National Integrative Health

NIH · MSO PLAN AUDITS · NOVEMBER 2026

Four plans. One repeatable model.

What National Integrative Health (NIH) found when it audited four commercial health plans' pharmacy claims.

Every NIH MSO Plan Audit separates the savings a plan can underwrite (Core) from the additional opportunities NIH works to capture with providers, manufacturers and members. Each result shows two percentages: savings on the medications compared, then savings as a share of total plan spend.

21–34%
Core savings on the medications compared

16–32%
Core savings as a share of total plan spend

23–47%
Combined opportunity across Rx and infusion

PLAN	ENGAGEMENT MODEL	CORE / YEAR	ON MEDS COMPARED	OF TOTAL SPEND	COMBINED
Independent School District ~2,100 covered members	Selective carve-out	$553,074	34.3%	16.2%	$1.1M–$1.4M
Multi-District Schools Plan ~2,800 covered members	Full carve-out	$319,884	21.1%	15.7%	$860K–$1.2M
Faith-Based Employer ~800 covered members	Full carve-out alongside a PBM change	$244,404	23.3%	21.2%	$509K–$606K
Specialty-Focused Employer ~300 covered members	Full carve-out of the plan's highest-cost specialty medications	$114,327	31.5%	31.5%	$219K–$255K

How the savings are built

1. **Core savings**
   Biosimilars, preferred products and the lowest-cost U.S. product
2. **Clinical Formulary Management**
   Provider-led clinical alternatives managed through the MSO
3. **Assistance pathways**
   Patient, copay and foundation programs when members qualify
4. **Infusion and site-of-care**
   Lower-cost settings and pricing for infused medications

Find Out Where Your Plan Has Been Overspending.

Contact us to see if your plan qualifies for a free Repricing Analysis to show transparent potential savings.

FREE REPRICING ANALYSIS

info@nationalintegrativehealth.com
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Modeled results from NIH MSO Plan Audits completed in November 2026 using each plan's own claims data; de-identified and rounded. Projected savings, not realized results or a guarantee for any specific group. National Integrative Health (NIH) provides managed care services designed to support lower-net-cost pharmacy and medical outcomes. NIH facilitates clinical care coordination efforts only when clinically appropriate and in collaboration with treating providers. Results vary based on plan profile, contracts and plan terms.

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NIH · MSO PLAN AUDIT · CASE STUDY 1 OF 4

Independent School District

Public school district plan, about 2,100 covered members

$553K	34.3%	16.2%	$1.1M–$1.4M
Core savings per year	saved on the medications compared	of total plan spend	combined opportunity, all programs

Situation

$3,416,014 in annual pharmacy spend. NIH reviewed $1,614,315 of it across 60 high-cost medications. Basis: eight months of pharmacy claims, annualized.

Engagement model: Selective carve-out

NIH took over only the medications where it lowers cost. Everything else stayed with the current PBM.

Core savings by lever

LEVER	ANNUAL SAVINGS	SHARE OF CORE
FDA-approved biosimilars · 90.2% on those drugs	$130,307	23.6%
Same ingredient on the preferred product · 28.4% on those drugs	$103,676	18.7%
Preferred-brand formulary alternatives · 48.4% on those drugs	$8,784	1.6%
Same medication, lowest-cost U.S. product · 28.5% on those drugs	$310,307	56.1%
Core savings	**$553,074**	**34.3% · 16.2%**

Core savings are formulary changes: the plan covers the lower-cost product, and NIH coordinates each transition with the member and prescriber. Percentages show savings on the medications compared, then savings as a share of total plan spend.

Additional opportunities (shown separately, never double-counted)

PROGRAM	ESTIMATED ANNUAL IMPACT
Clinical Formulary Management: provider-led clinical alternatives on 3 medications	$222,410
Patient and foundation assistance pathways, for members who qualify	$29,418 – $78,448
Infusion and site-of-care management (estimated range)	$266,188 – $507,024
Combined opportunity	**$1,071,090 – $1,360,956**

Combined = 22.9% to 29.1% of pharmacy plus infusion spend.

Why it holds up: Built from the plan's own claims and priced against what the plan actually paid, with all NIH fees included and U.S. sourcing only. NIH judges the model over the full plan year.

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Multi-District Schools Plan

Schools health plan, about 2,800 covered members

$320K	21.1%	15.7%	$860K–$1.2M
Core savings per year	saved on the medications compared	of total plan spend	combined opportunity, all programs

Situation

$2,038,746 in annual pharmacy spend. NIH reviewed $1,512,840 of it across 46 high-cost medications. Basis: twelve months of pharmacy claims.

Engagement model: Full carve-out

NIH manages every high-cost medication in scope for the full plan year.

Core savings by lever

LEVER	ANNUAL SAVINGS	SHARE OF CORE
Formulary alternatives (biosimilars, same ingredient, preferred brand)	$149,796	46.8%
Same medication, lowest-cost U.S. product	$170,088	53.2%
Core savings	**$319,884**	**21.1% · 15.7%**

Core savings are formulary changes: the plan covers the lower-cost product, and NIH coordinates each transition with the member and prescriber. Percentages show savings on the medications compared, then savings as a share of total plan spend.

Additional opportunities (shown separately, never double-counted)

PROGRAM	ESTIMATED ANNUAL IMPACT
Clinical Formulary Management: provider-led clinical alternatives on 6 medications	$142,693
Patient and foundation assistance pathways, for members who qualify	$37,668 – $95,752
Infusion and site-of-care management (estimated range)	$360,241 – $686,172
Combined opportunity	**$860,486 – $1,244,501**

Combined = 22.9% to 33.1% of pharmacy plus infusion spend.

Why it holds up: Built from the plan's own claims and priced against what the plan actually paid, with all NIH fees included and U.S. sourcing only. NIH judges the model over the full plan year.



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Faith-Based Employer

Self-funded church employer plan, about 800 covered members

$244K	23.3%	21.2%	$509K–$606K
Core savings per year	saved on the medications compared	of total plan spend	combined opportunity, all programs

Situation

$1,151,024 in annual pharmacy spend. NIH reviewed $1,049,684 of it across 52 high-cost medications. Basis: twelve months of pharmacy claims.

Engagement model: Full carve-out alongside a PBM change

Built so the plan can adopt it with its new PBM. Core conversions are written into plan design.

Core savings by lever

LEVER	ANNUAL SAVINGS	SHARE OF CORE
Formulary alternatives (biosimilars, same ingredient, preferred brand)	$214,816	87.9%
Same medication, lowest-cost U.S. product	$29,588	12.1%
Core savings	**$244,404**	**23.3% · 21.2%**

Core savings are formulary changes: the plan covers the lower-cost product, and NIH coordinates each transition with the member and prescriber. Percentages show savings on the medications compared, then savings as a share of total plan spend.

Additional opportunities (shown separately, never double-counted)

PROGRAM	ESTIMATED ANNUAL IMPACT
Clinical Formulary Management: provider-led clinical alternatives on 13 medications	$158,765
Patient and foundation assistance pathways, for members who qualify	$4,160 – $10,076
Infusion and site-of-care management (estimated range)	$101,278 – $192,911
Combined opportunity	**$508,607 – $606,156**

Combined = 31.1% to 37.1% of pharmacy plus infusion spend.

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Specialty-Focused Employer

Self-funded private employer, about 300 covered members

$114K	31.5%	31.5%	$219K–$255K
Core savings per year	saved on the medications compared	of total plan spend	combined opportunity, all programs

Situation

$362,681 in annual pharmacy spend. NIH reviewed all of it across 4 high-cost medications. Basis: twelve months of specialty pharmacy claims.

Engagement model: Full carve-out of the plan's highest-cost specialty medications

Four specialty medications drove the plan's entire high-cost exposure.

Core savings by lever

LEVER	ANNUAL SAVINGS	SHARE OF CORE
Same medication, lowest-cost U.S. product · 4 specialty medications	$114,327	100.0%
Core savings	**$114,327**	**31.5% · 31.5%**

Core savings are formulary changes: the plan covers the lower-cost product, and NIH coordinates each transition with the member and prescriber. Percentages show savings on the medications compared, then savings as a share of total plan spend.

Additional opportunities (shown separately, never double-counted)

PROGRAM	ESTIMATED ANNUAL IMPACT
Clinical Formulary Management: provider-led clinical alternatives on 1 medication	$66,300
Patient and foundation assistance pathways, for members who qualify	$583 – $1,554
Infusion and site-of-care management (estimated range)	$38,027 – $72,432
Combined opportunity	**$219,237 – $254,613**

Combined = 40.3% to 46.8% of pharmacy plus infusion spend.

Why it holds up: Built from the plan's own claims and priced against what the plan actually paid, with all NIH fees included and U.S. sourcing only. NIH judges the model over the full plan year.

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