

A randomized controlled trial with MOBE.



Why conduct a randomized controlled trial (RCT)? To demonstrate that savings can be clearly attributed to MOBE® intervention. And to eliminate any questions about what's actually improving outcomes for your commercial population.

How it works.

We segment a portion of your commercial population into two groups of at least 10,000 members. For 12 months, both groups have access to all benefits, programming, and interventions offered by the plan, and they're both affected by the same system changes. The difference between the groups is MOBE, which allows the study to show the value MOBE delivers.

Control group	MOBE treatment group
Value-based care	Value-based care
Care and disease management	Care and disease management
Changes to the plan design	Changes to the plan design
Changes to the provider network	Changes to the provider network
Medical policy	Medical policy
Wellness programs	Wellness programs
—	The MOBE program

How we determine your RCT groups.

Our proprietary algorithm looks at your whole population and identifies a pool of members who may have unresolved health issues despite frequent provider visits. These members use many health care services and may have multiple conditions or be on an unhealthy trajectory—but they don't engage with traditional wellness offerings. This member pool is then divided into two groups.

Build statistically equal groups.

Pick, sort, and classify the population. Segment algorithm-identified people into relevant covariates known to affect cost. Examples include:

- Line of business: Individual, small group, or large group.
- Age: 50 or younger, over 50 years old.
- Gender: Female or male.
- Access to care/population density: Urban or rural.
- Comorbidity index/measure of chronic conditions: Low, medium, or high.
- Predictive cost risk score: Low, medium, or high.

Ensure equal randomization. After classifying the population across multiple dimensions, we randomize each covariate combination at the member level. For example, the six covariates bulleted above would be further randomized using 216 member features.

Keep groups in balance.

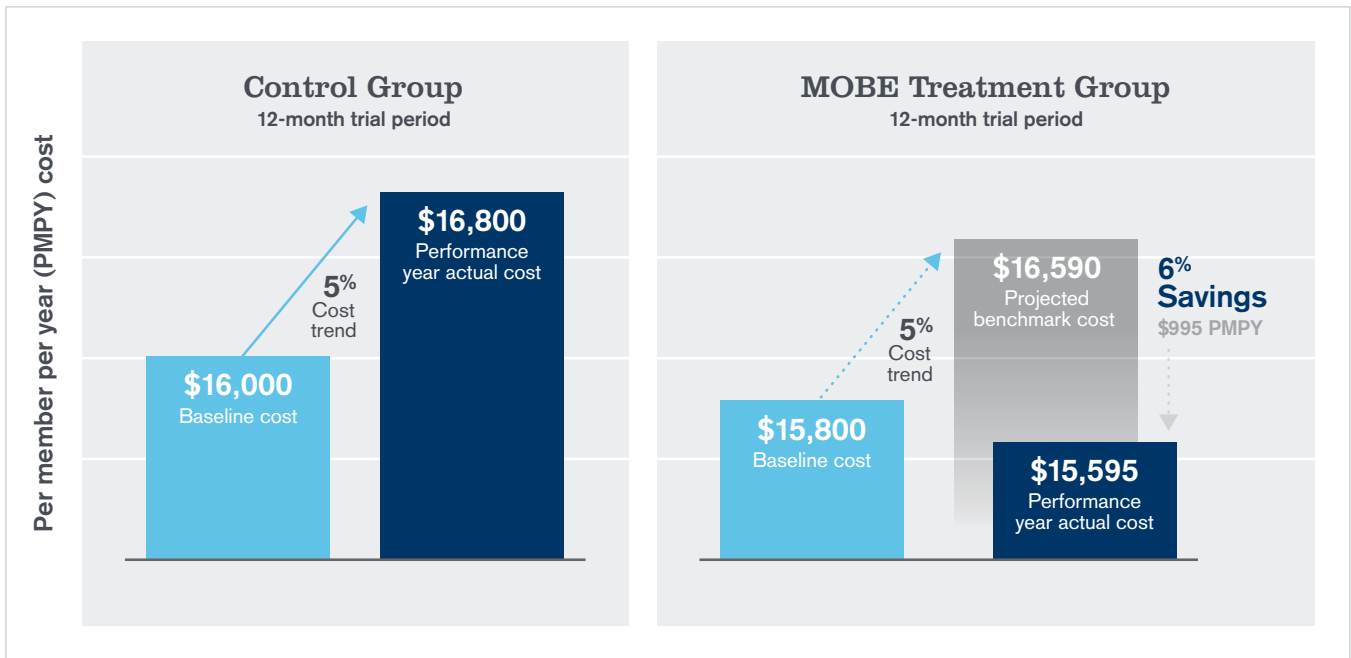
In a completely randomized process, groups can get out of balance. That's why we use Block Randomization to assign members to treatment or control groups. This makes certain that important predictors of health outcomes are evenly distributed.

The ability to audit each group.

Our randomization process includes a predetermined methodology for assigning people to treatment or control groups. With this ceding schedule, you can review exactly how each member was assigned to their group—and even re-run the assignments yourself. This protects you by preventing members from being intentionally or inadvertently cherry-picked to sway the results.

Measuring MOBE's impact.

We create a cost benchmark by applying the control group's cost trend (the change in per member per year cost during the trial period) to the treatment group's baseline. This lets us see what the treatment group's cost would have been without MOBE intervention. When we compare that benchmark to the actual performance year cost for the treatment group, we see the savings attributable to MOBE.



Example savings illustration

Baseline cost: Per member per year (PMPY) cost in the 12 months before the trial.

Performance year actual cost: PMPY cost at the end of the trial.

Cost trend: The change in PMPY cost during the trial period (We have estimated 5.0%).

Projected benchmark cost: Baseline cost with the cost trend applied (shows what PMPY cost would be without MOBE).

Let's talk.

With advanced data analytics and gold-standard statistical methodologies, MOBE can show you the savings in black and white. Partner with MOBE on an RCT and see the valuable difference we make.



Kurt Cegielski | 651-336-1936 | kurt.cegielski@MOBEforlife.com

MOBEforlife.com



©2023 MOBE, LLC