



## The value of UnitedHealthcare advocacy models



UnitedHealthcare is continually advocating for the millions of Americans we serve, connecting the dots across the health system with the goal to offer personalized support to help improve member health and satisfaction, close gaps in care, and reduce costs. We are achieving that with our enhanced advocacy models, offering eligible members innovative customer service and digital approaches that help people resolve issues more quickly and easily so they can focus on their health. By using data and technology, enhanced training, and an integrated approach to health benefits, we are helping revamp how people access health care information, navigate the system and make treatment decisions.

### Enhanced advocacy models to help support better health and experience

**93%**

member satisfaction<sup>1</sup>

**50%**

decrease in call transfers<sup>2</sup>

Up to

**23%**

increase in enrollment in clinical programs, such as ones focused on musculoskeletal issues<sup>2</sup>

### Lower costs

Up to

**4%**

reduction in total medical cost of care for employers using UnitedHealthcare enhanced advocacy models<sup>3</sup>

Up to

**51%**

increase in potential savings by closing gaps in care<sup>3</sup>

### How it works

More than 15 million UnitedHealthcare members enrolled in employer-sponsored plans are currently supported by our advocacy models. That includes members with access to myuhc.com who are supported by either Core, Elite or Premier. Through these models, we use predictive personalization to anticipate a caller's needs and then connect the member with the right advocate to best offer support. This helps enable a more personalized call experience with meaningful measures of success, such as first-call resolution.

For our highest-touch mode, Premier, these proactive support interventions resulted in fewer emergency room admissions and a decrease in 30-day and 90-day hospital readmissions, as compared to members without access to this type of support.<sup>4</sup> Even among members who didn't directly engage with the case management services, the insights and actions taken on their behalf helped deliver an average savings of more than \$100 per member per month.<sup>4</sup>

## Key programs

**Special Needs Initiative:** This program uses analytics to help identify people and families with complex or special health needs (such as autism, Down syndrome and other genetic disorders) and then assigns a designated advocate who provides information and support to help members make more informed decisions. This advocate can support all members of the family, takes responsibility for each inquiry that surfaces along a care path, and can help drive improved coordination with the member's care team. The program's service model was recently expanded to also assist individuals with sickle cell disease, childhood obesity and members of the LGBTQIA+ community.

### Real-world outcomes

- More than 200,000 families supported<sup>5</sup>
- Member satisfaction score of 94 points<sup>5</sup>
- \$1,500 reduction in cost per member per year<sup>5</sup>
- 15% reduction in claims<sup>6</sup>
- 6% reduction in claim reworks<sup>6</sup>

**Social determinants of health:** Our members are supported by a program that uses predictive analytics to identify people with potential needs related to social determinants of health, which may help individuals find access to nutritious food, affordable housing or high-speed internet. Our advocates use real-time interactions to help connect eligible members with low- or no-cost community resources, leveraging a database of more than 550,000 local organizations or programs. All UnitedHealthcare members supported by these advocacy models can log into myuhc.com and — based on a predictive analytics model that uses de-identified claims information and an array of other data sources — are encouraged to tap into that same database of support programs and local service.



**80%**

of a person's health is influenced by what happens outside the doctor's office<sup>7</sup>



**Up to**

**50%**

of offers for support have been accepted by eligible members<sup>8</sup>

### Out-of-network member engagement:

Before a member goes out of network, we may be able to proactively text message, email and call to notify the person about more affordable in-network options. This helps the member avoid a cost surprise that likely would've added expense to the individual, the system and left the person frustrated.



**\$40B**

is the total cost each year of out-of-network health care bills<sup>9</sup>



<sup>1</sup> 2021 UnitedHealthcare Elite and Premier Advocate4Me performance reporting for Post-call NPS, UES Overall Satisfaction and Program Acceptance Rate.

<sup>2</sup> 2021 UnitedHealthcare performance reporting comparing enhanced advocacy members (Elite/Premier) to Core members.

<sup>3</sup> 2019-2020 UnitedHealthcare employer study including 387 clients, 4.8M members and \$19.2B in medical spend. Analysis completed on a continuous medical enrollment basis. Medical costs risk adjusted for age and gender. Value impact based on comparing clients by the adoption platform features vs. not (e.g., enhanced vs. Core advocacy). Actual client results may vary based on specific clinical programs the client has or maturity of implementation.

<sup>4</sup> 2023 UnitedHealthcare BCRT value study of product analytics pre/post hospital admission from September 2019 to March 2023.

<sup>5</sup> 2022 UnitedHealthcare Special Needs Initiative product dashboard.

<sup>6</sup> UnitedHealthcare pre/post study conducted on families initially engaged between January 2019-August 2020. Analysis completed in December 2021.

<sup>7</sup> Manatt, Phelps & Phillips, LLP. Medicaid's role in addressing social determinants of health

<https://www.rwjf.org/en/insights/our-research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>. Robert Wood Johnson Foundation. Feb. 2019.

<sup>8</sup> 2021 UnitedHealthcare internal analysis of program participants.

<sup>9</sup> Cooper Z, Nguyen H, Shekita N, Morton FS. Out-of-network billing and negotiated payments for hospital-based physicians. Health Affairs. 2019;39(1).

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