

Advocacy: Opening the front door to deeper benefits engagement



In today's tight job market, it's no secret that a generous benefits package can provide a competitive edge in the quest to attract and retain talent. Nearly 60 percent of job hunters say that benefits and perks are among their top considerations in deciding whether to accept a position.¹ And nearly four in five employees would prefer new or additional benefits over a pay raise.²

In response, employers are ramping up their benefits offerings. Yet the sheer volume and diversity of these packages have, in many cases, had the unintended effect of dampening employee engagement. Employees are confused about where to turn for questions about health care claims, disability insurance, 401(k) investments, tuition assistance plans and other benefits. Only 26 percent of human resource professionals at large companies strongly believe that employees know how to navigate the health care system.³

This paper explores how, by utilizing advocacy services, employers can simplify and improve the benefits experience for employees, increase engagement with clinical and non-clinical programs, and promote a healthier, more productive workforce.

Overwhelmed HR departments

It's a common refrain: human resource managers are inundated with employees' questions about their medical insurance, employee assistance plan (EAP), retirement account and other benefits. With the rise of consumer-directed health plans and defined contribution plans in recent years, employees have increasingly shouldered greater responsibility for their benefits. Yet, they lack the resources to successfully manage this burden. Unsure of how to navigate the fragmented benefits ecosystem, they typically seek answers from an understaffed human resources department.

The front door to benefits

This poses a dilemma for employers who are struggling with how to better engage employees with their rich benefit offerings — which are typically managed by multiple vendors — while containing costs.

To address this challenge, leading employers are increasingly providing employees with a single connection point to all their benefits. "Advocacy" as it is known, is essentially a front door to the entire array of employer-sponsored benefits.

Instead of having to call a dedicated 1-800 number for the health plan, another for pharmacy benefits, another for wellness programs and yet another for EAP, employees connect to a single toll-free number — either by phone or digitally — to resolve benefits questions and get support for their needs. Advocacy solution transitions the delivery of employee benefits from a compartmentalized system to an integrated experience where each vendor partner's core expertise is optimized.

The essence of advocacy services for employees is having easy access to someone with the know-how to help them use their benefits and understand how to address their health, retirement and other benefits concerns. Advocacy services can help reduce employee confusion, improve their experience and increase engagement in clinical programs offered by employers.

How advocacy works

Advisors — trained benefits counselors — use a common dashboard to immediately access information about the caller, answer his or her questions and offer appropriate services and programs to meet both spoken and unspoken needs.

Marie's experience



Let's look at the experience of Marie,⁴ a 45 year-old mother with two children, who was recently diagnosed with diabetes. Marie was having difficulty resolving a denied claim with her health plan, so she called the toll-free advocacy service number on her identification card. Because she was calling about a complex claim, she was automatically routed to an advisor with expertise in claims resolution who instantly pulled up Marie's health record on his dashboard, which provided a holistic perspective of her situation. This helped him address her immediate need as well as offer support for questions she may not have thought about.

The advisor, after determining that her claim was denied due to a coding error at the hospital, assures Marie he will resolve the problem quickly, saving her the time and hassle of having to call her health plan again. Further, noting Marie's diabetes diagnosis and seeing

that she is eligible for a diabetes management program through her employer, he explains the program to her. She is interested and the advisor enrolls her.

Marie tells the advisor she would like to see a specialist for her diabetes, so he locates an endocrinologist near where she works and offers to schedule her first appointment. This is a huge comfort to Marie since she doesn't have to do the research herself. The advisor, seeing that Marie has filled a prescription at a retail pharmacy, tells her she may be able to save money by switching to a mail service pharmacy. He shows her how to enroll online.

While still on the call, the advisor also connects Marie with a nurse specializing in diabetes who answers Marie's questions and provides information to help her better manage her condition. The nurse will develop an ongoing relationship with Marie and support her doctor's plan of care.

One call ... many results

Thus, with just a single phone call, Marie got help resolving her claim, enrolling in a diabetes management program, switching to a more convenient mail order pharmacy, making an appointment with a specialist, and becoming better educated about her condition. It helped Marie to eventually gain control of her diabetes, avoid trips to the emergency room, miss work less often and, as a result, be more productive on the job.

Boosting engagement

As demonstrated in the example of Marie, advocacy services can boost employee engagement in clinical programs. Unlike traditional engagement programs that are based upon outbound calls from the vendor, advocacy programs have a built-in advantage because employees are sufficiently motivated to initiate contact and are therefore highly receptive to further interaction.

An advisor who compassionately answers an employee's question about whether a particular procedure is a covered benefit, for example, creates a prime opportunity to determine if that individual is qualified for a clinical program and begin the enrollment process.

\$13 million savings for one large employer





A large employer with several thousand workers spread out across multiple states realized that its workforce was struggling to navigate its rich benefits package, provided through two carriers it contracted with.

The company wanted to simplify employees' experience across the full spectrum of benefits, support employees holistically with their health and financial needs, and increase overall program engagement and referrals. Its benefits offerings included health savings accounts administered by Optum Bank, a wellness coaching program and a maternity program, each with its own toll-free number.

After instituting an advocacy solution (including a single 1-800 number) and integrating its health, financial and other benefits with the solution, the employer quickly achieved results. For example, Optum Bank received nearly 24,000 calls from the company's employees in the year after introducing advocacy services, a 300 percent increase from the previous year. Additionally, 53 percent more employees earned wellness program incentives compared to the previous year. Increased referrals to, and enrollment in, the employer's other clinical programs helped drive medical savings of \$13.1 million, a 96 percent increase over the previous year.⁵

What to look for when buying an advocacy solution

With many advocacy solutions to choose from, employers should look beyond the marketing hype to closely examine a vendors' track record. Here are some issues to keep top of mind when assessing solutions:

-  **Strong clinical program.** Having an easy-to-use "front door" advocacy solution is critical to generating a rewarding customer experience. But the real value is driven by solid clinical and condition management programs, which help reduce unnecessary emergency room use; promote effective, less costly medical treatments; limit hospital readmissions; and promote employee health and well-being.
-  **Flexibility** Look for a vendor that can accommodate your needs by customizing a solution that will drive maximum value for your population. An employer with a mostly male population, for instance, won't benefit from being locked into a bundled package that includes rich maternity benefits.
-  **Stability.** If you are satisfied with your current provider networks or clinical management programs and want to retain them, be wary of advocacy solutions requiring employers to move their business to a third-party administrator (TPA) and place their programs with new, unfamiliar vendors, thereby potentially disrupting employees' experience.
-  **Realistic savings.** Make sure that claimed savings are legitimate. For example, suppose the advocacy vendor migrates an employer to a TPA who institutes plan design changes that generate savings the first year. Those savings should be reflected only in that year, not in subsequent years. Further, advocacy vendors should take credit only for those savings that they are responsible for. If, for example, the TPA transitions an employer to a more cost-efficient provider network, the savings generated are, in fact, attributable to the TPA and should not be claimed by the advocacy vendor.

The Optum approach

Optum approach to advocacy is centered around a multi-dimensional team whose members help employees navigate the benefits ecosystem and support their individual needs. This team of clinical and non-clinical advisors has expertise in:



Benefits
and claims



Triage



Behavioral
health



Pharmacy



Financial



Beyond
health

Through a combination of data and analytics, advisors seek to maximize the value of each interaction by identifying opportunities for more deeply engaging employees with their benefits.

Optum integrates claims and clinical data with non-health care data, such as engagement history, channel preference, lifestyle behaviors, purchasing behaviors, socioeconomic and psychographic factors, resulting in a comprehensive view of the employee. That, in turn, enables advisors to make relevant, actionable offers to employees.

Additionally, Optum advocacy services are independent and carrier-neutral. Employers have the option — but are not required to — move their clinical programs to Optum. Optum offers a variety of models that work with any combination of health plans, TPAs and third-party vendors.

An Optum book of business study found a 75 percent increase in clinical program engagement for employers with its advocacy service, compared to employers without the service.⁶

Conclusion

Advocacy programs are much more than simply a way for employers to organize their benefit packages. They provide a consistent consumer experience across the benefit ecosystem, lead to deeper employee engagement with benefit offerings, and connect employees with a wide array of experienced advisors. Over the long term, this can help promote well-being, increase productivity and cost savings.

Sources

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5. The savings increase is not solely driven by the increased engagement defined as a contact with a Health Care Advisor. Savings information based on Optum claims data. This is not a guarantee of savings. Individual plan results will vary. Analytics on client BOB 2014–2016, 300% increase was observed in 2016.
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