



Health Cost IQ

Predict. Interpret. Act.

A Breakthrough in
Value for Your Clients

 **HEALTH DATA IQ**

A game changer for PEOs

Powerful Insights for Professional Employer Organizations

One of the biggest challenges facing today's professional employer organizations is finding and implementing effective methods to identify and contain spiraling healthcare costs. Most PEOs find it increasingly difficult to use the information they already have to positively impact benefits costs and identify areas of high utilization. Analyzing disparate, often confusing data sources to identify information that will reduce the healthcare utilization of your employer groups while improving their health is not easy. You need the help of a partner with deep expertise in providing clear and concise insights into your premiums, medical and pharmacy cost, and more.

That partner is HCQ and its Health Data IQ platform. The powerful analytics built into our HDQ platform simplify reporting and extracts meaning from your group's claims experience by identifying and predicting claims trends, then further analyzing the contributing factors to those trends. PEOs can quickly evaluate groups by risk category – giving you the ability to easily identify adverse trends and make informed, timely management decisions up to 12 months ahead of time and to take preemptive corrective action. This powerful system is currently helping PEOs to:

- Quickly identify high risk groups on the master health plan
- Forecast claims costs and risk by group for the upcoming 12 months
- Provide monthly trend information about a group risk score, cost, and utilization

You get the structured insights you need to drive long-term strategies, shape your health plan design and control costs. Our HIPAA compliant dashboards provide timely and actionable information about your plan's performance. Your detailed claims data is merged with your premium data to provide previously unknown correlations between cost, utilization and premiums. You get a clear picture of how each group in your plan is performing and is likely to perform in the coming 12 months.



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Increase your Health Data IQ with a Few Clicks

“3% – 5% of your population are responsible for 40% – 50% of your total healthcare spend.”

Analysis paralysis is a common symptom of data overload. It's not that many folks don't know what they are looking for. The problem is that it takes a lot of time, too many steps and too many clicks to get to the data they need, and then many more hours to make sense of the data once they find it.

HCQ simplifies that process by performing advanced risk stratification and predictive modeling processes on your data and presenting the results to you in a clean, easy to use interface, enabling you to get the information you need quickly, so you can spend your time on doing your work and making important decisions.

Our 3-step PIA process ensures you have the tools you need to succeed:

Step 1: Predict health cost, disease burden, and future risk for your groups

Step 2: Interpret the results of our risk stratification and predictive modeling

Step 3: Act quickly and intervene preemptively to lower risk and reduce cost

Below are some use cases coming from the Health Data IQ platform

Who are our riskiest groups and how much more are they going to cost us?

Our Utilization and Cost IQ module deploys sophisticated statistical modeling, based on the Johns Hopkins ACG® System and our proprietary DataIQ predictive model to forecast future costs across multiple risk categories, up to 12 months into the future. Disease clusters and employer groups are risk-adjusted and stratified into one of 5 high-level risk categories, providing meaningful insights into the pattern and flow of cost and utilization across those groups and allowing for overly risky groups to be re-quoted appropriately or terminated as needed.

How do my paid claims correlate to premiums?

Our Premium IQ module merges your premium data with your medical, pharmacy, dental and vision claims data to provide a holistic, trended view of your health plan(s), enabling quicker identification of outliers and negative trends for all your groups, and empowering you to act quicker to lower future risk and reduce overall cost and paid claims.

Can we track and measure what's happening over time?

The powerful Risk Trending IQ module provides ongoing tracking of changes in the risk status and risk profiles of groups as well as monitors new and potentially costly medical conditions that are occurring within your groups. This module chronologically and graphically highlights trends along with all associated costs to aid in the timely detection and preemption of high-cost claims and overutilization.



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