A Health Plan's Story: Optimized Operations and Improved Revenue Assurance driven by an Enrollment Hub

Introduction

Very few will argue that the business of healthcare has been particularly easy, streamlined or straight forward (at least for the past couple of decades). It is increasingly complex, with more regulations to adhere to, and health plan competitors than in the past. Health plans are engaging in more M&A activity, and the majority of plans are engaged in more than one line of business (LOB). These aspects not only contribute to rising IT costs and complexity for plans but also can potentially impact revenue streams. So, where should the health plans of today start when looking at ways to optimize operations and improve revenue assurance? They should start at the beginning of their customers lifecycle...with enrollment. This is the story of one health plan who did just that and took the necessary steps to establish their own Enrollment Hub.

Background

Our case study centers around a northeast regional health plan who serves more than 1.2 million lives across multiple LOBs including the Marketplace, supplemental Medicare and small and large group programs. They were looking to take on additional membership while improving profitability but soon realized that accomplishing this goal would be next to impossible given their current IT environment featuring multiple enrollment systems, each handling several enrollment channels, including over 200 employer groups. This health plan recently upgraded its claims and membership systems and concluded that the status quo of disparate and fragmented enrollment systems and channels was neither sustainable nor feasible given their growth plans.

Turning the Ship

The health plan made a strategic decision to engage with an outside vendor to supply them with the comprehensive enrollment management system they desired as opposed to build one internally. After a lengthy, thorough vetting process including several vendors, the best fit for this plan was determined to be Edifecs. The client arrived at their decision based upon a number of critical factors including the following solution features:

- Full-file comparison

- Support for multiple file formats, including non-standard and proprietary

- Muilti-line of business support — a "HUB" acting as a front door consolidation point

- Ability to create custom business validations and configure the determinations as to which validations should be applied to a particular line of business

- Ability to perform real-time updates to the new membership systems

In addition to a rich solution set that the client would apply to multiple lines of business, Edifecs partnered with the client to further ensure that their current and future enrollment management needs would be met. This process included the following components:

- **Onsite interviews:**
  - Face to face interviews with the client's enrollment management team members. Discussed key business challenges and identified ways that the solution could make their processes more efficient (ex: consistency across LOBs and data formats)

- **End to end process review with mapping (current vs. ideal end state):**
  - Reviewed current solution architecture and identified ways that the Edifecs solution would make it easier to add on new employers, groups, etc.
  - Discussed how the Edifecs full file solution would compare against the current membership data versus last file received
  - Provided detail diagrams of how the new solution would fit within their enterprise and work with the new membership system
  - Shared insights about industry trends, and best practices across the market

- **Gap analysis:**
  - Identified business validations that would need to be configured
  - Identified reports that need to be created to bridge existing process to the future state operations
  - Detailed gaps in enabling real-time updates to their membership system

Next steps

At the conclusion of the internal review and mapping exercise, Edifecs presented our findings to senior health plan leadership. These findings included documented challenges and gaps as well a detailed plan as to how the Edifecs Enrollment Management Hub would enable them to grow with their business and improve their operations efficiencies. Addressing the identified gaps required a joint implementation plan, as it was crucial that the new enrollment management platform had seamless integration with the client's new membership system.

As the client was dealing with myriad trading partners across their various lines of business, Edifecs identified business validations that would enable the Enrollment Management Hub to apply the same validations to all enrollment data regardless

of their inputs (ex: 834s, Aon Hewitt). Additionally, Edifecs implemented a method to integrate with their existing portal for employer groups that enabled groups to perform corrections to enrollment maintenance transactions and resubmit.

Key capabilities delivered and moving forward

By establishing a consolidated, streamlined Enrollment Management Hub, this client is well-positioned to accomplish their near and long term strategic goals including ongoing cost reductions, market expansion and top line revenue growth. A selection of crucial capabilities provided include:

- Consolidated enrollment maintenance processing from multiple lines of business to process through a single channel to their membership system – including direct individual sales, ACA Exchange (FFM and two-state based) as well as large and small enrollment groups
- Processing multiple formats through Edifecs Enrollment Management, which represent both partial and change only transactions as well full enrollment rosters. These are then compared against their current member enrollments by the Edifecs solution to identify updates
- Moving forward the client will leverage the Edifecs Account Portal (for external trading partner collaboration) for greater visibility (historical transaction view) and elimination of custom code to provide streamlined correction capabilities for employer groups (for both up-front fallouts as well as errors reported by their membership system)

Recap

It should come as little surprise that the healthcare market for health plans will continue to grow more complex for the foreseeable future. The static, siloed systems that plans have deployed for decades are now inadequate to support the ever-changing regulatory environment, rising customer expectations, and the volume of new competition. Health plans must seek out solutions that are flexible, integrated and work across different lines of business if these risks are to be mitigated and goals are to be achieved.