referwell

GETTING PEOPLE TO THE DOCTOR. **PERIOD.**

CareAccessComplete

Proven Performance: End-to-End Programs for Enhancing Member Experience, Improving Health Outcomes and Maximizing ROI

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Health plans need more than just member engagement—they need a comprehensive solution that breaks down barriers to care.

Imagine an advanced scheduling tool supporting an empathetic team that not only tracks each member but also prioritizes next steps, captures stories, and delivers measurable ROI–all while directly improving access to care and fostering meaningful connections.

With ReferWell, it's not just about sending messages; it's about driving actions that inspire meaningful change. We focus on these critical steps—whether it's scheduling appointments, completing Health Risk Assessments (HRAs), or having impactful conversations that empower members to fully understand and maximize their health plan benefits—because they lead to tangible, positive outcomes.

In this brochure, we'll outline how our year-round Care Access Complete program backed by our Advanced Scheduling Platform and highly trained Care Navigators, or your own, can help you build a seamless and comprehensive engagement framework that consistently meets member needs, enhances their experience, improves outcomes, ensures high-quality care, and delivers a strong ROI.

DID YOU KNOW

High-Quality Member Experience:

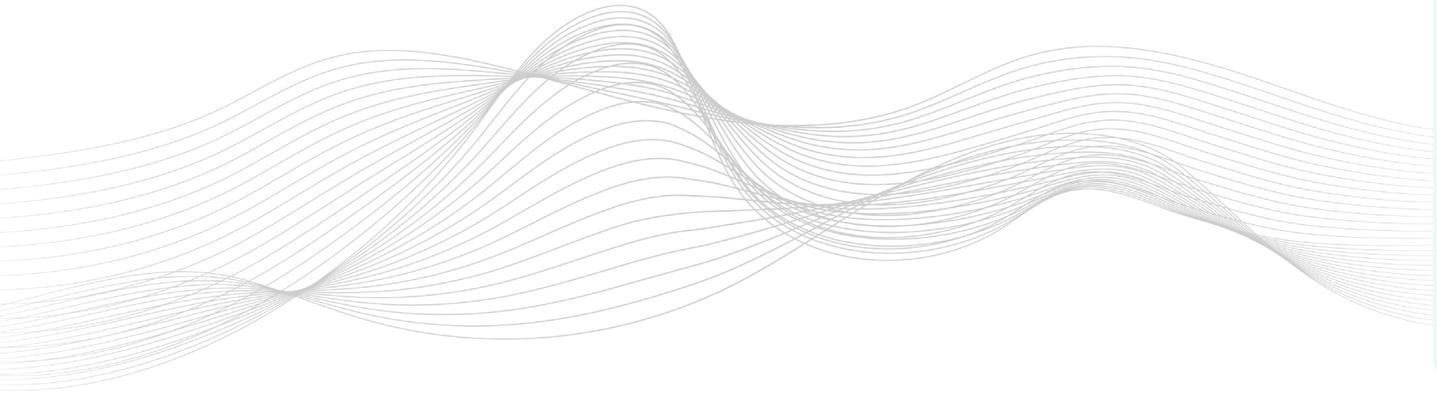
- **Correlates with adherence to medical advice.[1]**
- **Leads to better clinical results and health outcomes.[2]**
- **Improves chronic disease management.[3]**
- **Boosts overall member satisfaction.[4]**

1. Sequist TD, Schneider EC, Anastario M, et al. Quality monitoring of physicians: Linking patients' experiences of care to clinical quality and outcomes. J Gen Intern Med 2008;23(11):1784–90.
2. Beach MC, Keruly J, Moore RD. Is the quality of the patient-provider relationship associated with better adherence and health outcomes for patients with HIV? J Gen Intern Med 2006;21(6):661-5.
3. Fremont AM, Clearly PD, Hargraves JL, et al. Patient-centered processes of care and long-term outcomes of acute myocardial infarction. J Gen Intern Med 2001;14:800-8.
4. Rave N, Geyer M, Reeder B, et al. Radical systems change: Innovative strategies to improve patient satisfaction. J Ambul Care Manage 2003;26(2):159-74.

Building Relationships with Empathy and Understanding

At ReferWell, our Care Navigators are dedicated to exceeding expectations in member engagement. They are trained to build trust and empathy, capturing member stories while expertly tracking and managing overdue screenings, vaccinations, and chronic disease follow-ups. This strategic approach ensures seamless and integrated care delivery, underpinning ReferWell's established success in driving superior outcomes for payer and provider organizations.

77%	82%	3x	6x
Member Engagement	Member Show Rate	Care Gaps Closed	Program Improvement



Address Multiple Member Needs to Reduce Abrasion:

Members often have multiple, interconnected healthcare needs but end up in separate cohorts when programs address one need at time. ReferWell's approach identifies and addresses these multiple needs through a single, cohesive strategy, minimizing member abrasion and enhancing overall satisfaction. By streamlining the outreach process and leveraging multiple coordinated interactions, we drive members to get needed care at much higher rates.

Enhance Member Experience with a Concierge Approach:

ReferWell's Care Navigators deliver a personalized, concierge-level experience by managing multiple touchpoints with the same member. This consistent and familiar interaction significantly improves connection rates, ensuring that members receive the support they need without the friction often caused by multiple, disjointed engagement efforts.

Capitalize on Partnership Opportunities for Enhanced Outcomes:

Our scheduling capability empowers you and your vendors, who engage with the same members, to seize referable moments that drive members to close care gaps and access care faster. It also provides real-time tracking of the activities required to meet quality and care gap targets. These partnerships extend your reach, minimize member abrasion, and lower costs, ultimately enhancing ROI.

Year-Round Care Access & Experience Programs That Drive Success Through Empathy & Understanding

Focused on two of the biggest barriers in healthcare, access to care and member experience, ReferWell's systematic and compassionate approach addresses every phase of the member journey—from initial engagement and health assessments to closing care gaps and managing referrals. By combining a year-round strategy driven by empathetic Care Navigators, we deliver a claims-validated **242% ROI**, enhance healthcare outcomes, and elevate the member experience.

- **Drives 4-Star Ratings**
- **242% ROI Closing Annual Wellness Visit Care Gaps**
- **80-90% Reduction in Member Issues**
- **88% Retention Rate for At-Risk Members**
- **139% ROI Scheduling Annual Wellness Visits for Risk Adjustment**
- **High-Impact CAHPS® Program Execution**
- **Optimized Incentive & Over-the-Counter (OTC) Benefit Utilization**
- **Strategic Pre-AEP/Retention Initiatives**

Here's how ReferWell's Care Access & Experience programs can be effectively organized and integrated throughout the year.

By leveraging our innovative scheduling platform and empathetic Care Navigators to proactively reach out and schedule care, health plans can seamlessly integrate targeted programs for healthcare management, member engagement, and provider support.

1. Engaging & Retaining New Members (January - February)

Enhance member satisfaction and retention rates by effectively onboarding new members. In this program ReferWell's Care Navigators empathize with members, understand their needs, and assist them in finding appropriate care, all fostering strong initial connections.

- **Recommended Activities:** Welcome new members, schedule initial wellness visits, enhance access and utilization of plan resources.
- **Desired Goals:** Improve the new member experience, establish primary care relationships, prevent plan-jumping.
- **Proactive Integration:** Set the foundation for personalized care plans, introduce HRAs and set the stage for closing care gaps.

2. Health Risk Assessments (January - September)

Conduct comprehensive HRAs to identify and address potential health issues early. This program includes targeted outreach and follow-up to ensure members receive the necessary preventive care.

- **Recommended Activities:** Conduct HRAs to identify high-risk members, collect detailed health information.
- **Desired Goals:** Early identification of health risks, developing personalized care plans, and improved long-term health outcomes.
- **Proactive Integration:** Use the connection to schedule the member with their PCP and use HRA data to inform follow on care and personalized outreach programs.

3. Closing Care Gaps (March - October)

Close care gaps by scheduling members for the visit they need. Track and manage overdue screenings, vaccinations and even chronic disease follow-ups. Our program ensures members stay on top of their health needs, improving overall care quality.

- **Recommended Activities:** Schedule necessary visits by targeting open care gaps and needs identified during the HRA.
- **Desired Goals:** Improve HEDIS scores, boost Star ratings, enhance state-level quality scores.
- **Proactive Integration:** Coordinate with care/referral management to reduce abrasion and ensure members receive appropriate care.

4. CAHPS Improvement (March - December)

Implement ongoing strategies to improve Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores. Our continuous improvement program involves regular member feedback, provider staff training, and process enhancements to boost member satisfaction.

- **Recommended Activities:** Conduct targeted member satisfaction surveys, provide empathetic customer service.
- **Desired Goals:** Enhance member experience, improve CAHPS scores, drive engagement.

- **Proactive Integration:** Inform and adjust engagement strategies based on member feedback, incorporate scheduling for Care Gaps or other necessary visits.

5. Referral Management & Provider Support (Year Round)

Streamline the referral process and provide robust support to healthcare providers. This program enhances coordination of care, ensuring members are referred to and scheduled with the right specialists efficiently.

- **Recommended Activities:** Provide tools and resources to low-performing providers, schedule members for care, improve care coordination.
- **Desired Goals:** Increase provider satisfaction, enhance member show rates, ensure timely care delivery.
- **Proactive Integration:** Support proactive health management and timely follow-ups from care gap activities.

6. Navigating Access to Care (Year Round)

Assist members in navigating the healthcare system to access necessary care services. Our program offers personalized guidance and support to overcome barriers to care, get members scheduled for what they need, and improve health outcomes.

- **Recommended Activities:** Improve access to PCPs, specialists, mental health, and SDoH services, respond to test results.
- **Desired Goals:** Reduce health disparities, enhance care coordination, increase follow-through rates.
- **Proactive Integration:** Integrate with and Utilize insights from care management and other member engagement programs to address member needs comprehensively.

7. Improving Risk Adjustment Performance (Year Round)

Easily scheduling follow-up visits to specialists after risk adjustment visits can drive improved compliance by validating higher coding, and creating opportunities to provide “evidence of care”. This program focuses on scheduling members for their in-office or in-home assessments, leading to documentation improvement and enhanced care quality.

- **Recommended Activities:** Schedule appropriate follow-up care, meet the Centers for Medicare & Medicaid (CMS) requirements.
- **Desired Goals:** Identify high-value targets, ensure accurate risk adjustment, maintain financial performance.
- **Proactive Integration:** Leverage data from HRAs, care gap closures, and referrals to prioritize high-risk members.

8. Chronic Condition Concierge & Over-the-Counter (OTC) Benefit Support (Year Round)

This initiative ensures that members with chronic conditions adhere to their care plan, receive personalized guidance, while also maximizing the use of their OTC benefits. By offering tailored support, we help improve adherence to care plans and enhance overall health outcomes.

- **Recommended Activities:** Assist members with chronic conditions to schedule their appointments, provide personalized OTC benefit recommendations, place OTC orders, and schedule necessary care.
- **Desired Goals:** Improve member health management, increase OTC benefit utilization, and reduce hospital readmissions.
- **Proactive Integration:** Utilize data from member interactions, care management programs, and pharmacy benefits to identify and prioritize members who need the most support.

How Everything Works Together: Year Round Programs + Data + Empathy = Connections that Create Value

- **Initial Engagement:** Focus on new members to establish trust and primary care relationships.
- **Risk Assessment:** Identify health risks early to inform targeted interventions.
- **Proactive Care:** Address care gaps and manage referrals to ensure timely, coordinated care.
- **Accessibility:** Enhance access to necessary services and support to reduce disparities.
- **Risk Management:** Perform follow-ups and risk adjustment to maintain care quality and financial stability.
- **Continuous Feedback:** Use CAHPS and member feedback to refine and improve engagement strategies.

By implementing this year-round, priority-driven strategy tailored to your health plan's specific needs and focus areas, we can help you build a seamless and comprehensive framework that consistently meets both your health plan and your member needs, enhances their experience, improves outcomes, ensures high-quality care, and delivers a strong ROI.

Learn More

To learn how ReferWell can help your health plan drive value by scheduling care and creating meaningful experiences that prompt member action, visit www.referwell.com

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