



HGS Member Lifecycle Management

End-to-End Support Drives Enrollment, Retention

The post-reform healthcare landscape demands the right lifecycle focus, with services that cover insurance enrollment to wellness, all tailored to the new healthcare consumerism trend.

Healthcare insurers are transforming from as-needed, claims-based interactions to more proactive, preventative healthcare assistance. HGS supports this transformation by delivering better member-centric services. Our wellness programs manage integrated care delivery and provide self-serve tools and meaningful clinical and customer insights that encourage positive customer behavioral change. Our 1,100 clinical staff members, many of whom carry US RN licenses, offer Utilization Management, Case Management, and Care Coordination. Additionally, our member support staff works to improve member experience and provide denials management and explanation of benefits, including handling of customer queries. We also help insurers balance member cost per month with better member outcomes throughout the member lifecycle from enrollment, to claims management, to coordination of care, to policy renewal.

HGS Capabilities

HGS ensures healthcare effectiveness and efficiency through on-staff care experts (such as nurses, dental hygienists, midwives, coding professionals). Many employees have U.S. licenses. With these highly skilled resources, HGS simplifies the coordination of care and manages information flow between patients, insurers, and physicians.

HGS provides peace of mind through regulatory compliance and end-to-end process ownership. The operational model is integration- and outcome-focused.

HGS's Member Lifecycle solutions comprise:

- Plan sponsor reviews, including sales support and quoting, product build testing and certification, premium billing, and reconciliation
- Health Information Exchange (HIE) and co-op support, with end-to-end sales support by a licensed insurance agent providing customer support and education
- Health Risk Assessment (HRA) and enrollment with open enrollment support, new member enrollment, renewals, and terminations
- Wellness follow-up, with member education, wellness appointment reminders, and enrollment
- Policy maintenance
- Management of disputes and grievances

Complementing our member lifecycle management services are other HGS payer services including, Utilization Management, Case Management, and Care Coordination. We also help improve customer member experience and provide denials management and explanation of benefits.

"The ACA has spurred activity in both the public and private sectors, contributing to the accelerated pace of state and local innovations across the country. There is widespread agreement that fee-for-service health care should no longer be the norm, and that fundamental shifts are needed to produce affordable, high-quality, value-based care."

"The Affordable Care Act's Payment and Delivery System Reforms: A Progress Report at Five Years"

The Commonwealth Fund

"The [HGS] team that I work with continues to meet and exceed the goals set. Team members are always willing to assist in any way that they can so that the overall goals are met."

**-Project Manager -
Fortune 50 Healthcare Company**

As reported by **Black Book Market Research**, 61% of health plans are contemplating outsourcing utilization management by 2016, and 27% of payers are currently reviewing the potential for plan effectiveness by outsourcing care coordination and case management

15-Year
Client Relationships

10,000+
Healthcare Professionals

**ISO 27001 2013,
PCI, GLBA, and
HIPAA certified**

1/2 of Top
Healthcare Payers
Supported

Tangible and Measurable Results

Our solution presents this measurable values or ROI:

- Impact to CSAT, NPS metrics (achieving scores from 2-10% higher than client targets)
- Impact to increased participation, retention, and revenue generation
- Impact to efficiencies
- Increased member retention

18% Improvement
in Efficiency

8% Decrease
in Transfer Rate for a Global
Health Insurance Company

Up To **10%**
CSAT Increase

Proof Point

For one leading health insurer client, HGS built an agent-friendly, web-based application that itemizes missing information for all new members in a database. It was paired with a tool that reviews all information collected before drafting, formatting, and populating individualized missing information letters for new members. **The solution increased transaction accuracy by 18% in the first 12 months, reduced the number of contacts by 94%, reduced the amount of missing information per case by 18%, and reduced cycle time by 25%.**

About HGS

A global leader in business process management (BPM) and optimizing the customer experience lifecycle, HGS is helping make its clients more competitive every day. HGS combines technology-powered services in automation, analytics and digital with domain expertise focusing on back office processing, contact centers and HRO solutions to deliver transformational impact to clients. Part of the multi-billion dollar conglomerate Hinduja Group, HGS takes a true “globally local” approach, with over 46,000 employees across 69 delivery centers in seven countries making a difference to some of the world’s leading brands across nine key verticals. For the year ended 31st March 2017, HGS had revenues of Rs. 3,711 crore (US\$ 555 million).

Log in to www.teamhgs.com to know how we can help make you more competitive.

Hinduja Global Solutions Limited (HGS) was ranked as a “Leader” in the NelsonHall Vendor Evaluation and Assessment Tool (NEAT) for Customer Management Services (CMS) in Healthcare under both Payer and Provider categories. Vicki Jenkins, CMS Industry Analyst with NelsonHall, said, “HGS currently provides a wide portfolio of offerings and is looking to the future, as it supports its healthcare payer and provider clients.”

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