

Culture Shift to Navigation Boosts Health Benefits Engagement

A large regional bank acquired several financial institutions and more than two dozen branches of a national bank over a very short time. That flurry of acquisitions left the company's HR team managing multiple regional and national health plans. The variety and complexity of plans confused and frustrated employees. Plus, limited benefits utilization stoked dissatisfaction and increased overall costs.

Quantum Health helped streamline and integrate the benefits offering, including disability, wellness and mental health services. We began engaging employees and their families early in, and throughout, their healthcare journeys. Reduced benefits complexity led to what the client called a "culture shift," with more employees making better, more cost-effective healthcare choices.



LEVERAGING RELATIONSHIPS

Quantum Health has established relationships with the bank's claims payers and their networks. These partnerships, along with our experience and familiarity with more than 700 vendors across the healthcare ecosystem, allowed for a seamless transition and ensured continuity of care.



SINGLE POINT OF CONTACT

Our service model creates a single entry point for plan members and providers, so everything from a simple office visit to an ongoing treatment regimen is better informed and more efficient. All benefits inquiries route to our experienced Care Coordinators, limiting confusion on who to contact for questions or concerns.



EARLY ENGAGEMENT

With our Real-Time Intercept™ approach, preauthorization conversations with members and providers set the stage for consistently appropriate, cost-effective care. Our proactive and empathetic approach to member engagement aligns with the bank's employee-first commitment, while also helping to improve outcomes and lower costs.



Across the risk spectrum, navigation and care coordination are driving utilization while making benefits easier and life better for members. Of the 20% with chronic conditions, more than 90% have seen a primary care provider in the past year. High-cost claimants are engaged at record levels. Nearly 60% of low-risk members are more engaged in their well-being. Overall, the bank is achieving its goals for helping members reduce risk factors, improve their health and lower costs.

1

EFFECTIVE ENGAGEMENT

Low-risk and high-claims plan members engaged: 58% and 86%, respectively. Members moved from high or moderate risk: 3%.

2

COST TREND IMPACT

Trend flat compared with a 6% industry average. ROI of 5.5 to 1.

3

MEMBER SATISFACTION

Net Promoter Score® (NPS®) of 77. The health insurance category average hovers in the teens.

*"I was very confused during open enrollment. Erica could have just pointed me to the website but instead took the time to guide me through the process. She relieved my stress and even made it fun. Her service was excellent." **

– Plan member

DEMOGRAPHICS

- Average age: 34
- Gender: 54% female
- Operations: More than 900 branches and offices across multiple states

*To protect member privacy, identifiable facts have been changed.

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