



# Enhanced advocacy models demonstrate that more support often equals more success

Analysis reveals the amplified value of enhanced advocacy models across a range of large and mid-size employers to help deliver highly personalized support and drive medical cost savings.

Employers have a choice of 3 robust UnitedHealthcare advocacy models to help employees navigate their health care benefits in order to achieve better outcomes for less cost. New analysis evaluated a range of metrics for 387 large and mid-size employers to reveal differences in how the models performed.

This case study captures the results of that analysis to help employers consider which advocacy model is right for their employees and their company goals.<sup>1</sup>

## Methodology

- Evaluation of 387 large and mid-size employers (4.8M covered lives) comparing 2019 to 2020 metrics
- No claim trend data adjustments needed for COVID-19 because there was a big enough sample size and the impacts affected employers across the board

## Our 3-part approach to advocacy excellence

### Core

A proactive, highly personalized experience helping employees make informed choices and employers manage costs

### Elite/Elite Alliance\*

All of Core plus increased employee engagement through a higher-touch experience with a designated team of Advocates who are specifically trained on your company's benefit plan and priorities

### Premier

All of Elite (and Core) enhanced with a co-located service team that includes designated operations and medical directors as well as clinicians who focus on quality and cost opportunities specific to your employee population

\*All Elite results listed throughout this case study are inclusive of Elite Alliance. The Elite Alliance provides access to Elite advocacy services for smaller and mid-sized employer groups at a competitive price point. The Alliance is set up as an aggregator model. Multiple clients are counted as 1 client within the overall Highly Designated Elite team.

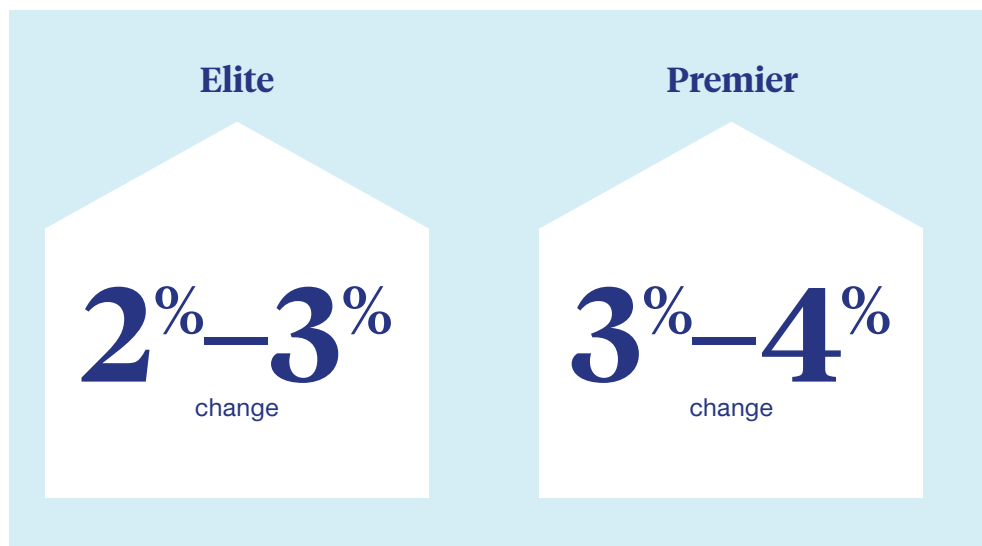
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# Validating medical cost savings and increased employee satisfaction

The 2020 analysis confirms what our first detailed 2019 analysis showed in terms of increased satisfaction, engagement and savings when an employer moves from Core advocacy to an enhanced advocacy model. The 2 years of comprehensive analysis demonstrate consistent results.

## Enhanced advocacy delivers total medical cost of care savings

Based on risk-adjusted claims data, both enhanced advocacy models showed a reduction in total medical cost of care savings compared to Core. Elite saved 2%–3%, while Premier saved 3%–4% on average.



## Gaps in care closed

The analysis revealed that the opportunity value from gaps closed increased at a greater rate for the enhanced advocacy model employers (those using Elite or Premier). Specifically, Elite was 33% and Premier was 51%.

This is significant because closing gaps is a leading enabler to detect disease earlier and help ensure effective care management. Failure to close care gaps may result in higher medical costs and more invasive patient treatment.

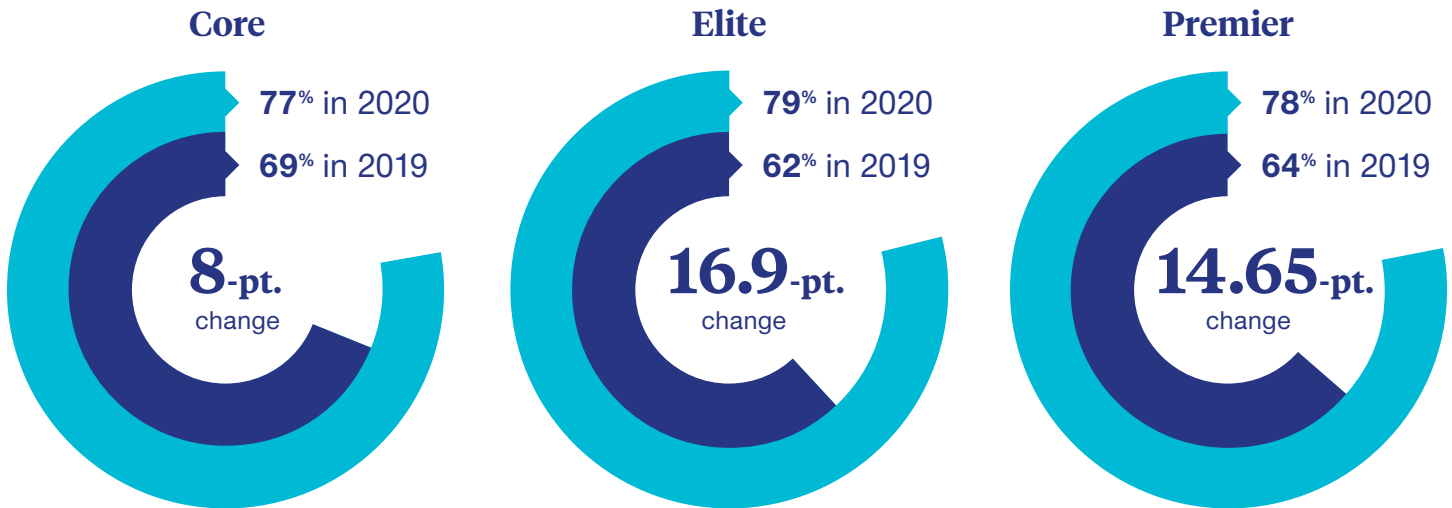
## Opportunity value



## Program referrals accepted, enrollment increased

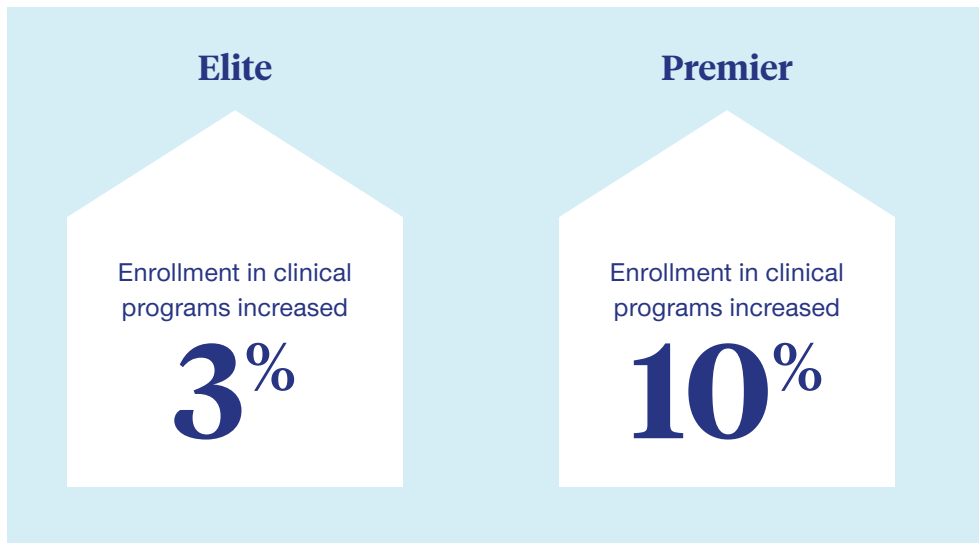
The program referral acceptance rate increased in 2020 for employers using the Core advocacy model—even in a year marked by COVID-19. Elite and Premier saw an even greater lift.

### Program referral acceptance rate



### Enrollment rate

Perhaps most notably, for enrollment, employers moving from Core to Elite or Premier saw these results:



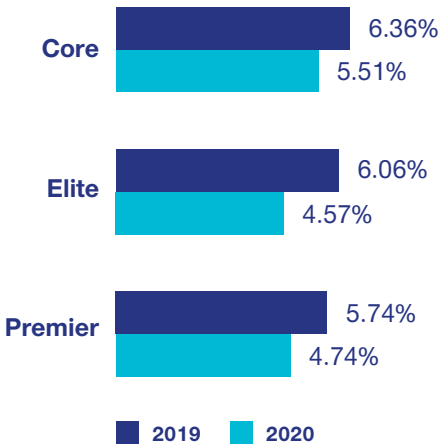
Getting employees to accept referrals is an important part of the advocacy story; enrollment is even more critical because that drives savings.

### Repeat and transfer rate improvements

All 3 models showed an improvement in both repeat calls (calls for the same issue) and transfer rates (number of times calls were transferred to a different resource). However, Elite and Premier markedly outperformed Core.

Fewer repeat or transferred calls reflect that the calls are getting to the right person the first time. This is an indicator of the higher-touch experience the enhanced advocacy models deliver.

## Repeat rate



### Change

Core  
**-0.84**

Elite  
**-1.50**

Premier  
**-0.99**

## Transfer rate



### Change

Core  
**-1.41**

Elite  
**-4.51**

Premier  
**-2.64**

## Employee satisfaction improvements

In terms of employee likelihood to recommend UnitedHealthcare—a measure of satisfaction—employers with Premier achieved a 12-point lift. Elite also surpassed Core.

### Net Promoter Score® (NPS®)<sup>2</sup>

	2019	2020
Core	63	70
Elite	64	75
Premier	62	74

### Change

Core  
**7.0**

Elite  
**11.0**

Premier  
**12.0**

Net Promoter, Net Promoter System, Net Promoter Score, NPS and the NPS-related emoticons are registered trademarks of Bain & Company, Inc., Fred Reichheld and Satmetrix Systems, Inc.

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# Achieving sustained value through enhanced advocacy

Beyond year 1 for employers in an enhanced advocacy model, opportunity values associated with closing gaps in care continued to outpace Core, as did referral acceptance and operational excellence.

Other key findings:

- Repeat calls and transfers continued to be lower than Core
- Per member per month (PMPM) savings continued to outperform Core even after the initial lift
- Health Activation Index™ (HAI™) continued to improve year over year, with a higher impact on Elite accounts

## The results are in and ongoing

The 3 advocacy models (Core, Elite and Premier) are shown to be progressively effective even in unusually challenging years such as 2020.

The key is connecting employees to the resources they may need—exactly what enhanced advocacy from UnitedHealthcare is designed to help do.

This case study is part of an ongoing retrospective analysis. Future results will be provided to further demonstrate each model's performance and help employers determine which advocacy model may be right for them.

## The power of activation

The UnitedHealthcare HAI score captures employee engagement (activation) to help optimize health plans and incentives. This tool evaluates 53 evidence-based decisions as well as life-stage, demographic and socio-economic factors, and identifies under-engaged individuals/groups.<sup>3</sup>

Highly activated patients are significantly less costly than those low on the activation scale. In fact, when HAI scores increase by 1%, medical costs decrease by

**.56%**<sup>3</sup>

**Learn more**

For more details, go to [uhc.com/advocacy](https://uhc.com/advocacy)

**United  
Healthcare**

<sup>1</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>2</sup> NPS results captured via post-call interaction-based survey. While NPS results are an indicator of the employee experience with an Advocate, it is important to note that other employer-specific factors such as plan design and network access also impact the NPS.

<sup>3</sup> Geographic and risk-adjusted study, 2019 National Accounts book of business. Example: Client moving from 60% to 61% would have a 0.56% impact on savings.

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