



**Validation**Institute

# 2021 Validation Report

**Review for: BiolQ**  
**Valid through March 2022**



# Company Profile

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<b>Category:</b>	Health Analytics
<b>Website:</b>	<a href="http://www.bioiq.com">http://www.bioiq.com</a>
<b>Public or Private:</b>	Private
<b>Year Established:</b>	2005
<b>CEO:</b>	Sean Slovenski
<b>Company contact:</b>	<a href="mailto:sales@bioiq.com">sales@bioiq.com</a>

## Description:

**BioIQ** is a healthcare engagement and quality care gap closure company that is redefining the way payers, employers and consumers navigate and connect with the U.S. healthcare system. BioIQ leverages consumer analytics, real-time omni-channel engagement strategies and an extensive ecosystem of healthcare partners to provide a comprehensive view of individuals throughout their health journey and engage them to make better decisions that lead to healthier outcomes.





# Claim Assertion for Validation

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The claim being validated is that BiolQ will significantly reduce the number of “gaps” in screening for conditions, in the Medicare and commercial populations. (Medicaid was not part of the validation.)

This is accomplished, according to BiolQ, by directing members to a network of 12,000+ retail outlets where their tests can be undertaken, or in some cases facilitating at-home testing. In many cases, they recommend tests that are specifically designed to be done at home.

Their point-of-service offering is complemented by a marketing campaign to encourage testing.



# Method / Calculation / Examples

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A BiolQ customer -- a Medicare Advantage (MA) plan, accountable care organization, commercial insurer, or self-insured employer -- will attempt to screen members/employees, on the assumption that early detection leads to better outcomes. (This assumption itself is not being proposed for validation.)

Unlike employers, which can do workplace screenings, MA plans don't have the advantage of being able to bring all their members together into one place. They have to rely on members going to get the screenings. Likewise, their incentives are strictly limited by CMS. Therefore, it can be a challenge getting members to undergo those screens. Employers have a different challenge, which is that employees feel (usually without justification) that employers are invading their privacy.

Therefore, many members and employees respectively will decline the screens, when requested by the sponsoring organization. The pool of decliners becomes the pool which BiolQ markets to, a pool from which the "yeses" have already been removed.

Therefore, BioIQ does not get “credit” for people who would have done something anyway. Vendors claiming credit for things that would have happened anyway is classic fallacy in population health.

So BioIQ is validating not its results in getting people to assent, but rather in getting people who have declined to subsequently assent. The figures in the validation therefore apply only to those no-to-yeses. Each percentage represents a changed mind in the tallies below.

The following analyses were performed on BioIQ’s 2018 and 2019 book of business for those clients who shipped kits in 2018 with the goal of measuring gap closure rates over time. Since clients and member populations change year over year, BioIQ has provided the following analyses:

**Analysis #1:** Book of Business YOY – Results for Clients who shipped kits in 2018 but not necessarily 2019

**Analysis #2:** Book of Business YOY – Results for Clients who shipped kits in 2018 and 2019

**Analysis #3:** Cohort Analysis – Results for Members who were shipped kits in 2018 and 2019

Analysis fields for the three analyses and their results are listed in the following tables.

**Table 1: Analysis Fields for the Three Analyses**

	<b>Analysis#1</b>	<b>Analysis#2</b>	<b>Analysis#3</b>
<b>Inclusion Criteria</b>	<ul style="list-style-type: none"> <li>• Health Plan</li> <li>• Auto Deploy</li> <li>• Commercial / Medicare</li> <li>• A1c, FIT, and Microalbumin Tests</li> <li>• Clients with 2018 Kits Shipped (May Not Have Shipments in 2019)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Plan</li> <li>• Auto Deploy</li> <li>• Commercial / Medicare</li> <li>• A1c, FIT, and Microalbumin Tests</li> <li>• Clients with 2018 &amp; 2019 Kits Shipped (<u>i.e.</u> returning client)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Plan</li> <li>• Auto Deploy</li> <li>• Commercial / Medicare</li> <li>• A1c, FIT, and Microalbumin Tests</li> <li>• Clients with 2018 Kits Shipped</li> <li>• Members Shipped Kits in 2018 and 2019</li> </ul>
<b>Members Shipped Kit</b>	Count of Unique Members Shipped Kit at Test Type Level	Count of Unique Members Shipped Kit at Test Type Level	Count of Unique Members Shipped Kit at Test Type Level
<b>Gap Closures</b>	Count of Unique Members that Returned a Kit and Received a Conclusive Result	Count of Unique Members that Returned a Kit and Received a Conclusive Result	Count of Unique Members that Returned a Kit
<b>Gap Closure Rate</b>	Gap Closures / Members Shipped Kit	Gap Closures / Members Shipped Kit	Kit Returned / Members Shipped Kit

**Table 2: Results for Analysis#1, Book of Business YOY (2018 vs. 2019)**

Test Type	Clients	Members Shipped Kit in 2018	Gap Closures 2018	Members Shipped Kit in 2019	Gap Closures 2019	Gap Closure Rate 2018	Gap Closure Rate 2019
<b>A1c</b>	6	42,424	5,440	41,257	6,170	13%	15%
<b>Commercial</b>	1	1,500	253			17%	
<b>Medicare</b>	5	40,924	5,187	41,257	6,170	13%	15%
<b>FIT</b>	12	397,932	94,207	371,323	89,043	24%	24%
<b>Commercial</b>	4	42,983	9,667	9,989	5,293	22%	53%
<b>Medicare</b>	8	354,949	84,540	361,425	83,750	24%	23%
<b>Microalbumin</b>	5	12,219	2,048	8,441	1,481	17%	18%
<b>Medicare</b>	5	12,219	2,048	8,441	1,481	17%	18%
<b>Grand Total</b>	23	452,575	101,695	421,021	96,694	22%	23%

**Table 3: Results for Analysis#2, Book of Business YOY (2018 vs. 2019): Client Must Have Program in both 2018 and 2019**

Test Type	Clients	Members Shipped Kit in 2018	Gap Closures 2018	Members Shipped Kit in 2019	Gap Closures 2019	Gap Closure Rate 2018	Gap Closure Rate 2019
<b>A1c</b>	3	37,805	4,955	41,257	6,170	13%	15%
<b>Medicare</b>	3	37,805	4,955	41,257	6,170	13%	15%
<b>FIT</b>	8	328,554	81,685	371,323	89,043	25%	24%
<b>Commercial</b>	2	4,754	2,574	9,989	5,293	54%	53%
<b>Medicare</b>	6	323,800	79,111	361,425	83,750	24%	23%
<b>Microalbumin</b>	3	10,308	1,841	8,441	1,481	18%	18%
<b>Medicare</b>	3	10,308	1,841	8,441	1,481	18%	18%
<b>Grand Total</b>	14	376,667	88,481	421,021	96,694	23%	23%

**Table 4: Results for Analysis#3, Cohort Analysis - Cumulative Closure Rate**

Test Type	Clients	Members Shipped Kit in 2018 & 2019	Gap Closures 2018	Cumulative Gap Closures '18-'19	Gap Closure Rate 2018	2 Year Cumulative Closure Rate
<b>A1c</b>	2	1,012	143	219	14%	22%
<b>Medicare</b>	2	1,012	143	219	14%	22%
<b>FIT</b>	6	35,699	8,106	10,940	23%	31%
<b>Medicare</b>	6	35,699	8,106	10,940	23%	31%
<b>Microalbumin</b>	2	282	54	79	19%	28%
<b>Medicare</b>	2	282	54	79	19%	28%
<b>Grand Total</b>	7	36,993	8,303	11,238	22%	30%

# Findings & Validation

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Specifically, the three tests validated are:

1. The Hb a1c test.
2. The aforementioned FIT for colon screening.
3. Microalbumin. This test is recommended only for people who are at risk for chronic kidney disease or kidney failure. So the “n” is lower than for the other two, but the importance of identifying these members for early intervention is much higher.

Normally the Validation Institute does not use subjective words like “best,” and even though we will use that word here, we will qualify it.

BioIQ is, to our knowledge, the best tool to use in order to encourage recalcitrant employees and Medicare members to complete recommended screenings. While representing our considered opinion, this adjective is not covered by the Validation Institute’s Credibility Guarantee.

Objectively, the following statements are valid and covered by the Credibility Guarantee:

1. The methodology used to calculate the reduction in missing screens is valid.
2. The amount of the reduction is valid.
3. The screens listed below are recommended by the US Preventive Services Task Force.
4. BiolQ screens may be done at USPSTF-recommended intervals unless different intervals are requested by the client.
5. In the case of the Fecal Immunochemical Test (FIT), the interval is one year, vs. the colonoscopy interval of 10 years for people with a previous “clean” screen. This annual frequency for FIT, as a future validation will show, provides greater efficacy than the colonoscopy every ten years. It is non-invasive so there is no chance of complications.
6. While the second-year gap closures are lower than the first year, it is the case that employees/members who fail to get their screenings when requested by the program sponsor/carrier and then fail to get their screenings after one round of requests by BiolQ are going to be the most recalcitrant. Therefore, the correct measure is to look at the cumulative 2-year reduction in non-compliance.
7. No claims of cost-effectiveness are associated with these three validations, for the time being. It is the case that Medicare rewards greater compliance with higher Stars scores, which is economically advantageous.



# Validation and Credibility Guarantee

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**BiolQ** has achieved a level 2 validation – Outcomes. Validation Institute is confident that **BiolQ** performs as they state they are willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program\*.

## Level 1 - Savings

Can produce a reduction of health care spend including the cost of the provider. Product/solution has produced, and replicated a lower cost for healthcare overall or a specific component of healthcare

## Level 2 - Outcomes

Product/solution has measurably “moved the needle” on an outcome (risk, hba1c, events, employee retention, etc.) of importance.

## Level 3 - Contractual Integrity

No outcomes or savings has been shown, but vendor is willing to put a part of their fees “at risk” as a guarantee

## Level 4 - Metrics

Claim is made that – with sourced, overridable assumptions linked to peer-reviewed or government sources





# Limitations

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It is possible that some portion of the no-to-yeses might have changed their mind on their own, but it is very unlikely they would have done so in numbers approaching the numbers seen in the above tallies.





**Validation Expiration: March 2022**

# CERTIFICATE OF VALIDATION

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**Applicant:**

**BioIQ**

2300 Windy Ridge Parkway, Suite 850S  
Atlanta, GA 30339

**Claim:**

BioIQ will significantly reduce the number of “gaps” in screening for conditions, in the Medicare and commercial populations.

**Validation Achieved:**

Level 2 – Validated for Outcomes

**Award Date:**

March 2021

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**Al Lewis**  
**Senior Advisor**  
**Validation Institute**

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**Benny DiCecca**  
**Chief Executive Officer**  
**Validation Institute**



# About Validation Institute

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Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of healthcare.

To strengthen our offering and provide additional credibility around our service, the Validation Institute recently announced a Credibility Guarantee\* that offers customers of validated solution providers up to a \$25,000 guarantee. This guarantee confirms that a validated solution provider will, achieve what the validation language on a marketing claim says it will achieve.