MARPAI

Clinical Solution Ecosystem Enabling Proactive Member Interventions

We proactively identify at-risk members and connect them to proven clinical health solutions with a high probability for delivering positive outcomes. These vendors are backed by valid outcome and quality data, and are rigorously evaluated by our team of clinicians and data scientists.

Marpai is a technology company with a commitment to create the healthiest member population with the greatest cost efficiency for any self-insured health plan budget. We include AI-powered member services within our standard TPA administration fee to maximize member population health. One of our strongest levers for improving outcomes is proactively intervening with at-risk members to connect them to effective care. We wish to engage with the member prior to any pre-certification, which is the point that any traditional TPAs can identify that a costly event is occurring. By reaching a member prior to precertification, we can help avert costly events which leads to better outcomes. This relies on combining deep knowledge of member needs (ongoing gained from data analysis), clinical care options (vendors) and a multi-channel outreach effort to drive members to actions. This leads to better health outcomes for members and greater savings for employer health plans.

SCIENTIFICALLY PROVEN VENDORS

We only consider and include vendors that leverage methods that are scientifically proven to improve care for members. Our in-house clinical team of doctors and nurses performs a rigorous clinical review on each vendor to ensure they have valid quality and outcome data and meet top standards for safety and efficacy.

Identifying At-Risk Members

We use machine learning and deep learning to identify members who are in need of meaningful interventions by reviewing diverse member data including: claims data (e.g., high-risk codes like ER visits), call center data, App data and available vendor data. We identify who is at-risk, and also use predictive algorithms to see if problems are on the horizon in the next 18 months. Our algorithms determine if an intervention could have a meaningful impact within 2-3 years for a member.

Targeted, Meaningful Interventions

Using AI to identify high-risk members by analyzing data is straightforward. Matching these members to an effective clinical solution is more challenging. To maximize impact to member population health and plan savings, we are building an ecosystem of clinical care solutions with vendors that address the most prevalent, high-cost conditions that are intervenable within a 2-3 year time frame.

To build this system, we start by setting priorities. As a data-driven company, we reference several sources to set our priorities for building the ecosystem: World Health Organization's ranking of burden of disease, Disability Adjusted Life Years, our own claims data, and our clinical team. We have identified and ranked the top 8* conditions that meet our criteria.

TABLE 1: MARPAI CLINICAL HEALTH ECOSYSTEM PRIORITIES

	BURDEN OF DISEASE RANK	PER MEMBER PLAN COST	AVG TOTAL SPEND PER MEMBER	PREVALENCE
MUSCULOSKELETAL DISEASES	1	$1,609	$8,082	27.56%
CARDIOVASCULAR DISEASES	2	$2,872	$12,987	16.09%
DIGESTIVE DISEASES	3	$3,493	$15,024	10.14%
NEUROLOGICAL CONDITIONS	4	$2,032	$14,780	9.80%
RESPIRATORY DISEASES	5	$1,022	$14,201	9.50%
DIABETES & KIDNEY DISEASES	6	$2,121	$14,545	8.68%
MENTAL HEALTH	9	$834	$6,392	15.16%
MALIGNANT NEOPLASMS	11	$11,866	$32,098	2.89%
MATERNAL & NEONATAL CONDITIONS	14	$6,827	$11,389	3.15%

Source: Analytical reviews with selected ecosystem vendors
*Marpai's solution is not limited to these conditions

AI Matchmaking For Better Outcomes

Once we have identified the at-risk member in our priority areas and their needs, our algorithms match that member to a clinical care solution predicted to have a high probability of delivering positive outcomes within 2-3 years. Each of these vendors is backed by quality and outcome data and has been rigorously evaluated by our team of clinicians and data scientists.

TABLE 2: TARGETED MEMBER MATCHMAKING

Engaging the Members

AI Using Claims & Other Data
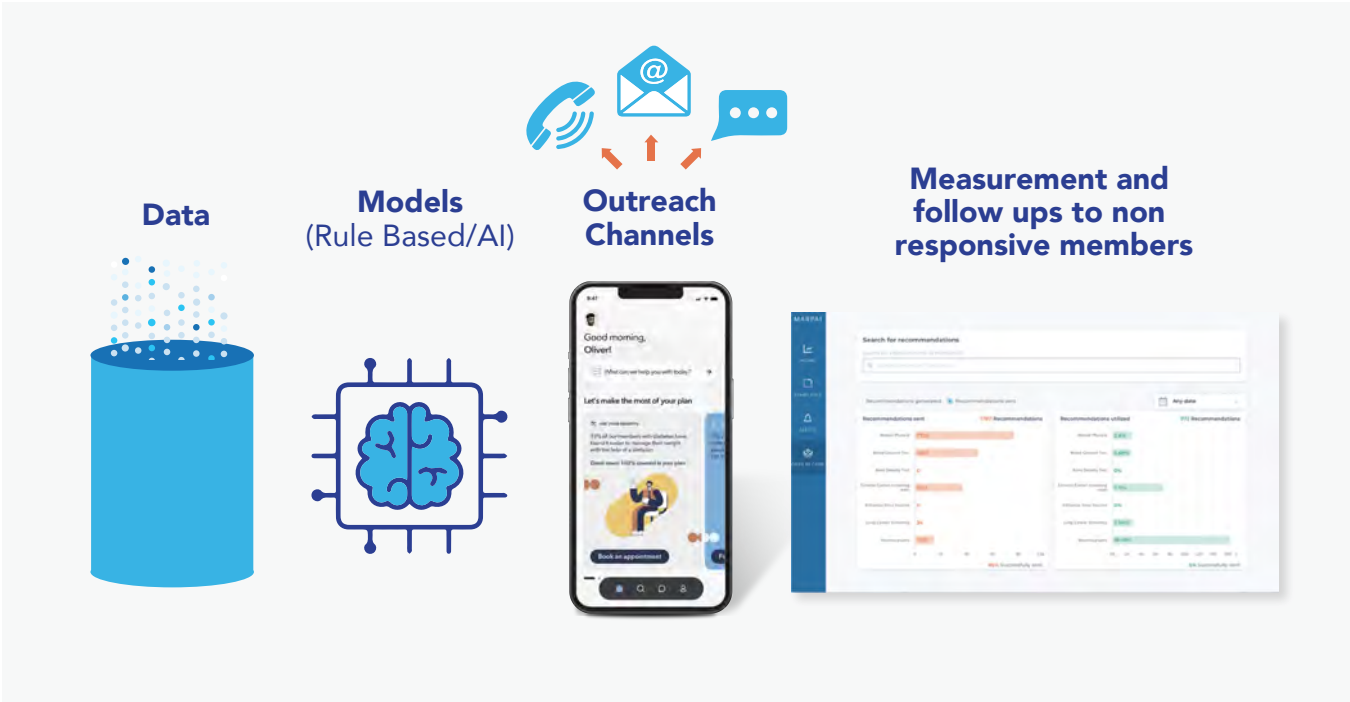
High Potential for Outcome

Driving Members To Action

Once we know the right solution for the member, we proactively reach out across multiple channels to drive them to action. We communicate in a friendly, personalized, timely manner so members connect with the vendor and participate in the solution. Our outreach channels include phone calls from customer service and registered nurses, text messages, emails, and app notifications - all done in a HIPAA compliant way. Data shows that members are more receptive to health benefit messaging from their employer compared to an insurance company, so we also work with our employer groups to have them directly communicate to the members.

When employer groups add our Clinical Care Management program, our in-house nurse-led clinical team directly reaches out and works with the member across the care continuum.

Our system collects data at every step so we can produce meaningful performance reports that show how we are trending towards improving savings and outcomes over a 2–3-year period.

TABLE 3: DATA-DRIVEN MEMBER ACTIVATION

Data

Models
(Rule Based/AI)

Outreach Channels

Measurement and follow ups to non responsive members

Projected Savings

We provide metrics on member outreach, engagement, and activation, but focus mostly on reporting outcomes and savings. We hold our clinical solution partners accountable for the results they claim to deliver. They are contractually required to deliver consistent reporting on outcomes. We review vendor performance annually and replace vendors that significantly under perform.

Based on Marpai data and data from representative vendors in five of the priority clinical categories, we have projected the financial impact of our proactive intervention program for a 300 employee life group and a 3,000 employee life group.

TABLE 4: ASSUMED NET SAVINGS FOR A 300 LIFE GROUP

EE LIVES	300		
CLINICAL VENDOR PROGRAM	PREVALENCE	NET SAVINGS PER MEMBER	ASSUMED NET SAVINGS
DIABETES TYPE 2	6%	$2,246	$12,582
CVD	16%	$1,492	$17,282
MSK	28%	$1,618	$35,443
DIGESTIVE DISEASES	10%	$729	$29,700
BEHAVIORAL/MENTAL HEALTH	15%	$552	$92,736
Source: Analytical reviews with selected ecosystem vendors		TOTAL	$187,744

TABLE 5: ASSUMED NET SAVINGS FOR A 3,000 LIFE GROUP

EE LIVES	3,000		
CLINICAL VENDOR PROGRAM	PREVALENCE	NET SAVINGS PER MEMBER	ASSUMED NET SAVINGS
DIABETES TYPE 2	6%	$2,246	$125,821
CVD	16%	$1,492	$172,825
MSK	28%	$1,618	$354,430
DIGESTIVE DISEASES	10%	$729	$297,000
BEHAVIORAL/MENTAL HEALTH	15%	$552	$927,360
Source: Analytical reviews with selected ecosystem vendors		TOTAL	$1,877,436

Value-Based Care

We aim to forge risk sharing agreements with our clinical partners to achieve our vision of a value-based care system where employers pay for performance vs. utilization. Value-based care contracts rely on outcomes reporting.

Through measuring outcomes and our ability to drive member actions through engagement, we are working on the building blocks of value-based relationships today.

John Prager
Product Manager, Marpai

ABOUT MARPAI

Marpai is an AI technology company transforming the impact of self-insured employer health plans by leveraging the role of a Third Party Administrator (TPA) to produce greater outcomes and savings. Beyond providing traditional TPA services, Marpai also delivers AI-powered member services to maximize member population health with the greatest cost efficiency — all within the standard TPA fee. The AI-powered services include proactive, targeted early interventions, proactively filling gaps in annual care, guiding members to high value in-network providers and the myMarpai app. In addition, Marpai provides pharmacy solutions and in-house clinical care management services that further enhance savings and outcomes. Marpai works with brokers and employers nationwide, offers access to top provider networks including Aetna and Cigna, and operates Marpai Labs, a dedicated AI-driven R&D center.

Learn more at www.MarpaiHealth.com

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