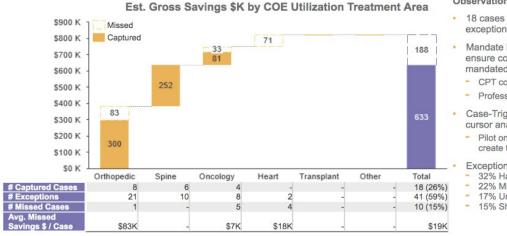
# Transition from Walls of Numbers to Timely and Coordinated Insights

## **COE Q1 Utilization Summary**

18 Members in process with an estimated \$633K in savings



#### Observations

- 18 cases captured, 41 approved exceptions, 10 missed
- Mandate Monitoring follow up w/ TPA to ensure compliance and recuperate paid mandated claims
  - CPT code bundle on pre-cert
- Professional claims exclusion
- Case-Triggers detected based on Precursor analysis on Exception-cases
  - Pilot on Breast Cancer / mastectomies to create triggers for targeted email-outreach

#### Exception Reason:

- 32% Hardship/Comorbidity
- 22% Minor procedure
- 17% Unsafe travel
- 15% Short awareness before procedure

## Why timely and active health plan reporting matters:

- Today, much of the reporting that health plan sponsors receive is aged and passive ("your annual increase in medical spend was only 5-10% more than last year, congrats!")
- Wellnecity believes that real-time and actionable insights through reporting is critical to understanding the underlying drivers of poor plan performance
- Armed with these insights, plan sponsors can make timely and informed decisions, assess progress in real-time, and dynamically adjust their programs to optimize performance (improved care and reduced spend)

### TIMELY AND SOPHISTICATED

Traditionally, health plan sponsors receive 'wall of numbers' reporting from brokers and vendors which are 2 – 6 months delayed, fragmented, and hard to understand. For the average benefits or finance team, it is time-consuming to weave those pieces together into insights and too late to act. Wellnecity believes that having a synthesized view with constantly refreshed, actionable insights allows plan sponsors to make proactive adjustments (e.g., mid-year plan changes, member outreach/education, incentives, etc.).

### **ACTIONABLE INSIGHTS**

Based upon decades of experience advising corporate c-suites, Wellnecity's leaders know that driving performance requires peeling back issues to underlying drivers and then acting against discrete opportunities systemically. To do so, we first break medical and pharmacy spending changes into traditional financial metrics (e.g., enrollment, consumption, and pricing changes) as well as actively monitoring vendor performance (TPA, network, stop-loss, point solutions, etc.). We then deep dive into 20+ target areas looking for drivers of lagging performance (high-cost claimants, multi-chronic members, members on specialty pharmaceuticals, fraud, etc.) to identify performance improvement remediation opportunities. This can span from macro-opportunities (e.g., observing PBM spend 30% above budget a few weeks into a new plan year and making adjustments to save the plan \$1.5M) to micro (e.g., identification of a member with precursors for a center of excellence cancer treatment, resulting in the avoidance of a life-altering and unnecessary radical surgery).

### HAVING A GOAL IN MIND

Reporting for reporting's sake is not worth the effort. Wellnecity believes in establishing initiatives that are actively managed and reported through the year to assess progress and optimize while concurrently detecting the next opportunities to address. By getting specific about addressable members for a program, marketing/incentives, program conversion, and win/loss analysis, health plan initiatives can be evaluated based on return on investment (ROI) and not because they are 'nice to have' or the 'right thing to do'. With transaction-level data, measuring ROI objectively is now possible. Only with detailed and timely reporting can issues be proactively addressed and the corresponding initiatives be continuously managed.

