

Accelerate your digital transformation



Health plans can capitalize on momentum around digital health solutions

The phrase “health care ecosystem” is an often-used metaphor describing the ways in which health care stakeholders work together. But the metaphor isn’t quite right: Health care lacks the interconnectedness and shared energy of an ecosystem.

The health care industry is less like an ecosystem and more like a landscape of farms separated by strong fences and dotted with silos. Sometimes the players trade and share and are friendly with each other. But often, even when there is trade, their partnership is limited, often due to the investment required to share data and the degree of management attention needed to shape new shared operating models.

But with the right incentives and methods, health care can become like a farmer’s co-op, where every participant works collaboratively to share and grow together. And increasingly, stakeholders are turning to digital technologies to bring everyone together. Ultimately, just as a co-op can make it easier for buyers to access food, digitally enabled health care can make it easier for consumers to maintain their health and get the care they need.

COVID-19 made virtual care a necessity. The experience resulted in a new openness to digital health technologies from consumers, providers and even regulators. Health plans now have an opportunity to seize the momentum to accelerate their transition to digital. As the main financiers of health care, they can be integral in creating a cooperative that offers a seamless health care experience and reduces friction among all stakeholders, from members and providers to brokers and employers.



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Improving stakeholder relations to add more value

Increase member engagement

Telehealth and wearables are some of the most visible ways payers can engage members and improve their care experience. Digitally enabled clinical and care management programs can utilize telehealth and wearables to move beyond simply calling or texting members. Combining their data analytics expertise with smart watches, connected scales or digital blood pressure cuffs can help payers take a proactive stance in relation to care management while easing the burden on the member to share updates. And video visits can help care managers see into a member's environment to get a better sense of how social determinants could be impacting specific enrollees. Digital also has the capacity to help health plans understand consumer preferences on how, when and in what manner they want to be engaged. Engagement can be more connected and individualized and less episodic and generic.

Reduce administrative friction

Digital tools can enable and streamline processes and eliminate the friction that exists between payers and members or payers and providers. For example, prior authorization, medical necessity management and claims management can be major points of friction. Prior authorization rules and processes often vary from payer to payer based on contract stipulations. Using digital tech – including artificial intelligence (AI) and machine learning (ML) – to automate repetitive processes can improve member and provider relations while also keeping operational costs down and processes consistent.

Collaborate with providers

Digital tools can lay the foundation of a partnership that puts members first and leads to mutual success. Back-end provider experiences – from credentialing to onboarding – could be digitized. High-performing providers could be supported with digital tools to help them manage populations and associated risk, facilitate clinical and care management programs, encourage better patient experiences, offer telehealth services, and make it easier for providers to do business.

Payers play a critical role in their members' well-being. They use their buying power to promote quality care, negotiate lower prices and help members make the most of their benefits. Payers with strong provider relationships can use their influence to provide members with a seamless health care experience.

As the industry moves toward interoperability, there are a host of ways payers and providers can work together. For example, they could partner to offer a mobile or desktop solution that allows members access to all their medical information. Costs could become transparent upfront and shared in real time, including provider charges, allowed amounts, copays/coinsurance and deductibles. Quality ratings could also be made available.

Such a solution could allow for integrated scheduling for virtual visits within the solution interface. It could also encourage online follow-up visits. And it could offer members financing options at the time of care. With respect to the back office – medical necessity, prior authorization, claims submission and claims adjudication could all happen in real time.

While a solution like this is technically possible today, it would require more data sharing, more system connectivity and more trust than exists in the current environment. Small steps toward a goal of digital integration are in order. The results would be better quality of care, less frustration on the part of members and more members seeing their insurers as trusted partners in their health.



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Make doing business with brokers easier

Brokers often need to collect data twice. First, they collect data to estimate the cost for a new group. Once the group is priced, underwritten and has accepted the agreement, brokers often need to collect that same information a second time, perhaps at a more detailed level.

Brokers would appreciate transferring this entire process to an online portal. The portal could permit small and large groups to enter and maintain group information in a self-serve application. It could also serve as a vehicle to provide status updates, offer plan design tools, accommodate repricing options and even digitize the commission payment system.

Automate employer information exchange

A similar system to the one described for brokers could be used by employer groups. For example, health plans could utilize digital tools to automate information exchange with employers. An employer could allow their health plan partner to access their enterprise resource planning system, which contains their employee census file. Any additions, deletions or changes in employment would be reflected via the health plan portal in real time.

Having access to real-time data could enable other real-time digital tools, including offering self-service in plan design, pricing and selection. This type of data could automate eligibility and smooth the member and group enrollment processes. It could also facilitate financial aspects of the payer/employer partnership, including account status and premiums.

A common thread to payer digital innovation: automation

Payer organizations have long utilized technology to help them manage risk, manage care and manage processes. The legacy systems payers use to administer claims, prior authorizations, medical necessity, member services, etc., are the workhorses of the payer back office. Leaders often see updating or replacing legacy systems as a losing proposition. But they are developing sophisticated digital capabilities to do what their old systems cannot. Many forms of automation can accelerate these efforts: robotic process automation (RPA), chatbots and artificial intelligence (AI), which includes machine learning (ML) and natural language processing (NLP).

One method payers are using to augment their systems is RPA. RPA is software-based technology that can use AI to automate high-volume, repetitive tasks. RPA applications are easy to use. Any end user can create the “bots” that automate their processes, and can share these bots with their coworkers. RPA can enable seamless interfaces, data exchange between applications and other important capabilities without modernizing older systems. Use of this approach also enables payers to free up employees to focus on high-value activities.

Payers are also utilizing chatbots, a digital technology that may leverage AI in customer service environments for member request routing or information gathering. For instance, one provider-sponsored health plan used chatbots to extend the reach of its health system’s primary care physicians (PCPs). They did so by engaging patients prior to their visit with the PCP. The information gathered was not only used by the physician, but it was also used to augment the payer’s clinical programs.



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RPA and chatbots are bolt-on technologies that automate simple tasks, but AI technologies such as natural language processing, deep learning and machine learning can address more complex issues. AI has been successfully applied to claims automation, using tech that can auto-approve simple claims, and to intelligent workflows, which help claims adjusters and auditors focus on high-priority cases.

The potential applications for AI are exciting. Take prior authorization, for example. Millions of elective procedures need prior authorization every year. Some of them are simple enough that they can be reviewed automatically using a rule-based review process for eligibility and benefits checks, resulting in either an auto-cancel or auto-approval. Those that are not approved must be reviewed by claims adjusters, nurses or physicians.

Applying machine learning and deep learning can enhance the rule-based review process for eligibility and benefits checking. Artificial intelligence can also enhance the human review process by providing decision-based guidance using claims history, clinical notes, lab results, medication history, clinical guidelines, medical policy and payment policy as a basis for recommendations. Utilizing AI to facilitate prior authorizations could reduce the administrative burden for both payers and providers.

Special focus

Digitally accelerated care management

Whether a payer's provider relationships are contentious or have minimal friction, clinical success is a value both parties share. Payer leaders want to support providers by offering data and insights that influence health outcomes. And digital technology is helping payers improve care in ways only they can.

Care management programs continue to be a high priority among health plans, but it is often a struggle quantifying program value. When it comes to care management operations, data and analytics are often months old, and programs can be fragmented. But with the help of digital tools, payers can get much more innovative.

By interfacing their own care management efforts with provider partners, payers can access more actionable data. By allowing care management programs to share data, they can coalesce their efforts and provide members with a more cohesive experience.

While sharing data with providers can help augment payer clinical programs, there are other data sources to which payers can connect. The collection of clinical data through remote patient monitoring is rapidly expanding, and such data could be used by many health care stakeholders once it is consolidated and AI-analyzed. Primary care physicians could use it to gain a broader view of their patients' health and well-being. Payers could use it for a real-world view of members in their care management programs, identifying opportunities for appropriate interventions.

Digital technology will increase in importance as payers use it to connect members with the care they need. To optimize care and cost, the point of care is transitioning from inpatient to outpatient, including in-home care. Cost-effective home health hubs or retail locations can be augmented by telehealth technologies.



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Building on today's digital momentum

The COVID-19 pandemic resulted in an increasing openness to digital, from both health care consumers and health care employees. Payers took the digital ball and ran with it.

They used mobile applications, member portals and other self-service options to help their members access virtual care. They offered quick access to COVID-19 information. And they provided access to symptom checkers that used AI to help their members know whether to use self-care, access telemedicine assets or make their way to a clinic or an emergency room.

Perhaps more impressive is payers' ability to turn from a historically heavy in-office presence to remote work. They leveraged digital tech to do work from home never considered possible due to privacy concerns. But utilization management, claims management and call centers across the country shifted to home-based employees. The technologies needed for payers to pivot from at-work to at-home were already in place. Payer information technology leaders creatively leveraged these technologies.

Health plans have proven they can quickly leverage digital tech to improve value. Now that their two most important audiences – members and employees – are using more digital tools, it is important that payers take advantage of the momentum.

Low-risk, high-reward steps toward digital

Health plan leaders are prioritizing increased affordability, growth and scalability, closer provider relationships and better member engagement. And they are looking to digital to accomplish these goals. Here are some no-regret activities that will help payers ride the wave of digital acceleration.

Identify compelling use cases

For example, organizations could digitize elements of claims management: data input, data provision, auditing and/or payment. Payers could also digitize parts of their member service systems using self-service tools, digital-only communications, personalized messaging and process automation. These use cases could be implemented gradually, prioritized by value and ability to increase user interest.

Define a governance model

As digital health grows within a payer organization, a range of governance issues will surface. These include coordinating/collaborating across entities, capital funding for projects, data access and community guardrails. Providing a governance framework for these and other issues will result in more successful efforts.

Select partners

Partners in digital acceleration could be provider networks, strategy/consulting partners, digital solution providers and others. The right partners should make it possible to create seamless user experiences that deliver real value to providers and members.

Establish a technology strategy

While unique tech elements may result from a payer's digital transformation, it is important to build on common foundations for scalability and flexibility from the outset.



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Accelerate your move to digital

Payers are in a unique position to be the prime mover in a digitally enabled health care cooperative that revolves around member needs. As companies in all industries leverage digital tech to engage and delight consumers, payers who engage their stakeholders digitally will be able to stand against old competitors and new market entrants.

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