

With the addition of MemberHealth, our focus has only sharpened.

At Universal American, our insurance subsidiaries are focused on providing retirees with the best healthcare benefits possible, while still managing plan costs. And now with the recent acquisition of MemberHealth™ administrators of the Community CCRx™ prescription drug plan, our ability to serve municipalities, employers, and organizations with exceptional group coverage for their retirees has only grown stronger.

It made perfect sense that we would partner with the company that built and now administers the Medicare Prescription Drug Plan that's rated #1 in customer service by Medicare Enrollees.* After all, Universal American's subsidiaries already provide one of the nation's largest Medicare Advantage Private-Fee-for-Service plans, Today's Options.® Simply put, we are the retiree healthcare group benefits provider with unwavering dedication to our customers and members.

To learn how your organization and your retirees can benefit from a partnership with Universal American, contact a Group Care Expert at 877-285-8759 for more information or log on to universalamerican.com/groupsales.

UNIVERSAL
AMERICAN

* Source: According to the Centers for Medicare & Medicaid Services' (CMS) annual Consumer Assessment of Healthcare Providers and Systems survey; study date: 2007.



CDHC Solutions Recognizes the Best in Health Care Benefits Design with the 2nd Annual

CDHC SUPERSTARS

BY TENISHA MERCER, EDITOR

The consumer-directed health care market is rapidly evolving and innovators in the marketplace are responding with industry-based solutions. From how electronic medical records are stored and how health savings accounts are managed to how health plans are administered, CDHC is revolutionizing health care delivery in the United States.

It couldn't come at a better time, as the country grapples with the ballooning cost of health care, soaring disease rates, and health care reform. It's not a question of when consumer-directed health care will expand; it's a question of how.

CDHC Solutions magazine honors pioneers in health care with our 2nd annual Superstar Awards. The award winners and finalists profiled in this issue come from a broad range of industries, from health care plans and technology providers to Fortune 500 companies such as Microsoft and Motorola.

Their methods may be different, but their goals are the same: placing the consumer at the center of health care. And they're leading the way with bold, new approaches. This year, we honor winners in 8 categories, including most innovative plan design, most effective plan implementation, and most effective wellness/integrated care program.

Please join CDHC Solutions magazine in honoring these innovators. We've profiled their accomplishments in the hope that they will provide inspiration and ideas for your health care benefits program.



© 2008 Universal American Corp. Universal American offers a diverse range of healthcare products – including health insurance, managed care, and prescription drug benefits – underwritten through its insurance companies and other affiliated subsidiaries. Its companies which are contracted with the Federal government are collectively among the leading providers of Medicare Advantage and Medicare Prescription Drug Plans in the U.S. For more information visit www.universalamerican.com.

S5803_08E0162_V1

CEO LEADERSHIP AWARD

WINNER

Cyndy Nayer, President and Executive Director

Center for Health Value Innovation

The Center for Health Value Innovation Brings All Parties to the Table



Employers' perception of health care is changing at a seismic pace—and CEO Cyndy Nayer is at the forefront of the change. Nayer is co-founder of the Center, started in 2007, that promotes value-based health plans.

The shift towards value-based health plans—which invests heavily in incentives to change employee-consumer behavior—is more than about just dollars and cents, Nayer argues. It means focusing not on how much health care coverage costs, but what employers can do to protect their biggest asset—their employees.

It's a unique view that Nayer compares to the way companies maintain delivery trucks. They do everything they can to maintain the vehicles, from changing oil every 3,000 miles to maintaining tire pressure.

Why not do the same type of maintenance for employees' health care needs?

"Some people need more air in their tires," said Nayer, about her analogy. "So let's figure out where it needs to be."

It's a radical shift, Nayer admits, but one that needs to happen, she said, especially as consumer-directed health care (CDHC) shifts more of the health care focus on employees.

"There's been a lack of follow-through and accountability around employer-based benefits for a long time," said Nayer, who has worked in the health care industry for more than 20 years. "Employers tend to receive their benefits once a year, cut a check, and walk away, telling their health care plan to manage [the health care]. But at the end of the day, employers have a responsibility to the people they hire. It's not about saying, 'What's my increase next year or how can we adjust a copay?' and walking away."

What's not working, Nayer believes, is employers simply raising the cost of health care premiums. That's why Nayer believes that combining value-based designs with CDHC is the best solution.

"If we started with an incentive-based design and taught people what we wanted them to know, they will understand when we give them health savings accounts (HSA)," she said.

To implement her solutions, Nayer is bringing all parties to the table—community organizations, physicians, employers, consumers, government, and health care providers—to tackle health care issues, even at the grass roots level.

Take the organization's initiatives in Battle Creek, MI, and Camden County, NJ. The Center is bringing together diverse groups such as health care systems, community organizations, and local employers to study health conditions, gaps in health care, and access to care in their respective communities. The Center will come up with models to solve problems, test them, and report its findings next year.

"Even inside a health care plan or an employer, it's still people who go home at night," said Nayer. "The community has to get well. You can't solve health care unless everybody is at the table, and you can't drive engagement unless everybody has a voice."

But not everyone is welcome inside the Center's inner circle.

"We want folks who are willing to shift their thinking to investment from cost," Nayer said. "If not, they probably don't belong with us. It's a philosophy. If you buy into it, come be with us and help us because it's about driving the value of your investment."

Company Snapshot: A national, nonprofit corporation that promotes value-based health design. It has 50 members, including health plans, employers, pharmacy benefit managers (PBM), health delivery systems, provider and physician organizations, brokers, consultants, vendors, and manufacturers.

Location: St. Louis, MO

"We have succeeded in getting people that normally don't talk to each other to sit across the table from each other, and talk."

— Cyndy Nayer

Shawn Jenkins, President and CEO

BenefitFocus

Making Benefits Easier to Understand With Technology

Shawn Jenkins knows that it's the little things that will get employers and consumers on the path to CDHC.

Do employers and employees understand their benefits?

Do new enrollees have health insurance cards?

Do they have access to their benefit choices?

Jenkins makes it BenefitFocus' mission to help the company's 118,000 clients, more than 410 carriers, and 42 million members understand, and he's not afraid to use social networking tools and technology to help him do it.

"We empower consumers to be able to take control of their health care through a fair amount of media," Jenkins said. "Our software helps carriers automate the

process and helps employers get their message out to members and employees in simple terms."

BenefitFocus' job begins at the first contact point for many consumers—enrollment.

The company provides online enrollment tools and other information to help people make decisions about their health care.

"We wave a magic wand and say go online and we'll show you individual options that you can use to create your own plan with personalization of your health care for more understanding and better information," Jenkins said. "The burden of signing up goes away."

The company is also venturing into social media. Last year it created www.icyou.com, a website that allows

Company Snapshot: A health care benefits software provider that offers software services to health care insurance carriers, brokers, employers, and consumers.

Location: Charleston, SC

"Under Shawn Jenkins' direction, BenefitFocus impacts consumers and health care reform by revolutionizing the benefits processes for over 40 million insured consumers across the country—and he's just getting started."

—Melissa Bruno, Schwartz Communications

CEO LEADERSHIP FINALISTS

consumers, including doctors, insurance companies, and associations, to create their own social communities about their medical conditions. Launched last fall, the site is growing at 20% a week. The service is free and, while some content is published by BenefitFocus, it is largely self-run by the social community.

BenefitFocus' latest venture? A vlogging community of video bloggers who create video about their health conditions.

"Social media is amazing," Jenkins said. "You are not sure how people are going to use it, but you know they are. We're letting the social community take the technology where it may."



E. Craig Keohan, President

First Horizon Msaver Inc.

Staying a Step Ahead

Perhaps no one knows the glaring disparities in health care technology better than E. Craig Keohan.

Keohan has more than 25 years of experience as an executive in health care and banking—a field known for its technological innovation.

"Consider: A doctor's office visit is a relatively simple financial transaction that typically costs the health care plan \$2 to \$3.50 to start processing the claim," Keohan said. Compare that to the banking



Company Snapshot: Provides health care card payment solutions for consumers nationwide.

Location: Overland Park, KS

"Craig is considered a pioneer in the CDHC industry. He saw the future of CDHC, guiding Msaver to become one of the leading administrators of consumer-driven financial products."

— Martin Trussell, Senior Vice President of First Horizon National Corp.

CEO Leadership Award Finalists
E. Craig Keohan, *continued*

industry, which efficiently processes billions of transactions for 10ths of pennies of what it costs health care companies.

Keohan's bird's-eye view has helped First Horizon Msaver, a subsidiary of First Tennessee Bank National Association, introduce health care debit cards earlier this year as part of a partnership with Total Systems, one of the nation's largest card processors.

The health care and benefits payment card program processes transactions for HSAs, flexible savings accounts (FSA), and health reimbursement accounts (HRA). The goal: To create a more efficient payment model for employers and their employees as opportunities increase for customers to use tax-free dollars to pay for medical expenses using HSAs, HRAs, and FSAs.

"We are taking the (intricacies) of banking systems and applying them toward health care information and health care payments," said Keohan, chairman emeritus of the American Bankers Association HSA Council. "It's about streamlining and making payments easier. Health care providers are tired of waiting 90 to 180 days to be paid."

The company became one of the first HSA administrators to offer online enrollment to open and fund new HSA accounts. It also added an online employer funding portal that makes it easier for employees to add contributions to employee accounts throughout the year.

"Health care is one of the only services in America where the consumer typically doesn't understand the cost," said Keohan, who frequently consults with leaders of Congress and the Bush administration about CDHC. "We need to take politics out of health care and innovate solutions that allow for health care access to every American. [The people of the United States] can no longer afford to pay the freight for health care, nor can employers."

MOST INNOVATIVE PLAN DESIGN

WINNER

Innovative Leader: Betty-Jo Saenz, U.S. Health Care and Wellness Strategy Leader

Motorola

Motorola Sweetens its Health Care Offerings With LIVESMART

Keeping employees healthy has always driven the health care strategy at Motorola. The technology giant's health care costs have increased just 3% annually since 2002—a fraction of the double-digit health care cost increases at other large, national companies.



Despite a relatively healthy workforce, Motorola began to focus on another key health strategy last year—how to prevent disease among its employees.

"We always had a concept of health productivity, and it's been part of our foundation," said Saenz. "But we wanted to see how we could take people doing what is right for their health and take it to the next level."

So Motorola rolled out a CDHC plan design called LIVESMART. The plan includes a high-deductible health investment plan; 100% preventive care coverage and preventive drugs; a \$200 HSA account incentive if employees enroll in a health investment plan; and a \$200 incentive if employees participate in LIVESMART wellness programs.

Company Snapshot: A global communications employer that develops technology, products, and services, including cable modems and mobile devices.

Location: Schaumburg, IL

"If we want to walk the talk, then what services can we provide? We try to do as much as we can with the plan design ... so that employees aren't burdened ... and they are in the right position to better themselves."

— Betty-Jo Saenz

"When we looked at our number #1 cost for us, it was for preventive services," Saenz said, "but it's about our employees continuing to do the right things and learning how they can improve to do what's right, because that will affect our bottom line and help everyone in the end."

So far, the program has been successful, Saenz said. It has enrollment rates of 28%, well above company targets—and employees are more engaged in their health.

Employees are still seeking preventive services, and they use the company's 24-hour nurse lines. Wellness programs such as telephone, online, and mail-based coaching programs for weight loss have doubled.

Engaging employees' family members has also been a key part of Motorola's strategy. Motorola created a portal that employees and their families access. It includes cost tools, articles, and health information such as health risk questionnaires.

The portal also features technology that keeps track of employee health progress and cash incentives, including a reduction in health care premium costs if employees complete a health risk questionnaire, a key part of the LIVESMART strategy.

"We looked at the health of our population, and we knew that CDHC plans were great," Saenz said, "but we said let's focus on the well, not just the sick, and let's give tools and reward those who are doing the right thing. We always look and see what we can do from a plan design. Everybody knows what's broke and what needs fixing, but we try to remove barriers where we can."

MOST INNOVATIVE PLAN DESIGN FINALISTS

Innovative Leader: Ron Goldstein, President

Choice Administrators

Boosting the Appeal of HSAs

Employer-funded HSAs have yet to largely catch on, but Choice Administrators is hoping to change that. The company plans to roll out an HSA-only product for employers late this year.

It will be the company's first HSA-only product, in addition to HMO, PPO, HRA, and first-dollar plans that it offers to employers. Goldstein believes the HSA offering with multiple carriers and a wellness program could revolutionize the marketplace—if employers fund it.

"The key will be employer involvement," Goldstein said. "If they can fund it, it will go a long way. Otherwise, you just have an employer buying a low-cost product and the employer says [employees] ... have to fund it. If the employee sees the employer is behind it, they will get involved and do the right things to make themselves healthier."

Goldstein knows that education will be a key part of his battle to encourage employers to accept HSAs, but he likens it to the 401K boom of a decade or so ago. Few understood what 401Ks were, but thanks to legislation and aggressive involvement from brokers, 401Ks have become one of the most popular retirement saving options in the country.

Goldstein is confident the very same thing could happen with HSAs in the future.

"I think there is tremendous appeal for this product, if built correctly," he said.

Company Snapshot: Offers multiple plan designs to small group employers, including PPOs and HMOs.

Location: Orange, CA

"The individual market has proven that HSAs work, but how do we get employers that sponsor health care to look at HSAs as a viable product in the market?"

— Ron Goldstein



MOST EFFECTIVE PLAN IMPLEMENTATION EMPLOYER CATEGORY

WINNER

**Innovative Leader: Rochelle Jurgens,
Assistant Controller**

Central Nebraska Public Power

Bringing CDHC to the State of Nebraska

It's not often that unions, management, and the board of directors see eye-to-eye during contract negotiations. But rising health care costs quickly thrust Central Nebraska Public Power into action in 2006.

"We're like every other company in America," said Rochelle Jurgens, assistant controller of Central Nebraska Public Power. "Our insurance costs were going up and up, and we had to do something about them."

That "something" turned out to be implementing a CDHC plan. Jurgens set up the plan in 6 months, bringing management and unions together to approve a benefits plan that included a high-deductible health plan (HDHP) with an HSA, and a PPO with a \$750 per person monthly premium without a deductible and with a drug

card with a copay in 2007.

"Nobody knew what they were or understood them," said Jurgens about the plans. "But I thought this was something good to look into, so I did."

Jurgens read everything about CDHC that she could get her hands on, spent hours on the Internet researching the topic, and went to conferences that featured information about HSAs and HRAs. She also conducted informal surveys of 10 companies in Nebraska that offered CDHC plans.

Educating employees who knew nothing about CDHC was an even bigger challenge. But she rolled up her sleeves and went to work, spending every day talking to employees. She distributed literature and had meetings, many of them one-on-one with employees and their families.

One of the biggest changes for employees? Not having a prescription drug card with a copay. Instead, employees had a \$6,000 deductible. And they could contribute a maximum of \$5,650 towards their HSAs, with Central Nebraska contributing up to \$3,600.

"That large deductible just scares so many people," Jurgens said. "But once they get past the shock of that deductible, if they look at it overall at the end of the year and what they're at risk for, the HSA [may] be the better plan if they can get past the initial shock of the deductible."

A year later, enrollment numbers are up; 70% of employees chose the HDHP with the HSA—well above Central Nebraska's target of 50% enrolled. Only 3 employees, including 1 retiree, have switched back over to the agency's traditional PPO plan, Jurgens said.

Central Nebraska Public Power has shaved its health care costs, with a 12% decrease in cost trends; a 34% drop in medical and dental claims; and a 42% decrease in drug costs. And employees have accumulated large HSA balances that roll over year to year.

"Everybody is concerned about health care costs, and they want to do what they can to help," Jurgens said.



Company Snapshot: A state governmental unit that generates electricity and irrigated water to farmers across the state.

Location: Holdrege, NE

"Jurgens successfully implemented a CDHP, devoting over six months to implementing the plan, not only educating the employees and their families, but also educating management about the plan options for employees to ensure a smooth transition."

— Emily Coburn, Meritain Health

MOST EFFECTIVE PLAN IMPLEMENTATION HEALTH PLAN CATEGORY

WINNER

**Innovative Leader: Rick L. Haines,
President/CEO & Robin Clark,
Corporate Communications Manager**

AultCare Corporation

AultCare: "We Were the Guinea Pigs"

As one of the largest regional health plans in northeast Ohio, traditional plan designs were common among AultCare's more than 500,000 members. So when it became one of the first in the state to debut HDHPs with HRAs and FSAs in 2005, Clark was ready to educate.

"It was a culture and a price shock," Clark recalled. "We had a lot of education for our employers and their employees in order to make these plans take root and grow."

Three years later, AultCare has a 97% retention rate—but the company still has a lot of room to grow when it comes to CDHC programs, Clark said.

"We still have a lot of large corporations who have not done CDHC plans," Clark said.

The company has excelled in reaching out to clients and explaining how the plans work, Clark said.

"At first, all you see is the big deductible, and it can be scary," she said. "Our strength has been the ability to teach our clients and their employees and explain how these plans work and how they can work with the plan."

Clark knows that first-hand. At the same time that the company was introducing CDHC plans to its clients, it also introduced them to AultCare employees, including an HDHP with HSAs as an option.



Company Snapshot: AultCare, a health insurance provider, is a joint venture with Aultman Hospital and Stark Quality Care Physicians.

Location: Canton, OH

"We all carry the shared responsibilities of helping the public understand what CDHC plans are and how to use them."

— Robin Clark

Clark examined the HDHP and initially thought it wouldn't work. But when she considered the difference between an HDHP and traditional plans, there was no longer a cost burden, she said.

"For some people, a large deductible with a copay is more expensive than a high-deductible plan if you run the numbers," she said.

The costs weren't guesswork, thanks to printing out employees' claim history, which helps compare design choices with actual numbers.

"You don't know what will happen in a calendar year," Clark said, "but it helps people get rid of 'suppose this happens or what if that happens' ... Saying here's the premium or here's the deductible doesn't always give you the best purchase decision."

Every year, participation among AultCare's employees in CDHC programs has increased, going from 80 to nearly 150 this year.

"Our clients say, 'What do you think?' Clark said. "We were the guinea pigs. It gives us an instant case study. Why would you expect someone to buy something that you haven't done yourself?"

Even with instant credibility at her fingertips, Clark knows it's the perfect opportunity to educate clients. "HDHPs are not right for everybody, but in many cases it's a more cost effective way of purchasing health care and it helps employees learn how much different health care services cost."

MOST EFFECTIVE WELLNESS/INTEGRATED CARE PROGRAM

WINNER

Innovative Leader: Art Carlos, CEO
The Vitality Group

Company Snapshot: With more than a decade's worth of innovative health enhancement experience, the Vitality program has significantly reduced health care costs for employers.

Location: Headquartered in Chicago, IL; offices throughout the country

"When the Vitality program originated over 10 years ago, all of its members were in consumer-directed health plans."

—Art Carlos

Vitality sprang from early CDHC plans. An outgrowth of an insurance company that paid claims and collected data on its members, Vitality's clinically-based wellness program links employer savings and reduced medical claims.

"The key to our success is offering an aspirational lifestyle that members want to attain and to continue once they achieve it," says Carlos, who has been at the helm since



2005. "Members receive significant rewards for both assessments and results, and the most highly engaged members receive perks such as free health club membership and deeply discounted nights at the Ritz anywhere in the world."

Vitality has 1.5 million members around the world. The program is consistent state to state and country to country, but networks such as laboratories and health clubs change accordingly.

Vitality specializes in preventing disease development through inducing lifestyle and behavioral changes. It focuses on 3 areas: prevention such as prostate screenings, immunizations, and mammograms; lifestyle such as smoking cessation; and fitness, including verified workouts, company-sponsored activities, and assessments.

Vitality assigns each member a vitality "age," indicating what age one's health truly reflects. It identifies critical risk factors and finds that by reducing risk factors it reduces medical claims. Each member has 35 activities that are customized to suit his or her level of health through a "personal pathway," and rewards are weighted according to engagement, not a static number. "Everyone has a chance to win Vitality Bucks, not just the sick or healthy," says Carlos.

The personalized approach and cost savings, says Carlos, address the differences between a young and healthy person and one who is older with a chronic disease.

Vitality has been so successful that, as it rolls out its wellness program to employees in the United States, it is guaranteeing all out-of-pocket expenses to employers. Vitality's program has been evaluated by Harvard Medical School and University of Cape Town.

Findings show that Vitality members have 10-20% lower hospital admission and hospital stay rates in 4 common medical areas. Claims from Vitality members are 10-15% lower than employees that don't use Vitality.

"At the end of the year, if an employer does not save on claims more than what it spent on the program, Vitality will refund the difference," says Carlos.

FINALIST

Innovative Leader: Ben Robbins, Executive Director of Sales
DataPath

Company Snapshot: Produces software solutions for administering employee benefit plans for clients such as employers, TPAs, and plan service providers.

Location: Little Rock, AR

Making Employees Healthier

It wasn't a question of whether Ben Robbins believed in wellness programs, but how to make them more effective.

"We wanted to not just impact those who wanted to become healthier, but also those that may need to become motivated to become healthier," Robbins said.

He wanted a new way to approach wellness. He eventually chose My Wellchoice+, an online wellness program provider that not only focused on wellness with fitness and nutrition programs, but also lifestyle.

"It had a different twist to it," Robbins said. The program also teaches members how to interact with neighbors, how to better understand debt, and how to spend money wisely.



"The program offers a variety of wellness offerings, such as interactive meal planning and a huge library of resources for employees to access."

Earlier this year, Robbins tied My Wellchoice+ to DataPath incentives using a program that DataPath developed called MyPath. After completing a health risk assessment, employees earn points that can be converted into pre-tax benefits.

Employees can earn a maximum of \$3,120 a year that can be applied to supplemental health insurance costs or \$312 in cash. DataPath rolled MyPath out to its

employees earlier this year. "We give employees just enough motivation to achieve," said Robbins, with more than 90% of DataPath employees participating.

MOST INNOVATIVE THIRD PARTY ADMINISTRATOR

WINNER

Innovative Leader: Cheryl Gunn, President and COO
Paragon Benefits

Company Snapshot: A TPA that offers employee benefit programs such as plan design strategies and CDHC programs such as FSAs, HSAs, HRAs, self-funded accounts. It also offers 300 cafeteria plans. It is a subsidiary of the Georgia Bankers Association Insurance Trust, which provides insurance for Georgia community banks and administers benefits and claims for more than 80,000 members.

Location: Columbus, GA

"Initially the HSA concept was slow to evolve. People just wanted to sit and wait to see how it developed over time. But it's becoming the way of the future and it's growing...."

—Cheryl Gunn



Paragon Teams up With PilotHSA

HSAs have become one of the hottest buzzwords in health care. Making those programs easier to administer is the role of Paragon Benefits.

The company teamed up with PilotHSA LLC, which offers HSA cards and administrative support, in 2005 to implement successful HSA administration programs so that Paragon's banking clients can offer HSAs to their employees and customers.

"The Paragon Benefits HSA program leverages the PilotHSA technology, allowing banks to capture core deposits while offering a high level of customer service and HSA tools and technology to increase adoption, promote education, and increase funding for [customers'] HSA accounts," explains Marc Kutter, executive vice president and cofounder of PilotHSA LLC.

"We understood that over time people would see the need to have an administrator for them," said Gunn, president. Business has been growing ever since. Paragon's business grew 55% last year alone, which Gunn attributes to Paragon's partnership with PilotHSA.

That's in contrast to a large number of TPAs who have taken a less aggressive approach to CDHC programs, Kutter said.

"It's all about education," Kutter said. "If TPAs had more interaction with banks and the challenges they are having, they'd recognize how they could fill that void so that everybody can win."

MOST EFFECTIVE SOLUTION PROVIDER

WINNER

Innovative Leader: Nita Stella, Senior Vice President of Product Development
ActiveHealth Management

This is Your Health Calling

Missed your annual physical?
Don't remember the date of your last cholesterol exam?

ActiveHealth Management has created a solution to remind you—ActivePHR.



ActivePHR is a personal health record that not only stores medical data, but notifies individuals in real time when there's an opportunity to improve their health care.

Introduced in early 2007 to employers and health plans, ActivePHR has 6 million eligible members. Here's how it works: Patients log-in and fill out a health risk assessment that contains personal health information about family medical history, over-the-counter medications, and smoking status among other things. The form is populated with patient claim and administrative data verified by ActiveHealth's CareEngine system.

The data go back to the CareEngine, which looks for gaps in health care, an opportunity for better care, or a potential medical error. It then emails health alerts to patients—similar to a medical to-do list—

Company Snapshot:

An independent subsidiary of Aetna that offers a personal health record called ActivePHR.

Location: New York, NY

"ActivePHR is a shining example of ActiveHealth's commitment to developing innovative, market-leading products and solutions that deliver value to our clients and members every day."

— Dr. Lonny Reisman, founder and CEO of ActiveHealth

and stores them in their personal health record.

"It interacts with the user right away, saying things you should do and things you should follow up on," Stella said. "It's able to tell you to get an eye exam, for instance."

And it also handles more complex medical conditions. Suppose you're a diabetic with a heart condition and depression. ActivePHR looks at all those factors, thanks to a team of 40 employees made up of clinical, business, and technical professionals, and examines the information, determining what should be followed up with a physician.

Members can share the information with their medical provider or family members. The company's goal is to improve health care by engaging employees.

"It's educating the consumer about specifically what they need to do to take action in their health," Stella said. "We believe that by allowing people to go and really be active in their health care, we are going to see...better care, because hopefully we'll prevent something bad from happening. We provide users exactly what they need to do instead of giving them another random set of health tools which don't provide good direction or help them make good decisions."

FINALIST

Innovative Leader: Jack LeFort, CEO
Connexions Health

Looking Ahead

Connexions Health is at ground zero of the CDHC movement. The company interacts with thousands of customers daily on behalf of Fortune 500 companies, health care plans, and providers.

"More individuals are getting their own health care insurance, and we happen to feel that we are on the forefront of a major shift inside the employer marketplace," LeFort said. "You're starting to see employers say-



Company Snapshot: A technology-based business processing outsourcing firm that works with large health plans and technology services providers to interact with health care plan customers for sales, retention, and member services.

Location: Orlando, FL

"Consumers need availability, and they need to have choices."

— Jack LeFort

ing to employees, 'Here is some money, do it yourself.' We think that one day it will be very similar to how families handle their other insurance needs."

But there's still a lot of work to do when it comes to CDHC, LeFort admits. "I think, when it matures it will be a terrific system that will offer people a lot of choices and a lot of flexibility around how they want to design [health care] benefits to meet their particular needs. Our system works well, but we just have to figure out ways for consumers to have more choices."

FINALIST

Innovative Leader: Dave Pickering, CEO
Preventure

Company Snapshot: Provider of customized wellness solutions and wellness program management, which often include Hummingbird coaching programs, to employers and health insurers.

Location: Coventry, RI

Measuring Effectiveness and Waistlines

When Dave Pickering started in the wellness industry 30 years ago, companies and health insurers were mainly focused on what type of wellness program to implement. Today, a large part of the focus is

whether those programs are effective—and giving consumers reasons to participate.

"We provide people with the tools, resources, and programs to know if success is being achieved and they are receiving a return-on-investment," said Pickering. "Data is critical...to measure year-on-year success. If we as an industry, whether through CDHC or preventive care or wellness, cannot demonstrate that we are [achieving] year-over-year growth or success, then we don't deserve the privilege to have the programs funded. It's our obligation to demonstrate regular and consistent data as to how it's going."

Increasingly, a bigger part of [employer] resources now focus on preventive care, Pickering said.

"We have come full circle," he said. "Instead of trying to manage disease or populations, we are talking about managing each person, one person at a time. We have changed from health care solutions to really



understanding, learning, empowering, and educating employees about what a healthier lifestyle looks like. We have changed from curative to preventive

care. Let's try to find out what's causing the fire instead of just worrying about putting out the fire."

MOST INNOVATIVE CONSULTANT

WINNER

Jay Savan, Principal
Towers Perrin

Changing Health Care One Client at a Time

Jay Savan likes to call himself the "mad scientist" of CDHC. That's because he first got involved with CDHC nearly 10 years ago—and he's used his experience to help implement CDHC programs as principal of Towers Perrin.

Company Snapshot: A global management consulting firm with more than 5,000 employees that helps employers with benefits, compensation, workforce effectiveness, and risk and financial services.

Location: Headquartered in Stamford, CT

"There is a need for a fairly substantial change to the way we finance and deliver health care...and CDHC will be a key component of how health care reform happens."

— Jay Savan

It's a role he fell into—literally.

"I didn't join Towers Perrin as the CDHC leader," said Savan, who began CDHC initiatives at Towers Perrin in 2005. "But I became one because I wouldn't stop talking about it."

Not just CDHC plans designs, but how to engage employees while creating a healthier workplace culture.

"We want [people] to think about health long before they go to the doctor's office," Savan said. "Think about your health every time you decide if you are going to walk or take the elevator, or when looking at a buffet, decide if you are going to pick up



the fried chicken or something less fatty and healthier."

The reaction from Towers Perrin clients has been favorable, Savan said.

"It's really about educating and changing people's mindsets around health insurance," he said. "A lot of what we have to do is to go back to real fundamentals and help them understand what they've been buying all along, why that's suboptimal, and how the new approach makes more sense for them."

But that doesn't mean that there haven't been challenges.

"This is a very different approach to something that people don't like to talk about," Savan said. "How your health insurance is designed is not pleasant cocktail party conversation, and it's not top of mind for most people. When you start to broach on it, people get protective about the way things have always been...and it raises people's concerns and adrenaline levels."

MOST INNOVATIVE EMPLOYEE EDUCATION/ COMMUNICATION TOOL

WINNER

Innovative Leader: Sean Nolan, Chief Architect, Microsoft Health Solutions Group
Microsoft HealthVault

Company Snapshot: Technology that allows patients to store electronic health records and other health information in a central place online. It allows patients to control the information, including who is given access, using a secure, online portal.

Location: Seattle, WA

Bringing Innovation to Health Records

When it comes to software, no one doubts the market dominance of Microsoft Corp. Its technology is used in offices around the world.



But Bill Gates and health care?

"We saw the very apparent problems of not having complete information that doctors and patients struggled with," said Sean Nolan, chief architect of Microsoft's Health Solutions Group, started nearly 3 years ago. "We thought Microsoft was in a good position to offer a solution to the nation and the world."

Their solution is Microsoft HealthVault, an online database of medical records and health information designed to ease systemic problems of sharing patient medical information between hospitals, health care providers, patients, and others.

"Maintaining medical information is very complicated and people aren't able to sit down and keep track of that information unless they are motivated," Nolan said.

The product is not yet available to consumers, but when it launches, Nolan believes it will be "revolutionary," not only in how it stores data but how it transfers data when used with other high-tech tools. Patients will be able to access their medical information, and can give medical providers permission to access the information as well.

As part of HealthVault, Microsoft is partnering with a team of more than 250 companies, including hospitals such as Johns Hopkins and the Mayo Clinic, as well as device manufacturers and fitness companies.

But it won't roll out the product to consumers until the proper infrastructure and technology are in place at caregivers and providers.

"Everybody in the industry is rowing the same way to solve this problem ...," Nolan said. "It's a question of how do you implement it. We don't have to know everything about solving the problems, but we can bring people together and we can reap the benefits of smart people doing smart things." **CDHC**



Engagement Rates of 60-80%

FACT

The fact is that engagement is the key to your wellness program's success—but what does it really mean?

Enrollment does not equal engagement. With MyHealthCoach.com's online platform and use of a powerful behavior change model, we deliver engagement rates between 60-80%, with two-thirds of participants reaching their goal.

Learn how to achieve and measure engagement.

Download the new white paper or listen to the podcast, "Engagement in Wellness Programs: Definitions, Evolution and Key Factors" for Free!

Visit www.myhealthcoach.com/CDHC

MyHealthCoach.com delivers results.

For more information visit
www.myhealthcoach.com/healthcare

 **MyHealthCoach.com**
Improving People's Lives