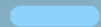


What other health plans are doing



Presenter

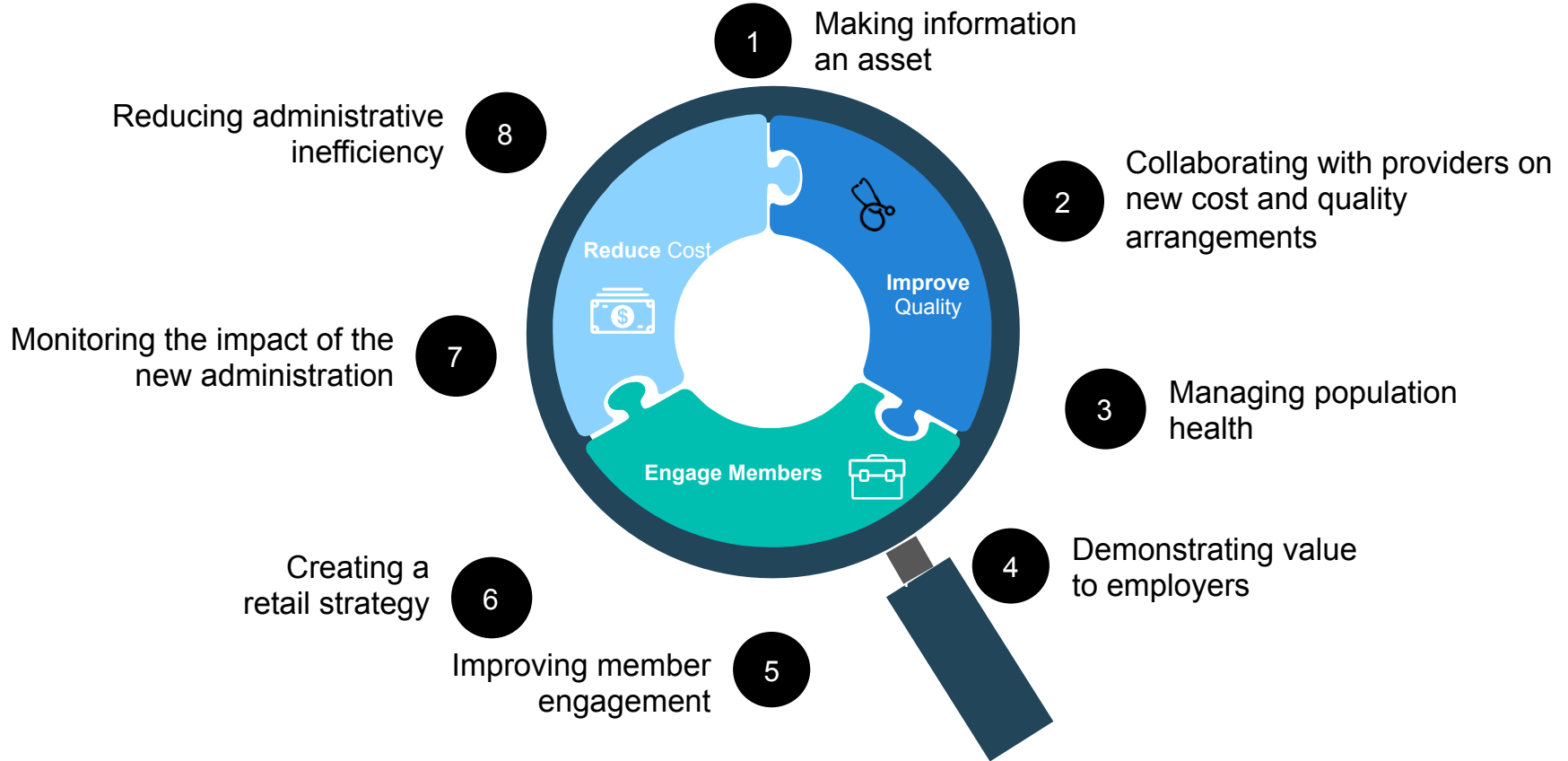
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Watson Health™

What are other health plans doing?



What are other health plans doing?

1. Making information an asset

- Creating new **EDW** or expanding current EDW to be more than a data store
 - Utilizing near real-time data for analytics
- **Adding new analytics** (e.g., episodes groupers, risk scores, gaps in care) and data types (e.g., lab results, biometrics, marketing segmentation) to add value to EDW
- Efficient **clinical data acquisition**
- Merging **big data with clinical evidence** to segment populations, manage health and drive decisions
- Leveraging **data and analytics** to answer business questions
- Harnessing **mobile health technology**
- Protecting privacy with **cyber security tools**

2. Collaborating with providers on new cost and quality arrangements

- Considering big picture when assessing **growing prescription drug costs**
 - Analyzing total health benefits (e.g., medical costs, quality of care)
 - Addressing specialty and compound drug costs via utilization management
- Transitioning to and modifying **value-based care payment arrangements**
 - Shared savings
 - Bundled payments or episodes of care
 - Next-generation ACOs
- Partnering with more **retail clinics and micro-hospitals** (versus large integrated systems)
- Providing **tele-medicine services**
- Offering **centers of excellence** (regional or national) for specific services

What are other health plans doing?

3. Managing population health

- Working with **new data sources** such as clinical, HRA and biometrics to better target members beyond just claims data for care management and wellness interventions
- Incorporating complex rules and algorithms to identify instances of **missing or inappropriate care**
- **Stratifying populations** by cost, utilization, quality, and risk to determine highest opportunity for intervention
- Educating and collaborating with **providers in risk sharing arrangements**
- **Enabling providers** with tools to manage population health
- **Leveraging and sharing information** with consumers at **all points of interaction** (member services, enrollment, benefit and provider questions, etc.)
- Transitioning to **“team-based” models** that focus holistically on the patient versus the condition
 - Collaborating across programs within the health plan, providers, on-site clinics, niche wellness companies, etc.

4. Demonstrating value to employers

- Creating more **robust employer and consultant/broker reporting** that supplies actionable insights
- Performing **externally validated program evaluation** to clearly show unbiased value of health plan programs
- Going beyond the “basics” of cost trends to understand the **contributing factors driving trend**
- Using new analytics such as **marketing segmentation** to differentiate themselves from other health plans—show employers we know your employees beyond just claims

What are other health plans doing?

5. Improving member engagement

- **Using cognitive** and other newer technologies to help improve member experience
- **Communicating** differently and often (getting the right message to the right person at the right time)
 - Moving from broad-based to personalized, targeted communications
 - Communicating via different modes of communication (e.g., text)
 - Using socio-demographic data to understand and motivate employees—accounting for professional, economic and generational differences
 - Expanding communications to manage overall well-being (financial, emotional, social, etc.)
- Performing **data analytics around consumer tool activity** to understand effectiveness of tools and programs and to guide future enhancements
- Responding to growing market demand for tools to help members better shop and **navigate for services**

6. Creating a retail strategy

- Creating a more robust **channel strategy**
 - Today: Traditional employer sponsored with some Medicare Advantage and/or Managed Medicaid and a bit of Individual
 - Tomorrow: All those channels and broader individual market via private exchange and perhaps government sponsored exchanges
- Using **marketing and segmentation data** to determine where to find the “best customers” for an individual product line as well as the most effective way to market to those customers
- **Profiling new populations** to understand who the consumer is, their preferred communication method, and what to expect for cost, risk, and utilization
- Using **insurance coverage estimates** to support projections for the future distribution of insurance coverage (e.g., individual, employer-sponsored, etc.) in local markets

What are other health plans doing?

7. Monitoring the impact of the new administration

- Assessing various reform proposals for **changes to ACA related reporting**
- Considering the **evolution of value-based care**: Episodes, bundled payments or other configurations
- Evaluating **EDGE, CSR and IVA** programs relative to governmental changes
 - Continuing with programs **and** helping ensure vendor performance given all programs are here through 2019
 - Helping ensure vendors are also tracking reform proposals

8. Reducing administrative inefficiency

- Looking to **reduce administrative spend** by assessing all internally run functions for value and market differentiation
- Investigating opportunities to manage the growing **specialty pharmacy cost trends**
- Conducting **ROI studies** for programs and initiatives to help ensure optimal performance
- Assessing the impact of **fraud, waste, abuse and overpayments**
- Working with providers on **accurate coding to help optimize potential risk** for Medicare, Medicaid and ACA populations

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