

A New Era of Transparency & Efficiency

The Future of Healthcare Administration

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Today's Agenda

01 Introduction

02 Our Solution

03 How It Works

04 ProVision Summary

05 Financial Results

06 Final Thoughts

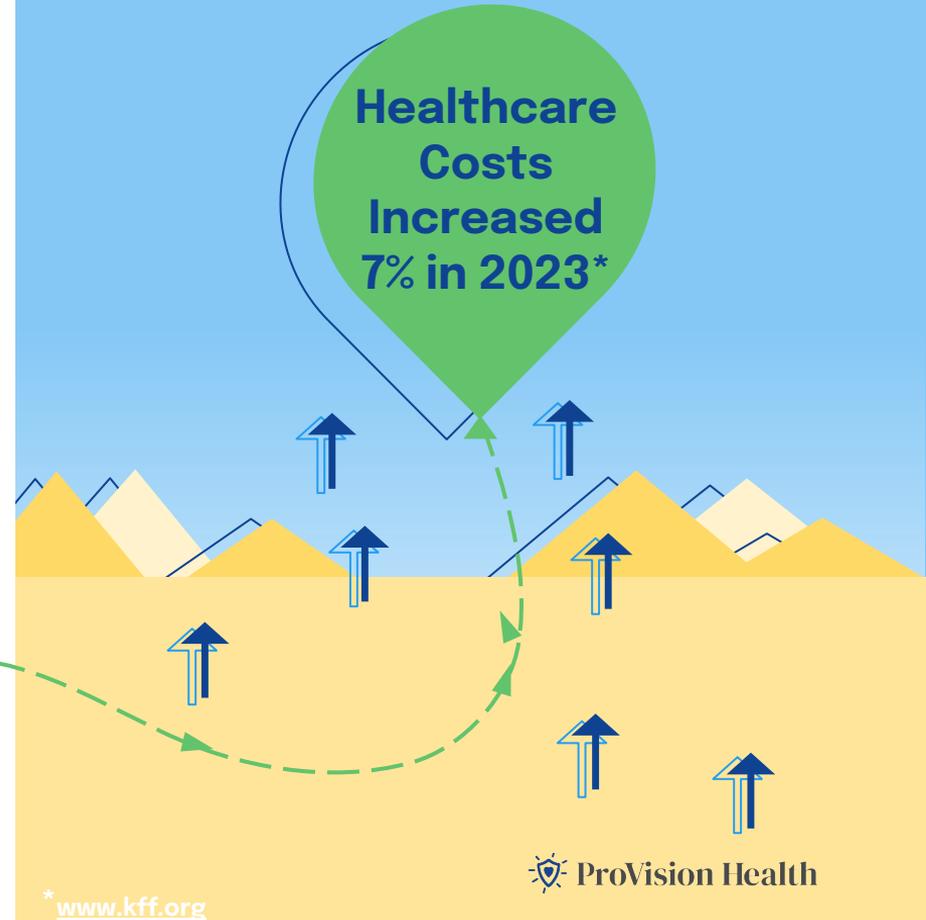
01 - Introduction

Healthcare Costs

Healthcare costs in the U.S. continue to rise, straining both employers and individuals. Driven by expensive treatments, inefficiencies, and various other causes, premiums and out-of-pocket expenses are climbing.



Healthcare
Costs
Increased
7% in 2023*



* www.kff.org

01 - Introduction

Options for Group Health Benefits

There are two main ways companies provide group health benefits: **Fully Insured plans through a carrier** and **Self-funded plans**.



Fully Insured Plans

- The **employer pays** a fixed premium to an insurance company.
- The **insurance company** assumes the financial risk for employees' medical expenses.

Self-Funded Plans

- **The employer** directly covers employees' medical expenses.
- **The employer** takes on the financial risk, often using stop-loss insurance for catastrophic protection.

01 - Introduction

Self-Funded Health Plans

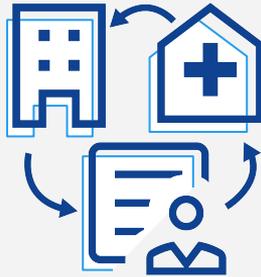
As organizations grow and become more sophisticated, the natural progression is toward self-funded health plans. This gives them greater control, cost savings, and flexibility, while allowing for more tailored benefits and smarter decisions through access to detailed claims data.



[Kaiser Foundation 2023 Employer Health Benefits Survey](#)

01 - Introduction

There are two main options in the Self-Funded landscape:



**Self-Funded Partnered
with a PPO Network**

**Security & Stability of Nationally Accepted Networks
Ease of Use for Plan Participants**

OR

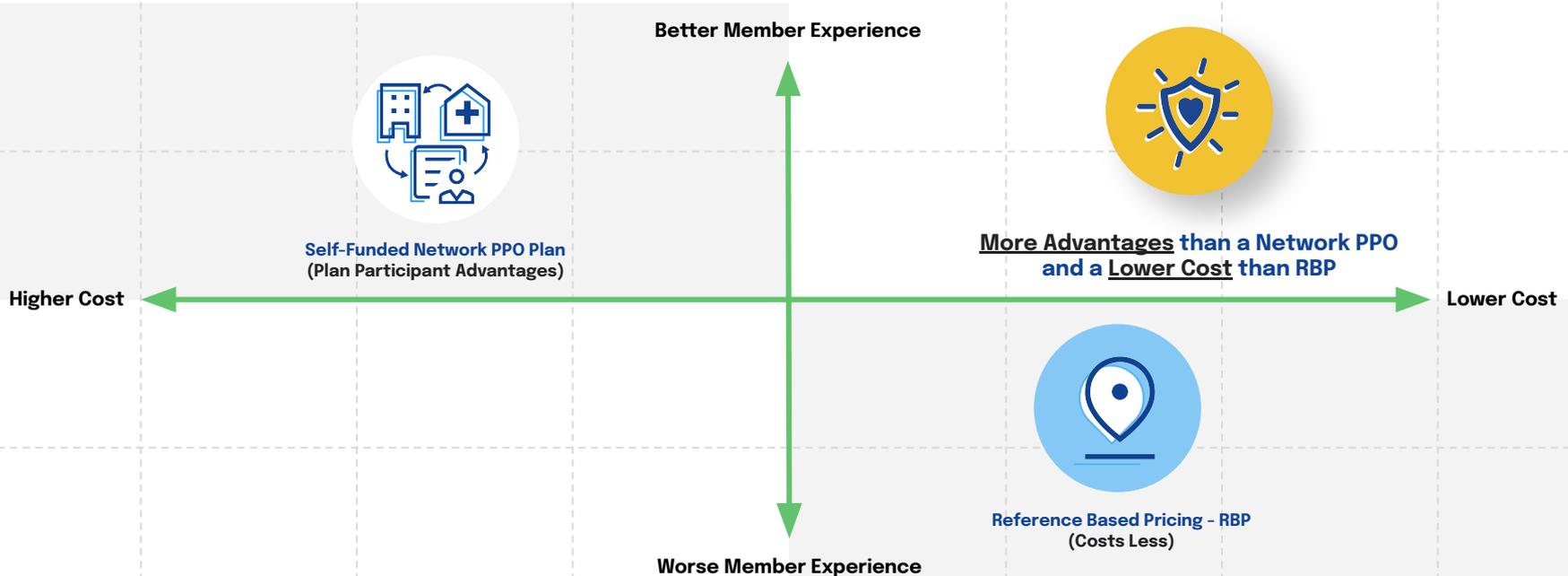


**Reference-Based
Pricing (RBP)**

**Lower Claims Costs
(Theoretically)**

01 - Introduction

What if there was an option that surpasses both Self-Funded Network PPO Plans & RBP Plans?



02 - Our Solution

The Evolution of Health Plans:



ProVision Health



02 - Our Solution

The Evolution of Health Plans: **Our Solution**

Our program's collective strengths— independent administration, innovative plan design, superior analytics, cost efficiency, and an enhanced stop-loss program— offer a next-generation solution to managing healthcare costs.

How it works:

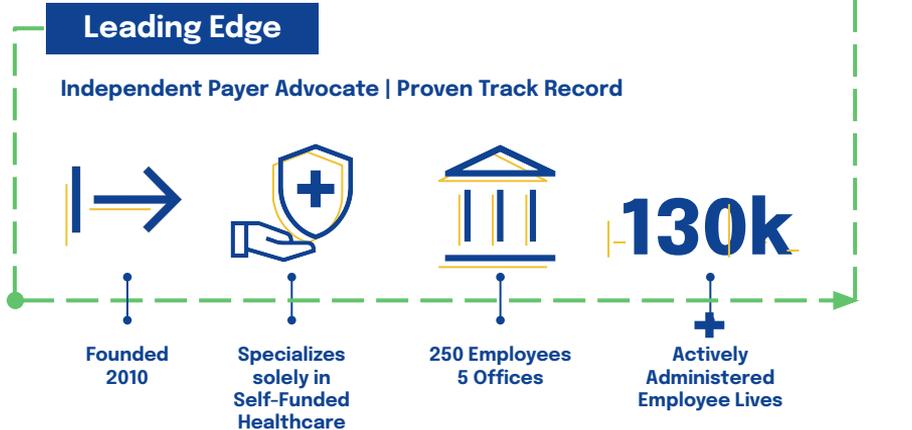
An independent third party administrator (TPA) needs to combine the following key elements:



02 - Our Solution

Independent Third Party Administration

An independent third party administrator's primary objective is to prioritize the client's best interests. Leading Edge Administrators (LEA) acts as a payer advocate, free from network or pharmaceutical influences, and consistently reduces healthcare costs by improving efficiency and selecting optimal plan partners for long-term success.



03 - How It Works

National Health Network

A critical piece of optimizing plan performance is partnering with a network that provides vast in-network options along with the greatest discounts possible. LEA's proprietary claims platform advances Traditional PPO networks, reducing costs while ensuring fair provider compensation.



One of The Nation's Largest & Most Trusted PPO Networks



Providing comprehensive access to providers and care in all 50 States

Over 1.7 million Facilities & Practitioners

03 - How It Works

Benefit Admin

Claims Management - our proven techniques, highly experienced professionals, and AI-driven analytics detect waste, fraud, and inefficiency in a prepayment basis as well as create optimal efficacy in post payment recovery when applicable. This yields overall better plan performance, stop loss premiums, total costs, and more sustainable overall benefit offerings.

Claims Analytics - we believe that data empowers the employer - it allows you to see in where in the plan the utilization is to build strategies to optimize plan performance as well as gives you the power (vs. insurance companies) to negotiate and acquire the best strategies available.

LEA's Benefits Administration

Experienced Personnel:

Our processors & managers have carrier level experience w/ an avg. of 15+ yrs of knowledge & skills

Plan Design:

Benefit plans designed to mitigate over-utilization and minimize plan financial impact

Detailed Reporting:

Customizable reports include lag, high claimant, and disease trending to track performance.

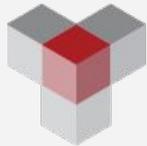
Long-Term Success:

Services are designed to monitor and maximize success throughout multi-year plan cycles.

03 - How It Works

Claims Management

LEA's claims management consistently delivers results of around 75% of expected claims through the implementation of a wide range of claims mitigation strategies and cost containment measures.



LEADING EDGE
ADMINISTRATORS

Leading Edge Administrators Claims Management:

Propriety plan design crafted specifically to yield best in class financial outcomes

Audit & denials for fraud, waste, abuse, and errors

Radiology, emergency medicine, anesthesiology, and pathology (REAPs)

Out-of-network negotiation

Direct negotiation

Single Case agreement

Dialysis

Home infusion

Subrogation

Pre & Post Payment

03 - How It Works - Claims Processing

TPAs and Network Carrier (PPO) differ in claims processing, leading to significant client savings.

Key Issues in Healthcare Claims Processing:

Carrier Approach



Fast Payments: Carriers prioritize speed due to 14-day state regulations.

Accuracy Issues: Quick payments lead to overpayments and errors.

Delayed Fixes: Carriers recover funds later, calling it "shared savings."

Inefficient Process: Funds are recovered that should not have been paid.

VS

LEA's Advantage

TPA

Pre-payment Review: TPAs review claims before payment, unlike carriers.

Error Prevention: TPAs identify and correct errors upfront for accurate claims.

Thorough Verification: TPAs check patient history and details, ensuring cleaner claims processing.

Cost Prevention: This approach prevents unnecessary costs from the start

The Financial Implications

Misleading "Shared Savings": Carriers recover funds post-payment, keeping a portion as "savings," though these funds should have been handled correctly initially.

TPA Cost-Effectiveness: TPAs may charge higher upfront fees, but their thorough claims processing and stop-loss insurance lead to greater long-term savings.

Better Value: Despite higher administrative costs, TPAs like Leading Edge offer better overall value through accuracy and cost control.

03 - How It Works

Pharmacy Cost Containment

Our pharmacy program leverages major PBMs' buying power and enhances performance through advanced analytics. The net effect of the formulary design, specialty protocols, and various other techniques results in RX savings of up to 30%.



Carelon



A strategic partnership with Carelon PBM has allowed us to aggregate our entire book of business to secure best-in-class guaranteed contract pricing.

Payer Matrix



Payer Matrix leverages Premium Assistance Program (PAP) and Manufacturers Assistance Program (MAP) as well as a variety of other cost containment tools.

Promote Care



Utilizing Promote Care for pass through rebates and independent transparent reporting and Rx Data Analytics

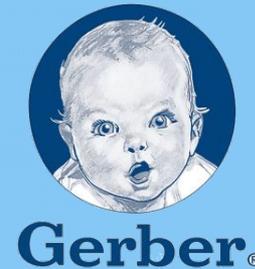
03 - How It Works

Stop-Loss Partners

Stop-loss insurance is vital for managing large claims in self-funded plans. LEA secures lower premiums and better terms from top carriers like Gerber and Nationwide, thanks to their proven claims experience and effective management tools, offering unmatched discounted rates.



We offer the lowest stop-loss rates due to our proven claims experience with top carriers, highlighting our effective management tools.



03 - How It Works

Concierge Care Service

ConciergeCARE Advocacy offers free, personalized support to help users navigate healthcare, find in-network providers, resolve claim issues, manage costs, and review bills, ensuring a smooth and well-coordinated care experience.

Better Member Experience = Better Member Satisfaction



Key Features & Services:

ConciergeCARE coaches know your health plan and healthcare needs. They provide personalized guidance to help you find the right care and make the healthcare process easier.

Key Features and Services:

- Free service with a single point of contact.
- Help finding in-network providers.
- Support with claim issues and appeals.
- Assistance with affordable medication options.
- Clarification on costs and benefits.
- Help reviewing and handling bills.

Main Benefits:

ConciergeCARE makes healthcare easier by offering personalized support for finding care and managing billing challenges.

04 - Summary

ProVision Health

Summary:

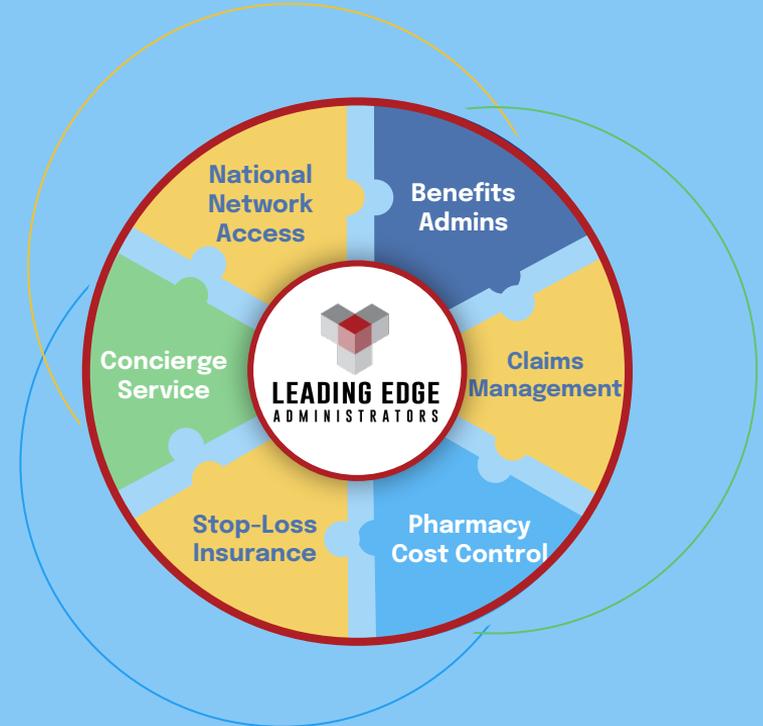
Comprehensive Program: Integrates all key components (benefits admin, claims analytics, concierge services, pharmacy cost containment, stop-loss insurance, and network partnerships)

Transparency and Cost Control: The program offers complete transparency in pricing and claims processing, with a focus on controlling costs across all areas.

Member Advocacy: Prioritizes the needs of members, ensuring they receive the best possible service and outcomes.

Leadership and Experience: LEA, headquartered in New York with significant operations in Tampa, Florida, has the experience and expertise to deliver a cohesive program that outperforms traditional models.

Key Partnerships: LEA's ability to partner with industry leading companies throughout the healthcare space creates a solution that works within the existing system while advancing and improving outcome.



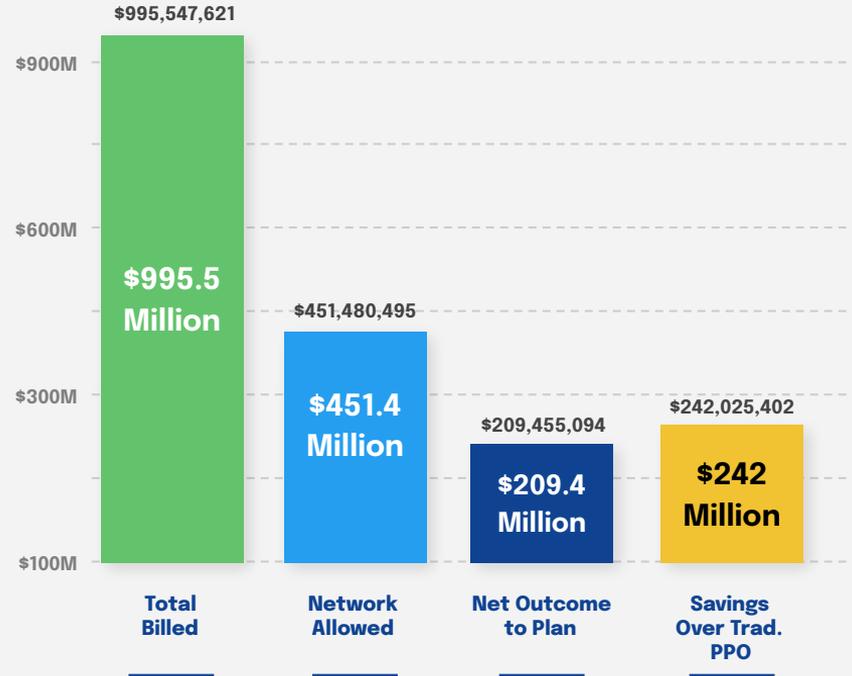
06 - Financial Results

ProVision Health's Portfolio Historical Performance:

- While facility claims account for a small percentage of total claims, they represent approximately **70%** of total claim costs.
- This data reflects the total portfolio of **ProVision Health** from **January 2022 to December 2024**.
- By achieving **claims expense savings of over 50%**, ProVision Health drives an overall **25-30% reduction** in total healthcare spend.

Facility claims are inclusive of hospitals, surgical centers, outpatient facilities & free standing laboratory testing.

**Comparison of Total Billed Amounts:
PPO Allowed Amounts & ProVision Paid Amounts
(January 2022 to December 2024)**



06 - Financial Results

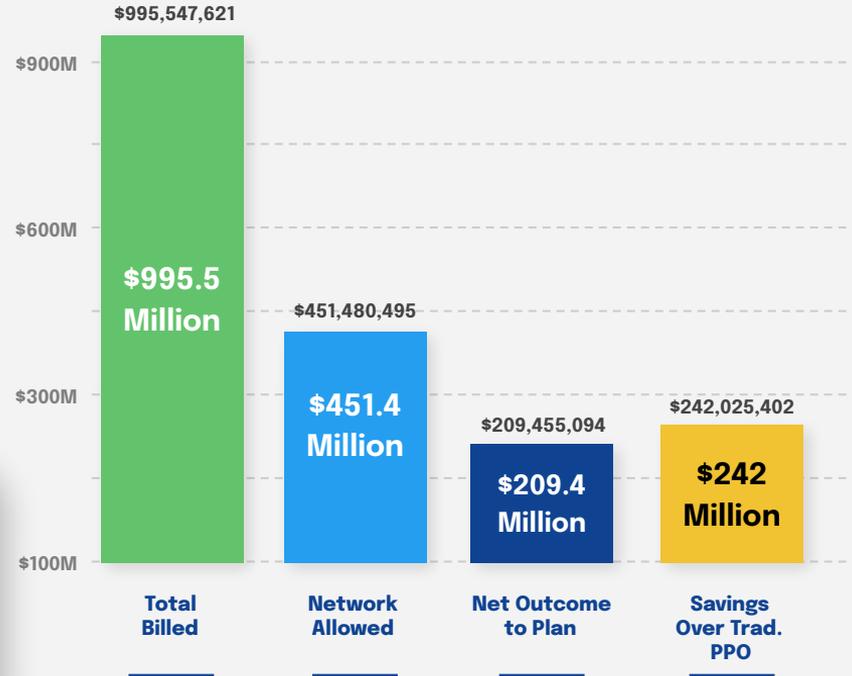
The net effect of all aspects of the program, is:

- **Exceptional** plan participant experience
- Claims cost average **137% of Medicare**

This is accomplished to a level of satisfaction for plan participants that is equal to or better than a traditional PPO plan.

More Advantages than a Network PPO and at a Lower Cost than RBP

Comparison of Total Billed Amounts: PPO Allowed Amounts & ProVision Paid Amounts (January 2022 to December 2024)



06 - Final Thoughts

How do we prove this?

- **Case Studies:** Real-world examples of success.
- **Stop-Loss Quotes:** Demonstrates cost savings.
- **References:** Client testimonials available.
- **Documentation:** Provided upon request for further validation.



06 - Final Thoughts - Case Study

Client Challenges

11K+

Self-funding PPO plan with over 11,000 employees

333%

Paying 333% over Medicare rates

A client faced rising health costs in a competitive labor market and needed a solution to control spend.

Standard PPO Network options were cost prohibitively expensive. RBP providers would cut benefits and coverage, which was not an option for the client.

Outcome:

Our solution gave the company access to top-tier network with the same coverage for their staff, while decreasing employee contributions toward medical insurance. The following data is based on the actual claims experience of 10,123 claims and over \$40 million in Billed Amount through October 2022.

54%

Hospital claim savings vs. PPO contracted rate

PPO Allowed Amount: \$15.9MM

\$154.02

Saved PEPM

0

Employee Disruption

79%

Savings from Billed Amount

Overall plan pricing

137%

of Medicare

30%

Overall plan savings

<1%

Balanced billing

39%

RX reduction

06 - Final Thoughts - Closing

What is needed to see some options?

Basic Account Information: Name, Address, FEIN, Target Effective Date, Etc.

Census of the Population:

- Name
- Age
- Gender
- Home Zip

Claim history of the group

Ideally 18 months

Current Renewal/Plan designs

We can provide an underwriting checklist of the ideal information.





Thank You

ProVision Health Plan

Empowering Business
Enhancing Lives