

STATE OF NORTH CAROLINA Department of State Treasurer NC State Health Plan for Teachers and State Employees	REQUEST FOR INFORMATION NO. 270-20240419GLP Due Date: May 31, 2024, 2:00 PM ET
Refer <u>ALL</u> Inquiries to: Kimberly Alston, Contracting Agent	Issue Date: April 19, 2024 Commodity: 851017 Health Administration Services
E-Mail: Kimberly.Alston@nctreasurer.com with a copy to SHPCContracting@nctreasurer.com	Using Agency Name: NC State Health Plan for Teachers and State Employees

MAILING INSTRUCTIONS: Respondents shall submit one (1) signed, original paper response, and one (1) electronic copy on a flash drive and one (1) redacted electronic copy on a flash drive, if applicable pursuant to Section 3.0.D. The address label shall clearly note the RFI number as shown below. It is the responsibility of the submitting entity to have the RFI in this office by the specified time and date of opening.

<u>DELIVERY ADDRESS</u>
RFI NO. 270-20240419GLP NC Department of State Treasurer State Health Plan Division Attn: Kimberly Alston, Contracting Agent 3200 Atlantic Avenue, Raleigh, NC 27604


NOTICE TO RESPONDENTS

Responses to this RFI will be received at the address above until May 31, 2024, 2:00 PM ET.

QUESTIONS

Email written questions no later than April 30, 2024, 5:00 PM ET to Kimberly.Alston@nctreasurer.com with a copy to SHPCContracting@nctreasurer.com.

EXECUTION

RESPONDENT NAME: <i>CoreLife</i>	E-MAIL: <i>ryan@corelifemd.com</i>	
STREET ADDRESS: <i>1090 Winterson Rd Ste 300</i>	P.O. BOX: <i>-</i>	ZIP: <i>21090</i>
CITY & STATE: <i>Linthicum Heights MD</i>	TELEPHONE NUMBER: <i>800 905 3261 ext 101</i>	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING: <i>Ryan Ebersole CFO</i>	FAX NUMBER:	
AUTHORIZED SIGNATURE: 	DATE: <i>7/19/2024</i>	

1.0 EXECUTIVE SUMMARY

The North Carolina State Health Plan for Teachers and State Employees (“Plan”), a division of the North Carolina Department of State Treasurer, provides health care coverage to more than 740,000 teachers and school personnel, State Employees, retirees, current and former lawmakers, state university and community college personnel, and their dependents. The mission of the State Health Plan is to improve the health and health care of North Carolina teachers, State Employees, retirees, and their dependents, in a financially sustainable manner, thereby serving as a model to the people of North Carolina for improving their health and well-being.

2.0 PURPOSE AND OBJECTIVES OF THE REQUEST FOR INFORMATION

The Plan’s net spend on glucagon-like peptides (GLP-1s) and gastric inhibitory polypeptide (GIP) agonists for weight loss exceeded \$100 million in 2023 and was projected to exceed \$170 million in 2024. In order to limit this financially unsustainable expense, the Board of Trustees for the State Health Plan for Teachers and State Employees ended coverage of GLP-1s, GIP-GLP-1 agonists and other similar molecular entities used for weight loss as a benefit effective April 1, 2024.

The Board further directed Plan staff to explore options that may allow members who need these medications the most to obtain them, informed by medical necessity and long-term cost effectiveness, under a fiscally sustainable model, budgeted over at least the next five years. To that end, the Plan is issuing this Request for Information (RFI) to gather ideas and solutions from the marketplace.

This RFI is intended to collect information, recommendations, and potential solutions for the Plan to consider respecting the feasibility of providing benefit coverage to Plan members to use GLP-1, GIP-GLP-1 agonists, and other similar new molecular entities, for the purpose of weight loss in a manner that is financially sustainable for the Plan.

The Plan is seeking responses outlining detailed solutions that would address the following:

- A. Permit the Plan to provide benefit coverage to Plan members to use GLP-1, GIP-GLP-1 agonists, and other similar new molecular entities, for the purpose of weight loss.
- B. Establish a pricing framework that would permit the Plan to provide such benefit coverage in a fiscally responsible manner in order to maintain financial sustainability. For example, the Plan seeks the ability to:
 1. Pay for varying percentages of the unit cost according to medical necessity considerations.
 2. Receive the same effective net price if the Plan only chooses to pay for a medication for an additional FDA indication without paying for it for all other indications.
 3. Audit claims, rebates, and prior authorizations for accuracy and compliance with applicable laws and regulations.
- C. Potential for establishing a program outlining certain eligibility requirements, parameters, or other prerequisites for Plan members to follow in order to receive benefit coverage of GLP-1, GIP-GLP-1 agonists, and other similar new molecular entities, for weight loss. As a result, the Plan seeks the ability to:

1. Require that an approved weight loss program or nutrition classes be completed before approval of payment for the medication.
 2. Develop step therapies involving lower cost medications.
 3. Require that medications be prescribed by a practitioner with appropriate levels of expertise.
 4. Prohibit Body mass index (BMI) measurements from being estimated via telehealth visit to ensure accuracy and accountability, while enabling a data collection process that supports the successful implementation of the benefit.
- D. Potential for establishing a program wherein the Plan has the flexibility to establish parameters for utilization management of GLP-1, GIP-GLP-1 agonists, and other similar new molecular entities for weight loss, which may include considerations such as, but not limited to:
1. BMI;
 2. Current weight;
 3. Documented history of lifestyle modifications, which may include reduced calorie intake and increased physical activity;
 4. Documented enrollment and measurable participation in other nutritional or dietary programs;
 5. Consideration of evidence for one or more comorbid conditions or other obesity-related medical conditions;
 6. Data analytics and reporting tools supporting successful claims adjudication and program evaluation;
 7. Requirements for in-person treatment visits to verify efficacy of medications for individuals; or
 8. Any other considerations or parameters that would support a program to achieve the Plan's objectives of serving the members who need these medications the most.
- E. Provide cost, price structures, or other relevant expense information related to the recommendations and potential solutions submitted.

3.0 RFI PROCEDURES

A. Schedule

Responses must be received by the date, time and the location specified on the cover sheet of this RFI. Respondents may be requested to present and discuss their submissions at the Plan's offices in-person or remotely. If the Plan requests such a presentation, respondents will be notified of the specific date and time at least two weeks in advance of any presentation.

B. Clarification Questions

Clarification questions will be accepted until April 30, 2024, 5:00 PM ET as specified on the cover sheet of this RFI (the "Clarification Period"). All questions must be submitted in writing. Responses to all questions received shall be addressed and issued as an addendum to this RFI. During the Clarification Period, respondents are strongly encouraged to raise any and all

questions or concerns about the RFI. Any questions or concerns not raised during this period are considered waived by the respondent.

Question submittals should include a reference to the applicable RFI section and be submitted in the format shown below:

No.	Reference	Respondent Question
1.	RFI Section, Page Number	Respondent Question . . . ?

C. Response

The Plan recognizes that considerable effort will be required in preparing a response to this RFI. However, please note this is a request for information only, and not a request for services. The respondent shall bear all costs for preparing this RFI. **Under no circumstances will any documents, information, recommendations, or potential solutions submitted in response to this RFI, or any communications between the Plan and a respondent, create a binding agreement or contract, or expectation thereof, between the Plan and respondent or between the State of North Carolina and respondent.**

1. Content and Format

The Plan expects a comprehensive, detailed explanation of the workings of each component of the response. Each component of the response will explain how it will operate to address the needs and objectives of the Plan as identified in Section 2.0. The Plan is not interested in brochures or “boilerplate” responses. Instead, responses should clearly define how the proposed solution(s) would meet the Plan’s needs. Any issues or exceptions to the Plan’s requirements should also be identified and explained.

The response may include charts, graphs, or other visuals that assist in demonstrating how a component of a response operates or how that component would meet the Plan’s objectives.

A comprehensive, detailed equipment list including software, applications and other information technology components required for the proposed solution should be provided. The Plan is not interested in participating in any field trials of new equipment or software.

The response should define all services that would be required by the proposed solution. The response should also include:

- The respondent’s understanding of the project and services by addressing the Plan’s objectives; and
- An estimated total cost of ownership for the solution including continued compliance with emerging industry standards.

2. Multiple Responses

Multiple responses, or alternative individual solutions will be accepted from a single respondent provided that each response is comprehensive, meets all of the Plan’s requirements, and is truly unique. If submitting multiple responses, place each response in a separate envelope and clearly mark responses as “Response #1, Response #2, etc.

D. Confidentiality

Responses obtained by the Plan under this RFI and items derived therefrom are subject to the State Public Records Act, Chapter 132 of the North Carolina General Statutes (the "SPRA").

If a response contains any proprietary or confidential information protected from public disclosure under the SPRA, the respondent shall submit a redacted electronic copy on a flash drive to the Plan with its response. Any proprietary or confidential information under the SPRA must be clearly redacted by the respondent in black markings fully covering and obscuring such information within the redacted electronic copy of the RFI response. By submitting a redacted electronic copy, respondent warrants that it has a good faith opinion that the redacted information in fact meet the requirements of the SPRA and the SPRA prevents their public disclosure. Blanket assertions of confidentiality are not permitted.

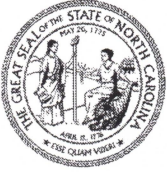
In the Plan's unfettered discretion and without notification to any respondent, the Plan may post any responses obtained by the Plan under this RFI, and items derived therefrom, on the Plan's public website (www.shpnc.org). In posting such items to the Plan's website, the Plan will post the redacted version of such items, if respondent has provided redactions in compliance with this section. If no redacted version of such items has been provided to the Plan in compliance with this section, the Plan will post such items on the Plan's website in the manner they were provided to the Plan.

Redacted copies provided by respondents to the Plan may be released in response to SPRA requests without notification to the respondent. Further, respondent's information that cannot be shown to be prohibited from disclosure by the SPRA may be subject to public disclosure under the terms of the SPRA.

If a legal action is brought to compel the Plan to disclose any of the respondent's redacted information, the Plan will notify the respondent of such action and consent to intervention of the respondent in the action and to the respondent's defense of the confidential status of the redacted information. In such legal action, the duty and responsibility to defend such information shall solely be the respondent's, and the Plan shall have no liability to the respondent for the Plan's failure to defend such action.

E. Respondent Materials

All responses, inquiries, or correspondence relating to or referenced in this RFI, and all documentation submitted by the various respondents shall become the property of the Plan when received. Ideas, approaches, information, recommendations, potential solutions, and options (but not proprietary material) presented by respondents may be used in whole or in part by the Plan in developing a future solicitation, should the Plan decide to proceed with a solicitation. Further, combinations of various responses from respondents may also become part of a solicitation, based on the needs of the Plan.



REQUEST FOR INFORMATION (RFI) ADDENDUM

Issuing Agency:	North Carolina State Health Plan for Teachers and State Employees
RFI Number:	270-20240419GLP
RFI Description:	GLP-1 Solutions
RFI Opening Date and Time:	May 31, 2024, 2:00 PM ET
Addendum Number:	1
Addendum Date:	May 6, 2024
Purchasing Agent:	Kimberly Alston

FAILURE TO RETURN THIS ENTIRE ADDENDUM MAY SUBJECT YOUR RESPONSE TO REJECTION.

1. Addendum Number 1 is in response to questions submitted. Responses to questions begin on the next page.
2. Return one signed copy of this Addendum with your RFI response.

Execute Addendum Number 1. RFI Number 270-20240419GLP:

Respondent: CoreLife

Authorized Signature: [Handwritten Signature]

Name and Title (Print): Ryan Ebersole

CFO

Date: 7/19/2024

**REQUEST FOR INFORMATION:270- 20240419GLP
ADDENDUM NUMBER:1**

Question #	Document Section	Respondent Question	State's Response
1	General	Since [Our Business] and the procedure of endoscopic sleeve gastroplasty (ESG) isn't a GLP-1 or manufacturer, what is your suggestion for us re: the RFI? We believe that ESG would be an excellent option for the NCSHP to consider.	Pursuant to RFI Section 3.0 C. 2. "Multiple Responses," the Plan requests that you submit any information, potential solutions, or alternatives relevant to the matter of weight loss benefits/solutions, for the Plan's review and consideration as a response to the RFI.
2	General	What is the timeline for a potential decision? What is the desired go-live date?	This is a request for information only, and not a request for services. There is not a set timeline for any decisions. In the Plan's sole discretion, the Plan may take any feasible and financially sound steps to address the fiscal issues of coverage for GLP-1 and GIP-GLP-1 agonists for weight loss, including other potential weight loss alternatives for Plan members.
3	General	Who is North Carolina State Health Plan for Teachers and State Employees pharmacy benefit manager? Is RX carved in or out of the health plan?	The Plan's Pharmacy Benefit Manager (PBM) is CVS Caremark. Pharmacy is carved out from the medical benefit. The Plan's current third-party administrator is Blue Cross Blue Shield of North Carolina.
4	Section 1.0, Page 2	Is there a current vendor providing these services? If so, how may I obtain copies of any incumbent contract documents?	The Plan discontinued coverage for GLP-1s, GIP-GLP-1 agonists, and other similar new molecular entities, for the purpose of weight loss effective April 1, 2024. These benefits were provided through the Plan's PBM Contract. No current vendor provides services that includes these molecular entities as a covered benefit for weight loss. The Plan follows the provisions of the North Carolina Public Records Act for public documents with requests submitted to PublicRecords@nctreasurer.com .
5	Section 2.0, Page 2	Who/what type of physician was prescribing the majority weight loss drugs?	There were no limitations on the type of provider with prescribing authority that can prescribe these medications. That is true for all medications. The requirement is only that the member have a valid prescription and meet the utilization management requirements (if applicable).
6	Section 2.0, Page 2	If this RFI greenlights a solicitation, what is the estimated time frame for procurement?	This is a request for information only, and not a request for services. There is not a set timeline for any decisions. In the Plan's sole discretion, the Plan may take any feasible and financially sound steps to address the fiscal issues of coverage for GLP-1 and GIP-GLP-1 agonists for weight loss, including other potential weight loss alternatives for Plan members.

**REQUEST FOR INFORMATION:270- 20240419GLP
ADDENDUM NUMBER:1**

Question #	Document Section	Respondent Question	State's Response
7	Section 2.0, Page 2	What is the anticipated contract value?	This is a request for information only, and not a request for services. We do not have an anticipated contract value at this time.
8	Section 2.0, Page 2	<p>What is the number of patients who were taking GLP-1 and GIPs for weight loss in 2023? What is the estimated growth year over year? Goals for the program for the next 5 years?</p>	<p>There were approximately 24,750 utilizers in calendar year 2023. The estimated growth year over year is 51.2% in 2024; 28.6% in 2025 and 14.8% in 2026.</p> <p>The Plan's goal is to have a solution in place that permits benefit coverage for Plan Members in a financially sustainable manner.</p>
9	Section 2.0 B.1., Page 2	<p>B. Establish a pricing framework that would permit the Plan to provide such benefit coverage in a fiscally responsible manner in order to maintain financial sustainability. For example, the Plan seeks the ability to:</p> <ol style="list-style-type: none"> 1. Pay for varying percentages of the unit cost according to medical necessity considerations. <p>Can you please elaborate on what this is referring to (i.e., GLP-1)?</p>	Under this cost model, the member's cost share for the medication would vary based on need. For example, a member with a lower BMI and no chronic conditions would have a higher cost share than someone with a BMI of 40 and multiple comorbidities.
10	Section 2.0 B., Page 2	<p>Is there a list of medications that ideally would be included for weight loss?</p> <p>Will the state consider "off-label" prescriptions i.e., Ozempic for weight loss instead of Wegovy or Mounjaro instead of Zepbound?</p> <p>Is the state open to alternative options such as sterile compounding for these medications while they're on the FDA shortage list?</p>	<p>The specific brand names may expand over time but currently include Saxenda, Wegovy, and Zepbound.</p> <p>The Plan is aware of the possibility for off label use by prescribers and have put specific utilization management guidelines in place to avoid this. The Plan is not interested in off labeled use of a GLP-1, GIP-GLP-1 agonist FDA approved for diabetes (Ozempic, Mounjaro, etc) within our current PBM framework. Consequently, any off labeled use would have to be fully separate from the existing pharmacy benefit administrative processes.</p> <p>The Plan is open to reviewing all legal, feasible, and fiscally sound solutions. Any solution would have to be structured such that it would be administratively feasible.</p>

**REQUEST FOR INFORMATION:270- 20240419GLP
ADDENDUM NUMBER:1**

Question #	Document Section	Respondent Question	State's Response
11	Section 2.0 C., Page 2	<p>What were the specific parameters for coverage for GLP-1 and GIPs for weight loss before they were removed from the plan?</p> <p>Is there any data from when the meds were covered on efficacy of certain programs or requirements?</p>	<p>The Plan was using the standard utilization management guidelines for the GLP-1 and GIP-GLP-1s for weight loss provided by our PBM (CVS Caremark). This included a prior authorization in line with FDA approved BMI criteria, participation in a comprehensive weight management program for at least 6 months prior to using drug therapy, and quantity limits. Prior to 1/1/2024 this prior authorization permitted attestation from providers and did not require documentation.</p> <p>CVS Caremark updated the standard UM beginning 1/1/2024. This update requires documentation of BMI and comorbid conditions (if applicable). However, the update does not require documentation for participation in a weight management program - CVS permits an attestation. Grandfathered members eligible after 1/1/2024 that had prior authorizations due between 1/1/2024-4/1/2024 were subject to these new guidelines.</p>
12	Section 2.0 C.1., Pages 2 and 3	<p>Would group sessions, virtual coaching or webinar format be allowable for lifestyle coaching options?</p> <p>Will you allow any health coaches who are not certified NBC-HW? (National board-certified health wellness)</p>	<p>Pursuant to RFI Section 3.0 C. 2. "Multiple Responses," the Plan is open to reviewing all alternatives and potential solutions.</p>
13	Section 2.0 C.4., Page 3	<p>Please explain the prohibition on BMI measurements via telehealth. Given the rural nature of North Carolina, in person measurement requirement is likely a very large barrier to care.</p>	<p>The Plan begins within a frame of reference that a provider should meet with the patient to assess BMI and clinical necessity. However, solutions that meet the objective of ensuring an accurate and medically appropriate diagnosis and include components to subsequently ensure correct measurements that maintain accountability for continuation of therapy would be welcomed.</p>
14	Section 2.0 D.1., Page 3	<p>Is a waist to height or waist to hip ratio acceptable in lieu of BMI for program qualification?</p>	<p>The Plan prefers to use BMI for program qualifications if for no other reason than it is used by the FDA for indication, but the Plan would be open to multiple measures that represent alternative thinking.</p>

**REQUEST FOR INFORMATION:270- 20240419GLP
ADDENDUM NUMBER:1**

Question #	Document Section	Respondent Question	State's Response
15	Section 2.0 D.3., Page 3	Are there any specific qualifications or components required for the weight loss lifestyle management?	There are on specific requirements, but documentation of participation and completion will be required. Attestations will not be sufficient.
16	Section 2.0 E., Page 3	<p>What are the determinants of the program decision in terms of weighted value?</p> <ul style="list-style-type: none"> -Price -Patient experience -Overall value -Small business/Local NC business 	There are no set determinants for making program decisions at this time. The Plan will review all submissions for feasibility and achieving the Plan's fiscal goals solutions.



CoreLife Healthcare: A Local Partner for Successful Weight Management

CoreLife is the largest provider of comprehensive weight management solutions in the State of North Carolina

We go beyond apps and remote solutions, offering a unique combination of:

- **Physical clinics:** Our network of 30 conveniently located community-based clinics (11 and growing in North Carolina) provides a welcoming and supportive environment for in-person care with licensed healthcare professionals. Overseen by a Medical Doctor certified in Obesity Medicine, clinics are staffed with Nurse Practitioners, Dietitians, LCSW's, and exercise specialists.
- **Virtual Care Options:** We understand busy schedules and access, so we complement in-person care with virtual options available anytime from anywhere for added flexibility
- **Patient Application:** Our user-friendly app keeps members connected and provides tools for tracking progress and managing health.

This integrated model ensures continuous and personalized care, with a focus on accessibility and convenience for patients throughout the state.

CoreLife's Advantage: A Holistic, Multidisciplinary Approach

Unlike app-based programs, CoreLife's hybrid model is built on a foundation of comprehensive, in-person care delivered by a team of licensed professionals at our network of community-based clinics. Our medical directors are board certified in obesity medicine, and our APPs hold advanced certificates from the Obesity Medicine Association (OMA). This ensures the highest level of specialized care. We integrate medical, nutritional, exercise, and behavioral health components, providing a holistic solution that addresses the root causes of weight gain. Convenience is key - for example, all CoreLife clinics feature on-site fitness facilities staffed by exercise specialists, ensuring individuals have everything they need to succeed under one roof.

Proven Results and Local Expertise

CoreLife is a trusted partner in North Carolina healthcare. Partnered with Novant Health, a system with nearly 40,000 employees statewide, we leverage this strong alliance to enhance healthcare delivery. Our evidence-based approach has yielded impressive results, with a focus on reducing medication utilization (67% less), achieving significant BMI reductions (14.6% avg reduction), fostering long-term weight loss success (over 50% of users who lost 10% body weight kept it off after 2 years), and lasting engagement (89% higher than traditional app-only solutions).

CoreLife's Mission: Personalized Care, Measurable Results

Our mission is to improve health outcomes, reduce healthcare costs, and enhance patient engagement through evidence-based interventions and personalized care. We believe everyone deserves access to effective weight management solutions, and our unique combination of physical clinics, virtual care options, and a patient application, ensures a one-of-a-kind option for the State of North Carolina and its members. We are eager to offer our thoughts and solutions to the State Health Plan for Teachers and State Employees to help reduce the financial burden of GLP-1s and GIP-GLP-1 agonists, without compromising the successful and effective treatment of members with overweight or obesity.



Objectives and Detailed Solutions

Objective A: Provide Benefit Coverage for GLP-1, GIP-GLP-1 Agonists, and Other Similar Entities

Solution: CoreLife advocates for a hybrid model that integrates pharmacotherapy with lifestyle interventions, available virtually or locally. This approach maximizes outcomes and cost-efficiency, unlike solely app-based programs that lack the personalized touch and comprehensive care local clinics can provide.

- **Evidence-Based Pharmacotherapy:** Utilizing GLP-1s, GIP-GLP-1 agonists, and other similar entities in combination with generic alternatives to reduce costs while maintaining efficacy.
- **Medical Necessity:** Implementing strict criteria for prescribing GLP-1s based on medical necessity, ensuring only those who are at highest risk and need these medications the most receive them.
- **Cost-Effective Alternatives:** Introducing lifestyle intervention and lower-cost medications as a first-line treatment, reserving more expensive options for cases that demonstrate medical necessity through comprehensive evaluations.

Objective B: Establish a Fiscally Responsible Pricing Framework

Solution: CoreLife recommends a pricing framework that ensures financial sustainability:

- **Tiered Payment Structure:** Implement a tiered payment model where the Plan pays varying percentages of the unit cost based on medical necessity and patient response.
- **Net Price Consistency:** Guarantee the same effective net price for medications when used for specific FDA indications without paying for all other indications.
- **Auditing and Compliance:** Establish robust auditing mechanisms for claims, rebates, and prior authorizations to ensure accuracy and compliance with laws and regulations.

Objective C: Establish Eligibility Requirements for Benefit Coverage

Solution: CoreLife recommends a structured eligibility program with clear requirements, ensuring medications are prescribed safely and effectively. Including local, physical access stands in contrast to solely app-based solutions that lack the depth of in-person evaluations.

- **Approved Programs:** Require completion of a thorough medical evaluation by a CoreLife provider specialized in weight management and an assessment by a CoreLife Registered Dietitian to develop a comprehensive care plan based on individual's risk, current status and health goals before consideration of pharmacotherapy.
- **Step Therapies with Local Support:** Develop step therapies that mandate lifestyle intervention and trial of lower-cost medications before advancing to GLP-1s.
- **Qualified Prescribers with Local Knowledge:** Ensure medications are prescribed by practitioners with appropriate expertise based on thorough and accurate evaluations.
- **Accurate BMI and Body Composition Measurements:** Require BMI measurements and body composition analyses via CoreLife approved technology to ensure accuracy and accountability.



Objective D: Flexibility in Utilization Management

Solution: CoreLife's recommends a comprehensive and flexible program that includes access to in-person interaction and collaboration with local healthcare professional to ensure optimal treatment outcomes:

- **BMI and Weight Criteria:** Establish clear criteria based on BMI and current weight.
- **Lifestyle Modification Documentation:** Detailed documentation of lifestyle modifications, including dietary and physical activity changes, at each interaction.
- **Nutritional Program Participation:** Enrollment and measurable participation in nutritional or dietary programs including meal logging and/or sessions with RD or health coach.
- **Comorbidity Consideration with Local Collaboration:** Laboratory results or specialist evaluations to provide evidence for comorbid conditions that affect treatment plans..
- **Partnership with PCP and specialists:** Ongoing collaboration and communication with referring providers and other members of the patient's careteam to improve continuity of care, avoid duplicative services and ensure patient safety.
- **Data Analytics:** Utilize advanced data analytics and reporting tools to support claims adjudication and program evaluation.
- **In-Person and Virtual Care with Local Expertise:** Require regular in-person visits or virtual assessments using CoreLife approved devices to assess and verify medication safety and efficacy.
- **CoreLife's unique approach also includes several additional features to consider:**
 - On-site Clinics for convenient access to in-person care
 - Comprehensive Initial Assessments to establish a baseline and personalize a plan
 - Integrated Care Teams with a blend of medical professionals, tied in to local collaborating providers, for holistic support
 - Education and Empowerment to equip members with the knowledge to manage weigh effectively
 - Technological Integration to streamline communication and progress tracking
 - Incentive Programs to motivate and reward members
 - Accessibility and Convenience

By combining virtual, app-based solutions with local expertise and in-person care, the utilization management program ensures members receive the most effective treatment plan with ongoing support.

Objective E: Cost and Price Structures

Solution: CoreLife provides a variety of straightforward cost structures and pricing models, emphasizing transparency and sustainability:

- **Traditional Insurance Network Integration:** CoreLife seamlessly integrates with traditional insurance networks, ensuring coverage and accessibility for members under existing insurance plans. This approach simplifies billing and reimbursement processes, enhancing convenience for both healthcare providers and members.
- **Per Member Per Month (PMPM) Fee Model:** In addition to traditional insurance networks, CoreLife offers a flexible PMPM fee model. This model provides predictable monthly costs for employers or plan



sponsors, promoting financial stability and budget predictability. It incentivizes proactive health management and reduces the variability often associated with fee-for-service arrangements.

- **Cost / Pricing:** Likely the lowest cost option given our existing infrastructure in North Carolina, including the likelihood that many state employees are already using our services

CoreLife's existing infrastructure in North Carolina - a network of community based clinics - positions us to deliver the most comprehensive and cost-effective program for the State Health Plan.

CoreLife: Your Ideal Partner for Local Success

CoreLife Healthcare stands out as a local leader in comprehensive weight management solutions, uniquely equipped to address the challenges outlined by the North Carolina State Health Plan. Since its founding in 2009, CoreLife has a proven track record as a valuable partner to hospital and healthcare systems in North Carolina and beyond.

Unparalleled Accessibility, Personalized Care, and Cost Savings

With a growing network of community-based clinics, paired with virtual and app-based care, CoreLife ensures accessibility and engagement for patients throughout North Carolina. Our integrated model, combining physical clinics, virtual care options, and a patient application for remote monitoring and communication, offers unparalleled continuity and personalization in healthcare delivery.

Proven Expertise, Local Partnership

Our commitment to evidence-based interventions is supported by robust data analytics and partnerships with leading healthcare organizations. We are proud to be partnered with Novant Health, a trusted name in North Carolina healthcare, further enhancing our ability to deliver high-quality care and innovative solutions.

CoreLife: Your Path to a Healthier Workforce

With a team of medical directors board-certified in obesity, APPs with advanced certificates from the OMA, registered dietitians, behavioral health therapists and exercise specialists at every location, on the ground and in the sky, we provide unparalleled holistic care that not only improves health outcomes but also reduces long-term healthcare costs. As a homegrown leader already deeply rooted in North Carolina, CoreLife Healthcare is uniquely positioned to collaborate effectively with the State Health Plan in achieving its goals. We are ready to contribute our expertise and innovative solutions to help create healthier communities and alleviate the financial burden associated with obesity-related treatments. Choosing CoreLife Healthcare means choosing proven success, local commitment, and a partner dedicated to reducing cost and transforming healthcare outcomes across the state.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Ebersole", written over a white rectangular area.

Ryan Ebersole
CFO, CoreLife



COMPASS

CORELIFE FOR WORK

CORELIFE INTRODUCTION

- Leading weight management solution
- Trusted partner to healthcare organizations
- 12 year track record of outcomes and data
- Delivering a favorable ROI of 4x or greater



MedStar Health



CARE MODEL

Proven, effective multidisciplinary care plans

- **Medical:** evaluate & treat health risks related to obesity
- **Nutrition:** create customized eating plans to fit unique needs and goal
- **Exercise:** movement plans to help reduce pain and better perform daily functions
- **Behavioral Health:** promote emotional and psychological well-being
- **Technology:** A leading digital platform, layered with virtual support from a clinical care team



CORELIFE PROVEN RESULTS

MEANINGFUL RESULTS

- 67% reduction in medication utilization
- 78% of patients had a downward shift in diabetes/prediabetes
- 68% maintain results after 5 years
- 89% higher engagement compared to traditional virtual-only solutions

EMPLOYER CASE STUDY SAMPLE

- 14.6% BMI reduction
- 13.2% weight reduction
- 18% medication utilization
- 36.3% average GLP-1 Decline
- \$378,950 in annual GLP-1 savings per 1,000 members



PROVEN CARE MODEL



Lost an average of
22 pounds



Saw an average
A1c reduction of
1.58



Average
GLP-1 Decline of
36.3%



Reduced BMI by
an average of
2.75



Average Patient
Program Involvement
26 weeks



Patients who achieved
predetermined goal
73%



EMPLOYEE COST OF WEIGHT

WEIGHT & COST

Healthy: \$2,696 per year

Obese: \$9,008 per year

GLP-1 COSTS

Can exceed \$12,000 annually per person



Cost of healthy weight employees

\$2,696



Cost of severely obese employees

\$9,008



Cost of GLP-1s per Employee annually

\$12,000



CORELIFE RESULTS

LONG-TERM SUCCESS

- Over 50% of users who lost 10% body weight kept it off after 2 years
- Potential cost savings of \$2,050 over 2 years for individuals with BMI 25+ (based on weight maintenance and corresponding reduction in medical costs)
- 89% higher engagement compared to traditional virtual-only solutions



AN INVESTMENT WITH A 4X ROI

SAVINGS & ROI (BMI > 25)

Total PMPY Savings: **\$767**

- \$230 - Hospital Care (reduced admissions and stays)
- \$192 - Outpatient services (fewer specialist consultations and monitoring)
- \$154 - Medications (obesity-related conditions (HTN, T2D, etc.))
- \$115 - ER Visits (fewer complications)
- \$77 - Labs & Tests (disease management)
 - *Additional savings available through better management and off-ramping of GLP-1s*

GLP-1 SAVINGS WITH CORELIFE

- Leverage our 12-year clinical experience to optimize weight loss GLP-1 medications
- Long-term success with GLP-1 therapy through safe initiation and measured conclusion
- Cost control focus helps maximize the value of GLP-1 therapy

Your partner in GLP-1 success



THE BOTTOM LINE: AN INVESTMENT WITH REAL SAVINGS

- Delivers a **4x ROI** for users with BMI > 25
- Average **\$747** in annual cost savings/person
- Saved large employer \$500,000 per 1,000 members in annual GLP-1 costs alone
- Healthy employees mean lower lower healthcare costs and improved productivity

CoreLife: A win for Employers & Employees



EMPLOYER CASE STUDY

- Implemented hybrid care model
- CoreLife built into benefit design, only allowing coverage if approved/engaged with approved weight management program
- 19,000 total members
- Employer was on a run rate of \$1,500 per member per year in GLP-1 costs



RESULTS

- Implemented hybrid care model
- \$10 million in savings
- Achieved significant ROI



KEY SERVICES

COMPASS Application + Technology-driven Coaching

Personalized Weight Management Application

- Dynamic Health Dashboard: monitor progress and receive proactive adjustments based on CoreLife's clinical expertise
- Actionable Insights: gain deeper understanding of your health for better decision-making
- Engaging: self-screening, education, challenges, gamification

Expert Coaching in Your Pocket

- On Demand Support: Access your plan & coaches from any device
- Holistic Approach: Integrates medical, nutrition, exercise and behaviors
- Engaging app: self-screening, education, challenges, gamification
- White glove, personalized guidance and care for your employees

COPILOT (GLP-1) GLP-1 Coverage, with Accountability

- Seamlessly integrate within coverage policies
- Ensure appropriate use
- Ongoing monitoring, education and support for long-term success
- *Note:* Employer can limit GLP-1 coverage to CoreLife providers (narrow network) for further control and management

***Plus, all the benefits of CoreLife Compass!**

CLINICIAN COORDINATED Full Access to CoreLife Care

- Provide end to end clinician care from the full CoreLife model
- Offer a hybrid model that leverages both in-person clinics as well as a leading virtual platform
- Clinicians develop individualized plans based on member needs, goals, and medical history
- Connect with registered dietitians, licensed therapists, medical providers and exercise specialists through secure video conferencing
- Access ongoing support from a team of qualified clinicians
- Receive personalized meal plans, exercise routines and resources to foster healthy habits
- Clinicians monitor member progress remotely and adjust as needed, ensuring continuous support

***Plus, all the benefits included in Compass and CoPilot!**

DIRECT Convenient Onsite Clinic Access

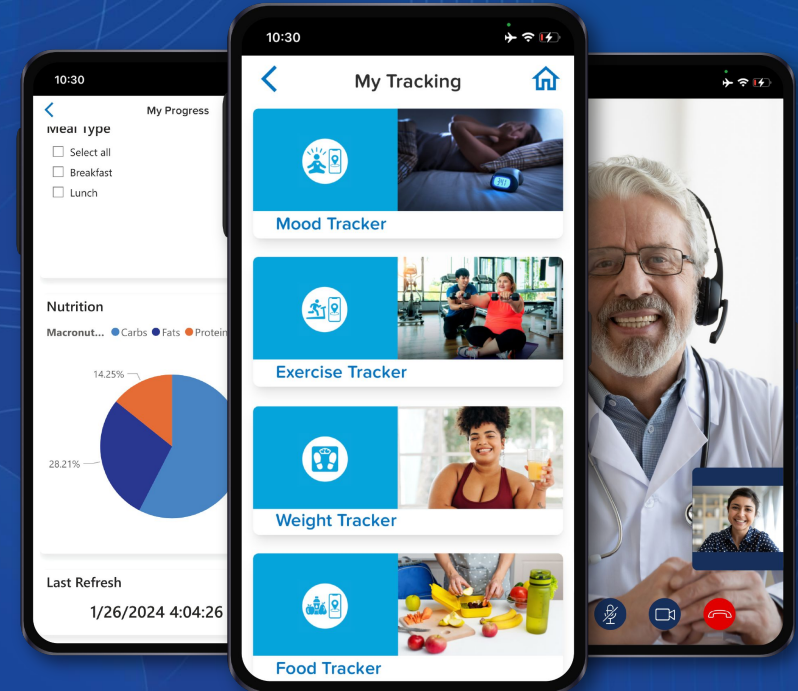
- Dedicated clinic staffed by qualified healthcare professionals
- Convenient in-person appointments
- Streamlined access to weight management services
- Integrated with virtual platform for ongoing support
- Tailored to your company's needs

***Plus, all other benefits listed!**



CORELIFE CARE APP

- **Health Dashboard:** Visual real-time progress analytics show health improvements over time, allowing for more proactive care delivery and collaboration between patients and the care team.
- **Accelerated Results:** Virtual connectivity between patients health coaches, and clinicians allows for more productive, individualized, and responsive care.
- **Tracking that Matters:** Easy to use interactive tracking tools for food, exercise, water, and mood — all in one place, allow for deeper and more intentional care team guidance.
- **Resources for Patients:** Access to curated content, such as articles, videos, recipes, advice, and workout routines engage patients based on their interests, health conditions, and goals.



GETTING STARTED WITH CORELIFE

GETTING STARTED:

- Review program options, packages and pricing
- Configure data platform
- Promote employee enrollment

PRICING TIMELINE:

- Flexible pricing
- Customizable solutions
- Go live in 90 days or less





CoreLife

Multidisciplinary Weight Management

July 2024

Reimagine Weight Management

Transformative approach, exceeding the limitations of traditional solutions

- 12-year Track-record supported by data and outcomes
- Vetted by leading healthcare partners
- Multidisciplinary care model, augmented by technology and AI
- Favorable ROI



MedStar Health



Who We Are

- **Leading weight management platform for health systems, employers, payors and other stakeholders**
 - A personal experience with obesity led to the formation of CoreLife in 2010
 - The gaps in care we experienced drove us to build advanced multidisciplinary care clinics & partner with health systems
 - On a mission to deliver superior clinical and financial outcomes all while creating an exceptional experience for our patients and partners
 - Operates 30+ community-based clinics across multiple states
- **Trusted partner to healthcare organizations**
 - Partnered with leading health systems across the U.S.
 - Services and outcomes validated by industry leaders
 - 85% of patients come from system partners: PCP, Bariatric, Orthopedic, etc
 - Provides health systems a competitive advantage, new touchpoint, and increased profits from higher bariatric, orthopedic, and other procedural success rates

What We Do

- **Establish multidisciplinary care plans for overweight & obese patients**
 - **Medical** - MD/APP evaluates & treats health risks related to obesity
 - **Nutritional** - Registered Dietitian creates customized eating plan and fits unique needs and goals
 - **Exercise** - Specialist develops movement plans to help reduce pain and better perform daily functions
 - **Behavioral** - Licensed mental health clinicians promote emotional and psychological well-being
 - Comprehensive program and support ensures lasting results vs. temporary fixes
 - Data analytics drives care plans, patient management and supports clinician decision-making
- **Provide care pathways for increased outcomes and profits from higher bariatric, ortho, and other procedural success rates**
 - 64% referred for orthopedic surgery meet goal for surgery
 - 90% referred by Bariatrics meet requirements to complete surgery without complications

Our Clinics

• The Space

- Community-based facilities that are local to patients, helping to drive patient engagement
- Typically range between 3,500-5,000 square feet in size
- Comfortable, private and convenient for exceptional patient experience
- Multiple consultation rooms and an in-house private fitness center (24/7 access)

• Staffing

- Admin: Manager, Front Desk, CMA
- Medical: MD, CRNP
- Dietetic: Registered Dietitian
- Behavior: LCSW
- Fitness: Exercise Specialist

Layout & Tour



Coverage

• Insurance Based Services

- **Medical:** E&M
- **Nutrition:** Medical Nutrition Therapy
- **Behavioral:** Behavioral evaluations and therapy sessions

• Cash Based Services

- **Exercise & Fitness:** Exercise sessions, gym membership

Medical

- An MD or APP evaluates and treats health risks that are related to obesity and conditions that impact weight management, and determines the appropriate visit frequency
 - Health history, labs and screening
 - Body composition
 - Resting metabolic rate
 - Risk stratification
 - Ongoing assessment and adjustment of plan

Nutrition

- Registered Dietitians are the food and nutrition experts who can translate the science of nutrition into practical solutions for improving overall health. Our Dietitians use Medical Nutrition Therapy to address, improve and potentially reverse certain disease states
 - Nutrition Assessment
 - Individualized nutrition plan
 - Lifestyle counseling
 - SMART goal setting

Exercise

- Medical Exercise Specialists develop individualized fitness programs aimed at increasing functional fitness and helping patients reduce pain, increase mobility, and support healthy weight loss
 - Free movement consultation
 - Fitness center on-site
 - Private, small group, and virtual training
 - Membership options available

Behavior

- Licensed mental health clinicians provide additional support to patients, helping address and manage mental health issues that may be impeding overall health and wellness
 - Assessment/evaluation and diagnosis based upon DSM-V
 - Behavioral health treatment plan
 - Psychotherapy sessions with patients as needed

CoreLife Care Model: Proven by Strong Results

Meaningful Results

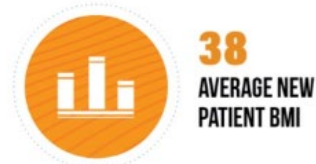
- **67%** reduction in medication utilization
- **78%** of patients had a downward shift in diabetes/prediabetes
- **68%** maintain results after 5 years
- **89%** higher engagement compared to traditional virtual-only solutions
- **64%** referred for orthopedic surgery meet goal for surgery
- **90%** referred by Bariatrics meet requirements to complete surgery without complications

Case Study Example

- **12 month outcomes for patients that engaged for at least 4 weeks (175 people)**
 - 14.6% BMI reduction
 - 13.2% weight reduction
 - 18% medication utilization

Proven Care Model

BMI DIFFERENCE



WEIGHT DIFFERENCE

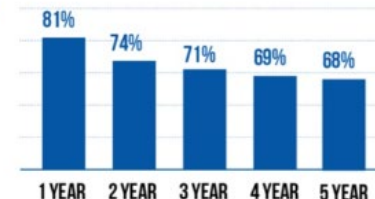


HBA1C REDUCTION



high hba1c at baseline was associated with a greater reduction in hba1c

MAINTENANCE



ACHIEVEMENT

