

# Bureau of Human Resources

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## Presentation to the Joint Committee on Appropriations

January 29, 2014

Laurie R. Gill, Commissioner

# Presentation Overview

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- Introduction
- Follow-up Items – January 17<sup>th</sup> meeting
- Member Health Management
  - Biometric screenings
  - Conditions management
  - Case Management
  - Intensive Case Management
- Risk Mitigation Strategy

# Total Remuneration Study

Component	SD vs In-State	Key Findings
Base Salary	-17.3%	The majority of the State's occupational groups fall well below the median of the market, with very few exceptions.
Benefits	+7.8%	Considered on its own, the State's benefits program is competitive, with Retirement and Disability program influencing the overall market position.
Total Remuneration	-11.6%	While the competitive benefits program enhances the total remuneration market position, the low base salaries result in a below market median (P50) position.

# Healthcare – SD vs. In-State Market



# Average Years of Service of Sample Occupations

Occupation	SoSD Avg Pay	Avg Yrs of Service	% from In-State	In-State Avg Pay
Accounting Assistant	\$28,500	13.4 yrs	-24%	\$37,700
Chemical Dependency Counselor	\$36,400	7.0 yrs	-14%	\$42,200
Custodial Worker	\$20,600	9.3 yrs	-28%	\$28,400
Human Resource Manager	\$59,800	14.9 yrs	-15%	\$70,100
Licensed Practical Nurse	\$34,700	11.1 yrs	0%	\$34,700
Pharmacist	\$86,900	5.6 yrs	-29%	\$122,200
Senior Staff Attorney	\$65,700	9.3 yrs	-33%	\$98,100

# T Series Jobs and Longevity

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## T Series

- Currently approximately 175 employees
- Three major series: Building/Trades, Healthcare-Related/Social Science, IT Support
- See memo attachment for list of jobs included in each series

## Longevity

- FY13 average payment \$390.54 is BEFORE taxes; not the average payment after taxes

# Exit Survey Data

Reasons for Leaving	FY10	FY11	FY12	FY13	FY14 ytd
Retirement	28.3%	22.5%	25.1%	26.9%	16.8%
Personal (child care, relocation, going to school, military, etc.)	26.2%	25.0%	20.5%	23.4%	21.3%
Pay and Benefits	11.2%	13.3%	14.2%	8.5%	9.7%
Promotional and Development Opportunities	8.6%	10.4%	11.3%	7.8%	14.0%
Type of Work/Work Requirements (nature of work, schedule, working conditions, etc.)	7.4%	6.8%	8.6%	9.8%	10.9%
Job Location	4.5%	5.7%	5.6%	7.7%	7.6%

# Turnover Rates for Surrounding States

	Time Period	Turnover %
Iowa	No response	
North Dakota	2013	10.3%
Nebraska	2012	13.0%
Minnesota	2013	7.8%
Montana	2013	12.5%
Wyoming	2012	15.0%

# State Governments and Defined Benefit Retirement Plans

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- National Compensation Association of State Governments (NCASG) – 31 state responses
  - 19 states offer defined benefit plan only
  - 4 states offer defined contribution plan only
  - 8 states offer both plans
- Five of the six surrounding states offer a defined benefit plan
  - Nebraska offers a defined contribution plan

# Participation by Health Plan

- 13,694 average employees – includes actives, retirees, COBRA
- Only 320 employees opt out of the State’s plan
- Enrollment data by plan deductible

Plan Deductible (Members)	\$500	\$1,000	\$1,800
Active (Includes Empl/Spouses/Children)	15,129	8,554	1,973
COBRA	38	186	69
Retiree	154	514	176
Total	15,321	9,254	2,218
# of Tobacco Users	606	404	68

# Tobacco Use Information

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- Written policy stating if employees who have reported a non-tobacco user status are identified, the following applies:
  - Required to pay back the tobacco user fee (\$60 x # of months into the plan year)
- 1,078 members (employees, dependents, retirees and COBRA) reported they are a tobacco user

# Costs of Tobacco Users vs. Non-Users

<b>Metrics</b>			
<b>Smoking - Tobacco Utilization</b>	<b>Metric Type</b>	<b>FY 2013 - 12 Months</b>	<b>% Difference</b>
Non-Tobacco	PMPM	\$333.23	
Tobacco	PMPM	\$370.93	11.3%
<b>Metrics</b>			
<b>Smoking - Tobacco Utilization</b>	<b>Metric Type</b>	<b>FY 2014 - 6 Months</b>	<b>% Difference</b>
Non-Tobacco	PMPM	\$282.76	
Tobacco	PMPM	\$330.72	17.0%

# Surrounding States Deductibles

- While they vary, the most common practice for the six surrounding states are as follows:
  - \$400 deductible for in-network single coverage
  - \$850 deductible for in-network family coverage
- SD State plan deductibles for the \$500 plan are as follows:
  - \$500 deductible for in-network single coverage
  - \$1,250 deductible for in-network family coverage

# State Costs for Medical Services and Comparison

- State accesses the Dakotacare provider network
- Dakotacare network was selected in part because discount rates exceeded market competitors by 8-12%
- State has direct contracts with facilities that deliver, on average, an additional 8-15%

# FY13 State of SD Cost by Plan

State of South Dakota FY2013 Cost by Plan		
Plan	Enrollment	PEPY
\$500 Deductible Plan	9,325	\$7,780
\$1,000 Deductible	3,258	\$7,258
\$1,800 Deductible	714	\$3,497

# FY13 Employee Cost by Plan

FY 2013 Plan	FY 2013 Member Premium	FY 2013 Member Claims Obligation	FY 2013 Member Premium and Claims Obligation	Enrollment	PEPY
\$500 Deductible Plan	\$11.4M	\$14.5M	\$25.9M	9,325	\$2,777
\$1,000 Deductible Plan	\$6.3M	\$6.2M	\$12.5M	3,258	\$3,837
\$1,800 Deductible Plan	\$1.3M	\$1.4M	\$2.7M	714	\$3,781

# Medical and Pharmacy Claim Costs

FY 2013 Plan	Number of Claims	FY 2013 Total Allowed Claims	FY 2013 State Paid Claims	FY 2013 Member Claims Obligation
\$500 Deductible Plan	610,654	\$91.5M	\$77.0M	\$14.5M
\$1,000 Deductible Plan	209,615	\$33.6M	\$27.4M	\$6.2M
\$1,800 Deductible Plan	31,417	\$4.7M	\$3.3M	\$1.4M
Total Claims	851,686	\$129.8M	\$107.7M	\$22.1M

# Emergency Room Costs

- The current co-pay of \$250 is only a portion of the employee's cost; currently the co-pay does not count toward a member's maximum out of pocket
- Employee must also satisfy their plan deductible and pay a 25% coinsurance of all services provided
- State's emergency room utilization is lower than the norm when compared to others in the surrounding area
- State's emergency room payment per visit is lower than the norm when compared to others in the surrounding area

# Emergency Room Utilization

Metrics			Value Norm per Verisk
ER Visit Utilization	Metric Type	FY 2013	
ER Visits	Per 1000	204.6	249.7
ER Visits resulting in an Admission	% of Admissions	11.8%	37.5%
ER Visit Paid per ER Visit	Average Paid	\$585.03	\$ 1,013.95
ER Visit Allowed Per ER Visit	Average Allowed	\$907.52	\$ 1,493.56
Metrics			Value Norm per Verisk
ER Visit Utilization	Metric Type	FY 2014	
ER Visits	Per 1000	193.2	249.7
ER Visits resulting in an Admission	% of Admissions	16.3%	37.5%
ER Visit Paid per ER Visit	Average Paid	\$564.49	\$ 1,013.95
ER Visit Allowed Per ER Visit	Average Allowed	\$953.50	\$ 1,493.56

# Premium Rates

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- Premium rates were distributed at the end of the January 17<sup>th</sup> meeting
- Premium rates were also included with the memo sent January 28<sup>th</sup>

# Member Health Management

# Member Health Management

- Integral part of health care cost containment is aggressive case management of members with catastrophic and chronic illnesses and identifying those that may become high cost claimants.
- Three key areas focused on early identification, managing chronic illnesses and managing and supporting high cost claimants directed toward achieving ROI
  - Biometric Screenings – why we screen, what we screen for, how we use the data
  - Conditions Management – Assess the population and individualize the intervention
  - Case Management – Monitor member utilization
  - Intensive Case Management – Educate & support the member, manage where services are delivered and negotiate best pricing
- Common themes are that all four are data driven, require employee engagement and measure results.

# Member Health Management

- BHR issued RFP's to address all three areas
- Based on infrastructure, pricing and experience
  - Health Management Partners – Biometric Screenings, Condition Management, and Case Management
  - Dakotacare Administrative Services – Intensive Case Management



# Health Management

PARTNERS



# Health Management Partners (HMP)

- Company founded in 1999
- New ownership in 2009
- URAC Accreditation
  - Health Utilization accreditation in 2010
  - Case Management accreditation in 2013
  - Disease Management accreditation 2013



# HMP Services

- Utilization Management
- Case Management
- Conditions Management
- Health Screening
- Health Assessment
- Wellness





# Health Management

P A R T N E R S

## Health Screening

# Health Screening

- Performed Onsite or in a Clinic
- Screening Services Include:
  - Total Cholesterol
  - HDL
  - LDL
  - TC/HDL Ratio
  - Triglycerides
  - HgA1C
  - Blood Pressure
  - Weight/BMI
- Participants provided onsite coaching and report card



**REPORT CARD**

JANE DOE AUG 18, 2011

Overall Grades	NORMAL BORDERLINE HIGH RISK	CUMULATIVE GRADE
BLOOD PRESSURE A (4.00)		<b>A-</b> 3.80 GPA on a 4.0 Scale
CHOLESTEROL A (4.00)		
DIABETES A- (3.67)		
WEIGHT MANAGEMENT B+ (3.56)		
PREVIOUS SCREENING	NORMAL BORDERLINE HIGH RISK	PREVIOUS CUMULATIVE GRADE
BLOOD PRESSURE C (2.17)		<b>B-</b> 2.79 GPA on a 4.0 Scale
CHOLESTEROL B+ (3.67)		
DIABETES D+ (1.67)		
WEIGHT MANAGEMENT B+ (3.45)		

Normal, borderline, and high ranges for each of the collected biometrics are listed to the right.

For each of the following graphs, this follow-up screening report card indicates your previous biometric values in parentheses.

	NORMAL	BORDERLINE	HIGH
SYSTOLIC	<120 mmHg	120-139 mmHg	≥140 mmHg
DIASTOLIC	<80 mmHg	80-89 mmHg	≥90 mmHg
TOTAL	<200 mg/dL	200-239 mg/dL	≥240 mg/dL
LDL	<100 mg/dL	100-159 mg/dL	≥160 mg/dL
HDL	≥60 mg/dL	40-59 mg/dL	<40 mg/dL
TRIGLYCERIDES	<150 mg/dL	150-199 mg/dL	≥200 mg/dL
FASTING	<100 mg/dL	100-125 mg/dL	≥126 mg/dL
NON-FASTING	<160 mg/dL	140-199 mg/dL	≥200 mg/dL
HBA1C	5.7-6.4%	6.5-6.9%	≥7.0%
W. B. CIRCUMFERENCE	32-35 in.	36-39 in.	≥40 in.

**Understanding Your Blood Pressure Risk**

It is important to get your blood pressure checked regularly because high blood pressure often has no warning signs or symptoms. High blood pressure increases your risk for heart disease and stroke. People of all ages can take steps to keep blood pressure levels normal.

**Take Action**

- Eat a healthy diet
- Maintain a healthy weight
- Be physically active
- Do not smoke
- Limit alcohol use
- Treat high blood pressure

**Understanding Your Cholesterol Levels**

High cholesterol levels can put you at risk for heart disease. High cholesterol has no symptoms, so it is important to get your blood cholesterol levels checked regularly. Take steps to keep your cholesterol levels in check.

**Take Action**

- Eat a healthy diet
- Avoid saturated fat
- Get plenty of fiber
- Maintain a healthy weight
- Exercise regularly
- Don't smoke
- Treat high cholesterol

**Understanding Your Blood Pressure Risk**

Results

SYSTOLIC	112 mmHg (139)	NORMAL BORDERLINE HIGH RISK
DIASTOLIC	65 mmHg (98)	
DO YOU SMOKE?	No (No)	

Grade **A**  
4.00 GPA

**Understanding Your Diabetes Risk**

Diabetes is a disease in which the body's blood glucose (blood sugar) level is too high. Diabetes can cause numerous health problems including heart disease, kidney failure, and blindness. Key risk factors for developing type 2 diabetes includes increasing age, obesity, and physical inactivity. In addition to blood glucose levels, a measure of ketones can also be helpful in diabetes diagnosis.

**Take Action**

- Get more physical activity
- Lose extra weight
- Get plenty of fiber in your diet

**Understanding Your Blood Pressure Risk**

Results

GLUCOSE	90 mg/dL (123)	NORMAL BORDERLINE HIGH RISK
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Grade **A-**  
3.67 GPA

**Understanding Weight Management**

Maintaining a healthy body weight is important. Being overweight or obese increases the risk of developing heart disease, diabetes, high blood pressure, and many other diseases and conditions. Body mass index (BMI) is a common standard used to determine health risks based on height and weight. Another way to identify health risks associated with obesity is measuring waist circumference.

**Take Action**

- Get regular physical exercise
- Eat a well balanced diet
- If needed, lose weight slowly through lifestyle changes
- Seek professional help for a healthy weight management

**Understanding Your Blood Pressure Risk**

Results

BODY MASS INDEX	24.36 (24.51)	NORMAL BORDERLINE HIGH RISK
WAIST CIRCUMFERENCE	31 inches (32)	

Grade **B+**  
3.56 GPA

# Goals of Health Screening & Health Assessments

- Identify health risks for both *individual* employees and across the *employee population*
- Stratify a population to identify opportunities to improve health while addressing health care costs
- Refer individuals to Conditions Management, Case Management and Wellness Programs
- Establish a baseline from which improvements can be measured
- Provide data to help *motivate* employees to take *appropriate actions* to improve their health

# Health Screening Utilization

Screening Utilization		
	FY'13	FY'14 (YTD)
<b>Onsite Health Screens</b>	11,195	11,280
<b>Clinic Health Screens</b>	717	930*
<b>Total</b>	11,912	12,210

\* Of the 930 requested, 564 results returned as of 1/22/2014

# Health Screening Outcomes

## Outcomes

Health Screening FY'13 Results Compared to Conditions Management Enrolled in FY'14

Clinical Outcomes	2020 Target	Total Population FY'13 Toward Target	Enrolled Conditions Management FY'13 Toward Target	Enrolled Conditions Management FY'14 Toward Target
Percentage of adult participants who have a blood pressure <135/80	70.1%	35%	44%	50%
Percentage of adult participants who have a total cholesterol <200	86.5%	61%	64%	66%

Healthy People 2020 CDC, 2013



# Health Management

P A R T N E R S



## Conditions (Disease) Management

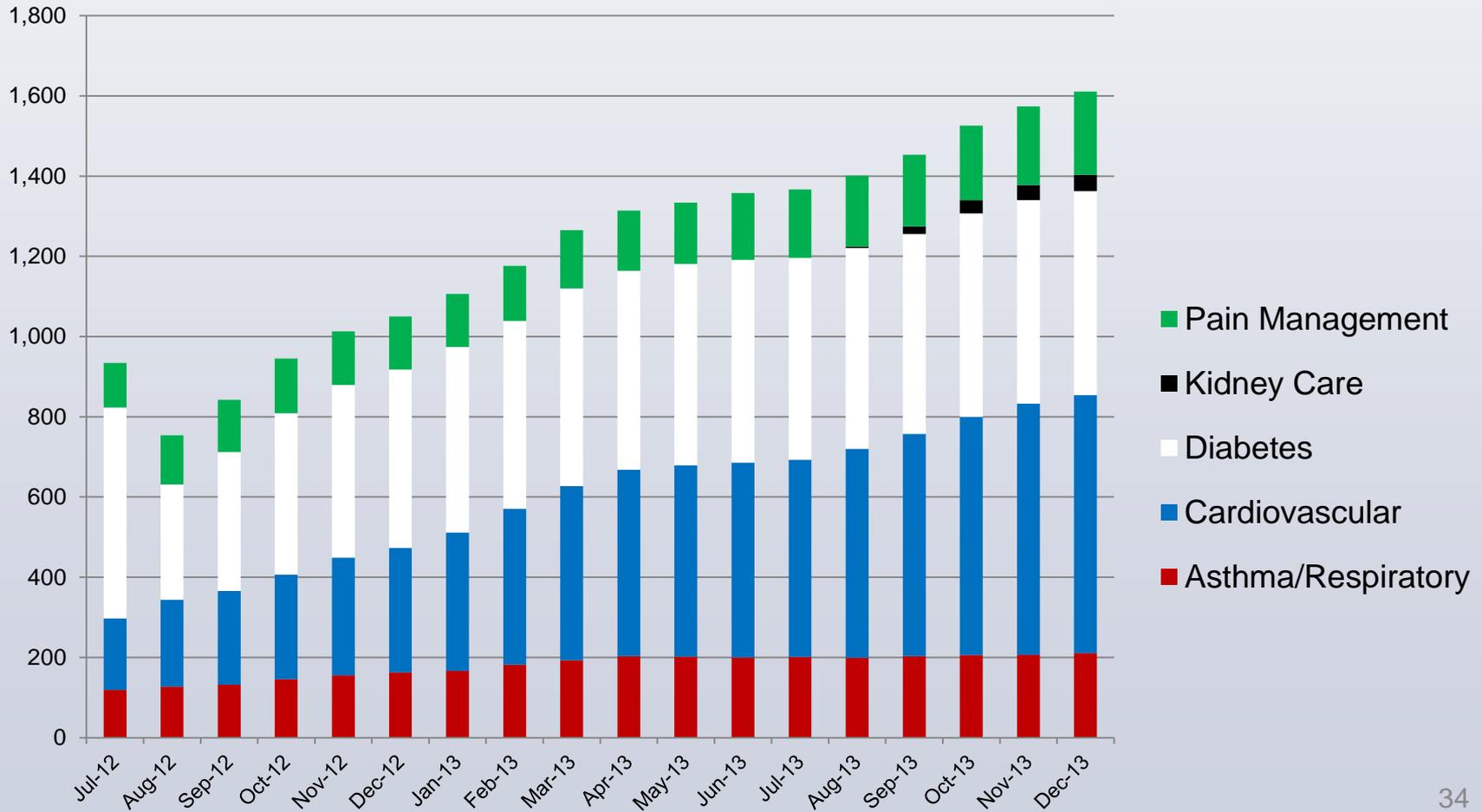
# Conditions Management Programs

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- Asthma
- Cardiovascular
- Diabetes
- Kidney Care
- Pain Management

# Conditions Management

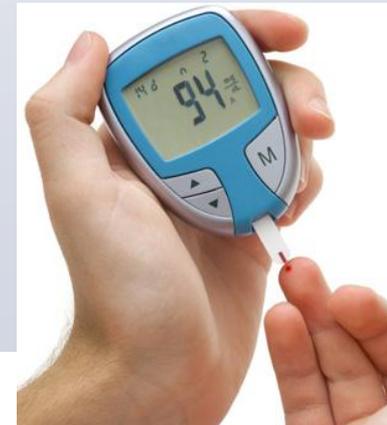
## Enrollment in Conditions Management Programs



# Conditions Management Goals

## Program Goals:

- Symptom management
- Medication comprehension and compliance
- Decreased absenteeism
- Increased presenteeism
- Healthy nutrition and weight management counseling
- Identify early warning signs and develop action plan
- Identify triggers and develop coping strategies
- Decreased utilization of the Emergency Department
- Tobacco cessation
- Improved quality of life
- Proper use of equipment





# Health Management

P A R T N E R S



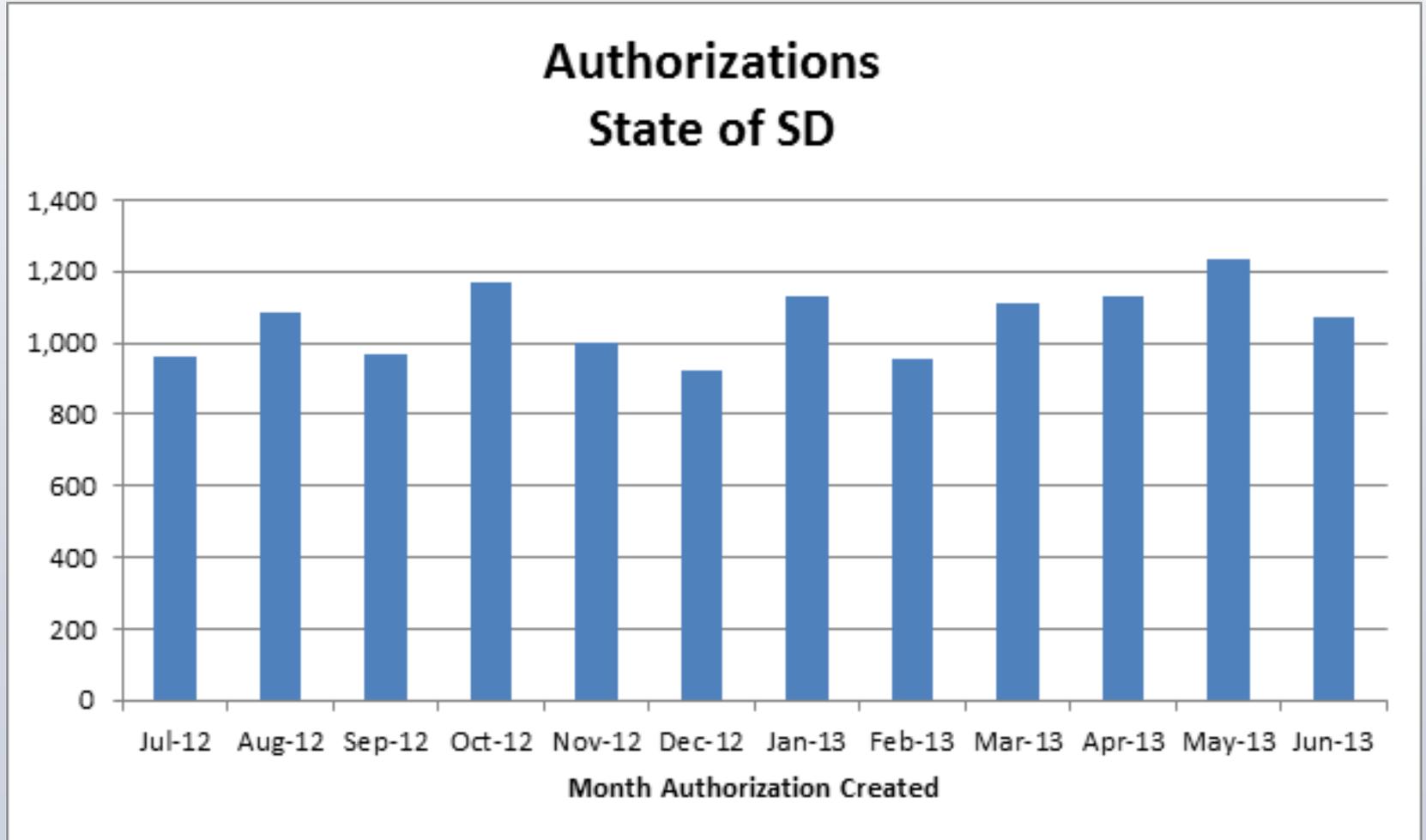
## Utilization Management

# Utilization Management Services

- Preauthorization
- Concurrent Review
- Narcotic Monitoring



# Utilization Management





# Health Management

P A R T N E R S



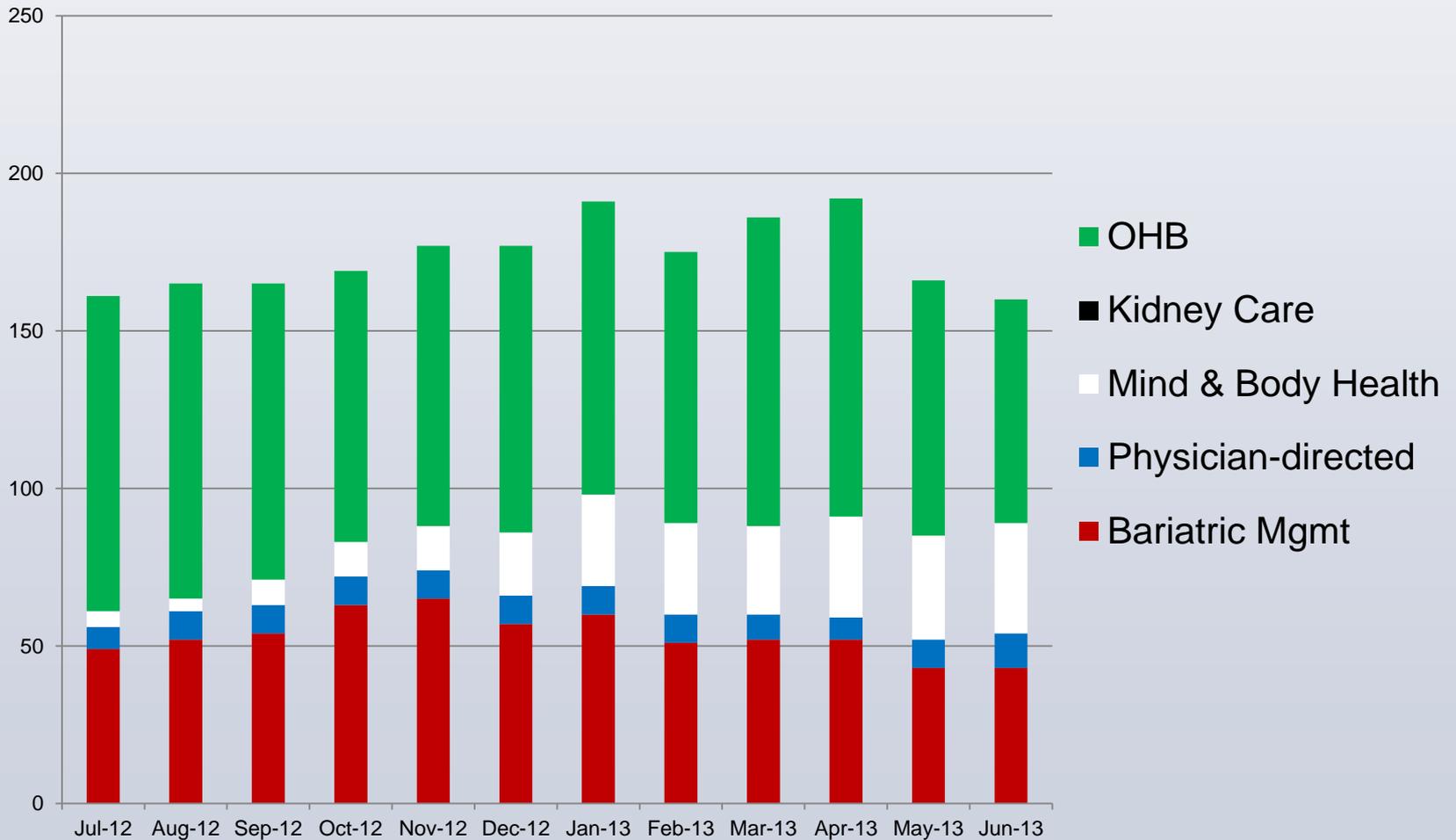
## Case Management

# Case Management Programs

- Bariatric
- Diabetes
- Kidney Care
- Mind and Body (Mental Health)
- Our Healthy Baby
- Emergency Department Management



# Case Management Enrollment



# Case Management Goals

## Program Goals

- Strive for quality outcomes and cost-effectiveness
- Care coordination
- Decrease readmissions
- Increase quality of life
- Provide education and support
- Collaborate with healthcare team
- Lifestyle management
- Medication comprehension and compliance
- Ensure compliance with program goals
- Assist in navigation through the health care system



# Emergency Department Management

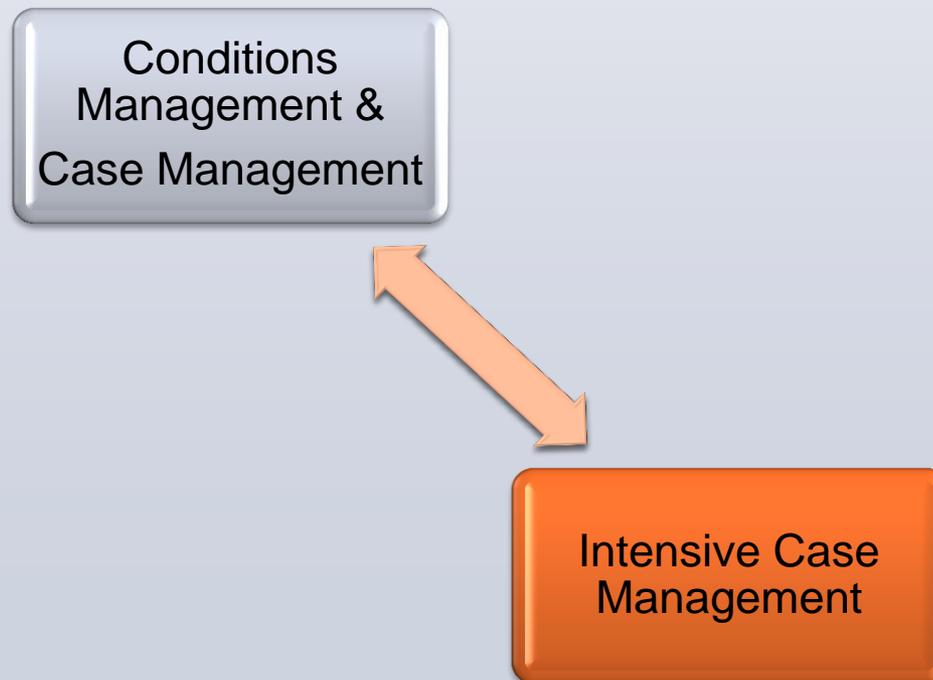
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## Program Goals

- Ensure compliance to discharge instructions
- Medication review
- Education on alternatives to ED care
- Identify potential high risk situations
- Refer to Case or Condition Management programs
- Facilitate early subrogation
- Assist in establishing Primary Care

# Intensive Case Management Collaboration

- Referral process
- Referred 426 since July 1, 2012
- Reconciliation process to ensure no gaps in care



# Documentation of Estimated Savings

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## Savings FY13

- Utilization Management
- Case Management
- Conditions Management
- Health Screening

Documented Savings FY13 = \$11,447,315  
ROI=3.30:1

# South Dakota State Employee Health Plan



# About DAKOTACARE

- Founded in 1985
- South Dakota's only physician-owned Managed Care Organization
- Hold licenses in 27 states
- Serve over 115,000 members in all 50 states
- Contracted with State Employee Health Plan since 1994

# About DAKOTACARE (cont.)

- Employ approximately 150 persons in Home Office in Sioux Falls and branch offices in Webster and Rapid City
- Network includes 98% of physicians, all hospitals and 98% of pharmacies as well as nearly all other providers in South Dakota
- Network also includes almost 600,000 providers and over 4,700 facilities nationwide

# Current Contract Status

- **Awarded Three Year Contract - 7/1/13 to 6/30/16**
- **Current Services**
  - Claims Administration
  - Network Access
  - Pharmacy Management
  - Other (Flex, Work Comp, etc.)
  - Health TRAQ
  - Intensive Case Management
- We also process claims and provide condition management for SD Risk Pool, and provide claims processing for DOH Programs

# Intensive Case Management



# Intensive Case Management (ICM)

## Definition:

*“Provides comprehensive and in-depth care coordination to those members of the SD State Employee Health Plan who have complex, high cost medical conditions”*

## Purpose:

*“To give members a single point of contact at the health plan to coordinate medical services and ensure that they receive the right care, at the right place, at the right time, at the right price!”*

# ICM Referral Sources

- High Cost Claimant Reports (HCC)
- Health Management Partners (HMP)
- High Cost Diagnosis Notices
- Oncology Prior Authorization (eviti)
- Predictive Modeling (Impact Pro)
- Providers
- Member Self-Referral

# ICM Programs

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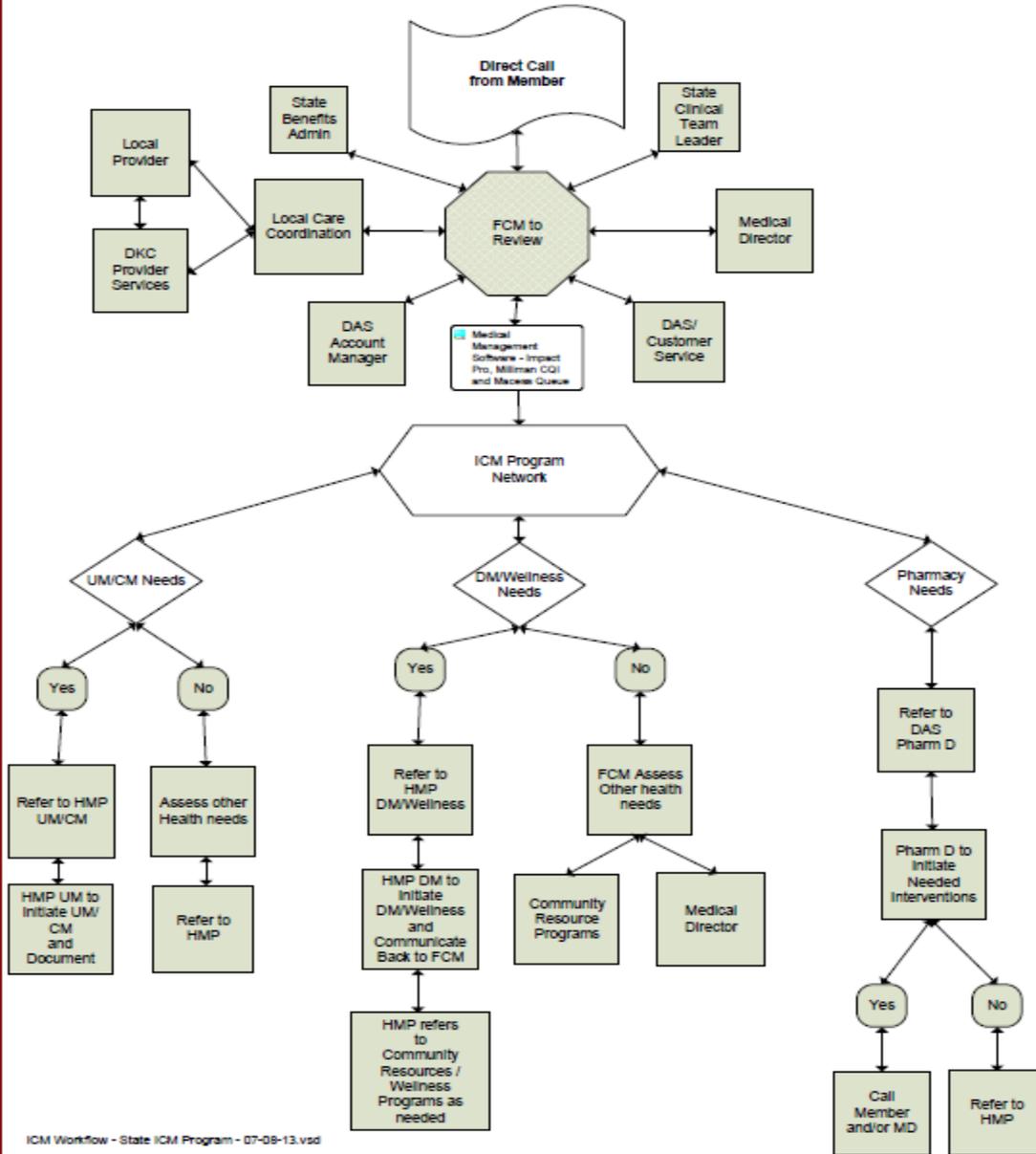
- High Cost Claimant
- Oncology
- Spine Surgery
- Neonate
- Transplant

# DAS ICM Staffing

- **Sioux Falls – Certified Case Management Specialists**
  - ICM Program Coordinator
  - Oncology/Transplant CM Specialist
  - Transplant/Neonatology CM Specialist
- **Certified Field Case Management Staff**
  - Pierre
  - Rapid City
  - Huron



### Field Case Manager State ICM Workflow



ICM Workflow - State ICM Program - 07-08-13.vsd

# FCM/ICM Workflow

SOUTH DAKOTA  
 state employee  
 benefits program  
 learn. act. thrive.

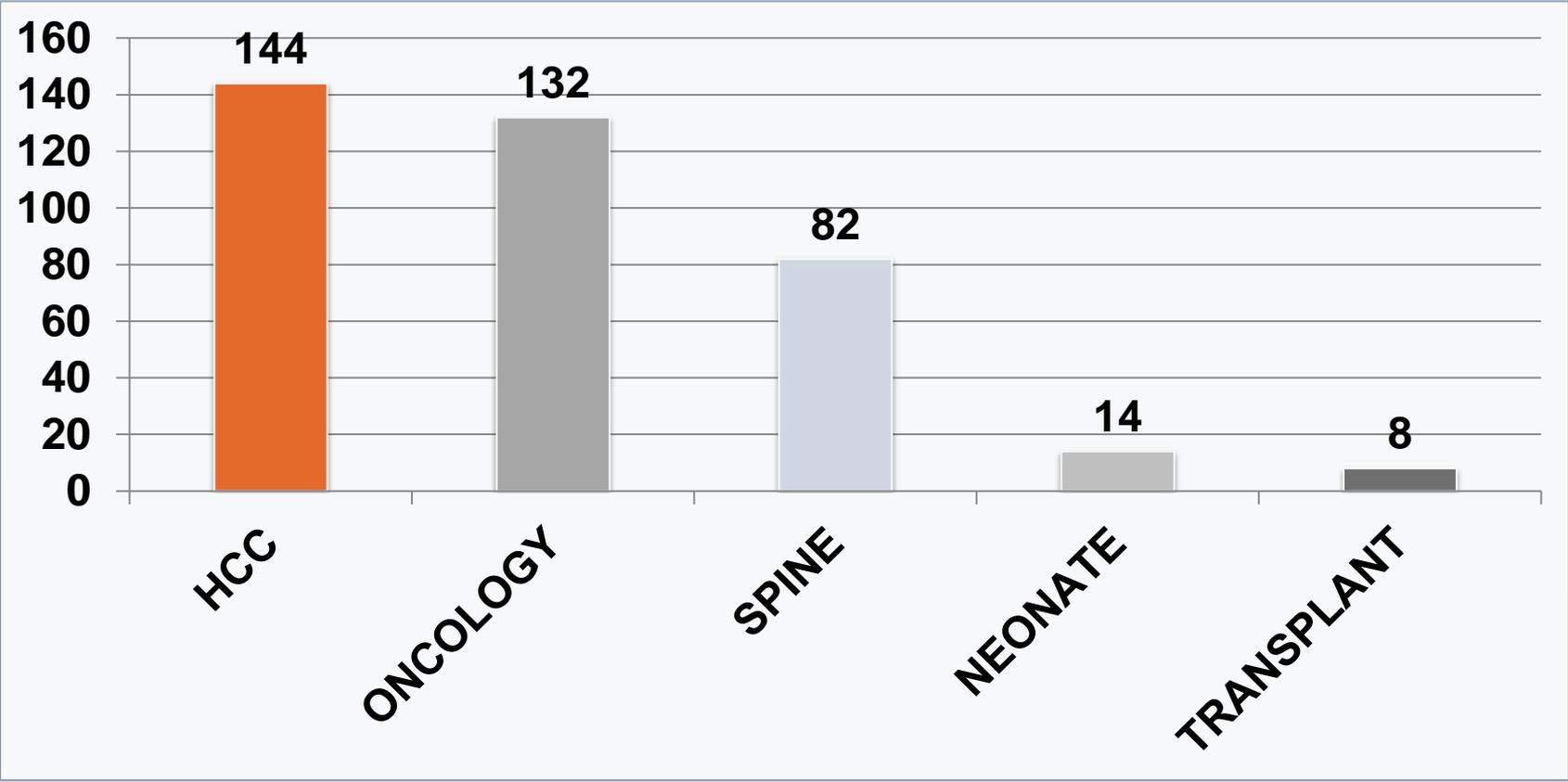
# ICM Activities

- High Dollar Member Screening
- Care Appropriate Placement
- Cost Containment/Contract Evaluation
- Goal Oriented Care
- Provider Interaction
- Inpatient Consultations
- Home Visits
- Workplace Evaluations
- Member/Family Interactions
- Community Networking

# ICM Referrals by Month

<u>Referral Year</u>	<u>Referral Month</u>	<u>Referred</u>	<u>Accepted</u>
2012	May	6	6
2012	Jun	21	21
2012	Jul	21	21
2012	Aug	26	26
2012	Sep	18	18
2012	Oct	23	21
2012	Nov	23	23
2012	Dec	23	22
2013	Jan	16	16
2013	Feb	23	23
2013	Mar	22	21
2013	Apr	24	24
2013	May	45	23
2013	Jun	38	20
2013	Jul	54	24
2013	Aug	53	18
2013	Sep	51	21
2013	Oct	28	13
2013	Nov	38	16
2013	Dec	42	19
<b>Totals</b>		<b>595</b>	<b>396</b>

# Program Enrollment Counts

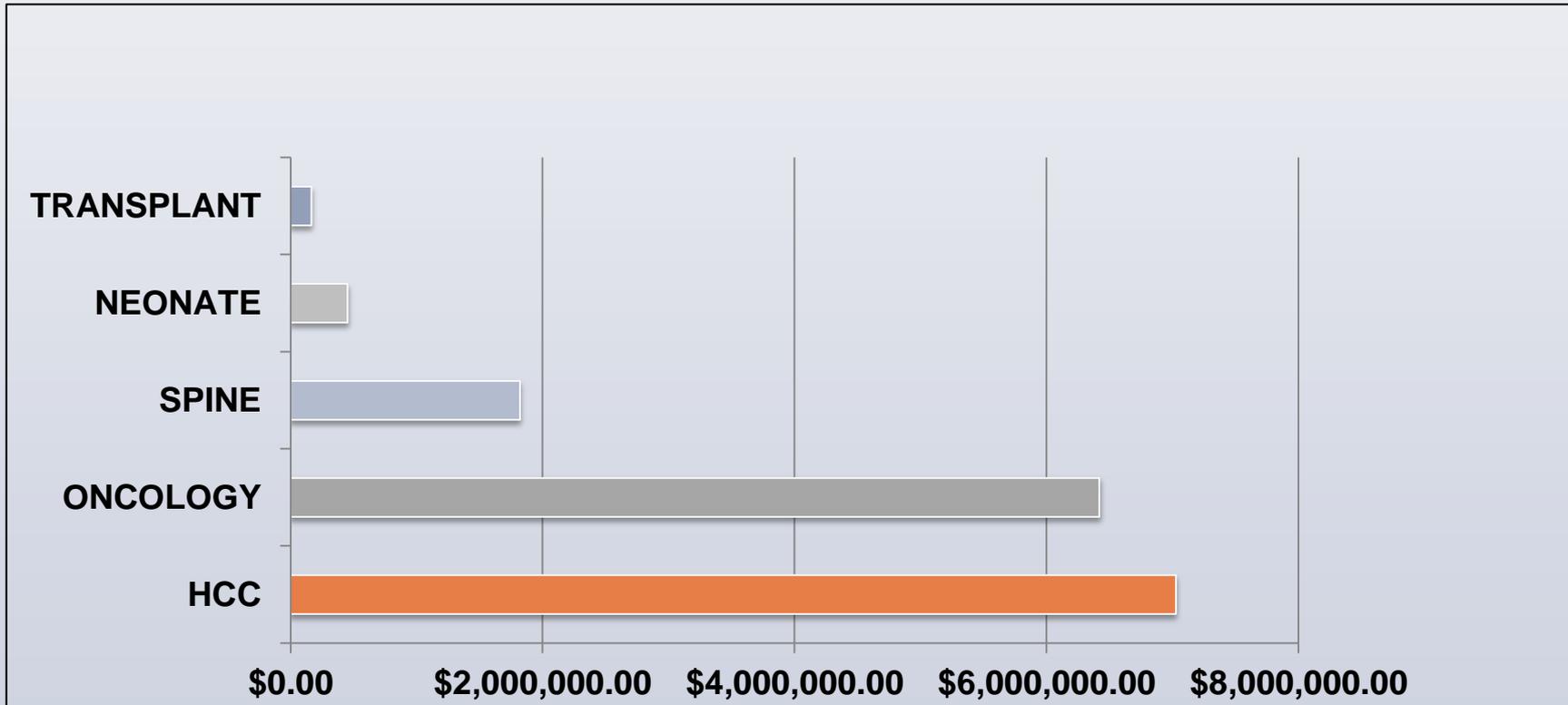


Enrollment as of 12/31/13

# Plan Expense by Program

(Medical & Rx)

Represents medical and prescription claim check amounts of active ICM members check dates 7/1/2013 – 12/31/2013



# ICM Activities (YTD)

## ICM Contacts FY 14

Region	Face to Face	Phone Calls to Provider	Phone Calls	E-Mails	Letters	Calls to HMP	Grand Total
Northeast	7	57	337	30	31	131	593
Southeast	39	102	168	29	39	157	534
Central	27	70	205	23	70	132	527
West	16	116	295	20	12	77	536
<b>TOTALS</b>	<b>89</b>	<b>345</b>	<b>1005</b>	<b>102</b>	<b>152</b>	<b>497</b>	<b>2190</b>

# ICM Savings Calculations

## Hard Savings

“known” reductions in “quantifiable” health care costs achieved either via reduction in utilization of known services (e.g. hospital days, unnecessary medications, DME) or the negotiation of lower rates or transfer to a less costly provider of services.

## Soft Savings

“unverifiable” reductions in “potential” health care costs achieved through the aversion of future episodes of illness (e.g. future development of a chronic condition, loss of a limb or the function of an organ) or the increase in productivity, either at work or in the community, or a decrease in absenteeism or presenteeism in the workplace.

# ICM Cost Containment Actions

- Arrange for Federally established specialized pharmacy contract pricing
- Contract with specialized external vendor to assist in monitoring severely ill babies in NICU
- Optimize member access to in-network and community resources
- Assure evidence based medicine and cost effective cancer treatment plans are being provided (eviti|CONNECT)

# ICM Cost Containment Actions

- Obtain reduced contract pricing for out of network or non-participating providers
- Utilize home care services to reduce inpatient days and ER visits for complex members
- Coordinate transition of members services to State Preferred Providers
- Assess medication profile to ensure utilization of appropriate cost-effective drug

# ICM Monthly Reporting

- Top 20 case summaries with in-depth MD presentation of Top 5 most complex high cost cases
- Executive Summary (Enrollment by Program, ROI, Key Highlights)

## Financial Impact (Top 20 Active Cases)

<i>Billed Charges (Past 12 months rolling)</i>	<i>Allowed Charges (Past 12 months rolling)</i>	<i>Predicted Charges* (Future 12 months Billed)</i>	<i>Difference in Charges (Past vs. Future)</i>
\$8,746,996	\$6,708,275	\$4,320,000	(\$4,426,996)

## YTD Savings (FY 2014)

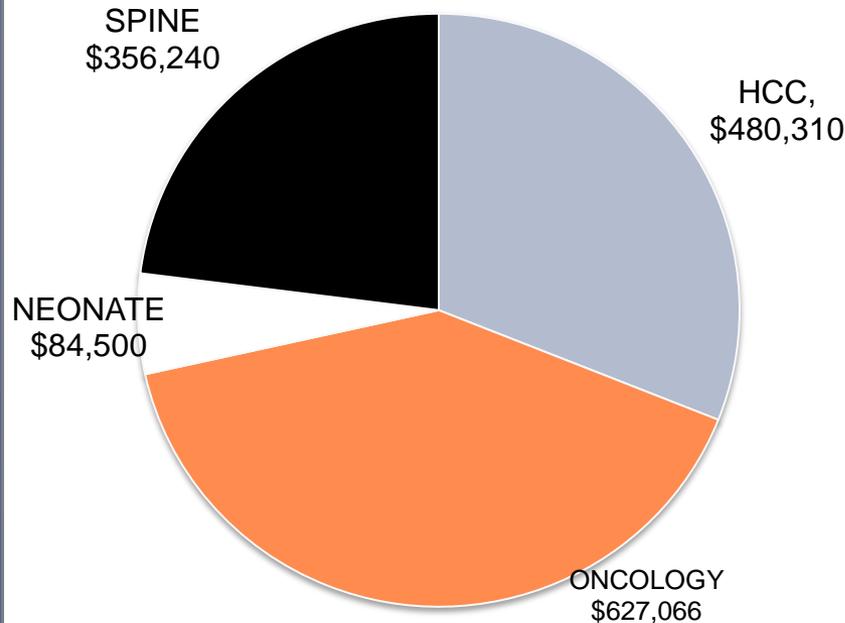
Potential savings	Reversed Savings	Net Savings	Year-to-Date (Thru 12/31/13)	Annualized
\$ 1,280,861.62	\$ -	\$ 1,280,861.62	<b>Gross Savings</b>	\$ 2,561,723.24
		\$ 420,471.00	<b>Fees Paid</b>	\$ 840,942.00
		\$ 860,390.62	<b>Net Savings</b>	\$ 1,720,781.24
		3.05	<b>ROI</b>	

\$ 2,836,196.62	<b>Total Savings Since Inception</b>
\$ 1,401,740.00	<b>Program to Date Fees Paid</b>
\$ 1,434,456.62	<b>Net Savings</b>
2.02	<b>ROI</b>

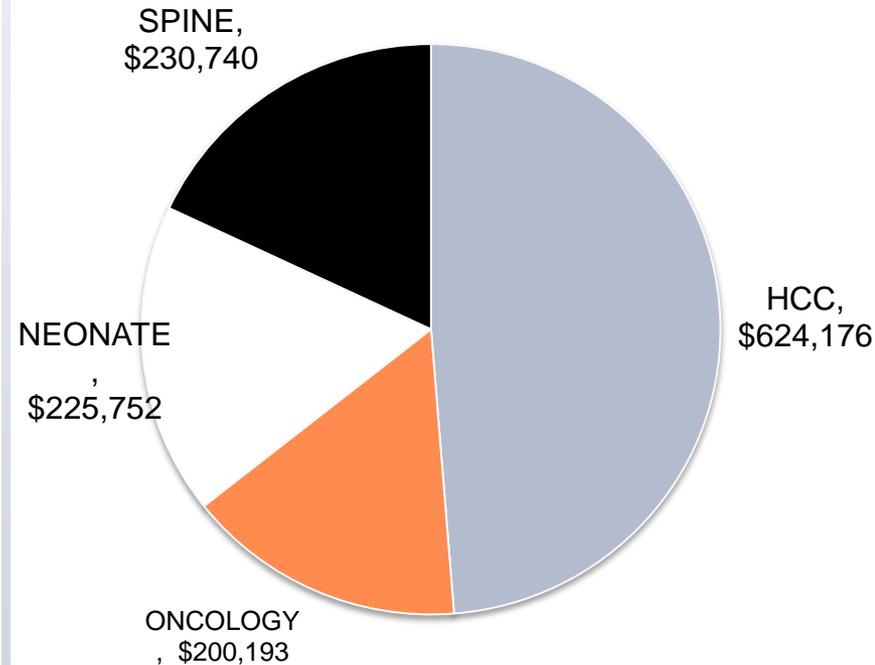
*Program Inception May 2012*

# Cost Savings by Program

**FY 2013 – ROI: 1.58**



**FY 2014 - ROI 3.05**



# Pharmacy Management



# Attributes of DAS Pharmacy Services

- Agile response to new medications and changes in pharmacy benefit management landscape to achieve plan savings
- Integration of successful clinically based strategies while maintaining benefits consistent with plan intent
- Provides local oversight (PharmDs & Medical Directors) for clinical determinations
- High dollar member pharmacy reporting (>\$50k/yr)

# RX Management Outcomes

- Identified trending high cost disease states and instituted proactive projects to help contain medication costs associated with these conditions (i.e., multiple sclerosis, cancer )
- Many direct cost savings incorporated into ICM savings report
- Utilization comparison (July-Dec. 2013):

	<u>#</u> <u>Members</u>	<u>%</u> <u>Utilization</u>	<u>Total</u> <u>Paid</u>	<u>Avg.</u> <u>Paid</u>	<u>PMPM</u>
<b>SoSD</b>	26,772	30.1%	\$9.42m	\$84.52	\$58.67
<b>DAS</b> <b>Benchmark</b>	21,175	33.5%	\$5.62m	\$52.21	\$44.20

# Case Examples

- New Hepatitis C therapies
- High cost case example
  - Member w multiple sclerosis found to be on double the maximum dose of specialty med
  - PharmD assisted in coordinating appointment with a SD neurologist, who recommended reducing medication to the recommended dose
  - \$4,521 monthly plan savings

# Risk Mitigation

# Risk Mitigation

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- During the last session you requested we evaluate various risk mitigation strategies
- Purpose of a risk mitigation strategy is to reduce the extent of financial exposure associated with year to year claim fluctuation.
- Requested that Aon Hewitt facilitate this evaluation process

# Thank You!

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