

The Digital Difference

Employers navigating their way through latest health apps

Written By Bruce Shutan

As the digital health space expands, new apps are flooding the self-insured marketplace to help employees better understand and use their health benefits. The number of point solutions can be overwhelming, with Solera Health reporting more than 40% of employers now managing eight or more digital health vendors at \$2.5 million or more a year. Some of the latest benefits navigation companies to sell their wares include HealthJoy, Healthee and Transcarent.

There are even hyper-focused tools being offered, with some public-sector employers adopting condition-specific digital health benefits. One such example is the Self-Insured Schools of California, a large public employee benefits pool that recently expanded its partnership with an autoimmune care platform called WellTheory.

These tools are so prevalent that they're also being used independent of one's employer-sponsored benefits package, which can be empowering but also a cause for concern. More than 230 million weekly users of ChatGPT, for instance, are asking health and wellness questions, according to OpenAI's de-identified analysis of user conversations. Search engines are another source for their lines of inquiry. In addition, a Castlight Health survey noted that most employees are actually building their own ecosystem of digital tools, oftentimes at their own expense.



REMOVING FRICTION

Just keeping up with all these advances in technology can be a dizzying proposition, but the promise of their deployment is significant. Digital navigation becomes materially more effective when



Pamela Klein

it is paired with consumer incentives, not just guidance, explains Pamela Klein, SVP and General Manager, Member Engagement and Transparency for Zelis.

“That matters because employers are no longer looking only for a better member experience,” she says. “They need solutions that can actually change behavior, steer people to high-value care and produce measurable savings.”

Forward-thinking, self-insured employers are using these platforms to solve a problem that plan design alone has never been able to fix: the gap between having good benefits and actually being able to use them. So says Caroline Jessen, Chief People Officer at Collective Health, noting that the role of these platforms is evolving.

“Employers started using them primarily as a communication tool or smarter benefits guide,” she explains. “Increasingly, they’re treating them as core infrastructure, expecting them to connect across the plan ecosystem, personalize guidance based on member context and influence care decisions rather than just inform them. That shift from benefits communication to benefits integration is where the real value starts to emerge.”



Caroline Jessen

For Jim O’Gorman, Chief People Officer for Included Health, the focus is on looking for ways to remove friction and prevent high-cost claims. He says most medical plans are unintentionally difficult to use, and when employees or their dependents encounter a pain point, they delay care. “In the self-insured world, delayed care is the fastest way to drive up long-term costs,” he adds.



Jim O’Gorman

Therefore, the mission at hand is to seek out platforms that act as a seamless entry point to care that is high-quality, timely and affordable. “If it isn’t all three, it’s a problem,” he suggests. That’s why it’s important to find partners that ensure health plan members are connected with the right specialist or primary care provider the first time. The goal isn’t to hand employees a map of their benefits; he says it’s to provide a clear, efficient path to a healthy outcome.

‘STRANGLER BY COMPLEXITY’

A siloed approach to using scores of digital tools to navigate one’s way through today’s healthcare maze serves as an enormous obstacle. “The truth is that effectiveness is being strangled by complexity,” O’Gorman laments. “We’ve reached a breaking point with point solutions. We’re asking employees to visit one app for mental health, another for primary care and a third for MSK – and none of them talk to each other. It isn’t whole-person care

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when the primary care doctor has no idea what the therapist is doing; it's the opposite."

"It has become so confusing," he continues, "that employees are actually turning to open, unsecure AI platforms just to try and navigate their own healthcare. That should be a big concern for any benefits leader."

To bend the cost curve and improve health, O'Gorman recommends moving away from this collection of disconnected vendors and toward a single, integrated entry point. Employees need a trusted and objective platform that stores the patient's history and plan details in one place.

"That is the only way to guide someone to the right care – virtual or in-person – at the right time," he says. The thinking is that only when the integration problem is solved will better clinical outcomes and cost controls follow.

It's reflected in his company's data, which has seen a 4% year-one reduction in healthcare trend and an average of two more "healthy days" per month for Included Health members. "If a platform isn't simplifying the system, it isn't effective," he explains.

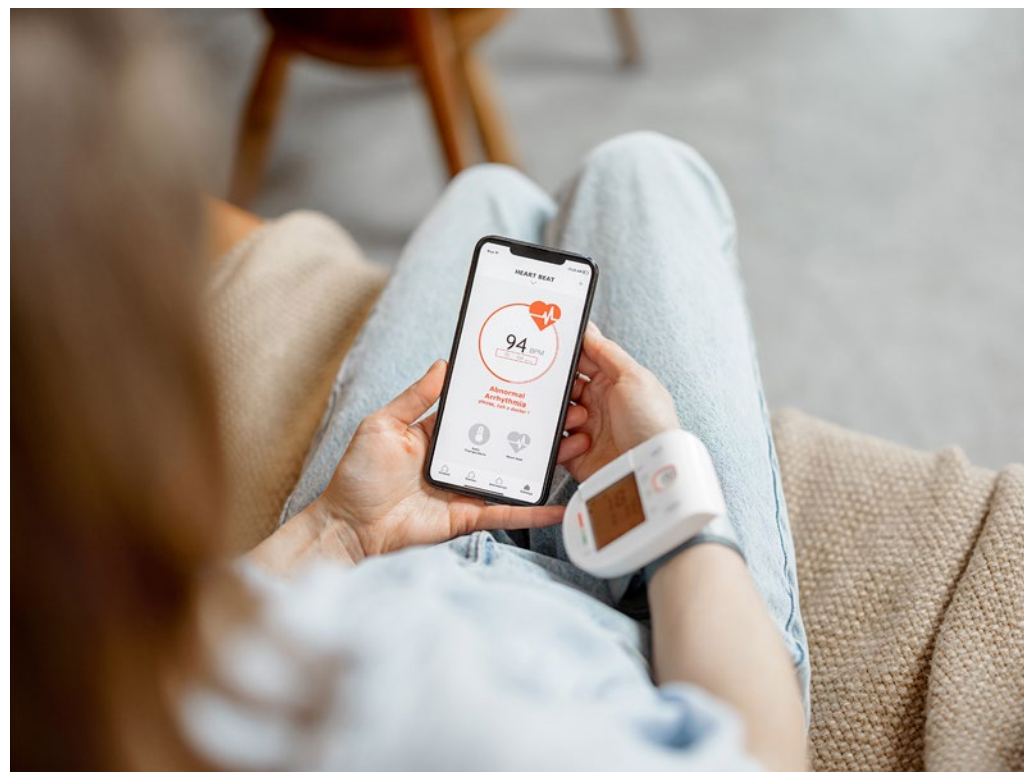
THE POWER OF INTEGRATION

The platforms delivering the most meaningful results are the ones integrated with plan administration, where the navigation experience and third-party administration (TPA) function are part of the same system, according to Jessen. When that's the case, she says employers can move from reactive support to proactive guidance.

A member trying to understand what's covered before scheduling a procedure gets a clear answer through the digital experience. "And if their situation is more complex," she explains, "a member advocate or care navigator can step in and proactively reach out based on a prior-authorization request we received or that initial consultation visit to help coordinate the right next step."

With all of the TPA data inputs in one place, Jessen says it's possible to act before care happens. At Collective Health, that integrated approach delivers an average of \$8,400 in annual savings per engaged care navigation member – reflecting what's possible when navigation and administration aren't two separate systems.

"That's when navigation stops being a nice-to-have and starts driving real outcomes for the member and the plan," she says. "And it's what I think the industry should be holding these platforms accountable to."



While digital health platforms can be highly effective, their impact depends on how far they go beyond information and how well they are integrated into the member decision journey, according to Klein.

At a baseline level, they can reduce confusion. “Healthcare benefits are notoriously difficult for employees to navigate, especially when they are under stress, facing a new diagnosis or trying to make a quick scheduling decision,” she notes.

Her sense is that a strong digital navigation experience gives clarity to the next step: where members should go, what the service is likely to cost, what alternatives exist and how they can get support. “That alone can improve the member experience because it replaces ambiguity with direction,” she adds.

UTILIZATION AND OUTCOMES

Where effectiveness becomes more variable is in changing utilization and cost outcomes. Many platforms do a good job surfacing information, but Klein says information by itself does not always result in action. Members are busy, while healthcare is emotional and overwhelming. The most effective models are the ones that combine navigation, transparency and incentives, she notes. “When you pair guidance with a financial reward, the member has both clarity and motivation,” she explains. “That combination is much more likely to redirect care to high-value settings.”

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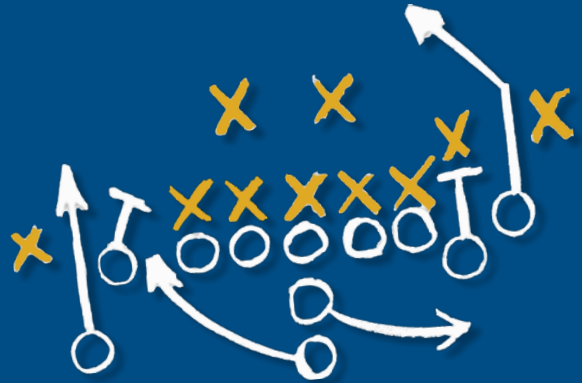
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Self-insured employers are increasingly looking to these kinds of platforms as a way to simplify what has become an extremely fragmented benefits experience. In practice, employers are using these platforms in a few important ways, according to Klein. First, they are giving employees a digital front door for benefits questions and next steps. That may include plan education, provider search, guidance on where to go for care, appointment support and help understanding what services are covered.

They are also using them to reduce friction when making decisions, which is often where confusion and unnecessary cost enter the picture. If an employee needs an MRI, lab work, physical therapy or a specialist, she says the platform can help narrow choices and present more relevant options instead of leaving the person to figure it out alone.

Finally, employers are increasingly expecting these solutions to do more than inform. They want them to influence behavior in measurable ways. That's where the role of incentives becomes crucial to success.

“It is no longer enough for a navigation platform to point someone to information,” she observes. “Employers want to know whether the platform can change utilization patterns, guide members toward high-value care and lower spend without making the experience feel punitive or confusing. In other words, they are moving from member engagement as a soft concept to behavior change as a hard business outcome.”



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A health plan member may appreciate being told that one site of care is more affordable than another, but the likelihood of action increases when there is a meaningful financial reward tied to making the higher-value choice.

That is the logic behind Zelis' SmartShopper, which combines navigation and transparency with a direct member incentive, so the guidance is not passive. She says it's designed to motivate action. A third-party actuarial analysis shows that it saved an average of \$552 per use in 2024. That research drew on medical claims from more than 92,000 participants across 32 payer populations using a HIPAA-compliant claims database representing more than 19 million commercially insured lives.

"When I look at how employers are using platforms in this space, I would say they are trying to solve two problems at once: reduce the cognitive burden on employees and create a practical mechanism for navigating toward better-value decisions," Klein says. "The best solutions are the ones that do both."

Klein says SmartShopper's broad average savings and significant savings in common, high-cost, shoppable categories are a good illustration of that. Zelis found savings of more than \$1,200 for CT scans, over \$600 for MRIs and \$300 to \$550 for lab visits at independent labs.

"That matters because employers are not just asking whether a platform is engaging," she explains. "They are asking whether it changes where care happens and whether those changes hold up financially."

In terms of member experience, Klein says health plan members do not experience navigation and affordability as separate things. If they can quickly identify a high-quality, lower-cost option, understand what they will pay and receive a reward for making that choice, then it will prove to be a better experience.

"It feels more transparent, supportive and aligned with how consumers make decisions in other parts of their lives," she observes. "In that sense, streamlining access and improving experience are not side benefits. They are part of the mechanism that drives savings."



FROM CLARITY TO CONFIDENCE

The effectiveness of these platforms ultimately depends on how they're built and connected to the rest of the health plan. Jessen describes the centrality of transparency in benefits as the right lens for evaluating navigation platforms.

"Transparency isn't just about disclosure; it's about giving people the clarity they need to make confident decisions," she says. "Employees need clear,



concise information to act on their benefits, and the platforms that deliver that well are the ones that have access to the full picture: what a member's plan actually covers, what it costs and what's happened in their care journey."

Navigation tools that sit outside the claims stream can reduce confusion and improve the employee experience, "and that's genuinely valuable," she adds. But her sense is that their ability to consistently direct employees to cost-effective, high-quality care is limited when they can't see that full picture.

One of the earliest lessons Jessen took from her experience in an HR service center, where her career began, is that while tools and systems are crucial, genuine connection and understanding of employees' needs are irreplaceable.

"Employees face a maze of networks, deductibles, point solutions and prior-authorization requirements, often at moments when they're already stressed," she observes. "Digital navigation platforms are stepping into that gap, helping people understand what's covered, where to go and what it's going to cost before they make a care decision." ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for nearly 40 years.

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