

# A Broker's Handbook

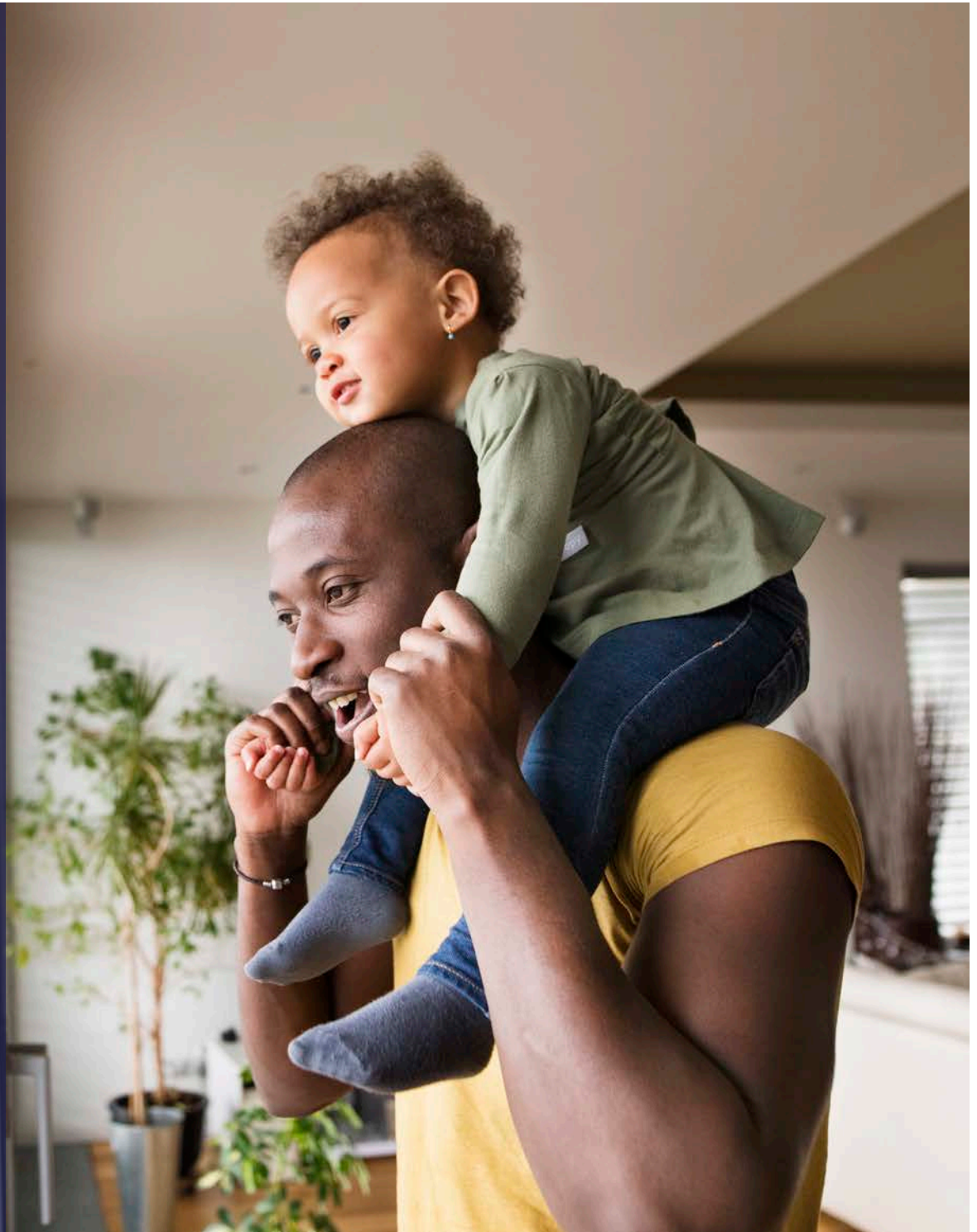
From Lucent Health

## Taking Care of Your People

Superior Care Management Means  
Compassionate Teams, Proven Processes  
and Cutting Edge Platforms Integrated  
into Your Health Benefits Plans



**Lucent Health**  
DATA DRIVEN + HUMAN FOCUSED



# Superior Care Management

Navigating the healthcare system can be incredibly frustrating for all stakeholders: self-insured employers, health benefits brokers, healthcare providers, employees and their families. But employees and their families are the most vulnerable in the process—vulnerable when facing health issues, and vulnerable facing the system's complexities around everything from scheduling to billing.

Successful brokers and employers recognize that superior care management is an essential part of a health benefits plan for employees and their families. All parties have a stake in

employees and their families getting more help managing their care and dealing with the complexities of the process.

Healthcare isn't currently an optimal customer experience. If you are suffering from a complex medical condition or have received a serious diagnosis, it can be downright terrifying and overwhelming. A survey from The Commonwealth Fund, *The New York Times* and the Harvard T.H. Chan School of Public Health shows that Americans facing a serious diagnosis suffer from confusion and helplessness (62%), fears of financial ruin (53%) and frustration with their care (61%).

Even if you aren't facing serious illness, the experience of navigating the healthcare process falls short of what patients expect from a consumer experience. The Deloitte 2016 Consumer Priorities in Health Care Survey highlighted what consumers say they now expect in their healthcare interactions, including:

- Greater personalization
- Transparency in network coverage, medical prices and bills
- Convenience
- More engaging digital experiences and capabilities



When Faced With a Serious Diagnosis...

62%

of Americans suffer from confusion and helplessness.

53%

of Americans fear financial ruin.

61%

of Americans experience frustration with their care.

# Superior Care Management *continued*

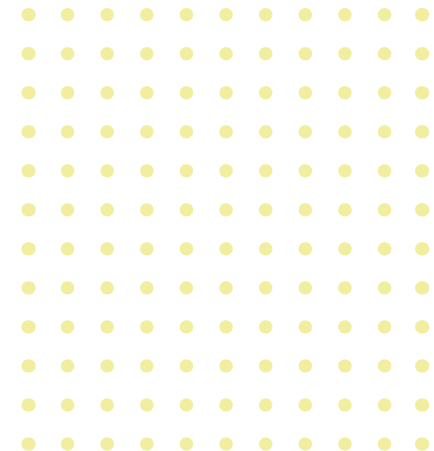
“From doctor’s appointments to lab visits and even hospitalizations, consumers seek high-quality service tailored to their specific needs from health care providers and administrative staff,” Deloitte reported.

Self-insured employers are caught in the middle of this complex healthcare system. Employers care about their employees and their families and want to be sure they are taken care of. Good health benefits are also important to attracting and retaining good employees. But employers, too, can be confused by the available options and cost considerations. Every healthcare solution promises to take care of its people. But what does that mean?

Cost is another important facet to consider. Higher cost doesn’t always mean better care. In fact, savvy self-insured employers know that better care management for employees, particularly those with complex conditions, is at the very heart of achieving savings on their health benefit spend.

Where does that leave you as a broker? What if you could more adequately address what superior care management looks like?

This e-book is designed to help you. We’ll analyze the shifting healthcare landscape; provide insights from the perspectives of employers, employees and brokers; and look at current best practices. In the process, we will debunk a couple of prevalent myths and, ultimately, help you, the broker, understand what makes superior care management a necessity for self-insured healthcare benefit solutions.





# The Challenge for Brokers

Employers care about their employees. Their decisions aren't based solely on bottom-line considerations, though those considerations are essential.

Employers want access to custom solutions that will keep their employees healthy and happy and to offer competitive benefits packages that allow them to recruit and retain top employees. And they want to do this all while controlling costs, which have continued to soar industrywide.

What employees want is comprehensive, compassionate, easy-to-understand healthcare with flexible options and transparent pricing. They also want it to be convenient and accessible.

These overlapping sets of desires, which sometimes seem at odds with each other, put significant pressure on benefits brokers, who must prove their value to their employer clients by providing comprehensive, cost-effective health coverage to those companies' employees. The problem is that, on the surface, one care management solution may appear virtually indistinguishable from another.



In this post-COVID-19 environment, the stakes are higher for everyone involved. Business has been disrupted, and the cost of health benefits is a greater concern than ever. Employers' HR needs are stretched by the pandemic, which has brought a flood of questions about how to navigate healthcare journeys—and not just from employees dealing with complex medical conditions. Employees across the board want high-quality healthcare, but they need help making informed, rational decisions about how best to manage their care and that of their families. They are expected to know how to make these crucial life choices.

Amid all these concerns, brokers are finding that they cannot sell something unless it accomplishes two objectives: taking care of people and addressing cost concerns. Fortunately, the idea that better care means higher costs is a myth. The best care management solutions, which are integrated into great health benefits plans hold costs down.

# So, What Does Superior Care Management Look Like?



# From the **Employee's** Perspective

An employee's healthcare journey, under the best circumstances, touches practically every facet of his or her life: physical, mental, emotional, occupational, financial and even spiritual. Under less-than-ideal circumstances, the consequences can become unbearable. That's why superior care management meets all of an individual's needs, including:

**Trustworthy, compassionate help from experienced people.** Superior care management goes beyond medical expertise; demonstrated caring and compassion help complete the picture.

**A coordinated care plan, with reduced friction of experience.** Coordination of everyone involved in a member's care results in better care while saving time and money, improving the overall experience.

**Accessible information.** Information is easily accessible by the plan member, readily available to clinicians and easily communicated to caregivers.

**Help with all of the tasks and minutiae of the healthcare system.** The more "mundane" functions can often be the most frustrating ones. Patients dealing with health issues should not have to worry about these details.

**Complex care management.** This proactive, high-touch tier of care is designed for those with complex and specialized

needs: an employee who has just been diagnosed with cancer or a cardiac issue, for example, or one who is having a baby. It consists of specialized nurses, a care team and a care plan to guide the patient through the entire healthcare experience.



**Concierge care management.** This tier of care, as compared with complex care management, is more reactive to patient needs. Its member support ranges from responding to a phone call about an aching shoulder or a possible fever to administrative issues such as a billing question.

**High-quality, usable data.** Nightly data analysis allows care teams to respond quickly to diagnoses. For the member, good data means providers don't waste time asking the same questions over and over when a patient calls in for help. They know the patient and his or her health plan, medications, appointments and other information key to providing the appropriate care.

# From the **Employer's** Perspective

For the employer, care management is not a luxury. It is as vital to success as any other aspect of a company's operations. Superior care management from this viewpoint means:

**Assurance that employees are being cared for.** Employers want to know that the healthcare needs of employees, their most important asset, are being met.

**Special attention to the most complex needs.** Life is rarely simple. Employees get seriously ill and injured and pregnant, and such circumstances call for specialized care from qualified and caring professionals.

**Helping employees become better healthcare consumers.** Informed employees make better decisions, which ultimately benefits their employer.

**Ensuring cost controls, while delivering superior care management.** Employees and employers can rest easy when they know that these dual goals are not mutually exclusive but rather complementary.



**Visibility into delivery of care, and ongoing costs versus budget.** Healthcare costs can be a huge unknown variable at budget time. Visibility means knowledge, an indispensable tool.

**High-quality, usable data.** Self-insured employers, who are the ones paying the claims, can use up-to-date, accurate data to better meet their employees' needs.

**Care management as a key component of an integrated solution.** With superior care management, all the pieces fit together into one healthy picture.

# From the **Broker's** Perspective

The broker, who bears the burden of offering a solution that will satisfy the needs of both the employer and the employee, must be educated in order to provide:

**Clarity around what superior care management looks like.** Clarity translates into confidence that the broker can easily convey to customers (and potential ones).

**The people, process and platform to address real needs.** When competent, caring professionals are connected with an efficient process through a responsive, real-time platform, the result is a solution that the broker feels good about providing.

**An understanding of why care management helps drive sustained savings.** Patient-centric care management—proactive, data driven and human focused—eliminates waste and saves money.



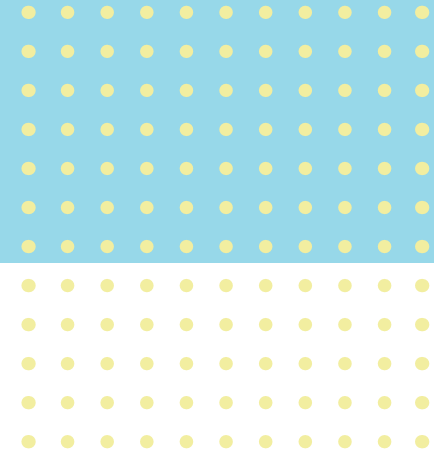


A photograph of two women in an office setting. The woman on the left has long, wavy blonde hair and is smiling warmly at the woman on the right. The woman on the right has short, curly dark hair and is wearing a large hoop earring. They are both dressed in professional attire. The background shows office blinds and a desk with papers. The entire image has a dark blue overlay.

## Experience the Difference

Superior care management is care management that meets the needs of employers as well as their employees—and that's care management that brokers can sell with confidence. It is data driven and human focused, which means it harnesses nightly data to take care of people while saving employers money.

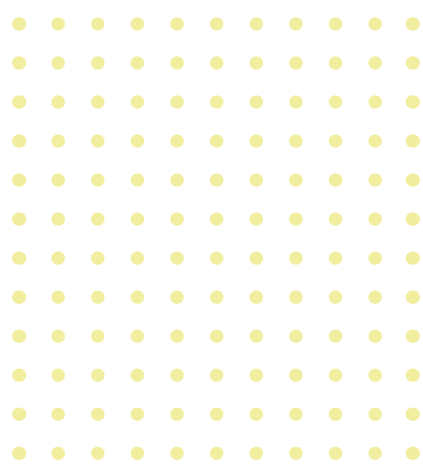
# Superior care management has six characteristics:



## 1

### **A compassionate, experienced health team**

A patient's health team is not only experienced but also human, committed to providing compassionate care powered by daily data. Patients experience meaningful interaction with their team, which leads to an engaging experience characterized by visits that don't feel rushed, diagnoses and treatment options that are clearly explained, and open communication that leaves them feeling confident about their care decisions.



# 2

## Better tools

When it comes to improving the customer experience and exceeding expectations, the human touch is augmented with the latest proven technological tools. The prevalence of medical intelligence made possible by electronic health records is leading to breakthroughs in all aspects of healthcare, from disease diagnosis to proactive treatment and prevention. The increased ease of sharing this intelligence with all the parties involved in a patient's care benefits the patient, the provider and the payer.







# 3

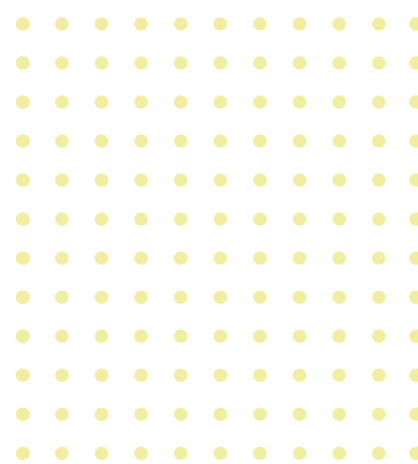
## Complex care management

Patient needs that are appropriate for complex care management range from giving birth to managing a chronic illness to dealing with behavioral health issues. Members get a personalized care plan developed just for them, along with access to a team equipped with the necessary skills to help them navigate complex conditions. Complex care management provides assistance coordinating care needs;

- assistance with engaging doctors and other specialists;
- a listening ear between doctor visits;
- education and help understanding treatments and medications;
- resources to help caregivers practice self-care, and provide relief from fatigue and stress;
- immediate access to a centralized place to organize and keep digital copies of important papers; medication trackers and dose reminders; and guidance with health benefits, coverage and bills.

A dedicated team of nurses, social workers and care coordinators provides help with cases such as:

- maternity care
- cardiovascular disease
- cancer/neoplasm
- metabolic and endocrine conditions
- respiratory diseases
- gastrointestinal diseases
- neurological diseases
- diseases of the genitourinary system
- infectious diseases
- musculoskeletal diseases
- behavioral diseases
- COVID-19
- any other complex conditions.





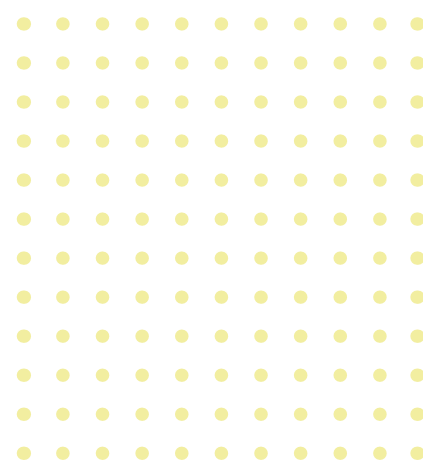
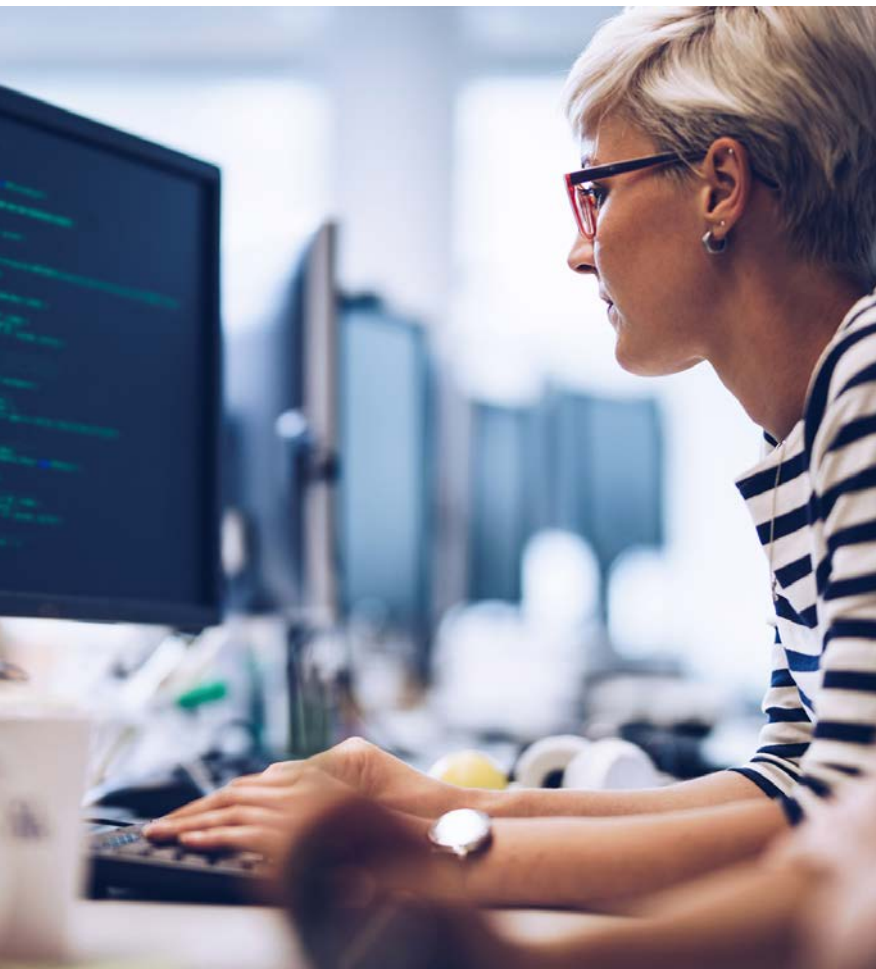
# 4

## Concierge care

Members' care needs are coordinated with their doctors, caregivers and pharmacists in a program designed for direct member engagement. Members can navigate the complexities of healthcare through one dedicated phone number that lets them talk securely and confidentially with a care team member for direct help with various needs.

- Find a doctor or specialist.
- Discuss a health concern.
- Get help with a bill or explanation of benefits.
- Request a medication refill.
- Verify benefits.
- Ask questions about copays and claims.
- Request a cost estimate for an upcoming procedure.
- Get assistance with various provider issues.
- Find a facility that will accept plan-contracted insurance benefits.
- Navigate precertification issues.
- Get support when a facility pushes back on accepting coverage.
- Coordinate with plan resources to conduct payment at point of service.
- Request a new or replacement ID card.





# 5

## Nightly data

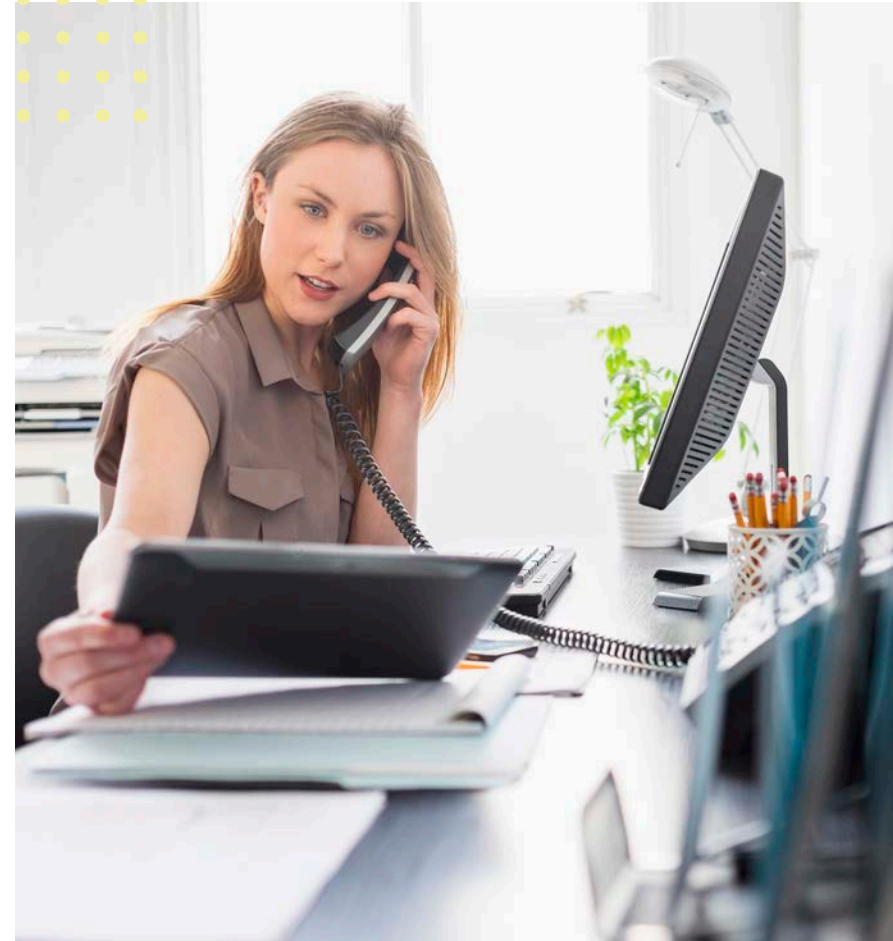
The availability of thorough, up-to-date, easy-to-access data is critical to the delivery of better care management and the design of better benefits plans. In self-funding, it allows employers to see where care dollars are going, identify new or emerging health trends within their work population and, most importantly, take action. Data also can be used for predictive plan modeling, allowing employers to go through past and current claims data to analyze risks and forecast future expenses, and to identify any gaps in care or waste in health spending.

# 6

## An integrated solution

In today's increasingly connected data, virtually every business or healthcare interaction is automatically collected and filed in a database or the cloud. Systems allow the ability to access and use the data in real time. But when the data are not harnessed and used in real time, their value is diminished. Nightly data, well integrated into care management, can help employees navigate chronic illnesses and serious diagnoses—and ensure employers achieve savings. When data feeds come in overnight on a nightly basis, the case manager sees activity almost immediately and can communicate with the patient before he or she moves to the next step of care.

The patient gets access to care coordination to ensure he or she receives optimal care, as well as help navigating the system. Case managers can identify needed treatments and procedures as they're happening or as they're being planned so they can provide guidance that will make patients feel secure, as well as minimize costs when possible. And the system that makes it all possible is easily integrated into commonly used platforms, easy for employers to administer and seamless to the membership.





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### **For More Information**

To learn more about how superior care management can make a difference in the lives of your customers, please contact Lucent Health today.

**<https://lucenthealth.com/contact>**