Benefits Insights

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National Insurance Services

Turning Claims Data Into a Smarter Open Enrollment Strategy

Open enrollment planning often focuses on what comes next, including a new plan year, new rates and new decisions ahead. Yet some of the most useful insights come from what has already happened. Claims data collected throughout the year offers a clearer picture of how employees are using their benefits, where costs are concentrated and where potential gaps in care may be emerging. Assessed thoughtfully, this data can help shape both the benefits strategy and the enrollment conversation itself.

How much of this data an employer can see depends on the funding arrangement. Self-funded and level-funded plans typically get claims-level reporting directly from their carrier or third-party administrator. Fully insured employers usually don't have the same access, but renewal exhibits, carrier utilization summaries and broker benchmarking reports convey many of the same signals and support the same kind of analysis as self-funded and level-funded plans.

This article explores how employers can use claims data to identify trends, evaluate benefit needs, and strengthen open enrollment communications, whether the plan year brought rising costs or steady, favorable performance.

Identify Meaningful Claims Trends

Large individual claims often draw attention because of their size, but can be isolated events that don't fully reflect the broader health needs of the workforce. Looking beyond any single claim allows employers to see patterns that may carry more weight over time: which conditions are driving overall plan spending, how utilization is shifting, and where preventive care or chronic condition management may need additional support.

When a plan experiences a more challenging claims year, there's often a story behind the numbers. For example, specialty pharmacy costs may have risen because several employees began high-cost therapies, or emergency room visits may have increased while primary care visits declined, suggesting access or awareness gaps rather than a workforce in poorer health. Employers navigating a difficult year benefit from exploring what's driving the trend before deciding how to respond.

A favorable claims year is worth examining just as closely, though the questions look a little different. Lower utilization can reflect a genuinely healthy workforce, or it can suggest that employees are delaying care they need, whether due to cost-sharing, uncertainty about coverage or other barriers. Employers with a strong year may want to look specifically at preventive screening rates. If those numbers are flat even as overall claims stay low, it may be worth a closer look to confirm the full picture matches expectations.

Pharmacy trends add another layer to watch. Employers project a median healthcare cost increase of 9% in 2026, driven largely by rising utilization of specialty medications, according to the Business Group on Health. Because these trends tend to appear in claims data well before they appear in a renewal, regularly reviewing this information or the closest available substitute gives employers more time to plan a thoughtful response.

Use Claims Insight to Shape Benefits Strategy

Claims data delivers the most value when it leads to action. Once trends are understood, employers evaluate whether current benefits and programs continue to meet workforce needs. That evaluation looks a little different depending on the kind of year the plan had.

Following a more difficult claims year, it can help to look past the instinct to scale back and instead consider what's driving the increase. Rising claims tied to obesity or metabolic conditions may point toward expanded nutrition counseling or a carefully evaluated GLP-1 coverage approach. Increasing behavioral health or substance use claims may suggest an opportunity to strengthen employee assistance program (EAP) resources or expand access to counseling. A rise in cancer-related claims may support the case for care navigation or second-opinion programs, both of which can improve outcomes while helping manage cost.

Following a favorable claims year, the focus can shift toward reinforcing what's working well. Strong participation in preventive care and effective management of chronic conditions are worth highlighting to employees, and consistent engagement with virtual care or EAP resources is a good sign that current programs are resonating. A quiet year is a good opportunity to continue investing in and promoting what's already delivering results.

In either case, claims trends rarely point to one single answer. They offer a starting point for a broader conversation about where to invest, what to promote, and where adjustments may be considered.

Make Open Enrollment an Opportunity for Education

Open enrollment is one of the few times each year when employees actively focus on their benefits, making it a valuable opportunity to explain not just what's offered, but also why. If a new program was introduced to address rising specialty pharmacy costs or growing behavioral health needs, sharing that context helps employees understand the value of the change rather than encountering it without explanation. Highlighting the behaviors that contributed to a strong year gives employers a meaningful way to demonstrate the plan's value beyond the premium.

Ultimately, grounding enrollment communications in real data, rather than general benefits messaging, helps employees see a clearer connection between their choices and the plan's overall performance.

Conclusion

Claims data offers more than a renewal metric. It provides insight into how employees use and experience their benefits throughout the year, and that insight points toward different priorities depending on how the year unfolded. A plan facing cost pressure can improve from a thoughtful, targeted response to what's driving it, whereas plan performing well can benefit from continued investment in what's already working. A strategy grounded in workforce data tends to hold up better over time than one built on assumptions. As you think through changes ahead of open enrollment, consider how your claims data can help shape a strategy well before renewal.

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