Benefitfocus®

Transform Health Data into Actionable Information with Health Insights

INTEGRATE | ANALYZE | FORECAST | MONITOR

Put Your Healthcare Data to Work.

Benefitfocus is a leader in healthcare data analytics. Health Insights receives claims and member data from multiple sources and transforms it into actionable information, enabling the efficient planning, management and analysis of benefit plans. Through simple and proven software as a service (SaaS) technology, Health Insights helps organizations identify and control healthcare costs.

Our customers include employers, insurers, TPA/ ASOs and broker/consultants. Health Insights integrates more than 300 data sources, many refreshed daily. We serve more than 50 payer and broker organizations, nearly 5,000 employer health plans, and 4 million members.*

Health Insights provides:

- Health cost transparency for employee benefits stakeholders
- Integration of multiple data sources into one data warehouse
- Data mapping, validation, reconciliation and balancing
- Easy-to-use analytics software for financial and clinical analysis
- Ability to analyze, monitor and forecast health plan costs

* Internal data as of 05/01/2025
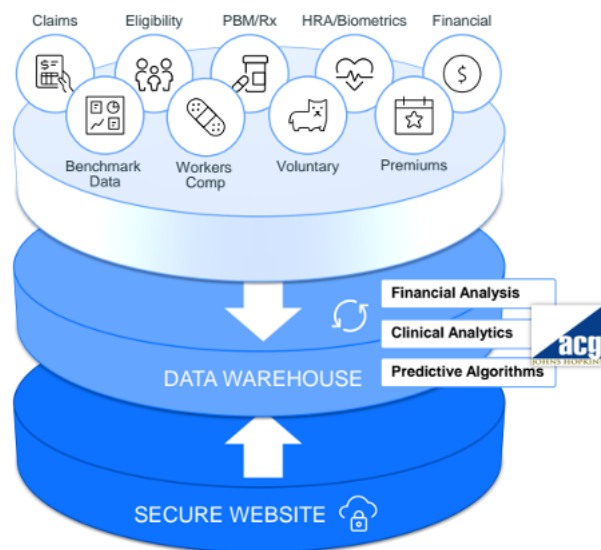
Data Integration & Warehousing

Getting a true picture of all your health costs is challenging. Employer-sponsored health plans typically work with multiple carriers, payers, pharmacy benefit managers and other vendors. Health Insights integrates data from hundreds of sources, consolidating information in one data warehouse to give our customers a clear picture of their total health costs.

Key Features

- Consolidate data in one place
- Keep your data secure
- Access clean, normalized data
- Provide more opportunity for strategic analysis

- Integrate multiple forms of data
- Data enriched with clinical and predictive modeling

Data Management, Validation and Quality

Data is still only data until it is integrated, normalized, validated and "cleansed." We understand the challenges of integrating and validating health and benefits data from disparate sources. Ensuring data quality is perhaps the most important aspect of this process. We do the heavy-lifting to ensure data supplied by payers, providers and other sources is transformed into actionable information to support informed decision-making. Once data is validated through our quality control processes, it is made available to multiple users through our secure, Web-based data analytics software applications.
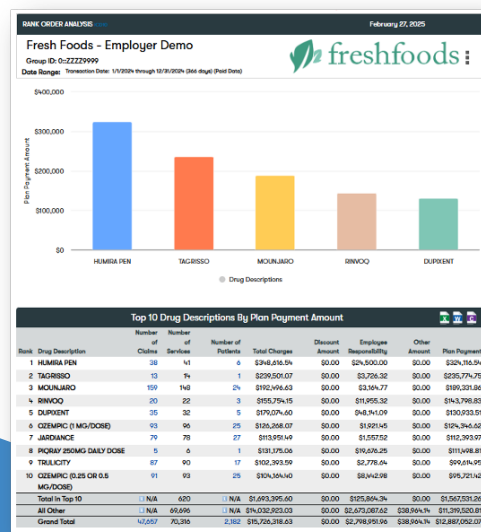
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Data Analysis and Reporting

Health Insights is a web-based software application that provides easy-to-use analysis of health benefit plan performance and flexible reporting options. The application offers the ability to benchmark plan performance and organize health claim data on-demand while comparing diagnosis, procedure, provider and other elements. Data can be reviewed at the plan level or drilled-down to individual claims and EOBs. Integrated custom filtering allows users to access specific information on any data element provided. Gain immediate, in-depth and user-friendly access to your health plan data via a secure online portal.

Key Features

- Identify high cost claimants
- Evaluate total plan performance
- Compare plan performance to industry benchmarks
- Analyze utilization trends over multiple periods
- Drill-down to procedure, diagnosis, provider and EOB
- Utilize ad hoc report builder with custom filtering

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Employers

Health Insights gives employers a comprehensive view of their total health benefits costs, in one location.

- Identify cost drivers and trends
- Analyze procedures, diagnoses and providers
- Automate reporting to CFO, HR and others
- Drill-down from plan level to individual claims
- Benchmark plan performance to industry standards

Carriers and TPAs

Client plan utilization and reporting can be efficient and automated. This is intended to save carriers and TPAs time and resources.

- Access plan information immediately without IT resources
- Integrate multiple employers, offices, regions
- Provide employer group access to analytics and reports
- Utilize a suite of stop-loss and case management reports
- Design and build plan models quickly

Brokers and Advisors

Brokers have a consolidated view of all their customers and all data sources, which has the potential to increase efficiency and client retention.

- Provide standard and specialized reporting for clients
- Consolidate clients' data into one data warehouse
- Compare client health plans to book of business
- Benchmark plan performance to industry standards
- Create plan models using actual plan data

Consultants and Vendors

Approved vendors and consultants can access specific information on employers or plans without having to invest in information technology resources.

- Analyze client activity, performance and benchmarks
- Create custom ad hoc reports
- Drill down from plan level to individual claims
- Provide access to client data at multiple levels
- Access data updated as often as daily

Sample Listing of Analysis and Reporting Applications

The applications listed below are an example of the more than 70 standard data analytics applications available through Health Insights**.**

Claim Analysis Overview: Graphical summary of claim expenditures

Monthly Cost Summary: Per-month summary of claim expenditures

Normative Comparison Summary: Summary–level view of enrollment, cost, utilization and benchmark information

Utilization Benchmark Summary: Comparison of utilization patterns between plan and selected national normative values

Large Claimant Claim Summary/ Detail: Review high-claims members and the costs incurred

Type of Service Overview: Overview of utilization costs by major types of service

Plan Experience Summary: Eligibility and plan cost summary on a per-month basis

Rank Order Analysis: Summary of top payees, providers, diagnoses, procedures and drugs sorted by services and/or amounts

Shock Claim Summary: Summary of expenses for high-cost claimants, with customizable threshold

Stop Loss Trigger Diagnosis: Listing of members that have been treated for diagnoses deemed to be indicators of potential high costs

Claimant Cost Range Summary: Summary of claims cost, including paid, plan payment, member and dependent responsibility

Preventable Conditions: Summary of conditions related to behavior and costs associated with these conditions

Key Utilization Indicators: Summary of employee census and benefits analysis

Claim Cost by Age Group: Review age groups incurring claim costs

Prescription Drug Summary: Prescription costs and dispensing information

Advanced Clinical Analysis

Featuring Johns Hopkins ACG® System

Advanced Clinical Analysis puts the power of clinical predictive modeling into the hands of Health Insights users. Advanced Clinical integrates key analytical components, including population risk, gaps in care and episode grouping, into our data analytics applications. Health Insights has integrated the Johns Hopkins Adjusted Clinical Groups® (ACG®) predictive modeling engine and benchmark data to allow users to accurately identify members with chronic conditions, assess plan risk and predict future costs.

Key Features

- Identify potential high risk and high-cost individuals
- Create and monitor member populations such as diabetics or wellness participants
- Produce member scorecards to monitor case management
- Evaluate ROI on wellness, onsite clinic and case management programs

Clinical Prediction, Risk Score & Forecasted Costs

Patient Risk Stratification
Utilizing the Johns Hopkins Adjusted Clinical Groups (ACG®) System, each patient is assessed for a variety of risk factors. This sophisticated predictive model allows the population to be stratified for health monitoring and care/disease management.

Analysis of Key Gaps in Care
Identify specific patients with gaps in medical and pharmaceutical care. This process utilizes specific and standard care patterns within the Johns Hopkins ACG System to identify individual patients who are lacking care markers.

Medical Care Episode Grouping
Episode grouping provides measurement of healthcare utilization and costs for key medical conditions, allowing comparisons of healthcare providers across a region or a specialty.

Key Biometric Values
Include data supplied by a medical management or health risk assessment vendor, including lab values (cholesterol, lipids, etc.), BMI, blood pressure and more. This process provides additional clinical data for identification of high-risk patients within the population

Johns Hopkins Adjusted Clinical Groups® (ACG®) System

The Johns Hopkins Adjusted Clinical Groups® (ACG®) System offers a unique approach to measuring morbidity that improves accuracy and fairness in evaluating provider performance, identifying patients at high risk, forecasting healthcare utilization and setting equitable payment rates.

The ACG research and development team, characterized by excellence in both research and practice, has been performing risk measurement and case-mix categorization for more than 40 years. Around the globe, ACGs are a standard tool used by several hundred private and public insurance plans, provider organizations, consultants and research institutes.

For more information, visit http://www.hopkinsacg.org.

Chronic Condition Compliance		
Condition	**Treatment Compliant**	**Non-Compliance Reason**
Asthma	No	RX Gap - MPR (127.66%)
Rheumatoid Arthritis	Yes	N/A

Advanced Clinical Data Model

Advanced Clinical Analysis functionality utilizes the standard Health Insights data integration infrastructure and incorporates the Johns Hopkins ACG® clinical predictive modeling engine.

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Plan Modeling and Forecasting

Plan Modeling and Forecasting is a robust data analytics application for quickly and efficiently evaluating health plan design modifications. This online technology essentially re-adjudicates previous claim history to develop a comprehensive view of future plan costs. The secure application allows employers, health plans, benefit administrators and broker/consultants to see simple or extensive plan design alternatives in minutes. When plan models are complete, they can be saved and posted to a secure website, printed in hard copy or PDF format or accessed again at a later time to make additional modifications.

Key Features

- Create "what if" models using a variety of considerations
- Analyze variations in health plan design and insurance coverage
- Change co-pay, deductible, out of network and other parameters
- Calculate financial impact on employer and employee healthcare costs
- Trend for inflation, employee population changes
- Measure ROI on wellness, case management and other programs
- Add or remove benefit options

Don't guess. Forecast.

With Health Insights Plan Modeling & Forecasting technology, employers and advisors can see the impact of potential changes in plan design in near real time. They can easily evaluate future benefit costs based on making changes to plan parameters. Take the guesswork out of plan design by evaluating changes to historical data, not speculative assumptions.

Answer questions like these when making plan design decisions:

1. What would happen if we changed the co-pay amount for name brand prescription drugs?
2. Which employees would be affected if we increased the deductible for out-of-network services?
3. How would plan utilization change if we adjusted the emergency room co-pay from $50 to $100?
4. How much would the plan save if we eliminated chiropractic benefits?

Enhance Forecasting with Advanced Clinical Predictive Modeling

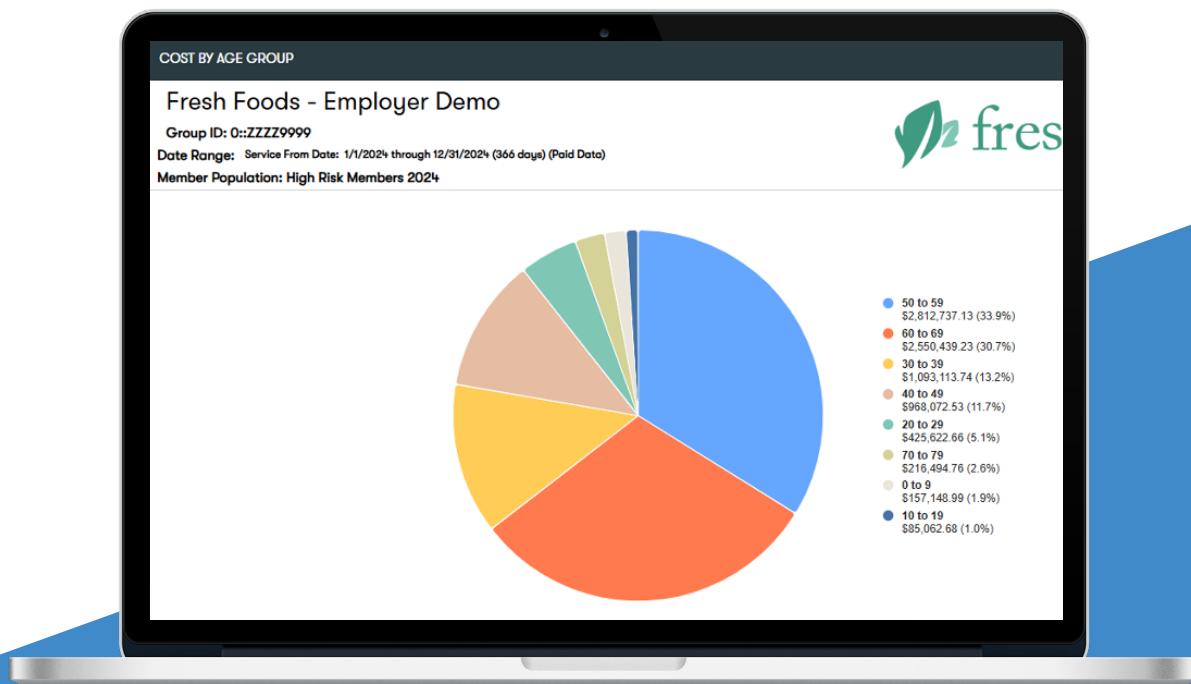Advanced Clinical Analysis functionality, featuring the Johns Hopkins ACG® System, enhances the plan modeling and forecasting process by including true clinical predictive modeling. Create more in-depth plan models by identifying potential high claimants, evaluating associated risk and future costs. Advanced Clinical Analysis gives plan designers the proven tools needed to evaluate all plan options.

Population Risk Management

Employers who carry the risk of costs associated with the health of their workforce and dependents are bombarded with expensive strategies that offer varying levels of evidence of a return on investment. Health Insights has developed a series of algorithms to arrange, question, and analyze the data associated with health risk, disease management, pharmacy compatibility and productivity to identify underlying cost and risk elements and pinpoint outcomes-driven solutions. Easily create member cohorts within the application for use on any report application.

Key Features

- Integrate specific data sets for analysis
- Determine various risk factors and causes
- Hypothesize validation through statistical analysis
- Asses risk mitigation program strategy
- Evaluate the effectiveness of intervention strategies (i.e. wellness, disease management)

COST BY AGE GROUP

Fresh Foods - Employer Demo
Group ID: 0::ZZZZ9999
Date Range: Service From Date: 1/1/2024 through 12/31/2024 (366 days) (Paid Data)
Member Population: High Risk Members 2024

- 50 to 59 $2,812,737.13 (33.9%)
- 60 to 69 $2,550,439.23 (30.7%)
- 30 to 39 $1,093,113.74 (13.2%)
- 40 to 49 $968,072.53 (11.7%)
- 20 to 29 $425,622.66 (5.1%)
- 70 to 79 $216,494.76 (2.6%)
- 0 to 9 $157,148.99 (1.9%)
- 10 to 19 $85,062.68 (1.0%)

In-Depth Risk Assessment and Analysis

Population Risk Management allows Health Insights users to make evidence-based decisions. Our proven methods measure the efficacy of these decisions and take corrective action to continually improve the results of these strategies, to reduce costs and improve healthcare, quality of life and productivity for their workforce. Our services guide the user through a systematic approach to identify employee health risk, evaluate causes and develop viable solutions.

Population Risk Management provides in-depth data analysis incorporating multiple data sets (medical, pharmacy, health risk, biometric, and more) into a relational database. This database and corresponding analysis, reporting and query system allows our experts to develop strategies to significantly impact the cost, quality of life and productivity for your employees and their dependents.

Vendor Management and Accountability

Intervention solutions for vendor management and program accountability may include:

- What is the financial impact of the intervention programs?
- How effective has the program been at reducing risk factors?
- Has the program increased medication compliance?
- Did the program increase preventative measures among participants?
- Has the program reduced chronic disease severity?
- What is the relationship between health risk assessment measures and overall spending?

Flexible.
Powerful.
Proven.

Health Insights customers utilize our flexible, powerful and proven technology to better manage health plans and control health costs. Examples of our data integration and analytics technology in action can be found every day across the country in employers, health payers, brokers and consultants.

Ready to learn more or see a demo of Health Insights?

benefitfocus.com

Current Benefitfocus customers should contact:

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Benefitfocus®