



# Improving Medicare Advantage Customer Outcomes with Cost Efficiencies

## Audio transcript

**Host:** Hello and welcome to today's webinar improving Medicaid Advantage Medicare Advantage customer outcomes with cost efficiencies. Before we get started, I'd like to review a few housekeeping details. Today's webinar is being recorded and an online archive of today's event will be available within one to two business days. If you have trouble seeing the slides at anytime during the presentation, please press F5 to refresh your screen on a PC or command R. If you're using a Mac, you may ask a question at anytime during the presentation by typing your question into the Q&A box located on the right side of your screen and pressing enter. And finally, I'd like to remind you of Ahip's antitrust statement located in the link. Just below the Slide viewer. We will, as always, comply with that statement. Among other things, the antitrust statement prohibits us from

discussing competitively sensitive information. We're very fortunate to have 4 panelists joining us today. Doctor JB Sobel, Mike Niffenegger, Asher Perzigian and Meredith Vida. JB is the chief medical officer for Medicare with Cigna. He is board certified in emergency medicine and was previously the Chief Medical officer of senior products at Blue Cross Blue Shield of Tennessee. Mike is the senior director of Cigna, Medicare's business optimization and affordability division. He joined Cigna in 2012 as a member of the Financial Development Program where he spent time in various accounting finance. And operations roles. Asher is the managing director of health strategy and consulting practice for Accenture, where he specializes in designing and executing large strategic programs that drive operational efficiency and sustained growth. Meredith is the managing

director of health strategy and consulting for Accenture, where she develops and executes strategic programs that ensure the delivery of quality care while addressing the evolving healthcare landscape. At this time, I'd like to turn the floor over to the speakers.

**Mike Niffenegger:** Thank you this is Mike Niffenegger. I'll walk through the agenda today so we'll start with why we're here and the journey that Cigna Medicare Advantage has been on, which led to the formation of our affordability office. And we're also going to look at ways that the affordability Office has driven action for improvements for our customers. Jumping in here to get us started, I just wanted to ground us on the growth, experience and expected with Medicare and Medicare Advantage specifically. The industry wide growth opportunities in Medicare are well understood and the secular trends are well documented. We have seen industry wide net growth of Medicare Advantage beneficiaries of 1.5 to 2 million people per year over the past few years. Between those aging into Medicare and those switching from traditional Medicare, and we expect that trend to continue. We expect continued significant growth over the next few years, with approximately 72 million Medicare beneficiaries in the US by 2025. Nearly 50% of Medicare beneficiaries

are now choosing a private Medicare Advantage plan. So why is Medicare Advantage growing? First off, there is significant increase in planned choice. There are value adds that Medicare Advantage offers consumers and things like dental vision, hearing post, hospital meal delivery, among other benefits that traditional Medicare does not cover with ongoing opportunity for further innovation. In addition, Medicare Advantage is growing due to high satisfaction across plan options. AHIP reports that 93% of those Members report satisfaction with their plan. We continue to view Medicare Advantage as an incredibly attractive opportunity. As we execute on our strategy, we are building off a solid foundation award-winning engagement relationships with providers through care, allies, best in Class, MPs, scores and a continued push to increase the percentage of our customers in four-star or greater plans. By improving the quality of and access to care for, our customers. As we pivot toward our future, we will continue to leverage those strengths as we continue to optimize our right to win. Affordability is an alpha for us as we strive to efficiently provide sustainable, high quality care to customers and advance HealthEquity and whole person care. With the relationships and strengths of our commercial partners. We will build.

High performing networks for both HMO and PPO. And finally, we'll continue to work with ever N to add capabilities that meet the changing needs of our customers, including working to make the complex nature of Medicare and healthcare as simple as possible. I do want to highlight a few affordability examples for our customers experience with the evolution of Medicare Advantage. So looking at some 2022 plan key stats and highlighted benefits. All markets have a \$0.00 premium product offering. 84% of renewing plans have stable or declining premiums. 99% of plans have \$0.00 PCP cost share and dental coverage and 98% of plans have vision benefits. As we look at what's next in 2023, these attributes vary by market, but some of our new innovative offerings include a signet healthy today Flex card which could include up to \$200.00 in Wellness incentives, including a reward for volunteerism dollars to spend on over the counter health related items. And then allowance for fitness supplies, utilities and groceries. Next, we have an expanded caregiver support program. This program provides resources and assistance for issues that arise during caregiving such as stress management support and help with organizing medical records. In order to help ease the strain of managing care. Lastly, we have a companionship and support program

to help combat loneliness. These, along with several pharmacy benefits including 80% of plans with the \$0.00 deductible for all cover Part D drugs and more than 98% of plans, including \$0.00 tier one and two copays if using preferred mail order, are just again a few examples of how affordability is passed along at the customer level. Now as we look. At the Affordability Office to continue to drive growth for our Medicare Advantage business and to drive the highest quality plans for our customers, we created an expanded and focused affordability office a little. Over a year ago. The Affordability Office has standardized tools, templates and processes to create a repeatable process for managing affordability office initiatives with transparent performance reporting. This industrialized management process will drive increased transparency, initiative ownership, ease of execution and assurance that cost structure improvements will be delivered. As a result of the cost structure and quality enhancing work being done through this office, we will improve our position in the marketplace and enable accelerated growth. I did want to spend one minute just zooming out off of this slide and focus on where we center focus and it's in three areas as part of the Affordability Office, so one we have strategy and intake, two

governance and three implementation and execution. Each of these areas has dedicated teams that focus on activities such as intake core, performance meetings, maintaining an ongoing engine of opportunities that serves as a single source of truth. And Savings opportunity identification to deliver against total cost of care. The strategy team underpins the office and is responsible for the identification and socialization of affordability initiatives and programs. By synthesizing data that supports innovative opportunities and managing the review and socialization of initiatives that will drive differentiated value. The implementation and execution teams collaborate with business and clinical leaders to source innovative ideas. initiative execution plans and monitor initiative performance. They interact daily with key stakeholders, service, thought leaders, and assist in finding potential solutions for improvement in affordability. Lastly, the governance team is responsible for developing and implementing the management process to ensure the timely delivery of affordability initiatives that are of high quality and within budget. This includes overseeing the governance model that enables accountability, execution and matrix partner engagement. Following initiative implementation, the governance

team implements tracking methods and metrics to monitor progress report statuses, identify deviations, and implement mitigation measures. I want to under score the importance of follow through here. So it's one thing to launch initiatives, but it's just as important to keep a finger on the pulse of executed initiatives to ensure they are meeting expectations. Lastly, none of this can be done without consultative analytics. We have a ring fenced team with curiosity and the business acumen to connect dots across various initiatives, and they enable each of the three areas I just mentioned. To summarize, what makes the affordability office tick? I would summarize. In the four. Points so one it's having the due diligence and rigor. Two, pushing the envelope. Three, intellectual curiosity and four insights to action through data. Asher and Meredith, what would you like to? Add here.

**Meredith Vida:** Thanks Mike. So I think there's three main things here that we see that we saw while partnering with both Mike and Doctor Sobel at the Cigna Affordability Office in the Medicare space. And we see this not only here, but at other plans that we partner with to set up similar or affordability or cost transformation offices. One is really having that governance structure in place and the accountability for those stakeholders who are part of

that. Governance team to actually not only bring forward. Projects, but as Mike had mentioned, making sure that. You're committing to. Implementing the solutions that are designed as part of the process, that standardized process that like talked about in the beginning but also that throughout that. The program implementation that those key stakeholders are there and are held accountable for the success of those programs and calling out when and if additional help is needed, and celebrating the successes that come along. And a really big part of that is transparency and setting up ways with through data and analytics to really show just how those programs are performing over a period of time compared to the you know, the pre solution world where there might have not have been as many as much work around that particular topic or area to see the. Change for both customers providers. And the delivery of quality care. I think the second piece is really making sure that the team structure is set up appropriately and that you really have those reusable tools so that regardless of what ideas come up or what, regardless of what ideas the office would like to see through or find some net new opportunities that you have that same standardized process that really allows that transparent. You into what's happening and the impact it has

across the whole care continuum. Anything to add Asher?

**Asher Perzigian:** Yes, thank you to to expand on where you and Mike have been talking about the single source of truth and supporting transparency. The broad number of stakeholders that engaged for an effective end to end transformation and affordability office such as this ensures that all constituents have a vision. And feeling of ownership and shared success to ensure that the customer exceeds higher quality of care at a more affordable price. While we immerse innovation and new programs into. Ensures that there's going. To be a. Lot of tough trans conversations and as part of those ensuring that the tools accelerate them in an effective manner in a way. That can get. Back to does the analytics support the outcome? They're really exciting results for not just the individuals driving the programs, but then ultimately the delivery of that. To our customers. As part of the Cigna umbrella and rewarding that impact through an appropriate governance where we see both individual and shared measures is something from a broad perspective across industries of affordability programs. Is is where we've seen sustained. Success throughout time. The last thing I would add to that is. The affordability programs here are truly in the spirit of improving customers. As you will

see. As Doctor Silva walks through for examples. These are not SGNA, so when you think about scaled cost structure improvement, SG and a certainly is 1 aspect of it. But focusing on medical efficiency and focusing on care. Delivery ultimately will be and is of very exciting competitive differentiation.

**JB Sobel:** Hello everyone I'd Like to take you through 4 examples of different types of initiatives that we launched this year. Based on this new affordability governance and while there were many more that went through our new affordability process, these highlight ones that we'll talk about. In three different dimensions, they're all related to total cost of care impact. We're going to highlight on each initiative how it impacts the customer or the Member, how it impacts the provider experience, and their satisfaction in partnering with us, and what quality improvements linking to improved health outcomes it drives. The first one I'd like to talk about is a fall risk program. And this program is multifaceted. It's targeted at two different discrete populations. One is those who have fallen. And have had some consequence from falling, whether it be trip to the emergency department or worse than inpatient hospitalization for medical management of an injury sustained from the fall and trying to prevent future occurrences and the other is

around how to manage people who might be at risk for falling based on certain medications they take. Or certain health conditions they have and trying to intervene with them more upstream before an accident or injury occurs. So we're using a combination of predictive analytics targeting the population. As I mentioned, we're looking at different types of diagnosis and medications, and we're also trying to look through the lens as we do with all of our programs now from a HealthEquity viewpoint, trying to look at populations who might have more difficulty. Engaging with the healthcare system in general or populations that have different types of disabilities or other situations that prevent them from getting the same access as other individuals and try to bring them into the programming as well. And the program, once identified, includes proprioceptive training, which is training that helps improve balance. It includes a home risk assessment to try to identify risks for falling in the home and tries to look at different patterns of injury. And close those gaps. Whether it's something in the home, rugs not taped down, extension cords up something in the individual strength, ability to maintain balance, whether they're caregiver support and we're trying to reduce an injury or an accident from occurring. So from a customer satisfaction perspective,

it's very clear that this will improve quality of life and it's a positive no cost intervention for them to help give them more independence. It also improves their experience because it gives them better linkage across different aspects of programming. We have for our Medicare customers to try to link them to other programs that they may be appropriate. From a provider standpoint, it also hits a lot of points of positivity with them number one and foremost is. It helps with in home assessments and training their patients to try to make them more stable in a home environment, hopefully not alone. But even if they are alone. At lower risk for falling so it improves the health outcomes which the providers like. The second is that it gives more wrap around support. If someone does have a fall after they're discharged as to certain interventions that are going to take place that prevent a reoccurrence that leads to a readmission. And lastly, from a stars quality and perspective, the Stars program. Of course, the quality program that exists for Medicare Advantage plans multidimensional, but in particular there's one measure around reducing the risk of falling through both education and other interventions, and it helps providers who are in quality. Agreements with Cigna achieve success in those metrics by linking them back to this type of

intervention, which improves health outcomes so they get credit for that as well. From this wrap around program. So the goal of the program, which just launched this year, is to reduce annually 2 to 5% of the falls from the baseline assessment that we had done, and then we will remeasure annually and reset annual targets. I mentioned the stars impact. It also reduces the. Unintended ER visits that were avoidable and inpatient stays, and obviously decreased mortality where people fall and have some significant injury that leads to an untimely death. It helps give quality of life and more independent. So this was one of our first prototypes and I think this has been hugely successful going through our front door process and end to end. Trying to use both this analytics the template that Mike talked about the socialization across all of our stakeholders and out to our providers and then any educational materials we develop for our customers. So we work in partnership with our clinical innovation team and the Affordability Office to help drive this to fruition. The second example is a site of service example that impacts both surgery services and to an extent high tech imaging. By trying to help direct customers to settings that have the same quality for service but a lower overall unit. Cost for that service, so we focused initially on

ambulatory surgical Centers for certain types of surgeries that would be appropriate there versus an outpatient facility surgery setting. And we've also looked at imaging services that are tied to certain types of services. Again, that rather than getting a hospital based outpatient imaging center could be appropriately diverted to a freestanding imaging Center for the same study. From a customer perspective, it lowers the out of pocket costs to the cost. Customer and that in and of itself is appealing to them. It also improves their access because typically they can get in and out quicker, both from a surgery or from a freestanding imaging. Then the complex utilization that's required by doing outpatient hospital based services. We used a different trigger process for customer education, so once the request is made. We try to do education and soft steerage soft steerage meaning we use that education to try to inform the customer and the provider of alter alternative options and help them choose the solution that's best for that customer to make better informed decisions. From a provider standpoint. Particularly for providers who. Are in value. Based agreements they're aligned with the ambulatory surgical center side of service because they can do procedures with a quicker turn around time. It has a lower burden

for them to get authorizations completed simply because the surgery centers are already tied through authorization, so we can look at the service that's being requested. Look at the material that's being provided and turn around those authorizations quicker than some facility. These procedures and it helps us with the providers generate lower overall cost and participation from the customer both in getting imaging studies and ambulatory surgical center procedures. From a quality improvement standpoint, it really is the same type of service with the same health outcome to the customer, but at a faster pace and at a lower overall cost, and the increased availability of the ambulatory surgical centers and freestanding imaging centers. Enables us to get more choice out to our customers to get the services somewhere closer. To where they live. The next example. Is a in home primary care model that is aimed specifically at POLYCHRONIC customers for this program, we're defining polychronic as customers who have five or more chronic medical conditions and seven or more chronic medications per day. We also look at an algorithm. That includes avoidable ER risk and avoidable inpatient risk. And provide services for these customers in their homes with wrap around, including



social work, dieticians, physical and occupational therapy and, if needed, palliative care services to try to keep them stable with their conditions in their familiar home setting. We're working on this program and. Partnership with Cigna's ever N business and their in home care vertical which are business units that are specifically targeting providing services either virtually or in the home setting. From a customer standpoint, keeping one of these polychronic customers in their home is usually appealing. It helps provide services to the caregiver so that they can learn more about the disease condition. They can have access to, where to call if they're having a problem, so gives other choices. That they can make rather than simply going to the emergency department. It includes weekend visits, labs, some procedural services, and same day visits, typically within two hours if needed. For more urgent situations. There's better control overall, particularly around the doctor's plan of care. The compliance with medication therapy and the wrap around to include physical therapy so that there's not accidental injury. Think of the fall risk example. I just gave. These people are usually. At higher risk for that, and then there is a behavioral health wrap around that envelops this whole program. Because many of these customers who have these chronic conditions

also have different types of behavioral health issues, most commonly major depression. So we try to provide services around behavioral health, integrated fully with the medical services that are being provided. Again, to improve better compliance with the plan of care. The providers who are serving as the in home primary care physicians like the program because it gives them a better connection to their patient and they can see that they're making a difference in avoiding costs. The providers that are the specialists or primary care providers who are not home based providers but are actually responsible for the patients. Before they enter the program, like the program, because they know that they're getting services and care and that they can impact the overall multidisciplinary health program by working with the in home services. There's data flow for everything that's happening back and forth between specialist PCP and the in Home Care team. That's also a satisfier for the physicians that are taking care of the patients in any of those dimensions. So from quality improvement standpoint, it drives down total cost of care because you have improved. Air coordination it's readily accessible for polychronic customer so that they can make better choices when they're having a problem before it escalates to an

emergency. There's avoided ER and inpatient stays by better care, coordination, overall, and the wrap around with social work, dietitian, physical and occupational therapy as well as behavioral health addresses. Other concerns that typically would require these customers to travel to a provider. It does it all in the convenience of their home. And then the last example I'd like to go over is around oncology, an enhanced oncology benefit model, so this is significant because there have been many types of programs that have been focused at how to manage oncology episodes of care. And this is a multifaceted program as well. It uses a combination of a value based oncology networks of providers who are looking more at total cost of care and not simply a fee for service transactional medicine encounters. There's a claims delegation component which feeds into better dose management, specifically around waste of medications and size of medications being administered. There is a value based pathways and I know that pathways have been hit or miss depending on how they've been developed. In past attempts this works in conjunction. With national Comprehensive Cancer Network guidelines, so it isn't a new pathway. It's simply following guidelines that have already been established as best practice for different types of tumors and tries to

align community based physicians as well as National Cancer Institute based physicians at a comprehensive. Cancer Center to adhere to the same types of guidelines and then the last bullet that I think is most interesting is a program that enables us to to provide a consult service for community based oncologists with a National Cancer center. Institute physician who is at a comprehensive Cancer Center. They can present their patient through a tumor board. Go through the specifics of that individual situation and come up with the best treatment plan so the community oncologist doesn't lose control of their patient. They actually get a broader consultation to help inform their decision making and to drive adherence back to NCCN treatment guidelines. And that again is at no cost to our customer and the providers and the Community have really appreciated that, because it's a collegial interface. It's not a medical management driven interface for them, so it's a partnership that gives them a consult that they wouldn't have had otherwise. From a customer standpoint, more precise treatment plans should drive better outcome. Items we can identify customers much more early in their cancer, provide wrap around care management as well as better experience in terms of how they get a treatment protocol designed for

their individual situation providers like it for the reasons I've hit upon. That they work in partnership with these National Cancer Institute Comprehensive Cancer Center physicians, not in competition. It's not to reassign or to redirect the customer. It's to partner and try to drive the best outcomes. So from a quality improvement standpoint, I mentioned that it tries to tie back to nationally accepted guidelines through the National Comprehensive Cancer Network for treatment of our cancer customers and reduces the spend on non standard treatments. Which do get approved but are getting improved in conjunction as an unusual exception with one of the National Cancer Institute physicians that has consulted on the case and it should drive not only improved outcomes, but safety during treatment. So this is a multifaceted program we've heard a lot of positive feedback from providers and from customers around this, so this is the fourth example that I wanted to share with you today. What's next for our third one?

**Meredith Vida:** Doctor Sobel?

**JB Sobel:** Yeah.

**Meredith Vida:** Going to say just before you move out if. You just want to go up. We'll just go back. Then to go back one slide, I think what's really, and I think hopefully folks have

seen the theme and and how we've structured these examples to walk through with all of you today as really hitting in three key areas. So again, the customer satisfaction provider satisfaction and quality improvements earlier on when Mike was talking through. How the signal Cigna Affordability office is structured and why it's successful? He mentioned that there is an intake process to bring forward any net new programs or projects. That are supported through that standard process. Tools, templates, data, analytics tracking, stakeholder engagement, et cetera. One of the. Ways to make sure that the programs and projects that are selected that are going through are effective to you know, not just one particular part of the business but across the board is really looking in these three different. Areas to make sure that those projects and programs kind of check the box in some way in each of these three I'll call them measures just so that we can ensure that it's a good use of time, money and effort, and again, really making sure that the quality improvement in the end is approved upon. So it. I think you know as we walked through each. Of these examples, I hope everyone saw the scene there, but that's what really again. Just to emphasize the importance of having that standardized structure. In place and. Make sure that you're kind of

checking those. Boxes as you. Go along and not getting kind of hung up on something that may be really beneficial to. Providers, but not the customers, so really. Making sure to balance out. Each of the projects that are selected and supported. So that they could have the biggest impact.

**JB Sobel:** Anyone else want to add anything before we pivot? OK. So what's next for our Medicare Advantage program? So we are always looking at new innovative programs to Meredith's point some hit one or two of the dimensions, but we're really looking for all three. We're continuing to accelerate our throughput via our affordability engine standardization and our metrics. Reporting how we solution from beginning to deployment of the actual intervention and then making sure that nobody within our organization is left behind. So everybody. Provider and customer communications through to our operations team are all aware of what we're trying to build when we're trying to launch something and what's necessary for the program to be successful for our customers and for our providers. And then we're trying to continue to evolve and improve on our analysis of these value streams. So Meredith's point was exactly where I was going to go next, which is. How do we prioritize which initiatives are most important to move forward first so affordability

is 1 consideration but we think of things with other dimensions so the customer experience the provider interactions that we have, how it improves their ability to work with us. And what it does relative to improving overall quality in the customer's health at the. So we're trying to the best extent possible as we prioritize to get things that hit higher on all the dimensions rather than just some of the dimensions recognizing at some point. Some programs are a little imbalanced in that way, but our lens is always to look at those three different domains that you've seen in these examples. So the faster that we can go through that exercise of of valuing what's important, deciding which is a bigger priority, helps our team target which areas we're going to put our energy in a given calendar year to move forward. Anybody want to add anything to that?

**Asher Perzigian:** Is that scaling? Yesterday that that scale and speed that you referred to truly requires a new type of operational DNA. Because we're consistently looking at for our Members. Not only is the right, what is the right side of service or mode of delivery, but then also how do we enable it in a way that is self-service? For you to have at the time you need it when you need it most where you need. Most which in turn then frees up not only capacity for our provider ecosystem, but also

capacity internally to ensure that we're focusing on the most complex cases and highest acuity to ensure that the health and Wellness of our Members not only maintains but improves as we continue to shift. And and as an industry really, not just the organization take bets on where the future of health Wellness. And and care delivery are going and and that again goes back to what JB and Mike were referring to of how we choose the programs in a way that isn't just good for what our goals and efforts are for. For maybe this quarter or this year. But how are we ensuring that our competitive differentiation remains extremely strong as we pull from the partnerships? That JB spoke about whether it's ever north or others and then thinking through that holistic ecosystem of how to succeed in in this complex and very changing environment, not just. That it's accelerated through. COVID, but how we look at it in the impending recession? Which obviously impacts all aspects of not just health and Wellness, but has turbocharged. What happens from a technology perspective? How do we best take advantage of the data and the analytics that Mike spoke of so that we can not only start pushing where we need, but very proactively using that data to best inform? Where and land. Our resources are needed most to take care of our customers and and that at the end of the day is. The

most important thing that we will ever do.

**Meredith Vida:** Couldn't agree more so I think I know I. I see some of the the data team members from the Affordability office of the line here. I think just to reemphasize data is key and it really helps drive not only what to select to move and focus on, but how it's performing, and it's really, really powerful which we've seen evident in in these examples and the programs that have been set up. And continue to see as we track and show overtime just how successful they are. So not only does the data allow you to identify what those opportunities are, but it also allows you to show how they're performing. And to to give kudos where kudos is is is earned and to say like, hey, look how? Great this is. And also to course correct when it's necessary, depending on how certain market influences can change things and and how a solution that you might have designed might need to be altered based on some feedback that you get along the way. Or based on how things appear to be performing and are actually impacting customers and providers out in the out in the real world. So data, data, data.

**Asher Perzigian:** And before we shift. Into questions here I would. I would add that that that. Requires a really big openness to change, which

can be tough, you know, as as all industries are faced with change, you know health is certainly one that that is encouraged most to change based on the opportunity and to reflect and. Consider a new way of doing something and. Based on data. Whether or not. We're currently doing it or think we do it best, improving upon that not only ensures that there is, you know, a process and function aspect. But then certainly. There is the organizational aspect of, you know how we're structure delivered from policy, process, et cetera standpoint. And then finally, as we move right? On that equation, there's the how do we balance that that true human input with AI automation machine learning that progressively as we step into that within the next couple of years with the next decade will become critical as we as we consider how that takes function and care delivery.

**Mike Niffenegger:** And Asher, I got disconnected for a second can. You hear me. I want to make sure. OK, last thing I was going to. Say so, as you mentioned, a change in operational DNA and. You know we talked a. Lot about structure and process. The building and tailoring and which this team embarked on in 2022. I think that the catch phrase I will use if there's anyone from Philadelphia. Out there that the 76ers have a phrase that's trust the process. So you know there's a lot of

innovative ideas out there. There's tons of data, so I think looking at the structure and process we've built, we'll set us up for success along with our customers in the future. Shall we shift to Q&A?

**Meredith Vida:** Let's do it.

**Host:** Yeah, thank you at this time we are going to address some questions that came in during the presentation, but feel free to continue to ask questions throughout the the rest of this. The first question that came in is let me just grab. It here real quick. For organizations looking to throw an existing. Transformation program. What functions would you prioritize or review first? Sorry, I can repeat that.

**Meredith Vida:** Mike, do you want to take that one?

**Mike Neffenegger:** Yeah, I would maybe. Yeah, if you want to repeat the question because. I know there's a little. Bit of feedback there.

**Host:**

Absolutely, yeah. For organizations looking to scale an existing cost transformation program, what functions would you prioritize or review first?

**Mike Neffenegger:** Yeah, I'm happy to start here, so I'll do a hybrid answer of strategy and execution. I'll call it strategic execution because it's

hard to have one without the other, especially when you're looking at something as programmatic as an affordability office. There's a book out there called the The four disciplines of execution. And the opening chapter talks about at any renowned MBA institution. What is the most important thing in everyone's hand shoots up and they say strategy? But then you ask the same question to business leaders. What's the most important thing and they say, execution? So there's a disconnect between. I think some of the talent coming out of universities and institutions into what actually moves the needle in the real world. So I think it's against strategic execution and making sure stars are aligned. Across those internal business units.

**Host:** All right, our next question.

**Asher Perzigian:** To Add to that, I think as as we think about. What Mike saying, almost turning in an operating model. On its side. Right where we're traditionally thinking of, you know what are the standard pillars of you know of quality, billing and marketing, et cetera. You know, if we think about. Well, what are the strategic? And then execution and then sandwiched in between. Kind of that intelligence and data aspect of how we play, we ultimately start signaling in where JB was talking about. There's the create affordability

access enable health pay for care, elevate experience, and ultimately enable our enterprise to ensure that our quality can get there and so when we start. First start first, start off thinking through, you know. Do we do we have the structures for strategy that Mike was mentioning and then do we have the end in mind where we as a a affordability office and and more importantly organization have laser focus from leadership lens that says this is an initiative initiative being the the portfolio affordability? That that we want to ensure has authority from a strategic C-Suite lens to ultimately get back to where JP started off. Saying, how do we best enable growth by doing what we? Do best from an. Organization and doing that in the vein that lets us focus on what is the strategic plan that leads to execution. That ultimately becomes cyclical process that helps us fuel continued expansion of initiatives so that each different wave at a given point. Is operating, you know, several handfuls of initiatives at once. That is the way to ensure that as an organization we won't remain complacent. But more importantly, we're hearing the word innovation being ingested with each initiative, and they're decomposed in a small enough element that we can implement over time, without you know, taking a full year to do something and have something

getting stale by the time it's actually implemented and therefore in our customers hands.

**Host:** All right, next question is.

**Meredith Vida:** Yeah, and I think I would just... I would just add one more thing to that too. Just to go back to the question, you know, I think it was, you know, what would you prioritize or review first when you're setting up those that the affordability office or cost transformation or whatever you optimization office. Each organization calls it something different, but I think the three key areas that Doctor Sobel will utilize to walk through the examples comes to mind right away, right? So figuring out how to consistently evaluate what the office will focus on as you turn things on the head as you shift from strategy to execution. If you have that consistent thread throughout, it really allows you to be more objective about how and where to spend the time and effort when you're building up from building from the ground up, and may not have as many bodies hands. Or folks with the right skills. When you start first start off. To really see all these programs launch quickly it it helps to kind of at least start take a step back and say OK, what do we? Really want to impact. And how can we look at things consistently to figure out what we should focus in on 1st? So really,

just having that that conversation with the right group of stakeholders to figure out. How to prioritize? Because that's really is the key to being able to have success over a short period of time as Asher mentioned, because you could have these really great big ideas, but they. Take 2-3 years of time to implement and show whether or not they're successful. It's going to be really hard to get people on board to take other programs through, because they don't really have the ability to look back and say, but look how great this was. Look how much we. Were able to impact if you focus on the smaller things first. You can kind of show just how powerful it can be to standardize those those processes, tools, templates, etc. Now we can go on to the next question, I think we we beat that one to death.

**Host:** All right next question. How have you upskilled and expanded your teams to keep up with the fast growing demand? It sounds like you've built...

**Meredith Vida:** Mike, do you want to take that first and then JB talk a little bit about how you address similar this the same type of question? Similarly in your space?

**Mike Niffenegger:** Yeah, sure, and I'll go back to some of my prepared remarks about what makes the



affordability office tick. So there are four things I mentioned before, so due diligence and rigor, pushing the envelope, intellectual curiosity and insights to action through data, I'd really highlight those last two. So continuing to have the curiosity and adding initiatives to the top of the funnel. Even if you think they they might have a slight chance of making it through or checking. All three boxes. We're we're really eager and hungry for ideas coming from anyone with within the four walls of Cigna. And then it's, you know, taking those insights to action. So as we put it through the the model and seeing how it impacts those three areas, is it something that we think will ultimately impact that the customer and the provider in a beneficial? Way at the end. Of the day. JB, what would you add?

**JB Sobel:** Yeah, I, I think from my perspective that there's a lot that you can put on the table, and once you do go through the exercise and you prioritize, you really have to stay focused on those and not go back to trying to source all these other ideas at the same time. So I think in an earlier model people are always trying to build while they're trying to implement, and you can't do everything at once, so I think it's create a pipeline is what we focused on. Be aware of HealthEquity and stars impact.

**Asher Perzigian:** You may have lost Doctor Sobel there. While we wait for him to return, I think humility and acknowledging what we don't know is always a really important element that we've seen across organizations who venture on new initiatives, and upscaling. And I think, where, where Mike and Doctor Soll have done a fantastic job with their...

**JB Sobel:** Yeah, I'm back, don't know what happened there, sorry. Is that once you've committed to particular initiatives, stay focused on those through to execution, and that's the biggest thing is that. That you can keep creating a big pipeline and have partially baked programs that you try to launch. So I think the message that I gave was and I don't know if you all heard me before. I cut off but focus on HealthEquity stars along with affordability and then the quality of care how it changes the health outcome. Go through our process, see which things are important and then just stay on those. Keep building on them until we've launched them and they're in a run mode and then go back to the pipeline and look for other initiatives that are in there. So that was the biggest thing I think that I did to try to focus my team and. Help them upskill to handle the increased volume.

**Asher Perzigian:** To add to what you and you and Mike had both said, you know where where Meredith and I

have seen and viewed your success and as well as others in this area as we focus on new initiatives again, you know, understanding what we don't know and being, you know, having humility to that, I think is what enables success. As well as an environment supported by by Mike and JB that acknowledges that that's speed is key. And if we can decompose initiatives to small points if we fail, we fail early and it's not impactful. We course correct and we have an environment that that failing is course correcting. It's not starting over and ensuring that what I like to phrase is. We don't report watermelons, right? From a status report perspective, don't say something is green on the outside and red on the inside. But raising your hand and having a culture of saying this needs attention. Let's address it now so that I go live or by the date of confirmation or by the confirmed SLA regardless of what aspect of organization it hits that it gets the right attention and that it can accelerate. And I think where where JB and Mike have done a fantastic job is not only ensuring that. Culture but then raising hand hands across the organization, ensuring that focused attention goes to HealthEquity stars and the other ends that that JB mentioned to ensure that the true impact of what the organization is aligned to and

why the Affordability Office has stood up. Then it's successful.

**JB Sorel:** Yeah, and then I think again, as Meredith had said earlier “data, data, data” underlying all of that helps you move much quicker in making all those assessments.

**Host:** All right, we have one final question that we're going to direct to JB. With cost pressures flowing over from COVID and accelerating now by the impending recession, how have you best seen organizations manage their critical initiative portfolios?

**JB Sorel:** So that's a great question. I think that the issue is that COVID was not in the run rate. Then it went into the run rate and we have had to make choices based on funding for certain types of initiatives and some of the choices that we've made is to scale back the size of the initiatives. So instead of doing national launches of programs. Starting as a regional test. In June to try to get the program out there, get data, show the effectiveness, and then expand it when we have additional funding that is able to support expansion. So that's been one of the biggest tools we've used, but I think it just has caused us to look closer at which things meet those 3 buckets. Do we want to put our efforts into? Instead of launching more things that maybe don't hit those as well. So focusing to fewer initiatives and then where

needed, maybe scaling back instead of full deployments, initially testing things and build out from there.

**Host:** All right. That's all the questions that we have for today to our speakers. Thank you for that great presentation and for sharing your expertise. And thank you to the audience for participating in today's webinar. This concludes today's presentation. Thank you again and enjoy the rest of your day.

**Asher Perzigian:** Thank you.