

UFCW Unions and Participating Employers Health and Welfare Fund

**Managed Behavioral Health &
Employee Assistance Program**

Report for January – December 2013

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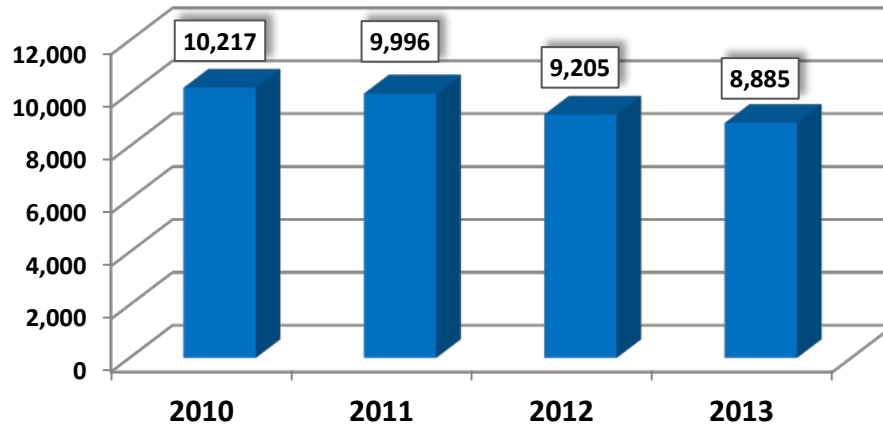
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Executive Highlights

Membership Trend & Program Penetration

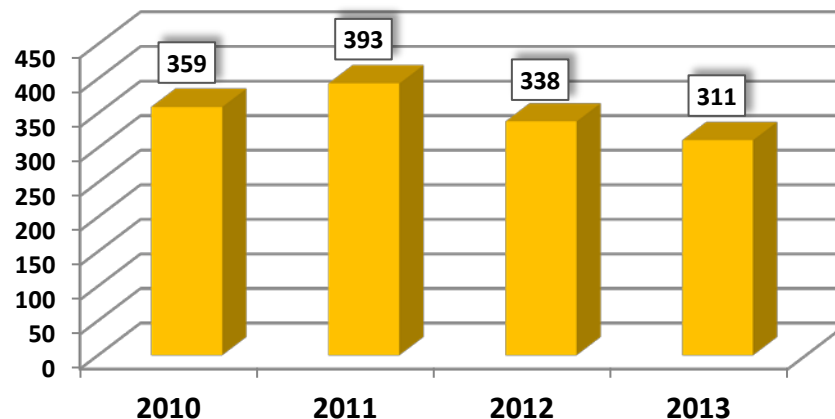
Average Membership per Month



	2010	2011	2012	2013
Unique Mbrs - Inpatient	56	72	60	48
Inpatient Penetration Rate	0.55%	0.72%	0.65%	0.54%
Unique Mbrs - Outpatient	344	365	324	303
Outpatient Penetration Rate	3.40%	3.65%	3.52%	3.41%
Total Unique Mbrs in Care	359	393	338	311
Total Penetration	3.51%	3.93%	3.52%	3.50%

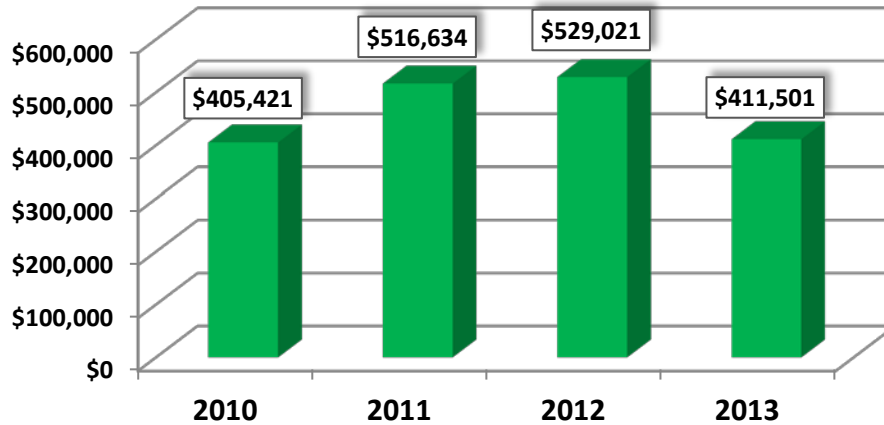
- The average membership served by the program shows a decreasing trend over the past four Plan years, down by 13% since 2010.
- There were 303 members who had at least one paid claim for behavioral health service in 2013, representing 3.5% of all members.
- Forty-eight members or 16% of those in care required an acute service admission (inpatient and/or alternative levels of care).

Program Penetration



Paid Claims Experience

Total of Paid Claims



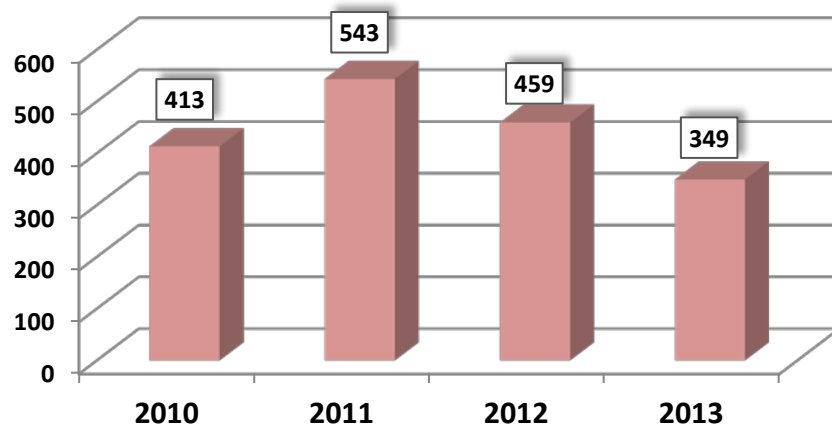
	2010	2011	2012	2013
Acute Care Subtotal	\$275,457	\$378,410	\$417,287	\$277,289
Outpatient Subtotal	\$129,964	\$138,124	\$111,734	\$134,212
Total of Paid Claims	\$405,421	\$516,534	\$529,021	\$411,501
Per Employee per Month	\$5.53	\$7.29	\$8.03	\$6.45
Per Member per Month	\$3.31	\$4.31	\$4.79	\$3.86
Total Network Savings	\$261,293	\$327,594	\$411,515	\$267,569
Network Savings PEPM	\$3.40	\$4.62	\$6.24	\$4.20

- The total of paid claims in 2013 is 22% lower than that in 2012.
- The acute care total diminished by a third due to a 50% decline in the number of paid inpatient days.
- The claims total for outpatient care increased 20% primarily because of an rise in the average number of visits per member in care. (This result reflects the impact of the application of parity to behavioral health, as prior authorization is no longer required for OP care.)
- The rate paid per-employee and per-member-per-month went down 20% secondary to the decrease in acute care costs.
- The total of savings due to discounts on network claims represented 43% of the amount billed by participating providers, and was equal to \$4.20 PEPM.



Behavioral Health Utilization – Acute Care

Acute Care Benefit Days

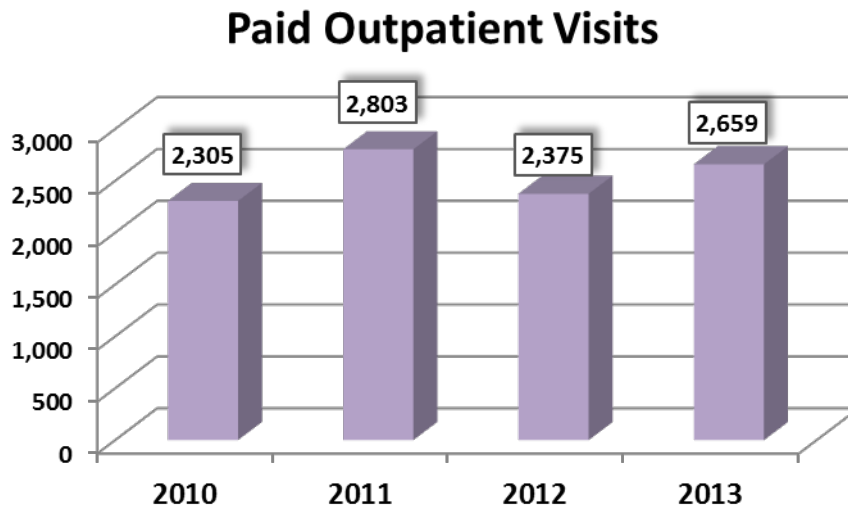


	2010	2011	2012	2013
Acute Care Admisssions	70	95	83	61
Total Benefit Days Utilized	413	543	459	349
Admits / 1000 Members	6.8	9.5	9.0	6.9
Benefit Days / 1000 Members	40.5	54.3	49.8	39.3
Average Length of Stay in Care	5.9	5.7	5.5	5.7

- The total of acute care benefit days authorized in 2013 (inpatient, partial hospital, residential and intensive outpatient) is 25% less than the prior year because of fewer approved admissions.
- This change resulted in a rate of benefit days authorized per thousand members that is 21% lower compared to the prior year, continuing a downward trend that began in 2011.
- Despite the movement of benefits to parity with medical coverage, all MHSA acute care remains actively managed on a case-by-case basis.



Outpatient Utilization – Claims Experience



	2010	2011	2012	2013
Paid Outpatient Visits	2,305	2,803	2,375	2,659
Unique Mbrs seen in Outpatient	344	365	324	303
Average # of Visits / Mbr in Care	6.7	7.7	7.3	8.8
OP Visits / 1000 Members	225.6	280.4	258.0	299.3

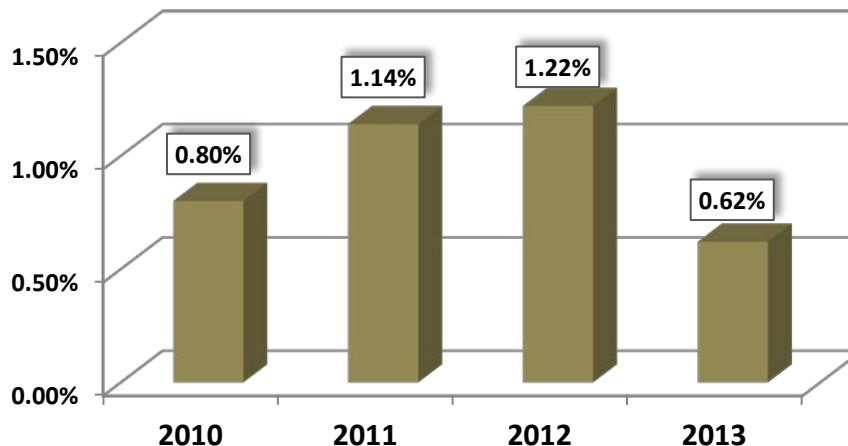
- Twenty-one fewer members had a paid claim for outpatient services in the past year.
- Each member in care used 1.5 more visits, reflecting the influence of the removal of certification requirements for outpatient care as required by parity for behavioral health benefits.
- The additional 284 visits used in 2013 accounts for a 16% rise in the total of outpatient units paid per thousand members.



Employee Assistance Program Results

	2010	2011	2012	2013
Average # of Subscribers	2887	3719	2525	2564
Total EAP Cases	23	31	31	16
EAP Access Rate	0.80%	0.83%	1.23%	0.62%

EAP Access Rate



Primary Presenting Problems				
<i>Problem Types</i>	2010	2011	2012	2013
Depression/Anxiety/Grief & Loss	30.4%	19.4%	35.5%	37.5%
Marital/Relationship/Family	21.7%	35.5%	29.0%	25.0%
Situational Adjustment	8.7%	22.5%	16.1%	12.5%
Job/Occupational	0.0%	0.0%	0.0%	12.5%
Alcohol/Drug	17.4%	6.5%	0.0%	0.0%
Other	21.8%	16.2%	19.4%	12.5%

- The number of members who used the EAP benefit went down by nearly one-half. This change may be the result of an unintended consequence of parity.*
- Depression / Anxiety / Grief & Loss remained the most common category of presented problem among those accessing the EAP.

* Prior to 2013, when members were required to pre-certify their outpatient care through ValueOptions, their call also became an opportunity to educate the member about the availability of the EAP benefit and how it can be used for the majority of concerns that will prompt the need for outpatient treatment.. With parity, pre-certification of OP is not required, and so this opportunity for promotion of the EAP to individual members no longer occurs.



Paid Claims Experience

UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report
January 1, 2013 - December 31, 2013

Paid Claim Analysis - In-Network versus Out-of-Network

In-Network

Level of Care	Psych Units	Psych Paid \$'s	Substance Abuse Units	Substance Abuse Paid \$'s	Total Units	Total Paid \$'s	Average Cost per Unit	PEPM	PMPM
Inpatient	76	\$79,131	75	\$56,922	151	\$136,053	\$901.01	\$2.13	\$1.28
Residential	1	\$732	62	\$27,573	63	\$28,305	\$449.28	\$0.44	\$0.27
Partial Hospitalization	18	\$7,040	94	\$25,306	112	\$32,346	\$288.80	\$0.51	\$0.30
Intensive Outpatient	11	\$1,540	245	\$36,470	256	\$38,010	\$148.48	\$0.60	\$0.36
Outpatient	1,379	\$84,191	514	\$14,492	1,893	\$98,683	\$52.13	\$1.55	\$0.93
Sub Total	<u>1,485</u>	<u>\$172,634</u>	<u>990</u>	<u>\$160,763</u>	<u>2,475</u>	<u>\$333,397</u>		<u>\$5.23</u>	<u>\$3.13</u>

Out-of-Network

Level of Care	Psych Units	Psych Paid \$'s	Substance Abuse Units	Substance Abuse Paid \$'s	Total Units	Total Paid \$'s	Average Cost per Unit	PEPM	PMPM
Inpatient	14	\$9,927	3	\$48	17	\$9,975	\$586.78	\$0.16	\$0.09
Residential	0	\$0	0	\$0	0	\$0	\$0.00	\$0.00	\$0.00
Partial Hospitalization	0	\$0	11	\$15,950	11	\$15,950	\$1,450.00	\$0.25	\$0.15
Intensive Outpatient	0	\$0	15	\$16,650	15	\$16,650	\$1,110.00	\$0.26	\$0.16
Outpatient	288	\$21,127	477	\$14,325	765	\$35,453	\$46.34	\$0.56	\$0.33
Sub Total	<u>302</u>	<u>\$31,055</u>	<u>506</u>	<u>\$46,973</u>	<u>808</u>	<u>\$78,028</u>		<u>\$1.22</u>	<u>\$0.73</u>

Total

Level of Care	Psych Units	Psych Paid \$'s	Substance Abuse Units	Substance Abuse Paid \$'s	Total Units	Total Paid \$'s	Average Cost per Unit	PEPM	PMPM
Inpatient	90	\$89,058	78	\$56,970	168	\$146,028	\$869.22	\$2.29	\$1.37
Residential	1	\$732	62	\$27,573	63	\$28,305	\$449.28	\$0.44	\$0.27
Partial Hospitalization	18	\$7,040	105	\$41,256	123	\$48,296	\$392.65	\$0.76	\$0.45
Intensive Outpatient	11	\$1,540	260	\$53,120	271	\$54,660	\$201.70	\$0.86	\$0.51
Outpatient	1,668	\$105,395	991	\$28,817	2,659	\$134,212	\$50.47	\$2.11	\$1.26
Grand Total	<u>1,788</u>	<u>\$203,765</u>	<u>1,496</u>	<u>\$207,736</u>	<u>3,284</u>	<u>\$411,501</u>		<u>\$6.45</u>	<u>\$3.86</u>

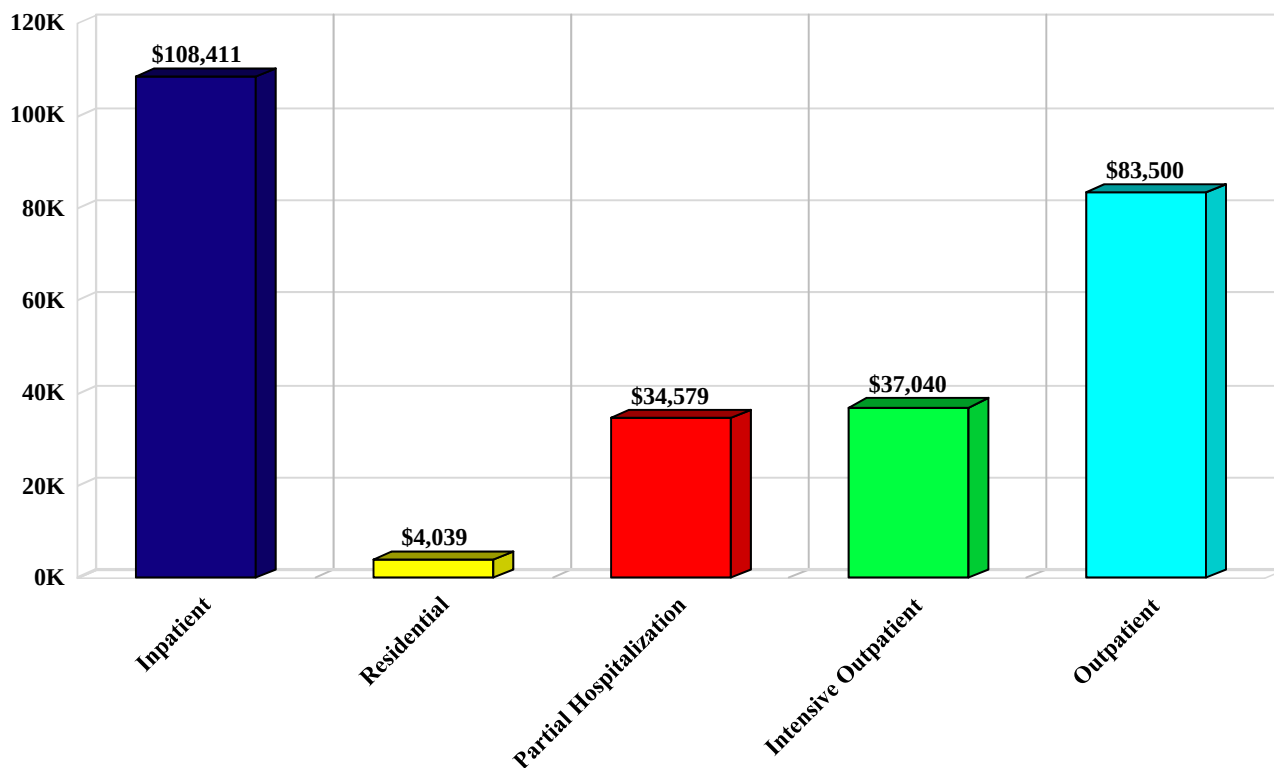
*In-Network Claims include SCA.

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Network Savings

Level of Care	Billed Amount	Allowed Amount	*Network Savings
Inpatient	\$248,303	\$139,891	\$108,411
Residential	\$32,344	\$28,305	\$4,039
Partial Hospitalization	\$67,352	\$32,773	\$34,579
Intensive Outpatient	\$75,050	\$38,010	\$37,040
Outpatient	\$205,920	\$122,420	\$83,500
Total	\$628,968	\$361,400	\$267,569

Network Savings by Level of Care

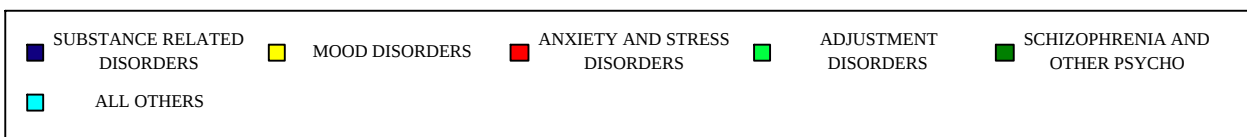
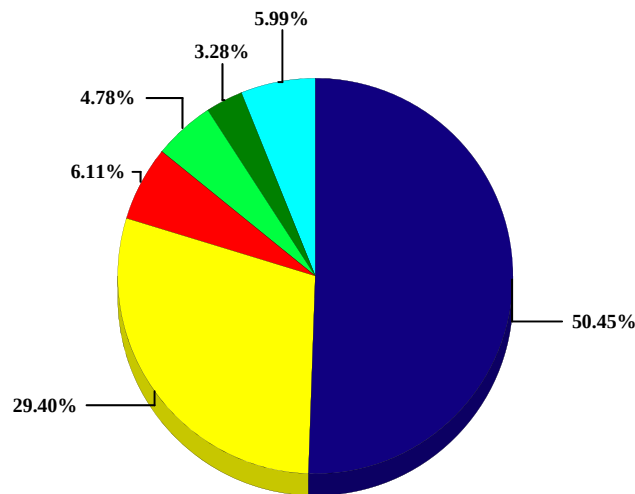


UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report
January 1, 2013 - December 31, 2013

Total Paid Distribution by Major Diagnosis Category

Rank	Diagnosis Category	Total Paid	% of Total Paid	Book of Business
1	SUBSTANCE RELATED DISORDERS	\$207,588.73	50.45%	26.06%
2	MOOD DISORDERS	\$120,971.44	29.40%	41.67%
3	ANXIETY AND STRESS DISORDERS	\$25,153.14	6.11%	9.41%
4	ADJUSTMENT DISORDERS	\$19,651.45	4.78%	9.47%
5	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS	\$13,478.39	3.28%	3.79%
6	DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD OR ADOLESCENCE	\$11,313.86	2.75%	4.54%
7	OTHER MENTAL DISORDERS	\$10,720.45	2.61%	0.66%
8	MENTAL DISORDERS DUE TO A GENERAL MEDICAL CONDITION NOT ELSEWHERE CLASSIFIED	\$1,115.60	0.27%	0.24%
9	OTHER CONDITIONS THAT MAY BE THE FOCUS OF CLINICAL ATTENTION	\$854.00	0.21%	0.16%
10	DELIRIUM, DEMENTIA, AMNESTIC AND OTHER COGNITIVE DISORDERS	\$577.36	0.14%	0.20%
11	EATING DISORDERS	\$76.80	0.02%	3.48%
	ALL OTHER DIAGNOSIS CATEGORIES	\$0	0.00%	3.80%
Total for All Diagnosis Categories		\$411,501.22	100.00%	100.00%

Top Five Diagnosis Categories

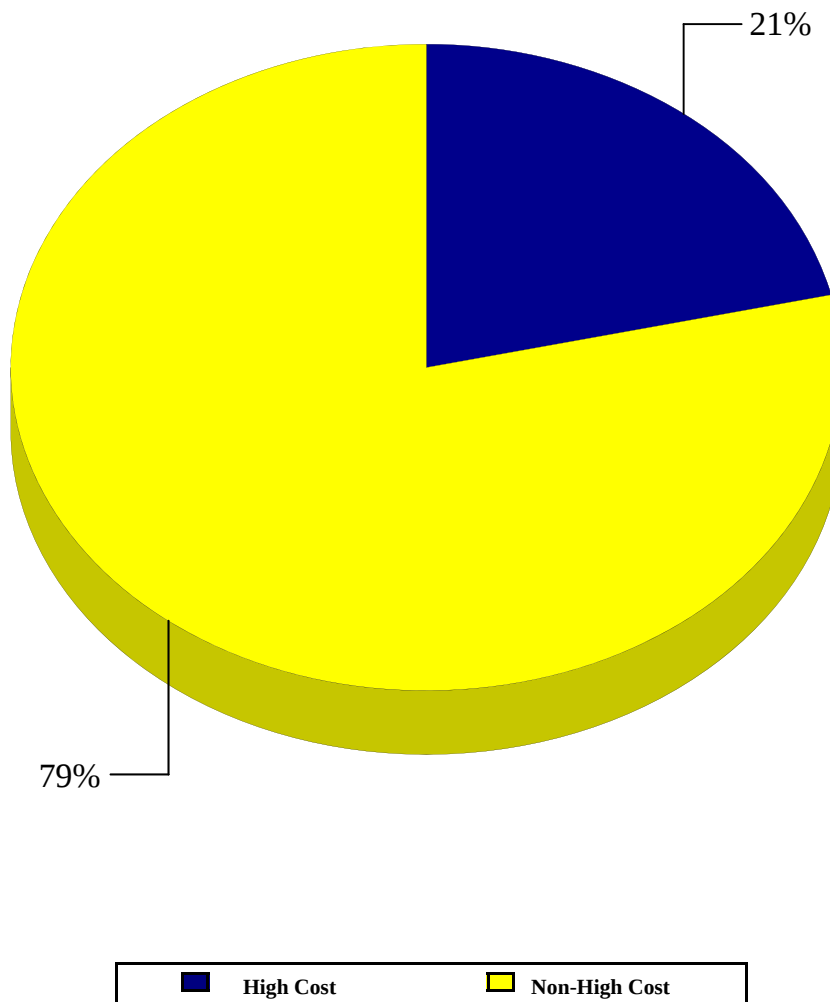


January 1, 2013 - December 31, 2013

High Cost Member Cases Greater than \$20,000

	# of Unduplicated Members	Total Claim Amount	Total Allowed Amount	Total Paid Amount	% of Total
High Cost Cases	3	\$105,529	\$91,330	\$87,916	21.36%
Non-High Cost Cases	308	\$626,560	\$369,014	\$323,586	78.64%
Total	311	\$732,090	\$460,344	\$411,501	100.00%

High Cost Member Cases



Paid Claim Analysis - Gender/Dependency

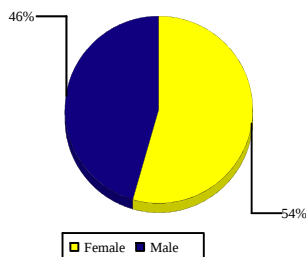
Males

Age Band	Employee	Spouse	Dependent	Total
0 - 12	\$0	\$0	\$8,521	\$8,521
13 - 17	\$0	\$0	\$23,773	\$23,773
18 - 64	\$108,815	\$8,388	\$32,270	\$149,472
65+	\$5,502	\$3	\$0	\$5,505
Total	\$114,317	\$8,391	\$64,564	\$187,271

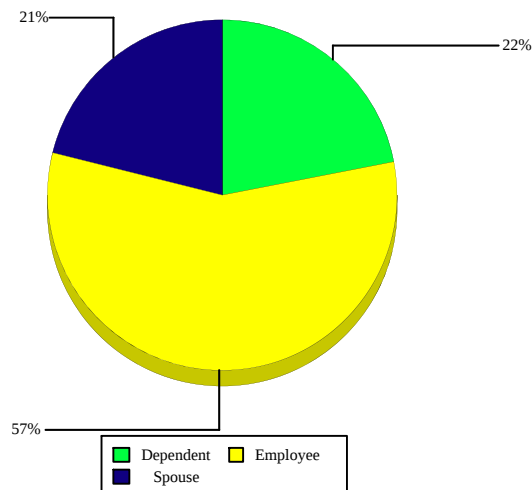
Females

Age Band	Employee	Spouse	Dependent	Total
0 - 12	\$0	\$0	\$1,734	\$1,734
13 - 17	\$0	\$0	\$9,392	\$9,392
18 - 64	\$119,498	\$78,845	\$14,138	\$212,481
65+	\$488	\$135	\$0	\$623
Total	\$119,987	\$78,979	\$25,264	\$224,230

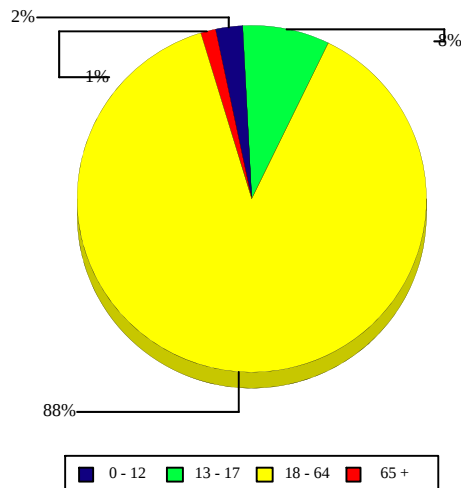
Total Paid % by Gender



Total Paid % by Dependency



Total Paid % by Age Band

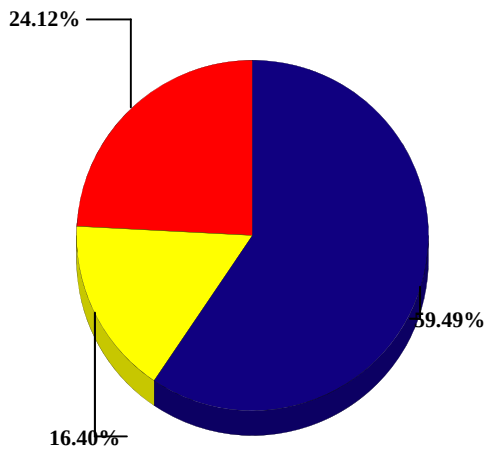


Program Penetration Analyses

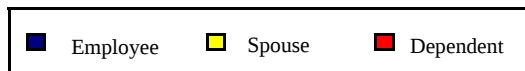
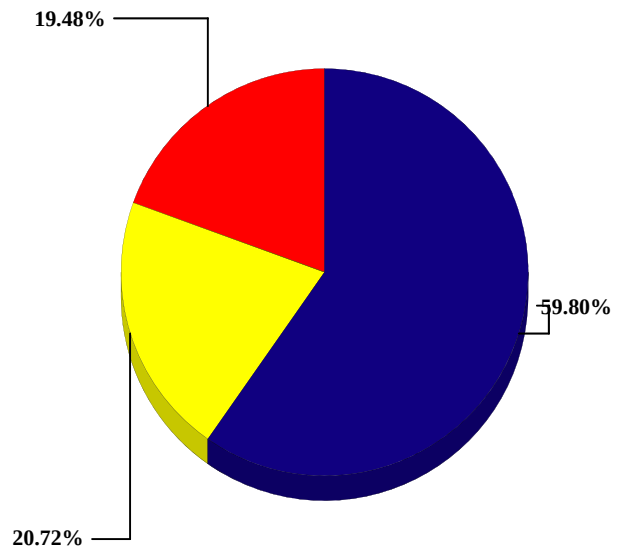
Penetration Rate by Beneficiary Type - Claims Based

	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	185	51	75	311
Membership	5,313	1,841	1,731	8,885
Penetration Rate	3.48%	2.77%	4.33%	3.50%

Unduplicated Members Accessing Care



Membership



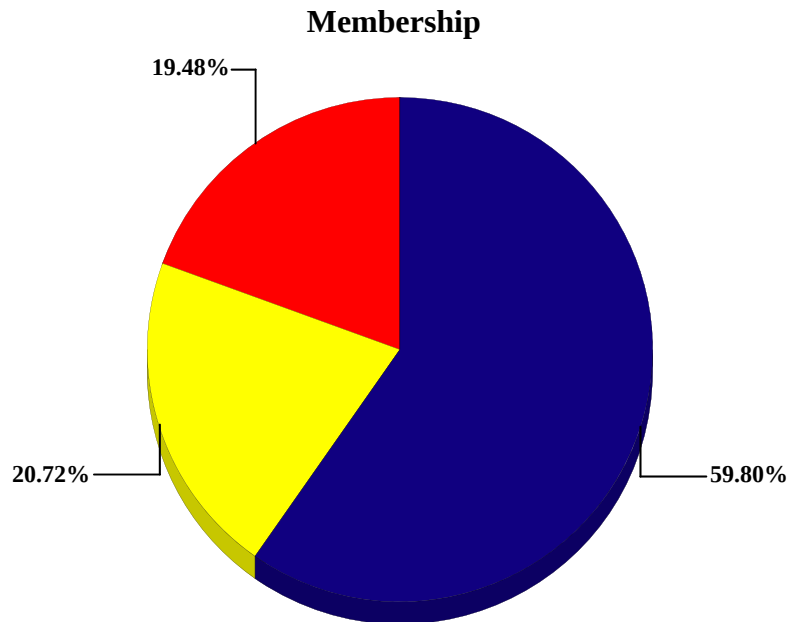
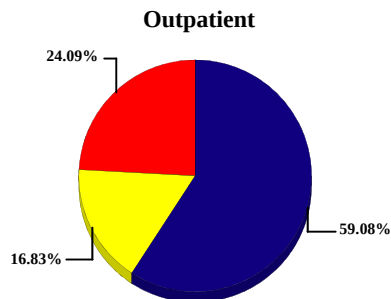
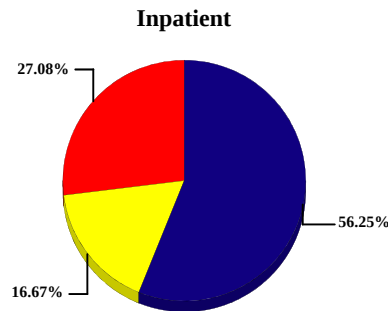
**Penetration Rate by Beneficiary Type (Claims)
Inpatient and Higher Level of Care vs Outpatient**

Inpatient

	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	27	8	13	48
Average Membership	5,313	1,841	1,731	8,885
Penetration Rate	0.51%	0.43%	0.75%	0.54%

Outpatient

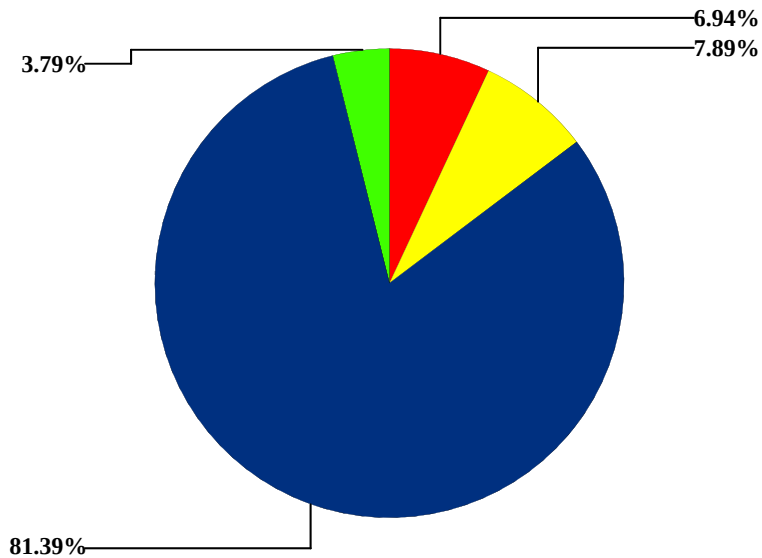
	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	179	51	73	303
Average Membership	5,313	1,841	1,731	8,885
Penetration Rate	3.37%	2.77%	4.22%	3.41%



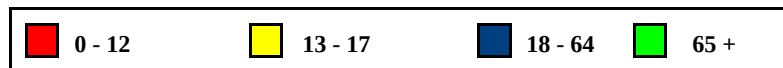
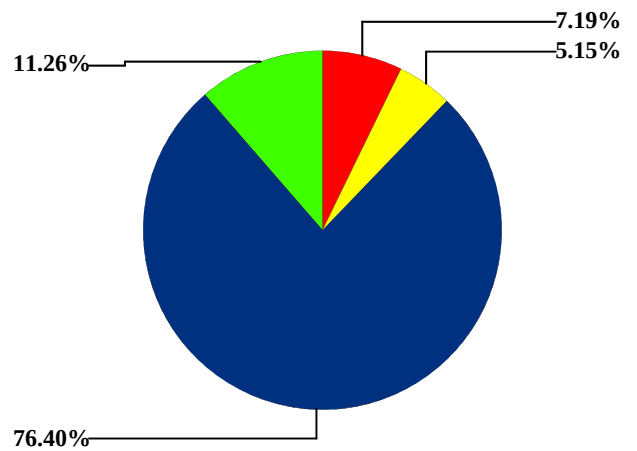
Penetration Rate by Age Category (Claims)

	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	22	25	258	12	311
Average Membership	639	457	6,788	1,000	8,885
Penetration Rate	3.44%	5.47%	3.80%	1.20%	3.50%

Unduplicated Members Accessing Care



Membership



**Penetration Rate by Age Category (Claims)
 Inpatient and Higher Level of Care vs Outpatient**

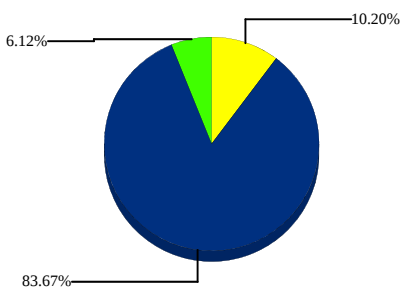
Inpatient

	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	0	5	41	3	48
Average Membership	639	457	6,788	1,000	8,885
Penetration Rate	0.00%	1.09%	0.60%	0.30%	0.54%

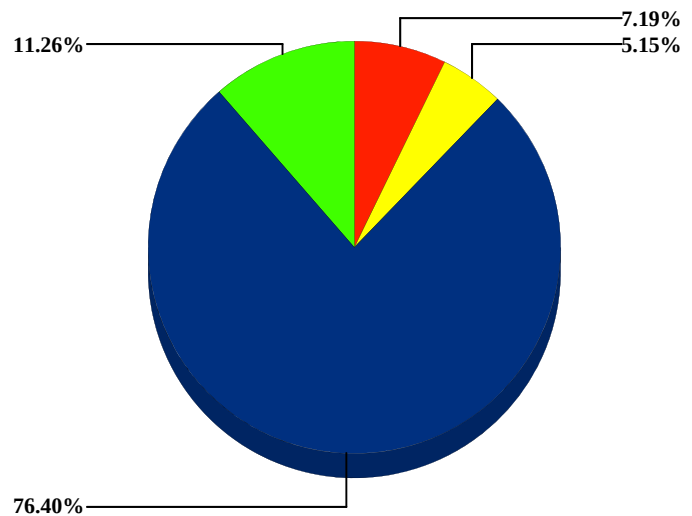
Outpatient

	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	22	25	251	11	303
Average Membership	639	457	6,788	1,000	8,885
Penetration Rate	3.44%	5.47%	3.70%	1.10%	3.41%

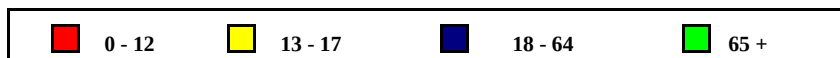
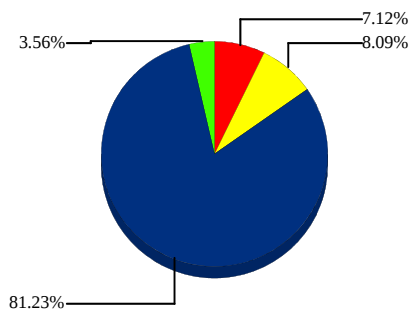
Inpatient



Membership



Outpatient



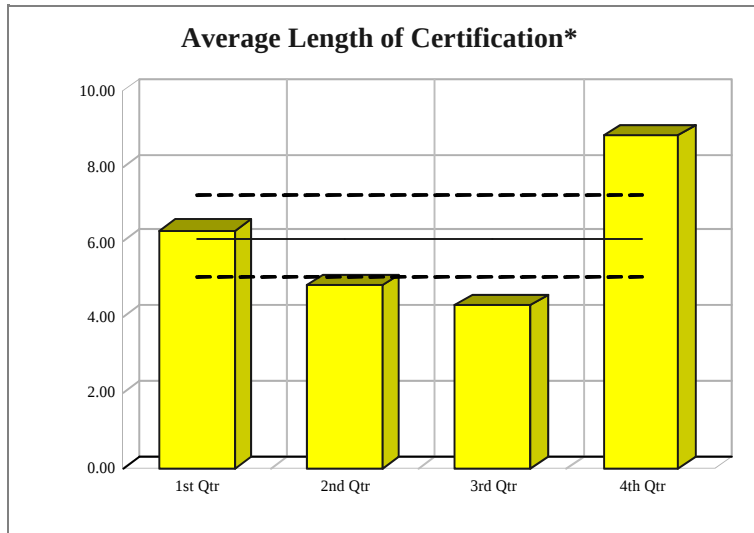
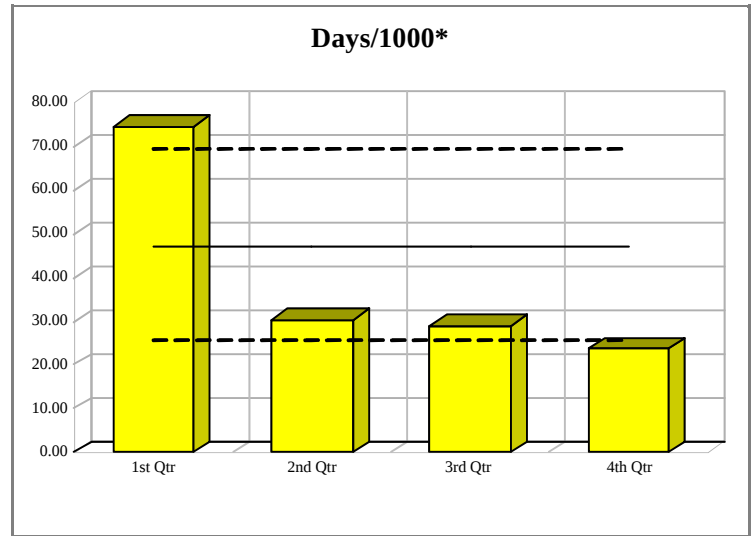
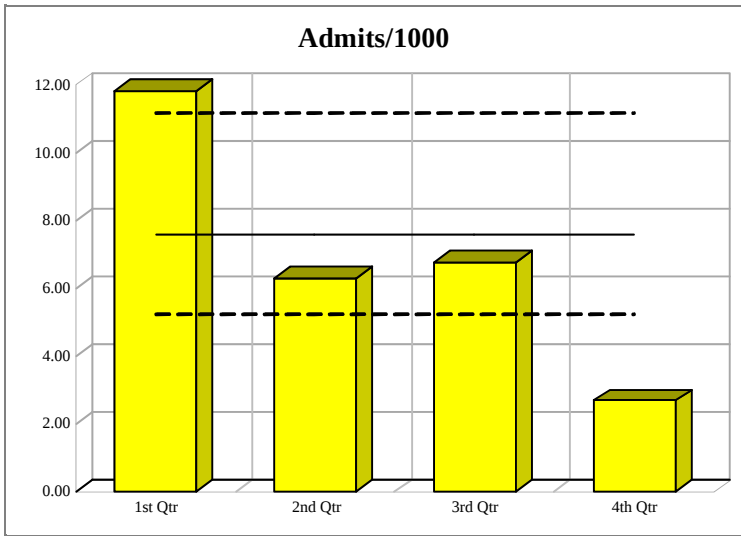
Behavioral Health Utilization

**UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report**

January 1, 2013 - December 31, 2013

Acute Inpatient & Alternative Levels of Care Utilization

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	8,796	8,926	8,889	8,927	8,885
Admissions	26	14	15	6	61
Days*	164	68	65	53	349
Admissions/1000 Lives	11.82	6.27	6.75	2.69	6.87
Days/1000 Lives*	74.53	30.29	29.02	23.66	39.26
Avg Length of Certification*	6.30	4.83	4.30	8.80	5.72



Book of Business Legend and Data Table for Employer Solutions Division with AMRs applied

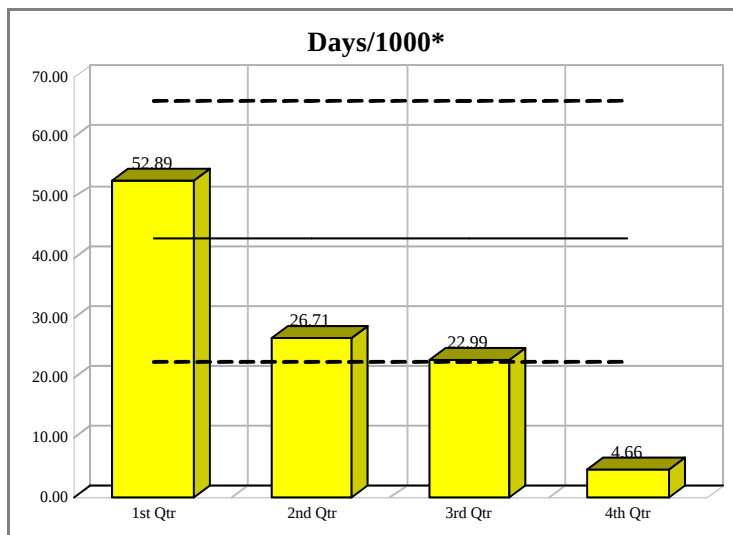
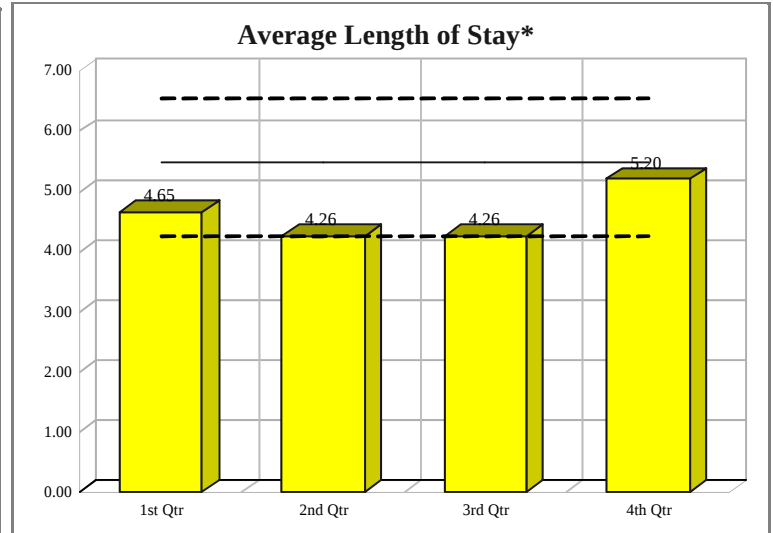
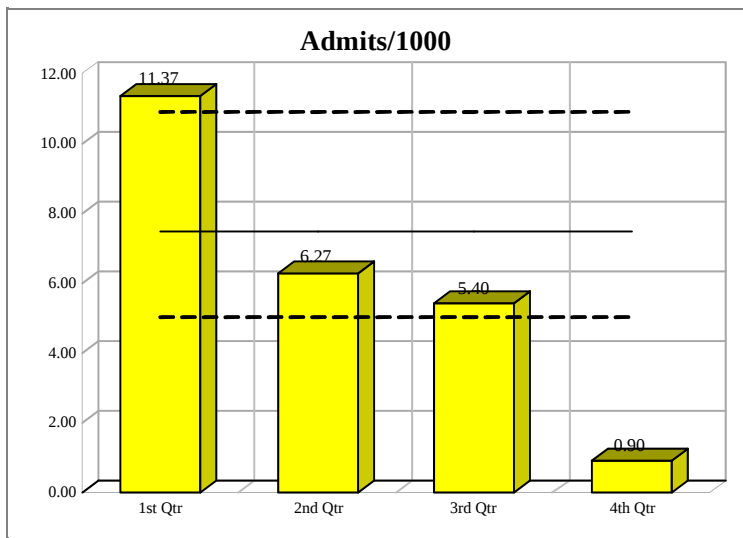
	<u>Legend</u>	<u>Admits/1000</u>	<u>Days/1000*</u>	<u>Average Length of Certification*</u>
Upper Control Limit	— — — —	11.17	69.32	7.26
Book of Business	————	7.57	47.31	6.08
Lower Control Limit	— — — —	5.26	25.64	5.08

*Alternative Modality Ratios have been applied.

** All data has been annualized.

Acute Inpatient & Alternative Levels of Care Utilization - Claims Based
Both Psychiatric and Substance Abuse

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	8,796	8,926	8,889	8,927	8,885
Admissions	25	14	12	2	53
Days*	116	60	51	10	237
Admissions/1000 Lives	11.37	6.27	5.40	0.90	5.97
Avg Length of Stay*	4.65	4.26	4.26	5.20	4.48
Days/1000 Lives*	52.89	26.71	22.99	4.66	26.72



Book of Business Legend and Data Table for Employer Solutions Division with AMRs applied

	<u>Legend</u>	<u>Admits/1000</u>	<u>Days/1000*</u>	<u>Average Length of Stay*</u>
Upper Control Limit	— — — —	10.88	66.02	6.55
Book of Business	————	7.47	43.17	5.49
Lower Control Limit	— — — —	5.03	22.61	4.24

*Alternative Modality Ratios have been applied.

** All data has been annualized.

UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report
January 1, 2013 - December 31, 2013

**Total Acute Inpatient & Alternative Levels of Care Detail
Psychiatric vs Substance Abuse**

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year to Date	
Avg Covered Lives	8,796		8,926		8,889		8,927		8,885	
<u>ACUTE INPATIENT</u>										
	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>
Admissions	9	6	4	1	7	4	4	1	24	12
Days*	59	52	19	4	27	17	39	6	144	79
Admissions/1000 Lives	4.09	2.73	1.79	0.45	3.15	1.80	1.79	0.45	2.70	1.35
Days/1000 Lives*	26.83	23.65	8.51	1.79	12.15	7.65	17.48	2.69	16.21	8.89
Avg Length of Certification*	6.56	8.67	4.75	4.00	3.86	4.25	9.75	6.00	6.00	6.58
<u>RESIDENTIAL TREATMENT PROGRAM</u>										
	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>
Admissions	0	2	0	1	0	0	0	1	0	4
Days*	0	8	0	8	0	0	0	7	0	23
Admissions/1000 Lives	0.00	0.91	0.00	0.45	0.00	0.00	0.00	0.45	0.00	0.45
Days/1000 Lives*	0.00	3.64	0.00	3.36	0.00	0.00	0.00	3.14	0.00	2.53
Avg Length of Certification*	0.00	4.00	0.00	7.50	0.00	0.00	0.00	7.00	0.00	5.63
<u>PARTIAL HOSPITALIZATION PROGRAM</u>										
	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>
Admissions	1	4	0	2	0	2	0	0	1	8
Days*	4	25	0	13	0	7	0	0	4	44
Admissions/1000 Lives	0.45	1.82	0.00	0.90	0.00	0.90	0.00	0.00	0.11	0.90
Days/1000 Lives*	1.82	11.14	0.00	5.60	0.00	2.92	0.00	0.00	0.45	4.90
Avg Length of Certification*	4.00	6.13	0.00	6.25	0.00	3.25	0.00	0.00	4.00	5.44
<u>IOP/GROUP HOME/HALFWAY HOUSE</u>										
	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>
Admissions	0	4	1	5	0	2	0	0	1	11
Days*	0	16	3	22	0	14	0	1	3	53
Admissions/1000 Lives	0.00	1.82	0.45	2.24	0.00	0.90	0.00	0.00	0.11	1.24
Days/1000 Lives*	0.00	7.46	1.34	9.68	0.00	6.30	0.00	0.36	0.34	5.94
Avg Length of Certification*	0.00	4.10	3.00	4.32	0.00	7.00	0.00	0.80	3.00	4.80
<u>TOTAL ACUTE INPATIENT AND ALTERNATIVE LEVELS OF CARE</u>										
	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>
Admissions	10	16	5	9	7	8	4	2	26	35
Days*	63	101	22	46	27	38	39	14	151	198
Admissions/1000 Lives	4.55	7.28	2.24	4.03	3.15	3.60	1.79	0.90	2.93	3.94
Days/1000 Lives*	28.65	45.88	9.86	20.43	12.15	16.87	17.48	6.18	17.00	22.26
Avg Length of Certification*	6.30	6.31	4.40	5.07	3.86	4.69	9.75	6.90	5.81	5.65

*Alternative Modality Ratios have been applied.

** All data has been annualized.

Report # 2003.1.01

UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report
January 1, 2013 - December 31, 2013

Total Acute Inpatient and Alternative Levels of Care Detail

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	8,796	8,926	8,889	8,927	8,885

ACUTE INPATIENT

Admissions	15	5	11	5	36
Days*	111	23	44	45	223
Admissions/1000 Lives	6.82	2.24	4.95	2.24	4.05
Days/1000 Lives*	50.48	10.31	19.80	20.16	25.10
Avg Length of Certification*	7.40	4.60	4.00	9.00	6.19

RESIDENTIAL TREATMENT PROGRAM

Admissions	2	1	0	1	4
Days*	8	8	0	7	23
Admissions/1000 Lives	0.91	0.45	0.00	0.45	0.45
Days/1000 Lives*	3.64	3.36	0.00	3.14	2.53
Avg Length of Certification*	4.00	7.50	0.00	7.00	5.63

PARTIAL HOSPITALIZATION PROGRAM

Admissions	5	2	2	0	9
Days*	29	13	7	0	48
Admissions/1000 Lives	2.27	0.90	0.90	0.00	1.01
Days/1000 Lives*	12.96	5.60	2.92	0.00	5.35
Avg Length of Certification*	5.70	6.25	3.25	0.00	5.28

IOP/GROUP HOME/HALFWAY HOUSE

Admissions	4	6	2	0	12
Days*	16	25	14	1	56
Admissions/1000 Lives	1.82	2.69	0.90	0.00	1.35
Days/1000 Lives*	7.46	11.02	6.30	0.36	6.28
Avg Length of Certification*	4.10	4.10	7.00	0.80	4.65

TOTAL ACUTE INPATIENT AND ALTERNATIVE LEVELS OF CARE

Admissions	26	14	15	6	61
Days*	164	68	65	53	349
Admissions/1000 Lives	11.82	6.27	6.75	2.69	6.87
Days/1000 Lives*	74.53	30.29	29.02	23.66	39.26
Avg Length of Certification*	6.30	4.83	4.30	8.80	5.72

*Alternative Modality Ratios have been applied.

** All data has been annualized.

**UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report**

**Service Dates: January 1, 2013 - December 31, 2013
Paid Through: December 31, 2013**

Total Acute Inpatient and Alternative Levels of Care Detail - Claims Based

Both Psychiatric and Substance Abuse

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	8,796	8,926	8,889	8,927	8,885

ACUTE INPATIENT

Admissions	11	5	8	1	25
Days*	68	22	30	2	122
Admissions/1000 Lives	5.00	2.24	3.60	0.45	2.81
Avg Length of Stay*	6.18	4.40	3.75	2.00	4.88
Days/1000 Lives*	30.92	9.86	13.50	0.90	13.73

RESIDENTIAL TREATMENT PROGRAM

Admissions	3	1	0	1	5
Days*	9	8	0	7	23
Admissions/1000 Lives	1.36	0.45	0.00	0.45	0.56
Avg Length of Stay*	2.83	7.50	0.00	7.00	4.60
Days/1000 Lives*	3.87	3.36	0.00	3.14	2.59

PARTIAL HOSPITALIZATION PROGRAM

Admissions	7	2	2	0	11
Days*	26	13	7	0	45
Admissions/1000 Lives	3.18	0.90	0.90	0.00	1.24
Avg Length of Stay*	3.71	6.25	3.25	0.00	4.09
Days/1000 Lives*	11.82	5.60	2.92	0.00	5.06

IOP/GROUP HOME/HALFWAY HOUSE

Admissions	4	6	2	0	12
Days*	14	18	15	1	47
Admissions/1000 Lives	1.82	2.69	0.90	0.00	1.35
Avg Length of Stay*	3.45	2.93	7.30	0.00	3.95
Days/1000 Lives*	6.28	7.89	6.57	0.63	5.34

TOTAL ACUTE INPATIENT AND ALTERNATIVE LEVELS OF CARE

Admissions	25	14	12	2	53
Days*	116	60	51	10	237
Admissions/1000 Lives	11.37	6.27	5.40	0.90	5.97
Avg Length of Stay*	4.65	4.26	4.26	5.20	4.48
Days/1000 Lives*	52.89	26.71	22.99	4.66	26.72

*Alternative Modality Ratios have been applied.

** All data has been annualized.

Report # 2055.2.01

Recidivism Rates - Psychiatric vs Substance Abuse

Psychiatric

Age Band	Hospitalized in Previous Year	Readmitted within 365 Days	
		Admits	%
0 - 12	0	0	0.00%
13 - 17	2	0	0.00%
18 - 64	31	3	9.68%
65 +	0	0	0.00%
Total	<u>33</u>	<u>3</u>	<u>9.09%</u>

Substance Abuse

Age Band	Hospitalized in Previous Year	Readmitted within 365 Days	
		Admits	%
0 - 12	0	0	0.00%
13 - 17	0	0	0.00%
18 - 64	12	2	16.67%
65 +	0	0	0.00%
Total	<u>12</u>	<u>2</u>	<u>16.67%</u>

Total

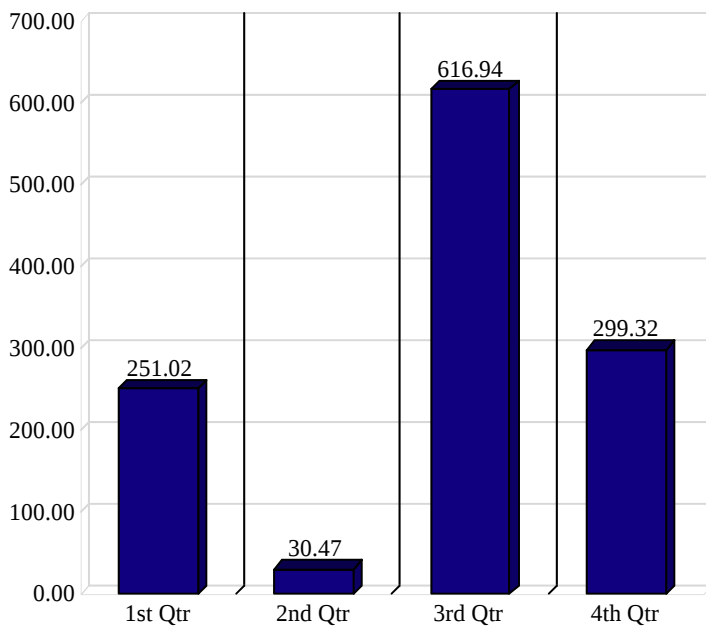
Age Band	Hospitalized in Previous Year	Readmitted within 365 Days	
		Admits	%
0 - 12	0	0	0.00%
13 - 17	2	0	0.00%
18 - 64	43	5	11.63%
65 +	0	0	0.00%
Total	<u>45</u>	<u>5</u>	<u>11.11%</u>

UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report
January 1, 2013 - December 31, 2013

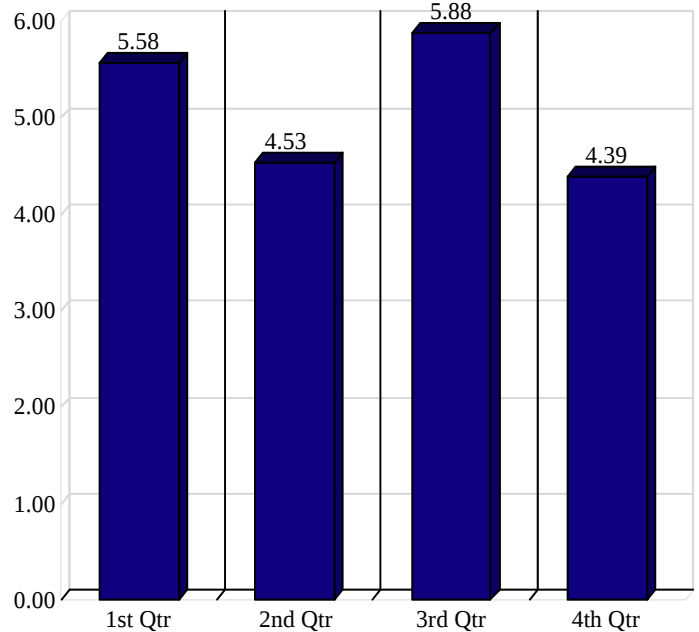
Total Outpatient Utilization (Paid Claims)

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	8,796	8,926	8,889	8,927	8,885
Visits *	552	68	1,371	668	2,659
Members Seen	99	15	233	152	303
Visits/1000 Lives*	251.02	30.47	616.94	299.32	299.28
Avg Number of Visits*	5.58	4.53	5.88	4.39	8.78

Visits/1000*



Average Number of Visits*

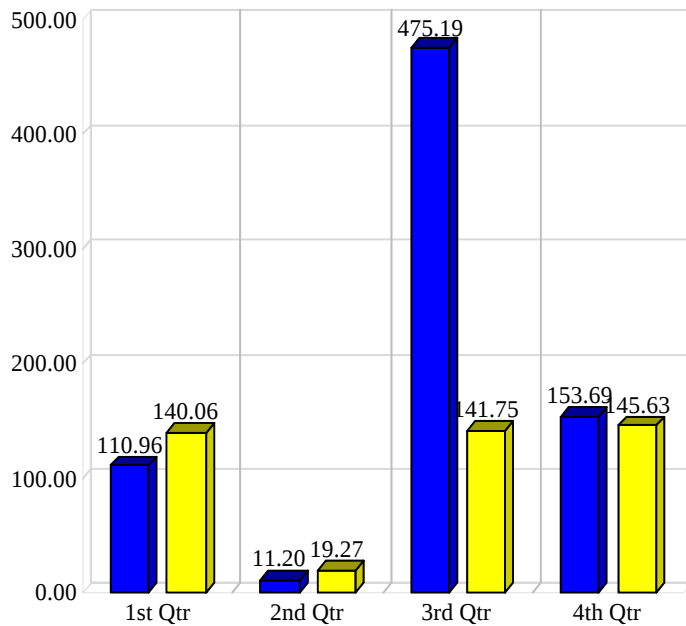


UFCW Unions and Participating Employers H & W Fund
Managed Mental Health and Substance Abuse Activity Report
January 1, 2013 - December 31, 2013

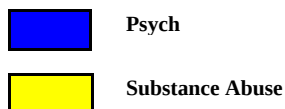
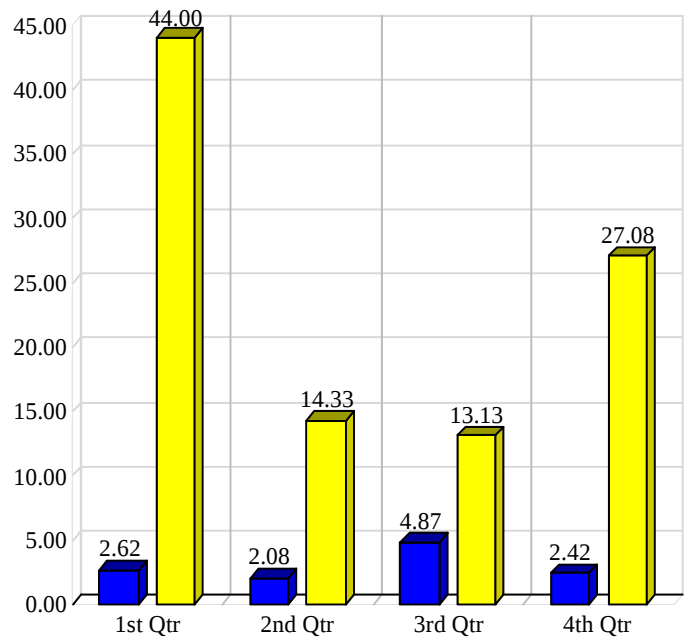
Total Outpatient Utilization by Psychiatric/Substance Abuse (Paid Claims)

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year to Date	
Avg Covered Lives	8,796		8,926		8,889		8,927		8,885	
	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>	<u>Psych</u>	<u>SA</u>
Visits *	244	308	25	43	1,056	315	343	325	1,668	991
Members Seen	93	7	12	3	217	24	142	12	281	32
Visits/1000 Lives*	110.96	140.06	11.20	19.27	475.19	141.75	153.69	145.63	187.74	111.54
Avg Number of Visits*	2.62	44.00	2.08	14.33	4.87	13.13	2.42	27.08	5.94	30.97

Visits/1000*



Average Number of Visits*

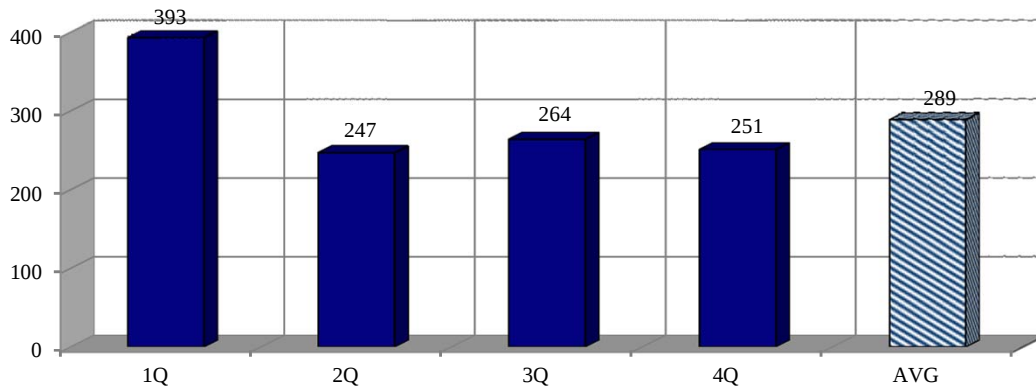


**UFCW Unions and Participating Employers Health and Welfare Fund
Managed Mental Health and Substance Abuse Activity Report
January 1, 2013 - December 31, 2013**

Telephone Performance

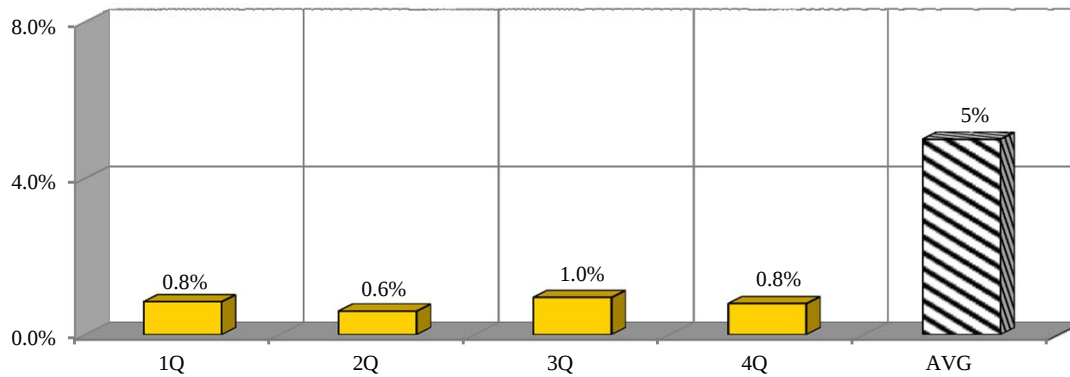
Business Hour Call Volume

YTD Total Calls: 1155
After Hours Calls: 22



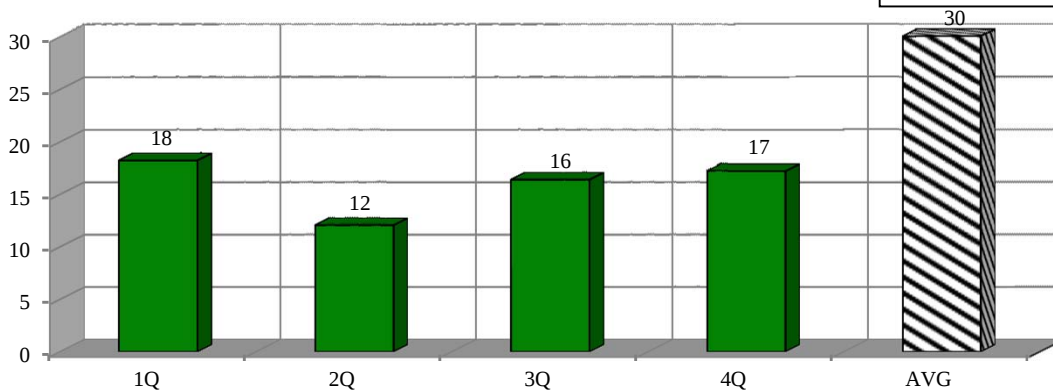
**Abandonment Rate
(Lower is Better)**

YTD Average Abandonment Rate:
0.8%



**Average Speed of Answer
(Lower is Better)**

YTD Average Speed of Answer:
16 seconds



Employee Assistance Program



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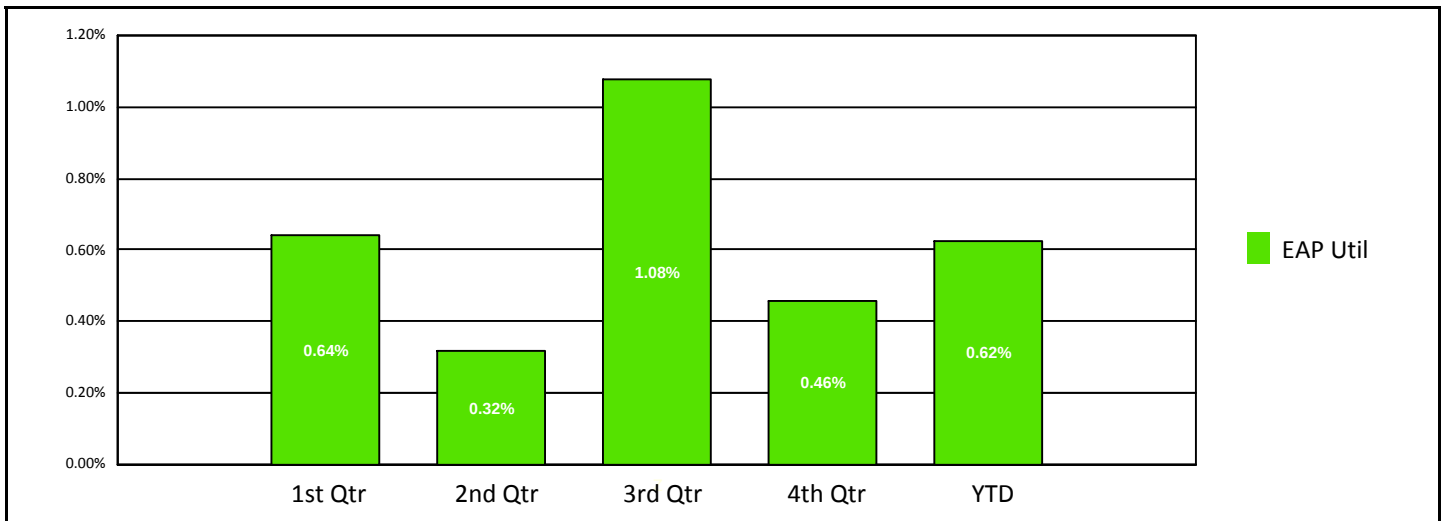
EAP Case Based Utilization

UFCW I&J, T, TR, & Z

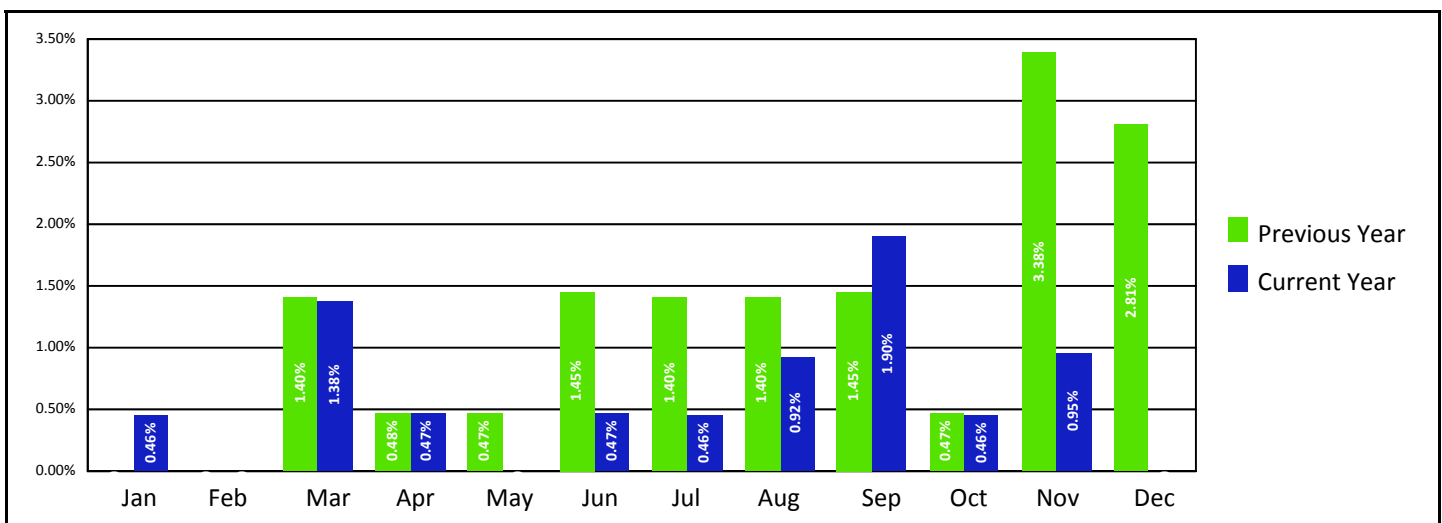
January 1, 2013 - December 31, 2013

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD	BOB YTD %	SIC YTD %
Average Number of Eligible Employees	2,534	2,540	2,581	2,599	2,564	-----	-----
Total Distinct EAP Cases	4	2	7	3	16	-----	-----
Annualized Utilization Rate	0.64%	0.32%	1.08%	0.46%	0.62%	3.45%	2.79%

Current Utilization Rate



Rolling 12 Month Trending Utilization Rate



Note: Report shows both open and closed cases.

Print Date: 1/31/2014 11:03:27AM

YTD Reporting Period: 1/1/2013 - 12/31/2013

Report # 21000.1.01

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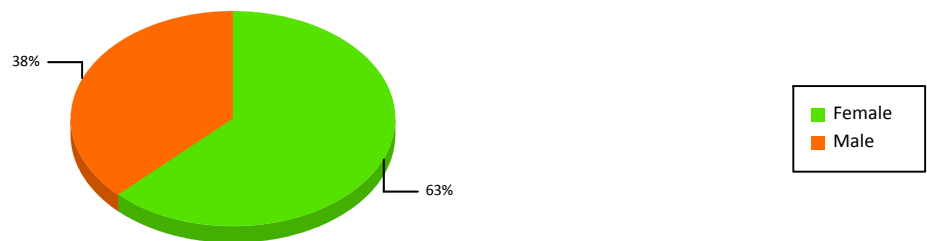
Participant Demographics

UFCW I&J, T, TR, & Z

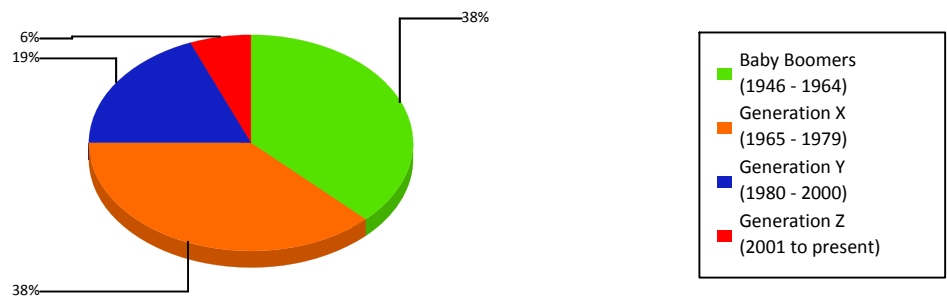
Gender | Age | Participant Category

January 1, 2013 - December 31, 2013

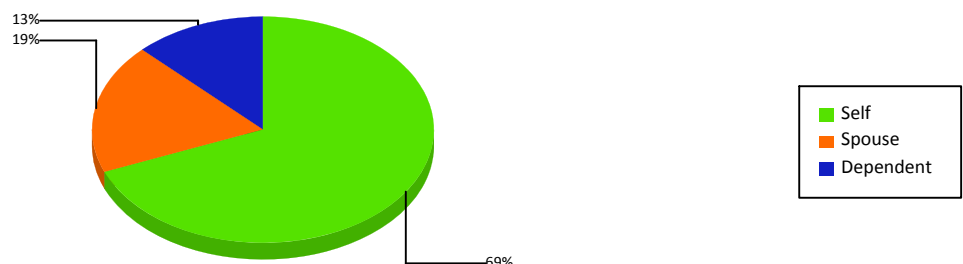
Gender



Age



Participant Category



Note: Report shows both open and closed cases. Due to rounding of percentages, totals in chart(s) may not equal 100%.

Print Date: 1/31/2014 11:05:08AM

Report # 21001.1.01

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Distribution by Problem Category

UFCW I&J, T, TR, & Z

January 1, 2013 - December 31, 2013

Top 10 Presenting Problems and Substance Abuse	2011 Qtr 4	2011 YTD	2012 Qtr 4	2012 YTD	2013 Qtr 4	2013 YTD	2013 YTD %	BOB YTD %	SIC YTD %
Anxiety	1	1	4	4	5	5	31%	12%	11%
Marital Relationship	9	9	4	4	3	3	19%	24%	24%
Job/Occupational	0	0	0	0	2	2	13%	7%	8%
Situational/Adjustment Concern	7	7	5	5	2	2	13%	17%	18%
Declined	1	1	1	1	1	1	6%	2%	2%
Family	2	2	5	5	1	1	6%	14%	15%
Grief/Loss	1	1	1	1	1	1	6%	5%	6%
Medical Problem	1	1	0	0	1	1	6%	1%	1%
Depression	6	6	7	7	0	0	0%	15%	15%
Financial	1	1	0	0	0	0	0%	0%	0%
Drug Abuse	2	2	0	0	0	0	0%	2%	1%
Total:	31	31	27	27	16	16	100%	100%	100%

Top 10 Assessed Problems and Substance Abuse	2011 Qtr 4	2011 YTD	2012 Qtr 4	2012 YTD	2013 Qtr 4	2013 YTD	2013 YTD %	BOB YTD %	SIC YTD %
Anxiety	3	3	5	5	5	5	31%	14%	12%
Marital Relationship	8	8	5	5	3	3	19%	24%	24%
Job/Occupational	0	0	0	0	2	2	13%	7%	7%
Situational/Adjustment Concern	8	8	4	4	2	2	13%	15%	15%
Declined	0	0	0	0	1	1	6%	1%	1%
Depression	7	7	5	5	1	1	6%	16%	15%
Family	1	1	6	6	1	1	6%	14%	15%
Grief/Loss	1	1	1	1	1	1	6%	5%	5%
Impulse Control Disorder	1	1	4	4	0	0	0%	3%	2%
Legal	0	0	1	1	0	0	0%	0%	0%
Drug Abuse	2	2	0	0	0	0	0%	2%	2%
Total:	31	31	31	31	16	16	100%	100%	100%

Note: Report shows both open and closed cases. Due to rounding of percentages, totals in chart(s) may not equal 100%.

Report # 21007.1.01

Print Date: 1/31/2014 11:05:57AM

YTD Reporting Period: 1/1/2013 - 12/31/2013

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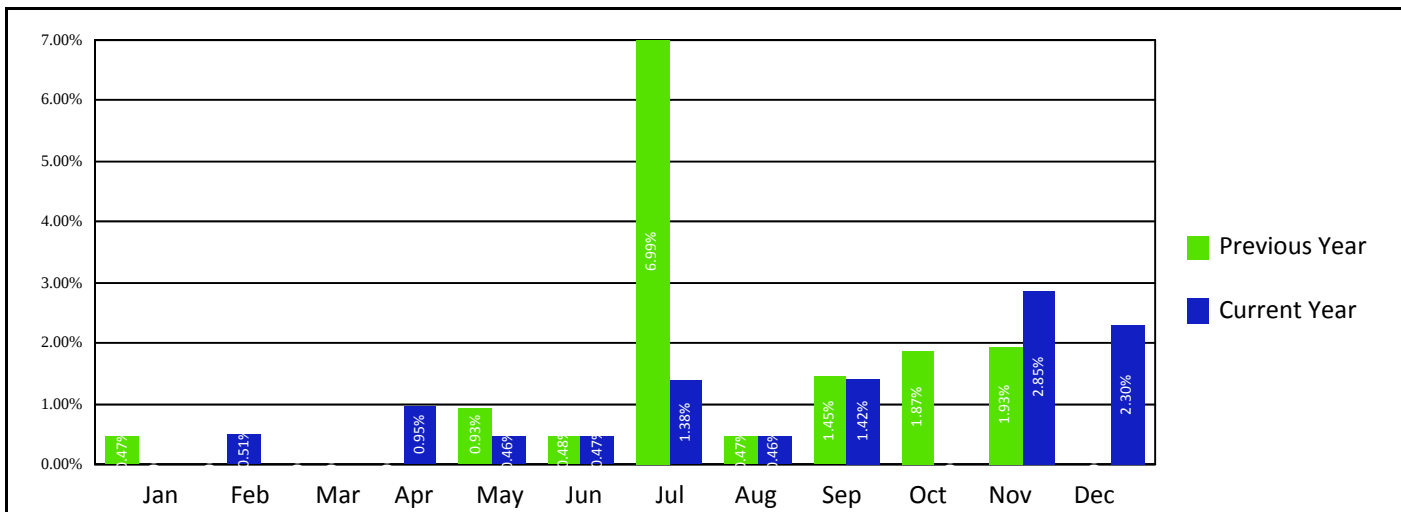
Achieve Solutions Utilization Data

UFCW

January 1, 2013 - December 31, 2013

	Current	YTD	Previous YTD	BOB YTD
Total Page Views	83	83	150	-----
Total Unique Sessions	23	23	31	-----
Annualized Utilization Rate *Unique Sessions Only*	0.88%	0.90%	1.23%	17.88%

Rolling 12 Month Trending for Unique Sessions



Top 10 Most Frequently Visited Topics	Current Views	YTD Views
Marriage	3	3
Attention-deficit/hyperactivity Disorder (ADHD)	2	2
Blended Families	2	2
Men's Health	2	2
Panic Disorder	2	2
Parenting a Toddler or Preschooler	2	2
Taking Control in Turbulent Times	2	2
Child Care	1	1
Children's Health	1	1
Counseling	1	1

Addendum

VALUEOPTIONS ANNUAL REPORT – EXECUTIVE SUMMARY OF DEVELOPMENTS & TRENDS

It has been our pleasure to serve UFCW Unions & Participating Employers Health & Welfare Fund as your trusted specialty Integrated Mental Health/Substance Abuse (MHSA) and Employee Assistance Program (EAP) partner since the 1990's. During this time, ValueOptions and UFCW Unions & Participating Employers Health & Welfare Fund have established a mutually beneficial and outcomes-driven partnership and we look forward to continuing and expanding this relationship in 2014.

As a leader in the behavioral health industry, we provide you a dynamic and fully integrated MHSA and Employee Assistance Program inclusive of unparalleled clinical excellence, advanced information technology and superior account management to maximize your overall benefit offering for your employees and their dependents.

By offering no-cost, immediate access to behavioral health and wellness resources and support, the EAP is a critical component of your comprehensive benefit portfolio. The EAP provides prevention and early intervention at the front door of the behavioral health benefit continuum. Because it is an important engagement tool, the EAP also influences members to access other key benefits.

Furthermore, as your integrated MHSA/EAP program vendor, ValueOptions focuses on the whole person, not an episodic illness. We provide a wide range of support: from self-management and coping skills to preventive health and wellness resources to more specialized clinical and social support services that engage vulnerable people in meaningful prevention and treatment interventions. We integrate services and data at the participant level, not among disparate vendor systems, giving you critical information via a shared platform that informs your program and benefit decisions.

We know every benefit dollar spent on your members is an investment in their future health and wellbeing. That's why we work tirelessly to maximize each and every member experience to make our mission to *help people live their lives to the fullest potential* a reality for your membership.

Never before has behavioral health care been so prevalent in our national discussion on health. You are seeing the impact of Affordable Care Act legislation, mental health parity, Autism Spectrum Disorder mandates and growing emphasis on physical and behavioral health care integration. ValueOptions is uniquely positioned to work with you to help your members and their dependents access the right behavioral health care services in the right setting in the midst of these ongoing changes.

Our expertise in the fields of mental health, substance use disorders, wellness and employee assistance programming enables us to identify and analyze key health care trends impacting your workforce today, such as:

1. Employee Assistance Program Utilization
2. Outpatient Care Management
3. Autism Care Management for Children and Families
4. Primary Care and Behavioral Health Integration
5. Vendor Integration
6. Regulatory Impacts

Because everything we do is driven by our passion to make a difference in the lives of the people we serve, we have deployed innovative strategies to proactively respond to these ever-evolving healthcare and employer forces with specific emphasis



on member-driven solutions. We've also launched a broad "Stamp out Stigma" campaign to raise awareness about the high prevalence of mental illness, the need to seek help and the hope for recovery.

Evidence of our commitment to empower individuals to make positive behavior changes, ValueOptions was recently recognized by the 14th Annual eHealthcare Leadership Awards for two of its Web-based health and wellness efforts:

- Stamp Out Stigma, www.stampoutstigma.com, which took home a Platinum award for Best Marketing Campaign
- Achieve Solutions, which earned a Silver award for Best Overall Internet Site

By continually innovating and expanding both our clinical and digital reach, we are able to connect your members with engaging, intuitive, practical resources and meet them 'where they are' along the care continuum.

EMPLOYEE ASSISTANCE PROGRAM TRENDS

As in the previous two years, ValueOptions received many calls in 2013 from individuals experiencing financial hardship. Several employers have responded to their members' financial stress by offering My Secure Advantage (MSA), a ValueOptions financial management program which provides employees with a "Money Coach" to address personal financial matters. MSA is a product enhancement above and beyond our traditional Legal/Financial consulting services. This program is available for employer funding for variable periods of time and allows the individual member also to assume the cost after the employer-funded period ends. When people are stressed by financial issues, they often also experience depression and marital strife. It is not unusual for members to discuss financial issues with us and then disclose personal, marital or family stress in conjunction with the financial pressures.

Our Engagement Center staff members provide immediate suggestions for dealing with these stressors and encourage callers to access counseling through the EAP to prevent the financial concerns from escalating into worsening problems. With the advent of high deductible health plans, the EAP has become even more valuable by enabling employees and their family members to access counseling with no out-of-pocket costs.

Not only are members calling us for support for financial issues, depression, and family relationships; but also they are accessing online resources to gain information on these issues. In 2013, the following topics received the most views across our EAP book of business on our Achieve Solutions® website:

1. Depression
2. Debt and Credit
3. Financial Planning
4. Marriage
5. Employee Assistance Program (EAP)
6. Stress
7. Divorce
8. General Legal
9. Weight Management
10. Managing Emotions

For the ninth consecutive year, our Achieve Solutions website has been recognized for innovative excellence by the eHealthcare Leadership Awards.

While all content on the Achieve Solutions website is reviewed annually, we regularly post relevant spotlight articles on the site in response to current events.

The Achieve Solutions website has again been recognized as a top healthcare website. Our 2013 Silver Award for Best Overall Internet Site marks the ninth year that Achieve Solutions has been recognized for innovative excellence by the eHealthcare Leadership Awards.

At the organizational level, ValueOptions received more requests for downsizing support this year. Many of these events lasted over the course of several days and in multiple sites. During such downsizing announcements, our counselors have helped employees cope with a variety of issues: their heightened emotions (disbelief, shock, anger); uncertainty and anxiety regarding employment prospects; and for those who remain with the organization, feelings of loss, grief, stress, performance pressure and/or survivor guilt.

Due to multiple, highly-publicized violent events that occurred over the past two years, workplaces have become more cognizant of threats that employees make towards themselves or others. ValueOptions experienced an increase in the number of employees referred to the EAP after making threatening comments. The ValueOptions EAP Workplace Consultation team closely manages the connection of these employees to mental health resources and serves in a consultative capacity with workplace threat assessment teams to support their efforts to prevent tragic events from occurring.

Crisis Response Services

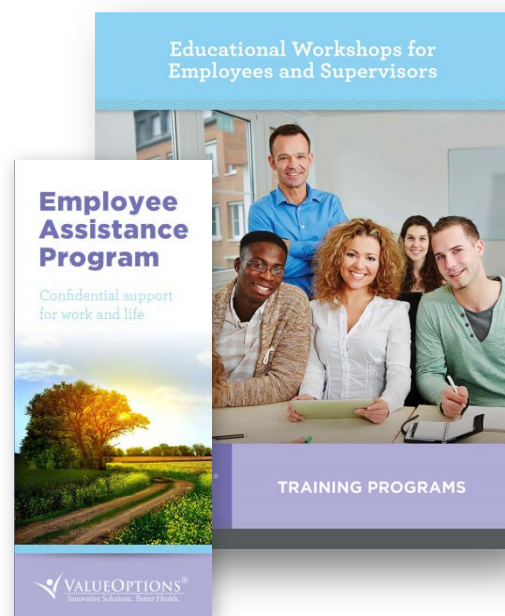
As in previous years, ValueOptions' critical incident response services were largely prompted by the unexpected death of an employee. However, in 2013, we also provided structured responses to workforces impacted by the Boston Marathon bombing, the Navy Yard shootings and natural disasters such as the tornados in Oklahoma and the Colorado wildfires and flooding.

ValueOptions responds to the critical incident needs of impacted clients by offering on-site services including group sessions, individual sessions and management consultations. In addition to these in-person resources, we also provide telephonic outreach to select employees impacted by an event, such as a workplace robbery, to support recovery from the distress caused by such an unexpected event. All of our interventions focus on resilience and helping employees cope with stress or loss as well as supporting each other in the return to a healthy workplace. We regularly provide managers with tools and strategies to lead in times of crisis since these leadership skills will influence the team's ability to recover successfully from a workplace tragedy.

Employer and Employee Outreach and Promotion

While we are always available for consultation and support to those who contact us—whether at an organizational, managerial or individual level—we also reach out to you on key issues that might affect your organization's overall health and productivity. We do this through prevention initiatives, client summit teleconferences, crisis response activities, Achieve Solutions website enhancements and our educational training and development programs.

Ongoing promotion of the EAP and education of employees about topics relevant to their work and personal lives are critical components of EAP service delivery. ValueOptions has redesigned all EAP promotional materials and will implement new formats and updated content in 2014. We also revised and



updated the training catalog; additional training topics developed in 2013 include focus on leadership, conflict resolution, financial literacy, and phase of life issues such as advance directives and caring for aging relatives.

2013 Client Summits

A broad group of ValueOptions clients gather each quarter to participate in teleconferences/webinars on topics of special interest. These sessions—hosted by nationally recognized experts—review current workplace challenges and trends and provide a forum for employers to share best practices with one another. This value-added program positions ValueOptions as an industry leader and as a proactive strategic partner to our clients. We addressed the following topics in 2013:

Client Summits:

1. “How Will the Legalization of Marijuana Affect Your Workplace?” Speaker was Andrea Grubb Barthwell, M.D., F.A.S.A.M., who is the founder and Medical Director of Encounter Medical Group, PC and Director at Two Dreams Outer Banks Treatment Center with programs in Chicago, IL and Outer Banks, NC.
2. “Stamp Out Stigma in Your Workplace: Inspiration, Practical Advice and Tools.” Speakers were Clarence Jordan, M.B.A, who is the Vice President of Wellness and Recovery for ValueOptions, and Lisa Teems, L.C.S.W., C.E.A.P., C.A.S., who is the Employee Assistance Program Manager for the U.S. Coast Guard.
3. “Best Practices in Workforce Reductions: Restructuring With Care and Dignity.” Speaker was Greg Simpson. Greg is Senior Vice President and Career Transition Practice Leader for Lee Hecht Harrison, which is the world’s largest outplacement firm.

Emerging Workplace Issues and Trends

In addition to meeting the needs UFCW Unions & Participating Employers Health & Welfare Fund today, we understand that the employer market changes constantly and so we continue to evolve our services to anticipate and meet tomorrow’s challenges as well. Key areas of focus in 2014 include:

- Collaboration with employers to promote the EAP as an easily accessible and cost-free way to access professional counseling without the need to incur any deductible or co-pay expenses.
- Expanded availability of our video counseling services through the EAP to increase options for participants to engage in EAP services.
- Focus on resilience with rollout of organizational tools to develop structured resilience programs either at a worksite specific level or enterprise-wide.
- Continued focus on EAP as a focal point for guiding members to *all* vendor resources available.
- Exploration of additional EAP outreach activities and models to increase the value of the EAP through “just-in-time” promotion and education about EAP services.

We look forward to working collaboratively with you in 2014 to ensure that your EAP program design continues to align with your strategic goals for your workforce.

MANAGING OUTPATIENT CLINICAL UTILIZATION AND QUALITY

ValueOptions is committed to the effective and efficient use of behavioral resources, including outpatient service delivery and clinical management. Outpatient services, comprised of medication management, psychotherapy and counseling services, as well as outpatient rehabilitative services, are

The Impact of Outpatient Behavioral Care

- *Outpatient services typically represent over 60% of behavioral health care costs*
- *Care management interventions must comply with federal parity rules*
- *Quality outpatient behavioral care contributes to positive overall health and reduced medical costs*
- *Our outlier care management model resulted in a first year post parity increase of 7% compared to the CBO prediction of 30%. Our second year post parity trend increase was -1%.*

cornerstones of the behavioral health care model. High quality care dramatically improves the overall health and wellbeing of individuals with behavioral conditions and may reduce the need for more acute and costly services.

In response to changing market dynamics, including federal mental health and substance use parity (MHPAEA), ValueOptions has developed alternative methods to manage outpatient clinical utilization and quality under our *Outpatient Clinical Outlier Management Program*.

Our clinical management model recognizes the outpatient program as an integral component of a larger care management program that maximizes clinical resources and provides substantive support for members at greatest risk. Consistent with physical health utilization

management practices, we use system derived clinical indicators to identify outpatient cases that fall outside the parameters of standard clinical practice. We then outreach to both providers and members to ensure that the current treatment delivered is consistent with evidence-based care.

For outpatient outlier interventions, our model applies a step-wise intervention moving from low to high intensity as indicated by both the uniqueness of the case, and clinical need:

1. We mail written notification to the treating provider on submission of the first claim for designated high-risk diagnostic conditions (e.g. Eating Disorders, Major Depression, etc.) with information to support best practice outpatient treatment and offer care coordination resources for difficult cases.
2. We send written notification to the provider regarding an individual case reaching the 95th percentile threshold in number of visits for the diagnostic-specific grouping related to the individual's case and engage in collaborative case-shaping discussions.
3. If a provider does not appear to be delivering evidence-based care following initial clinical outreach and discussions, the case is forwarded to a ValueOptions Peer Advisor for a medical necessity decision and/or referred to our Intensive Care Management (ICM) program for individualized member/ provider care coordination to access additional service supports.

Encouraged by the success of our outlier model prototype, we continue to refine the program and are currently testing our next generation model. We are applying increasingly sophisticated algorithms, which incorporate additional clinical variables, enabling earlier identification and interventions for potential outlier cases. In addition to enhancing the outlier model, we are:

- developing enhanced messaging to inform members and providers regarding best practice treatment options for major condition categories;
- developing clinical criteria to support new conditions identified in the revised 2013 APA DSM 5 release, such as Disruptive Mood Dysregulation; and
- providing increased linkages to ancillary treatment supports such as our award-winning Achieve Solutions website.

SUPPORT FOR INDIVIDUALS AND FAMILIES AFFECTED BY AUTISM SPECTRUM DISORDER

The treatment of Autism Spectrum Disorders (ASD) continues to capture significant attention across the country. Thirty-four states have now passed legislation mandating the treatment of ASD conditions with Applied Behavioral Analysis (ABA). Recent case law also indicates that denials of ABA coverage based upon “investigative or experimental” exclusions will likely be legally unsustainable (*Potter v. BCBS*, Case No. 10-cv-14891 (ED Mich 2013)).

While ERISA-based accounts are not subject to these state mandates, the presence of such mandates shapes public opinion regarding the local standard of care and expectations for insurance coverage. ValueOptions continuously reviews scientific literature regarding the nature of ASD, the efficacy of treatments, health benefit structures and regulatory requirements related to the care of persons with ASD. Based on this information, ValueOptions has developed ASD care management program options to provide viable alternatives for self-insured accounts and health plans.

After careful review and consideration of the literature, ValueOptions has determined that ABA treatment of ASD results in sufficient improvements in behavior including the ability for persons with ASD to engage in naturally occurring social settings such as school environments and the elimination of undesirable behaviors such as ritualistic movements and repetitive motions.

In addition to managing clinical treatment for persons with Autism, ValueOptions recognizes the significant impact of ASD on families and caregivers. According to the American Academy of Pediatrics¹ and the National Business Group on Health, Autism exacts a heavy toll on families:

- *More than 50% of caregivers reduce or stop work and lose five hours per week in work productivity (i.e., absenteeism, presenteeism)*
- *More than 25% of caregivers spend 10+ hours per week to provide or coordinate special care*
- *33% report financial burdens related to ASD health care costs*
- *Caregivers experience higher rates of anxiety and depression*

Our Autism Care Management program options take into account the needs of individuals to receive quality treatment, the needs of families and caregivers for support, existing benefit designs and local mandates. We offer three levels of care management to support autism service benefits: standard, enhanced and comprehensive. This table illustrates the components of each level:

Service	ASD Excluded in Benefit	Standard	Enhanced	Comprehensive
Evaluation (2 hours) to confirm diagnosis	✓	✓	✓	✓
Individual, Family, Group Therapy		✓	✓	✓
Medication Management		✓	✓	✓
Psychological Testing		✓	✓	✓
Applied Behavioral Analysis (ABA) Management			✓	✓
Integrated Services Coordination including PT, OT, ST			✓	✓
Intensive Case Management for Outlier Cases			✓	✓
Family Support Services: System Navigation, Coaching, Work/Life				✓
Intensive Case Management for All Individuals/Families				✓

ValueOptions will continue to develop our Autism Care Management program in 2014 and beyond with a focus on: expanding our national ABA provider network to provide maximum choice for members; consulting with national academic institutions which specialize in the treatment of ASD conditions to ensure that we incorporate state-of-the-art treatment modalities and technologies; developing cost effective alternatives to address the need for family support; and refining methods to confirm effective treatment by individual providers.

PRIMARY CARE INTEGRATION

The national health care dialogue continues to recognize the significant impact of behavioral health conditions on overall health status. Given that 68% of adults diagnosed with a mental health disorder have one or more chronic medical conditions¹, the issue of collaborative, integrated care remain a key focus across delivery systems. In fact, the Affordable Care Act calls for new mechanisms to ensure integration of physical and behavioral health. As a leader in highly specialized behavioral health management services and integration with physical health partners, ValueOptions deploys a number of effective tools, care coordination strategies and technological supports to accomplish these aims:

- Provider Decision Support/Enhancements
 - PCP consultation line to access ValueOptions' behavioral health expertise
 - Primary care training regarding behavioral health evidence-based practice
 - Protocols for behavioral health screening in primary care settings with referral support
 - Practice management support including integrated care coordination in primary care settings
- Care Coordination Support/Enhancements
 - Care coordination programs identifying members at risk for untreated behavioral conditions; health care managers screen members for these conditions and refer to ValueOptions for additional screening and service coordination
 - Joint coordination protocols established during account-specific vendor operational meetings whereby vendors help define procedures to address individuals with co-morbid health needs
 - Joint clinical rounds with physical and behavioral health management teams
- Technology Support/Enhancements
 - Health management platform integration featuring data exchanges and real time reciprocal access to counterpart's operating platforms
 - Significant investment in a redesigned intensive care management platform to provide heightened awareness and management of physical health conditions for members with primary behavioral issues

In the upcoming year, ValueOptions will continue to refine and develop clinical and information system technologies to efficiently identify and connect health support for at-risk members within the integrated whole health perspective. Examples include:

- Adopting newly APA-recommended cross-cutting health screening and functioning scales used at behavioral health touchpoints with members
- Enabling virtual collaboration with primary care practices
- Sharing timely clinical care alerts related to clinical gaps in patient medication management with treating providers (enhanced component requiring pharmacy data)
- Co-locating behavioral management staff with physical health care management staff in high volume settings for multi-disciplinary consultation and coordination
- Launching an integrated member centered health record (Spectrum), accessed by members, providers and care managers through a secure web-based portal to provide key health information for an individual member, including: claims-based services (medical, behavioral, pharmacy), care team contact information, integrated plans and alerts.

¹ Mental Disorders and Medical Comorbidity. Druss BG and Walker ER. Robert Wood Johnson Foundation Research Synthesis Report 2011

VENDOR INTEGRATION

ValueOptions has long recognized the importance of mobilizing multiple resources to assist participants in addressing their personal concerns. We take a holistic approach to member care – delivering innovative, flexible solutions that enable people to improve their health and wellness, no matter how complicated their conditions.

ValueOptions collects information about specific vendor services available to individuals through affiliation with their employer. We support clients with varying and multiple benefit structures and house information about those benefits using our CONNECTS platform. This application ensures our staff has accurate and immediate information about our members' available benefit portfolios, which can include varied programs such as nurse lines and condition management, and financial resources such as tuition assistance and employee emergency funds.

Because this information is readily available for our staff, we can reference these important programs when speaking with callers, educate them on the benefits of the services and encourage members to access them. ValueOptions' care managers can also offer a warm transfer to your vendors. All incoming and outgoing vendor referrals are tracked in our CONNECTS system and reported within the First Light suite of reports.

In addition to providing support at the member level, vendor interface is enhanced by:

- regular interaction between ValueOptions and your organization's vendor partners
- vendor summits
- monthly grand rounds
- identification of key contacts
- delivery of concise program descriptions.

This way, all vendors gain knowledge of the array of programs available to members. This knowledge then enables vendor partners to educate individuals at the time when these programs are most relevant to them.

In addition, as an adjunct to professional healthcare services, we direct individuals to community-based resources, which include, but are not limited to:

- self-help and support groups
- prevention and education programs
- natural supports such as extended family and faith communities.

Employers have made significant investments in establishing benefits which match the needs of their workforce but are often dismayed to note the small number of individuals taking advantage of these offerings. Through a robust vendor interface program, ValueOptions can encourage participation at the time of greatest need and vendors can work in unison to support the organization's goals of promoting a healthy workforce.

REGULATORY UPDATE

Regulation changes are continuing to shape the environment within which your integrated program operates. In the past few months, ValueOptions has communicated four key regulatory/legislative developments in healthcare including the impact of the Affordable Care Act and Mental Health Parity:

1) Employee Assistance Programs and the Affordable Care Act (ACA) – The Department of Labor recently released Guidance on Employee Assistance Programs (EAPs), which clarifies Employer Plan responsibility regarding the application of ACA regulations to EAPs. Based on this guidance, ValueOptions will treat its EAP product for 2014 as an excepted benefit, since our EAPs in general do not provide significant benefits in the nature of medical care or treatment. The regulators have issued a rule seeking further comment on this issue and ValueOptions will provide comments supporting an expansive excepted benefit definition for EAPs. Because the EAP will now be considered an excepted benefit, the requirements of the ACA's market reforms do not apply, such as:

- Extending medical plan eligibility for adult children to age 26
- No lifetime and "restricted" annual dollar limits on essential health benefits
- No preexisting condition exclusions for enrollees under age 19
- Summary of Benefit Coverage
- Medical loss ratios
- Coverage of preventive health services without cost-sharing
- Grievance and appeals procedures
- Patient protections

This is a welcome development for the continued promotion of EAP services given that persistent medical cost increases are driving changes in medical plan design that may create economic barriers to help-seeking behavior. The EAP is a crucial tool for employers to increase their employees' overall wellness, while at the same time supporting employee accountability. Without unnecessary prescriptive regulatory burdens (that did not make sense for EAPs), employers can now move forward with benefit planning without concern that certain market reform provisions will be applied to their EAP.

2) ACA Implementation – As the phased implementation of ACA requirements has continued, ValueOptions has helped implement numerous ACA provisions that apply to both major medical and behavioral health plans, including the following: non-premium cost sharing under the new out-of-pocket maximum, including deductibles, copays and coinsurance; non-discrimination against providers with respect to plan participation if licensed by state; and coverage for individuals in approved clinical trials.

3) ACA Provider Network Non-Discrimination Requirements – Some plans have raised questions regarding whether the ACA provider non-discrimination rule will affect network provider choice (i.e., level of education or degree). In the context of Applied Behavior Analysis therapy, we interpret the rule to allow flexibility to health plans to determine what type of provider can provide such service.

4) Federal Mental Health Parity – The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was signed into law by President Bush in 2008 and interim final rules were issued February 2010. MHPAEA applies to both large fully-insured and large self-insured plans. Upon the release of the interim final rules, federal regulators realized the rules gave rise to highly technical issues and questions. ValueOptions has taken a leadership role in parity advocacy in anticipation of the final rules release this past November. The rules go into effect July 1, 2014, so most plans will see its effects in the new plan year (January 2015). The final rules included clarification on intermediate levels of care, the clinical exception for non-quantitative limitations, disclosure requirements, and provider reimbursements. ValueOptions will continue to monitor pertinent regulatory developments and keep you informed.

CLOSING

The significant clinical and technological investments we made in 2013 will help ValueOptions maintain our determined focus on developing customized programs that deliver an organizational and member-centric experience not ordinarily seen in the industry today.

ValueOptions will continue our commitment to eliminate the stigma often associated with help-seeking behavior by expanding the scope of our award-winning Stamp Out Stigma (SOS) campaign among employer and health plan clients. Already, several clients have adopted this important initiative as part of their internal wellness programs. We welcome the opportunity to bring the SOS message to your workforce as well and help us achieve our goals to: recognize when stigma is creating a barrier to care; reeducate others to help them learn there is help and hope; and reduce hesitation to seeking care. Visit www.stampoutstigma.com today to learn more about this important campaign or ask your account representative for more information.

Thank you for choosing ValueOptions as your integrated MHSA and EAP vendor. We look forward to continued success with UFCW Unions & Participating Employers Health & Welfare Fund in 2014.