

# EMPLOYERS

## WHY HEALTH RISK MONITOR ?



As a self-funded employer health plan, you bear the increases in costs, but also benefit from savings. 84% of your claims costs are driven by 20% of your members - those with one or more chronic diseases. Additionally, those people, on average, receive only half the care recommended for their conditions and, therefore, are sicker than they should be and spending more money as a result.

Health Risk Monitor (HRM) provides accurate predictions of medical and pharmacy costs for the next 12 months at the member level with the ability to quickly sort them by future costs and clinical risks. HRM doesn't just look at members that were high-cost last year but identifies future high-cost members. You cannot change the dollars that were spent last year, but with our solution you can focus on the cost saving opportunity for next year.

## DATA INTEGRATION



We collect data from all data sources including medical and pharmacy claims, eligibility and lab. HCRM personnel validate and normalize the data with extensive quality control. The data are collected on a monthly basis so you have access to the most current information about your costs and risks in the next year. HCRM will provide any of your vendors' access to this actionable information with your authorization.

### Member Centric

HCRM's predictive model is known for its accuracy, because the predictions are made at the member level. The future high cost members are identified by forecasted dollars, and those dollars are then broken down by clinical risk drivers (such as diabetes, hypertension, etc.) HRM provides the advantage of knowing what you are facing next year, as well as the reason behind the forecasted cost and risk of each member. You can take action now to avoid future claims costs.



**User Friendly  
Dashboard**



**Customizable  
Reports**



**Automatic  
Emails**

## REPORTING CAPABILITIES



1

Customizable reports with the data in a graphical form including group level reporting and member level detail, enabling in-depth renewal planning and analysis including total spend and identifying potential spec claims.

2

Quickly and accurately identify and stratify a group's population into cohorts of interest, and compare the utilization and financial results of members participating in a health management program with those who are not.

3

Standardized reports that will identify the cost savings opportunity, utilization trend and outcomes.