



AGENDA

State and Public School Life and Health Insurance Board Wellness Sub-Committee Meeting

June 6, 2017

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order.....Dr. John Vinson, Chair*
- II. Approval of the April 6, 2017 Minutes.....Dr. John Vinson, Chair*
- III. Wellness Program Proposed ModificationsIzzy Whittington, Mike Motley, ACHI*
- IV. Omada Health Diabetes Discussion..... Mike Yarnall, Omada*
- V. ComPsych Discussion.....Jennifer Vaughn, ComPsych*
- VI. Director’s Report..... Chris Howlett, EBD Executive Director*

Upcoming Meetings

June 28, 2017 1:00 p.m.

NOTE: All material for this meeting will be available by electronic means only. Please contact ASEPSE-BOARD@dfa.arkansas.gov. Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as “Members and Staff only”

**State and Public School Life and
Health Insurance Board
Wellness Discussion Committee
Minutes
April 6, 2017**

The Wellness Discussion Committee of the State and Public School Life and Health Insurance Board (hereinafter called the Committee) met on April 6, 2017, at 1:00 p.m. in the EBD Board Room, 501 Woodlane, Suite 500, Little Rock, Arkansas.

Members Present

Janis Harrison
Dr. John Kirtley
Dr. Joseph Thompson
Dr. John Vinson
Carla Haugen

Members Absent

Chris Howlett, Executive Director, Employee Benefits Division (EBD)

Others Present

Geri Bemberg, UAMS; Jayme Mayo, Nabholz Construction; Marla Wallace, Ethel Whittaker, Eric Gallo, Stella Greene, Cecilia Walker, Drew Higginbotham, Shalada Toles, Terri Freeman, Stella Greene, EBD; Kristi Jackson, Com Psych; Sandra Wilson, AHM; Marc Watts, ASEA; Ronda Walthall, Wayne Whitley, AHTD; Randy Loggins, Mike Motley, Elizabeth Whittington, ACHI; Karyn Langley, Qualchoice; Greg Jones, MTI; Andy Davis, ADG

CALL TO ORDER

The meeting was called to order by John Vinson, Chair

APPROVAL OF MINUTES: *by John Vinson, Chair*

Vinson asked for a motion to approve the March 10, 2017, & March 17, 2017, minutes. Harrison motioned to approve March 10th minutes. Kirtley seconded; all were in favor. Dr. Thompson motioned to approve March 17th minutes. Harrison seconded; all were in favor.

Motions approved.

WELLNESS DISCUSSION by Jayme Mayo, Director of Wellness Nabholz Construction

Dr. Vinson introduced Jayme Mayo, Wellness Director Nabholz Construction. Mayo spoke regarding The Weight of the Nation, Nabholz wellness plan. Mayo reported in 2007 the company was fully-funded and after trial and error, moved to a self-funded plan. Nabholz began with screening employees on a voluntary basis. The company's ratio was 75% (750), employees who were screened for biometrics. A third-party administrator was hired to manage the plan. If an employee received the biometric screening, they would receive in return a wearable. Of the 75% of employees screened only 14% (85 – 90), used the pedometers. Therefore, the company invested funds for 1000 individuals per month with only 14% participation.

The company moved to a different activity-based strategy, which included attending lunch and learn sessions, participation in things like 5k's, dental, pap test, etc., In order to receive points and credits. Of the 1000 people screened, only 22% earned money based on the amount of their activity participation. The 22% were those who were healthy. The company terminated the costly method.

As a result, the company introduced an outcome-based strategy, which has had an impact on the employee's lives and the cost of the plan. An outcome-based approach rewards employees for improving their health. Every employee is screened and completes a Health Risk Assessment. Almost 99% of workers and 100% of spouses earn an incentive at a level based on their results. The result, when the members became responsible for their health, their behavior changed. Even having medicine versus actually consuming it changed, more members began taking their meds. The targeted categories are obesity, smoking, high blood pressure, diabetes, and cholesterol. Employees receive an incentive amount in each category for passing scores. If the member passed each group, they receive an additional monetary bonus of \$175.00, but they must pass each class. Therefore, missing one category that is worth \$25.00 is not a \$25.00 missed opportunity, but instead a \$200.00 missed opportunity.

Dr. Thompson inquired about the company's 1000 members: are they involved in case management with those that have critical illnesses? Dr. Thompson commented the division contracts for case management with concerns about the effectiveness of the management. There is also concern associating risk management with the entire population.

Mayo reported the goal of Nabholz is not to arrive at case management because at that level prevention is no longer an option. Mayo targets risk management and prevention to avoid the need for case management. Mayo and her team

target the top 25 people with a high rate of having a potential illness in the various categories. This is another preventive method adopted by the company.

Howlett inquired what is Mayo's perspective that would be the best focus area to begin the process? Mayo commented there needs to be more trust with the members. It is her opinion that the Division is not properly rewarding the employees.

Mayo reported the company pays 100% of the employee's premium in return for being screened. If the employee is not tested, the company will only pay 30% of their premium until the parameters are met. Parameters must be met by November 1st.

Dr. Thompson reported the Division allocates the members a \$75.00 monthly discount for participation in the wellness program. Previously it was meant to be a wellness visit, but operationally it has depleted to any visit. The Division is not capitalizing on its investment regarding action or outcomes. The challenge is, it's a large plan with 280 school plans. There has been discussion regarding the possibility of discontinuing the program. The opposite extreme would be performing biometrics statewide for the different locations and looking for options between that is operationally feasible that would have a positive impact on the health of the employees and not a huge adverse impact on the plan. The Division has discussed biometrics for tobacco, flu shots for eligibility, as well as ask for more detail regarding glucose and cholesterol. The health risk appraisal's BMI is higher than the state's, and the tobacco rate is lower than the state's. There are concerns that these rates are not accurate.

Dr. Thompson inquired if flu shots were the trigger event for the wellness visit, operational could members migrate in the middle of the plan year from a non-discounted premium to a discounted premium?

Howlett reported operationally it could be a challenge. However, there is a possibility that it could be successful.

Mayo inquired if flu shots are the driver of the high claims? Mayo recommended you must target the demand drivers.

Dr. Thompson inquired about Nabholz's' return on investment. Mayo commented spending \$900.00 annually for each member plus a physical is costly. Mayo encouraged the division to review this method for change to cut cost. Mayo reported Diabetes, cholesterol, and hypertension has improved, also claims have decreased by 5%. The company saves approximately \$1.1 million annually, and invests about \$ 600,000 per year.

Howlett reported there would be additional data provided at the next wellness meeting regarding another state wellness plan design.

FLU SHOT DATA: *by Izzy Whittington, ACHI*

UAMS requires the influenza, or flu, vaccination for all of its employees, volunteers, and students. The University of Arkansas for Medical Sciences is mandating influenza vaccination for all of its employees, similar to other required vaccinations such as MMR.

Whittington reported from 2015 – 2017 33% of Employee Benefits Division (EBD) members have received a flu vaccination. Of the 69,000 members who participated in the Health Risk Assessment, (self-reported data), 57% reported receiving a flu shot, and 42% not receiving the vaccination.

Dr. Vinson commented UAMS' decision to require the shots was not only to reduce claims but also that they are a health-care provider who takes care of patients and does not want to risk the spread of an active virus.

Dr. Thompson reported other health-care organizations have the requirement in place to protect the patients' health. Dr. Thompson said the Health Department also adopted the same requirement.

Whittington discussed this could potentially be Phase 1 consideration of the wellness plan design. If EBD would take UAMS approach and require flu shots; the members would be able to receive their vaccinations at their providers, the Department of Health, Pharmacies, and various work-sites. Whittington inquired are there other locations that members may be able to receive service to help meet the requirements?

Dr. Vinson reported the Department of Health has flu vaccination workshop kits whereby they work with religious organizations who provide such services as well as host Health Fairs.

Howlett commented the Division has used co-ops for such services.

Dr. Thompson inquired if the Division would adopt Nabholz wellness approach requiring the goals to be the full responsibility of the member, meaning if the goals are not met the member accepts full responsibility. Dr. Thompson commented there is a possibility such language could require legislation.

Dr. Vinson remarked if it took legislation there would need to be a special session, or it could take an additional two years to resolve the issue.

Haugen reported the Task Force could be an avenue for a resolution instead of the possibility of a special session.

Harrison stated the data is available for those who did not receive the wellness discount. The data could potentially be a resourceful guide.

Dr. Kirtley motioned to adjourn. Harrison seconded; all were in favor.

Meeting adjourned

DRAFT

Arkansas State Employee and Public School Employee Plans Wellness Program Proposed Modifications

Wellness Program Options for Consideration:

Option 1: *Elimination of wellness program and monthly premium incentive*

Option 2: *Adopt a more targeted wellness visit definition (modeled after the Arkansas Works approach) and continue requiring the completion of a health risk assessment for a \$75 premium incentive:*

- a. Would require (at minimum) an annual visit to an individual's primary care provider, including the use of correct evaluation and management CPT codes when providers bill for wellness visits
- b. Pros/Cons:
 - i. Pros—Helps to reinforce member relationship with their PCP; Ensures that appropriate age, gender, and risk behavior based preventive services are provided to member; EBD can continue using same claims review to determine if requirements have been completed; Aligns with Medicaid wellness visit approach (more consistent for providers treating beneficiaries in both populations)
 - ii. Cons—Doesn't provide financial incentive to address certain risk factors (such as weight and tobacco use); Unless provider notification form required, information on height/weight and tobacco use would not come back to EBD for tracking (outside of self-reported HRA data)

Option 3: *Utilize a tiered-incentive approach with four target areas for up to a \$75 premium incentive:*

- 1.) Wellness visit, 2.) Healthier weight, 3.) Tobacco free, and 4.) Influenza vaccine; There are two additional options for healthier weight/tobacco free (one more restrictive):
 - c. Option A: Members who are currently obese and/or current smokers **would receive incentives** if they enroll in health weight management or tobacco cessation programs OR
 - d. Option B: Members who are currently obese and/or current smokers **would not** receive incentive for healthier weight and tobacco free target areas and would be required to enroll in healthy weight management or tobacco cessation to receive incentive in following years
- e. Pros/Cons:
 - i. Pros—Tiered approach promotes member responsibility by requiring certain actions be undertaken in order to receive discount; If members are unable to fulfill all requirements, there is still some incentive received for completing partial components of the program
 - ii. Cons—More difficult to track administratively; Requires additional layer of administration to ensure members understand new tiered requirements and for programmatic needs such as member enrollment in weight management/tobacco cessation programs (if requirement is mandated)

Option 3 Details:

Incentive Details and Requirements			
Target Area	Incentive	Incentive Details	Requirements
Wellness visit, appropriate screenings, prevention, chronic disease mgmt.	\$30 Monthly Premium discount	<p>1. With initial rollout of program, all EBD members would be required to have a wellness visit with their PCP*; New hires would also be required to complete wellness visit</p> <p>2. In subsequent years, only those with increased risk (as determined by their PCP) would be required to have annual wellness visits; Members with no identified risks would only have to complete a wellness visit every 2 years</p> <p>*Assumption—Frequency of PCP visits for those with identified risks/conditions would always be at the discretion of the PCP</p>	<p>1. Member must complete online HRA and bring printout of results to their PCP along with provider notification form</p> <p>2. PCP assess patient risks based on HRA and other factors* as determined by the PCP; Wellness visit must be billed with appropriate preventive visit code</p> <p>*Assumption—PCP should determine appropriate preventive services for patient; ex. a lipid panel reading should not be mandatory for all EBD members, but at the discretion of the PCP based on member's own risk factors</p>
Healthier Weight	\$20 Monthly Premium discount	<p>1. Members with a BMI <30 would receive incentive</p> <p>2. Incentive Eligibility for those with BMIs >30:</p> <p>A. Members with BMIs >30 would be eligible for incentive if they agree to enroll in a weight management program or seek weight loss counseling would OR</p> <p>B. Members with a BMI >30 would be required to enroll in a weight management program or seek weight loss counseling, and also demonstrate weight loss of 10 lbs. to be eligible for incentive in following year (weight loss counseling would be offered to members who are currently obese)</p>	<p>1. For current employees, health and weight should be captured only once, with weight then captured on an annual basis</p> <p>2. For new employees, height and weight information should be captured upon hire, with weight then captured on an annual basis</p>

Tobacco Free	\$20 Monthly premium discount	<p>1. Members who are tobacco free would receive incentive</p> <p>2. Incentive Eligibility for Current Smokers:</p> <p>A. Members currently using tobacco would be eligible for incentive if they agree to enroll in tobacco cessation program OR</p> <p>B. Members currently using tobacco would be eligible for incentive in following year if they become tobacco free (tobacco cessation would be offered to members who are current tobacco users)</p>	<p>1. Employee must undergo nicotine swab (salvia test) to determine current tobacco usage <i>or</i></p> <p>2. Member's HRA results on tobacco use question(s) could be used to meet requirement; However, disclaimer should be included on HRA noting that false answers could lead to loss of any premium incentive discount</p>
Influenza Vaccine	\$5 Monthly premium discount	<p>1. Would be administered at worksite screenings, or could be obtained through member's PCP, pharmacy, etc.</p>	<p>1. Member must receive annual flu vaccination by November 1st of each year to be eligible for incentive discount</p> <p>2. If vaccination is received outside of worksite screenings, member must provide documentation of vaccine to plan</p>

Additional Recommendations:

- Recommend engaging a vendor to perform worksite wellness screenings (or regional screenings) that would collect information required for healthier weight, tobacco-free, and influenza vaccine incentives
 - Could possibly engage with state university system or state agency for medical staff resources to perform these services
- Propose that EBD hire a wellness coordinator to oversee management of wellness program, including vendor engagement, scheduling and facilitation of worksite/regional screenings, data collection management, HRA engagement, etc.
- Develop an evaluation plan to measure impact of wellness program on population; This includes ongoing report to EBD Board and Subcommittees on participation rates, along with impact on enrollment in healthy weight/tobacco cessation programs and implementation costs

Evidence-Base/Background for Wellness Program Proposal:

1. Wellness Visit with Primary Care Provider¹:

- Wellness visits provide an opportunity for a PCP to assess the health of their patient, often on an annual basis. The visit is typically comprised of the following:
 - i. Review of medical and family history
 - ii. Height, weight, blood pressure, or other routine measurements
 - iii. A list of risk factors and treatment options
 - iv. Personalized health advice
 - v. A screening schedule for appropriate preventive services (including appropriate U.S. Preventive Services Task Force A & B Recommendations)

2. Healthier Weight and Measuring BMI²:

- Body mass index (BMI) is a scientifically accepted standard to determine if a person has too much body fat. Obtaining member BMI data is necessary because individuals who are overweight or obese are higher risks for many chronic diseases such as diabetes, hypertension, and heart disease.
- While BMI is not always a perfect measure (for example, some athletes with large bones and dense muscle mass will report a higher BMI not correlated to body fat), BMI provides a reliable way for clinicians to gauge an individual's obesity risk

3. Tobacco Free and Validity of Nicotine Saliva Tests:

- Tobacco use, including use of cigarettes, is associated with many negative health outcomes, including increased risk of heart disease, stroke, and lung cancer³
- Nicotine saliva tests are used by many employers and health insurance plans to determine whether members are active tobacco users; While there are other forms of nicotine testing (hair samples, blood samples, etc.) saliva testing offers an effective and easily administered test that could be done during a worksite wellness screening

¹ Medicare.Gov, "Preventive Visit and Yearly Wellness Exam." Accessed May 4, 2017. Retrieved from <https://www.medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html>

² Harvard T.H. Chan School of Public Health, "Obesity Prevention Source—Why Use BMI?" Access May 4, 2017. Retrieved from <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-definition/obesity-definition-full-story/>

³ Centers for Disease Control and Prevention (CDC), "Health Effects of Cigarette Smoking." Accessed May 4, 2017. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

4. Influenza Vaccination⁴:

- Influenza is a serious condition that can lead to hospitalization and even death in some individuals; Seasonal flu vaccines are easily administered and provide protection against the influenza virus within two weeks of administration
- The CDC recommends that individuals receive flu vaccinations by the end of October of each year, before the peak of flu season

⁴ Centers for Disease Control and Prevention (CDC), "Key Facts About Seasonal Flu Vaccine." Accessed May 4, 2017. Retrieved from <https://www.cdc.gov/flu/protect/keyfacts.htm>



omada

OUR MISSION



WE INSPIRE AND ENABLE
PEOPLE EVERYWHERE TO LIVE
FREE OF CHRONIC DISEASE.

Today's Discussion

THE PROBLEM

THE SOLUTION

THE RESULTS



A person is holding a photograph of a man in a wheelchair outdoors. The photograph is the central focus, showing a man with a beard and glasses sitting in a wheelchair on a path. The background of the photo shows trees and a bright sky. The person holding the photo is wearing a blue shirt and their hands are visible. The entire scene is overlaid with a dark, semi-transparent filter.

THE PROBLEM



LEADING CAUSE OF DEATH IN AMERICA

01. HEART DISEASE

02. CANCER

03. CHRONIC LUNG DISEASE

04. STROKE

05. ACCIDENT

06. ALZHEIMER'S DISEASE

07. DIABETES

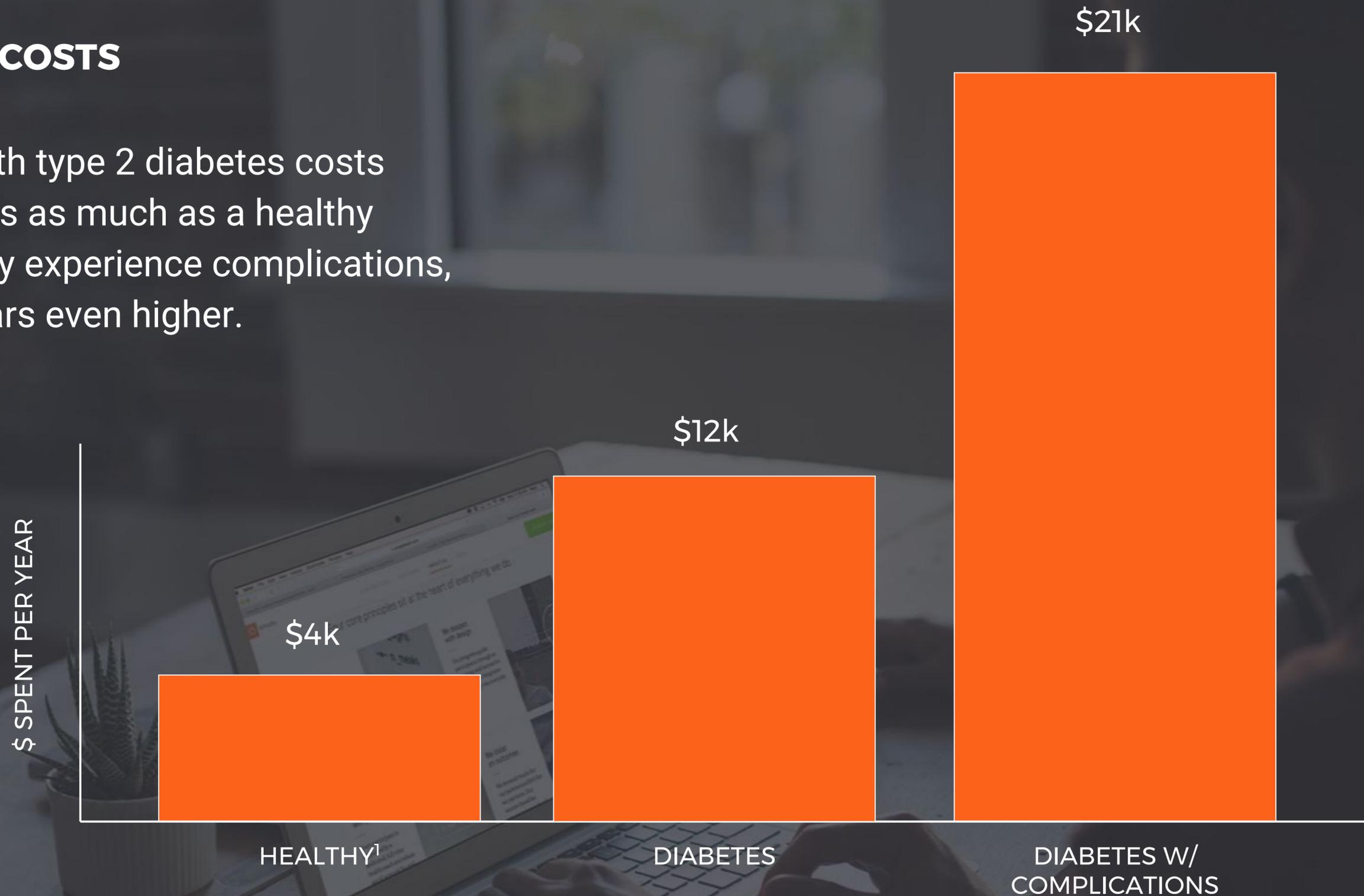
TODAY

We're more likely to die of a largely preventable disease than an infectious one.

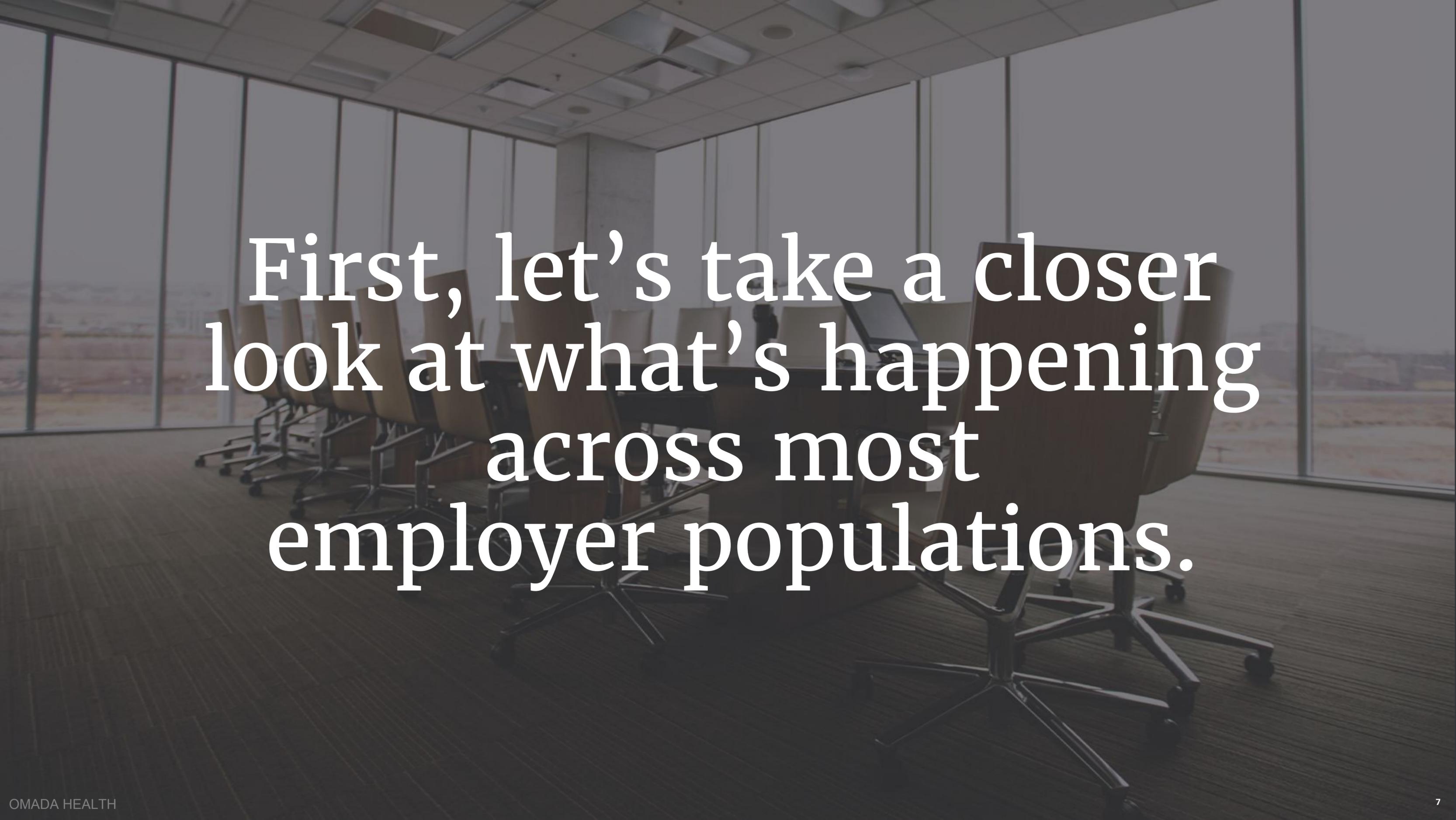
That's a big shift.

HEALTHCARE COSTS

An employee with type 2 diabetes costs roughly 2.5 times as much as a healthy employee. If they experience complications, that number soars even higher.



Delahanty, L. M., et al. "Effects of Weight Loss, Weight Cycling, and Weight Loss Maintenance on Diabetes Incidence and Change in Cardiometabolic Traits in the Diabetes Prevention Program." *Diabetes Care* 37.10 (2014): 2738-745. Note: Increased risk of T2DM is based on weight cycles of five lbs. or greater within two years. Model adjusted for age, race and gender.

A dimly lit conference room with a large table and several chairs, viewed through a window. The room is empty, and the text is overlaid in the center.

First, let's take a closer
look at what's happening
across most
employer populations.

THERE ARE THREE GROUPS OF EMPLOYEES



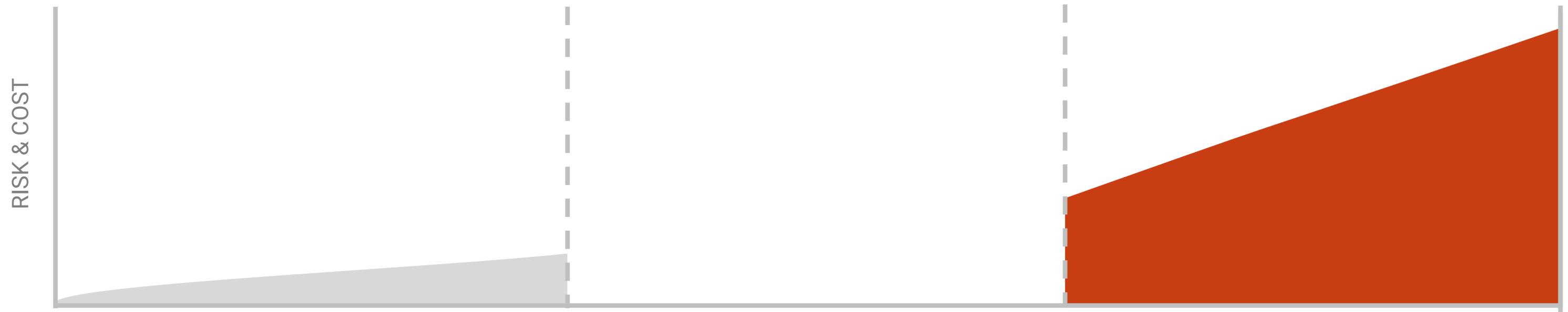
THESE PEOPLE ARE PRETTY HEALTHY



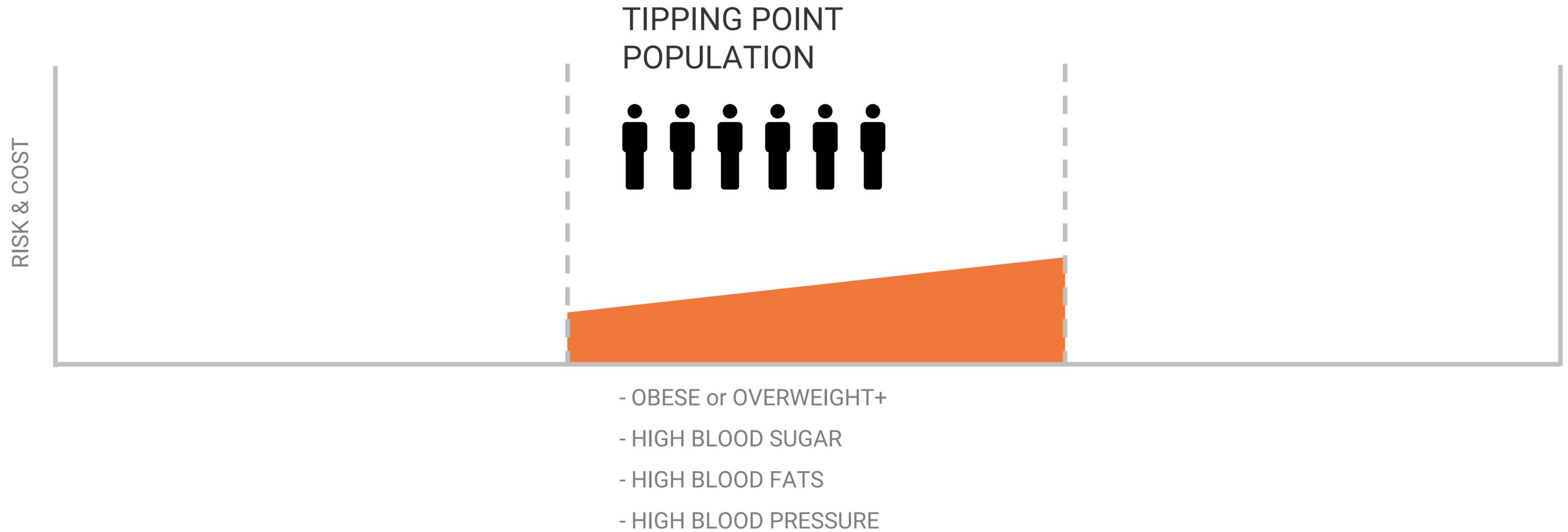
THESE PEOPLE HAVE CHRONIC DISEASE



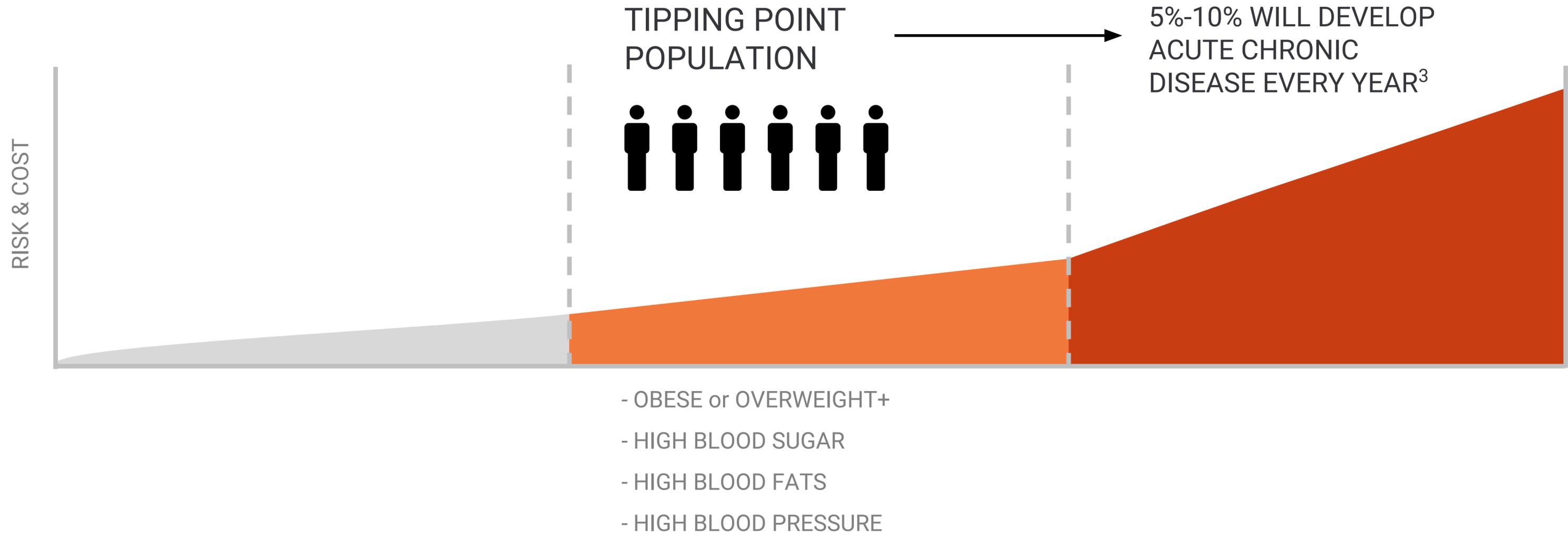
EMPLOYERS ARE SPENDING A LOT OF MONEY AT THE EXTREMES



THESE PEOPLE ARE AT A TIPPING POINT



ADDRESSING THEIR NEEDS MAY BE THE MOST IMPORTANT THING YOU DO THIS YEAR



THE SOLUTION

About fifteen years ago, the CDC and NIH broke new ground in helping people at high risk for obesity-related chronic diseases by designing a program with human behavior in mind.



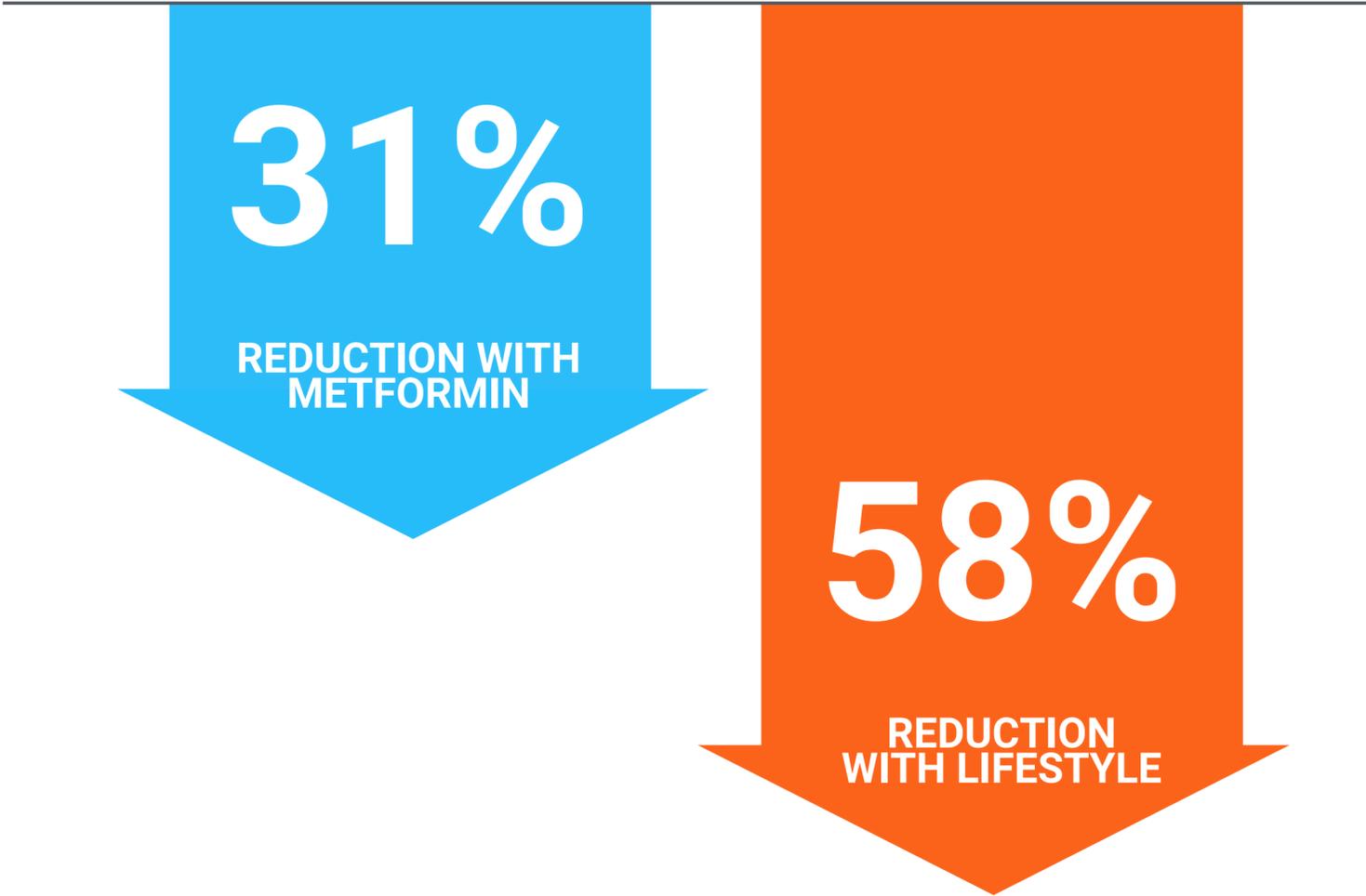
+



THE SOLUTION

The trial's results indicated that intensive behavioral counseling significantly reduced the risk of type 2 diabetes.

REDUCED DIABETES INCIDENCE



Delahanty, L. M., et al. "Effects of Weight Loss, Weight Cycling, and Weight Loss Maintenance on Diabetes Incidence and Change in Cardiometabolic Traits in the Diabetes Prevention Program." Diabetes Care 37.10 (2014): 2738-745. Note: Increased risk of T2DM is based on weight cycles of five lbs. or greater within two years. Model adjusted for age, race and gender.

A person is holding a photograph of a man in a white shirt. The photograph is held in front of a blurred background. The text "THE SOLUTION" is overlaid in a white box with an orange border.

THE SOLUTION

OMADA IS A HIGHLY CHOREOGRAPHED JOURNEY

Each component is made stronger by the others.

SMART TECHNOLOGY

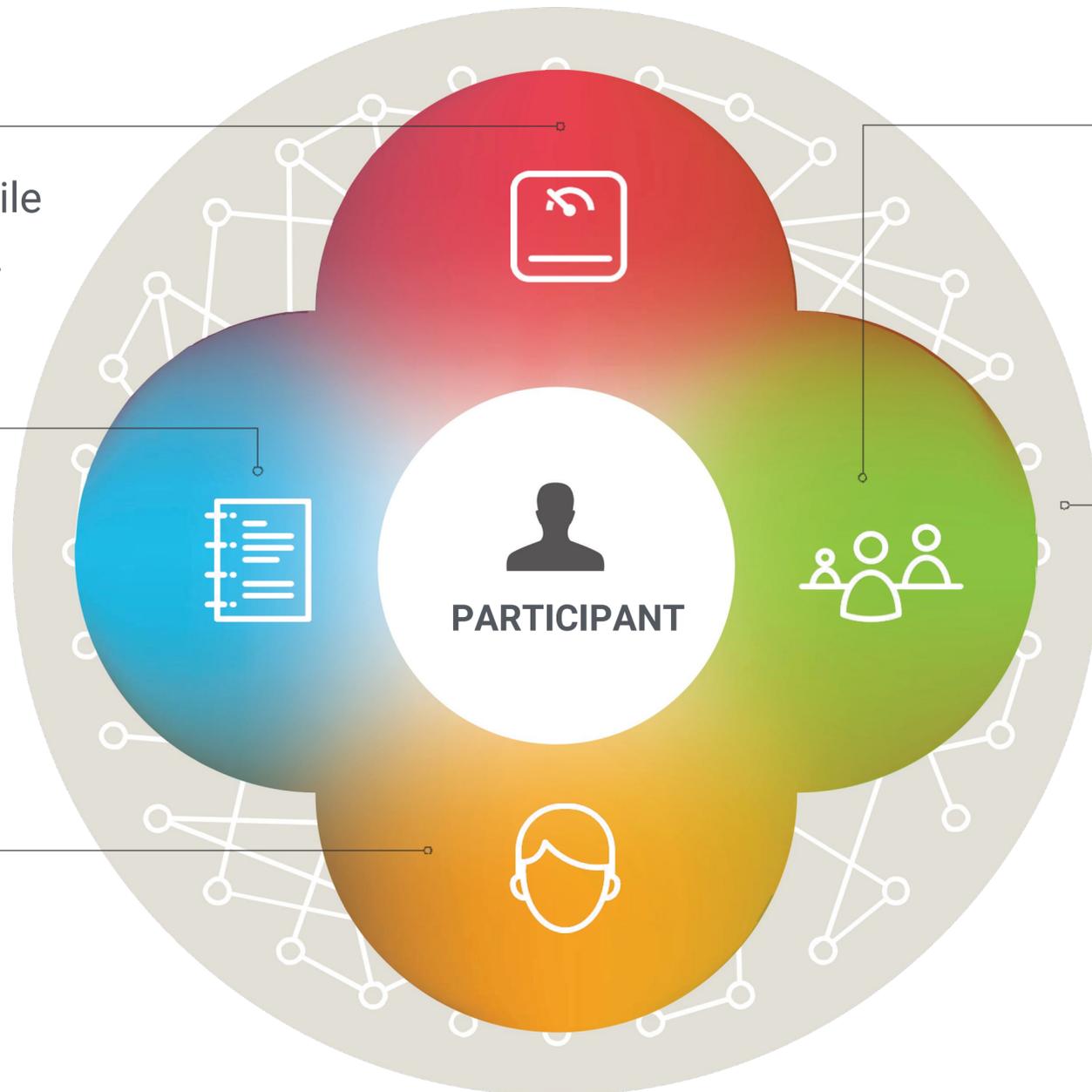
Wireless scale, pedometer, and mobile apps track food, activity, and weight.

INTERACTIVE LESSONS

Participants learn how to eat healthier, increase activity levels, and overcome challenges through fun lessons and games.

PROFESSIONAL HEALTH COACH

A coach provides participants with real-time support and motivation.



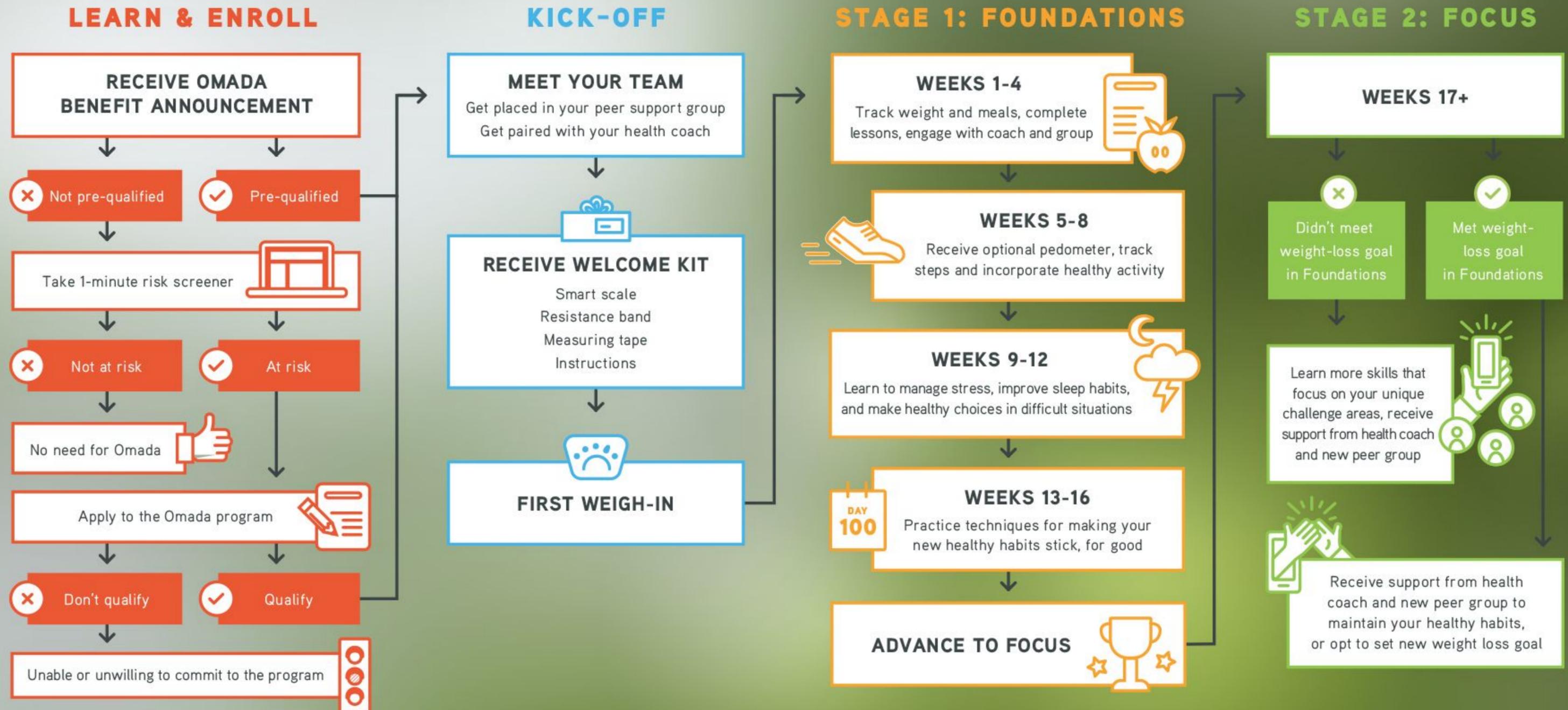
SUPPORT GROUP

Participants are matched into peer groups for encouragement and healthy competition.

DATA SCIENCE

We use rigorous scientific data analysis – in real-time – to determine exactly how to deliver the right personalized interventions, at the right time, to each individual participant, thereby deepening efficacy and outcomes at scale.

THE OMADA PARTICIPANT EXPERIENCE



A person is holding a photograph of a man in a suit. The photograph is held in both hands and is the central focus. The background is a blurred, dark-toned image of a person's legs and feet. Overlaid on the photograph is a white rectangular box containing the text "THE RESULTS" in a bold, white, sans-serif font.

THE RESULTS

STATE OF MINNESOTA RESULTS AFTER ONE YEAR PARTNERSHIP

% OF BODY WEIGHT LOSS	# OF PARTICIPANTS	ESTIMATED 3 YEAR RISK REDUCTION
0 % TO 3%	1404	35%
3% TO 5%	898	38%
5% TO 7%	622	54%
7% TO 10%	657	64%
10% +	526	85%

STATE OF ARKANSAS' STARTING POINT

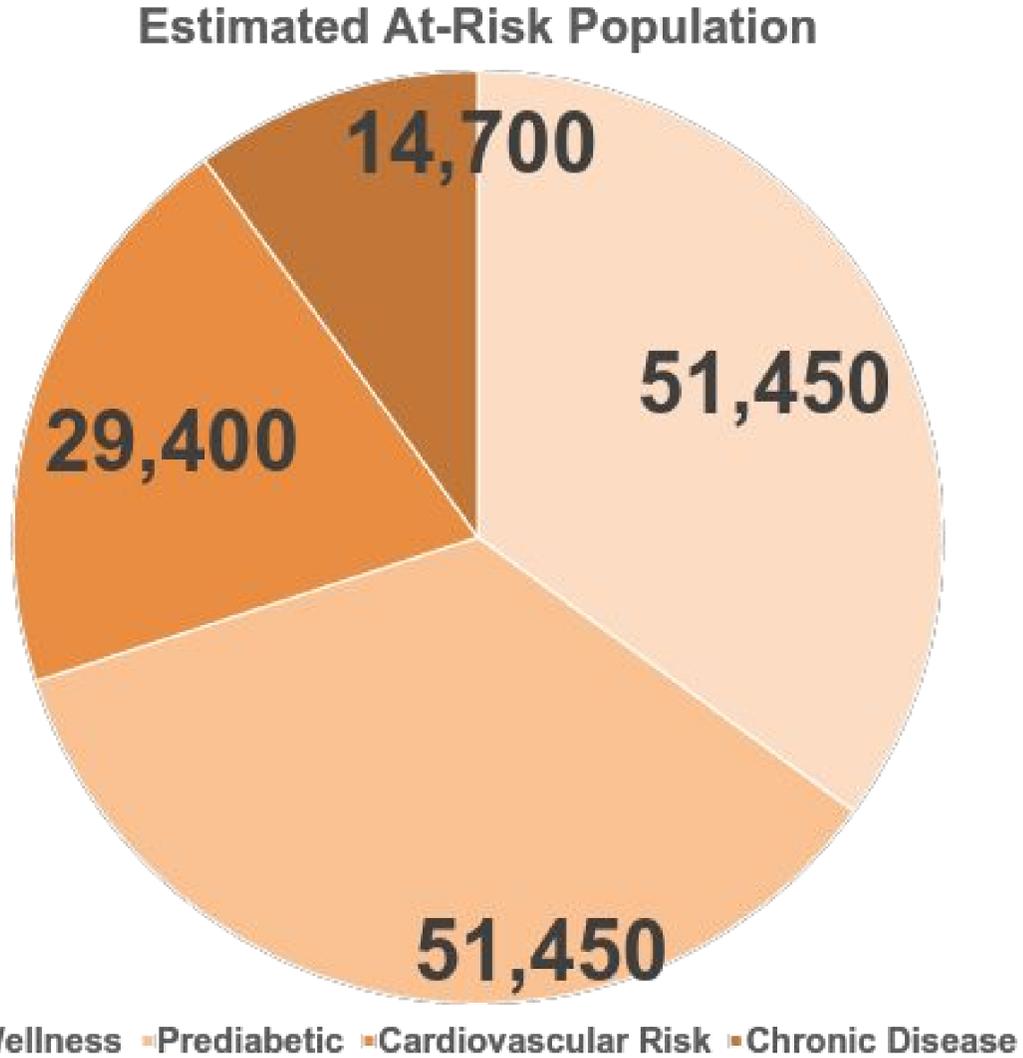
Knowing how to identify and support your “Tipping Point” population is the first step in reducing disease risk.

Total Members **147,000**

ESTIMATED TOTAL AT-RISK POPULATION

Prediabetes **51,450**

Prediabetes + Cardiovascular Risk **80,850**



Source: Based on analysis of US adults above age 18 from National Health and Nutrition Examination Survey (2005-2012) and USPSTF guidelines eligible prevalences for overweight and cardiovascular disease. Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2005-2012][<http://www.cdc.gov/nchs/nhanes.htm>]. <http://www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html> Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. Atlanta, GA: US

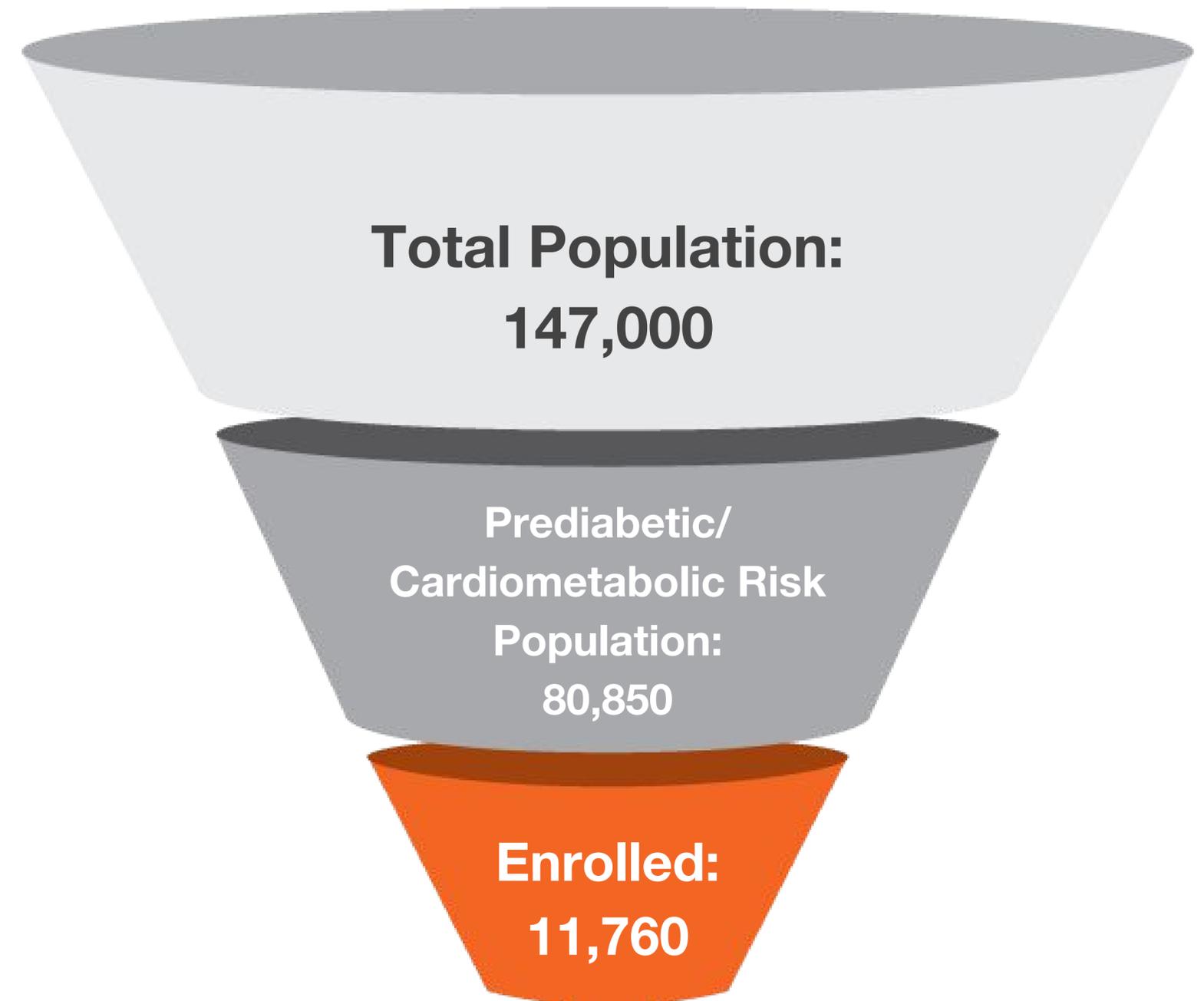
ENROLL AT-RISK MEMBERS IN THE OMADA PROGRAM

Inputs

- 147,000 total population
- 100% receive enrollment emails from Omada

Expected enrollment for State of Arkansas in the initial deployment:

11,760



EXPECTED OUTCOMES

Your deployment

- **11,760** enrollees
- Average age **45**
- **50%** female, **50%** male
- **65%** of participants expected to lose more than **3%** of their body weight

If we **enroll** those **11,760** members in the Omada program, you can expect weight-loss outcomes like this:

Expected outcomes at week 16

Weight Loss	% of active participants
<0%	10%
0-3%	25%
3-5%	18%
5-7%	15%
7-10%	18%
>10%	14%
Active Participants	81%

Source: Internal calculations based on historical performance of 100,000+ participants

EXPECTED RISK REDUCTION

More importantly, those weight-loss outcomes translate to this **risk-reduction:**



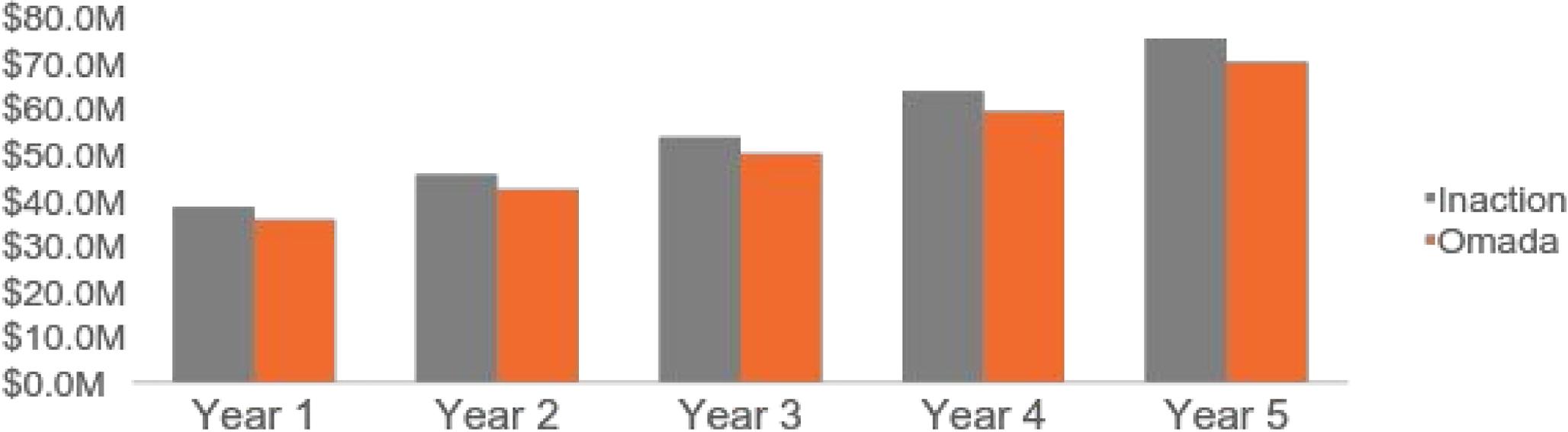
Note: MI = Myocardial Infarction, CHF = Congestive Heart Failure, IHD = Ischemic Heart Disease

Source: Markov Model Based on the Following Paper: Su, W. et al. "Return on Investment for Digital Behavioral Counseling in Patients With Prediabetes and Cardiovascular Disease." Preventing Chronic Disease 2016 Jan 28;13:E13. doi: 10.5888/pcd13.150357.

MEDICAL COST SAVINGS

And that risk reduction translates to this **savings**.

Annual Medical Costs: Inaction vs. Omada (\$M)



Annual Savings	Year 1	Year 2	Year 3	Year 4	Year 5
	\$3.1 M	\$3.9 M	\$4.8 M	\$6.1 M	\$7.6 M

Source: Markov Model Based on the Following Paper: Su, W. et al. "Return on Investment for Digital Behavioral Counseling in Patients With Prediabetes and Cardiovascular Disease." Preventing Chronic Disease 2016 Jan 28;13:E13. doi: 10.5888/pcd13.150357.

EXPECTED PRICE AND BUDGET

We align our goals with yours by offering **outcomes-based fees**.

Average Spend per Participant



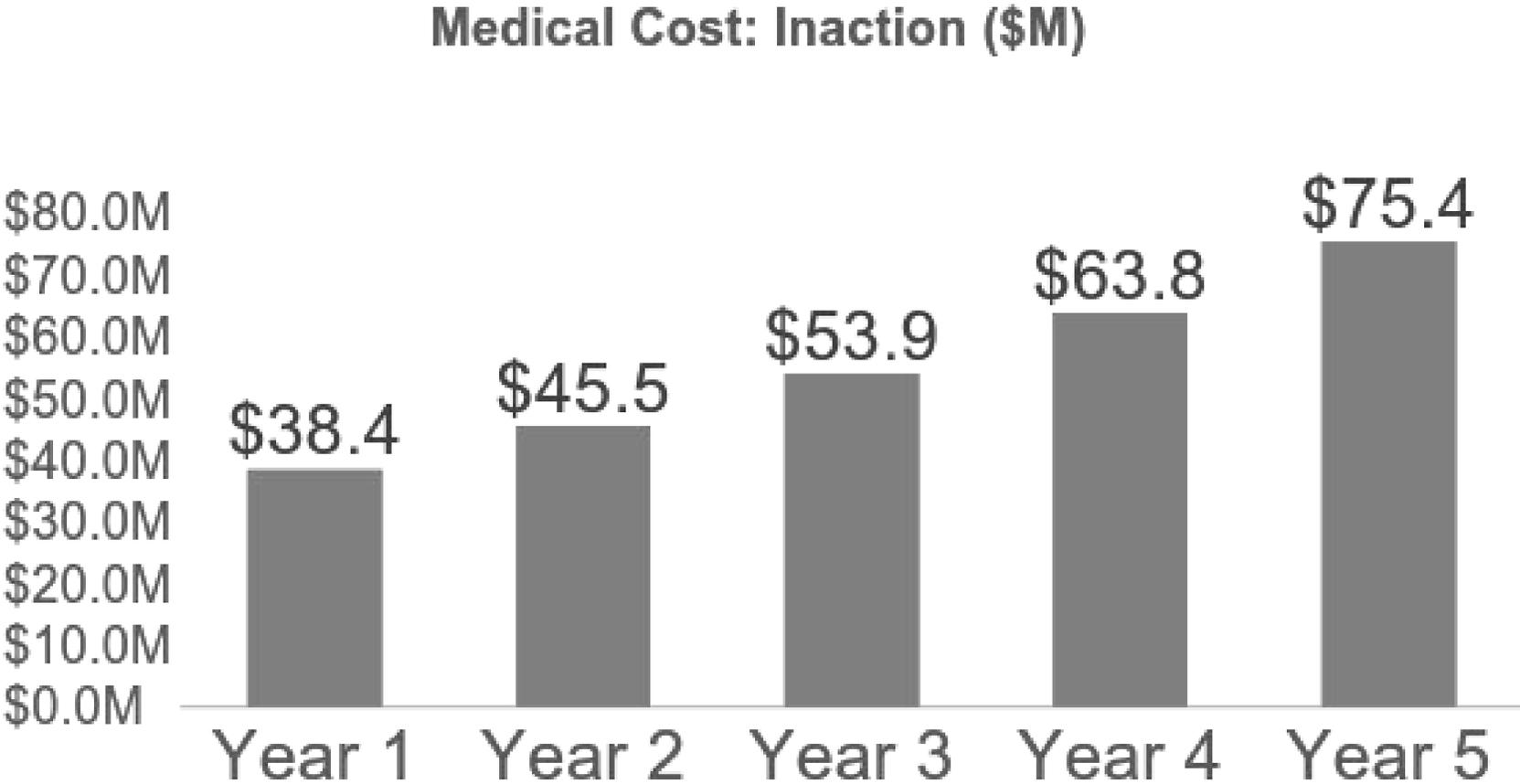
Program Costs Over Time (\$M)



Source: Internal calculations based on current prices and on the historical outcomes of 100,000+ participants

MEDICAL COST STATUS QUO

It's also significant when you look at what those **11,760** members will **cost you** over the next five years if you do nothing.



ALIGNING INCENTIVES THROUGH OUTCOMES BASED PRICING

Omada's outcomes-based pricing model aligns incentives with those of our payer and employer partners while delivering significant value.

pricing options	year 1	year 2+	annual activation mechanism
outcomes based	 \$250 + \$14/month Enrollment Fee Per Percent of Weight Loss	 \$7/month Per Percent of Weight Loss	We only charge for participants who remain engaged. (3+ weigh-ins/month)

ROI IN 2 ½ YEARS

Based on your unique population, we expect State of Arkansas to **break even in 31 months**.

Estimated Cumulative Net Savings
(Total Annual Medical Savings - Total Program Cost, in \$M)



ComPsych EAP & Wellness for ARBenefits

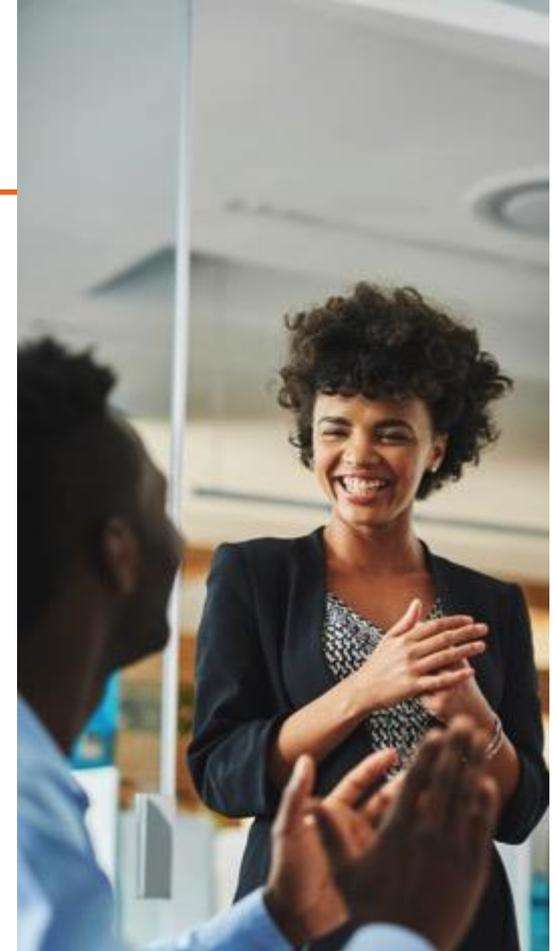


Stay Ahead of Performance, Productivity and Health Issues

COMPSYCH[®]
GuidanceResources[™] Worldwide

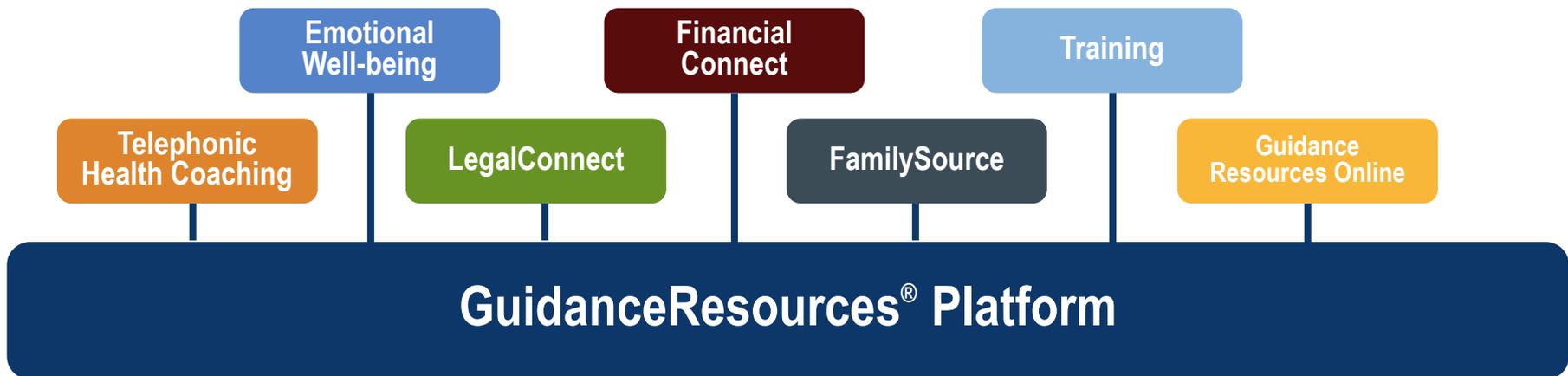
Who We Are

- Founded in 1984 and privately owned
- Pioneer of fully integrated EAP, legal, financial, work-life and wellness services
- GuidanceResources[®], a trusted brand
- Service centers staffed by dedicated clinical, legal, financial, wellness, absence-management, behavioral and work-life experts
- Operating 24 hours a day, 7 days a week, 365 days a year
- Partner with State of Arkansas providing EAP and Wellness Services since 2012



HealthyGuidance: Integrated Wellness Program

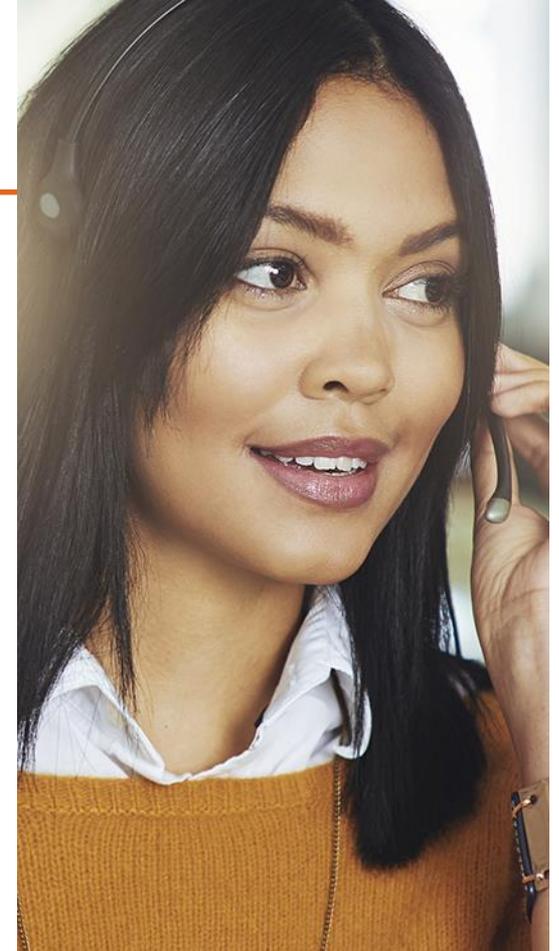
- Wellness program, completely integrated with EAP and Work-Life provided by GuidanceResources®
- Integrated GuidanceResources® allows us to be a single source for:
 - Online and telephonic health coaching
 - Confidential consultation on personal issues
 - Legal information and resources
 - Financial information, resources and tools
 - Information, referrals and resources for work-life needs
 - Online information, resources and tools



HealthyGuidance® Telephonic Coaching

Telephonic Coaching Program options:

- Lifestyle Coaching
 - Resiliency Coaching
 - Diabetes Disease Prevention
 - Cardiovascular Disease Prevention
- Sleep Management
- Tobacco Cessation
- Weight Management
- Healthy Families
- Healthy Pregnancy
- Back Care
- Financial Wellness



HealthyGuidance Online Coaching

Online Coaching Program options:

- Cardiovascular Disease Prevention
- Diabetes Prevention
- Exercise Program
- Healthy Aging
- Life Balance
- Nutrition Program
- Tobacco Cessation Program
- Financial Wellness
- Understanding Back Pain
- Personal Goal Setting
- Personality and Stress: Using Emotional Resiliency



HealthyGuidance Online Services

Health Assessment

- NCQA accredited
- Customizable to support focus areas (e.g., financial wellness)
- Personalized and aggregate reporting

Online Tools

- Trackers, calculators
- Comprehensive tools
- Incentive program design
- Expert consultation to develop program tailored to needs and goals
- Global Health Assessment Capability
 - Incentive program consultation and design

Online Incentive Tracker

- Participants can track their progress, view and redeem points earned for completing activities
- Seamless data input from multiple vendors to drive holistic experience

GuidanceResources Online

1. Search database for EAP/Work-life
2. Links to access wellness resources
3. Current campaign information
4. Questions?

The screenshot shows the GuidanceResources Online website. At the top, there is a navigation bar with categories: Wellness, Relationships, Work & Education, Financial, Legal, Lifestyle, and Home & Auto. Below this is a search bar and a 'Help' link. The main content area is divided into several sections:

- Left Sidebar:**
 - I'M LOOKING FOR:** A list of services including Counselor, Lawyer, Certified Financial Planner, Child Care Provider, Elder Care Provider, College and University, and Discounts. A red callout '1' is next to this section.
 - WELLNESS:** A list of wellness resources including Health Assessment, Personal Health Dashboard, Online Wellness Coaching, and Telephonic Health Coaching. A red callout '2' is next to this section.
 - HEALTH CARE NAVIGATION RESOURCES:** A list of resources including Benefits & Administration and Physical Health & Clinical.
- Main Content Area:**
 - ALERT: BREAKING NEWS AND INFORMATION:** A section titled 'Severe Storm Resources' with a warning icon. A red callout '4' is next to this section.
 - NEWS FROM YOUR ORGANIZATION:** A section featuring a red button that says 'Click here to take your Health Assessment!'. A red callout '3' is next to this button.
 - Hot Topics:** A list of topics including Learning To Relax, Babysitter Checklist, Am I prepared to move?, Organizing an Email Inbox, Spring Fruits and Vegetables, What makes marriages work?, Becoming an Effective Mentor, Tips for Publishing Information Online, and Spring Cleaning for Your Everyday Life.
- Right Sidebar:**
 - ASK A GUIDANCE CONSULTANT:** A section with a 'Send a Question' button and a phone number (877-247-4621). A red callout '4' is next to this section.
 - TELL-IT-NOW! POLL:** A section titled 'Ever get bored at work? If so, what would perk you up?' with several radio button options.
 - MY SERVICE REQUESTS:** A section titled 'Enter client details to view:' with a list of options: Certifications and Provider Contact Information.
 - ONLINE CENTERS:** A section with a link to 'Helping Troubled'.

HealthyGuidance: Personal Health Dashboard

The screenshot shows the HealthyGuidance Personal Health Dashboard. At the top, the user is identified as Rachel, and the page is titled 'Dashboard (Home)'. The navigation menu includes 'Health', 'Wellness', 'Nutrition', 'Exercise', 'Community', and 'Reference'. The dashboard is divided into several sections:

- Health Mission (1):** A text input field for 'Type your Health Mission here!' with a 'Save' button and a 'View Examples' link.
- Water Tracker (2):** A section titled 'Today's Cups:' with a water drop icon and a counter showing '0'.
- My Progress:** A list of progress items: 'Health Assessment Not Completed', 'Wellness Workshop Overdue: Review Week 1 of Cardiovascular Disease Prevention Program!', 'Weight Log Overdue: Update every 7 Days', 'Blood Pressure Log Overdue: Set this interval.', and 'Cholesterol Log Overdue: Set this interval.'.
- Featured Wellness Resources (5):** A 'Daily Tip (3)' section with a 'Learn More about My Plate!' link and a 'To-Do List (4)' section with 'Workshops' including 'Cardiovascular Disease Preventio... - Week 1 of 6'.
- Health Profile (6):** A section titled 'Health Profile' with a '6' callout, showing current results: BMI: 25.0, Weight: 150 lbs, Weight Change: None, Goal: Goal Met, Target Calories: 2200, Steps Goal: Not Set, Wellness Score: N/A, and New Messages: 0.
- F&V Tracker (2):** A circular 'F&V Tracker' showing 'Servings 0 clear' with various food icons.
- Profile Image (1):** A placeholder for a 'Profile image' with a '1' callout.

1. Personalization: Health Mission and Profile Picture
2. Water tracker and Fruit and vegetable tracker
3. Daily Health Tip
4. To-do list
5. Featured Wellness resources
6. Health Profile

HealthyGuidance: Personal Health Dashboard

HealthyGuidance® Rachel Dashboard (Home) Logout

Dashboard (Home) Health Wellness Nutrition Exercise Community Reference

Health Mission

Type your Health Mission here!

Save

What personal reason do you have to pay more attention to your health? Writing down and focusing on a Health Mission will help you stay energized on your journey to a healthier you.

[View Examples](#)

Water Tracker

Today's Cups: 0

My Progress

- Health Assessment Not Completed.
- Wellness Workshop Overdue: Review Week 1 of Cardiovascular Disease Prevention Program!
- Weight Log Overdue: Update every 7 Days
- Blood Pressure Log Overdue: Set this Interval.

Daily Tip

There are many reasons for eating foods as close to their natural state as possible and one of them is due to the fiber content. The more processed a food is, the less fiber it will contain. Take an apple for example. A medium apple, with skin, contains approximately 4 grams of fiber. The same apple with the skin removed only contains about 2 grams of fiber. Process that apple into applesauce and you now have only about 1.5 grams of fiber. Juice the apple and now you're talking only 0.2 grams of fiber in 3/4 cup of apple juice.

Resource: Denise McDonald

To-Do List

Workshops

- Cardiovascular Disease Prevention - Week 1 of 6 [Details](#)

Step It Up **Overdue** Required: 10/31/2016

Health Profile

Here are your current results:

BMI:	25.0
Weight:	150 lbs
Weight Change:	None
Goal:	Goal Met
Target Calories:	2200
Steps Goal:	Not Set
Wellness Score:	N/A
New Messages:	0

F&V Tracker

Servings 0 clear

Health tools:

- Cardio-metabolic center
- Health logs: blood pressure, blood glucose, BMI

HealthyGuidance: Personal Health Dashboard

HealthyGuidance®

Rachel Dashboard (Home) Logout

Dashboard (Home)

Health

Wellness

Nutrition

Exercise

Community

Reference

Health Mission

Type your Health Mission here!

Save

What personal reason do you have to pay more attention to your health? Writing down and focusing on a Health Mission will help you stay energized on your journey to a healthier you.

[View Examples](#)

Water Tracker

Today's Cups:



My Progress

Health Assessment
Not Completed.

Wellness Workshop
Overdue: Review Week 1 of Cardiovascular Disease Prevention Program!

Weight Log
Overdue: Update every 7 Days

Blood Pressure Log
Overdue: Set this interval.

Choose Meal Plan

Food Log

Meal Planner

My Nutritional Needs ▶

Recipes ▶

Sports Nutrition



Find New Recipes!

Daily Tip

There are many reasons for eating foods as close to their natural state as possible and one of them is due to the fiber content. The more processed a food is, the less fiber it will contain. Take an apple for example. A medium apple, with skin, contains approximately 4 grams of fiber. The same apple with the skin removed only contains about 2 grams of fiber. Process that apple into applesauce and you now have only about 1.5 grams of fiber. Juice the apple and now you're talking only 0.2 grams of fiber in 3/4 cup of apple juice.

Resource: Denise McDonald

To-Do List

Workshops

Cardiovascular Disease Preventio... - Week 1 of 6

Details

* Step It Up

Overdue
Required: 10/31/2015

Profile Image



Health Profile

Here are your current results:

BMI:	25.0
Weight:	150 lbs
Weight Change:	None
Goal:	Goal Met
Target Calories:	2200
Steps Goal:	Not Set
Wellness Score:	N/A
New Messages:	0

F&V Tracker



Nutrition tools:

- Meal planner
- Food logs
- Recipes
- Sports Nutrition

Online Incentive Tracker

1 Individual Incentives Home
My Points
Earn Individual Points
FAQ

2 Incentive Tracker

Earn Points
Earn points by completing activities.
After completing the activity, click on the name to earn points.
🔒 (Activities that are locked will be automatically rewarded after review.)

Activity	Description	Point Value
🔒 Complete HA Now!	Complete Health Risk Assessment, online or paper version	50
🔒 Biometric Screening	Biometric Screening	25
🔒 Weight Management Health Coaching Program	Must complete 5 telephonic sessions with Health Coach	100
🔒 Tobacco Cessation Health Coaching Program	Must complete 5 telephonic sessions with Health Coach	100
🔒 Stress Management Health Coaching Program	Must complete 5 telephonic sessions with Health Coach	100
🔒 Diabetes Disease Prevention Program	Must complete 5 telephonic sessions with Health Coach	100
🔒 Cardiovascular Disease Prevention Program	Must complete 5 telephonic sessions with Health Coach	100
🔒 Complete Diabetes 8 Week Program Now!	Complete 8 week online health program on GRO	50
🔒 Complete Cardiovascular 8 Week Program Now!	Complete 8 week online health program on GRO	50
🔒 Complete Nutrition 8 Week Program Now!	Complete 8 week online health program on GRO	50
🔒 Complete Exercise 8 Week Program Now!	Complete 8 week online health program on GRO	50
Healthy Activity	Please include verification of completion for your Healthy Activity to Earn Points (Certificate or Proof of Participation in: SK, 10K, walk/run, intramural sports team, fitness class, weight loss group, smoking cessation group, etc).	50
Biometric Screening: Physician Visit	Visit your doctor to complete your biometric screening. Make sure to provide the name, address, and phone number of your Doctor/Doctor's office.	25

* Please note, Healthy Guidance Program runs from 06/01/2009 to 06/30/2017.
Click here to access information and resources that help you with a healthy lifestyle.
Call (123) 456-7890 and make an appointment with a Healthy Guidance Wellness Coach. These professionals can help you improve your habits, adopt a healthier lifestyle and reduce your risk for health problems.

3 4 5

- 1. Easy access:** Incentive tracker can be accessed easily through a link on the GRO homepage
- 2. Program Information:** Completely customizable space to make program announcements
- 3. Incentivized activities:** Customizable list of activities that participants can click on and complete to earn points
- 4. Point values:** Flexible point/dollar values can be assigned to various activities
- 5. Simple and interactive design:** Simple design to make earning incentives as easy as possible to ensure maximum participation

Wellness Challenges & On-site Support

Wellness Challenges

- Structured activity contests customized to meet organizational and employee needs
- Incentives, awards and reporting of results
- Team or individual competitions
- Addresses specific health risks or fitness levels of employee population
- Proven way to motivate and engage employees

Training and Development

- Expansive curriculum
- Drives engagement across populations
- On-site and interactive training delivered by wellness experts

Coaching

- “Meet the Health Coach” webinar
- Weight management group coaching sessions
- Integrated with key organizational events and initiatives

Wellness Champion Support

- Trainings
- Toolkits



ComPsych Guidance Resources® Products and Services

Behavioral Health

- Employee Assistance Program
- Student Assistance Program
- Managed Behavioral Health
- DisabilityAssistSM
- RightScriptSM

HR Services

- HRConsultSM
- ConfidentialSourceSM
- OutplacementResourcesSM
- DOT

International Services

- Global GuidanceResources[®]
- GlobalConnect[®]

Programs ARBenefits
Currently Have

Programs ARBenefits
Do Not Have

Programs ARBenefits
Have But Not Utilized

Work-Life Services

- FamilySource[®]
- LegalConnect[®]
- FinancialConnect[®]
- ElderOutreachSM
- EstateGuidance[®]
- IDResourcesSM
- HealthChampion[®]
- RetireSource[®]

Leave Management

- FMLASource[®]
- ADA Administration

GuidanceResources[®] Online

Crisis Intervention WorldwideSM

Well-Being Services

- HealthyGuidance[®]
 - Biometric Screenings
 - Health Assessment
 - Incentive Program Design
 - Online Coaching Programs
 - Online Incentive Tracker
 - Telephonic Coaching Programs
 - Back Care
 - Healthy Families
 - Healthy Pregnancy
 - Lifestyle Coaching
 - Sleep Management
 - Tobacco Cessation
 - Weight Management
 - Worksite Wellness Challenges
- RNSource[®]
- BariatricAssistSM