Using Actionable Insights from Survey Data

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Today’s Topics

Setting the Stage

Key and Emerging Trends

Opportunities to Make an Impact

Turning Opportunity Into Action: Case Studies
Setting the Stage
What the Survey Didn’t Say

**Japan**
The Metabo Law requires people between 40 and 74 to have their waist circumference measured annually. Companies’ health insurers must provide weight loss classes to overweight employees and meet specific targets. Fines could amount to US$19 Million for a large business.

**Germany**
Germany’s Labor Ministry and other large firms (Puma, BMW, Volkswagen) restrict off hours work, other than for emergencies. VW stops sending emails from its servers half an hour after the end of the official work day . . . BUT . . . the standard work week consists of 6 days.

**New Orleans**
It is illegal to curse at a firefighter while the firefighter is in the performance of his or her duties.

Source: Business Insider 2016
About Mercer’s National Survey of Employer-Sponsored Health Plans

**Oldest**
Marking 33 years of measuring health plan trends

**Largest**
2,409 employers participated in 2018

**Statistically Valid**
Based on a probability sample of private and public employers for reliable results

**Includes employers of all sizes, all industries, all regions**
Results project to all US employers with 10 or more employees

**Most comprehensive Extensive questionnaire**
covers a full range of health benefit issues and strategies

**Employer size groups in this presentation**
Small: 10-499 employees
Large and midsized: 500+
Jumbo: 20,000+
Key Trends Influencing Employer Priorities
Macro Trends Shaping the Health Benefit Environment Today

- Market consolidation and expensive new drugs and treatments are driving cost
- As plan designs shift cost to employees, some struggle to afford the health care they need
- Employers are willing to use smaller networks and incentives to steer care to quality providers
- New solutions are flooding onto the market—but employee engagement remains elusive
Employers Held Health Benefit Cost Growth to 3.6% in 2018—But That’s Still Above CPI

Change in total health benefit cost per employee compared to CPI, workers’ earnings

* Projected

Specialty Drugs Drive Pharmacy Benefit Cost—Which is Driving Overall Medical Cost

Annual cost increases

3.6% All Health Benefits

6.0% All Pharmacy Benefits

11.5% Specialty Drugs Cost

Mercer National Survey of Employer-Sponsored Health Plans 2018
Smaller Employers Were Hit with A 5.4% Increase in 2018

Average total health benefit cost per employee

- All employers: $12,229 (2017) to $12,666 (2018) (+3.6%)
- Employers with 10-499 employees: $11,527 (2017) to $12,148 (2018) (+5.4%)
- Employers with 500 or more employees: $12,615 (2017) to $13,018 (2018) (+3.2%)

Mercer National Survey of Employer-Sponsored Health Plans 2018
But Cost Experience Varied Widely Among Employers of All Sizes in 2018

Percent of employers with specified change in total health plan cost*

<table>
<thead>
<tr>
<th>Employers with 500+ employees</th>
<th>Employers with 10-499 employees</th>
<th>Employers with 20,000+ employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost increased more than 10%</td>
<td>18%</td>
<td>29%</td>
</tr>
<tr>
<td>Cost increased by 6-10%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>No change in cost or cost decrease</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Cost increased by 5% or less</td>
<td>31%</td>
<td>17%</td>
</tr>
</tbody>
</table>

*Based on employers providing cost for both 2017 and 2018
Mercer National Survey of Employer-Sponsored Health Plans 2018
**Employee Out-of-Pocket Costs Have Grown Faster Than Plan Cost**

Average PPO deductible for individual, in-network coverage

- **$1,113** (2009) for 500+ Employees
- **$982** (2009) for 10-499 Employees
- **$2,023** (2018) for 500+ Employees
- **$511** (2018) for 10-499 Employees

 Mercer National Survey of Employer-Sponsored Health Plans 2018
Disturbingly Few Employees are Completely Confident They Can Afford Out-of-Pocket Health Care Expenses

Percentage of employees that are very confident they can afford to pay for services not covered by insurance:

- UNDER AGE 30: ONLY 21%
- OVER AGE 60: ONLY 33%

Mercer Marketplace 365 Enrollment and Guided Shopping Responses
Future-Focused Strategies

Looking beyond cost shifting for solutions that benefit everyone
Boosting Affordability Through Choice
Growth in Offerings of Telemedicine Continues

- 80% OFFER TELEMED, UP FROM 18% IN 2014
- $30 MEDIAN COPAY
- 18% OF EMPLOYERS REPORT UTILIZATION >10%

Mercer’s National Survey of Employer-Sponsored Health Plans—Employers With 500+ Employees
### Expansion of Network Options at Open Enrollment

<table>
<thead>
<tr>
<th>Network Type</th>
<th>500+ employees</th>
<th>20,000+ employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiered network</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Narrow network</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>ACO network</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>Fully capitated HMO</td>
<td>12%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Mercer’s National Survey of Employer-Sponsored Health Plans
Giving Employees Access to Centers of Excellence—and Encouraging Their Use

<table>
<thead>
<tr>
<th>Service</th>
<th>Use COE (%)</th>
<th>Steer with Plan Design (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplants</td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td>Oncology</td>
<td>38%</td>
<td>10%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>39%</td>
<td>9%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>39%</td>
<td>9%</td>
</tr>
<tr>
<td>Women's health / fertility</td>
<td>37%</td>
<td>7%</td>
</tr>
<tr>
<td>Bariatric surgery</td>
<td>30%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Mercer’s National Survey of Employer-Sponsored Health Plans—Employers With 500+ Employees
Offer Point Solutions Targeting Specific Health Issues

- Through a specialty vendor, bundled solution or navigator: 13%
- Through the health plan: 46%
- Not offered: 44%

Mercer’s National Survey of Employer-Sponsored Health Plans—Employers With 500+ Employees
Use an Integrated Platform for All Health and Well-Being Programs/Vendors

- **All programs/vendors can be accessed through one integrated platform**
  - 20% (500+ employees)
  - 24% (20,000+ employees)

- **Have begun to integrate programs/vendors**
  - 14% (500+ employees)
  - 24% (20,000+ employees)

- **Considering an integrated platform**
  - 20% (500+ employees)
  - 26% (20,000+ employees)

Mercer National Survey of Employer-Sponsored Health Plans 2018
Opportunities and Priorities
Priorities for the Next 5 Years: Address Cost Drivers and Help Employees Thrive—National Basis

1. Monitoring and managing high-cost claimants  79%
2. Focused strategy for creating a culture of health  76%
3. Focused action to manage cost for specialty pharmacy  68%
4. Improving patient empowerment through advocacy, navigation, etc.  48%
5. Focused strategy for behavioral health  47%

Mercer National Survey of Employer-Sponsored Health Plans 2018
Priority #1: Managing High Cost Claimants
High Cost Claimants

Setting the stage

Less than 1%
Of a commercially insured population is responsible for ~30% of costs.

<1%

TARGET COST REDUCTION
Effective case management.

2-5%

COMPREHENSIVE CARE MANAGEMENT
Could reduce costs 10-12%, net of program costs.

10-12%

$1 MILLION +
From 2014-2017 the number of claimants in employer-sponsored stop-loss claims increased 87%.

↑87%

from the headlines . . .

SPECIALTY PHARMACY COSTS
Expected to reach half of all pharmacy costs by 2020

50%

COST OF LIFE SAVING DIABETES DRUGS
Humalog & Humulin in 10 years have increased 290%

290%

“WHEN YOUR MEDICATION COSTS MORE THAN YOUR MORTGAGE...”

$100k
Population stratification based on Episode Risk Groups (ERGs), a research-based / broadly used methodology that combines age / gender / diagnoses into a score (assigned to each person) that is shown to be highly predictive of future costs.

<table>
<thead>
<tr>
<th>% of Claims*</th>
<th>Strategy Focus</th>
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<tbody>
<tr>
<td>5.6% 46.6%</td>
<td><em>Population with complex health issues</em></td>
</tr>
<tr>
<td>37.1% 44.5%</td>
<td>• Focus on solutions like specialty pharmacy</td>
</tr>
<tr>
<td></td>
<td>• High cost claimant management</td>
</tr>
<tr>
<td>57.3% 8.9%</td>
<td><em>Chronic and &quot;at risk&quot; population</em></td>
</tr>
<tr>
<td></td>
<td>• Focus on advanced clinical management</td>
</tr>
<tr>
<td></td>
<td>• Network innovation</td>
</tr>
<tr>
<td></td>
<td>• Targeted health care solutions</td>
</tr>
<tr>
<td></td>
<td><em>Relatively healthy population</em></td>
</tr>
<tr>
<td></td>
<td>• Focus on maintaining health</td>
</tr>
<tr>
<td></td>
<td>• Prevention</td>
</tr>
<tr>
<td></td>
<td>• Advocacy solutions</td>
</tr>
</tbody>
</table>

$45,191 / member (90,967 members)

$6,493 / member (604,107 members)

$840 / member (932,994 members)

*period of 7/2016-6/2017
Evidence Based Design in Care Management: Comprehensive Customized Approach to Advocacy and Holistic Care for the Highest Utilizers of Care

Traditional Linear Communication

Focus on Member Experience

Provider Network

Family Nurse & Care Advocate

Concierge Member

Specialty Behavioral Health

Employer Programs
Program Pillars—A Holistic Approach

THE RIGHT ENGAGEMENT
- Proactive outreach to high risk/High cost members
- Active program participation
  - Preadmission counseling
  - Inpatient advocacy
  - Post-discharge
  - Gaps in care
- Referrals to vendor partners
- Program participant satisfaction

IMPROVE HEALTH and CARE QUALITY
- Evidence-based clinical guidelines
- Length of stay
- Readmission rates
- Elective admissions
- Inpatient/Outpatient utilization trends
- ER utilization

MANAGE COST
- Total medical and pharmacy costs
- Costs by inpatient/Outpatient utilization services
- High-cost claimants
Enhanced Care Engagement—Dedicated Staff Using Custom Identification Methods

- **Financial Triggers**
  - $25-50K/Claim
  - $50-100K Cumulative

- **Prior Authorization, Precertification**
  - High cost procedures
    - In-Patient (pre/post admit)
    - Out-Patient (pre/post utilization)
    - Gold-Carding
    - Specialty (imaging, therapies)
    - Rx (Specialty)

- **Disease States**
  - All Cancer Diagnoses
  - High-risk Pregnancy Alerts
  - Co-morbid/Others

- **ER Visits**

- **Behavioral Health/ER**

- **Gaps in Care**

- **Predictive Modeling**
## Key Features and Benefits

<table>
<thead>
<tr>
<th>Feature</th>
<th>Benefit</th>
</tr>
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<tbody>
<tr>
<td>Enhanced program triggers</td>
<td>Better and faster identification of the most at-risk patients, increasing outreach to those members who can benefit the most</td>
</tr>
<tr>
<td>5 to 10 times more carrier staff focused on high risk, high acuity, and high cost</td>
<td>Savings from more intensive case management by dedicated multidisciplinary clinical carrier teams*</td>
</tr>
<tr>
<td>Enhanced services and referrals to employer programs</td>
<td>Maximum use of available services and higher member satisfaction</td>
</tr>
<tr>
<td>Ongoing clinical oversight—internal and 3rd party</td>
<td>Continuous internal monitoring, quality improvement initiatives and 3rd party audits and oversight to ensure optimal program performance and member experience</td>
</tr>
<tr>
<td>Guaranteed ROI methodology and reporting</td>
<td>Accurate and reliable calculation of program value and costs; operation and clinical performance guarantees</td>
</tr>
</tbody>
</table>

*Mercer Health Advantage clinical carrier teams includes integrated behavioral health resources and therefore requires “carved-in” behavioral health services within each participating carrier’s suite of services
Employer Case Study: Results

With the Enhanced Program, the client was able to realize not only significant savings, but also improved employee health outcomes for those members actively engaged in the program.

Within the first two years of implementation of the program the client saw:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>42%</td>
<td>Reduction in in-patient admission rates</td>
</tr>
<tr>
<td>Nearly 50%</td>
<td>Reduction in average length of stay</td>
</tr>
<tr>
<td>17%</td>
<td>Reduction in 30-day hospital readmission rate</td>
</tr>
<tr>
<td>20%</td>
<td>Reduction in allowed cost per member</td>
</tr>
<tr>
<td>2%</td>
<td>Decrease in emergency room visits</td>
</tr>
<tr>
<td>3.2 : 1</td>
<td>ROI</td>
</tr>
</tbody>
</table>
Member Success Story

A glimpse of the member’s health status

• 55 year old male with Hypertension, A-fib, Pacemaker, End Stage Renal Disease with recent AV graft placement for future dialysis
• Disclosed to nurse that he had trouble understanding and reading. Literacy issues were keeping him from properly caring for himself.
• Taking Warfarin daily and is many months overdue for his blood clotting testing
• Stated he is supposed to be using eye drops for glaucoma but is unable to afford them. Wanted recommendations to help with the medication costs.
**Clinical support**

Case Manager (CM) developed a positive and trusting relationship and worked on the following:

**Health Literacy**

- CM provided verbal education over phone to ensure that he could understand his medical conditions and treatments.
- Referral to Social Worker (SW) for adult reading programs. SW provided education and resources for free adult reading program in his local community and resources to learn to use computers/email.
- Referral to Pharmacist who explained reason for meds., compliance and time of day to take his medication.
Clinical support

Medical Care:
- Access - CM made PCP appointment for the member on member’s day off work

Financial Concerns/Stress:
- Pharmacist assisted with resources to assist with medical cost and enrolled him in the 90 day refill program
- Pharmacist called his provider to change to a less expensive medication for hypertension
Member Success Story

Health outcomes—Measurable change

- Member saw his PCP and had his blood clotting tests and his medication has been adjusted accordingly
- CM scheduled appointment with nephrologist for lab work
- Member lost 5 pounds, in the first 2 months. Started eating healthy vegetables with all his meals and eats fruit as snacks during the day
- Member states he is feeling a whole lot better and “doing good”
Member Success Story

Long-term success—A better outlook

• Member is now taking all of his medications as directed and completing lab testing as scheduled for monitoring meds.
• He is motivated to read and gain skills to better improve his health and wellbeing. Registered to begin reading program starting 8/13/19
• Has made numerous healthy lifestyle changes which will reduce his overall risk
• Continues regular calls with his CM nurse and others on the team as needed
Priority 2: Creating a Culture of Health
Help Employees Thrive—and Love Where They Work
Well-Being X—Reimagining Well-Being

- A workforce and business strategy not only a benefits strategy
- A state of being (not a checklist of programs) that is determined by physical, emotional, financial, social and environmental, and purpose influences
- Associated with lower health care costs, higher levels of organizational engagement, lower employee turnover, enhanced performance, and overall business success
These Factors Explain 60% of Health Outcomes

**SOCIAL and ENVIRONMENTAL**
- *Loneliness has equal or greater impact on mortality than obesity*
- Environment: workplace and community (education, economic stability, built environment, transportation, housing)
- Social influences and support (family, loneliness/connectedness, health care literacy, availability and affordability)

**PHYSICAL**
- 86% of the US workforce has 1+ chronic disease or is overweight
- Traditional: movement, nutrition, BMI, blood pressure, cholesterol, glucose, chronic conditions
- New and interesting: sleep, genomics, integrated care management and value based care

**FINANCIAL**
- *Money is the most common source of stress*
- Control over day-to-day finances
- Capacity to absorb financial shock
- Long-term savings
- Financial freedom to make choices

**EMOTIONAL**
- 1 in 4 people will experience a behavioral health incident
- Presence and mindfulness
- Life satisfaction
- Clinical conditions and supports (e.g., anxiety, depression, substance abuse)
Does Your Organization Give Your Employees What They Really Want?

WHAT EMPLOYEES CRAVE

- Thriving employees are 3x times more likely to work for a company with a strong sense of purpose...
  - EVP differentiated by having a purpose-driven mission (75%)
- 10x more likely to feel career-empowered (75%)
- 3x more likely to say their workplace focuses on health and well-being (77%)
- And nearly 5x more likely to believe they are paid fairly and competitively (81%)

WHAT COMPANIES OFFER

- Offer a career management/pathing tool (28%)
- Have health and well-being as a talent management priority this year (14%)
- Practice some form of internal pay disclosure (21%)

Source: Mercer Global Talent Trend 2018 Study
# Best-Practice Checklist for Lower Cost Growth—and Thriving Employees

Cost trends were analyzed based on use of 27 best practice strategies

<table>
<thead>
<tr>
<th>BASICS</th>
<th>WELL-BEING</th>
<th>QUALITY AND VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Offer CDHP</td>
<td>✓ Vision/mission statement supports healthy workplace culture</td>
<td>✓ Offer enhanced health advocacy</td>
</tr>
<tr>
<td>✓ HSA sponsor makes account contribution</td>
<td>✓ Offer point solutions</td>
<td>✓ Offer a Center of Excellence</td>
</tr>
<tr>
<td>✓ Offer voluntary supplemental health insurance</td>
<td>✓ No smoking on work campus</td>
<td>✓ Steer employees to a COE</td>
</tr>
<tr>
<td>✓ Use bundled solution for health benefits</td>
<td>✓ Offer technology-based well-being resources</td>
<td>✓ Provide incentive to use surgical decision support service</td>
</tr>
<tr>
<td>✓ Use stop-loss</td>
<td>✓ Use incentives for well-being programs</td>
<td>✓ Primary care on-site clinic</td>
</tr>
<tr>
<td>✓ Mandatory generics or other Rx strategies</td>
<td>✓ Strategy to build intrinsic motivation to improve health</td>
<td>✓ Telemedicine utilization of 6%+</td>
</tr>
<tr>
<td>✓ Steer members to specialty pharmacy</td>
<td>✓ Dependents may participate in programs</td>
<td>✓ Use enhanced fraud, waste and abuse approaches</td>
</tr>
<tr>
<td>✓ Collective purchasing of Rx benefits</td>
<td>✓ Smoker surcharge</td>
<td>✓ Use predictive analytics</td>
</tr>
</tbody>
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Mercer National Survey of Employer-Sponsored Health Plans 2018
Average Cost Increase Based on Number of Best Practices Used

Average increase in total health benefit cost in 2018

- 0-7 best practices: 5.0%
- 8-10 best practices: 4.4%
- 11-13 best practices: 3.8%
- 14+ best practices: 3.2%

Based on unweighted data.

Mercer’s National Survey of Employer-Sponsored Health Plans—Employers With 500+ Employees
Widening Gap in Performance Based on Use of Best Practices

Average annual increase in total health plan cost, among employers with 500 or more employees

- Employers using the most best practices
- Employers using the fewest best practices

Based on unweighted data.
Turnover is Lower Among Employers That Do the Most to Promote Well-Being

Average turnover rate in 2017, among employers with 500 or more employees

<table>
<thead>
<tr>
<th>Well-Being Practices</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–3</td>
<td>30%</td>
</tr>
<tr>
<td>4–5</td>
<td>21%</td>
</tr>
<tr>
<td>6 or more</td>
<td>19%</td>
</tr>
</tbody>
</table>

Based on unweighted data.
Well-Being Focus is Associated with Lower Turnover Across Industries

Average turnover rate in 2017 among employers with 500 or more employees

- Wholesale/Retail: 62%
- Services: 43%
- Health care: 40%
- Manufacturing: 21%
- High Tech: 16%

Employers using fewest well-being best practices
Employers using most well-being best practices

Based on unweighted data.
Employers are Adding Programs to Support Mental Health and Financial Wellness

Employers with 500 or more employees

<table>
<thead>
<tr>
<th>Offer support for mental health and substance abuse issues</th>
<th>Have taken steps to address mental health parity</th>
</tr>
</thead>
<tbody>
<tr>
<td>79% Stress management</td>
<td>61%</td>
</tr>
<tr>
<td>75%</td>
<td>52% Tele-therapy</td>
</tr>
<tr>
<td>52% Tele-therapy</td>
<td>48% Mindfulness</td>
</tr>
<tr>
<td>42%</td>
<td>40% Resiliency</td>
</tr>
<tr>
<td>48%</td>
<td>42%</td>
</tr>
<tr>
<td>39%</td>
<td>39%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Offer financial tools, advice or guidance (other than for retirement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45% Offer financial resources through a specialty vendor</td>
</tr>
<tr>
<td>41%</td>
</tr>
<tr>
<td>12% Offer through the health plan</td>
</tr>
<tr>
<td>11%</td>
</tr>
</tbody>
</table>

Mercer National Survey of Employer-Sponsored Health Plans 2018
Priority #3: Managing Specialty Rx
Managing Specialty Pharmacy Spending: A Continuum of Approaches

- **Site of Care Optimization**
  - 3–8% Savings

- **Therapeutic Class Carve-out**
  - Savings up to 10%

- **Medical Rebate Management**
  - Savings vary based on current contract

- **Specialty Diagnostic Carve-out**
  - 10%+ Savings

Mercer National Survey of Employer-Sponsored Health Plans 2018
Plan Members are Encouraged to Use A Specialty Pharmacy

<table>
<thead>
<tr>
<th>Decision</th>
<th>500+ employees</th>
<th>20,000+ employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some / all specialty drugs excluded from retail pharmacy / medical benefit</td>
<td>32%</td>
<td>55%</td>
</tr>
<tr>
<td>Offer lower cost-sharing if employees use the specialty pharmacy</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Encourage use of specialty pharmacies some other way</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Do not attempt to steer members to any channel for specialty medications</td>
<td>49%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Mercer’s National Survey of Employer-Sponsored Health Plans—Employers With 500+ Employees
Rx Purchasing Coalitions or Collectives are Favored By Very Large Employers

Mercer’s National Survey of Employer-Sponsored Health Plans—Employers With 500+ Employees
Specialty Site of Care Opportunity

- Hospital setting is more expensive
- Often more than double that of home infusion or physician’s office

$8,800 (Hospital Outpatient)  $4,300 (MD Office)  $1,700 (Home)

EXAMPLE DRUG: Remicade (Inflammatory Conditions)

- Target a very limited number of drugs (excluding oncology therapies that may be more challenging)

- **Primary Focus:** Multiple high cost cases including drugs to treat Inflammatory Conditions, Immune Disorders and Enzyme Deficiencies

- Benefits to drive to lower cost channels with average savings potential of $3,000 per claim or more

- Continue to manage under the Medical Benefit

- For most employers this impacts less than 1% of their population
Key Takeaways

Employers are cost-shifting less and using CDHPs strategically. Is affordability a defining principle of your consumerism strategy?

More employers are committing to a culture of health—and seeing lower turnover. What steps can you take to support employee health in the workplace?

Employers are steering employees to high-quality, high-value providers. Consider using benchmark data and innovation success stories to make a case for positive disruption.

High-cost claims and specialty Rx are top priorities for employers today. Have you explored ER purchasing collectives for stop-loss, Rx, and others?

As they add point solutions, employers seek to make personalization simple and engaging. Consider integrated platforms, high-touch health advocacy—let consumer experience be your guide.

Our “best practice” analysis showed that employers with the most comprehensive strategies have slowed cost growth. What might be missing from your strategy?

Mercer National Survey of Employer-Sponsored Health Plans 2018
Questions?