



Personalized
NavigationSM
by  businessolver

Personalized Navigation: Better Together

Activating Employee Health
through Claims Integrations



Health and wellness benefits are increasingly more important...but still under-utilized.



If the challenges of the lingering pandemic have taught HR professionals and employees anything, it's that benefits are more important than ever. With the unemployment rate sky-high at the end of 2020, enrollment through the marketplace was up by 6.6%¹ for 2021 over the same time for 2020.

Benefits uptake by covered employees is up, too. A 2021 benefits study² by The Hartford shows that employers were adding new voluntary benefits, such as hospital indemnity insurance, critical illness insurance, and life insurance, where an overwhelming majority of employers noted that these additions were in response to COVID-19. And many employees opted in to these benefits for the first time, potentially awakened in their benefits literacy and heightened desire for financial protection by the challenging events of 2020.

Overall, employees are placing higher value on their benefits, as 84% of employees say they value the insurance benefits their company offers them (up from 73% in June 2020).²

¹ [HealthCare.gov Enrollment Rises; More Enrollment Data](#). Katie Keith. December 21, 2020.

² [The Hartford's 2021 Future of Benefits Study Report](#). The Hartford. 2021.



Healthier Employees = Win All Around

This is the moment for HR and benefits teams. Employees are more highly attuned to what they have, and employers are adding voluntary options and well-being programs to fill the gaps sometimes left by traditional health plans.

While employers try to solve for these gaps on the HR side, health plan providers have shifted over the past few decades to place more impetus on primary care providers (PCPs) to manage patients with chronic care. Unfortunately, most PCPs are unaware of the full benefits packages offered to the patients and are unable to help them maximize all their tools. Moreover, individuals with multiple

chronic conditions are more likely to use the emergency department (ED), further driving up claims costs and bypassing the PCP coordination altogether.³

For instance, for two of the largest contributors to chronic conditions management, hypertension (75 million people in the U.S.) and diabetes (30.3 million people in the U.S.), a study by Premier shows³ that hypertension ED visits could be reduced by 17% and ED visits by diabetic patients could be reduced by 9% with more highly coordinated care efforts and more comprehensive follow-up, saving the industry (insurers and employers) \$3.5 billion dollars annually.



Patients with three to four chronic conditions and highly fragmented care were 14% more likely to visit the ED, and 6% more likely to have a hospital admission.⁴



³ Ready, Risk, Reward: Improving Care for Patients with Chronic Conditions. Premier. 2019.

⁴ Whether Fragmented Care is Hazardous Depends on How Many Chronic Conditions a Patient Has. Lisa M. Kern. 2018.



Moving Toward Whole-Person Wellness

“Fragmented care” is the industry term for patients who are not being managed by a PCP and do not have ongoing support for their chronic conditions—they are piecemealing their care, contending with emergency issues, and not accessing or employing counseling and implementation for nutrition, exercise, and preventive health care.

Finally, there is a quantifiable nationwide disparity among populations of color when it comes to health care access, built upon years of distrust between BIPOC people (Black, Indigenous, and people of color) and the health care community.⁵ Additionally, researchers found in a 2019 study that the algorithms used to guide health decisions by providers were implicitly biased against Black patients.⁶ It’s clear that within the realm of benefits and health care, anything we can do to create more equitable health care access is past due.

It’s time to defragment: Connect the dots between patients who need more support and the benefits and solutions they have access to—creating healthier, more satisfied populations.



Patients with one to two chronic conditions and highly fragmented care were 13% more likely to visit the emergency department.⁴



⁵ Health Disparities Were Devastating BIPOC Communities—then Came COVID-19. Kenan Institute. 2021.

⁶ Dissecting racial bias in an algorithm used to manage the health of populations. Obermeyer et al. 2019.



Right Benefits, Right Care, Right Value

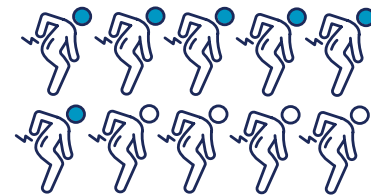
Keeping your workforce healthy is probably one of the key goals of any benefits program. Benefits professionals care about their people and their overall health, but it's also good for the bottom line, since healthy workers are more productive and less likely to have unplanned absences. Healthier workers can reduce benefits costs. According to the [Centers for Disease Control and Prevention \(CDC\)](#), "productivity losses from missed work cost employers \$225.8 billion, or \$1,685 per employee, each year."⁷

As voluntary benefits offerings and chronic care point solutions are on the rise, benefits literacy is remaining steady. And by steady, we mean lingering on the low side. The [MyChoice Recommendation Engine 2021 Benefits Insights Report](#) indicates that only 17% of employees feel like they are confident in benefit selection and use. The Hartford Future of Benefits study similarly finds that 68% of employers² report that educating their employees about benefits is a challenge.

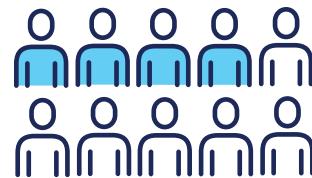
Technology can help fill those gaps in knowledge and address rising health care needs.



When including indirect costs associated with lost economic productivity, the total cost of chronic disease in the United States reaches **\$3.7 trillion** each year, approximately **19.6%** of the country's gross domestic product.⁸



6 in 10 adults
in the U.S. have a chronic
disease. (CDC)⁹



4 in 10 adults
in the U.S. have two or more
chronic diseases. (CDC)⁹



Heart disease and stroke cost our health care system **\$214 billion per year** and causing **\$138 billion** in lost productivity on the job.¹⁰

⁷ [Workplace Health Promotion: How CDC Supports a Healthy Competitive Workforce](#). CDC.gov. 2020.

⁸ [Chronic Disease in the United States: A Worsening Health and Economic Crisis](#). Tara O'Neill Hayes and Serna Gillian. 2020.

⁹ [Chronic Diseases in America](#). CDC. 2021.

¹⁰ Heart disease and stroke statistics—2018 update: a report from the American Heart Association. Benjamin EJ, Virani SS, Callaway CW, et al. 2018.



Connecting the Dots...with Data Points

Americans are increasingly dependent on technology to predict their needs. The grocery ordering app knows your frequently purchased items, our GPS remembers how to get to that out-of-way shop you visit twice a year, or even when you search for an item at an online retailer and you continue to get options for that item on multiple platforms. This predictive algorithm has simply become part of everyday life.

72% of consumers say they only engage with personalized messaging.
— SmarterHQ

So, why are we waiting to engage our employee populations with this same type of technology for their benefits? Integrating secure benefits administration technology and claims data is possible in a HIPAA-compliant, personalized engagement strategy.

Claims-based personalization is Businessolver's solution for connecting employees to the benefits they need when they need them. Using secure, confidential claims information behind a log in, employees consent to receive personalized messaging intended to help them become better health care consumers and healthier humans.





Right-time Connections Bring Benefits to Life

Claims-based personalization is powered by a benefits data warehouse that provides key indicators based on the individual's age, gender, preventive care status, and claims history.

These indicators initiate an omni-channel communications approach that helps employees activate the benefits they've selected or their employer provides at no additional cost to them:



Preventive care prompts:

Based on prior claims data and demographic information, the system can alert employees when it's time to take advantage of preventive care, reminding them of standard physicals, mammograms, PSA (prostate) screenings, and colonoscopies.



Point solution support:

The Benefitsolver® system can prompt year-round employee engagement around total well-being and point solutions, such as diabetes care, hypertension, musculoskeletal care, and more based on claims data indicators—prompting employees to take action before their conditions become chronic or providing support to better navigate their care through dedicated point solutions.



Voluntary benefits accessibility:

In addition, our system can initiate prompts based on claims data reminding individuals to submit reimbursable claims for hospital indemnity, critical illness, or accident insurance policies in which they enrolled.





How it Helps Employers

Engage.

Do you struggle to capture your employees' attention? Integrated claims data forms a behind-the-scenes and confidential profile for each employee. While employers don't access this information directly, the system begins to engage employees proactively to give them visibility and accessibility to their benefits and programs, in multiple channels—via mobile, AI, the benefits portal and more, engaging them beyond annual enrollment into a wellness-focused benefits journey.



Educate.

You probably wish your employees understood the full impact of their benefits. When you consider the amount of total organization budget going toward benefits, it can feel frustrating when employees simply forget that those resources are there to help. The bottom line is employees really only want to know or need to know how their benefits work when those benefits are needed. Claims-based personalization provides outreach, next steps, and health care support to give employees confidence to make a more optimal next decision. Employees don't necessarily have to understand copays and deductibles as much as they need to see what to do to become healthier in the most cost-efficient setting.



Activate.

Connecting the claims data to the person in order to provide that best next step makes it monumentally easier for employees to activate those benefits to help them achieve greater health outcomes.



"Hi, Matthew. Our records indicate that you are eligible for a free and confidential evaluation to determine if you are at risk for diabetes. Log in to our employer's benefits portal to get started..."

"Hi, Maria. Our records indicate that you are overdue for your mammogram. Stay healthy for yourself and your family. Click here to see your provider options..."



Level the playing field.



Earlier, we highlighted the disproportionate people of color who suffer from chronic conditions. Claims-based personalization can assist HR in reaching your diverse populations equally. As a part of your overall diversity, equity, and inclusion initiatives, a systematic and personalized benefits outreach can help level the field for all employees who need care and treatment.

Save people and resources.



Can it be that simple? That phrase could nearly be the benefits department mission statement. Meeting people in their time of need—based upon data—can result in healthier and more productive employees. Reducing catastrophic claims and prescription spend also equates to a healthier bottom line.



Of the four heart disease risk factors—hypertension, obesity, diabetes, and high total cholesterol—Black people are at the highest risk in three categories: hypertension, obesity, and diabetes.¹¹

¹¹ Health, United States Spotlight: Racial and Ethnic Disparities in Heart Disease. CDC. 2019.





Matthew's Story



- ▶ **Gender:** Male
- ▶ **Age:** 51
- ▶ **Marital Status:** Married
- ▶ **Dependents:** 1 adult child
- ▶ **Annual Income:** \$100,000
- ▶ **Health:** Below Average

Matthew is 51 years old and recently diagnosed with diabetes. Matthew hasn't received regular health care check-ups or focused on his exercise and nutrition habits. When Matthew left the doctor's office with a handful of pamphlets, prescriptions, and multiple instructions, he felt overwhelmed by the lifestyle changes the doctor outlined and the potential cost for all the treatment he would need.

Matthew sat down the following week to figure out what his health plan covers. Last October, he selected it without much thought to what could happen, and he's pretty unfamiliar with his coverage.

As he logs into his Benefitsolver portal, he sees a customized banner that says, "Free and confidential diabetes support available. [Click here.](#)"

Matthew clicks on the banner and is immediately routed to his employer's solution for diabetes care. There, he learns more about the first steps he should take –how to begin making dietary changes and set up custom alerts to help keep him on track.

When Matthew gets back to his benefits portal, he is already feeling better about what to do next, and he's easily able to access his prescription plan information. Every time Matthew logs in, he will receive a customized prompt to continue his diabetes care.



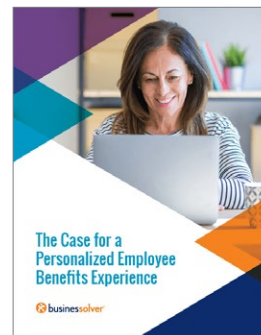
Technology that Drives Smart Benefits Strategy

Educate. Engage. Activate. Level the playing field. Save people and resources. These are all outcomes of a successful benefits strategy. It's time to rethink how we message and access employees with a one-message-fits-all approach.

Claims-based personalization can:

- ▶ Build and maintain a unique profile for each employee based on demographic data, health and pharmacy claims, and benefits ecosystem activity
- ▶ Analyze claims data to identify members experiencing a gap in care, such as overdue screenings, office visits, or prescriptions
- ▶ Deliver messages year round through employees' preferred communication channels, such as push notifications, text messages, or email
- ▶ Send only the most relevant messages based on strategic variables (e.g., demographics, claims history, etc.), preventing "message fatigue"
- ▶ Maintain accuracy through automated data refreshes to reach the right people, right now
- ▶ Track employee engagement through the various tools to measure return on investment
- ▶ Leverage artificial intelligence (AI) to bring forward the right solutions when they matter most

It's time for benefits delivery to be as customized as our grocery delivery. Employees deserve secure engagement and education based on their needs to deliver the best path to wellness. Claims-based personalization can help fill the gap between benefits selection and benefits activation.



To learn more about all the personalized navigation solutions, read our white paper, [The Case for a Personalized Employee Benefit Experience.](#)



Market-Leading Benefits Technology +
Innovative, High-Touch Services

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