



Need more control over your claims costs?



The best offensive strategy for high-cost claim management is healthy employees – and that requires employers to look beyond ‘sick care.’

Amid an overstressed workforce and rising business costs, it's easy to feel caught between adding value for your employees and protecting the bottom line. But organizations thriving in today's world recognize the benefits of prioritizing long-term workforce strategies that put their people first.

How an organization manages employee health equates to real value for both employer and employee. For example, suppose you're hyper-focused on managing high-cost claims and minimizing administration fees. In that case, you're locked in a cycle of reacting to costly risks rather than proactively managing them. And adding a good EAP is not enough.

Traditional benefits are not enough to compete in today's hiring market – nor maintain employee satisfaction. These days we could all benefit from a bit more support. Ensuring you have the right set of health solutions to fully support your employees' physical and mental well-being is essential. But it's equally important to ensure you're working with a health solutions partner that has a comprehensive offering of health solutions that seamlessly connects teams, technology and processes.

That's the only way to effectively drive down costs while improving care.

Want to assess your current health solutions offering? Here are some key things to consider:

- 1 How inclusive and holistic is the support you offer to your employees?**
- 2 You may offer a variety of health benefits, but how connected are the teams and technology that work to support those various pieces of your plan?**
- 3 Does your carrier (or vendor) demonstrate accountability to your bottom line today and in the years to come?**

We're your partner the whole way through.
Learn more at [HealthPartners.com/ProactiveCare](https://www.healthpartners.com/proactivecare)

How inclusive and holistic is the support you offer to your employees?

Health is a continuum that requires a spectrum of support for both body and mind. Therefore, you need a comprehensive set of health solutions designed to take care of the unique needs of your workforce – meeting them wherever they may be in their health journey. This means offering more than traditional benefits (or ‘sick care’) and ensuring that what you provide is accessible to all your employees.

These key questions help you understand how well you can reach your employees’ needs:

- **How are your health solutions tailored to support your employees?**
 - » Do they assess your population’s unique spectrum of health needs?
 - » Do they use more than just claims data to personalize their support?
 - » Do they get real-time alerts about needs before claims come in?
- **How can you ensure that no one is falling through the cracks and has access to equitable care and coverage?**
- **What member tools or support do your solutions offer (e.g., member apps, care lines, etc.)?**
 - » Do they care for all employee needs, from staying healthy to when support is most needed?
 - » Do they include more than an EAP or a condition management program?
- **How are your employees engaged? Is the experience:**
 - » Relevant to their needs (based on more than consumer trends research)?
 - » Responsive when they need help (beyond email engagement)?
 - » Relatable with meaningful information (supporting every stage along a health journey)?
- **What is offered (beyond care and insurance coverage) to help you facilitate education, nurture a positive work (or home) environment ... or support your community?**

90% of HealthPartners members are actively engaged in their health, which is **5% higher than the comparative benchmarks**. This indicates fewer barriers to receiving preventive and acute care as well as treatment of chronic conditions.*

Initial engagement isn’t enough – HealthPartners keeps members engaged long enough to drive improved health outcomes. On average, **members participate for five to eight months** in our condition management programs, with **97% satisfaction**.

*HealthPartners engaged IBM Watson Health to compare their illness burden-adjusted Total Cost of Care results to IBM Watson Health’s benchmarks across 17 million commercial members. This represents HealthPartners Minnesota and regional members.

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A lot of health insurance carriers (and vendors) can promise integrated solutions but how truly integrated are the solutions they offer? So many factors go into getting the right care to the right person at the right time. It takes more than a good set of solutions to manage care proactively. You need the right mix of people and technology working together behind the scenes with seamless precision (e.g., sharing the same mission, processes, data, etc.).

Key questions to help you dig a little deeper to better understand how your carrier (or vendor) is working behind the scenes:

- What measures are in place to help avoid or reduce the risk for high-cost claims (i.e., what's driving earlier intervention) and what's the result?
- How do your clinical teams work together with technology to support an employee's health journey in and outside of the doctor's office?
- How does your carrier (or vendor) collaborate with providers?
- How do your processes enhance the experience of both my employees and my HR team?
- Is member information easily accessible in real-time across the various teams supporting your health benefits (i.e., plan, provider, member and clinic)?

HealthPartners has **exclusive access to electronic medical records**, which supports a **real-time view** of each member's risk factors, diagnoses and patterns of care. This technology helps us collaborate with doctors and monitor members so we can connect them to the **right care at the right time**.

HealthPartners technology and touchpoints **identify high risk members sooner** through predictive modeling – **identifying 50% of high-cost members five months before becoming high-cost**.

75% of members identified for outpatient case management are referred directly by their doctor or by a care team during hospitalization – meaning our relationships with care systems make sure **members get help faster**. We're not waiting for claims to come in to get people the support they need.

Does your carrier (or vendor) demonstrate accountability to your bottom line today ... and in the years to come?

Managing employee health in a way that protects your bottom line without compromising the care you offer your employees can feel like a tug of war. With rising costs and a challenging economy, it's tempting to focus on today's high-cost claims or seek plans with lower administrative fees. Those tactics may appear to save dollars in the short term. In truth, they can increase costs for your organization over the longer-term. A better strategy is to find a health solutions partner – not just vendor – who can work with you to make lasting improvements to your organization's health and bottom line year-over-year.

Key questions to help you consider whether you have a health solutions partner that delivers real sustainable value:

- **How do you use research and employee data and turn it into actionable insight?**
- **How transparent is your contract? Your contract should include:**
 - » Detailed descriptions of what you're getting and what it will cost
 - » No hidden fees or pricing games
 - » Performance guarantees
- **What case studies can your carrier (or vendor) provide?**
- **What services are included in your admin fee? (More importantly, do you know what's not included?)**
- **Are your services designed for long-term cost savings and improved clinical outcomes?**

For example, Total Cost of Care (TCOC) looks at all the health care costs and patient experiences across various diagnoses, doctors, treatments, their payees and visit types. How does your carrier (or vendor) use TCOC to:

- » Reduce costs by preventing emergency care visits and hospitalizations?
- » Improve condition management outcomes?

HealthPartners uses unique health programs, engagement initiatives and innovative payment approaches to **incentivize and reward high-quality care that's affordable.** By partnering with providers, members, purchasers and communities, HealthPartners delivers 10% lower total costs than the Minnesota benchmark, 9% lower than the Wisconsin benchmark and 7% lower than regional benchmarks.

HealthPartners has **11-13% fewer high-cost claims** than industry benchmarks. And our per-member-per-month **health care expenses are 11-40% lower, too.***

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