From Risk to Opportunity

Transforming Plan Data into Innovative Strategies to Manage Health Care Spend

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Effective plan management begins and ends with data—what matters is what you do with it.

Good News

You already have the population data necessary to achieve healthier employees and a reduced health care spend.

Better News

With the right strategies and a highly-customized approach, you can more effectively manage your plan data.

When it comes to consuming health plan data, you must keep asking questions. Why is this happening? What is driving cost? Where are plan participants seeking services? How can we manage it? Answering these questions will help guide your trend management strategy.

4 Areas of Risk & Opportunity

Risk is part of the game in self-funding so it's important to work with a partner focused on turning areas of risk into areas of opportunity. Self-funded plan risk can be categorized into four components (or beakers), which we see as four areas of opportunity for managing trend, reducing plan risk and improving health outcomes for plan participants.

Prevention & Early Detection of Illness

Improve Treatment Plan Compliance

Manage Appropriateness of Services

Reduce Cost of Necessary Utilization

Prevention & Early Detection of Illness

Goal: Increase utilization of preventive services

Strategies:
Biometric screenings and targeted education

Biometric screenings provide a depth of knowledge to assess the current health status of the population and provide insight into what actions need to be taken to manage future risk. They empower plan participants to take action, engage in their own health and make necessary changes to improve their health. Additionally, a targeted approach can spur plan participants to utilize their preventive care benefits. Through consistent monitoring of benefit utilization, you can encourage plan participants to connect with physicians via live calls, email campaigns and/or mail campaigns.

Success Measurement:
Employee satisfaction

Although establishing a baseline via biometric screenings is important, employee satisfaction should also be considered when looking at the effectiveness of your wellness and prevention strategies. With careful messaging, these programs can serve as a strategy for employee loyalty and retention— and that's key from an organization-wide risk management approach.

Improve Treatment Plan Compliance

Goal: Ensure plan participants follow through with prescribed treatment plans

Strategies:
Individualized attention and information sharing

A successful approach to treatment plan compliance includes targeted outreach campaigns to plan participants with chronic conditions. Additionally, when clinicians work one-on-one with plan participants they are able to address their needs and address potential barriers to care. Information sharing with physicians can help connect the dots to improve communication with the provider and patient to address behaviors that often result in urgent and emergent care. At Nova, we use our patient health summary (medication, labs, utilization) to bring all of the data points together so clinicians have access to a comprehensive view of each patient.

Success Measurement:
Defined by the strategy you designed

Depending on the strategy you implement, success can be measured through a number of different, determinable factors such as member-centric goals met, health status measure metrics, medication compliance, reducing gaps in care, utilization metrics or validation by a third party.

Manage Appropriateness of Services

Goal: Promote the right care at the right time

Strategies:

Plan design modification and utilization management

To build a strategy designed to manage cost, you need to understand your cost drivers. Sometimes modifying the plan design to include a telehealth option or creating targeted education and notifications can mitigate unnecessary usage of more costly alternatives. Additionally, a carefully developed precertification list can help enroll plan participants in case or disease management programs along with properly managing future high-cost claims.

Success Measurement:

Generic Rx utilization rate and utilization metrics

Assess how your plan performs against a standardized benchmark and also how it improves over time based on the strategies deployed to impact plan performance. A review of utilization metrics will help stratify results by type of savings (contractual, medical necessity, out-of-network) to easily categorize and analyze the effectiveness of the overall benefit strategy.

Reduce Cost of Necessary Utilization

Goal: Cut cost of services, without sacrificing patient care or resources

Strategies:

Network analysis and alternatives and bill audits

Assessing the utilization of in-network providers helps determine whether or not your current network solution is appropriate. If not, it may be time to explore alternatives such as narrow/limited networks, established-reimbursement schedules, reference or Medicare-based reimbursement and direct negotiation. Additionally, bill audits can cut costs by uncovering coding or billing errors.

Success Measurement:

Savings

This may be the easiest area to measure success because it translates into hard-dollar savings. No matter what type of strategy you use for reducing cost, you should be able to drill into solution-specific savings to gauge what's working best for your unique plan.

Data matters — but what you do with it matters even more. Our strategic approach makes meaning out of your data and identifies opportunities to reduce risk, manage health spend and deliver better outcomes for the people behind the plan.

Discover how we can help you do more with your data:

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