CASE STUDY

Converging Health
Saving Money Improving Lives

How a Public Transit Agency Realized $16M in Annualized Savings Through Proactive Member Activation

THE CHALLENGE

This public transit agency was watching healthcare costs climb with no clear mechanism to slow them. The underlying driver was a compounding problem: members with manageable conditions that went unaddressed, escalating into hospitalizations and specialty care cascades.

In the year before engaging Converging Health, 1 in 4 members migrated upward in risk. The average cost of that migration was **$30,803** per person per year, and across the population it added up to **$13.1 million**. Left unaddressed, rising risk compounds, and the cost curve follows.

The public transit agency recognized that getting ahead of that curve required a more proactive approach, one built around identifying members at increasing risk and engaging them before their conditions worsened.

Before Converging Health	Avg. cost of migration	Total population impact
1 in 4	**$30,803**	**$13.1M**
members migrated upward in risk	per person per year	in upward risk migration costs

THE APPROACH

Converging Health deployed Whole Person Risk Score™ (WPRS) to identify members at highest risk of a major health event in the next 12 to 24 months. WPRS is a predictive model that draws on a broad set of clinical and behavioral signals, including diagnoses, medications and adherence patterns, clinical care quality, engagement behavior, health literacy, and each member's relationship with primary care.

Members identified as high-risk received proactive outreach from a Personal Health Assistant™ (MyPHA™ program), a dedicated human guide who provided care coordination, benefits navigation, and ongoing accountability. PHAs worked alongside members throughout the year, helping them access the right care at the right time and removing the practical barriers that often keep high-risk individuals disengaged from the health system.

This analysis focuses on the 1,332 high-risk members who engaged with a PHA in 2025. Of this group, 83% had at least one chronic condition, with hypertension, obesity, and diabetes as the most prevalent drivers of risk and cost.

Results on Next Page

THE RESULTS

Among the 1,332 members who engaged with a PHA, the results over the course of 2025 were significant and measurable.

Metric	Q1 2025	Q4 2025
Whole Person Risk Score™	114.8	86.2
PMPM Medical Spend	$3,048	$2,044
Annualized Savings (this cohort)	$16,047,936	

The group's medical spend dropped from $3,048 to $2,044 PMPM, a 33% reduction. Annualized across 1,332 members, that translates to over $16 million in savings from this single cohort.

Behind the numbers was a repeatable playbook. PHAs worked with high-risk members to shift them away from emergency and specialty reliance and into consistent primary care activation.

PHAs closed care gaps, optimized medication adherence, coordinated follow-up for chronic conditions, and helped members navigate and use their benefits. PCP visits increased over the course of the year, indicating proactive and planned care rather than reactive and expensive care. This is the behavioral change that makes cost reduction durable: members connecting to the right provider and following through on the right plan, before a preventable event becomes a large claim.

HOW IT WORKS

1. IDENTIFY

WPRS™

Stratify the population. Flag rising-risk members before costly events appear in claims.

→

2. ACTIVATE

MyPHA™ Activation

Human guide provides outreach, care coordination, benefits navigation, and accountability.

→

3. MEASURE

WPRS™ Reporting

Track risk migration, cost trends, and care gap closure with reporting built for governance.

THE BOTTOM LINE

For this public transit agency, the MyPHA program delivered measurable, year-one results in a population where 83% of members carried at least one chronic condition. When you identify the right people early and engage them with dedicated human support, the cost trajectory changes. Every organization has a rising-risk population. The question is whether you find them and activate them before or after they become your highest-cost claimants.

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