



Delivering a simplified member experience, one employee at a time

A combination of innovative digital strategies and high-touch member advocacy helps create personalized benefit experiences designed to help attract and retain employees



With today's economic and social pressures, employees now have different expectations from their work and benefits. The effects of the Great Resignation continue to reveal that understanding an employee as a unique individual is more important than ever when it comes to attracting and retaining top talent.

This shift is also apparent in benefit strategies. Employees and their families are looking for more personalized and customized solutions to help them manage their health. And 69% of employers plan to expand benefit flexibility and choice to better meet employee needs.¹

UnitedHealthcare helps employees make the most of their benefits starting with customized information guides for new members. Then they're encouraged to take a more active role in managing their health through easy-to-access online plan information, virtual care options, and the assistance of advocates who can help guide members to clinical programs to better manage chronic health conditions with convenient digital or wearable devices with a care team.

"Our mission is **helping people live healthier lives**[®]. But it's more than just doctor's appointments and answering phone calls. We also have to help people avoid obstacles to care and show them ways to make smarter decisions about their health care," says Rebecca Madsen, Chief Consumer Officer at UnitedHealthcare.

To build a best-in-class member experience, a focus on making health care more personal with a simplified end-to-end approach helps to:



Guide members to quality care



Manage health care costs



Deliver a whole-person approach

"Investing in advocacy and employee well-being is how employers can demonstrate the values employees are looking for: personalization, compassion and the sense that someone is looking out for them."

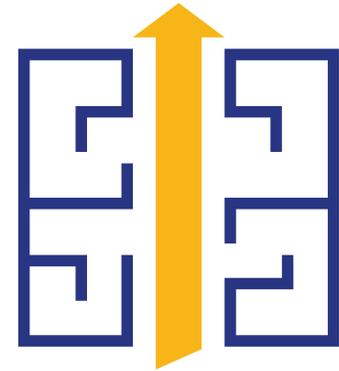
Rebecca Madsen
Senior Vice President
Chief Consumer Officer
UnitedHealthcare

Guiding members to quality care

Laying the foundation to help members understand their health plan is an essential first step when cost and coverage drive 60% of a member's experience.²

This also involves proactively bringing forward suggestions and insights to help guide them to quality, cost-effective care—whether a member called in with a benefits question or checked claim status online.

“The number one thing that drives unease in health care is the unknown—not knowing what to expect or how much it will cost. It creates a feeling of powerlessness. How do you take back that control as a user of health care?” says Samantha Baker, Vice President Consumer Digital Health & Engagement at UnitedHealthcare.



A digital experience starting with a ‘front door’

Digital resources available to employees can help. New UnitedHealthcare members receive information to get started even before their plan's effective date. When they sign in to the member website myuhc.com®, they can view personalized onboarding and claims videos.

This one-stop, self-service resource includes a plan- and geographic-specific provider search tool to find network, quality and cost-efficient providers, areas of expertise such as LGBTQ supportive care and geriatricians for older adults. The employee's dashboard also includes program recommendations, claims information, and personalized recommendations such as clinical programs, screenings and medication information.

The future of virtual health continues to evolve

This is just the beginning of a new era of virtual health, including virtual care in real-time interactions and the transfer of patient information digitally with a provider, which helps to provide greater access, convenience and member-centricity.

Nearly 90% of Americans surveyed in 2021 said they want to continue using virtual care for non-urgent health needs.³

Among UnitedHealthcare members, total virtual care visits in 2021 were about equal to 2020, and utilization remains similar in the first half of 2022.

Virtual care options have expanded beyond offerings such as urgent care and behavioral health to virtual-first primary care plans. This enables employees and covered family members who may not have an in-person PCP to choose a virtual primary care physician and develop an ongoing relationship.

“We work to help employers and clients understand that the quality of virtual care is still at the same level as in-person care,” says Pat Keran, Vice President of Product & Innovation at UnitedHealthcare.

“Virtual is just a different way of delivering care. Evolving remote monitoring devices to better enable patients to measure vitals during a visit could help reshape perceptions of virtual care.”

Pat Keran

Vice President of Product & Innovation
UnitedHealthcare

Advocacy supports physical and emotional well-being

When questions arise, one way employees can find answers is through the Advocate4Me® service. When advocates assist employees, they're able to provide more holistic support because they're working from a comprehensive dashboard detailing the employee's health profile, previous contacts and how they've utilized the health system.

This integrated understanding helps advocates move beyond benefit and claims questions to show employees options to utilize more of their benefits. They can help employees enroll in clinical programs to address certain health conditions. In fact, 57% of clinical programs offered in Advocate4Me are accepted.⁴

Advocates are also trained to listen for trigger words so they can assist employees who may be struggling with behavioral health needs. About 53% of U.S. adults reported a negative impact on their mental health from the pandemic.⁵

"We have the tools to help employees be more resilient ranging from self-help to in-person treatment," says Trevor Porath, Vice President, Clinical, Behavioral, and Advocacy Solutions at UnitedHealthcare. "We also want to be able to identify those who may need support sooner before it becomes a crisis. Our low severity solutions help employees build coping mechanisms for their stress and anxiety."

Enhanced advocacy models are designed to deliver a more personalized end-to-end experience for employees, including client-specific reporting to show health outcomes from advocacy efforts. In addition to the potential savings through Advocate4Me, the enhanced models may add an additional 2% to 4% in total cost of care medical savings.⁶

"Digital can provide employees more control; it can have a snowball effect and start to tackle the root problems in the health care system."

Samantha Baker

Vice President

Consumer Digital Health & Engagement
UnitedHealthcare



Managing health care costs

Offering digital solutions is an essential step in improving the health care experience for employees and providers. It offers crucial information at key decision-making moments—designed to help employees reduce their costs and avoid surprise medical bills.

Real-time transparency

One way this happens is through Point of Care Assist®. When integrated in a patient’s UnitedHealthcare health records with a provider’s Electronic Medical Records (EMRs), it gives the provider real-time insights on care needs and the employee’s specific benefits, which may help reduce costs for the employee.

When providers make referrals, they can view designated physicians who are part of the UnitedHealth Premium® program. These physicians have demonstrated their ability to deliver quality, cost-efficient care. In addition, employees can find UnitedHealth Premium Care Physicians through the provider search on myuhc.com.

“By entering into the actual workstream of a provider with Point of Care Assist or the transaction stream of the consumer, we can help them make decisions in a direct way—it’s advantageous for everyone,” says Dr. Gerald Hautman, Chief Medical Officer with UnitedHealthcare National Accounts.

Aligning with consumer trends in other industries, delivering improved transparency also helps employees avoid or address cost surprises, either directly or through providing cost information to a provider. UnitedHealthcare’s core offerings that address this include:

Naviguard™

A service designed to lower out-of-network (OON) costs significantly, while giving employees someone to turn to when surprise bills arrive. This is particularly helpful when employees visit network facilities and they are treated by an OON provider without having a choice in the matter.



72%

Typical OON savings off billed charges with Naviguard⁷

PreCheck MyScript®

A technology embedded within a physician’s existing EMR system that shows what medications are covered, highlights any lower-cost options that are clinically appropriate, and calculates exactly how much they will cost based on an employee’s plan to help the provider and employee make a more informed decision.



\$111

Average member prescription savings per switch to a lower-cost alternative⁸

Delivering a whole-person approach

When employers integrate medical benefits with pharmacy, behavioral and specialty benefits, it enables advocates to go beyond benefit and claims questions. For instance, when an employer integrates UnitedHealthcare medical and vision benefits, it helps to connect members with chronic conditions to their PCP and disease management programs when concerns arise from an eye exam. Employees are 4 times more likely to get a vision exam than a physical.⁹

“When we have all the systems under one roof, this allows us to connect the dots and potentially get a member into a clinical program sooner for a better outcome and cost savings,” Madsen says.

Analysts can look across very complicated data systems—including medical, pharmacy, advocacy and clinical—and translate data into actionable insights. And they are finding key opportunities to help improve the delivery of quality, cost-efficient care.

This goes beyond a data analysis that highlights issues and anomalies such as a high prevalence of a chronic condition in an employee population.

Addressing social determinants of health (SDOH)

These data capabilities also extend to understanding the potential needs of employees outside the workplace, which can impact their job productivity and more importantly, their overall quality of life.

Research on the drivers of positive health outcomes highlight that access and quality of clinical care contributes only about 20% toward overall positive health, while social determinants of health such as employment, family and social support, and community safety are twice as impactful.¹⁰

“It’s critical to look at the sub-populations of an employee population to pinpoint precise opportunities. It can be market, age, gender or geography, or things we need to know from the employer like division, job type or salary grade,” says Craig Kurtzweil, Vice President, Center for Advanced Analytics at UnitedHealth Group.

UnitedHealthcare also uses de-identified claims data from its members to identify who is most likely to need support with SDOH, such as access to nutritious food or affordable housing. Call center advocates then use real-time interactions with a curated database of community resources to help employees dealing with challenging life events or situations. A similar database can also be found online to search for community resources.

“Addressing SDOH moves us beyond just medical approaches. We know broader understanding is ultimately the key to putting members first and improving well-being,” says Dr. Cyrus Batheja, National Vice President of Enterprise Transformation and Strategic Solutions at UnitedHealthcare.

“This is the future of health care. We’re using a whole-person approach to care for each member which includes understanding their social needs and their life experiences.”

Dr. Cyrus Batheja

National Vice President of Enterprise
Transformation and Strategic Solutions
UnitedHealthcare

80%

of health outcomes
are driven by social
determinants of health¹⁰

Delivering dedicated support for complex conditions

While personalization can mean suggesting an overdue wellness exam for some employees, for others it can translate to providing a greater level of support. For families of children with special needs, the Special Needs Initiative offers a single point of contact through the Family Engagement Center®. A dedicated team of multidisciplinary experts across UnitedHealthcare and Optum also helps families find specialty providers, manage claims and preauthorization issues, and connect them to community resources.

The ability of the Special Needs Initiative to help simplify the member experience has been applied to Complex Care Concierge, a specialized and coordinated system of care tailored to adults with complex health needs.

For patients with complex health needs, the top 3% to 5% of this group face challenges navigating the system reporting 5 times the number of claims and the top 1% drives more than 30% of health care costs.¹¹ The program transforms their experience by:

- Coordinating care with providers and the health plan on the employee's behalf
- Supporting the employee and their family with one point of contact and Family Engagement Center support

“The advocates in these programs know the smallest details of a member's care plan, which helps them proactively direct and problem solve on the member's behalf. This may reduce waste and improve the member experience,” Hautman says.

Simplifying the member experience at every step

Delivering a member experience designed to improve health outcomes requires a cohesive approach that fully addresses a member's needs—including medical, behavioral, financial and social factors. And advocacy has the ability to bring it all together, putting the member at the center of care.

Employees engage with solutions and tools in different ways depending on their state of health. Healthier employees may rely more strongly on digital tools or virtual care visits. For employees with complex health conditions, they may benefit from dedicated support where they have a single point of contact who can help guide them through their care options.



\$1,500 medical costs savings
per child per year¹²

“At UnitedHealthcare, advocacy is much more than a call model or an emotional connection. It's taking all the pieces of the health care ecosystem and knitting them together in a way that delivers the best experience for the member and value for the client.”

Rebecca Madsen
Senior Vice President
Chief Consumer Officer
UnitedHealthcare

Learn more

Contact your broker, consultant
or UnitedHealthcare representative

United
Healthcare

¹ 2021 Benefit Trends Survey. WTW, Oct. 4, 2021.

² UnitedHealthcare internal Consumer Competitive Benchmark study, 2020.

³ Most consumers want to keep telehealth after the COVID-19 pandemic, Healthcare Finance. April 12, 2021.

⁴ UnitedHealthcare study of large employer clients 2018. UnitedHealthcare Advocate4Me performance reporting, full-year 2019.

⁵ Kaiser Family Foundation Tracking Poll, July 2020.

⁶ 2019 UnitedHealthcare Large employer study. 112 clients, 4.3M members, \$20B in medical spend. Medical costs adjusted for age, gender, risk, geography, cost outliers and other design features for comparability. Value impact based on comparing clients by the adoption platform features vs not (e.g. highly designated service vs base service model). Actual client results may vary based on specific clinical programs the client has or maturity of implementation.

⁷ UnitedHealthcare internal analysis, Q1-Q2, 2021. Savings may vary based on customer plan and geographic distribution and are not a guarantee of future results.

⁸ Optum Rx[®] analysis of full-year 2021 trial claim and production claim data.

⁹ New eye-opening evidence links vision benefits to healthier vision behavior, National Association of Vision Care Plans–Sept. 2016. Accessed June 2022.

¹⁰ Patient health and wellness: What's a ZIP code got to do with it. Wolters Kluwer. Jan. 13, 2021.

¹¹ UnitedHealthcare National Accounts 2019 Book of Business.

¹² Pre/post study conducted on families engaged from Jan. '19–Dec. '19, analysis completed in Oct. 2020.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Advocate4Me services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

The UnitedHealth Premium[®] designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com[®]. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

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