



Driving Down Plan Expenditures for 'Dual Eligibles'

Contact centers can play a critical role in personalized, preventative and disease management care programs that meet the unique needs of dual eligibles.

Contact Center Solutions to Help You Meet Your Goals

According to the [World Health Organization](#), chronic conditions are projected to be the leading cause of disability throughout the world by the year 2020. If not successfully prevented or managed, they will become the most expensive problem facing the healthcare system. Because people are living longer with one or more chronic conditions, there is greater demand on healthcare plans to provide better long-term care solutions (and cut down the number of avoidable hospitalizations).

This problem, combined with the growing number of dual eligibles (people who are eligible for both Medicare and Medicaid) will significantly increase health plan expenditures for long-term care, as well as acute care.

As part of Healthcare Reform, federal law, for the first time, has created an office focused on improving care and lowering costs for dual eligibles. These people now make up 16% of Medicare enrollees and 27% of the program's spending, according to [The Hill's Healthwatch Blog](#). At the call of the Obama administration, 37 states and the District of Columbia are now testing new ways to better coordinate care for people who are dually eligible.

While improving care, how can plans also keep their costs down as dual eligibility coverage and expenditures increase? One solution lies in preventative care.

As the primary touch point between many health plans and their beneficiaries, contact centers can play a critical role in personalized, preventative and disease management care programs that meet the unique needs of dual eligibles.

Here's how:

Preliminary Health Risk Assessments (HRAs)

HRAs are a key part of any prevention or wellness health plan. Through a fully integrated approach, contact center agents can capture vital beneficiary details, including information around chronic care, and schedule appointments for routine screenings and vaccines. Additionally, the agents can feed this critical data back to a plan to further enhance a clinician's interaction with the member. During each call, agents can specifically review a member's call history and ask questions to assess risk factors for common conditions and chronic diseases. They can also use the interaction as an opportunity to address any current issues. Finally, the agent can ensure that anything brought to light during previous interactions is followed-up on in pre-defined turn-around times.

To learn how DialAmerica can help your business, contact our solution specialists at 800-913-3331

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Matching Beneficiaries with the Right Doctors

For most people, choosing the right doctor is more than pulling a name from the in-network list and looking through the basic details available: a doctor's hours, educational background and ZIP code. As part of a fully integrated contact center program, agents can look at a member's profile and health history to help them choose a doctor / specialist that best suits their medical needs.

Retention and Recertification

Across the board, continuous member interactions allow health plans to connect with beneficiaries in an efficient and effective manner, helping them build long-term membership. As part of these interactions, the contact center can implement strategic initiatives that will directly impact member retention and limit plan member complaints, while also proactively reaching out to members to remind them and help them with Medicaid recertification.

When selecting a contact center, consider one that can offer a fully-integrated healthcare solution. A contact center with direct healthcare experience can meet all the principal challenges related to delivering high quality care for dual eligibles, and improve margins, growth and retention.



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