation
- Advocacy
- Claims Assist
- Member Services
- Some Clinical Services

COMPLETE CARE COORDINATION

- Navigation
- Advocacy
- Claims Assist
- Member Services
- All Clinical Services
- Provider Services

Late In Journey/Low Engagement

Early In Journey/High Engagement

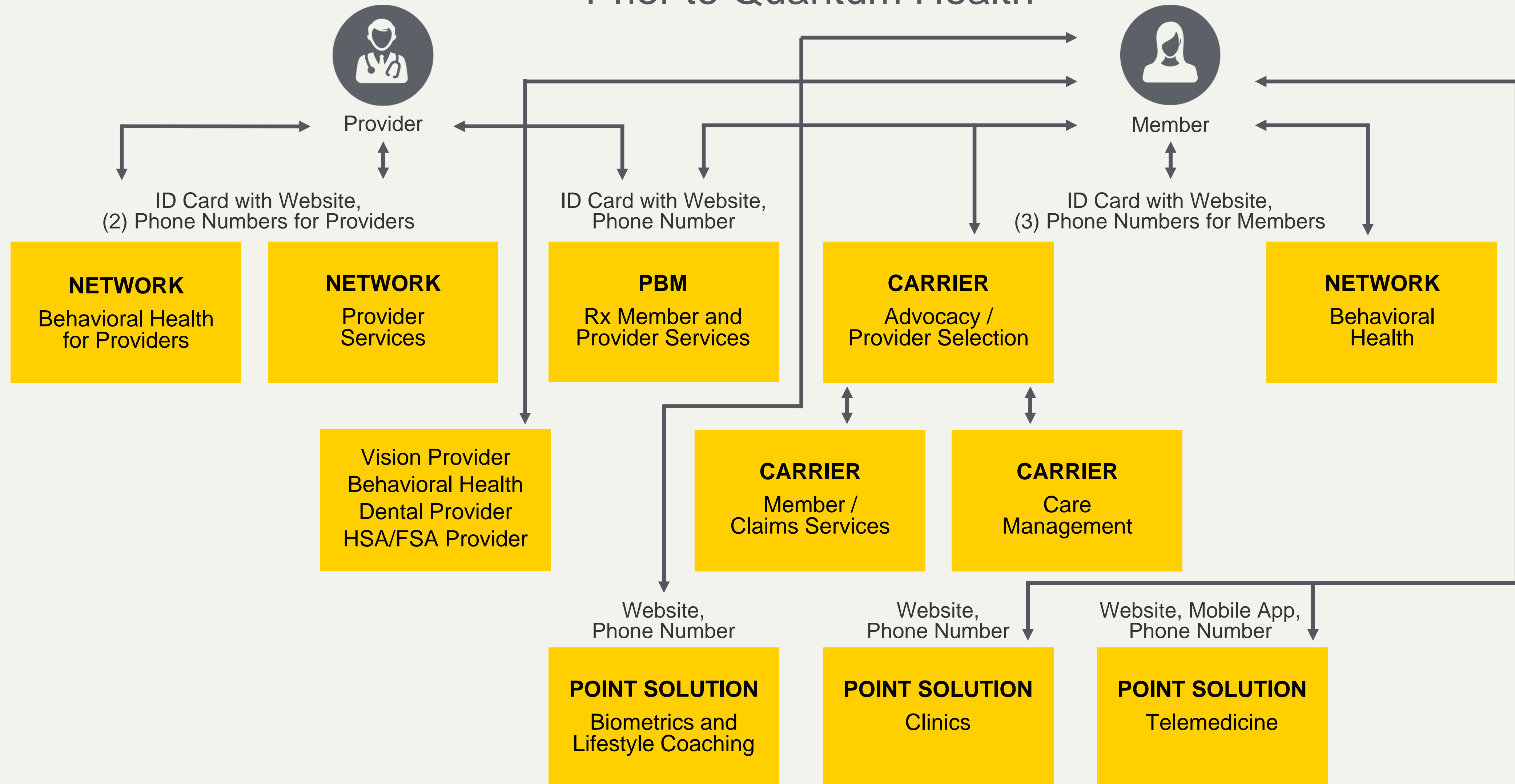
Flexible Platform for All Employer Benefits

ONE PHONE NUMBER, WEBSITE AND MOBILE APP
FOR MEMBERS AND PROVIDERS

- Medical
- Pharmacy
- Dental
- Vision
- Spending Accounts
- Point Solutions
- Life Insurance
- Leave of Absence
- Disability
- Retirement Programs
- Voluntary Benefits
- Other Benefits

Traditional Model Services and Member Experience

Prior to Quantum Health

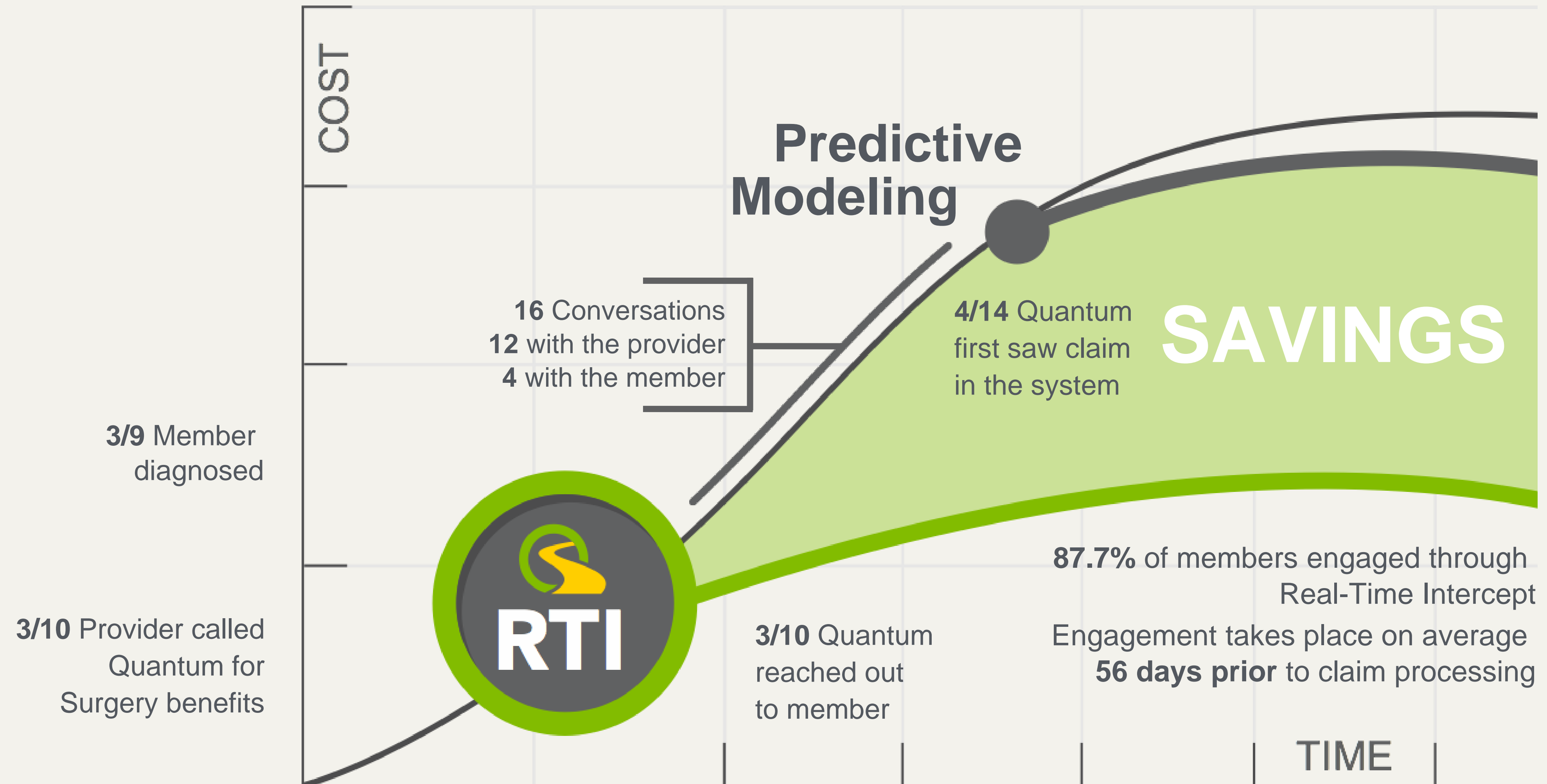


Simplifying the Journey

Your one point of contact



Real-Time Intercept™



Our Model Delivers Proven Results

Satisfaction



74 MEMBER NPS

77 CLIENT NPS

74 PROVIDER NPS

Engagement

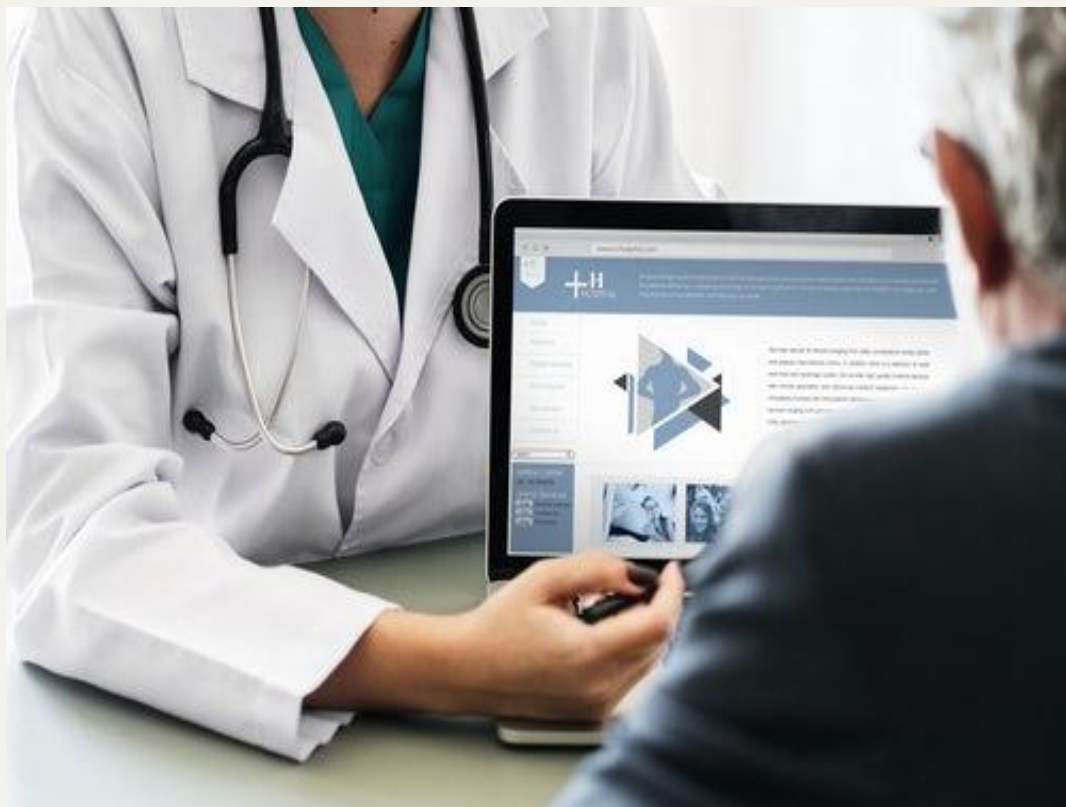


84% OF ALL HOUSEHOLDS

95% OF MEMBERS WITH CLAIMS > \$10K

200%+ ENGAGEMENT IN POINT SOLUTIONS

Outcomes



+14% PREVENTIVE SVCS

-5% INPATIENT ADMITS

-32% READMISSIONS

-6% COST OF CASES >\$25K

Savings



5% COST REDUCTION IN YEAR 1

11% OVER THREE YEARS

\$618 AVG. YEAR ONE SAVINGS (PEPY)

*The average savings is based on Quantum Health's actuarially validated savings study comparing actual versus projected cost (net of independent variables such as network discounts, plan design changes, plan migration, and demographic changes). This study is based on 133 groups over a 16-year period.

The \$618 PEPY savings is based on the average savings percentage applied to an industry reported 2016 PEPY claim cost.

Data at Your Fingertips

On Demand Reporting Tool

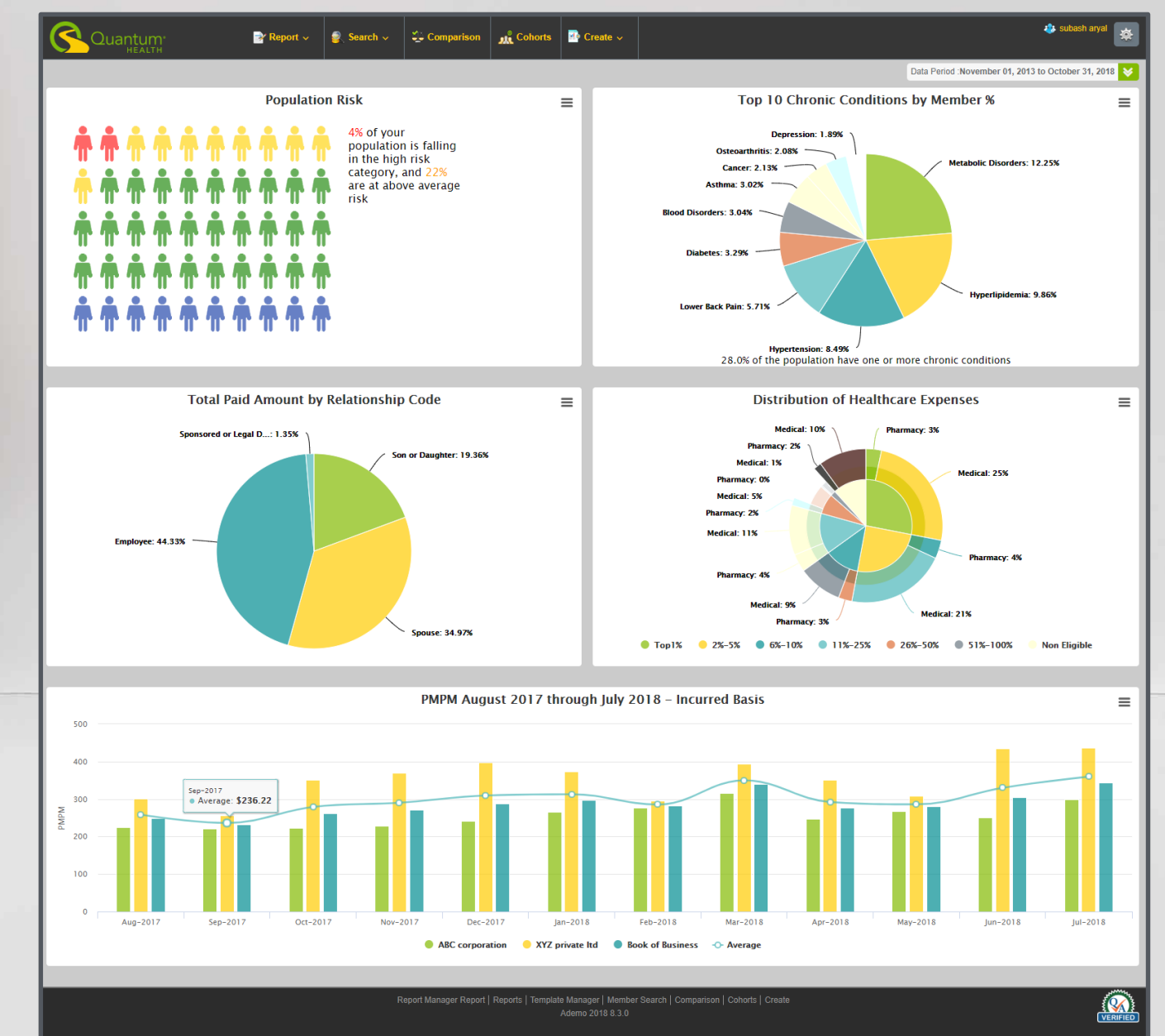


Report Manager

Search for a report by name

0 report(s) selected

Select	Fav	Report Name	Description
<input type="checkbox"/>	<input type="checkbox"/>	Avoidable Admissions	Potentially avoidable admissions (also called ambulatory care sensitive conditions) are hospitalizations for diagnoses for which timely and effective outpatient care...
<input type="checkbox"/>	<input type="checkbox"/>	Avoidable Care Continuum	A report on the potential financial impact of transitioning avoidable emergency room utilization to urgent care and office settings. Includes average cost of treatme...
<input type="checkbox"/>	<input type="checkbox"/>	Avoidable ER - Day of the Week	Potentially avoidable emergency room visits occur for diagnosis that could have been appropriately managed in other, more cost-effective settings, such as an urg...
<input type="checkbox"/>	<input type="checkbox"/>	Avoidable ER - Diagnosis	Potentially avoidable emergency room visits occur for diagnosis that could have been appropriately managed in other, more cost-effective settings, such as an urg...
<input type="checkbox"/>	<input type="checkbox"/>	Breast Cancer Treatment Path	Narrative walkthrough of care quality indicators for breast cancer.
<input type="checkbox"/>	<input type="checkbox"/>	Care Alert Score Summary	Summary of population compliance with national standards for care quality.
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Conditions Prevalence	Total and per 1000 prevalence of each chronic condition in the reporting and comparison periods.
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Conditions Utilization	Office, ER, Admission, Re-Admission and PMPV plan paid amounts for members with each chronic condition.
<input type="checkbox"/>	<input type="checkbox"/>	Claim Lag - Medical	Generates an incurred-to-paid lag table of medical plan paid dollars. The table will re-size dynamically. Change the length of your report period to adjust the size o...
<input type="checkbox"/>	<input type="checkbox"/>	Claim Lag - Pharmacy	Generates an incurred-to-paid lag table of pharmacy plan paid dollars. The table will re-size dynamically. Change the length of your report period to adjust the size...
<input type="checkbox"/>	<input type="checkbox"/>	Coverage by Relationship Class	Enrolled membership on the last day of the report period by relationship to employee. Includes plan paid amounts. Uses standardized relationship classes.
<input type="checkbox"/>	<input type="checkbox"/>	Coverage by Relationship Code	Enrolled membership on the last day of the report period by relationship to employee. Includes plan paid amounts.
<input type="checkbox"/>	<input type="checkbox"/>	Demographic Risk Analysis	Stratifies prospective risk scores (MARA) by age, gender and member relationship to employee.
<input type="checkbox"/>	<input type="checkbox"/>	Division Risk Analysis	Uses the output of the MARA risk model to report on prospective and concurrent risk along with associated costs.
<input type="checkbox"/>	<input type="checkbox"/>	Division Summary Report	Breakdown summary of medical and rx costs, enrollment and risk.
<input type="checkbox"/>	<input type="checkbox"/>	Drug Switch - Detail	A detailed analysis of brand name drugs that could be replaced with less costly generic alternatives. Includes financial details and potential savings.
<input type="checkbox"/>	<input type="checkbox"/>	Drug Switch - Summary	A summary of potential savings that could be realized by replacing brand name drugs with less costly generic alternatives.
<input type="checkbox"/>	<input type="checkbox"/>	ER Analysis	Emergency room visits by severity and diagnosis. Also shows "frequent flyer" rates, members with a large number of emergency room visits in the period.
<input type="checkbox"/>	<input type="checkbox"/>	ER Utilization Dashboard	A visual summary of Emergency Room Visits.
<input type="checkbox"/>	<input type="checkbox"/>	Frequency of Selected Procedures	Tracks the utilization of a fixed list of procedures with a high potential for inappropriate utilization.
<input type="checkbox"/>	<input type="checkbox"/>	Group Risk Analysis	Uses the output of the MARA risk model to report on prospective and concurrent risk along with associated costs.
<input type="checkbox"/>	<input type="checkbox"/>	Group Summary Report	Breakdown summary of medical and rx costs, enrollment and risk.
<input type="checkbox"/>	<input type="checkbox"/>	Health Plan Snapshot	High-level summary of membership and plan costs by benefit type.



To Learn More Visit:
www.quantum-health.com

Overview Video:
**[https://vimeo.com/user10628430/
review/265003262/3d854194c7](https://vimeo.com/user10628430/review/265003262/3d854194c7)**

APPENDIX: CASE STUDIES

CASE STUDY

HOW CAN COMPANIES CONTROL HEALTHCARE COSTS WITHOUT COMPROMISING SERVICE?

CHALLENGE

- Multiple points of contact in traditional models creates complexity
- Traditional carrier service silos impede responsiveness and cause frustration
- Lack of guidance when members need help

SOLUTION

- Simplify the experience with a single point of contact for members and providers
- Eliminate silos with dedicated pod teams working side by side from one system
- Increase engagement and provide guidance with Real-Time Intercept

COMPARISON OF B2C NET PROMOTER SCORE




QUANTUM HEALTH		73 NPS
AMAZON	62	
WESTIN	59	
GOOGLE	57	
NETFLIX	54	
KAISER	40	
HUMANA	21	
HEALTH INS AVG.	18	

COMPARISON OF B2B NET PROMOTER SCORE

QUANTUM HEALTH		78 NPS
VONAGE	55	
CISCO	38	
CONSTANT CONTACT	20	
CITIGROUP	18	

CASE STUDY

Improve Employee Experience and Financial Impact

CLIENT		ACTIONS	OUTCOMES
  	Large pharmaceutical employer partnering with Quantum Health for four years	<ul style="list-style-type: none">Assumed responsibilities of internal call centerEnsured complex benefit plans were implemented accurately across multiple PayersWorked closely to ensure sensitive members were hand-held through the transitionOptimized utilization of seven point solutions<ul style="list-style-type: none">Developed proactive and transparent relationship with clientContinue to drive enrollment to preferred plan through education and communicationRoutinely share input and strategy guidanceElected to expand program to include family members through CarePartner©	-7.2% Healthcare trend for Active employees*
	65,000 enrolled members, geographically dispersed		2,090 Referrals to Point Solutions
	Client Goal: Improve employee experience to drive engagement and positive financial results		89% Engagement of members with claims over \$10,000 identified prior to \$1,000 claim month
			93% High Risk member engagement
			+74 Member NPS Score