



**A Comprehensive  
Approach to Managing Health  
Claims Cost**

*Health*

*Claims*

*Management*

[www.healthkeys.net](http://www.healthkeys.net)

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## Health Claims Management-Let's Change the Discussion!

Health Claims Management is a new way for self-funded employers to manage their claims cost. Fuzzy ROI calculations, the reliance on self-reported data, and a siloed approach to offering products, has created ineffective programs that have not produced the claim savings employers expect. Let's change the discussion with employers! Have a rational Health Claims Management conversation by answering three foundational questions:

### Question #1--How are claims cost reduced?

- Avoid the claim
- Pay Less for the claim (hard dollar savings)

### Question #2- How do we measure results?

We only use claims data to measure program efficacy. Claims avoidance products are measured based on improvements in the underlying health metrics, and hard dollar savings are easily measured based on the "before and after" cost of the claim.

### Question #3--What is the difference between Health Claims Management and Wellness?

Health Claims Management expands the focus beyond wellness to combine claim avoidance and hard dollar savings products into a single platform. Designed to increase employee health literacy and improve engagement, this de-siloed approach creates a comprehensive diversified program with maximum employee reach. Our data analytics tool measures all results based on claims and utilization patterns.

## Administrative Services

### Our Communications Platform Creates an Employee Destination

We break down silos by creating a customized platform to house any product or service selected by the employer, which are designed to impact claims cost.

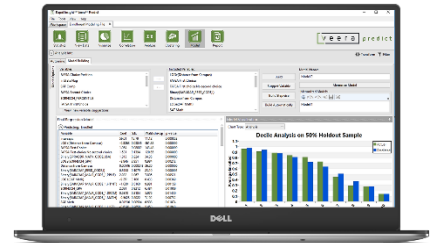
- Individual tiles are built to profile each product, educate employees, increase awareness and easily access vendors
- Employees have a single location to access all products and other pertinent information
- Improved employee health claims literacy
- Incentive Management is coordinated for all products
- Employee communications are secure and targeted
- Employer's message is clearly communicated



## Data Analytics/Predictive Modeling

Member level detail is one of the defining features of this service. Fully integrated with our products and services, this tool is designed specifically to support Health Claims Management.

- Allows us to identify risk and measure efficacy based on claims data
- Tracks gaps in care and preventative services
- Predictive tool helps to identify health risk improvement and measure results
- Employer and Benefit consultant have the appropriate level of access to confirm our results and collaborate on solutions.



## Integrated Care Management and Employee Advocacy

Helping employees navigate our complex health care system creates a high level of employee satisfaction, with improved and sustained engagement.

- Care Management supports healthy choices
- Disease Management supports closing gaps in care
- Employee Advocacy supports health claims literacy
- Electronic outreach, secure and targeted, increases engagement



## Products

Our unique Communications Platform houses all products selected by the employer, with a focus on improving employee engagement. Products can be provided by the Advisor, claim payor or HealthKeys. A coordinated incentive and communication strategy, as well as easy employee access, increases employee engagement, driving down costs! Employees in a specific risk group can be targeted with risk-relevant information, cutting down on excessive amounts of contacts by each vendor. Our Data Analytics tool allows us to determine the economic value for each product, which helps set realistic expectations.

## Claim Avoidance (Includes Disease Management and Wellness)

HealthKeys' proprietary Claim Avoidance program includes Disease Management and Wellness in a single product. Our Care Managers securely reach out to those with chronic conditions to provide them with a Health Care Impact



Profile (including their notes) which summarizes their gaps in care and compliance with preventative protocols. Subsequent telephonic support and integration with incentive programs, is designed to improve compliance with these metrics, which are easily measured through our data analytics tool.

## Direct Contracting-Outpatient Surgical Centers

Freestanding out-patient surgical centers are contracted to provide services on a bundled basis. Employee out of pocket expenses are waived if this voluntary benefit is used. One



step closer to true medical transparency, pricing is shared with employees and the employer, and is compared to the same service offered through the claim payor. Savings can range from 20-60%! With a very low entrance fee to implement this program, net savings will be substantial!

## Specialty Drug Management

Specialty drug pricing is having a huge impact on an employer's pharmacy claim cost and employee out of pocket expense. Our partner has organized a special arrangement with a



medical facility in The Cayman Islands to provide the same specialty drugs, from the same manufacturer, at discounts that can range from 30%-70%. The patient's physician will approve the arrangement. Savings are guaranteed for this program and include travel, lodging and any other expense associated with the product. There is no cost to add this unique benefit, as all fees are built into the savings.

## Telehealth

Whether we integrate with an existing product or one provided by the Benefit Advisor, we verify savings by comparing the cost of telehealth services to the actual cost of the employer's doctor office visits, urgent care visits, and emergency room visits. By supporting the vendors communication efforts, we expect increased engagement and savings of 1.5% of the health care spend.



## Medical Transparency

Medical transparency can be an excellent tool to impact claim cost and employee out of pocket expense. When added to The Communications Platform, we help employees understand the value, how to use the product, and make it easy to access the chosen vendor. Savings are measured based on improvements in the cost per outpatient claim and are expected to be 2%-3% of medical spend.



## Underutilized Services



Most Medical Payors and PBM's have unique services that reduce claim costs which are underutilized by employees including lower cost supplies for diabetics, a Therapeutic Optimization Program, Manufacturers Assistance Program, low cost pharmacy locator, etc. We support the existing communications of these types of products through our communications portal, increasing engagement while sending the right message to employees.

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***Health Claims Management requires a paradigm shift in the way employers, employees, and Benefit Advisors think about reducing claim cost. Creating a single platform to access a variety of products, data analytics to identify risks and measure results, and strengthening the employee/employer relationship, is just the medicine needed to break the status quo and drive down costs! Contact us to learn more!***