Infolock®

Population Health Reporting Suite
The Power of Infolock:

*Action Through Insight®*
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Introduction

Infolock makes it simple

INFOLOCK IS LOCKTON’S PROPRIETARY DATA WAREHOUSE, POWERED BY SCIO HEALTH ANALYTICS®. By harnessing data from medical claims, biometric screenings, health assessments and more, we can identify your employees’ unique cost drivers. Then, based on your data, we can identify innovative solutions to specifically target those cost drivers and health risks for your member population.

Infolock transforms and enriches data from disparate sources to make it more meaningful. The output is a more complete picture of illness burden and its impact on your workforce and bottom line.
Infolock population health analysis

From insights to actionable plans

We analyze current population health trends to make predictions and recommendations for future programs, addressing critical drivers and creating innovative solutions.

### STEP 1
Know your population.

### STEP 2
Determine what’s driving trends.

### STEP 3
Assess how population accesses and uses healthcare services.

### STEP 4
Identify sickest patients; determine how to design the best program.

### STEP 5
Identify care gaps that, when closed, could lead to fewer emergency room visits and inpatient admissions.

### STEP 6
Together with you, consider your business objectives and design a comprehensive plan involving both population-level and individual-level health management solutions.

### STEP 7
Measure and adjust, as needed.
Reporting overview

INFOLOCK CONTAINS OVER 75 REPORTS THAT VISUALIZE COST, utilization and population trends, as well as illness burden and severity of risk.

These reports can be viewed as a total population or filtered by business unit, geographic location, or plan and member type, just to name a few.

A comparison to normative values is shown throughout the reporting, based on a subset of the Infolock book of business.

What is population health analysis?

Population health analysis is the integration of disparate claims and clinical data to identify targeted intervention opportunities. The intention is to keep the healthy healthy and enable the chronically ill to better manage their conditions by closing gaps in care. The end result is reduced health risk for employees and reduced cost for employers.
Population health dashboard

- Executive Summary
- Demographics
- Financial Summary & High-Cost Claimants
- Chronic Conditions
- Risk Stratification
- Care Gaps Analysis
- Utilization Dashboard
**Executive summary**

This comprehensive three-page summary includes a current look into a population’s demographics, financials, and chronic illness burden and how they have changed from the previous year.

**Demographics**

This detailed look at a population is used to understand the age and gender makeup, as well as where people live and the generational composition.
Financial summary

Show medical and prescription drug costs in total dollars per employee per month (PEPM) and per member per month (PMPM) to identify high-level cost drivers. This is the first place to identify if medical, drug and/or high-cost claims are driving trends, though it is likely to be some combination of all three. Users can also quickly see how rich the plan is compared to the Lockton Infolock book of business.

Historical trend  |  Cost shift to employees  |  Cost of services  |  Medical, Rx, high-cost claimants

High-cost claimants

Isolate the high-cost claimant population to get a deeper look at cost drivers.

3% SPEND APPROXIMATELY

Greater than $25,000 in paid claims.

60% OF COST
Chronic conditions

Identify prevalence, cost and comorbidities related to the 21 conditions identified as the most impacted by care management.

- Anemia
- Asthma
- Back pain
- Breast cancer
- CAD
- CHF
- Chronic kidney disease
- Colorectal cancer
- COPD
- Depression
- Diabetes
- Epilepsy
- Gynecological cancers
- Hyperlipidemia
- Hypertension
- Maternity
- Multiple sclerosis
- Neck pain
- Osteoarthritis
- Rheumatoid arthritis
- Ulcerative colitis and Crohn’s

QUESTIONS THESE REPORTS CAN ANSWER

- Which disease states are driving cost?
- What risks do the current disease states present for future cost?
- Which solutions would be most effective for your population?
Risk stratification

WE STRATIFY A POPULATION INTO CATEGORIES based on SCIO Health Analytics’ Prospective Risk and Impactability predictive models. Because the goal and the intervention differ for each subset of your population, we can identify the appropriate targeted solutions.
**Care gaps analysis**

**LOOK FOR SPECIFIC CARE AND COMPLIANCE** with standards of care for more than 10 chronic illnesses, such as diabetes, asthma, hypertension and hyperlipidemia.
Utilization dashboard

IDENTIFY HOW THE POPULATION IS USING HEALTHCARE SERVICES in each healthcare setting in terms of frequency, cost of services and access to care.

Various additional reporting is available to dig deeper and help identify geographical over- or underutilization, unnecessary emergency room use, and more details on why the population is accessing care.
Emergency room (ER)

Using the NYU algorithm to classify emergency room visits as emergent, potentially nonemergent and primary care treatable, this dashboard provides areas that prompt plan design changes, network access discussions and topics for communication materials.

*Be sure to steer members to the right place for care. Leave the ER for emergencies only!*

QUESTIONS THESE REPORTS CAN ANSWER

- Do you have network access gaps for after-hours service?
- If so, where?
- How should you educate your plan participants on the services provided by convenience clinics?
Preventive & primary care

This report is intended to assess the accessibility and utilization of preventive and primary care. Limited access to primary care is shown using primary care physician-to-resident information provided through the Robert Wood Johnson Foundation.

QUESTIONS THESE REPORTS CAN ANSWER

- Are plan participants using preventive care services?
- Do some have limited access to primary care?
Procedure category

This report allows users to see the top procedures being performed along with cost. Users can dive deeper into each procedure category, up to four levels. This information can help identify solutions for overutilization and care compliance.

Providers

Users can see who the top providers are, categorized by place of service and/or specialty.
Diagnostic categories

THIS REPORT GIVES USERS A LOOK AT MEDICAL CLAIMS distributed by diagnostic groups from Major Diagnostic Category (MDC) down to the International Classification of Diseases (ICD) code level.
Prescription drugs

**THIS DASHBOARD LOOKS AT PRESCRIPTION DRUGS** purchased from pharmacies or through the PBM program. The dashboard can be used to identify trends for brand, generic and specialty drug use, as well as top therapy classes and the top 25 drugs.

Narcotics utilization

**THIS REPORT EXAMINES THE USE OF NARCOTIC DRUGS.** Users can assess the conditions prevalent among these participants, as well as the length of time they have been taking narcotics. The number of prescribing physicians and pharmacies where these prescriptions are being filled can help identify potential narcotics abuse.
On-site clinic reporting suite

If you are exploring the option of providing on-site clinic services or for those who have on-site clinics, these reports can be used to assess the feasibility and effectiveness of an on-site clinic.
**On-site clinic feasibility assessment**

**THIS REPORT CAN HELP DETERMINE** if investing in on-site physician services is a good idea. Using the plan’s historical utilization for certain services and a few inputs for clinic cost assumptions, the report can model what care could be diverted to an on-site clinic to improve productivity and primary care utilization.

### Onsite Clinic Feasibility Assessment

**Demo Sample 1**

<table>
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<tr>
<th>Select Criteria</th>
<th>Visit Directions</th>
<th>Output Page</th>
<th>Selected Filters</th>
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<table>
<thead>
<tr>
<th>Onsite Clinic Copay</th>
<th>$46,344</th>
<th>$117,075</th>
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<tbody>
<tr>
<td>Percent of Salaried Employees</td>
<td>80.75%</td>
<td>80.00</td>
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<tr>
<td>Average Hourly Wage of Salaried Employees</td>
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<tr>
<td>Approximate Time Spent in Transit for an Office Office Visit (hours)</td>
<td>$14,952.00</td>
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<tr>
<td>Travel Time</td>
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<tr>
<td>Additional Services Value to Clinic</td>
<td>$5,854</td>
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<tr>
<td>DPT Physical</td>
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<tr>
<td>Pharmacy</td>
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<tr>
<td>Radiology</td>
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### Running Total Paid Amounts

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<tr>
<th>Select View</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
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<tr>
<td>Running Total Paid Amount</td>
<td>$3,356,982</td>
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### Diverted Visits

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<tr>
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<th>Employee</th>
<th>26.5%</th>
<th>Spouse</th>
<th>24.7%</th>
<th>Dependent</th>
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<tr>
<td>(739,162)</td>
<td>(%7)</td>
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<td></td>
<td>(9)</td>
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<tr>
<td>Net Costs</td>
<td></td>
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<td></td>
<td></td>
<td>(739,162)</td>
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**On-site clinic review**

Use this report after a clinic has been in place to review utilization. The report can measure the utilization of the clinic to ensure efficiencies.

<table>
<thead>
<tr>
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<tr>
<td>01</td>
<td></td>
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<tr>
<td>02</td>
<td>DEMOGRAPHICS</td>
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<td>03</td>
<td>UTILIZATION</td>
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<td>04</td>
<td>COST</td>
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<tr>
<td>05</td>
<td>PRODUCTIVITY SAVINGS</td>
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Integrated biometrics reporting suite

By integrating biometric screening with health service encounter information from claims paid under the health plan, users can identify the potential for undiagnosed illness as well as care avoidance. Dashboards with more than 30 pages of reporting, including a population snapshot and year-over-year integrated biometrics reporting, allow users to understand more fully the lifestyle-related risk impacting the plan.
Advanced analytics reporting

More than 80 pages of dynamic and interactive reports provide prescriptive and predictive insights to a population.

DIABETES
MUSCULOSKELETAL DISORDERS
MATERNITY
SPECIALTY DRUG UTILIZATION
SPECIALTY DRUG PIPELINE COST PREDICTOR
PROGRAM MEASUREMENT
**Diabetes**

This report gives a comprehensive analysis of the diabetes population for everything from cost to service utilization, comorbidities, care management and drug adherence. The report is ideal for those considering a program for diabetes prevention and/or a diabetes management program.

**Musculoskeletal disorders**

This report details musculoskeletal disorders and can be used to implement a comprehensive musculoskeletal disease management program. The report can also be used to identify potential ergonomic solutions for work environments and to avoid unnecessary back surgery.
Maternity

This report provides deep visibility into the cost and risk factors associated with pregnancy and maternity claims and can be used to design an effective maternity management program to ensure the best possible outcomes.
Specialty drug utilization

An in-depth analysis of the population’s use of specialty drugs under both the medical and pharmacy benefit plan. The report suite includes top drugs by spend, year-over-year comparison of costs and utilization, trends within specialty drug classes, and site-of-care data for medical injectables.

Under the pharmacy benefit, specialty drugs account for a very small percentage of claims over time (1%-2%) yet 40%-50% of plan paid is attributable to these medications. The goals are to cover the right drug for the right patients, as per national evidence-based guidelines and accepted standards of care, and to acquire the drug at the lowest cost possible.

The medical benefit offers coverage for drugs that are not self-administered, and where each drug is administered to the patient drives a significant portion of the cost per procedure. We want to ensure coverage, safety and access at the lowest net cost. The site-of-care report shines a light on claims-based differences in allowed amounts per procedure that can affect a plan’s strategy surrounding preferred sites of care by drug, incentive-style copays and member education and communication campaigns.
Specialty Drug Pipeline Cost Predictor

THIS PREDICTIVE MODEL LOOKS AT MEDICAL AND PHARMACY SPECIALTY DRUGS currently in the development pipeline for specific disease states. The model identifies new drugs coming to market that are actuarially and clinically significant in the marketplace and identifies current drugs that could be replaced by a significant new therapy. Incidence and prevalence are considered, as well as annual cost, route of administration (i.e., oral, intravenous), typical duration of therapy, and a drug’s novel or orphan status. The medical claims experience is interrogated using applicable demographic and diagnostic details to identify clients who may be impacted by pipeline drugs in the future.

The goals of this report package are to help predict meaningful drug spend increases and to allow time for budgeting, benefit design changes and stop-loss contracting. FDA approval dates are tracked, as are changes in phase three studies that might accelerate or delay drug releases.

Program measurement

BY USING AN EMPLOYER GROUP’S PROGRAM ENGAGEMENT DETAILS, we can look for effectiveness by assessing the year-over-year change for certain biometric risk factors and healthcare service utilization.

Programs designed to incentivize health improvement could see reductions in inappropriate utilization improved preventive care compliance that can lead to cost and risk reduction.
Custom reporting capabilities

If preconfigured reporting doesn’t provide the answers you’re looking for, Lockton’s power users can create custom analytics by accessing the data warehouse and creating the analysis you need to answer your questions.
Contact information

For further questions or assistance, contact your Lockton account team.