



**Validation**Institute

# 2022 Validation Report

**Review for: ActiveHealth<sup>®</sup> Management**

**Validation Achieved: Savings**

**Valid through: June 2023**



# Company Profile



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<b>Category:</b>	Care Management
<b>Website:</b>	<a href="http://www.activehealth.com/">www.activehealth.com/</a>
<b>Public or Private:</b>	Public, part of the CVS Health® family of companies
<b>Year Established:</b>	2001
<b>CEO:</b>	Carol B. Ingher
<b>Company contact:</b>	proposals@activehealth.com

## Description:

**ActiveHealth® Management** has been an innovator in applying science-based coaching and technology solutions to address real-world problems in health care for over 20 years. **ActiveHealth** combines powerful predictive analytics with personalized digital and live experiences that address each member's unique needs to maintain or improve their health and well-being. Self-directed digital resources as well as virtual, telephonic and onsite human connections let members choose where and how to work on their health goals. **ActiveHealth** members are inspired and motivated to make healthier choices that can last a lifetime. The result is happier, more productive employees, better health outcomes, and lower health care costs.





# Claim Assertion for Validation

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Members randomly assigned to receive CareEngine® Provider and Member Messaging (services) have lower per member per month medical costs than those without messaging.

The CareEngine identifies gaps in care and sub-optimal care based on well-established medical guidelines. After a care opportunity is identified, CareEngine sends messages to the health care provider and the member and monitors whether the gap is addressed.

Published peer reviewed literature supports the link between improved care, such as closing gaps in care, and lower medical costs. For example, congestive heart failure (CHF) patients who are put on higher doses of specific medications have a slightly lower risk of being hospitalized for CHF (Muhammad Shahzeb Khan, 2017). Similarly, ensuring that people who are at high risk for heart attack and stroke are taking cholesterol-lowering medication can reduce the rate of those events, thereby reducing costs even after paying for the medications (Borislava Mihaylova, 2005).





# Method / Calculation / Examples

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Health plan members were randomly assigned to receive CareEngine Provider and Member Messaging if they were enrolled at least 6 months before and at least 12 months after services began. Members who had end stage renal disease, HIV/AIDS, Crohn's disease, cystic fibrosis, hemophilia or other bleeding disorders, multiple sclerosis, Parkinson's, Sickle cell, or Lupus were excluded. And members in SNF (Skilled Nursing Facility) were also excluded from the analysis.

In total, 281,466 members were assigned to receive services and 31,236 members were assigned to the control group and did not receive services. The two groups were compared on age, gender, risk scores, medical costs, and use of medical services to ensure they were similar to one another before the intervention began.

For the CareEngine messaging ("treatment") group and the control group, the Per Member Per Month costs were calculated for 6 months before and 12 months after the program began. The program start date was January 2020. The difference between the two groups' PMPM post/ second 12-month period was subtracted from the difference between their pre/ first 6-month period (difference in differences).

Differences between the two groups' use of medical services was also examined. For each quarter and each medical service type (such as inpatient), the difference between the two groups was calculated.

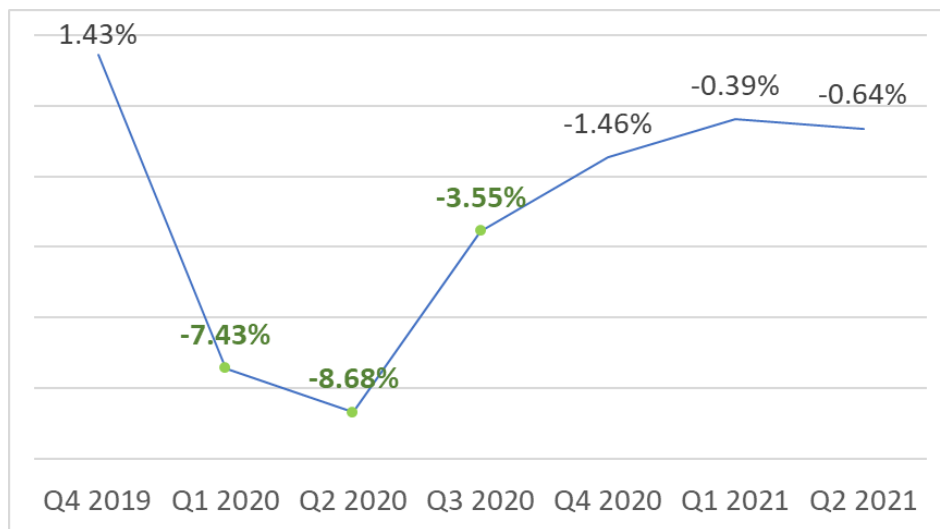




# Findings & Validation

The PMPM for members receiving ActiveHealth messaging services was an estimated \$8.79\* lower than members not receiving the service. The savings are statistically significant, which means the result is less likely to be due to chance or normal fluctuation.

Of the savings, 88% are from medical care and 12% from Rx prescriptions. The analysis found that the ActiveHealth member group had significantly lower PMPM cost for inpatient care. The group’s spending on inpatient care decreased more than the control group’s in every quarter and was significant in quarters 1, 2, and 3 in 2020. Graph 1 shows the percent lower that the ActiveHealth group was compared to the control group. The Outpatient cost is also significantly different between the two groups, with ActiveHealth member group having \$2.85 lower PMPM cost in Outpatient visits. The two groups did not differ significantly on use of other medical services, ranging from primary care and specialist visits to avoidable Emergency Room visits, but these utilization categories showed the favorable direction in saving for ActiveHealth.



\*PMPM savings is based upon two cohort studies, one of which is detailed in this report.



# Limitations

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As the CareEngine interventions involve a wide range of conditions, a complete literature review was impractical. Thus, the relationship between the intervention and the savings is assumed. Given that a randomized controlled trial was conducted, this conclusion is supported by the data.



## Works Cited

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Borislava Mihaylova, A. B. (2005). Cost-effectiveness of simvastatin in people at different levels of vascular disease risk: economic analysis of a randomised trial in 20,536 individuals. *Lancet*, 1779 - 85.

Muhammad Shahzeb Khan, G. C. (2017). Dose of Angiotensin-Converting Enzyme Inhibitors and Angiotensin Receptor Blockers and Outcomes in Heart Failure. *Circulation* .





# Validation and Credibility Guarantee

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**ActiveHealth® CareEngine® Provider and Member Messaging** achieved validation for Savings. Validation Institute is willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit <https://validationinstitute.com/credibility-guarantee/>.

## Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.

## Outcomes

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

## Metrics

Credible sources and valid assumptions create a reasonable estimate of a program's impact.

## Contractual Integrity

Vendor is willing to put a part of their fees "at risk" as a guarantee.







**Validation Expiration: June 2023**

# CERTIFICATE OF VALIDATION

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**Applicant:**

**ActiveHealth® Management**

233 Spring Street, New York, NY 10013

**Product:**

**ActiveHealth® CareEngine® Provider and Member Messaging**

**Claim:**

Members randomly assigned to receive CareEngine services have lower per member per month medical costs than those assigned to no services.

**Validation Achieved:**

**Validated for Savings**

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**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 health care.

## Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.

