



September 14, 2023



**Meritain Health**<sup>®</sup>  
an  **aetna**<sup>®</sup> company

# Surrounding you with tailored account stewardship

## In-person

**--George J. Doyle**  
Market Head of Sales and Service, Public and Labor

**--Daniel P. Day, CEBS**  
Meritain Sales and Executive Director

**--Susan Vogt**  
Vice President Client Management, Public and Labor

**--Kevin E. Fenton**  
Account Executive, NE Public and Labor

**--Lynn D. Malloy, HIA**  
Vice President, Northeast Region

**--Paul A. Speidell**  
Regional Director, State Government Affairs

**--Vincent J. Liscomb Jr.**  
Network Market Head ME, NH, VT

**-- Jeankarla Lino**  
Network Finance Director, Network Performance and Execution

## Virtual

**Brittney Holmes--**  
Lead Implementation Manager

**Tina G. Etzler, MAOM--**  
Senior Strategic Consultant, Medical Management

**Shawn Shapiro--**  
Lead Director, Head of Rx Market Development

**Nicole C. Bennett--**  
Senior Manager Network Strategy



**Meritain Health**<sup>®</sup>  
an  **aetna** company

**The soon to be Mr. and Mrs. Duncan Stuart  
9/16/23**

**Will be celebrating in  
Cadillac Mountain, Acadia National Park**



# Agenda

- Transparency and Business Partnership
- Member Experience and Account Stewardship
- Network and Cost Control
- Flexibility and Payment Integrity
- Our Commitment



**Meritain Health**<sup>®</sup>  
an  **aetna** company

# History and experience coming together to benefit you

Aetna®

CVS Health®



**1,300**

Aetna employees dedicated to Public Sector and Labor<sup>1</sup>

**16K+**

CVS Health employees represented by labor unions<sup>2</sup>

**3.7M+**

Aetna Public Sector and Labor members<sup>3</sup>

**27**

State health plans who entrust Aetna-CVS Health with their health care

1 As of September 2022.

2 As of October 2022.

3 As of September 2022. There are 1,952,867 public sector and labor medical members; 1,774,142 public sector and labor dental members.

# We're here for you in Maine

## A dedicated presence

**319K** national employees  
including **677** in Maine<sup>1</sup>

Supporting more than **39M** members<sup>2</sup>  
with **116K** medical members in Maine<sup>3</sup>

**More than half** of hospitals in Maine  
entrust Aetna as their own  
healthcare administrative partner



## Supporting local communities

**\$11.2MM** in the creation, preservation and  
renovation of **400 affordable housing  
units in Maine:**

- **\$8.3MM** in Winter Landing, Portland, ME to support **52 new units** for older adults (62+).
- **\$2.8MM** development in Harbor, Portland, ME to support **120 preserved and renovated units** for older adults (62+).

CVS Health Aetna Maine Health  
Scholarship Program

More than \$165K given in 2022 to  
**105 current and aspiring  
Maine nurses**

For many years we have worked with local Maine  
non-profits which include:

- **Commit to Get Fit**
- **Maine Cancer Foundation**
- **Wayside Food Pantry**
- **ALZ Walks in Lewiston & Portland**
- **Youth Full Maine**
- **Patrick Dempsey Challenge 2023**

<sup>1</sup> National numbers represents CVS Health and Aetna employees as of December 31, 2022. Employee counts by state as of February 1, 2023.

<sup>2</sup> Medical and dental membership as of September 2022.

<sup>3</sup> Aetna and Meritain Health commercial, and Aetna Medicare Advantage

<sup>4</sup> CVS Health. 2021 Environmental, social and governance (ESG) report.

Available at: [2021 Environmental, Social and Governance \(ESG\) Report \(cvshealth.com\)](#). Accessed October 21, 2022.

<sup>5</sup> CVS Health Maine Community Impact Profile for 2021.

<sup>6</sup> CVS Health and Aetna internal data, December 31, 2022.

<sup>7</sup> Employee volunteer hours for calendar year 2022. CVS Health and Aetna internal report.

# About Meritain Health

Best of the  
carrier world

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**National network** with  
deep discounts

**Financial stability**, intellectual capital  
and operational excellence

**Preferred access** to Aetna and  
CVS Health product offerings

**Bundled Aetna stop loss**

**Exclusive pricing**



One of the **largest TPAs**  
in the country

**Custom plan designs**

**Flexible vendor partnerships**

**Access to plan data**

**Member advocacy** and  
focus on total cost of care

Best of the  
TPA world

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# Member Experience and Account Stewardship

**Connecting transparency,  
accountability and results**

**We're ready to address your real needs**



# Member engagement

**Members are welcomed** with customized communications, including their ID card and an invitation to connect with us.

It's easy to explore and engage with **simplified plan tools, online or via our app.**

Based on individual needs, **members are invited to connect with programs and coaching** to enhance their health and access.

**Members can access plan information online around the clock** and are welcome to contact with their customer team for additional support and guidance.



# Member digital engagement

With our secure website and mobile app, members can:

- Find in-network doctors.
- Look up out-of-pocket information.
- Check their FSA or HSA balances.
- Research claims and EOBs.
- View and download ID cards.
- Access wellness information and tools.
- Submit Coordination of Benefits (COBs) information.
- Request Letter of Coverage (LOC).
- Access plan documents.
- View coverage information and prescription plans.
- Submit claims for reimbursement directly to the member—for medical or other plan reimbursements.
- Update account settings.

# High-touch member support

Use every call as an opportunity to educate members on how to best use their benefits.

Calls are recorded for quality assurance—you deserve our best!

Customer service representatives (CSRs) are trained to be thorough and efficient—not meet metrics that encourage rushed call handling.



CSRs provide the **high-touch service** required to resolve a variety of medical, pharmaceutical, behavioral health and claim-related questions.

IVR directs callers to **correct location**.

Our **member advocacy team** supports proactive outreach and engagement **through multiple entry points**.

# Outstanding service you can count on



**First Call Resolution**  
**94.8%**

**Average Speed of Answer**  
**23 seconds**

**Claims Processing**  
(within 10 business days)  
**92.2%**

**Procedural Accuracy Percentage**  
**99.7%**

**Payment Accuracy Percentage**  
**99.45%**

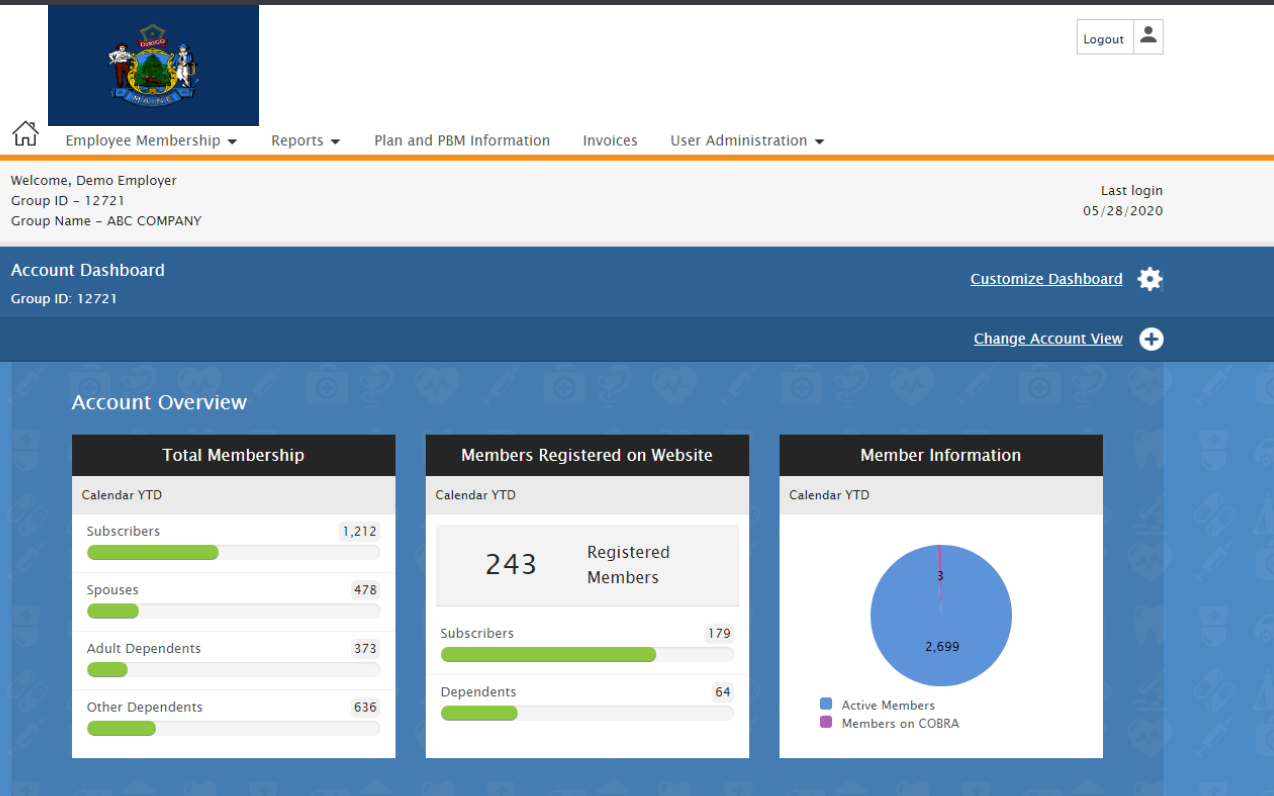
**Call Abandonment Rate**  
**1.5%**

**Financial Accuracy Percentage**  
**99.8%**

# Immediate insights and support for plan sponsors

With our secure website and mobile app, employers can:

- View membership.
- Update membership information.
- Add new members.
- Look up member claim and out-of-pocket information.
- Research claims and EOBs.
- Request ID cards.
- View member requests.
- Access reports.
- Request Letter of Coverage (LOC).
- Access plan documents.
- View coverage information.
- View plan and PBM information.
- Create and modify their employer account and customize dashboard.



# Your team



## Account Director

- Overall account management
- Strategic planning
- Renewal consultation
- Contract review
- Plan design advice

## Account Manager

- Reporting requests
- Employee communications
- Non-operational requests

## Client Advocate

- Operational needs
- Resolves member concerns
- Insights to plan operations

# Bringing our resources even closer to you with a fully dedicated Aetna-Meritain Health on-site staff member

We have an included budget to hire a key staff member dedicated to supporting **State of Maine** to be on-site with access to Meritain Health systems to support you real-time.

An extension of your employee benefits team to respond to calls and emails regarding claims, benefits, eligibility, and more.

Resolve complex and escalated issues with claim and system access.

Support plan administration including open-enrollment, wellness events and visits to **State of Maine** locations for meetings.

Contribute to account management and planning.

Help drive communication of programs and gain **State of Maine** member feedback.

Collaborate with State of Maine and Aetna team on continuous quality improvement initiatives.

Work across the account team, wellness, pharmacy, clinical team and third-party partners to maximize your benefits program.

Help State of Maine employees on their path to better health, while increasing productivity and decreasing costs.

# State Government Affairs Advocate

- State Government Affairs, which engages in the policymaking process, is the part of our team that will work with you.
- Count on us for ongoing engagement with quarterly meetings to include future initiatives and things that matter to State of Maine employees and their families.
- More importantly, we will work with you throughout the year, including the legislative session and the off season, to ensure we are each aware of shared priorities and to collaborate as appropriate.
- Dedicated Counsel in Maine who tracks legislation and works with policymakers throughout the year in Augusta so we can keep you informed.





# Plan onboarding



## Plan discovery

Lockton and State of Maine exploration of goals



## Plan development

- Plan design and customization
- Optimization of point solutions
- Benefit verification and ID card approvals



## Enrollment support

- Customized member communications
- Event and educational support
- Member open enrollment



## Final plan approvals

- Plan design approval
- Contract sign off
- Final eligibility load and financial process confirmations



## Live!

- Members receive ID cards
- Personal member websites and app experiences available
- Live customer service available
- Claims processing begins
- Ongoing member engagement
- Consistent plan analysis and support

# Meritain Health Medical Management

## Platform

It's **proprietary and customizable**. We manage members and **measure our program performance**. We offer standard or can customize **program reporting**. It can also be leased by clients for access and **direct insights**.



## Performance

Rich history of **ROI experience** for Meritain Health book of business. Constant operational connectivity **drives down issues** and supports **continuous process improvement**.



## People

**Well experienced nurses** support cases with their specific depth of subspecialty experience in areas like oncology, transplants and maternity. Members appreciate when someone knows what they are going through and that's what really **increases member engagement**.



## Possibilities

**We say yes** to new and innovative approaches. **We can customize** at a client specific level in ways other program delivery entities cannot. And **we are highly skilled** at integrating additional external programs.

# Meritain Health Medical Appeals

## The process for filing medical appeals is as follows:

1. Request for appeal received
2. The Appeals team sends out an acknowledgement letter
3. The team determines if:
  - The appeal is a **first or second level appeal**
  - How many levels of appeal the health plan allows
  - Urgent/expedited or standard appeals request
4. A nurse reviews to see if new documentation/information was provided that was not available at the time of initial review:
  - New documentation: nurse reviews new information against clinical criteria
    - Meets criteria?
      - **Yes:** Appeals RN proceeds to complete review according to standard process
      - **No:** Sent to physician review
5. Notification to member or provider/facility via letter
  - Determination is communicated to claims via precertification file
  - Independent External Review (IER): In addition to the appeal rights mentioned above, members who are enrolled in a non-grandfathered health plan (as determined by the Patient Protection and Affordable Care Act (PPACA)\* may also be eligible to request an IER.



**Medical appeals are managed by different nurses and physicians from the initial review. The physician reviewer assigned to the case is in the same or similar specialty as those who typically manage the medical condition, procedure, or treatment under review.**

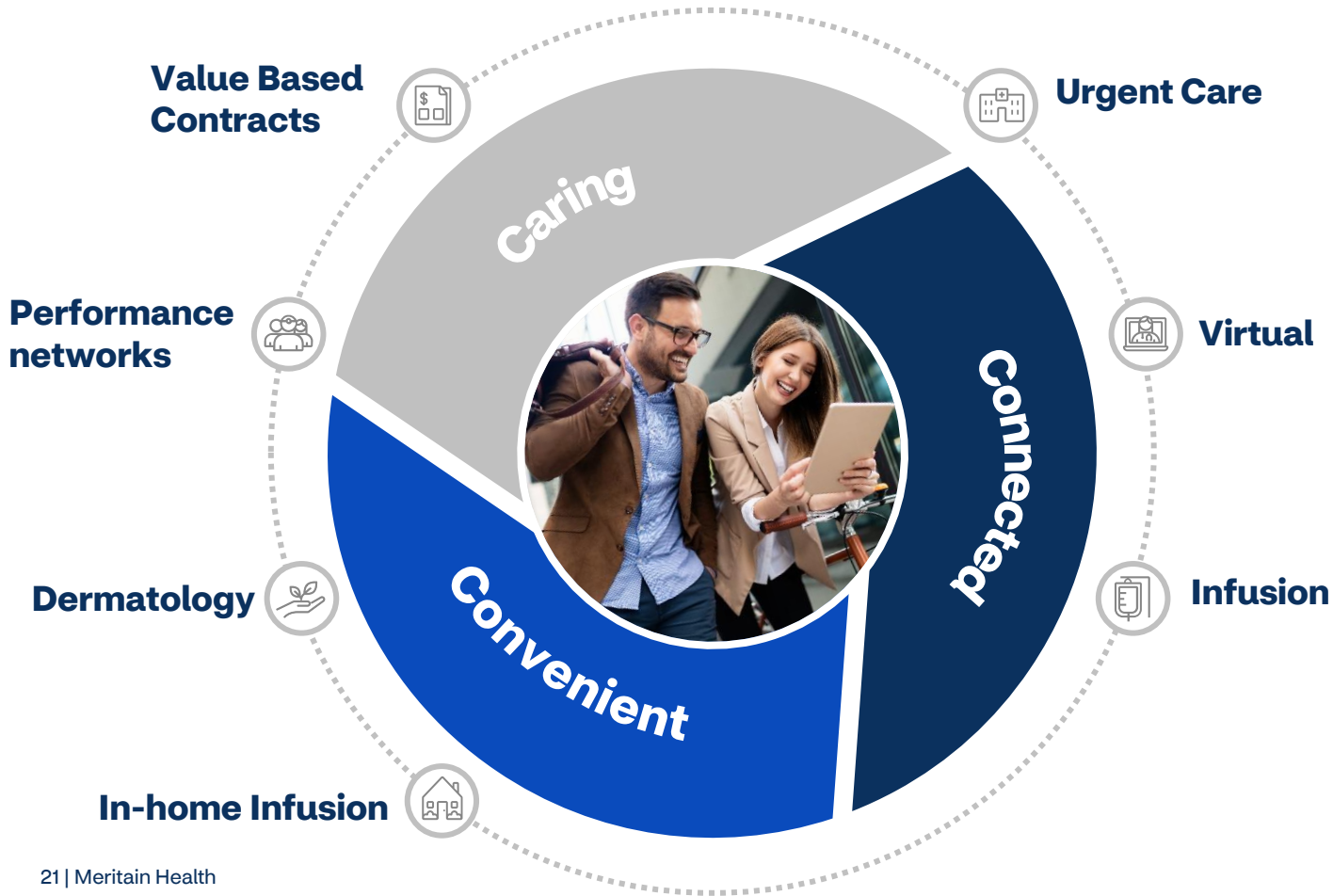


# Network and point solutions

Robust network solutions  
for excellent care access

# Network solutions designed for YOU

Changing the way care is delivered and lowering cost of care through collaborative relationships, innovation, negotiation and bringing new entrants to the state.



**Value Based Contracts:** Mature successful value-based contracts that include pay for performance including PCP's, specialists and hospitals, focused on total cost of care reduction and quality metrics. Pushing performance not just moving money.

**Performance networks:** Long standing Institutes of Quality for cardiac, orthopedic, bariatric and Centers of Excellence with a focus on transplant, infertility and pediatric congenital heart surgery along with Gene based, Cellular and Other Innovative Therapies (GCIT)

**Dermatology:** Partnered with new provider entity brought to Maine new dermatology access with advanced office surgical suites. One location currently

**In-home Infusion:** Chemo and non-chemo infusion

**Urgent Care:** Widespread independent urgent care access from Bangor to Kittery with expanding access points and service offerings. Urgent Care plus imaging, lab, vaccines; twenty-one locations

**Virtual:** Partnered and brought to Maine - Firefly Virtual Primary and Behavioral Health Care across the state. Seventeen PCP MD's and PCP NP's and two LCSW's. Reviewing additional virtual primary and full behavioral health entities to launch in the state.

**Infusion:** Partnered with new provider entity brought to Maine free standing non-chemo infusion centers that move care to less costly settings with much better patient experience. Four locations in Maine; plans to grow to six.

# Network Summary



## Network Strategy

- Enhanced provider relationships surpassing competitors with unique approaches in collaboration with key hospital systems and provider groups in the state that drive innovative solutions to lower health care cost.
- Enhanced service to providers
- Collaborative issue resolution and negotiation utilizing transparency, market trends across other states and higher service levels
- Balancing book of business revenue sources
- Innovation in future state



## Why do providers prefer to work with Aetna? What are some of our results?

















- **Honest, transparent collaborative** discussions in addressing issues, negotiation, lowering cost and in the overall relationship.
- Using data, market insight and **unique solutions** to find answers. Pushing to find a solution and agreement rather than abrasion and confrontation.
- In last two years, improvements **increasing discounts** 10%–20% off billed charges on hospitals representing largest hospitals in the state–broad network improvements, NBD, Customer specific improvements.
- Infusion center delivering non chemo infusion with drugs at massive **cost improvement** of over outpatient hospital infusion and a much better patient experience. As much as \$114,000 per infusion less and a single patient may need infusions every few months.





## Lowering Medical Cost

- Lower pricing/enhanced discounts on existing book of business spend
- New business discounts at lower cost
- Plan sponsor specific contracts at lower cost
- Moving providers to fixed rates in a thoughtful manner and hospitals to compete for business.
- Value-based driven by results

# Discounts do not capture the full picture of complete cost of care

What's Included?	Discount Data	Total Cost of Care
Contractually Allowed Fee for Service Rates		
Capitation Rates		
Utilization		
Denied Claims		
Claim Policies/Edits		
Medical Management Impact		
Final Allowed Amounts		
Final Paid Amounts		
Value Based Payments		
Member Demographics		

 Fully incorporated

 Partially incorporated

## Weaknesses of relying solely on discount data:

- Impact of claim policies and claim edits not included
- Other provider payments (i.e., capitation and value-based payments) may not be used by consulting firms
- Delay in reporting period
- Underpaid/non-paid valid claims not reflected

## Continued efforts are needed to:

- Value the impact of claim policies and medical management programs
- Focus on network disruption and other payment mechanisms that impact client results

**As an industry, we have been slow to move to a total cost of care view due to the complexities of health care. Many of the components are still missing despite the push for more transparency in rates.**

# Flexibility matched with industry knowledge and experience

- Direct-to-employer administration
- Cost saving claim edits
- Dialysis carveout (if you choose)
- Out-of-network RBP model

## Value Based Care Models

Our network is a product designed to maximize savings and bring access to the best care.



**\$101M**

Members Savings from lower OOP costs



**8%**

Fewer hospital admissions



**11%**

Fewer ER visits for asthma



**5%**

More breast cancer screenings

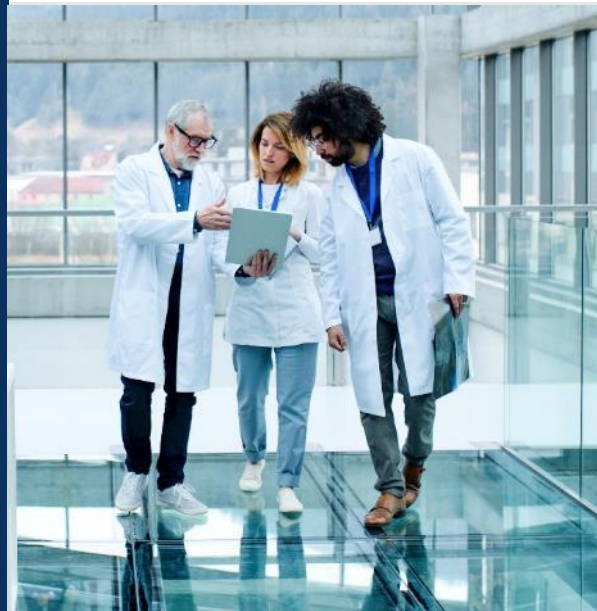
**76**  
Vendor Integrations

**1,600**  
Custom Network Designs

 carrumhealth

Lyra

- Better plan design
- Preferred provider access
- Access to your specific vendor solutions



## Maine providers choose Aetna-Meritain Health

**15 hospitals** in Maine are Aetna-Meritain Health clients





# How we control your plan costs

## IN-NETWORK

Most frequent occurrence of employee claims

Add **the best network tiering** configuration for your employee population

Layer your network with point solutions that will **optimize savings** for your population



## OUT-OF-NETWORK

Greater risk of missed savings

We identify and **recapture lost savings**

### Results\*

- Average savings: **60%**
- Average saving on claims over \$15k: **67%**

\*2021 Book of Business

# Our integration framework



## Meritain Health Connected Solutions

We create unrivaled connections—our partnership with **CVS and Aetna** gives you access to a variety unique offerings



## Navigation Partnerships

Meritain Health is the **TPA of choice** for navigation partners nationwide—our collaborative integration helps maximize returns and keep members healthy



## Specialized Point Solutions

We'll help you open the door to targeted solutions that meet your needs and incorporate your current favorites

We keep member experience at the forefront of our goals—this helps us create a tailored clinical approach

# Creating new and stronger connections



# Healthcare Bluebook™ EngagePlus

The **EngagePlus** Program is designed to **reward members who research low-cost, high-quality facilities** and use them for a select list of procedures.

- Available to **any group size** in **all states**.
- **Better benefit level** applied when Meritain Health processes claims
- **No administration fees** for employers
- Members can **shop for over 400 procedures** in 44 procedure categories, representing 20 percent of medical spend



# How we support the navigation member experience

Meeting our partner's needs now and in the future!

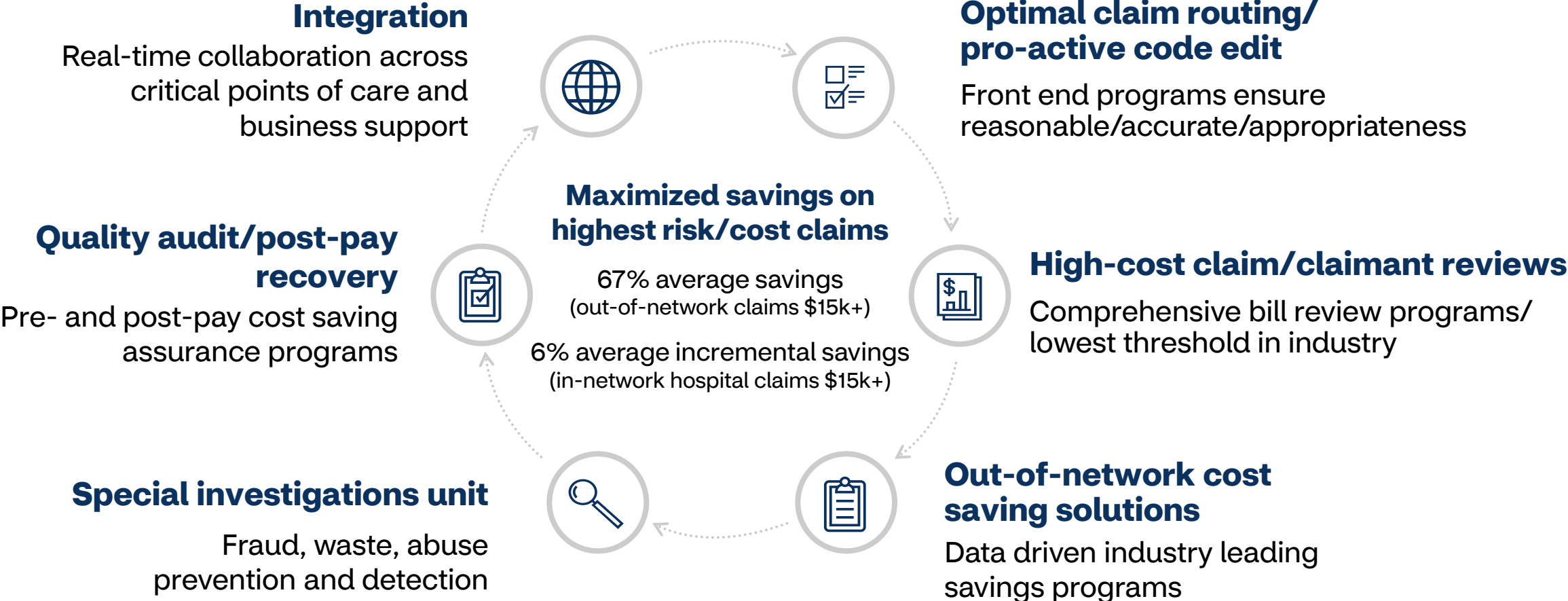


- Quantum Health® led implementation.
- Co-branded member communications with Quantum Health contact information.
- Members use the Quantum Health member website.
- Quantum Health receives eligibility and claims files; Meritain Health receives precertification files for claim processing.
- Regular partnership meetings between Pod/Meritain Health IT teams, Appeals teams, etc.
  - Joint client-specific meetings, as necessary.

- Shared implementation.
- Meritain Health branded communication with Accolade contact information.
- Members use both the Accolade and Meritain Health member websites with SSO from Accolade.
- Accolade receives eligibility and claims files; Meritain Health receives precertification files from Accolade's UM vendor (AHH) for claim processing.
- Bi-weekly operational meetings between steward and advocate managers.
  - Joint client-specific meetings, as necessary.

- Shared implementation.
- Meritain Health branded communication with contact information for Included Health.
- Members use both the Included Health and Meritain Health member websites.
- Included Health receives eligibility and claims files; AHH performs UM; Meritain Health receives provider calls.
- Joint client-specific meetings, as necessary.

# Multi-faceted approach to payment integrity





# The Meritain Health Difference

**We're here for you**

# APPENDIX

## PROPRIETARY NOTICE

**IMPORTANT CONFIDENTIALITY NOTICE - PLEASE READ!** This Confidential Information, provided by Meritain Health, is intended only for the use of the addressee and only for the purpose that it is being provided. The Confidential information shall not be distributed, disclosed or conveyed to any consultant, subcontractor, vendor or other third party. The addressee is required to use appropriate safeguards to protect the Confidential information from unauthorized disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received these documents in error, please notify the Meritain Health Privacy Officer immediately to arrange for their return at **1.800.831.1166**.

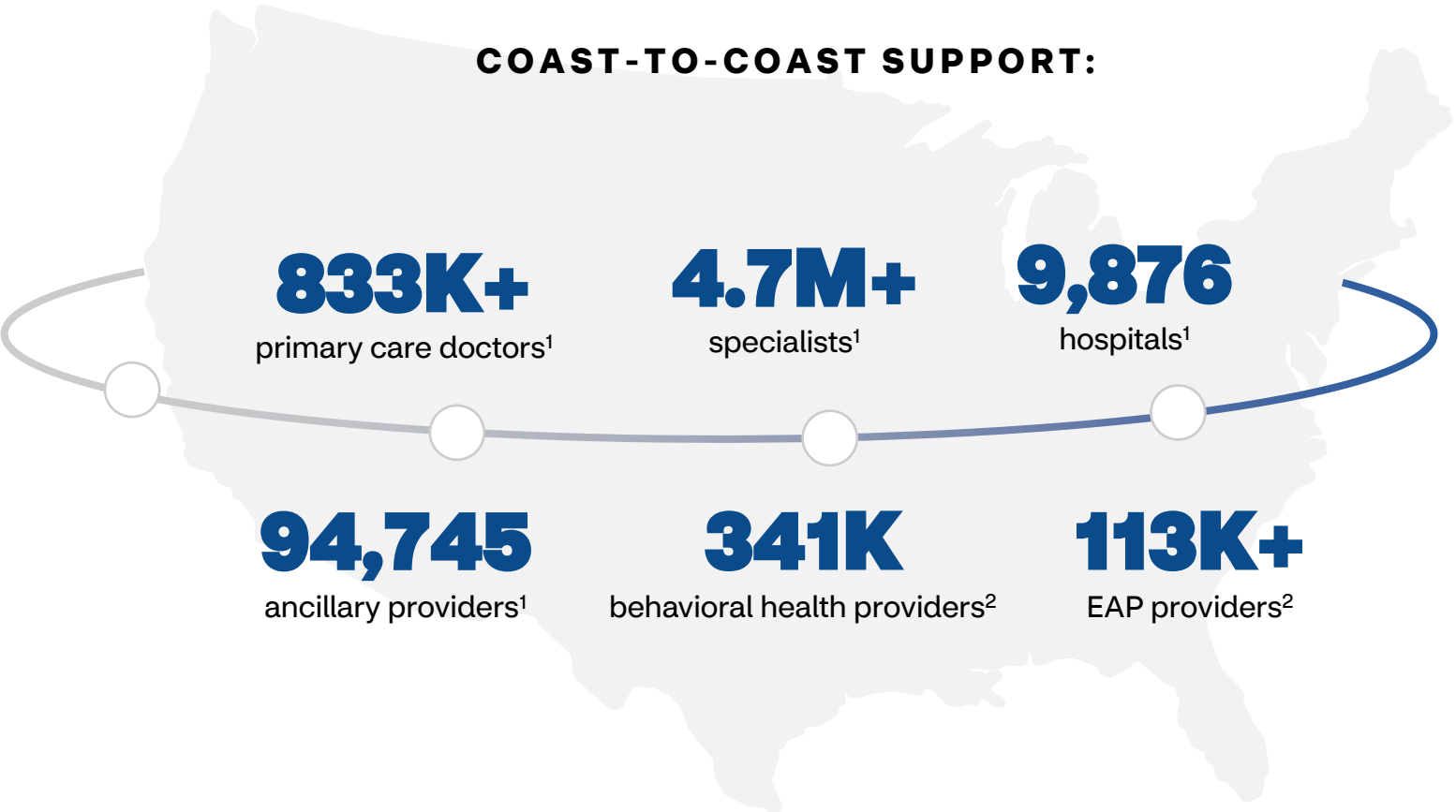
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# Offering members a seamless solution with our national CPPI network



**IMPROVED NETWORK DISCOUNTS**

**6.3%**  
increase<sup>3</sup>  
Net effective discounts

**Discount Guarantee**  
**42.5%**  
**30% of fees at risk**

<sup>1</sup> Based on service location count for Aetna Open Access<sup>®</sup> PPO. Primary care doctors includes pediatric PCPs. Specialists include Ob/Gyn, Physician and Non-Physician Specialists. Aetna<sup>®</sup> Executive Level Provider Counts (ELPC) monthly reporting sourced September 30, 2022.  
<sup>2</sup> Aetna internal behavioral health and EAP reporting. Sourced July 2022.  
<sup>3</sup> The percent of increase shown is based on total discount improvement over a seven-year period. Data based on external discount benchmarking.

A woman with short brown hair, wearing a grey sweater, is sitting on a light-colored couch. She is holding a bright yellow mug in her right hand and looking at a laptop screen. On the laptop screen, a woman in blue scrubs and a headset is smiling, appearing to be on a video call. The background is a bright, modern living room with a white sofa and a potted plant.

**2nd.MD**

Specializing in Medical Certainty

September 14, 2023

**Meritain Health**<sup>®</sup>  
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# Incorrect care negatively impacts employees and raises costs



**30%**  
of health care costs are wasted on unnecessary or incorrect care<sup>1</sup>

**12 M**

5.1% of patients are misdiagnosed each year<sup>4</sup>

**36 M**

patients are on suboptimal treatment plans<sup>3</sup>

**20 M**

26.2% of patients are referred to the incorrect specialty<sup>2</sup>

<sup>1</sup> Harvard School of Public Health. Reducing wasteful health care spending begs the question, what is waste? <https://www.hsph.harvard.edu/news/features/reducing-wasteful-health-care-spending/>. Accessed June 2019.

<sup>2</sup> [https://www.kyruus.com/hubfs/Whitepapers/Whitepaper\\_Physician%20Referral%20Sentiment\\_Updated.pdf?submissionGuid=8d6d6077-70d1-4aaa-bafa-d01183aec1ec&submissionGuid-706810f-6d31-4adb-804b-b80d89061902](https://www.kyruus.com/hubfs/Whitepapers/Whitepaper_Physician%20Referral%20Sentiment_Updated.pdf?submissionGuid=8d6d6077-70d1-4aaa-bafa-d01183aec1ec&submissionGuid-706810f-6d31-4adb-804b-b80d89061902).

<sup>3</sup> <https://www.hopkinsmedicine.org/news/newsroom/news-releases/johns-hopkins-medicine-researchers-identify-health-conditions-likely-to-be-misdiagnosed>. Accessed September 2019. <sup>4</sup> BMJ Quality & Safety. <https://qualitysafety.bmj.com/content/23/9/727> Accessed October 2019.

# Personalized, virtual consultations



**\$6,684**

average savings  
per consult

**50+** hours  
time saved

**91**  
NPS

**86%**  
treatment plans  
improved

**Live video**

Interactive, personalized  
consultations

**Expert-led**

Expert nurse  
Expert records team  
Expert specialist

**Prompt**

Answers you need in  
days, not weeks