

CASE
STUDY

Health plan saves millions year over year and proves attribution with trial.

Client:

Not-for-profit, regional, mid-sized health plan

SIZE CATEGORY: 200K+ members, including fully-insured commercial and individual

SELECTED FOR MOBE®: 25–50K members

RANDOMIZED CONTROLLED TRIAL (RCT): Members assigned to performance and control groups

Key Takeaway:

A randomized controlled trial (RCT) eliminated any question of attribution and proved so convincing that a health plan doubled their members for the program. Rising-risk, multi-chronic members in the performance group engaged effectively and achieved significant health improvements, reducing utilization and cost. The outcome? The plan saved \$13.2M.

Over Two Performance Periods:

Claims-cost savings:

4.2%

vs. projected spend

Engagement rate:

34.1%

Challenges:

Like most, this health plan faced rising costs, and its organizational cost-of-care leader needed to accomplish measurable savings goals quickly while confidently demonstrating program attribution for skeptical stakeholders. Its patient-centered care resources were constrained to the highest cost and highest risk members, and its engagement efforts were narrowly focused, which limited its ability to maximize reductions in the total cost of care—especially with any speed.


Solution:

Partnering with MOBE addressed two critical challenges for the plan: program attribution and rising costs. MOBE's gold-standard RCT methodology and guaranteed cost-savings model eliminated risk, allowing the plan to count on savings up front.

Using proprietary AI analytics, MOBE identified a rising-risk, multi-chronic population, mid-tier claimants caught in a cycle of system overutilization. These members were split into two groups: one receiving MOBE's personalized guidance and medication optimization, and a control group. Both had access to the same plan benefits, subject to the same system changes, with MOBE as the only difference.

The first performance period delivered such strong outcomes that 10,000 members were added to the performance group, eligible for MOBE. The results? 34.1% engagement and significant savings.

MOBE's whole-person, cross-condition solution complemented the plan's existing offerings without competition or redundancy by focusing on a unique subset of continual care seekers—those representing untapped savings.

 Read [Milliman's report](#) validating MOBE's methodology for measuring claims cost savings with RCT.

Year-Over-Year Results:

The health plan realized two consecutive performance periods of increasingly positive population health outcomes and claims-cost savings.

HEALTH OUTCOMES – Driven by one-to-one conversations with a MOBE Guide or Pharmacist and/or via app interactions.

-  **36%** of members with weight loss goals lost at least 5% of their starting weight.
-  **67%** of members who were sedentary increased their daily steps.
-  **61%** of members who previously slept less than 7 hours now regularly get 7–9 hours.
-  **70%** of members improved their emotional health. | **67%** are managing stress better.
-  **96%** of recommendations made by MOBE Pharmacists were accepted by members and providers.

“For me to deal with a Doctor of Pharmacy, for her to give me information on each of our phone calls—I felt much, much better able to advocate for myself with my MD. I was able to get off some of my meds, too.”



Sarah
health plan member
MOBE participant

97% participant satisfaction rate within the first year

UTILIZATION AND MED REDUCTIONS



- 34.1%** fewer hospital admissions
- 7.6%** fewer ER visits
- 3.5%** fewer unique medications per person

CLAIMS-COST SAVINGS across categories



- 24.9%** saved—inpatient claims costs
- 16.9%** saved—professional claims costs



Get the whole-person, cross-condition solution proven to reduce total cost of care.

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