Model Optimal Care
AI-Powered Health Plan Consulting

REPORT MOC-FI-000016

MOC FIDUCIARY INTELLIGENCE

Fiduciary Intelligence Report

Plan Year 2026 Fiduciary Review and Recovery Roadmap

Continuous 100% claims review and assessment of fiduciary practices for self-funded employer health plans

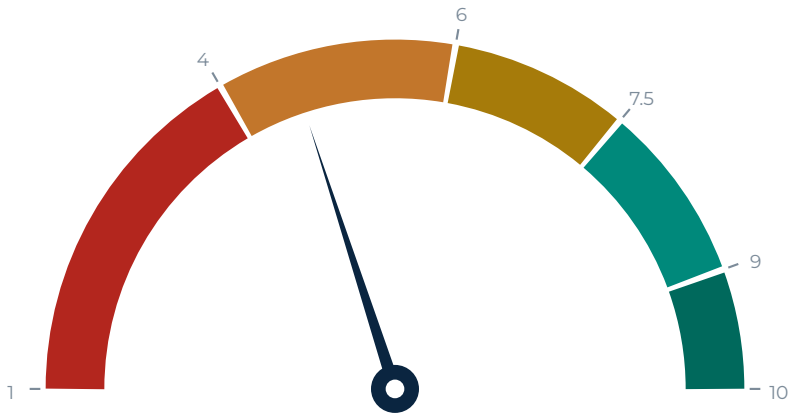
PLAN SPONSOR	PLAN REVIEWED	REVIEW PERIOD	REPORT DATE
Able Technologies Inc.	Employer Group A, Inc. / EIN 23-1256479	09/03/2025 to 09/03/2026	September 3, 2026

Confidential. Prepared solely for the named plan sponsor and its fiduciaries. This report contains an assessment of fiduciary practices and does not constitute legal, actuarial, or investment advice. Model Optimal Care is not a fiduciary to any plan. This report is analysis and recommendations for your consideration. Recommendations, suggested owners, and estimated impacts are suggestions, not instructions. It is not legal, actuarial, tax, or investment advice, it may contain errors, and it does not satisfy any duty you owe. Decisions about the plan remain with you. Machine-generated output is not reviewed by a person before you see it, and it can be wrong.

MOC FIDUCIARY SCORE

PLAN YEAR 2026

The MOC Fiduciary Score is a single, evidence-backed measure of how well this plan meets its fiduciary duties. It combines performance against the five MOC principles with ERISA and CAA compliance. The needle rests on the plan's current score. The band underneath names the plan's fiduciary maturity.



4.6 / 10

AT RISK

SCORE LEGEND

MOC Fiduciary Score. This plan is declared as governed by ERISA and is scored against all 32 indicators, including ERISA and CAA compliance. The two scores use different methods and are not comparable.

SCORE INTERPRETATION

A score of 4.6 places this plan in the At Risk band. The plan carries material fiduciary and cost exposure and should prioritize action this quarter. Action lines describe the urgency a score suggests. They are not instructions. The strongest area is CAA 2021 provisions at 6.3 / 10 (Developing). The weakest area is CAA 2026 provisions at 3.1 / 10 (Critical), which is where the fastest gains sit.

Evidence-backed confidence: 69%. 69 percent of the findings behind this score are grounded in documents and adjudicated data. The remainder rests on attestation, which caps affected indicators at level 2, Partial, converting to 5.0, and carries a lower confidence flag until an artifact is on file. Evidence always overrides attestation.

STRONGEST AREA	WEAKEST AREA	EVIDENCE CONFIDENCE	IDENTIFIED OPPORTUNITY
6.3	**3.1**	**69%**	**$781K**
CAA 2021 provisions, Developing	CAA 2026 provisions, Critical	Documents and adjudicated data	Identified; recovery window 0 to 90 days.

SCORE BANDS

RANGE	TIER	WHAT IT MEANS FOR THE PLAN SPONSOR
9.0 to 10.0	Exemplary	Strong alignment and a defensible compliance posture. Maintain and monitor.
7.5 to 8.9	Strong	Well aligned with focused gaps. Close the remaining items.
6.0 to 7.4	Developing	Meaningful gaps in one or more areas. Build a remediation plan.
4.0 to 5.9	At Risk	Material fiduciary and cost exposure. Prioritize action this quarter.
1.0 to 3.9	Critical	Substantial exposure across domains. Urgent remediation is warranted.

Action lines describe the urgency a score suggests. They are not instructions.

How the score is built: MOC Framework alignment (70%), the five principles at 14% each, plus ERISA and CAA compliance (30%), with ERISA core duties and CAA 2021 at 12% each and CAA 2026 at 6%. The composite runs 1.0 to 10.0, reported to one decimal, floor 1.0. All 32 indicators are scored 0 to 4 and converted to a 0 to 10 value by multiplying by 2.5. See Section 2 and Appendix B for more details on scoring methodology.

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PREPARED FOR

Plan year	2026
Report ID	MOC-FI-000016
Prepared by	Model Optimal Care, LLC | MOC Fiduciary Intelligence (MOC-FI)

1. EXECUTIVE SUMMARY

SECTION 1

This report presents the results of a 100 percent review of this plan's medical and pharmacy claims, matched against the plan's own governing documents. MOC-FI reviewed 100 percent of the claim lines supplied; each flagged finding carries the claims file it was computed from and the rule category applied. MOC-FI scored the plan against the five MOC principles and its ERISA and CAA obligations.

PLAN SNAPSHOT

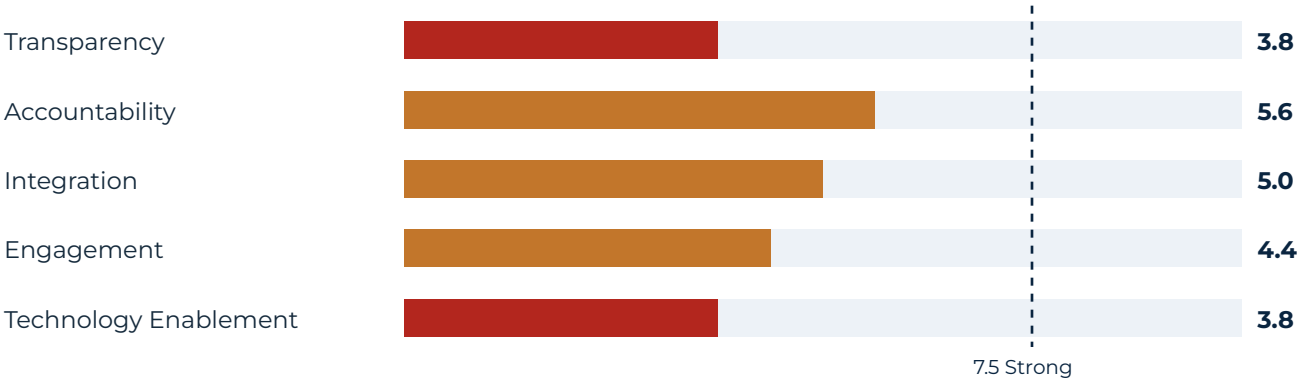
MEASURE	VALUE
Covered lives	1,502 members
Annual plan spend reviewed	$12,979,300 paid ($9,863,496 medical, $3,115,804 pharmacy)
Claim lines reviewed	100% (36,219 lines: 19,623 medical, 16,596 pharmacy)
Review period	09/03/2025 to 09/03/2026
Claims service dates	01/01/2025 to 12/31/2025
Plan type	Private employer plan subject to ERISA
Governing documents ingested	10 (2025_Renewal_and_Rate_History_BrokerAdvisorE.pdf, 2025_Formulary_and_Specialty_Drug_List_PBMVendorA.pdf, 2025_Broker_Consultant_Agreement_BrokerAdvisorE_Executed.pdf, 2025_PBM_Contract_PBMVendorA_Executed.pdf, 2025_Stop_Loss_Policy_StopLossCarrierD_Executed.pdf, 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, 2025_Summary_Plan_Description_EmployerGroupA_Rev2023.pdf, 2025_Plan_Document_EmployerGroupA_Restated2019_Amd3.pdf, 2025_Gag_Clause_Compliance_Attestation_EmployerGroupA.pdf, 2025_Broker_Compensation_Statement_BrokerAdvisorE.pdf)
Data files ingested	6 (2025_Admin_Fee_Schedule_AllVendors_Jan2025_to_Dec2025.csv, 2025_Eligibility_CarrierB_Jan2025_to_Dec2025.csv, 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv, 2025_Pharmacy_Claims_PBMVendorA_Jan2025_to_Dec2025.csv, 2025_Pharmacy_Rebate_Credits_PBMVendorA_Jan2025_to_Dec2025.csv, 2025_Stop_Loss_Reimbursement_StopLossCarrierD_Jan2025_to_Dec2025.csv)
Overall MOC Fiduciary Score	4.6 / 10 (At Risk), confidence 69%

HEADLINE FINDINGS

MOC Fiduciary Score: 4.6 / 10, At Risk. Strongest area: CAA 2021 provisions at 6.3 / 10 (Developing). Weakest area: CAA 2026 provisions at 3.1 / 10 (Critical). Total identified opportunity: $781K, including $781K identified in claims payment findings; recovery window 0 to 90 days.

SCORE AT A GLANCE

The five MOC principle scores below show where the plan is strong and where oversight breaks down. The dashed line marks the 7.5 Strong threshold.



TOP PRIORITY ACTIONS

- Secure unrestricted claims data access and granular vendor performance reporting (T1 to T4), tied for the lowest-scoring principle.
- Deploy full claims review across 100 percent of claims to raise Technology Enablement (N1 to N4). The documents show none in place today (N1, Absent).
- Amend the PBM contract at the next renewal to add 100 percent rebate pass-through with quarterly reconciliation and audit rights, raising CAA 2026 readiness (C26-2, C26-4).
- Recover the $781K in identified claim overpayments flagged by the payment integrity review.
- Formalize fiduciary governance with a quarterly committee and a documented decision trail (A4, ER4), using this report as the standing evidence file.

2. ABOUT THIS REVIEW: SCOPE, DATA, AND METHODOLOGY

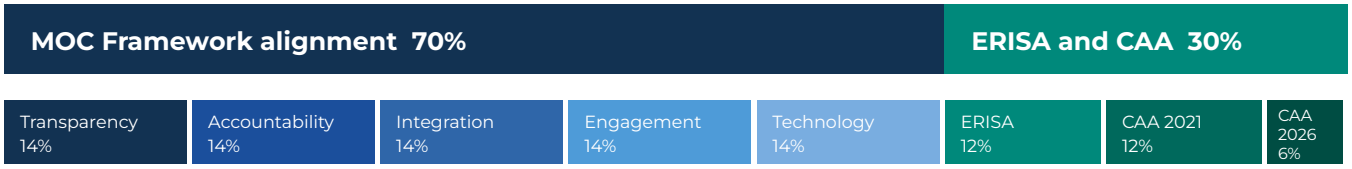
SECTION 2

WHAT MOC-FI REVIEWED

INPUT	DETAIL
Medical claims	100% of adjudicated claim lines for the review period
Pharmacy claims	100% of paid Rx claims, mapped to the formulary and PBM contract
Eligibility	Enrollment and termination file, reconciled against paid claims
Governing documents	2025_Renewal_and_Rate_History_BrokerAdvisorE.pdf, 2025_Formulary_and_Specialty_Drug_List_PBMVendorA.pdf, 2025_Broker_Consultant_Agreement_BrokerAdvisorE_Executed.pdf, 2025_PBM_Contract_PBMVendorA_Executed.pdf, 2025_Stop_Loss_Policy_StopLossCarrierD_Executed.pdf, 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, 2025_Summary_Plan_Description_EmployerGroupA_Rev2023.pdf, 2025_Plan_Document_EmployerGroupA_Restated2019_Amd3.pdf, 2025_Gag_Clause_Compliance_Attestation_EmployerGroupA.pdf, 2025_Broker_Compensation_Statement_BrokerAdvisorE.pdf
Benchmarks	NCCI procedure-pair edits applied to this plan's claims. Markup ratios are tested against the plan's own allowed amounts from the claims file; no reference benchmark column was supplied, so no markup dollar is published. No external drug pricing file is read.

HOW THE MOC FIDUCIARY SCORE IS BUILT

The score combines two weighted domains across 32 indicators. The composite runs from 1.0 to 10.0 and is reported to one decimal, with a floor of 1.0.



- MOC Framework alignment (70%). Five principles, each weighted 14 percent of the total score and each scored from four indicators.
- ERISA and CAA compliance (30%). Three components. ERISA core duties and CAA 2021 each carry 12 percent of the total, and CAA 2026 carries 6 percent. Inside the domain that is a 40, 40, 20 split. Twelve indicators in all.
- CAA 2026 weighted lighter. Its major PBM provisions take effect around 2029, so this component scores readiness alongside current compliance.
- Maturity scale. Each indicator is scored 0 to 4, from Absent to Full, and converted to a 0 to 10 value by multiplying by 2.5.
- Evidence and confidence. Documents and data lead; a short questionnaire fills gaps. Any indicator resting only on attestation caps at level 2, Partial, and carries a lower confidence flag. Evidence always overrides attestation, and each score reports the share backed by documents and data.

INDICATOR MATURITY SCALE

LEVEL	LABEL	MEANING	0 TO 10 VALUE
0	Absent	No evidence of the practice or provision.	0.0
1	Minimal	Early or informal presence, not operational.	2.5
2	Partial	In place for part of the plan or applied inconsistently.	5.0

LEVEL	LABEL	MEANING	0 TO 10 VALUE
3	Substantial	Operational and applied broadly, with minor gaps.	7.5
4	Full	Fully implemented, documented, and evidenced.	10.0

SCORE COMPOSITION FOR THIS PLAN

ELEMENT	SCORE (0 TO 10)
Transparency	3.8
Accountability	5.6
Integration	5.0
Engagement	4.4
Technology Enablement	3.8
Framework domain (mean of five)	4.50
ERISA core fiduciary duties	4.4
CAA 2021 provisions	6.3
CAA 2026 provisions	3.1
Compliance domain (40 / 40 / 20 weighted)	4.88
Composite MOC Fiduciary Score	**4.6 (At Risk)**

Composite = max(1.0, 0.70 x Framework domain + 0.30 x Compliance domain) = 0.70 x 4.50 + 0.30 x 4.88 = 4.6.

HOW TO READ THIS REPORT

Sections 3 and 4 explain the score. Section 3 assesses the five MOC principles. Section 4 assesses ERISA and CAA compliance. Sections 5 through 7 present the financial findings. Section 8 gives the action plan. Section 9 is the audit trail of what was examined, with each finding's source and confidence. The appendices hold the full scorecard, methodology, data dictionary, and sources.

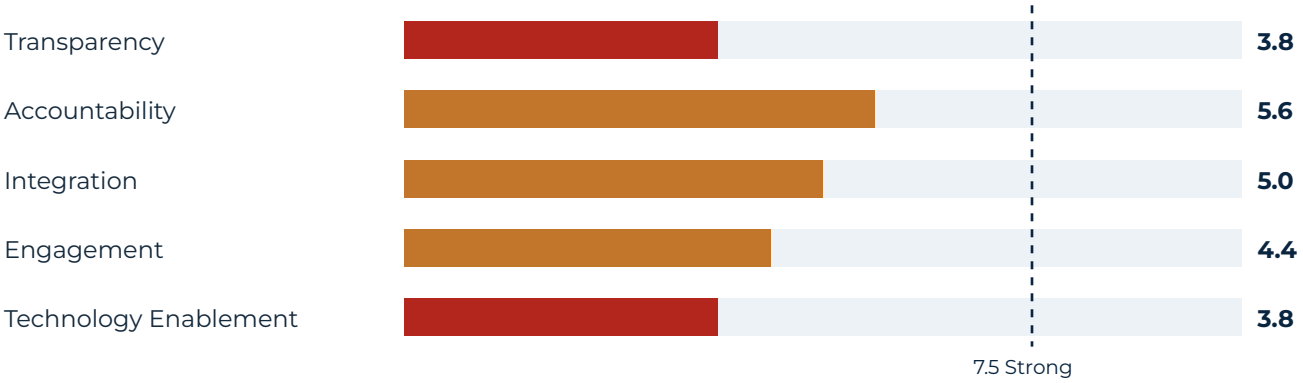
LIMITATIONS AND ATTESTATIONS

Findings reflect the data and documents supplied for the review period. Missing files reduce confidence and cap affected indicators at level 2, Partial. Dollar figures are identified opportunities, not guaranteed recoveries. Recovery depends on contract terms, timely filing, and administrator cooperation. This report supports fiduciary decision-making. It is not legal, actuarial, or investment advice. Confirm regulatory positions with qualified counsel.

Model Optimal Care is not a fiduciary to any plan. This report is analysis and recommendations for your consideration. Recommendations, suggested owners, and estimated impacts are suggestions, not instructions. It is not legal, actuarial, tax, or investment advice, it may contain errors, and it does not satisfy any duty you owe. Decisions about the plan remain with you.

3. MOC FRAMEWORK ASSESSMENT

The five MOC principles account for 70 percent of the score. Each principle carries 14 percent of the total and is scored from four indicators. The dashed line marks the 7.5 Strong threshold.



Transparency | 3.8 / 10 (Critical)

What we found. The strongest indicators in this principle are Contract visibility (T2; Source: 2025_Gag_Clause_Compliance_Attestation_EmployerGroupA.pdf, p.2) and Performance reporting (T4; Source: your data files: 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.8), at partial; nothing reached Substantial on the evidence and answers provided.

Priority gap. Pricing disclosure (T3; Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.4) and Claims data access (T1; Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.4) tie at Minimal as the shared priority. This principle ties for the lowest score and is among the fastest sources of gains.

Accountability | 5.6 / 10 (At Risk)

What we found. Vendor performance guarantees is substantial (A1; Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.9).

Priority gap. Three indicators tie at Partial: Independent claims audit (A2; Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.5), Compensation review (A3; Source: 2025_Broker_Compensation_Statement_BrokerAdvisorE.pdf, p.1), and Fiduciary governance (A4; Source: your questionnaire answers).

Integration | 5.0 / 10 (At Risk)

Priority gap. All four indicators sit at Partial. No single indicator stands out as the priority; raising this principle requires progress across all four.

Engagement | 4.4 / 10 (At Risk)

What we found. The strongest indicators in this principle are Non-emergent redirection (E3; Source: 2025_Summary_Plan_Description_EmployerGroupA_Rev2023.pdf, p.4), Health literacy program (E1; Source: your questionnaire answers), and Navigation and shopping tools (E2; Source: your questionnaire answers), at partial; nothing reached Substantial on the evidence and answers provided.

Priority gap. Member behavior outcomes is minimal (E4; Source: your data files: 2025_Pharmacy_Claims_PBMVendorA_Jan2025_to_Dec2025.csv). Behind it, Non-emergent redirection (E3; Source: 2025_Summary_Plan_Description_EmployerGroupA_Rev2023.pdf, p.4), Health literacy program (E1; Source: your questionnaire answers), and Navigation and shopping tools (E2; Source: your questionnaire answers) tie at Partial.

Technology Enablement | 3.8 / 10 (Critical)

What we found. The strongest indicators in this principle are Predictive risk stratification (N2; Source: your questionnaire answers), Timely anomaly detection (N3; Source: your questionnaire answers), and Fraud, waste, and abuse detection (N4; Source: your questionnaire answers), at partial; nothing reached Substantial on the evidence and answers provided.

Priority gap. Full claims review is absent (N1; Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.5). Behind it, Predictive risk stratification (N2; Source: your questionnaire answers), Timely anomaly detection (N3; Source: your questionnaire answers), and Fraud, waste, and abuse detection (N4; Source: your questionnaire answers) tie at Partial. This principle ties for the lowest score and is among the fastest sources of gains.

4. ERISA AND CAA COMPLIANCE ASSESSMENT

SECTION 4

Compliance carries 30 percent of the score across three components. ERISA core duties and CAA 2021 each carry 12 percent of the total. CAA 2026 carries 6 percent, weighted lighter because its major provisions take effect around 2029. Inside the compliance domain that is a 40, 40, 20 split.

COMPONENT	TOTAL WEIGHT	DOMAIN WEIGHT	SCORE	READ
ERISA core fiduciary duties	12%	40%	4.4	Documented prudence, data rights, and ongoing vendor monitoring.
CAA 2021 provisions	12%	40%	6.3	Strongest compliance area. Gag-clause attestation, compensation disclosures, and reporting obligations.
CAA 2026 provisions	6%	20%	3.1	Readiness gap. Readiness for the PBM covered-service-provider and rebate pass-through reforms.
Compliance domain (weighted)	**30%**	**100%**	**4.88**	

CAA 2026 READINESS NOTE

The 2026 Act, signed February 3, 2026, treats PBMs as covered service providers, mandates full rebate pass-through, and requires drug-level reporting. The expanded service-provider fee disclosure applies now, to contracts entered into or renewed after February 3, 2026. The PBM drug-level reporting and 100 percent rebate pass-through provisions take effect for plan years beginning around 2029 for calendar-year plans. This component scores readiness alongside current compliance, so the plan is credited for the contract terms, audit rights, and governance that position it to comply, not penalized for a mandate not yet in force. Priority: amend the PBM contract at the next renewal to add rebate pass-through with quarterly reconciliation (C26-2) and annual audit rights with an innocent-fiduciary process (C26-4). The full twelve-indicator breakdown is in Appendix A.

5. CLAIMS AND PAYMENT INTEGRITY FINDINGS

MOC-FI reviewed 100 percent of claim lines. Each flagged payment carries the claims file it was computed from and the rule category applied. The register below lists the highest-value findings. Confidence reflects how firmly each finding is grounded in source data.

FINDING	BASIS	LINES	EXPOSURE	CONFIDENCE
Out-of-network billed above allowable Source: your data files: 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv	Plan allowable schedule	1,728	$685,663	88%
Claims paid after termination Source: your data files: 2025_Eligibility_CarrierB_Jan2025_to_Dec2025.csv	Eligibility file	210	$58,426	93%
Duplicate and overlapping facility payments Source: your data files: 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv	Plan provisions; NCCI edits	82	$36,536	91%
Billed charges at 3x or more of the allowed amount Source: your data files: 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv	Billed to allowed ratio, claims file	6,244	Not computed	40%
Total identified (recoverable)		**2,020**	**$780,625**	

The total row counts only findings that carry a published dollar amount. Rows without one keep their line counts above and are excluded from both totals.

Accepted headings are Benchmark, Medicare Rate, Medicare Benchmark, CMS Rate, or Reference Price, each stating the reference amount for that claim line.

1,444 line countings across the findings above are duplicates of the same claim line. The distinct flagged count across all findings is 6,820.

WHAT THE CHARGE-RATIO OBSERVATION MEANS

6,244 claim lines billed at three times or more of the plan's allowed amount. No dollar is published for this finding because the plan's own data cannot support one. A reference benchmark, such as a CMS-based schedule, turns the observation into a computed amount. Charge ratios at this level respond to renegotiation or reference-based pricing on future claims.

6. PHARMACY AND PBM FINDINGS

The table below combines the terms found in this plan's PBM contract with claim-level substitution opportunities. A dollar appears only where it is computed from this plan's own claims. Pharmacy claims were provided, but they carry no alternative cost columns, so the substitution opportunity reads Not computed. The columns that would enable it are named below.

ITEM	CONTRACT TERM FOUND	CONCERN	OPPORTUNITY
Rebate pass-through Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf	PBM guarantees only minimum per-claim Rebate amounts in Exhibit B (retail $185.00, mail $520.00). Section 5.2 states these amounts are Sponsor's entire entitlement, PBM retains all Rebates in excess of the guaranteed minimums and retains in full all excluded amounts. Sponsor has no right, title, or interest in any Rebate and no right to an accounting. The Rebates definition excludes administrative fees and data, analytics, and reporting fees, which PBM retains in full.	This is a minimum-guarantee model, not a pass-through. PBM keeps all rebate value above the guaranteed floor plus manufacturer administrative and data fees, with no visibility to Sponsor. A plan fiduciary cannot confirm that the compensation retained is reasonable or that the plan receives the rebate value to which it may be entitled, undermining ERISA prudence and reasonableness obligations. Specialty Drug claims are entirely excluded from the rebate guarantee.	Not computed
Spread pricing Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf	MAC is defined as the maximum allowable cost established by PBM in its sole discretion using sources and methodologies PBM considers appropriate; the MAC List is proprietary, is not disclosed to Sponsor, and may be revised at any time without notice. Pricing is set as AWP-less discounts and MAC-based generic pricing, with no provision requiring the plan to pay PBM's actual cost paid to pharmacies.	The contract does not prohibit spread pricing. Because PBM controls the undisclosed MAC List and can revise it without notice, the difference between what the plan pays and what pharmacies are reimbursed is opaque. A fiduciary cannot verify pharmacy reimbursement or rule out retained spread, impairing the ability to assess reasonableness of compensation.	Not computed

ITEM	CONTRACT TERM FOUND	CONCERN	OPPORTUNITY
AWP and generic definitions Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf	AWP means the average wholesale price as published by a pricing compendium selected by PBM; PBM may change the compendium or pricing source on 30 days' notice and any resulting change in reported discount performance does not constitute a failure to meet a guarantee. Generic Drug means a drug classified as generic by PBM per the PBM Drug Classification Methodology, which PBM may revise in its sole discretion; multi-source brand drugs, authorized generics, and limited distribution drugs may be classified as brand or generic at PBM's discretion; reclassification during a Contract Year is prospective and does not require restatement of prior performance. Brand/generic classification per PBM controls for all guarantee calculations and may differ from any compendium or third party.	PBM controls both the pricing benchmark and the brand/generic classification, and can change the compendium or reclassify drugs at its discretion without those changes counting as guarantee failures. This allows PBM to influence measured guarantee performance, making the discount guarantees difficult to enforce or independently verify.	Not computed
Formulary substitution Source: 2025_Formulary_and_Specialty_Drug_List_PBMVendorA.pdf	Not found in submitted documents	Generic equivalent and therapeutic alternative fills missed	Not computed
Audit rights Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf	Section 5.5 states manufacturer agreements are PBM's confidential property and Sponsor has no right to review, audit, or obtain any manufacturer agreement, and no right to review the Rebate calculation. The MAC List is not disclosed to Sponsor. Exhibit B lists an Audit support fee of $10,000.00 per audit plus $195 per hour. No general audit right, scope, frequency, or independent auditor provision is set out in the excerpts.	Audit rights are severely constrained: rebate calculations, manufacturer agreements, and the MAC List are all off-limits, and any permitted audit carries substantial fees. A fiduciary is effectively unable to verify pricing, rebate, or compensation accuracy, which conflicts with the duty to monitor service provider compensation and performance.	Not computed
Total identified			**None computed**

The substitution computation reads three column groups from the pharmacy claims file. Brand or generic flag, required: Brand Generic, Brand Flag, Drug Type, or Generic Drug Indicator, in which Y marks a generic fill. Cost basis, required: Ingredient Cost, Ingredient Cost Amount, Total Rx Cost, Plan Due Amount, Plan Paid, Paid Amount, Net Cost, or Cost. Alternative cost, any one enables its own check: Generic Equivalent Cost, GE Cost, or Generic Cost; Branded Generic Cost or BG Cost; Therapeutic Alternative Cost, GTA Cost, or Alternative Cost. Each alternative cost column states the lowest net cost alternative for that fill. Headings match with case and punctuation ignored; the dollar is computed only from the values you supply.

REBATE REMITTANCE VERIFICATION

The figures below are the vendor's own quarterly reports. MOC-FI checks whether they are internally consistent; it does not independently verify the amounts. 12 records: $366,735 earned, $262,696 received, computed variance $104,039. Per the vendor's own figures, $104,039 of earned rebate is recorded as not received. Source: your data files: 2025_Pharmacy_Rebate_Credits_PBMVendorA_Jan2025_to_Dec2025.csv.

QUARTER	CHANNEL	SCRIPTS	EARNED	RECEIVED	VARIANCE	PAYMENT	CHECK
2025-Q1	Retail	384	$71,040	$71,040	$0	Received in full	Consistent
2025-Q1	Mail Order	52	$27,040	$27,040	$0	Received in full	Consistent
2025-Q1	Specialty	12	$0	$0	$0	Received in full	Consistent
2025-Q2	Retail	362	$66,970	$58,934	$8,036	Partly received	Consistent
2025-Q2	Mail Order	51	$26,520	$23,338	$3,182	Partly received	Consistent
2025-Q2	Specialty	13	$0	$0	$0	Received in full	Consistent
2025-Q3	Retail	313	$57,905	$57,905	$0	Received in full	Consistent
2025-Q3	Mail Order	47	$24,440	$24,440	$0	Received in full	Consistent
2025-Q3	Specialty	13	$0	$0	$0	Received in full	Consistent
2025-Q4	Retail	364	$67,340	$0	$67,340	Not received	Consistent
2025-Q4	Mail Order	49	$25,480	$0	$25,480	Not received	Consistent
2025-Q4	Specialty	11	$0	$0	$0	Received in full	Consistent

Columns read for the rebate verification. Rebate Quarter; Rebate Period Start; Rebate Period End; Distribution Channel; Guarantee Rate Per Script; Brand Scripts Rebated; Rebate Earned Amount; Rebate Received Amount; Rebate Variance Amount; Payment Received Date; Days Past Due; Rebate Status.

The vendor's arithmetic is internally consistent on every record. Consistency here means the vendor's own figures agree with each other, not that the amounts are correct.

Each earned amount matches the vendor's stated guarantee rate times brand scripts.

2 records were paid past terms, up to 89 days late.

7. FINANCIAL IMPACT SUMMARY

SECTION 7

The chart and table below consolidate every identified opportunity by category, with recovery type, effort, and timing.



CATEGORY	OPPORTUNITY	RECOVERY TYPE	EFFORT	WINDOW
Claims payment integrity	$781K	Identified	Low	0 to 90 days
Total identified opportunity	**$781K**			

8. PRIORITIZED RECOMMENDATIONS AND ROADMAP

SECTION 8

The actions below are suggestions for the plan fiduciaries' consideration, generated by machine from the information supplied. Suggested owners, timing and estimated impacts are illustrative, and amounts are estimates. Whether and how to act is the fiduciaries' decision, made with their own advisors.

The roadmap sequences actions by fiduciary impact and effort. Each action names the MOC principle it advances and the suggested owner.

IMMEDIATE (0 TO 90 DAYS)

ACTION	PRINCIPLE	OWNER	IMPACT
Deploy full claims review (100% of claims). The documents show none in place today (N1, Absent).	Technology Enablement	Available through MOC-FI	Score + savings
Recover flagged claim overpayments	Accountability	TPA	$781K
File mental health parity comparative analysis	CAA 2021	Counsel	Compliance

NEAR-TERM (3 TO 9 MONTHS)

ACTION	PRINCIPLE	OWNER	IMPACT
Stand up member engagement program	Engagement	HR	Score + savings
Amend PBM contract: rebate pass-through, audit rights	CAA 2026	Counsel	Savings
Complete covered-service-provider fee disclosure file	CAA 2026	Broker	Compliance
Stand up quarterly fiduciary committee	Accountability	Plan Sponsor	Governance

ONGOING

ACTION	PRINCIPLE	OWNER	IMPACT
Continuous 100% claims monitoring via MOC-FI	Technology Enablement	Available through MOC-FI	Sustained
Member price transparency and steerage tools	Engagement	HR	Savings
Quarterly score refresh and evidence update	Accountability	Available through MOC-FI	Governance

9. FIDUCIARY DOCUMENTATION AND AUDIT TRAIL

SECTION 9

This section is the plan's monitoring record. Each finding carries the reference it was computed against, the source document, and a confidence score. Retained together, these entries may help document your monitoring process.

FINDING ID	REFERENCE CITED	SOURCE DOCUMENT	CONFIDENCE	STATUS
MOCFI-0001	Plan provisions; NCCI edits	Source: your data files: 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv	91%	Open
MOCFI-0002	Eligibility term date	Source: your data files: 2025_Eligibility_CarrierB_Jan2025_to_Dec2025.csv	93%	Open
MOCFI-0003	Plan allowable schedule	Source: your data files: 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv	88%	Open
MOCFI-0004	Billed to allowed ratio, claims file	Source: your data files: 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv	40%	Open

The full audit trail runs to 4 entries, of which 4 are computed from this plan's own documents and data. Update the status column as findings move from open to recovered or resolved, and refresh the score each quarter.

10. RETURN ON INVESTMENT (ESTIMATE)

SECTION 10

This section estimates the annual return on the organization's MOC-FI subscription. The operational baselines and expected reductions below are figures the organization entered in its own settings; the payment integrity figure comes from this report's quantified findings; the subscription figure is the organization's actual billing. Every figure names its source.

OPERATIONAL SAVINGS (ESTIMATE FROM YOUR OWN INPUTS)

ITEM	ANNUAL BASELINE	EXPECTED REDUCTION	ESTIMATED ANNUAL SAVINGS	SOURCE
Actuarial services (annual spend)	$160,000	20%	$32,000	Customer-entered
Outside legal, benefits matters (annual spend)	$200,000	25%	$50,000	Customer-entered
Benefits consulting (annual spend)	$250,000	25%	$62,500	Customer-entered
Internal analysis (80 hours at $55/ hour, loaded)	$4,400	25%	$1,100	Customer-entered
Operational savings total			**$145,600**	**Computed from customer-entered inputs**

PAYMENT INTEGRITY SAVINGS (COMPUTED FROM THIS PLAN'S FINDINGS)

ITEM	ESTIMATED ANNUAL SAVINGS	SOURCE
Payment integrity findings (3 quantified findings)	$780,625	Computed from findings

ESTIMATED RETURN

MEASURE	VALUE	SOURCE
Combined estimated annual savings	$926,225	Customer-entered plus findings
Annualized MOC-FI subscription	The subscription could not be read from billing.	Actual subscription billing
Estimated return ratio	**No ratio is computed because the annualized subscription spend is not available.**	**Not computed**

ABOUT THIS ESTIMATE

This estimate uses figures you supplied. Model Optimal Care has not verified them.

APPENDIX A. FULL INDICATOR SCORECARD

All 32 indicators. Each is scored 0 to 4 on the maturity scale (Absent, Minimal, Partial, Substantial, Full) and converted to a 0 to 10 value by multiplying by 2.5. Any indicator resting only on attestation caps at level 2, Partial, which converts to 5.0.

DOMAIN 1. MOC FRAMEWORK ALIGNMENT (70%)

PRINCIPLE	ID	INDICATOR	LEVEL	VALUE	BASIS
Transparency	T1	Claims data access	1	2.5	Document. Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.4
Transparency	T2	Contract visibility	2	5.0	Document. Source: 2025_Gag_Clause_Compliance_Attestation_EmployerGroupA.pdf, p.2
Transparency	T3	Pricing disclosure	1	2.5	Document. Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.4
Transparency	T4	Performance reporting	2	5.0	Data. Source: your data files: 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.8
Accountability	A1	Vendor performance guarantees	3	7.5	Document. Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.9
Accountability	A2	Independent claims audit	2	5.0	Document. Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.5
Accountability	A3	Compensation review	2	5.0	Document. Source: 2025_Broker_Compensation_Statement_BrokerAdvisorE.pdf, p.1
Accountability	A4	Fiduciary governance	2	5.0	Attested. Source: your questionnaire answers
Integration	I1	Core data unification	2	5.0	Data. Source: your data files: 2025_Pharmacy_Claims_PBMVendorA_Jan2025_to_Dec2025.csv; 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv; 2025_Stop_Loss_Reimbursement_StopLossCarrierD_Jan2025_to_Dec2025.csv
Integration	I2	Clinical and ancillary data	2	5.0	Data. Source: your data files: 2025_Medical_Claims_CarrierB_Jan2025_to_Dec2025.csv

PRINCIPLE	ID	INDICATOR	LEVEL	VALUE	BASIS
Integration	I3	Single analytics environment	2	5.0	Attested. Source: your questionnaire answers
Integration	I4	Data completeness	2	5.0	Attested. Source: your questionnaire answers
Engagement	E1	Health literacy program	2	5.0	Attested. Source: your questionnaire answers
Engagement	E2	Navigation and shopping tools	2	5.0	Attested. Source: your questionnaire answers
Engagement	E3	Non-emergent redirection	2	5.0	Document. Source: 2025_Summary_Plan_Description_EmployerGroupA_Rev2023.pdf, p.4
Engagement	E4	Member behavior outcomes	1	2.5	Data. Source: your data files: 2025_Pharmacy_Claims_PBMVendorA_Jan2025_to_Dec2025.csv
Technology Enablement	N1	Full claims review	0	0.0	Document. Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.5
Technology Enablement	N2	Predictive risk stratification	2	5.0	Attested. Source: your questionnaire answers
Technology Enablement	N3	Timely anomaly detection	2	5.0	Attested. Source: your questionnaire answers
Technology Enablement	N4	Fraud, waste, and abuse detection	2	5.0	Attested. Source: your questionnaire answers

DOMAIN 2. ERISA AND CAA COMPLIANCE (30%)

COMPONENT	ID	INDICATOR	LEVEL	VALUE	BASIS
ERISA core fiduciary duties	ER1	Prudence and exclusive benefit	2	5.0	Attested. Source: your questionnaire answers
ERISA core fiduciary duties	ER2	Exercise of data rights	2	5.0	Document. Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.4
ERISA core fiduciary duties	ER3	Vendor monitoring	1	2.5	Document. Source: 2025_Broker_Consultant_Agreement_BrokerAdvisorE_Executed.pdf, p.2
ERISA core fiduciary duties	ER4	Documentation	2	5.0	Attested. Source: your questionnaire answers
CAA 2021 provisions	C21-1	Gag clause prohibition	4	10.0	Document. Source: 2025_Gag_Clause_Compliance_Attestation_EmployerGroupA.pdf, p.1-2

COMPONENT	ID	INDICATOR	LEVEL	VALUE	BASIS
CAA 2021 provisions	C21-2	Compensation disclosure, Section 202	2	5.0	Document. Source: 2025_Broker_Compensation_Statement_BrokerAdvisorE.pdf, p.1; 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.4
CAA 2021 provisions	C21-3	Prescription drug and cost reporting	2	5.0	Document. Source: 2025_Pharmacy_Claims_PBMVendorA_Jan2025_to_Dec2025.csv; 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.5
CAA 2021 provisions	C21-4	No Surprises Act and parity	2	5.0	Document. Source: 2025_Plan_Document_EmployerGroupA_Restated2019_Amd3.pdf, p.6
CAA 2026 provisions	C26-1	Expanded fee disclosure	3	7.5	Document. Source: 2025_ASO_Agreement_CarrierB_Executed_Amd2.pdf, p.4
CAA 2026 provisions	C26-2	Rebate pass-through	0	0.0	Document. Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.4; 2025_Pharmacy_Rebate_Credits_PBMVendorA_Jan2025_to_Dec2025.csv
CAA 2026 provisions	C26-3	PBM reporting readiness	1	2.5	Document. Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.4-5
CAA 2026 provisions	C26-4	Audit rights and innocent-fiduciary process	1	2.5	Document. Source: 2025_PBM_Contract_PBMVendorA_Executed.pdf, p.5

APPENDIX B. METHODOLOGY DETAIL

APPENDIX B

The composite is calculated in six steps. Score each indicator from 0 to 4 and convert to a 0 to 10 value by multiplying by 2.5. Average the indicator values within each principle and each component. Average the five principle scores to get the Framework domain. Combine the three component scores for the Compliance domain, with ERISA core duties and CAA 2021 each at 40 percent and CAA 2026 at 20 percent. Combine the domains, 70 percent Framework and 30 percent Compliance. Report to one decimal with a floor of 1.0.

Any indicator supported only by attestation, with no artifact on file, caps at level 2, Partial, before it is converted to a 0 to 10 value, and carries a lower confidence flag. Evidence always overrides attestation. If a later document or data check contradicts a questionnaire answer, the evidence score stands.

COMPOSITE FORMULA

MOC Fiduciary Score = max(1.0, [0.70 x Framework domain] + [0.30 x Compliance domain])

APPENDIX C. DATA DICTIONARY AND SOURCES

APPENDIX C

Key inputs: adjudicated medical and pharmacy claim lines, eligibility file, plan document, SPD, ASO/TPA agreement, PBM services agreement, stop-loss agreement and policy, and formulary. Edit logic embedded in MOC-FI: duplicate, eligibility-termination, and NCCI procedure-pair unbundling edits.

Reference benchmarks are applied only when supplied with the claims data: a reference benchmark column in the medical claims file enables computed markup dollars, and alternative cost columns in the pharmacy claims file enable the substitution computation. No external drug pricing file is read.

In this report: no reference benchmark column was supplied.

Reference sources cited in this report and in MOC methodology:

- Shrank, Rogstad, and Parekh, Waste in the US Health Care System, JAMA, 2019, estimated $760 billion to $1.6 trillion annually.
- Kaiser Family Foundation Employer Health Benefits Survey, 2025, 67% of covered workers are in self-funded plans.
- Federal Trade Commission interim staff report on pharmacy benefit managers, $7.3 billion in excess revenue, 2017 to 2022.
- Consolidated Appropriations Act of 2026, PBM covered-service-provider and rebate pass-through provisions.
- Consolidated Appropriations Act of 2021, gag-clause, MHPAEA, and RxDC provisions.

APPENDIX D. GLOSSARY

TERM	DEFINITION
Indicator maturity	The 0 to 4 rating for an indicator: Absent, Minimal, Partial, Substantial, Full. Each converts to a 0 to 10 value by multiplying by 2.5.
Confidence	The share of a score's supporting findings grounded in documents and adjudicated data.
Lowest net cost	The lowest total plan cost for a clinically equivalent drug after rebates and fees.
Spread pricing	The margin a PBM keeps between what it charges the plan and pays the pharmacy.
NQTL	Non-quantitative treatment limitation, the subject of the mental health parity comparative analysis.
Attested-only cap	An indicator supported only by attestation is held at level 2, Partial (5.0), until an artifact is on file.
MOC Fiduciary Score	MOC Fiduciary Score. This plan is declared as governed by ERISA and is scored against all 32 indicators, including ERISA and CAA compliance. The two scores use different methods and are not comparable.

APPENDIX E. IMPORTANT NOTICES

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