

The “Too Many Vendors” Problem

Company Overview

This was a technology company in the south with approximately 180 employees offering a broad suite of health and wellbeing benefits.

Key Challenges

Over several years, the employer added multiple point solutions to address rising costs and employee needs, including telemedicine, wellness platforms, mental health apps, disease management programs, and benefits advocacy services. While well-intentioned, the growing vendor list created confusion for employees, increased administrative burden for HR, and provided little clarity on which programs were actually driving value. Despite a higher benefit spend, utilization of these programs remained low and outcomes were difficult to measure.

MBA Solution Presented

Our team conducted a strategic benefits review, combining claims analysis, utilization data, and a full vendor audit. The review revealed overlapping services, inconsistent communication, and the absence of a central navigation or accountability structure. Fewer than one-third of employees actively used more than one solution, and reporting from vendors was fragmented and rarely actionable.

Rather than adding new programs, we suggested that the employer simplify their offerings. As a result, redundant vendors were eliminated, remaining solutions were aligned under a single navigation experience, and employee communication was redesigned around common care scenarios instead of vendor names. Reporting was consolidated to focus on engagement and outcomes.

Measurable Results

Within twelve months, employee engagement increased, HR inquiries declined, and leadership gained clear visibility into which benefits were delivering results. The employer learned that simplifying the benefits ecosystem was more effective than expanding it.