

# Trending Now:

Taking a Proactive Approach to Care

## Every Situation Is Unique. Every Plan Should Be Too.

We don't need to tell you that health care costs are on the rise. Unfortunately, many in our industry seem resigned to the tired notion that the only path left to reduce spend is to reduce care. That's a conclusion we simply cannot support.

Whether it is a lack of willingness or a lack of ability, cutting care to cut costs is a shortcut that ignores more sustainable avenues that promote better outcomes and a healthier bottom line.

Better plan performance starts with better plan management. And better plan management starts with a proven formula for success:

- Take a customized approach to trend management
- Exercise proactive management practices
- Identify controllable cost-drivers and make decisions accordingly

With these tenets in mind, successful, custom strategies can be developed based on three critical informational components — each of which reveals details about the organization and population the plan should serve.



### Medical & Rx Claims Data

Leveraging medical and pharmacy claims data can help uncover the answers to some key questions about plan utilization:

- Are members getting routine care?
- What percentage of your population is driving cost?
- What does provider utilization look like?
- What does treatment cost at different facilities?
- Where are plan members seeking care?
- What diagnoses/treatments are driving cost?

The answers to these questions should drive a strategic approach for the plan going forward. Beyond merely reviewing a static report, you are engaging in surface-level trend management. Take trend management to the next level by digging deeper. It's necessary to understand why plan participants use the plan the way they do if you're truly aiming to manage trends. Gather insights from medical and pharmacy claims data. Make meaningful connections between plan utilization and the associated costs. This approach allows a plan sponsor to tailor the plan to address the unique utilization trends and cost drivers in their population.



## Biometric & Health Assessment Data

Another key to identifying risk is leveraging the information available through biometric screenings and health assessments. Especially helpful for plans that are newer to the self-funded arrangement, these valuable pieces of intel can fill in the gaps when previous claims data might be unavailable. For established plans, this data provides another lens through which to evaluate potential plan utilization and identify prospective cost drivers.

Biometric screenings and health assessments can be a proactive indicator of future trends within each population. Uncovering plan participants' potential or previously undiagnosed conditions can assist in helping members pursue preventive measures or ongoing condition management.

Why wait until you're paying claims to find out what your expenses will be? Upfront spending can help mitigate potential cost spikes in the future. Investing in sound preventive strategies accounts for a long-term view of health plan management. Get ahead of the trends and gain valuable benchmarks to help measure results of plan initiatives year-over-year by assessing the current state of the plan population's overall health.



## Connected Company Intel

One challenge many plans face is care and administrative fragmentation – employees, vendors, and providers failing to talk to each other. To combat this challenge, it is critical to maximize the value of connectivity through ongoing, meaningful communication.

In failing to capitalize on the value of real-time intelligence that stems from open communication and shared expertise, many organizations miss out on opportunities to have a greater impact on the member experience. From employees who process claims to care navigators, every member of the team has the opportunity to gather and share potentially significant information about population trends. By tapping into the insight of each employee and vendor with access to plan information, you build a more robust view of plan activity.

To improve health outcomes and reduce plan spend, it is critical to take a proactive approach in evaluating data. By continuously analyzing claims and pharmacy data, biometric screenings, and gathering connected company intel, you will have the information needed to design the most impactful strategies to address the unique needs of each population.

### **Better Management. Better Outcomes.**

The data you already have could make all the difference. We can show you how. Our dedicated teams specialize in parsing data for actionable intelligence to better define trend and population management for reduced spend and improved health outcomes. There's always an answer and we're here to help you find it.

Find out what our formula for plan success can do for you.

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