executive summaries

Understanding the Impact of Choice and Decision Support in Benefits Marketplaces Over Time

by **Steven Nyce** | *Willis Towers Watson*
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Benefits marketplaces create an entirely new benefits experience by allowing employees to shop online for their health and other benefits. A wide array of product and plan choices can allow employees to create customized portfolios of benefits tailored to their own needs. Through these online marketplaces, employers can offer more benefit choices to their employees while also controlling benefits costs in the face of annual rate increases from medical carriers. In fact, the overwhelming majority of employers that participated in a 2017 Willis Towers Watson survey regarding employer satisfaction with benefits marketplaces reported that moving to an online marketplace had helped them control benefits costs. In this article, we look to the results from companies that have already made the shift to a benefits marketplace to understand employee buying patterns over time and the implications of system recommendations on employee purchases.

Developing a Cybersecurity Management Program

by **Ben Taylor** | *Callan*
Jana Steele | *Callan*

Given the threat environment facing plan sponsors today, it is natural to wonder what steps they can take to address cybersecurity concerns and what resources are available, both from the government and private entities. This article will provide a review of some of those resources, initiatives that are seeking to address cybersecurity more comprehensively for the employee benefits industry and steps plan sponsors can take to improve their cybersecurity. Developing a productive, secure and effective program for conducting cybersecurity due diligence and management is still something of an art, but it is something that virtually every industry is striving to accomplish.

Transforming the HR Function Through Robotic Process Automation

by **Dimitris Papageorgiou** | *EY*

Over the next four years, the robotic process automation (RPA) market is expected to grow to about $200 billion, with the vast majority of Fortune 1000 companies adopting it. This article shows how, by beginning a journey now to transform the human resources (HR) function through RPA, employers can be in position to lead the disruption and not be compelled to react to it. The goal of RPA is not to reduce head count. Instead, it is to eliminate the manual tasks employees don't enjoy now and allow employees—and the organization as a whole—to focus on improving client service and employee satisfaction.

Provider Network Optimization: The Next Frontier in Employer-Sponsored Health Care

by **Michael Murphy** | *Aon*
Todor Penev | *Aon*

Roughly half the U.S. population is covered under health plans sponsored by large employers. That puts these organizations in a powerful position to demand increased consistency and value from the health care system, starting with their local markets. Through provider network optimization, employers finally have a practical approach to understanding their local health care ecosystems and engaging in strategies that drive their employees to lower cost providers that truly deliver quality care. Through this new level of transparency and insight, proactive employers are empowered to make intelligent decisions on how to guide their people to the best quality care at competitively priced facilities.

The Underconnected: Many Plan Participants Lack Access and Skills to Fully Engage With Technology

by **Carey R. Wooton, CEBS** | *IUE-CWA Pension Fund*

For plan sponsors with a significant percentage of participants who do not have access to the technology taking over our benefit plans, there is a worry that these participants will be left behind. Participants in this position feel frustrated and angry because they have difficulties connecting to their benefits. Plan sponsors in this area also have a great deal of frustration as vendors implement no-paper systems, roll out automation, and use other technology that makes participants more disconnected from their benefits. The more disconnected these participants become, the less they will appreciate the benefits provided by the employer.

Application of a Novel Medication-Related Risk Stratification Strategy to a Self-Funded Employer Population

by **Brian Cicali** | *Tabula Rasa HealthCare*
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Adverse drug events (ADEs) are a major public health issue, and identifying which patients in a large population require targeted interventions can be quite difficult. Computational tools developed with clinical and pharmacological data can be highly valuable for identifying those patients. This project presents the application of a novel risk stratification tool that utilizes only medical claims data to identify members at high risk of ADEs in 2,528 members from a self-funded employer population. Algorithms were designed to score five different risk factors to personalize the patient's risk for quick mitigation via health care professional interventions. In total, 15,911 medications were considered in the analysis, indicating an average of five medications per member (ranging from one to 48 medications per member). In total, the tool was able to identify 324 members (12.8%) considered at high risk for ADEs. Furthermore, 61 members (2.4%) considered at the highest risk for ADEs were identified by isolating those members who were in the high-risk groups for all five medication risk factors. In conclusion, our results indicate that a risk stratification tool based on medical claims can not only quickly identify high-risk members but also provide insights into how to intervene and prevent costly medical expenditures.

Centers of Excellence–Redefining Value for Hospital Procedures

by **Jenny Matthews, CEBS** | *Marsh & McLennan Agency Midwest*
Ken Schorsch | *The Christ Hospital Health Network*

Employers with self-funded medical plans feel helpless these days in the struggle to stem rising plan costs. Medical and pharmacy costs are continuing to increase dramatically year over year, while opportunities to truly manage them seem scarce. Centers of excellence have represented a savings opportunity for large self-funded employers for a number of years, and the trend is moving downstream to smaller self-funded employers. Employers across the nation need to understand how a centers of excellence program could work for their population to change members' care decisions, improve health outcomes and reduce unit costs to maximize the savings potential for common procedures.

Seven Steps for a Successful Employee Benefits Project Premortem

by **Hudson Peters, CEBS** | *Willis Towers Watson*

Most employee benefit projects (like all projects) have certain logical critical or potential failure points. In many cases, project failure can spell disaster, resulting in impact to employees, the organization and careers. Increasing use of new technologies and/or innovative approaches can increase project risk due to the fact that many innovative approaches/new technology have not been tried or proven. A simple exercise, known as a *project premortem,* can dramatically reduce project risk for employee benefits projects. The purpose of this article is to provide seven steps for successfully implementing a project premortem process. While applicable to all projects in all industries, this article examines the applicability of the premortem to employee benefit projects, especially those using newer technology or innovative approaches.

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