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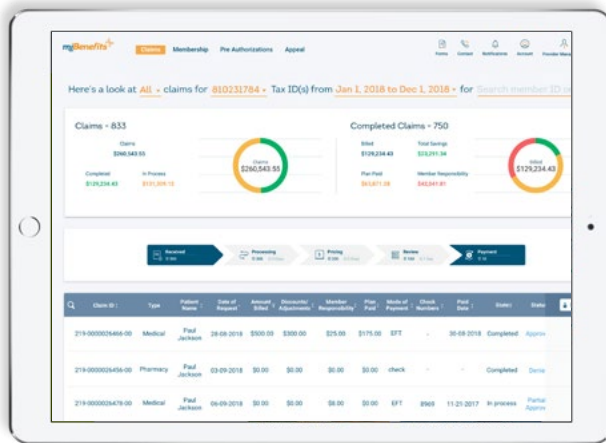
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**ebms** 

## TECHNOLOGY & INNOVATION

## Healthcare Providers Are Now Supported by the miBenefits Portal

**Real-time data and detailed summaries are streamlining workflows and creating new efficiencies.**



This spring, EBMS rolled out a new extension of the miBenefits portal, which is customized to support healthcare providers and their office staff. The popular portal already serves up personalized data to plan sponsors, members, and brokers, according to their different roles.

The new provider portal was designed to provide instant access to the kinds of information that a provider's office could previously only obtain through a phone call. They'll now be able to verify a patient's eligibility or check on a time-sensitive preauthorization in real time and online.

"EBMS has had a provider portal in the past," explains James Vertino, chief executive officer at EBMS. "But it was much too limited for today's healthcare landscape. We wanted our provider portal to reflect our current commitment to tech-driven solutions, and to support data-driven decision-making. We did a major data upgrade to reach these goals."

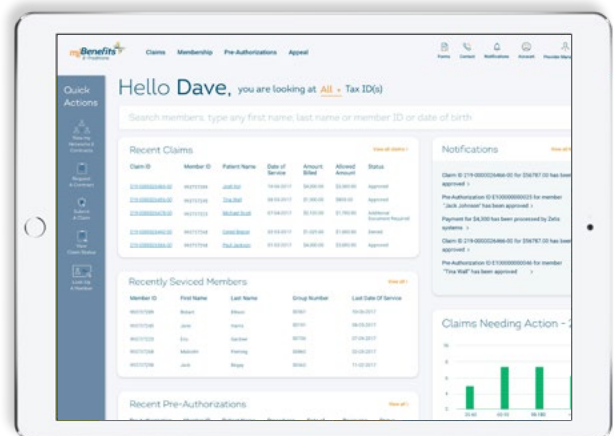
The portal will serve all kinds of providers, from family practitioners to medical specialists to dental health providers (who will now find a full tooth chart along with other claims-based treatment summaries). It will be a major asset for the front-office staff who interact with patients and the back-office staff who submit claims.

With real-time data, staff can track claims easily on a visual timeline. They can receive alerts and notifications whenever a claim needs an action on their part. This allows them to respond to a pending denial and quickly upload whatever documentation is needed to support the claim. They can also open an appeal through the portal. These streamlined workflows can allow an office to improve cash flow.

Real-time data means patients are more likely to receive timely care – and less likely to face delays while waiting for a preauthorization.

The portal also has benefits for patients. They are more likely to receive timely care and less likely to face delays while waiting for coverage to be verified, or for a preauthorization to come through. They may also receive more accurate estimates of their out-of-pocket expenses. For example, front-desk staff can see at a glance where a patient stands in terms of meeting a deductible, or when a limited number of physical-therapy sessions will run out.

"Robust, accurate data is what we're becoming known for," Vertino says. "Better data will ultimately drive stronger collaboration between payers and providers."



# HR PERSPECTIVE

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## The miBenefits Mobile App Boosts Employee Understanding of Benefits

### Consumers overwhelmingly prefer to interact with a mobile app over other forms of communication

Less than 20 percent of surveyed employers said their workers have a “high level of understanding” about their health benefits. And with healthcare becoming more complex all the time, this lack of understanding presents quite a challenge for companies and human resources professionals.

EBMS recognizes that better communication methods can take the pressure off the HR department, and that informed employees make better healthcare choices. The new miBenefits portal offered an easy way for employees to get plan information that affects the healthcare choices they make – like details about coverage or finding a provider. Now, the miBenefits mobile app is putting that information at their fingertips and on their smartphone screens.

“Millennials are now statistically the largest generational group in the workplace,” says Melissa Lyon, vice president of human resources at EBMS. “They’re digital natives, they don’t tend to read printed materials, and they may put off making a phone call when they have questions. A mobile app is the ideal way to empower these employees with access to plan information.”

But the miBenefits app is not just designed for younger employees. Consumer research consistently finds that the general public prefers using a dedicated mobile app, rather than a mobile or desktop browser.

Information is presented more visually in an app, navigation is simpler, and the experience is more user-friendly. What’s more, computer ownership is declining, as more people rely solely on mobile devices to access the internet.

“The best way to engage people is to interact with them through their preferred channel,” Melissa says. “People tend to keep a smartphone by their side. So, for example, when an action is required from a health plan member, the app sends a push notification that the member is likely to see right away. Just like that, they know they’ve met their annual deductible. They’ve

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*People keep a smartphone by their side, so a mobile app is the ideal way to empower employees with instant access to plan information.*

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become more informed about their benefit status, which is a big help to HR.”

The miBenefits mobile app also has features that can help with price transparency, allow members to look up the meaning of common terms, check claims status, refill a prescription, and more. It’s a valuable tool that can simplify the benefits journey through instant, convenient access to plan information.



## TECHNOLOGY & INNOVATION

### Companies can now implement the True Balance of benefits, tailored to specific needs and goals.

Since Dr. Andrew Murray joined EBMS as chief medical officer last fall, he has been very busy, bringing his characteristic brand of innovation to the company's service line.

Dr. Murray has turned his focus to the miCare and miRx healthcare solutions. His goal is to help employers find the right balance between the twin goals of cutting costs and improving care – objectives that can often be in direct conflict with each other.

The miCare suite of solutions has long been known for innovation. In particular, employers have found that miCare on-site clinics result in greater cost savings and employee satisfaction. Now, Dr. Murray is expanding the EBMS vision to encompass a flexible, new solution called True Balance.

“True Balance starts with the recognition that every workforce is different, and companies vary in their goals for a benefit plan,” Dr. Murray explains. “Everyone is trying to balance manageable costs with high-quality care. That’s a given. But that balance point is not fixed and rigid. It can, and should, flex to meet the individualized needs of each company.”

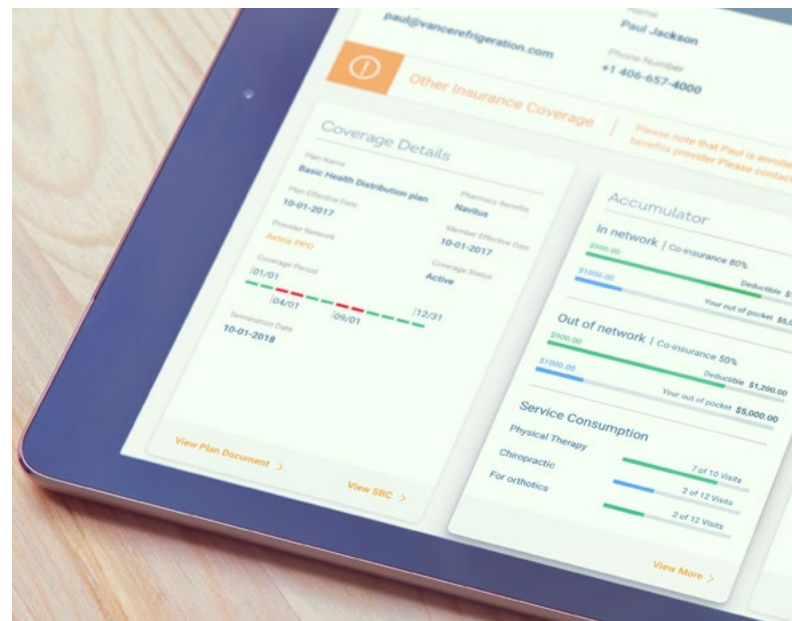
Sound complicated? It’s really not! For example, imagine Employer X is a cutting-edge tech firm in a highly competitive market. A company like this places a high value on retaining its top performers, with an eye on recruiting visionary talent away from its competitors.

So Employer X wants a benefit plan that workers will see as a coveted prize. It is willing to spend more on comprehensive coverage and generous benefits, so that balance point flexes and shifts

## Defining the Concept of ‘True Balance’ in a Benefit Plan

slightly – without tipping Employer X into the realm of runaway costs that can jeopardize the company’s financial health.

At the other end of the spectrum is Employer Y, a small non-profit with a tight budget and a defined mission. Of course, Employer Y wants engaged employees who can work productively to further that mission. So how will it accomplish that without sacrificing the goal of cost-containment? EBMS can help companies like Employer Y to find their true balance point. In this case, a customized benefit plan might include reference-based pricing to manage costs, along with access to a shared miCare Health Center that keeps employees healthy (and satisfied with the personalized care they receive!)



“We can meet a company’s goals through strategic benefit design,” Dr. Murray emphasizes. “And customization is where EBMS really stands out from the others. True Balance delivers on the EBMS promise to simultaneously expand access, contain costs, and simplify the benefits journey.”

# TRENDS

**The secret to our success with our onsite health centers is a patient-centric model and personalized experiences.**

It's a toss-up as to whether miCare Health Centers are more popular with employers or with their workers. These on-site or near-site clinics provide primary care, keep costs down, make it easy for members to access the health services they need, and score high in terms of satisfaction.

The secret to our success is a patient-centric model that strives for coordinated care—rather than the fragmented, episodic care that's become so common today.

At the heart of our integrated team of health professionals is the personal health coach. This person serves as a navigator, guiding patients through available primary-care services, offering motivational coaching, and managing any outside referrals that may be needed. In a nutshell, our health coaches make sure that no one “slips through the cracks.”

**The miCare model improves upon traditional care delivery systems in so many ways. Let's walk through a typical patient experience with a miCare Health Center.**

**Step 1:** Mary has an immediate health concern. She calls the miCare Health Center located at her workplace and is told to come right in. With no need to drive across town, Mary arrives within minutes and checks in – with no waiting time.

**Step 2:** Mary's health coach, Sam, meets with her initially, to go over symptoms, discuss concerns, and check vital signs. During this meeting, Sam reviews Mary's medical history. He notices that she has not yet had a flu shot and arranges for that to happen during today's visit. He also asks her about her

## miCare Health Centers Provide a Frustration-Free Experience



**Step 3:** Mary meets with a physician. The doctor is concerned about Mary's present symptoms and takes his time examining and talking to her. She appreciates this extra face-to-face time, which is well above the national average.

**Step 4:** Mary has blood drawn for lab work, right on site. She gets her flu shot, receives prescription medication to take with her, and is back at her desk within 90 minutes of the time she stepped away.

**Step 5:** The next day, Mary gets a follow-up call from her health coach, Sam, who lets her know that the miCare physician wants her to see a specialist. Sam will coordinate all outside care, and make sure Mary receives appropriate monitoring and follow-up care at the miCare Health Center. He has a few lifestyle tips for her as well, to help her manage her symptoms and feel as well as possible. And he reminds Mary that she can consult with a physician via telemedicine if her condition worsens after hours.

**Step 6:** As Mary receives outside care, her miCare health coach and physician track her progress at every step of the way. They help her manage medication side effects and work with her to reduce the likelihood of complications from her treatment.

**Step 7:** Mary has an excellent outcome and a full recovery! The services she received were all appropriate for her condition, which kept costs contained..

**To learn more about the miCare Health Center model, visit [ebms.com](http://ebms.com)**





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