

EBMS (EMPLOYEE BENEFIT MANAGEMENT SERVICES, INC)

BUSINESS DESCRIPTION:

Employee Benefit Management Services, Inc. (EBMS) is a third party administrator (TPA), specializing in the management and administration of self-funded, corporate employee benefit plans. EBMS was founded in 1980 when a local employer needed a claims administrator to accurately adjudicate claims and provide superior service to its covered employees and their dependents. Today, EBMS continues to assist this client and hundreds more in controlling benefit plan costs. Over the past 30 years, EBMS has created a fully integrated health management system that provides self-funded health plans with tools and strategies to manage the personal and fiscal health of their organizations.⁷

INITIATION OF VALUE-BASED APPROACH:

In the early 2000s, EBMS began to establish disease management programs for its clients, including catastrophic case management, disease management, and wellness. By 2006, EBMS had increased the benefit level for preventive screenings, expanded the wellness program resources dedicated to worksite health promotion and introduced incentives for participation in wellness activities, disease management programs and achieving health targets. Recently, EBMS has expanded operations to include the development and management of miCare clinics, on-site health clinics at their clients' worksites.

PROGRAM OBJECTIVES:

EBMS' value-based health strategy features a value-based benefit design; comprehensive health management programs and targeted member engagement techniques to ensure members are receiving the right care, from the right provider, at the right place, at the right time. Incentive programs are aimed at getting individuals with chronic conditions into disease management programs.

PROGRAM COMPONENTS:

To encourage visits to a miCare clinic by a client's employees, an incentive program is established by EBMS. For example, an employee who completes a health risk assessment, biometric testing and follow-up, if necessary, with a physician will have \$150 deposited into his Health Reimbursement Account. A doctor and/or nurse practitioner and medical assistant provide primary care at the worksite via the miCare clinic and refer employees as appropriate to specialty care offered through networked providers, which could include referral to off-site locations. Additional money is deposited in the reimbursement account if the patient is compliant with his prescribed treatment and/or if he falls within a healthy range on the "Know Your Numbers" report regarding blood pressure, cholesterol, Body Mass Index and tobacco cessation.

Through a partnership with Ingenix, a health information company, the miCare program uses claims analysis to identify individuals who are out of compliance with evidence-based medicine; that is, individuals who have been diagnosed with one or more chronic conditions and are not receiving the recommended care according to practice guidelines. These targeted individuals are referred to EBMS' in-house team of nurses, certified health educators and wellness coaches for ongoing education, health coaching and case management.

Another value-maximizing service is provision of on-site primary care clinics at the employer site. Through these clinics preventive care and other general health care, prescriptions, health assessments and biometric testing are offered. Traditional barriers to care are

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removed by offering office visits and laboratory tests at no cost to the member. Generic prescriptions are provided for free.

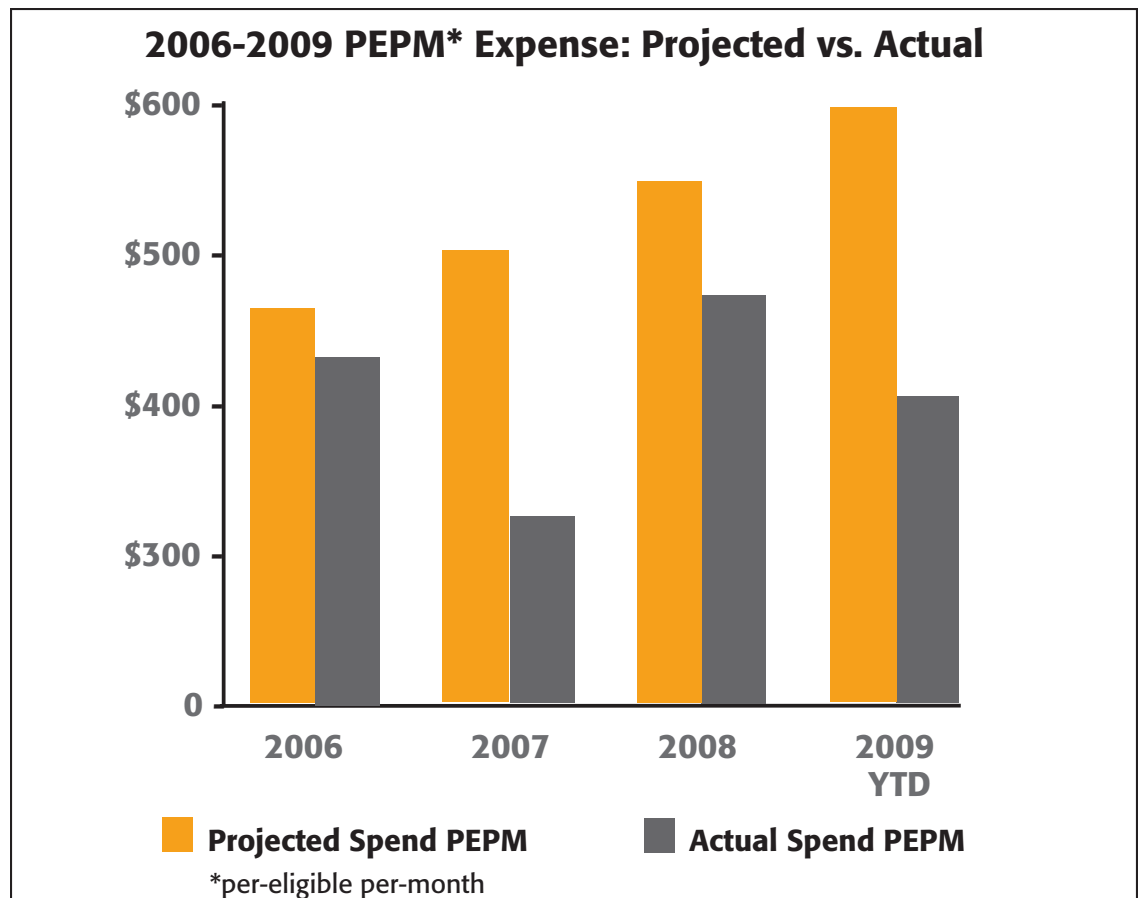
The Benefits of m/Care include the following:

Employer Benefits

- Measurable cost savings and employee health improvement
- Increase in employee morale
- On-site pharmacy coordinated with pharmacy benefit manager (PBM)
- Integrated case management
- Workers' Compensation case management
- Productivity improvement (while there may be more time with a physician, there is less time off work)
- An employer's current TPA, Plan Design, PBM and PPO can remain unchanged

Employee Benefits

- No copays and no deductibles for the m/Care clinic
- Little to no time spent in a waiting room
- Online appointment scheduler
- A doctor and/or nurse practitioner and medical assistant provide primary care at the worksite
- Covered conditions include colds, diabetes, asthma, etc.
- Medications are dispensed on site
- Convenient, no costs, no forms, and no claim disputes
- Completely voluntary



Source: EBMS

PROGRAM RESULTS:

Clients using the EBMS value-based health strategy were able to decrease their overall medical cost trend and reported improvements in overall employee productivity.

EBMS measures lost productivity by evaluating the average time it takes to see a doctor in the retail market minus the average time it takes for a miCare appointment; the difference represents the savings in time. EBMS uses an average value of three hours for a visit to a doctor in the retail market, which includes driving time to/from the appointment, waiting, visiting with the provider, and getting a prescription. With miCare, the on-site clinics, the average time away from work for an employee is 20 minutes for an office visit plus five minutes to get to and from his desk. This equates to a net savings of 155 minutes, which is multiplied by the average employee's salary to arrive at the monetized value of lost productivity.

PROGRAM CHALLENGES:

EBMS' clients have reported savings in terms of reductions to loss in productivity, but these productivity losses have not been captured systematically to date. EBMS does track time away from work when clients are using the workers' compensation management services. They plan to improve the health risk assessment to include the broader absence dimension in order to track lost time and productivity improvements associated with their services.