



DZee Solutions  
Healthcare Financial Solutions

# 11 WAYS

## BENEFITS ADVISORS CAN MAKE DATA-DRIVEN PLAN SELECTIONS



# 11 WAYS BENEFITS ADVISORS CAN MAKE DATA-DRIVEN PLAN SELECTIONS

The U.S. healthcare delivery system is a vast, complex network of moving parts that comprises about one-sixth of the domestic economy.<sup>1</sup> Numerous public and private entities and an assortment of resources are involved in providing and paying for healthcare services, and the cost of care seems to be continually rising.

Characterized by its lack of uniformity and ever-changing regulations, the U.S. healthcare system can be overwhelming to navigate. Employers are especially challenged to understand the complexities of healthcare as they select the appropriate plans for their organizations.

## YOUR CHALLENGE: ANALYZING BENEFITS PLANS BASED ON UNIQUE FINANCIAL AND HEALTH GOALS

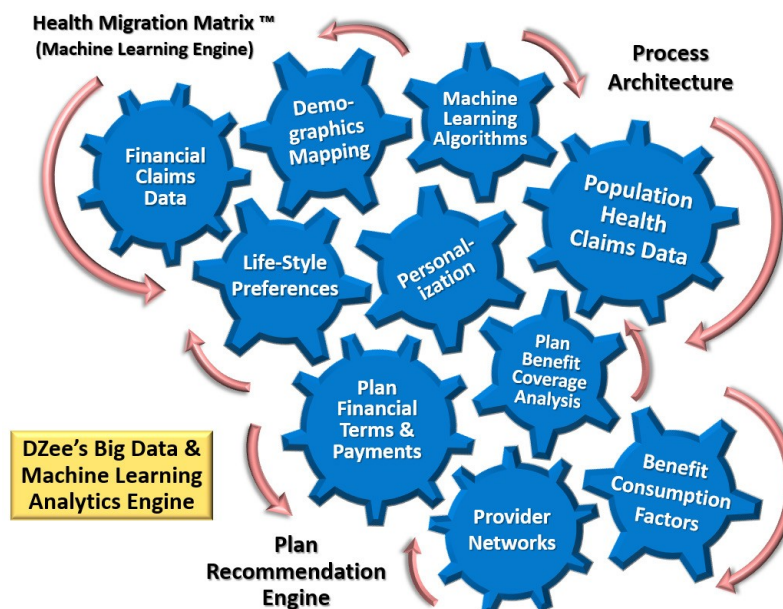
*Benefits Advisors play a critical role* in helping companies select the right type, mix, number and cost of healthcare plans for their organizations. Choosing the right benefit plans for a diverse population of employees can be extremely difficult, and the fallout from unwanted surprises can be brutal.

As stewards of important healthcare decisions, Benefits Advisors are responsible for understanding and navigating the nuanced

system to deliver positive client results despite the daunting complexity, risks, and changes associated with selecting healthcare plans.

Advisors need access to tools that will help them provide clients with the data they need to make informed decisions.

Modern analytics and methodology have changed the way employers evaluate and select healthcare plans and benefits, and benefit plans no longer require months of time-consuming analysis and guesswork to determine their risk and stop-loss thresholds. Successful Advisors are turning to solutions like DZee's analytics, which use machine learning to analyze and choose benefits based on each employer's financial goals and the unique health profiles of their employees. This not only automates and streamlines the benefit selection process, but also delivers more precise results through real-time calculations.

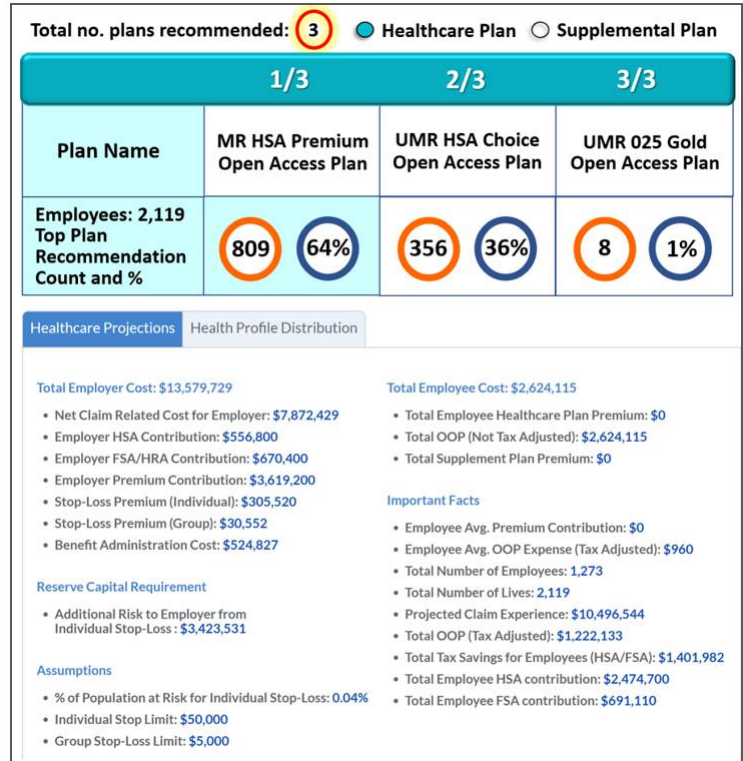


DZee's solution can help Advisors work with clients to analyze healthcare plans against a massive set of claims and health profile information and distill the results into personalized recommendations for companies, individuals, and families. Based on a person's unique health profile, DZee can predict the costs of benefits consumed under each plan scenario for a client and illustrate differences between plans based on the financial exposure for employers and employees.

*Consider the key data fields that establish context and define results experienced by plans or participants, and how an Advisor working with DZee can leverage this data into actionable intelligence for plan selections:*

1. **Benefit Coverage Context**—Benefit plan designs vary dramatically depending on the type and coverage of benefits terms in a policy. Finding an affordable plan that meets employees' core expectations regarding coverage is one of the most fundamental responsibilities of Benefits Advisors.
2. **Plan Payments Context**—Benefit plans can be distinguished by the financial payment terms and amounts they establish and specify for medical treatment expenses. Coverage rules and payments for plans typically include premium contributions, individual deductibles, family deductibles, out-of-pocket limits, HSA contributions, co-payments, and both in and out-of-network payments.
3. **Provider Network Context**—Plans differ by the physicians, clinics, pharmacies, and hospitals they include in their networks. Whether a provider is included in a network or is considered out-of-network has a significant impact on the payment responsibilities.
4. **Employer Financial Risk Context**—Healthcare costs expose employers to significant financial risks. Benefits plans can transfer, retain, or mitigate their risks. Common risk management decisions include self-funding or fully insuring healthcare plans, transferring claims risk through stop-loss insurance (individual and group), and identifying company capital that is at risk due to unanticipated claims.
5. **Time Sensitivity Context**—People's health status and medical conditions change over time. Aging and disease state progressions radically transform the healthcare benefits we need and consume. Our healthcare status and needs evolve constantly, and examining our healthcare profile through the short-term, medium-term, and long-term views will reveal different outcomes and strategies to consider.
6. **Wellness/Special Needs Context**—The goal of healthcare is to help people live with vitality for as long as they can. It helps individuals identify and take actions that will improve their health status and longevity. Wellness programs can address lifestyle changes for healthier living as well as disease state treatments with the highest efficacy and best outcomes. Wellness programs connect health improvement plans to action plans and track the results to measure their effectiveness.
7. **Claim Experience Context**—Claims occur at a population, employer, and employee level. Claims volumes and trends create usage patterns for a targeted population that can be tracked and compared against other groups and expected results. Claims results experiences can be used as benchmarks to evaluate the effectiveness of results achieved or the need to make changes.
8. **Clinical Data Context**—Determining healthcare treatments is tied to evidence-based medical research and the desire to provide safe and effective treatments that produce the best results. Clinical treatment protocols and biometrics set benchmarks that guide what is considered appropriate and effective for patient care. Clinical protocols help provide structure and control to set patient care priorities.
9. **Regulatory Context**—Regulations play a major role in the healthcare industry and for healthcare insurance coverage. Since healthcare regulations are developed and implemented at the federal, state, and local government levels, rules can be confusing, complicated, and subject to change. These regulatory changes can impact benefit levels, areas of coverage, and costs for both plans and enrollees.
10. **Benefit Consumption Context**—The types and volumes of benefits that are consumed determine the cost of care. Consumption of healthcare services is tied to people's health status profiles and the choices they make. Careful analysis of the data reveals how different plans will affect total costs.

11. **Benefit Expense Context**– There are regional and local patterns associated with benefits consumption, pricing, and costs. Regional and local influences include the state of the local economy, consumer price indexes, the availability of goods and services, public health issues, funding levels, and the population’s health profile. Expenses are further differentiated at an individual and family level as circumstances and preferences personalize their healthcare needs, choices, and expenses.



*Employers must navigate through a labyrinth of information to choose appropriate plans for their organizations. To guide them effectively, Benefits Advisors must be able to show their clients a complete picture of their healthcare needs, costs, and outcomes under different scenarios.*

*Using DZee’s tools to reveal analyses of all the data organizations factor in to making healthcare plan decisions, Benefits Advisors can remove the uncertainty and minimize the risk their clients typically face when selecting plans. DZee’s benefit analytics methods also enable Benefits Advisors to recommend healthcare plans that save their clients 15% or more in healthcare costs.*

1 CMS. National Health Expenditure Data. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>

