

How MyPHA Delivered \$1.5M in Savings for a Financial Services Employer

THE CHALLENGE

Healthcare claims had become a growing concern for this regional financial services employer. The high-risk population was driving substantial cost, and leadership wanted a clearer way to understand whether those costs could be brought under control.

The 2024 baseline showed the scale of the issue. 802 high-risk members averaged **\$13,084** PMPY with an average risk score of 59. That translated to \$221.76 PMPY per risk point, a measure of how much the employer was spending for each unit of member risk.

That baseline gave MyPHA a clear test for 2025: engage high-risk members through MyPHA and determine whether dedicated human support could reduce cost relative to risk.

Before MyPHA	2024 avg. cost	Avg. risk score
802	\$13,084	59
High-risk members	per high-risk member per year	in 2024

THE APPROACH

Converging Health used Whole Person Risk Score™ (WPRS™) to identify high-risk members and prioritize outreach. WPRS gives employers a more complete view of member risk by looking at clinical complexity, care patterns, medication behavior, gaps in care, and engagement factors that can influence future claims.

Members identified as high-risk received proactive outreach from a Personal Health Assistant (PHA) through the MyPHA® program. PHAs worked directly with members to help them navigate benefits, schedule and follow through on care, address medication and adherence issues, close gaps, and take the right next step.

In the first six months, MyPHA engaged high-risk members at the company. The program averaged more than **150 newly engaged members per month**, creating a meaningful activated cohort for measuring how human engagement could change the cost trajectory.

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CASE STUDY

MyPHA

THE RESULTS

The 2025 MyPHA-engaged cohort showed a measurable improvement in cost performance relative to risk.

Metric	Q2 2025	Q4 2025
Average risk score	59	64
PMPY per risk point ratio	\$221.76	\$195.67
Risk adjusted savings	\$1,516,191	

The higher average risk score in the 2025 MyPHA-engaged cohort was expected. PHA engagement surfaced previously unidentified or unmanaged conditions earlier, when intervention was still possible. Even with that higher risk profile, the cohort cost less per risk point than the 2024 baseline, creating the opportunity for additional savings as continued engagement helps manage risk over time.

The experience also resonated with members. In feedback, members described the MyPHA service as helpful, clear, proactive, empathetic, and valuable for navigating both benefits questions and personal health concerns.

“My overall experience with the MyPHA service was very positive. The session was well-organized, informative, and easy to follow. I appreciated the clarity of the information provided and the professionalism of the facilitator.”

“[My PHA] not only took the time to listen and help navigate my current issues, but he asked me about future plans so that we could handle this proactively.”

“[My PHA] was very knowledgeable and thorough about explaining my benefits.”

THE BOTTOM LINE

MyPHA activation delivered measurable results in the first six months of the engagement. PHAs engaged more than **150** new high-risk members per month, reduced cost per unit of risk, and generated **\$1.5 million** in risk-adjusted savings, translating to an ROI of greater than **5:1**.