



A World 50 Group Community

# DATA ANALYTICS:

## Transforming Disparate Healthcare Data into Actionable Insights

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# EMPLOYERS DEMAND DATA ACCESS AND INSIGHTS TO ENABLE HEALTH PLAN STEWARDSHIP

## Introduction

*By Natasha Coult, Associate Principal at World 50 Group  
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In today's complex healthcare landscape, employee benefits leaders must navigate an array of challenges to act as effective stewards of their health plans and fulfill their fiduciary duty. Critical questions to answer in service of this aim include:

1. Which factors are driving cost trend, health outcomes, quality of care delivered, and access to care?
2. Are the current initiatives effective, and for whom?
3. What future strategies could prove successful?

However, the current data analytics environment poses significant obstacles to obtaining these answers. This report explores these challenges, including how leading innovators are addressing them and how employers can find a vendor partner who will provide appropriate support.

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## The Importance of Accurate and Comprehensive Analysis

### Rising Healthcare Costs

Employers' cost trend is now rising by 7% on average, with many employers experiencing double-digit increases.<sup>1,2</sup> Drivers of this trend include prescription drug spending, behavioral health utilization, provider

consolidation, and inflationary pressure.<sup>3</sup> Within the prescription drug space, many employers have been caught by surprise with higher-than-expected utilization of glucagon-like peptide-1 (GLP-1) drugs.<sup>4</sup> This sharp rise in healthcare costs adds a layer of complexity and urgency to the analysis process. Employers need a unified view of all healthcare utilization and costs, beyond just health plan claims data, to understand and address the drivers of these costs effectively. Comprehensive data analytics can help employers identify cost drivers and implement strategies to mitigate rising healthcare expenses.

### Legislative, Regulatory, and Litigation Risk

The Consolidated Appropriations Act (CAA) has intensified the requirement for plan sponsors to act as fiduciaries of their health plans.<sup>5</sup> This fiduciary responsibility includes the obligation to obtain and analyze data to ensure the health plan is operating in the best interest of participants. However, this has created additional tension around data access, as employers are compelled to make sense of complex datasets amidst an environment of reluctant data suppliers.

### Increased Pressure on Spending

Healthcare costs coupled with more economic uncertainty have resulted in increased organizational pressure on spending. Employers' benefit plans are coming under increased scrutiny and must meet ever-increasing demands for credible evidence of program impact, especially financial return on investment. Benefits leaders are tasked with assessing program impact more independently than they have in the past and making rapid changes mid-course. They also must respond to organizational requests

for a more detailed understanding of trend drivers and take on even more accountability for spend.

### **Proliferation of Data Sources**

As employers have endeavored to develop effective solutions tailored to the needs of their populations, the potential sources of data have proliferated. This expansion includes not only carriers and carve-out services but is most notably characterized by the growing array of point solutions, each generating their own potentially valuable data. These data often go unutilized or under-utilized due to factors like disparate formats and lack of clear ownership. Targeted purchasing of point solutions necessitates that employers synthesize these disparate elements to construct a comprehensive understanding of utilization behaviors and associated costs within their populations. This integration serves as a critical foundation, enabling employers to explore in greater depth the drivers of their cost trend and the impact of both plans and point solutions.

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### **Challenges in Accessing and Analyzing Health Plan Data**

To be responsible stewards of their health plans, employers must have a robust and objective understanding of their data. This includes identifying trend drivers, evaluating the effectiveness of current programs, and highlighting new opportunities for savings and care improvement. However, these tasks are often hindered by the fragmented and siloed nature of data, the reluctance of data suppliers to share information, and the complexity of analyzing large, disparate datasets.

### **Data Supplier Reluctance**

Historically, data suppliers have been reluctant to share information, fearing the exposure of proprietary data or losing control over the narrative their data supports. This reluctance persists despite lawsuits and legislation aimed at compelling data sharing.<sup>6-9</sup> Despite these measures, challenges remain, including data suppliers stripping off essential

elements, charging high fees for data access, and utilizing systems that do not capture the necessary data for meaningful analysis. Additionally, when employers discontinue vendors or networks, they often experience data disruptions. These may include losing historical data, only receiving aggregate information from the terminated vendor, and managing data inconsistencies between the terminated and new vendor.

### **Vendor Influence on Reporting**

Vendors sometimes structure their reporting to validate their own positions or align with additional solutions they are selling. This can result in biased reports that do not provide a true picture of the health plan's performance. Furthermore, obtaining these reports can be slow, costly, and fragmented, further complicating the analysis process for employers.

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### **Inadequacies of Current Data Systems**

#### **Administrative vs. Analytical Data**

The data collected by plan sponsors' programs is primarily designed for administrative purposes, such as processing claims and tracking interactions. This data is not inherently structured for analytical purposes, making it challenging for employers to derive meaningful insights. To address this, employers must not only integrate disparate data sources but also enhance the data to ensure accuracy and relevance for analysis.

While self-insured employers typically have access to at least some claims data, these data alone are often insufficient to provide an accurate and meaningful picture of member health status and trends. Key clinical details, utilization rates, cost elements, and test results are often missing.<sup>10</sup> Data gaps also pose a challenge to successfully implementing and executing value-based payment arrangements, where a holistic view of procedures, diagnoses, and outcomes is essential.<sup>11</sup>

## Challenges of Gathering and Maintaining Large Datasets

Once the data are organized, analyzing these large and complex datasets poses a formidable challenge. Many employers lack the staff or consultant expertise required to use the dataset for analysis, especially considering there is often a complicated process for querying the data. Furthermore, most benefits organizations do not have the clinical or statistical skills necessary for generating valuable insights. In addition, maintaining and enhancing health data sets, along with the necessary expertise, is both challenging and expensive. Managing large amounts of data is a significant financial and logistical burden for employers because the cost of storing, processing, and ensuring the quality of the data can be prohibitive.

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## The Need for Advanced and Actionable Analytical Tools

### Linking Analysis to Action

A critical aspect of data analytics is linking insights to actionable strategies, yet many data systems struggle to achieve this as they are stymied by issues like fragmented and inaccessible data. Furthermore, employers often face an overwhelming amount of data with little connection to practical implications. Many legacy and homegrown products rely on static dashboards that quickly become outdated and fail to provide actionable insights. Standardized reporting often falls short in identifying emerging trends, especially when tied to fixed time periods. This disconnect can lead to decisions being made without complete information, reducing the effectiveness of health plan strategies. It is essential for employers to develop processes that translate data insights into concrete actions that improve health plan performance.

## Advancing Data Analytics

The current data analytics environment presents significant challenges for employers seeking to effectively steward their health plans. In response to cost pressures, employers are increasingly focusing on the return on investment (ROI) generated by their carriers and point solutions. Fragmented data, reluctance from data suppliers, regulatory pressures, and the inadequacies of current data systems all contribute to the difficulty of obtaining meaningful insights. Calculating ROI necessitates accurate and comprehensive analysis of the data generated by health plans and point solutions.<sup>12</sup> As noted previously, most purchasers do not have access to the data or expertise they need to objectively calculate ROI and other outcomes, making it difficult to identify the right members to engage in programs, especially when they still lack access to important data sources like electronic health records (EHRs).<sup>13</sup> Employers need advanced analytical capabilities that can provide clear insights into the impact of various health plan components and rethinking data access and ownership. The market needs cost-effective tools built to efficiently gather information from disparate data sets and offer insights that are easily accessible to non-technically trained employee benefits team staff. Vendors have the opportunity to address these challenges through developing innovative product offerings, and employers can respond by investing further in their data analytics strategy both internally and through external expertise. Then, employers can gain a comprehensive understanding of their health plans, identify emerging trends, and develop effective strategies for the future.

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## Resources in this Report

This report presents our findings regarding current employer approaches to data management and analytics. The members of our Employer Health Innovation Roundtable (EHIR) community are well-recognized as forward-thinking leaders in the employer health and wellness benefits space and have shared their experiences, concerns, and solutions via an extensive survey supplemented by interviews. Our members also often work towards their goals with vendor partners. Two leading vendors in this space—Abett and Wellnecity—partnered with EHIR to provide case studies and supplemental information on their program offerings to help enrich your understanding of key solutions and how employers have deployed them. We also provide a vendor landscape overview, identifying many of the leading providers of innovative solutions, as well as a set of questions to consider if you are planning to evaluate these vendors for your own company. This report should help employers identify ways they can effectively capitalize on the substantial opportunity to better manage and analyze health data.

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1. [SHRM \(2024\)](#)
  2. [WTW \(2022\)](#)
  3. [KFF \(2024\)](#)
  4. [PWC \(2024\)](#)
  5. [CMS \(2024\)](#)
  6. [United States District Court \(2023\)](#)
  7. [Committee on Education and the Workforce \(2024\)](#)
  8. [United States Congress \(2023\)](#)
  9. [CMS \(2023\)](#)
  10. [Datavant \(2023\)](#)
  11. [Milliman \(2023\)](#)
  12. [Fast Company \(2024\)](#)
  13. [Med City News \(2024\)](#)



A World 50 Group Community

## EHIR INSIGHTS

Employer Health Innovation Roundtable ([EHIR](#)), a World 50 Group Community, is an action-oriented, independent group built by employers, for employers. EHIR was started nearly a decade ago out of a need for objective support in identifying and assessing emerging solutions to sift through the noise and stay ahead of the curve amid a rapidly changing competitive landscape. EHIR members are well-recognized as forward-thinking leaders in the employer health and wellness benefits space and have shared their experiences, goals, and solutions for deriving independent and actionable insights from their healthcare data.



# Employers Strive to Derive Independent and Actionable Insights from their Healthcare Data

## EHIR Member Survey and Interview Findings

### Background

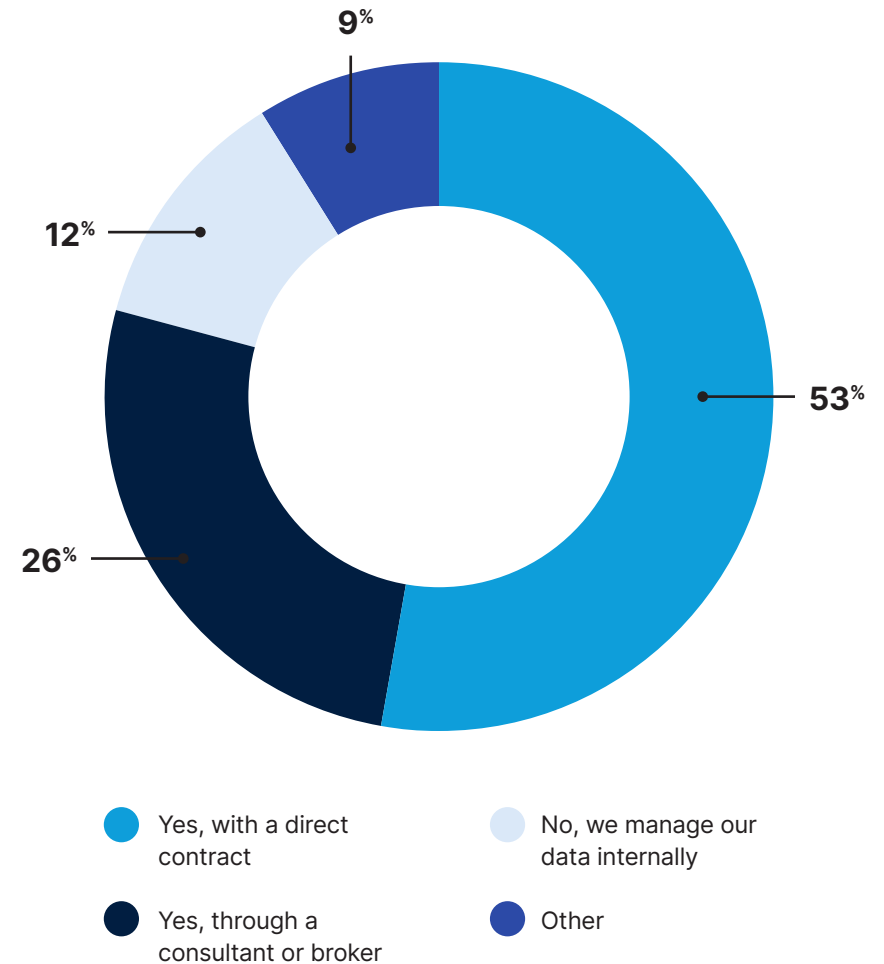
EHIR surveyed 34 of our members, who are leaders in the employer health and benefits space, to understand how they gather and use healthcare data as well as what they are planning to address next.

### Data Use

Respondents indicated that on average, their organizations use healthcare data to set or modify strategy to a greater extent than they use it to monitor vendor performance (7.2 vs. 5.9 on a ten-point scale). This differential underscores the complexity of independently tracking vendor performance and calculating return on investment (ROI), further illustrated in a previous EHIR survey wherein only 18% of respondents reported that they were able to successfully measure ROI for their diabetes and weight management initiatives.<sup>1</sup>

### Employers Are Looking for More Support from Vendors

EHIR members with a third-party data warehouse or data analytics vendor were prominently represented amongst the respondents, with only 12% reporting that they manage their data internally (Figure 1). Other internal EHIR data indicates that between half and three quarters of members have a third-party vendor. However, 57% of the respondents who currently manage their data internally reported that they are considering adding a vendor in the next 12 to 24 months. Of those who have a vendor currently, 44% are considering changing their vendor. These results may indicate that unmet needs are present in the market and that purchasers are optimistic about finding innovative vendors who can address these needs. Ryan McCracken, Director of Benefits at Edward Jones, described his team's approach: "When evaluating new vendors, we prioritize a user-friendly interface that my team can navigate without needing programming skills. Vendors must offer both



**Figure 1.** Third-Party Data Warehouse or Data Analytics Vendor Arrangements, n = 34. "Other" responses describe alternate arrangements with third-party vendors.



retroactive and proactive reporting, including forward-looking forecasts. Vendor support for custom reporting and cohort analysis is essential. For instance, for our new weight management and GLP-1 program, we want to conduct cohort studies comparing participants' medical and pharmacy claims over two years to assess the program's ROI. Standard dashboards won't suffice— we will require customized, detailed insights.”

The majority (67%) of respondents with a third-party data warehouse or data analytics vendor reported that they use their vendor to independently assess the impact of their programs/vendors (e.g. measuring ROI), demonstrating the value of these tools in an increasingly complex benefits environment.

### Employers Work Towards Leveling Up Actionable Insights

Most respondents indicated that their current data analytics capabilities, either developed in-house or collaboratively with outside vendors, are focused on baseline, descriptive analytics (82%) and benchmarking and normative comparisons (85%). Only 18% reported having activation and/or predictive analytics in place currently, but 70% are expecting to maintain or develop them in the next 12 to 24 months (Figure 2). Ryan McCracken at Edward Jones gave an example of how predictive analytics would make a difference for his team: “Expanding our data analytics capabilities would help us with needs like GLP-1 management, for example. Considering this is a growing category of spend, it would be helpful to get an understanding of the proportion of our population that’s eligible for treatment based on data we already have like BMI and disease state. We would like to take this a step further and calculate an average risk score, which would help us forecast medical spend, pharmacy spend, and trend growth, and then track how we are performing against those expectations. We think this is an achievable goal, but we haven’t found the right resources to execute it yet.”

Respondents reported an array of pain points associated with healthcare data. The most frequently cited (56%) pain point was “deriving insights from our data.” John Stenerson, Deputy Executive Officer of Health Benefits

	Current Capabilities	Planned Capabilities
<b>Baseline, descriptive analytics (e.g., reporting and dashboards to represent what has happened in the past)</b>	82%	30%
<b>Benchmarking and normative comparisons (e.g. comparing to book of business and year-over-year)</b>	85%	45%
<b>Diagnostic analytics (e.g., reporting to assess why something happened in the past)</b>	35%	58%
<b>Activation and/or predictive analytics (e.g., analytics to facilitate interaction with a member before a high-cost event, such as identifying high-risk members for nurse outreach)</b>	18%	70%
<b>Vendor choice and/or performance analytics (e.g., analytics to understand if a vendor is a good match with our health plan members demographics, analytics to enable steerage to advanced benefit solutions)</b>	32%	67%
<b>Not sure</b>	0%	6%

**Figure 2.** Comparison of Current vs. Planned Capabilities; n = 34 and 33, respectively. Respondents indicated how they would describe their organization’s current data analytics capabilities for their health plan, including in-house capabilities and those developed collaboratively with outside vendors vs. the capabilities they are looking to develop or maintain over the next 12 to 24 months. “N/A” responses omitted.

at Self-Insured Schools of California described how his team is working towards generating and acting on meaningful insights: “In support of our cost containment goals, we’re initially focusing on identifying primary care medical groups that are referring to specialists too frequently compared to their peers. We see data analytics as an important enabler of these goals as it will allow us to assess potential plan design changes and other actions that will encourage members to seek care from the primary care doctors who are practicing wisely.”

**Evaluating program-specific efficacy ranked as the #1 most prioritized use case for health plan data analytics**

Respondents indicated that evaluating program-specific efficacy (e.g. the effectiveness of point solutions) was their highest-priority data analytics use case, closely followed by increasing benefit utilization with predictive modeling. The third highest priority was comparing member cohorts based on factors such as utilization, experience, and effectiveness across programs. These priorities align with broader trends towards closer scrutiny of vendor programs and spending.

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1. [EHIR \(2023\)](#)



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- [John Stenerson, Deputy Executive Officer of Health Benefits at Self-Insured Schools of California](#)



Abett operates the Lockbox™, a data management platform that enables employers to process and control any type of benefits data.

The platform aggregates, integrates, and organizes all types of benefits data. Data types include, but are not limited to, medical and pharmacy claims, disability claims, HRIS and benefits-administration records, employee assistance program utilization, vendor activity reports, lab results, third-party data sources that inform the social determinants of health, and other clinical information.

This data, and the platform's tools to make sense of it, enable employers to hold vendors accountable and rationally allocate resources. Employers can clearly observe what drives healthcare expenditure and the quality of care that plan members receive.

*Content for this section provided by Abett.*



## Overview

Employers have clear legal rights to access and utilize benefits plan data. The Consolidated Appropriations Act of 2021 requires employer- and union-sponsored benefits plans, and plan administrators, to attest that no restrictions exist on the flow of information about the cost or quality of medical services.<sup>1</sup>

However, those legal obligations do not absolve employers from satisfying complex regulations and standards that govern how benefits data must be handled.<sup>2-5</sup>

Employers are in a difficult position. To fulfill legal obligations, they must manage data that presents legal and economic risks. Furthermore, employers also often find that the format, content, and other parameters of their data do not meet their needs.

Abett was created to solve these problems.<sup>6-7</sup> We understand plan sponsors need to reduce healthcare expenditure while improving the health of plan populations and increasing individuals' engagement with their plan. Those objectives are challenging enough. However, benefits professionals must overcome them while simultaneously navigating complex legal rules and facing unprecedented information security risks.

The Lockbox™ was designed as a tool for plan sponsors to solve these problems. The platform gives employers a secure system to manage and exchange data with third-party vendors, including plan administrators, disability administrators, HRIS and benefits-administration systems, and third-party point solutions and employee assistance programs. By

positioning the employer at the center of the commercial ecosystem, the Lockbox™ gives employers unprecedented access and control.

## Lockbox™

The Lockbox™ is fundamentally a secure data exchange. From its inception, the platform was built to process every type of benefits data, from any source. Data can be imported into an employer's Lockbox™ in any format, or "data language," and via any communication protocol. At the direction of the employer, the platform delivers limited subsets of data to downstream recipients in that vendor's preferred specification.

The healthcare industry has long been notorious for the variety and complexity of data standards used by different vendors.<sup>8-10</sup> It seems every vendor uses its own bespoke data language. For many years, the industry has made that lack of interoperability the employers' problem.

The Lockbox™ solves this problem. Every inbound data element, in every input data feed, is mapped to a universal data model within the platform. Then, every outbound data feed to every vendor is mapped from that same model. The platform uses the model as a real-time "Rosetta Stone" for data interoperability between vendors and analytics reporting.

How does it work in practice?

- Imagine an employer identifies a new data feed it wishes to route through its Lockbox™. Further suppose this vendor and data feed are new to the platform, and thus no existing mapping exists.

Employer	Examples of Lockbox™ Use	Key Outcomes
<b>Leading Telecom Company</b>	<b>Incentive Rewards.</b> Manage all data flows and calculations for plan member's activity incentive rewards program.	The seamless activity incentive program identified 600 errors in two months of data and 110,000 employees are accurately receiving incentives.
<b>Global Industrial Gas Company</b>	<b>Monitoring Member Cancer Care.</b> Assess the value and effectiveness of cancer care vendors in improving employee cancer health outcomes.	Combine all data, including medical, Rx, and HRIS, to provide comprehensive insights to validate whether they are reaching the right population and improving cancer outcomes.
<b>Largest Clean Energy Company</b>	<b>Financial Reconciliation.</b> Reconciliation of financial reports across plan vendors.	Benefits staff can easily identify discrepancies at different levels, categorized by the administrator, and have reduced the time devoted to each reconciliation cycle by 35%.
<b>Leading Diagnostic Services Provider</b>	<b>Member Privacy.</b> Depend on UPID™ in lieu of readily identifiable information so that internal analysts can safely work with benefits data.	UPID (Universal Person Identifiers) combines all employee data records into a single anonymous view. Analysts can fully engage with the data, and thus create value for the plan.
<b>Fortune 500 Financial Services Company</b>	<b>Pilot projects.</b> Capitalize on "click-of-the-mouse" implementations to launch rapid pilot projects with new vendors.	Quickly create and deliver outbound data feeds to suppliers within days, removing technical constraints. Standardized data enables plug-and-play feeds, saving about \$20 million.

**Figure 1.** Examples of Employers' Use of Their Lockbox™.

- On behalf of the employer, Abett's operations team engages with the vendor's technical staff. Abett's operations team maps every new data input to the universal model residing within the platform. Given the skill of the operations team and platform's internal tooling, this task is completed quickly once data is provided by the third-party partner. Often, it is completed within a few business days or less.
- Once the mapping for a given vendor's data feed has been completed for any employer, then it is available to every employer. Subsequent implementations between that vendor and any other employer can occur nearly instantaneously.

Employers use their Lockbox™ in a variety of ways, and no two employers use the platform in exactly the same way. Examples of how different employers use the platform are described in the above table (Figure 1).

### **Analytics and Product Utilization**

Within the platform, every inbound data record, or row of data, is automatically associated with an individual plan member via a Universal Person ID, or UPID™. This identifier links all information within an employer's Lockbox™ to specific individuals. Given this technical architecture, it becomes seamless to access and analyze data across disparate sources.

Consider a query such as “show me the incident rate of mental health crises resulting in ER visits for sub-populations using a mental health solution compared to the sub-population that is not engaged, over the past six months.” With Lockbox’s standard reporting tool, this query is easy to handle rather than being a burdensome analysis.

### How does it work?

- Log-in to the reporting interface. Then, navigate to the “Mental Health” page, via the “Special Projects” navigation tab.
- The user uses the drop-down menu to select the outcome of interest. In this case, the user selects ER visits associated with a mental health episode.
- The user chooses a control to segment the population based on their engagement with a mental health solution, compared to those who do not.
- The user sets the date range for the report. In this case, the past six months.

With its simple user interface, it is easy to generate complex descriptive reports on various aspects of the plan’s operation. If the standard reporting tool cannot complete the analysis, Abett’s operations and health economics and operation research (HEOR) teams are available to provide assistance.

Today, analytics products are abundant in the market. One challenge users face is that product developers often compromise to appeal to a broad market. Consequently, most analytics and data warehouse solutions only partially address unique challenges, and seldom resolve all a client’s concerns.

We believe that each client faces unique challenges and requires a customized approach to effectively address them. By utilizing modern

product development techniques, expert technical knowledge, sophisticated economic analysis, and experienced benefits leadership, Abett has developed analytical tools that can be tailored to meet the needs of any plan population.

### Appropriate Data Sharing

A key platform feature is that employers can control which data are shared with third parties at a granular level. Consider an employer that engages a cost-containment solution without the Lockbox™. That cost-containment solution requires data from the plan administrator to perform its function. Often, there are arduous strategic and legal conversations between the employer, the plan administrator, and the vendor.

If that hurdle is cleared, then there are arduous technical conversations between the plan administrator and the vendor. If that hurdle is cleared, then finally, data can be delivered to the vendor.

Yet which data are delivered?

Too often, far more information is delivered to third-party vendors than is necessary for them to perform their function on behalf of the plan.<sup>11</sup>  
<sup>12</sup> This “oversharing” of data creates information-security liabilities for employers.<sup>13-14</sup> Vendors that do not have a reasonable reason to possess plan members’ personal information often possess it, regardless.

With the Lockbox™, an employer’s experience is quite different. Data is already organized and integrated in the platform. Upon engaging the cost-containment solution, the employer reviews and approves each data element to be delivered. Technologies like UPID™ enable vendors to track activity across individuals over time without ever knowing the individual’s identity. If the vendor suffers a data breach, then there is no way to map the stolen information to any other dataset.

## Information Security

Abett's highest priority is to ensure the Lockbox™ integrates world-class information security at every level of its implementation. The platform is a cloud-based product that can be delivered atop either Amazon Web Services (AWS), Azure, or both. It integrates AWS and Azure security features in fundamental ways, including technologies like virtual private clouds (VPC), AWS Security Hub and Azure's equivalent services, and external tools like Sumo Logic. All components are HIPAA compliant.

VPCs provide a logically isolated environment in which data is stored and applications executed. For a given client, all computations are executed in private subnets of a VPC, which are not available on the public internet. The software performs many automated tasks, including data integration and data-quality validation. It manages access control and additional security for authorized third parties.

The Lockbox™ complies with the ISO 27001:2022 standard and has a SOC 2 Type 2 certification for the Security, Confidentiality, and Availability principles. These security models and implementations have withstood scrutiny from some of America's most technically sophisticated enterprises. Abett's clients include leading Fortune 500 companies across multiple industries.

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1. [Bloomberg Law \(2024\)](#)
  2. [Benefits Law Journal \(2018\)](#). "Cybersecurity and Employee Benefit Plans: What Prudent Steps Should a Fiduciary Take?" Vol. 31, No. 1 (Spring 2018).
  3. [New Hampshire Business Review \(2022\)](#)
  4. [JacksonLewis \(2023\)](#)
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  8. [Health Affairs \(2005\)](#)
  9. [StatPearls \(2022\)](#)
  10. [Health Data Management \(2023\)](#)
  11. [ClarkHill \(2021\)](#)
  12. [Concentric \(2024\)](#)
  13. [Davis + Gilbert \(2018\)](#)
  14. [Garrison Law \(2023\)](#)

# The Lockbox in Action

## Case Study



**Client:** Leading Telecom Company  
**Industry:** Communications & Technology Services  
**Total Membership:** ~440,000  
**Year Implemented:** 2022

### The Challenge

In Q1 2022, a leading telecom company decided to redirect its plan member's activity incentive rewards program to a new program administrator. Under the previous program administrator, the telecom company had experienced challenges with data flows, which served to impede the operation of the rewards program.

The benefits staff was concerned those issues would persist with the new administrator. The project with the new administrator was scheduled to be launched in August 2022, with a "go-live" date of January 1, 2023. Therefore, in early 2022, the benefits staff began searching for a data-management solution to support this program and other initiatives.

### The Telecom's Lockbox™

In February 2022, the benefits staff first became aware of Abett and the Lockbox platform. In the ensuing months, the benefits team determined that the platform met its data-management needs, and specifically, it could support the incentive rewards program.

Contracts were executed in June 2022, and implementation began shortly thereafter.

Abett functioned as the implementation lead for this new administrator. During the first phase, nine inbound vendors were integrated into the client's Lockbox. All nine inbound feeds were delivered in different formats and on different cadences.

A total of twenty-one outbound reports were delivered to the program administrator – one for each type of incentive activity. Custom logic was implemented in the Lockbox to correctly calculate completion for each of the twenty-one unique activities.

### The Implementation and Launch

During the implementation, Abett's operation team coordinated with suppliers; managed agendas and communications; created timelines; and held third parties accountable. In doing so, it ensured all aspects of the implementation were smooth and on schedule, and minimized the workload required of our client's benefits team.

- Within one month of the initial meeting with each inbound vendor, data connections were established, and test files were exchanged.
- By November 2022, all outbound reports had been created. In December 2022, Abett's operations team engaged in extensive testing.
- The program launched on time. The first set of outbound reports were published on January 2nd, 2023 (due to the holiday, no reports were published on January 1st).

The program launch demonstrated immediate success. For example, approximately one hundred plan members had a vision appointment on



January 2nd, 2023. Data was processed through their Lockbox that same day, and those individuals received their financial rewards payments on January 3rd, 2023.

## The Results

The incentive rewards program is a consequential element of our client's benefits strategy. Approximately 110,000 people are eligible for the program, in which they can receive up to \$750 in rewards, directly deposited to their accounts. Program participation is high, and participation has been encouraged by members receiving financial rewards in near real-time.

With the Lockbox serving as the center of the plan's data universe, our client retains complete control over data flows and information security. Our client can pick and choose the attributes used in reports to ensure the minimum necessary is sent while still providing high-quality offerings to its members. The Lockbox has allowed the benefits team to reimagine how it uses health data to serve the interests of plan members and fulfill fiduciary responsibilities.



On its face, the ability to share only appropriate data is in support of data security and governance, but it also allows us to reimagine the role of health data in our benefits ecosystem.”

- *Principal Benefits Strategy Consultant*



Wellnecity's Smart Hub is a cutting-edge platform designed for the proactive management of unbundled health plans. By integrating the entire health plan ecosystem—beyond just claims data—Smart Hub provides real-time, objective insights into vendor performance and plan outcomes. Using advanced predictive analytics, the platform empowers employers to optimize health plan oversight, reduce fiduciary risks, and ensure vendors deliver measurable value. Wellnecity guarantees a positive ROI through its comprehensive approach to cost savings, higher utilization, and improved member outcomes—or your money back.

*Content for this section provided by Wellnecity.*



## Purpose-built data platform

Employers, regardless of size, typically work with at least 10 different vendors across their health and wellness benefits portfolio.<sup>1</sup> Traditional warehouse technology is not equipped to manage the dynamic data requirements created by an unbundled health plan vendor ecosystem. To address the unique challenges faced by employers, Wellnecity Smart Hub provides each employer with their own specific deployment. Smart Hub addresses key challenges by:

- **Integrating disparate sources:** All vendors, claims data, utilization data, prior authorization data, contract terms, and reference sources
- **Eliminating siloed communication:** Two-way data exchanges are enabled across the ecosystem so that all vendors are using consistent and compatible data structures
- **Removing heavy integration:** Establishing data connections in a lightweight manner; expensive software development cycles not required
- **Enabling timely care delivery:** Automated transmission of targeting data to the right vendor – to improve care delivery now, when it is needed
- **Protecting member data continuity:** Use robust data standardization processes to maintain member data continuity across vendor transitions, run outs, etc.
- **Continually adapting to market changes:** AI-driven algorithms continually improve predictive modeling, thereby improving benefit utilization as the landscape changes

With over 100 vendors already connected to Wellnecity's cloud-infrastructure, we can create an employer-specific hub in two weeks. New vendors are integrated in less than a week, and each integration

spans all vendor stacks. Data sources can be pushed synchronously and asynchronously, with information updates available in Smart Data Hub within 24 hours of receipt. Updated files for medical claims (pre- and post-paid), Rx claims, and enrollment can be ingested daily.

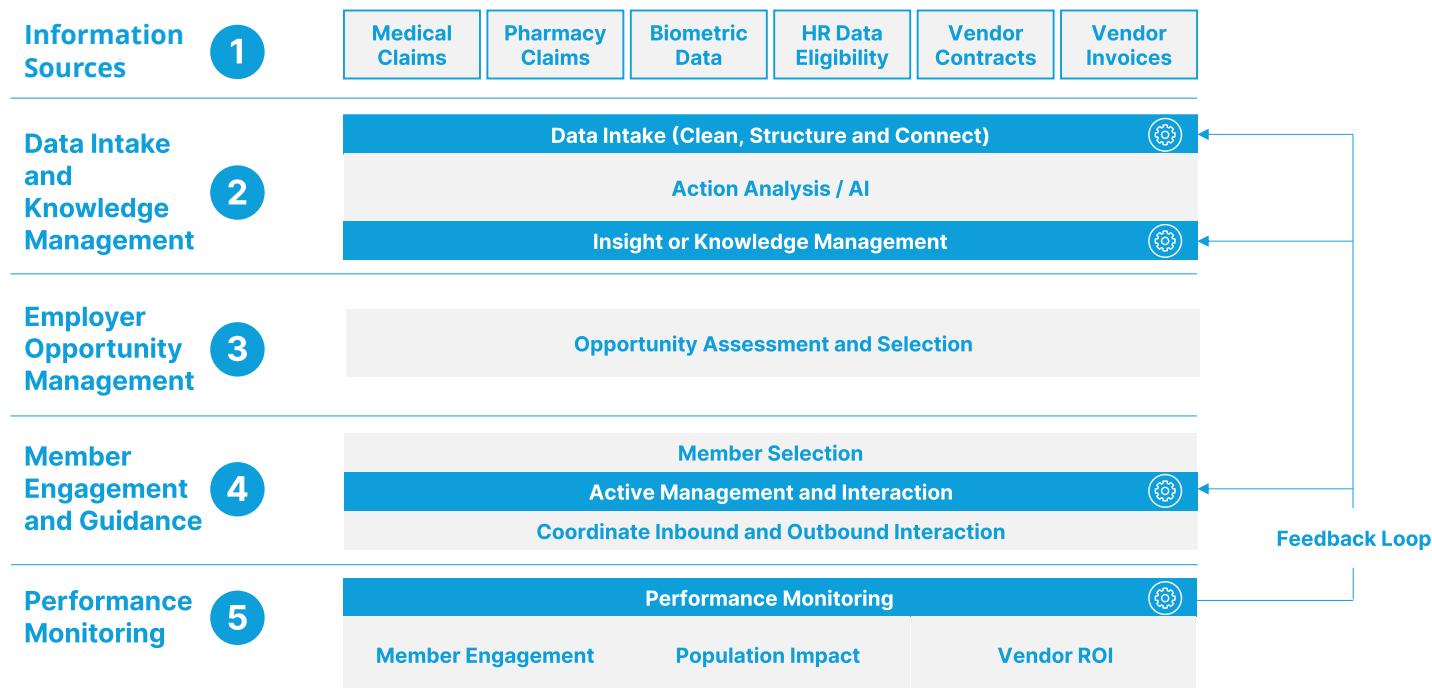
## Action-focused analytics

Health plans are traditionally insurance-oriented vehicles that use actuarial science, i.e. historical trends, to project future aggregate cost. Innovative employers are asking how they can improve in the short, medium, and long term. Wellnecity's Smart Hub enables employers to connect analysis to action, measure impact, and optimize regularly.

Effectively, Smart Hub provides health plan "pilots" with a cockpit – real-time analytics to optimize in-flight performance in addition to post-flight analytics to inform the next flight plan (Figure 1). Employers have been frustrated by having to rely on spotty post-flight analytics.

Based on Wellnecity's experience to date, employers see plan impact in three primary areas:

- **Improve Vendor Performance** – Measure ROI and manage actively
- **Guide Members to Solutions** – Increase benefit utilization; improve outcomes
- **Rapid Response to New Trends** – Reduce response time from a year to a month



**Note:** ■ denotes Wellnecity technology

**Figure 1.** Wellnecity's Smart Hub Platform Structure.

### Bottom Line Result

In 2023, Wellnecity's employer clients saved \$75M (6%) on \$1.1B in health plan spend, representing 11x ROI on Smart Hub fees. They also had a 1.6% health plan cost trend increase in comparison to the 7% national average.

These savings came from the following improvement areas:

- **Improve Vendor Performance** - \$58M (77%)
- **Guide Members to Solutions** - \$12M (16%)
- **Rapid Response to New Trends** - \$5M (7%)

Savings are validated by clients quarterly. At clients' request, Wellnecity will guarantee that savings exceed fees or we will refund the difference. Thus far, no clients have requested a refund.

Unbundled vendor ecosystems deliver cost savings and improved healthcare. Smart Hub enables employers to realize the full value of their customized health plan ecosystem.

### Impact: Improve Vendor Performance

Point solutions are biased towards reporting positive performance to their clients, regardless of actual outcomes. Employers use Smart Hub to analyze vendor performance objectively on ROI. More importantly, the objective measurement of ROI allows all parties to work collaboratively to improve it.

Employers use Smart Hub to actively manage vendor performance on a weekly or monthly basis. Key areas of savings include:

- Meeting performance expectations – e.g., program utilization, rebate guarantees, operational SLAs, etc.
- Improving vendor ROI – e.g., identification of opportunities to increase utilization, to optimize marketing and outreach, to increase coordinate between vendors, etc.
- Renegotiating contracts to align with objectively measured KPIs
- Evaluating the impact of transitioning to a more effective vendor using member data

### Use Case Spotlight: PBM Rebate Accrual Monitoring

One Wellnecity client in the private equity industry was relying on their “Big 3” pharmacy benefits manager (PBM) for rebates across a set of their portfolio companies. The PBM did not have rebate accrual tracking in place. Lack of accrual monitoring meant a lack of confidence in rebate guarantees and delays of monthly rebate payouts to the portfolio companies.

Smart Hub’s PBM rebate tracker was built on the rebate schedule by drug class provided in the contract, with the PBM’s data feed as input. Exclusions to determine rebate-eligible drugs were modeled by channel, e.g., specialty, 340B, Limited Distribution Drugs (LDD) as provided by the PBM. The tracker calculated expected accruals of guaranteed rebates on a monthly basis and identified a substantial gap in expected rebate payments (Figure 2). The firm inquired about the expected gap with their PBM, and as a result claimed the additional \$1.4M due from the PBM in rebates and distributed them to the portfolio companies. Additionally, leveraging the tracker’s accuracy, the portfolio companies were able to accelerate accounting for rebate recognition.

Rebate accrual tracking impact

Client	Channel	Rebate Guarantee	Paid to Date	Amount Due
Company 1	Specialty	\$85K	\$29K	\$56K
Company 2	Specialty	\$137K	\$40K	\$96K
Company 3	Specialty	\$881K	\$283K	\$599K
Company 4	Specialty	\$9K	\$3K	\$6K
Company 5	Specialty	\$24K	\$7K	\$16K
Company 6	Specialty	\$90K	\$32K	\$58K
Company 7	Specialty	\$452K	\$158K	\$294K
Company 8	Specialty	\$160K	\$55K	\$105K
Company 9	Specialty	\$53K	\$19K	\$34K
Company 9	Specialty	\$20K	\$9K	\$11K
Company 10	Retail	\$50K	\$45K	\$5K
Company 10	Mail	\$3K	\$3K	\$0K
Company 10	Maintenance	\$25K	\$22K	\$3K
Company 10	Specialty	\$9K	\$3K	\$5K
Company 11	Specialty	\$48K	\$14K	\$34K
Company 12	Specialty	\$25K	\$9K	\$16K
Company 13	Specialty	\$42K	\$13K	\$29K
<b>Total</b>				<b>\$1.4M</b>

Figure 2. Total Client Reimbursement for Rebate Accruals.

### Use Case Spotlight: Point Solution Impact

In another example, an employer simultaneously evaluated the prospective value impact of ten different point solution options, confidently picking the two most impactful solutions based on objective data before conducting expensive RFPs and cycling through multi-year experiments to find the best fit programs.

### Impact: Guide Members to Solutions

Employers seek to provide their employees with point solutions to support a more effective care journey. Unfortunately, low utilization rates demonstrate the challenge of employee awareness and understanding. Timely information and advanced predictive analytics can enable point solutions to identify employees early in their care journey. Empowered

employers can deploy target marketing and outreach strategies to substantially increase benefit activation.

For example, one Wellnecity client increased their national Center of Excellence utilization from 5% to 45%, saving the client's health plan over \$2M and improving outcomes. Smart Hub analytics objectively quantified the performance gap and stratified the missed member opportunities. The initial approach of providing prior authorization and targeting information to the care navigator produced modest increases in utilization. As a next step, the client hired their own nurse who used member targeting insights generated with the Smart Hub to improve timely outreach, ultimately increasing the conversion rate to 45%. Wellnecity's next steps include deploying AI to further enhance member targeting effectiveness.

### Impact: Rapid Response to New Trends

Even well-managed plans have unexpected and significant variance in cost. The key to handling these surprises is responding quickly with well-targeted responses. Unfortunately, under normal plan management processes with built-in lags in data processing, data sharing, and data analysis, surprises may not be identified until it is too late to recover to budget. Compounding this issue, employers often must wait another cycle before they can determine if their response was on target or not. Wellnecity's "time to insight" (i.e. provider event to data being live in the system) is 5-40 days and shrinking.

In our experience, surprises requiring rapid response fall into three categories.

- **Challenged vendor transition.** For example, a client changed their PBM, and within three months, Wellnecity highlighted that Rx spend was a full 40% over budget. Armed with a simple chart detailing the causes of variation, the employer aggressively remediated the root causes, putting the Rx spend back on budget by month six, before the consultant anticipated having actionable data.

- **New procedures and treatments.** One prominent example of this type of surprise is the rapid rise in utilization of GLP-1 medications. We have been able to notify rapidly many of our clients of spikes in utilization that may not be clinically appropriate, thereby enabling our clients to proactively manage policies and monitor legitimate use, well before utilization became more challenging to remediate.
- **Unexpected risk load.** Nothing alarms management more than an unexpected variance to budget. Active management allows employers to quickly evaluate utilization spikes, and as needed, accelerate deployment of planned savings initiatives.

### Analysis Which Enables Benefit Leaders to Fully Activate Their Vendor Ecosystems

Wellnecity enables our clients to maximize the value of their unbundled health plans. By integrating all the data in a timely fashion, employers can deploy analysis to actively improve plan performance.

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1. [PWC \(2023\)](#)

# Insights from Timely and Integrated Data Drive a Large National Employer's Health Plan Savings



## Case Study

**Client:** Large National Employer

**Industry:** Employer in the health sector

**Benefits-Eligible Lives:** Approximately 100,000

**Year implemented:** 2023

**Product:** Smart Hub Premium

### The Challenge

The employer, like most enterprises, faced a significant challenge with rising costs in their employee health plan.<sup>1</sup> Their health plan cost was projected to grow at a high single digit percentage in the upcoming year, and they needed to control cost to budget without reducing benefits or increasing cost-shifting. Therefore, reducing overall cost and trend was a key priority for the organization's business, and they set a target rate meaningfully below projected medical and pharmacy (Rx) inflation trend. The Benefits Division decided to restructure their health plan vendor stack, including their Third-Party Administrator (TPA)/carrier and multiple point solutions, by issuing a Request for Proposal (RFP).

While the Benefits Division had an existing data warehouse, the datasets were distributed and not linked. They determined that a more robust and comprehensive management platform and analytics tool was critical for reducing healthcare spend and managing plan outcomes effectively. This need led them to identify Wellnecity as their data management and analytics partner. At the time of this decision, Wellnecity was operational in one division of their business, which gave the Benefits Division confidence in Wellnecity's ability to meet the needs of the entire enterprise with over 100,000 plan members. The Benefits Division immediately brought on Wellnecity to support their health plan restructuring and proactive management of the health plan.

### The Process

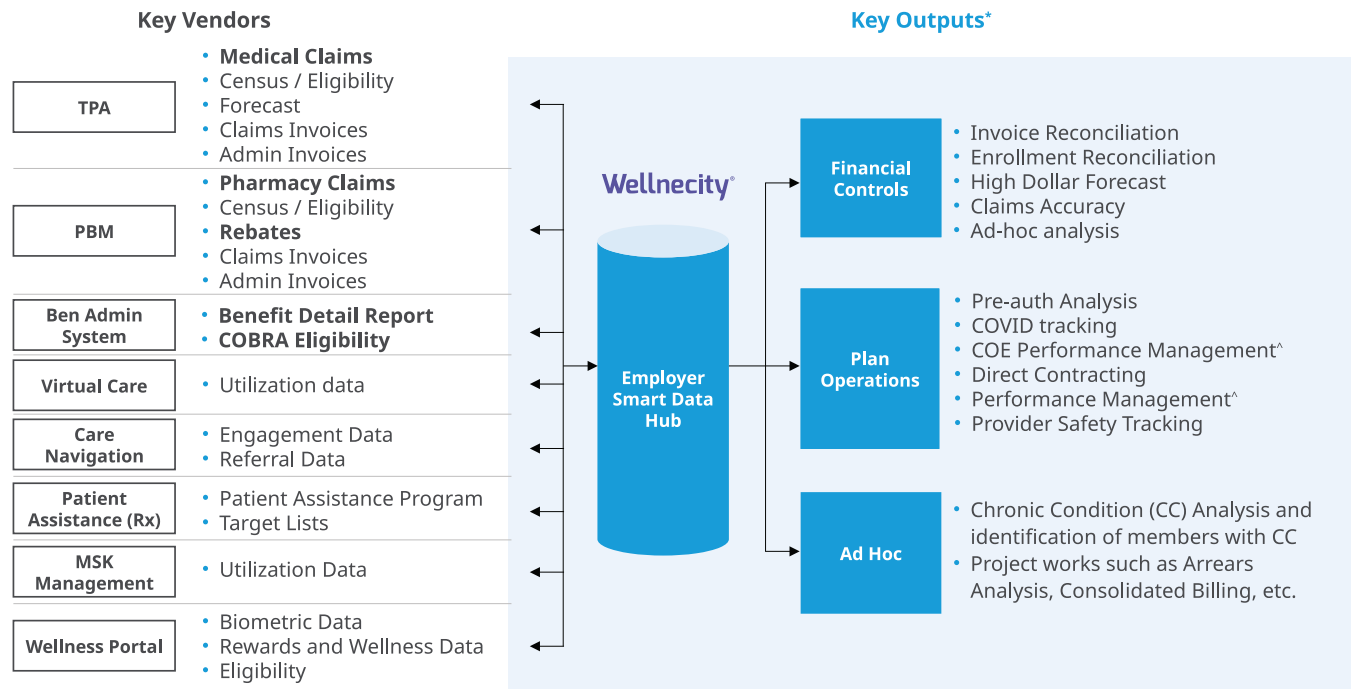
Wellnecity began collaborating with the organization's broker, who was managing the RFP process, to include critical questions that would ensure the selected vendors contractually met essential data capabilities and interoperability requirements. Once the RFP responses were received, Wellnecity assisted the broker in analyzing the responses, focusing particularly on timely data access and accountability.

The analysis revealed that by changing the TPA, network, pharmacy benefits manager (PBM), and a few point solutions, without making any benefit changes, they could capture close to 20% in savings in the first year and also position the employer to meaningfully mitigate trend in future years. Given the magnitude of these potential savings, senior leadership decided to accelerate implementation of the new vendors early. However, this accelerated implementation posed several challenges, particularly with maintaining accurate accumulators for deductibles and out-of-pocket calculations.

To address these challenges, Wellnecity used the Smart Hub platform to manage the transition between carriers and developed a unique process for the transition of accumulators. This approach ensured that there was no negative financial impact or disruption of care to employees due to the transition.

Wellnecity's Smart Hub technology enabled over 100 data connections for the organization's Smart Hub – without incurring long integration or development efforts (Figure 1).

- **Wellness Data Management** (87 data connections established): 36 one-time ingested historical data files, 37 ongoing ingestion pipes



\* Not comprehensive

<sup>^</sup> Includes: Trigger Analysis, Savings Tracking, Fees/Invoice reviews, etc.

**Figure 1.** Structure of the Employer's Smart Data Hub.

established for legacy platform and vendors, and 14 outbound export connections for specific condition vendors (e.g., weight loss, diabetes, biometrics) and other financial and operational guidance.

- **Health Plan Management** (Over 22 data connections established): TPA and PBM connections (includes separate data connections for select divisions and non-integration acquisitions), BenAdmin, COBRA, and point solutions, including vendors for care navigation, musculoskeletal care (MSK), Centers of Excellence, pharmacy (Rx) solutions, and onsite clinics.

To facilitate proactive management, Wellnecity receives frequent data updates across the spectrum of feeds, including daily ingestion of pre- and post-paid claims from the TPA.

Following on the successful implementation, Wellnecity transitioned into an ongoing support model enabled by the Smart Hub, including the following activities:

- **Reporting:** Standardized reports support quarterly business reviews and include new opportunities to optimize existing solutions. These opportunities are backed by insights on health plan economics, health plan performance against medical and Rx trend and budget, medical and Rx spend drivers, and vendor performance (e.g., outcomes, NPS (Net Promoter Score), utilization, savings, and ROI).



Wellnecity also produces ad-hoc reports based on follow-up questions from the HR team or as our dedicated customer success team reviews ongoing trends. Example ad-hoc deep-dives included:

- » Cross-referencing medical diagnoses with Rx spend helped the Benefits Division discern appropriate and inappropriate utilization of GLP-1s.
- » Integrating biometrics data such as BMI and waist circumference with claims data provided a more informed assessment of the need for an obesity intervention, as obesity is often underreported in claims data.
- » Analyzing drivers for the Ortho/Rheumatology condition, enabling selection of a new targeted point solution.

Standard turnaround time for reports leveraging Smart Hub is less than one week.



“Wellnecity should be the source for reporting for all internal stakeholders and should be treated as our team by outside vendors.”

- Director of Benefits

- **Oversight:** Smart Hub allows Wellnecity to objectively assess vendors' self-reported metrics using client and benchmark data, including whether vendors' engagement is effective in reaching members. Wellnecity also validates vendor invoicing and enrollment to avoid overages that are charged by vendors.
- **Enhancing and supporting activation of point solutions:** Wellnecity facilitated the rapid deployment of the client's initial core set of point solutions. Smart Hub's predictive modeling generated outreach lists that could then be fed to dedicated outreach navigators, rapidly ramping benefit utilization, saving the team \$2M and improving health outcomes.



Wellnecity has a true partner orientation. The team is responsive and adaptive, delivering fact-driven information that provides transparency on vendor performance so we don't have to rely on vendor self-reporting.”

- Associate Director, Benefit Operations

## Outcomes

Some of the key outcomes included:

- **20% savings on health plan spend:** In the first 12 months of implementing the new carrier and point solutions, the organization exceeded the initially forecasted savings.
- **Enhanced vendor performance:** Due to Wellnecity's vendor oversight and consultative support, over 70% of point solutions met or exceeded the vendors' NPS score targets in 2023.
- **Enhanced activation of point solution programs:** Drove appropriate utilization, saving \$2M and improving health care for employees.
- **Identified \$20M in inconsistent reporting from a TPA:** Wellnecity and the organization worked with the TPA to correct feed issues that were caused by duplication of claims in the TPA's header files, missing/wrong claims data in both header and lines files, and header and lines differences.

The partnership between Wellnecity and the Benefits Division exemplifies how strategic restructuring, supported by robust and actionable data analytics, can enable significant cost savings and improved health outcomes.

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1. [SHRM \(2024\)](#)



A World 50 Group Community

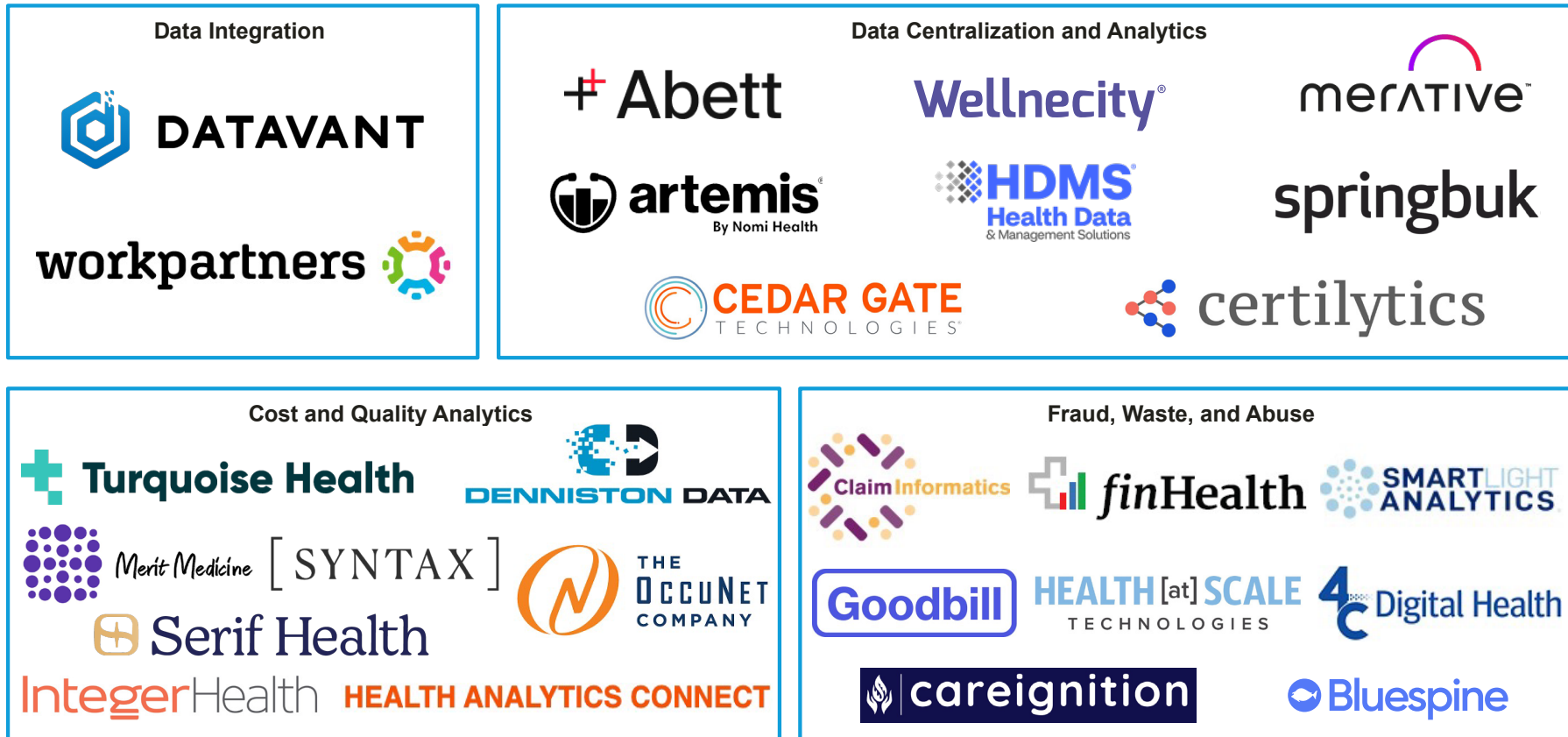
# SOLUTION EVALUATION GUIDE



# SOLUTION EVALUATION GUIDE

The following resources will be helpful to employers when evaluating vendors in the data analytics space. The chart below (Figure 1) provides an overview of indicative vendor solutions. Selecting a data analytics vendor is highly personal to an employer based on the capabilities and

customization they require, technical skills of their staff, integration requirements, security and compliance needs, and more. Therefore, we have also provided a set of questions to consider when evaluating vendors.



**Figure 1.** Data Analytics Landscape Overview. This graphic is intended to provide an indicative, but not comprehensive, view of the data analytics solution market. For convenience, the solutions have been sub-categorized based on their primary focus; however, the sub-categories are not mutually exclusive. Solutions in this category may address other areas such as benefits administration, engagement platforms, network optimization, and navigation.

## Sample RFI/RFP Questions

This list should not be considered a comprehensive list of all questions an RFP should include. Rather, these are additional questions that can be included to elicit differences between solutions that may be less visible in typical RFP questionnaires, supporting you in finding the partner that is most aligned with the interests and needs of your organization.

### Strategic Positioning

1. What differentiates your solution from a typical healthcare data repository?
2. What kind of financial arrangement do you have with the consultant running this RFP?

### Data Timeliness

3. What processes do you have in place to ensure client data can be obtained easily and quickly? Please be specific about provisions you have to secure complete data from carriers and from other vendors.
4. Confirm your ability to process key vendor feeds, such as those from a TPA/ASO, PBM, Benefits Administrator, HRIS, SDoH data vendor, COBRA administrator, and point solutions on a daily basis.
5. What is the average length of time from the date of the initial signed contract with the client to delivery of clean data to your client:
  - a. From suppliers whom you **have** received data from previously, and
  - b. From suppliers whom you **have not** received data from previously?
6. Describe the average time from deployment initiation to full data integration and interoperability. In your description, include the following:
  - a. Total time including data source permissions, wait time, and upload
  - b. Total time to transform data from source formats to FHIR-based data
  - c. What is required from the client team?
7. What is your average time to implement a new ecosystem partner data feed? Does this differ between carriers vs. point solutions?
8. Specify the average time it takes for a claim to appear and become searchable in your system from the date of service, excluding claims over \$5,000. Describe if this duration differs between Medical and Rx claims.

## Obtaining Relevant Responses from Vendors

In order to help you garner more specific and relevant responses when issuing an RFI or RFP, we recommend that employer purchasers provide several examples of data analytics use cases you are prioritizing and ask the respondents how they would address these questions. Some examples of use cases may include:

- We are reviewing trend over the last five years by gathering financials from our database as well as invoices from our vendors. The numbers do not match. How do we reconcile this data?
- We are required to balance our annual benefit spend to the penny for our financial team. Where can we find the data and reporting to support this process?
- We are piloting a program where the goal is to increase preventive screenings. We want to target states where the percentage of members who have not had a preventive screening is high. How would we identify the best members to target?
- We are interested in understanding if the bundled rates from a surgery benefit vendor are competitive to what we pay now in claims through our self-funded medical HRA/HSA benefit. We have a list of CPT surgery codes. How do we see if their bundled rates are competitive when including necessary services like pre- and post-operation appointments, anesthesia, postoperative physical therapy sessions, etc.?

### Data Breadth

9. Confirm your ability to integrate data from 30+ health plan vendors into a standardized format.
  - a. Specifically, across which categories of health plan vendors?
10. Confirm your ability to exchange bi-directional data with vendors using modern data interchange technology (e.g., an API).
11. Confirm your ability to standardize data across vendors over time such that member-level health history retains its integrity. Detail your standardization process.
12. Describe your process for integrating claims records by member across all data sources.

13. What percentage of the time do you get provider-identified information?  
Does this include allowed and paid charges?

### **Application**

14. What transformations or enrichments do you do to clients' data to make it smarter and more usable?
15. Provide examples of dynamic vendor ROI calculations that support business improvement efforts.
16. Describe three scenarios in which predictive analytics / AI were used to match members with appropriate benefits.
17. How do you measure and/or analyze synergies (or lack thereof) between a client's benefit ecosystem partners? How do you identify gaps in care between them?
18. What data-driven insights do you provide to inform health plan design or network selection?

### **Product Development / Roadmap**

19. Considering your organization's product development budget over the next 3 years, what are the top 5 areas/products/services you are focusing on? Please list them in order of priority.
20. How does machine learning or AI factor into your solution?

### **Operations**

21. What is the response time for supporting management decision-making requests?
22. Can you accommodate both SFTP and API connectivity? What are current examples of API connectivity in production?
23. Information Security: Does your solution comply with the ISO 27001:2022 standard?

# ABOUT THE RESEARCH

## About the Research

This report was developed by the EHIR Advisory Services team with contributions from Natasha Coult and Sally Welborn. We give special thanks to Tamra Lair, Ph.D., of [MeasureForward Partners](#) for her insightful contributions. This report includes data derived from a survey of EHIR members who are decision-makers in health and wellbeing benefits for large organizations. The survey was conducted in June and July of 2024, and responses were gathered from 34 unique EHIR member companies. Organization sizes range from fewer than 5,000 employees to over 500,000 employees, and EHIR member organizations span all major industries. A list of EHIR members can be found at <https://www.ehir.com/ehir-cohorts>. Survey respondents were asked if they use a third-party data warehouse or data analytics vendor to collect and integrate their healthcare and healthcare-related data, and whether they hold this contract directly or through a consultant or broker. The survey findings were supplemented with interviews with responding EHIR members and desktop research.



### About EHIR

Employer Health Innovation Roundtable ([EHIR](#)), a [World 50 Group](#) community, is an action-oriented, independent group built by employers, for employers. EHIR was started nearly a decade ago out of a need for objective support in identifying and assessing emerging solutions to sift through the noise and stay ahead of the curve amid a rapidly changing competitive landscape. EHIR provides a streamlined and efficient innovation intake and evaluation process along with valuable insights to the world's leading employers.

## About Our Research Partners

The following organizations supported this project, including review of research questions and providing case studies and supplemental information on their program offerings. Their contribution sections are clearly indicated. The Research Partners did not influence the survey responses or interviews with EHIR members, or the general interpretations in this report, which are the independent product of EHIR.



### Abett

Abett is a leading data analytics company that specializes in simplifying the complexities of healthcare and benefits data. By seamlessly integrating data from various sources, Abett empowers organizations to unlock the full potential of their data, driving better outcomes and more informed decision-making. Abett has provided the Lockbox service to major American employers since 2020. Two factors distinguish Abett and the Lockbox platform. First, we are independent, and we empower our clients to solve their unique challenges by providing a source of truth with the data elements relevant to each client's specific needs. Second, Abett is an extremely competent organization. When we commit to delivering product or results to a client, we deliver as promised. We are thankful to have received many accolades for exceeding client expectations.



### Wellnecity

Smart Hub by Wellnecity is a cutting-edge platform for seamless management of unbundled health plans. By combining timely aggregation of disparate health plan data with predictive, actionable analytics, Smart Hub empowers employers to enhance plan oversight, fulfill fiduciary duties with confidence, boost health plan performance, and drive better health outcomes. Wellnecity guarantees a positive ROI – or your money back.