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Open Enrollment

Four HR Challenges, One Solution

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**Employee Benefit
News** | **Adviser**

Helping employees navigate health benefits has become more challenging for people operations professionals, especially during open enrollment.

Open enrollment, always a stressful season for the HR professional, has been made even more challenging by recent struggles to work remotely and reopen safely. Employees will invariably turn to their people team for guidance and support. In fact, [a new survey](#) by the Edelman Trust Barometer found that 63% of respondents said they would believe information about COVID-19 from their employer compared with 58% for a government website and 51% for traditional media. This level of trust is a huge responsibility.

Companies continue to rely on HR teams to help employees understand and get value from their healthcare benefits. Making employees comfortable with their care provider is an essential duty: according to Glassdoor, helping employees become more satisfied with their health insurance can increase their satisfaction with the company.¹

We've outlined the four main challenges HR faces when it comes to managing employee healthcare benefits and how to solve them with a trusted healthcare partner like Eden Health.

We are an integrated medical provider that works with employers across the country. We combine primary care, behavioral health, physical therapy, specialist referrals, and healthcare navigation.

This integrated approach has the valuable benefit of alleviating many of the healthcare headaches that HR departments face, while maintaining a patient satisfaction score of 4.95 out of 5 or higher.

¹ Chamberlain, Andrew, and Gloria Tian. *Which Benefits Drive Employee Satisfaction?* Glassdoor Economic Research, 2016, <https://www.glassdoor.com/research/benefits-drive-employee-satisfaction>

Four benefits challenges HR must solve.



COMPLEXITY

Healthcare choices are becoming more complicated.



FRAGMENTATION

Multi-provider care is disconnected and lacks coordination.



COSTS

Healthcare costs are rising quickly.



MISUSE

Employees seek too much care — or not enough.

CHALLENGE:

Complexity

Healthcare choices are becoming more complicated. HR professionals are tasked with staying on top of changing regulations, managing a multi-generational workforce, and dealing with the effects of the COVID pandemic.

The Guardian² found that 58% of Millennials in the 22 to 29 age bracket found it “difficult to access benefits,” compared to 34% of Baby Boomers. With many employees not understanding basic terms like “deductible” and “copay,” there’s a growing literacy gap when it comes to healthcare. Confusion over selecting the right benefit plan for an employee’s unique needs, understanding what is covered or not, and what steps to take to ensure specific services are covered are all big pain points for employees during open enrollment.

More recently, the COVID-19 pandemic has made things even trickier. HR teams must manage a workforce that has become increasingly hybrid (onsite and remote).

CHALLENGE:

Fragmentation

Employers are starting to offer more specialized providers, or “point solutions,” to meet distinct but sometimes overlapping employee needs. While having these resources are critical for employees navigating open enrollment, disparate solutions can lead to “point solution fatigue.” Each of these solutions requires different sign-ups, apps, and access points for employees, resulting in disjointed care, confusion for workers, and new challenges for HR. As there is little interaction or cross-coordination between services, the overall level of care for employees is often unsatisfactory.

²The Guardian Workplace Benefits Study; Fifth Annual, 2017 <https://www.guardianlife.com/benefits-administration/study/digitizing-benefits-delivery>



CHALLENGE:

Costs

Healthcare costs are rising quickly. For companies, the increase in health benefit costs is outpacing the rise of inflation or the growth of the economy.

A survey by Kaiser Family Foundation found that roughly 153 million Americans rely on employer-sponsored coverage, but rising healthcare costs are pushing many workers to their limits.³ According to the 2019 KFF survey, the amount employers and workers pay toward premiums grows more quickly over time than workers' wages and inflation.



CHALLENGE:

Misuse

Employees either seek too much care or not enough. Without guidance, employees may overuse high-cost services that provide little value or overlook low-cost preventive measures that could help them to stay healthy in the long run.

Overuse of health care services represents up to 30% of all medical spending in the US, a total of \$780 billion annually.⁴

Meanwhile, many beneficial, cost-effective services are chronically underused.⁵ For example, most insurance plans cover annual wellness visits and preventative services at little or no cost to the patient when seen by an in-network doctor.⁶ But, because the associated out-of-pocket costs are greater, high-deductible plans can lead to employees failing to seek healthcare services even when they know they should, according to research by The Guardian.⁹ Delaying care can lead to more expensive insurance claims from trips to the emergency room and urgent care, as well as to additional time off work and reduced work performance for the employee.

Complexity, costs, fragmentation, misuse: All these issues stem from — or can be addressed by — decisions made by employees during open enrollment.

³Benchmark Employer Survey Finds Average Family Premiums Now Top \$20,000, Kaiser Family Foundation 25 Sept. 2019 <https://www.kff.org/health-costs/press-release/benchmark-employer-survey-finds-average-family-premiums-now-top-20000>

⁴Elshaug, Adam, Combatting Overuse and Underuse of Health Care, 23 Feb. 2017, <https://www.commonwealthfund.org/publications/journal-article/2017/feb/combatting-overuse-and-underuse-health-care>

⁵Elshaug, Adam, Combatting Overuse and Underuse of Health Care, 23 Feb. 2017, <https://www.commonwealthfund.org/publications/journal-article/2017/feb/combatting-overuse-and-underuse-health-care>

⁶Preventive health services, Healthcare.gov, <https://www.healthcare.gov/coverage/preventive-care-benefits>

⁹The Guardian Workplace Benefits Study; Fourth Annual, 2016, <https://www.guardianlife.com/benefits-administration/study/benefits-in-the-workplace>

Common employee questions during open enrollment:

“

I see a provider that is not in-network with any of these plans. Which plan will allow me to still see this provider?

“

I have children and we have frequent office visits. Which plan has the lowest copay?

“

Which plan will save me the most money?

“

I have a surgery coming up. Which plan will be the most cost effective?

Clearly, employees need information and overworked HR teams need help delivering this knowledge during their busiest time of year.

Navigating the Healthcare System



To better address employee questions during open enrollment (or at any point throughout the calendar year), HR teams need to be prepared to answer some of the most common benefits challenges that employees face:

In-Network Provider Recommendations

- Finding in-network, high quality specialists
- Submitting formal referrals if insurance requires it

High-value Labs and Imaging

- Arranging appointments and facilitate quick care
- Finding less expensive imaging facilities
- Aggregating lab results

Healthcare Navigation

- Evaluating plans during open enrollment and choosing the right plan for employees and their families
- Helping employees understand their benefits by verifying coverage and estimating costs

Prescription Assistance

- Ensuring medication is covered under the employee's plan and coordinating with pharmacies if there are coverage or claim submission issues
- Reviewing current prescriptions and identifying savings if requested
- Arranging prior authorizations with the employee's pharmacy

Billing and Claims Support

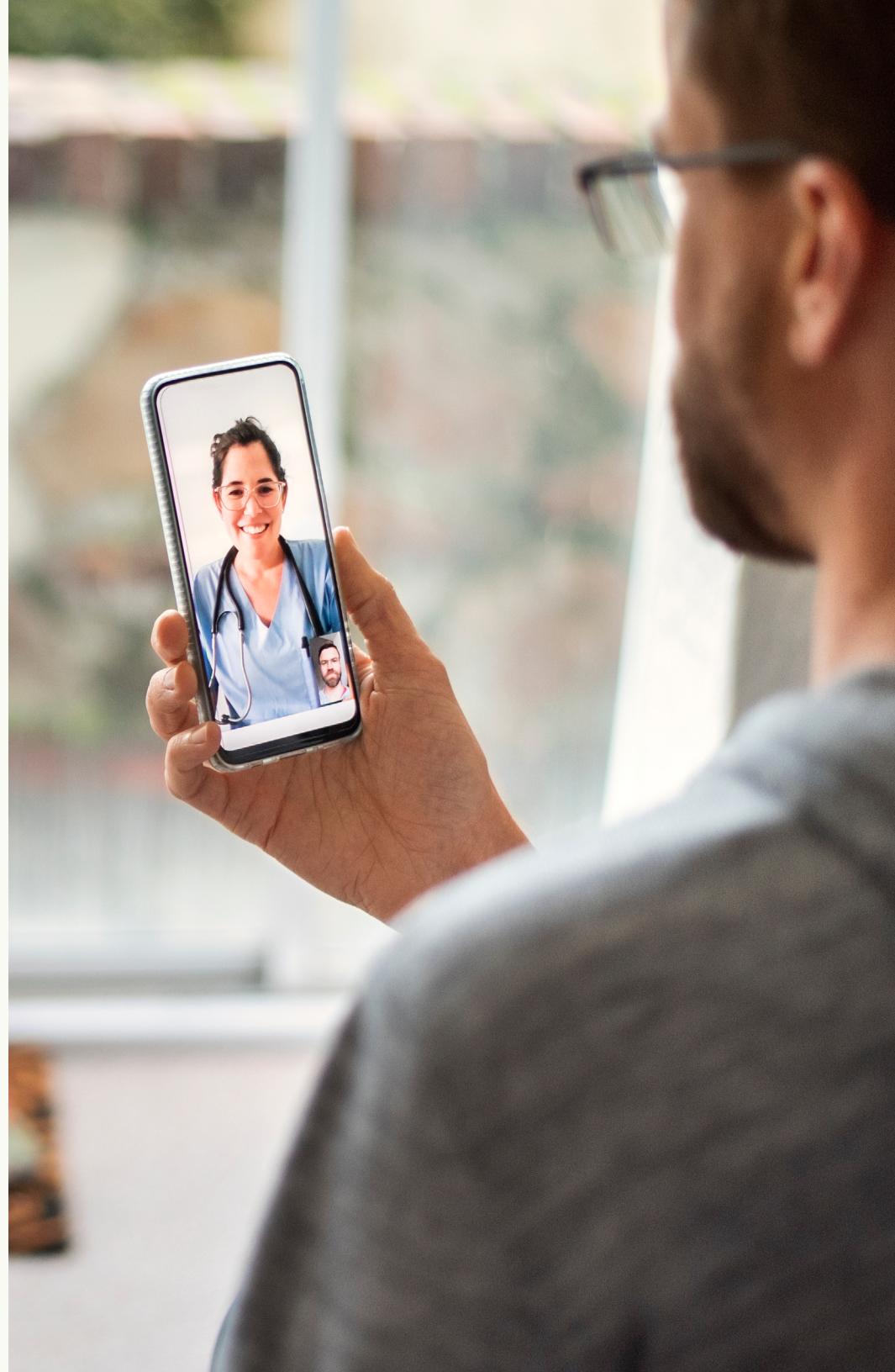
- Helping employees understand complex bills
- Identifying claim processing errors and working with the insurance company on behalf of the employee
- Advocating for bill reductions
- Submitting claims for reimbursements

Eden Health:
Providing a supportive link
between HR teams and employees.

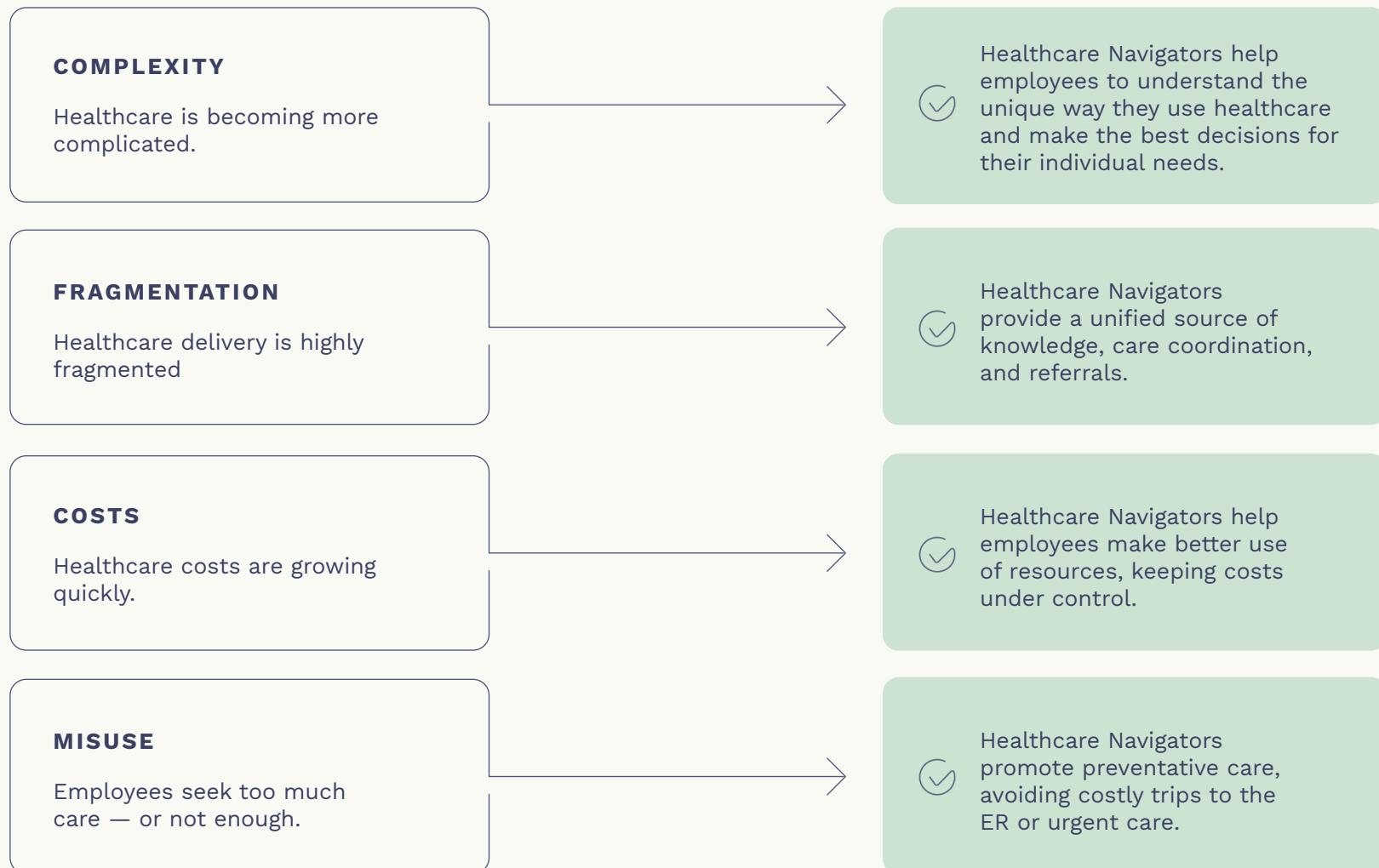


Eden's Healthcare Navigators remove the complex administrative burdens from HR's plate. They are healthcare experts who can deftly navigate between care providers, billing offices, insurance companies, and others to resolve employee issues quickly.

Our Healthcare Navigators help with the tasks that HR teams often have to shoulder themselves.



Meeting Benefits Challenges



Eden Health rolls up multiple point solutions for solving open enrollment challenges into one solution that delivers a more efficient healthcare offering for employees and HR teams.

Managing providers, referrals, prescriptions, and insurance claims is an unwelcome challenge in the employee healthcare experience. Employees typically lack the knowledge and experience needed to find their own solutions and HR teams lack the time and bandwidth needed to support every employee in their care journey.

Eden Health helps to bridge this gap in three important ways. Eden's Healthcare Navigators can:

- **Help employees make informed decisions** about their health plan options during open enrollment.
- **Reduce the frustration experienced by employees** when interacting with health insurance companies.
- **Ensure employees get the answers and outcomes** they need, while freeing the HR team to advance other key initiatives.

To employees, the healthcare landscape can often seem like an endless, twisting maze. Eden's Healthcare Navigators can serve as a valuable guide through the complex, end-to-end care process.

To learn more, visit edenhealth.com

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