



Optum Growth Services

Growing your business through enrollment and member retention strategies



Trends in today's health care marketplace are expanding employer and consumer expectations of their health plan.

Consider the changes to this market in just the past few years.

- The Affordable Care Act drove the development of health care exchanges, and created subsidies and penalties causing employers to rethink health care funding.
- With health care costs rising, employers are looking for ways to reduce costs and drive efficiencies.
- Consumers are demanding broader choices in benefits along with the associated engagement tools and systems that accommodate portals, online health and wellness programs and customized engagement experiences.
- Brokers and benefits consultants are developing multi-carrier exchanges that create pressure in local markets.



One of the most important questions to ask:
“What strategy should be used to drive enrollment
and membership growth?”

Optum Growth Services and consulting can help you:

- Leverage data to your advantage by helping define the right distribution strategies to meet your growth goals
- Design and manage a personalized consumer experience for your members
- Define and implement technology solutions to enhance benefits administration and member enrollment for improved operational efficiencies
- Define your distribution strategy through exchanges to expand sales reach, increase close ratios and capture operational and process efficiencies

Market viability checklist

Does your health plan's current enrollment strategy...

- ✓ Address multiple segments, including, commercial, large group, small group, individual and Medicare?
- ✓ Make it easy for consumers to choose the plan that's right for them?
- ✓ Support brokers and consultants?
- ✓ Integrate with your claims system to help the consumer decide on the most appropriate health plan based on prior health care use?
- ✓ Promote employee health and accountability all year long?
- ✓ Create a positive first experience with your health plan?

A variety of needs for a variety of segments

Different segments have different needs. Optum™ Growth Services can help you address all of them.

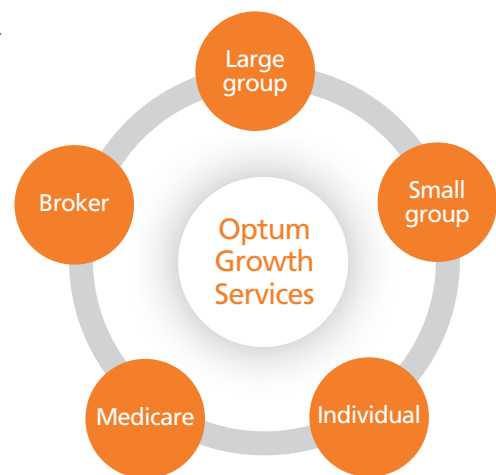
- **Large groups** want choice when selecting their health and other benefits options. They expect advanced capabilities such as prior-year claims history, provider evaluation tools and health plan recommendations based on predicted health care use. In addition, employers want an enrollment experience that promotes employee health and accountability all year long.
- **Small groups** are looking for online enrollment support that automates interactions and makes it easy to upload member data and track application status. Like their large group counterparts, small group employers want to jumpstart a conversation with their employees about accountability and healthy lifestyles.
- **Individuals** want a simple approach to selecting their plan benefits and an understanding of the total costs including available subsidy options and expected out of pocket expenses.
- **Brokers** appreciate a process that simplifies quote and information gathering so members can easily enroll.
- **Medicare members** need help understanding the various components of their plans including Medicare Advantage, Medicare supplemental insurance and prescription drug plan options.

What's common across all segments is the desire for an easy, intuitive enrollment experience with decision support. All parties want to view the network, search for preferred providers and select the right health plan based on historical usage data.

Optum Growth Services responds with deep expertise and a guided, configurable shopping and enrollment experience that meets all needs of all segments.

Optum technology and consulting to drive profitable growth

Leveraging our deep strategy, operations and technology expertise, our consulting services help health plans evolve their business practices to drive profitable growth. Our cross-functional teams engage wherever you need us: marketing and sales channel optimization, consumer engagement, or front-office products and automation.



Our growth consulting and services provide guidance and proven results around these five critical factors affecting health plans.



Here's how Optum helps:

Driving profitable growth while lowering costs

Payers are increasingly pressured to identify new sources of membership growth while simultaneously driving down their costs. Competitive pressures along with budgetary challenges (e.g., MLR rules), are driving payers to seek out efficiencies that support targeting membership at different price points with different products to achieve desired growth. Using proprietary modeling tools, rating engines and proven health care analytics from Optum can provide health plans with a better understanding of the rapidly evolving consumer marketplace.

Addressing regulatory changes

The passing of the Accountable Care Act has brought numerous legislative changes, including the creation of state-based and federally facilitated marketplaces. New marketplace competitors including health care co-ops and ACOs are driving payers to develop new, innovative solutions that integrate with their existing processes and systems, improving consistency across all business and functional areas of the health plan. Optum can help automate previously manually intensive processes that can speed time to market and reduce cost inefficiencies.

Focusing on the consumer

The health care market delivery model is undergoing significant change as payers shift from a B2B and employer centric model. This new model puts more of the decision-making in the hands of the consumer throughout the entire consumer-to-member journey. Payers are researching consumer behaviors and buying patterns in other markets to understand how best to attract individual consumers, engage them in the right health care programs, and provide service that meets their needs. Payers must act quickly to meet the expectations of current and new health care consumers, or risk missing out on the opportunity to capture share among a new set of health care buyers. Consumer engagement tools from Optum help build membership and long-term loyalty in an increasingly competitive market.

Leveraging technology for new markets

Technology is playing an increasingly important role in enabling payers to transition toward an environment with consumers having more control in their own health care choices. Payers are leveraging these tools to help collect, manage and analyze the data gathered from online enrollment, consumer surveys, and member treatment. These analytics allow payers to better manage risk, identify intervention opportunities, and develop stronger relationships with consumers. Optum technology and tools can help automate the plan selection and enrollment process for consumers; drive transparency and better care decisions; and enable a more robust support model to meet the needs of consumers via their communication channel of choice.

Supporting health exchanges

The opportunity for membership growth within public and private exchanges has captured the attention of payers across the health care system. Payers are compelled to develop strategies to account for their participation and the actions of current and potential competitors in their marketplace. Payers must determine how best to compete to capitalize on the opportunity, which in many cases includes hiring dedicated business unit leaders and developing product, pricing and service capabilities specific to exchanges. Optum integrated enrollment capabilities and population health management to personalize ongoing interactions and long-term engagement with members.

Optum Market

Unlike other private exchanges that may be inflexible and focus primarily on cost shifting, our intelligent enrollment platform transforms the once-a-year activity of selecting benefits to a year-round dialogue with employees on how to optimize their benefits and their health. From enrolling in and using benefits, to accessing care and managing health finances, Optum Market provides resources and guidance for:

- Importing data including historical claims, providers and prescriptions to give each employee a personalized recommendation
- Providing side-by-side comparisons of plan options and applicable costs and benefits
- Supporting defined contribution strategies
- Integrating with the Optum broad suite of wellness, advocacy and clinical solutions
- Accommodating ancillary benefits, financial accounts and customizable content

The screenshot displays the 'Compare Plans' interface. At the top, it lists three plan options with their respective annual premiums: 'Basic w/ HSA' at \$2,916.16, 'Plus w/ HSA' at \$3,589.30, and 'Max w/ HSA' at \$5,443.88. Each plan includes a 'Back to Benefits' button and an 'Elect Plan' button. Below the plan list is a 'Plan Features and Benefits' section. The bottom portion of the image shows a detailed view of the 'Basic w/ HSA' plan, titled 'Select Your Plans'. This view includes a net premium of \$112.16 and a table of plan details: Deductible Family in Network (\$1,500.00), Annual Family Out-of-Pocket Max (\$12,500.00), and Your Net Premium (\$112.16). It also features a 'Compare' button and a 'Plan Details' link.

Why choose Optum to expand your membership and enrollment?

We offer	What it means to you
Deep subject matter expertise recommending modular solutions tailored to a health plan	A reliable resource to help plans successfully compete by customizing the best solution for their needs
An intuitive and intelligent enrollment platform that works across business segments and varying populations providing yearlong health management tools	Provides greater efficiencies, increased consumer engagement and loyalty and sustainable health improvement and cost savings
Integrated underwriting, claims and enrollment functions	Compatible with existing systems and processes
Management of complex formulas, data analytics, rules and processes across segments and products	Improved automation and accuracy

Optum serves the entire health care system by:

Partnering with over 300 health plans to ensure positive changes take root in the broader health system and benefit the most people. Helping 74 million people find the right care at the best value, understand their options and take charge of their health. Partnering with government agencies in 40 states and, increasingly, around the world. Helping half of the Fortune 500 employers meet their employees' health and wellness needs. Supporting care providers and health systems — including four out of five U.S. hospitals — in their focus on quality care, better patient experiences, operational efficiency and cost savings.

For more information, please email empower@optum.com.



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