



Networks designed to improve care quality and reduce costs

More employers are choosing networks that promote quality care and cost savings—without sacrificing provider choice.

Employers have an array of options when it comes to choosing provider networks for their employees. There are broad networks with extensive coverage options and high-value networks with coverage that is concentrated to a pool of quality providers and facilities, as well as networks that rely on the primary care provider (PCP) to guide employees to care.

Employers rely on provider networks to care for their workforce, but they're also a means for managing costs. A recent report showed that about one-fifth of surveyed employers were using alternative networks, Centers of Excellence (COEs) and high-performance networks (HPNs) to help guide their employees to high-value care, which can make a difference in outcomes and costs.¹ That percentage goes up to 46% among surveyed employers with 20,000 or more employees.¹

These statistics underscore that a growing number of employers see the value of quality networks that help meet employee health needs and manage costs.

When employers choose a network, they consider the simplicity, flexibility and options it offers employees and their families, as well as how it helps navigate them to higher quality, more cost-effective care. The networks that are becoming distinctive in the market are designed to:

- Maintain network strength and provider availability
- Guide employees to care more effectively
- Reward providers for the quality and cost of care they deliver
- Incent employees to choose high-value care options
- Support the provider-patient relationship



“Our network strategy helps bring more value by helping to improve patient outcomes, lowering costs and creating a better experience for our members and their providers.”

Stephanie Alberti

Vice President of Product
UnitedHealthcare Employer & Individual

Network designs

Broad access

Provides employees with extensive coverage options, including provider and site of care choices

PCP-guided care

Helps employees build stronger connections with their PCPs, which may help improve their overall experience and lower costs

Focused access

Offers access to high-value care for more personalized, cost-effective support based on employees' unique health needs or location

Balancing the power of choice with quality and cost

Many employers and employees appreciate the flexibility and array of options provided by a broad access network. These types of provider networks are popular, especially among larger employers. In fact, 63% of large employers characterized the network in their largest health plan to be “very broad.”²

Having a vast amount of provider and site of care choices can improve an employee's experience with their employer's health plan, but it may also create decision fatigue for employees and variability in costs for employers.

That's why it's critical that carriers pair broad access networks with a **digital experience** that allows employees to view quality and cost information across different providers and sites of care. Giving employees convenient access to that information can enable more informed health decisions and potentially reduce the cost of care for them and their employers.

Encouraging the patient-provider relationship for better navigation and lower costs

PCPs can act as a health guide—someone who can help coordinate an employee's care and support them in achieving their best health. Arrangements like these help employees build **stronger connections with their PCPs**, which can help improve their health plan experience and impact the bottom line.

For instance, employees who engage with their PCP may have better compliance with screenings and better outcomes, which may mean more productivity and less absenteeism at the office. Employees may also find that navigating the health system is easier, since PCPs can guide them and their covered dependents to the right care at the right time and place, including giving referrals for specialists.

When more complex issues arise, PCPs can be integral in prescribing cost-effective medications, making referrals to specialists and recommending the most appropriate sites of care. Point of Care Assist[®], a UnitedHealthcare tool that integrates real-time member information into existing electronic medical records, supports providers in their quest to provide their patients with the highest quality and lowest possible cost of care.

“When members have a primary care physician, they tend to have a lower cost of care,” says Stephanie Alberti, vice president of product for UnitedHealthcare Employer & Individual. “And our research demonstrates that those members have a better experience because they're able to navigate a complex health care system a little more easily.”



Primary care providers have the ability to impact

60%

of every health care dollar³

Prioritizing high-value care for more personalized, cost-effective support

When an employee population has complex health needs or is highly localized geographically, networks that offer more focused access may be a better fit. These types of networks provide employees access to quality care based on their unique health needs or situation.

In curating these custom network configurations, carriers often collaborate with local health systems and care providers that deliver quality health outcomes at lower costs. For instance, UnitedHealthcare offers high-value networks in collaboration with select Accountable Care Organizations (ACOs), Centers of Excellence (COEs) and local health systems.



Collaborations with ACOs

ACOs are groups of doctors, hospitals and other health care providers who come together on a voluntary basis to provide coordinated care to the members they serve. They're voluntarily making themselves accountable for the cost and quality of care they offer their patients—and they're helping move the needle when it comes to managing costs. At UnitedHealthcare, through one ACO plan design, physicians and specialists evaluated for quality and cost efficiency generated up to 15% in savings.⁴



Collaborations with COEs

COEs, which are programs that help identify the best available care for complex conditions, can help manage the costs of large claims like cancer treatments. Additionally, COEs can help bring more accurate diagnoses, fewer readmissions and complications, reduced initial procedure costs and a simplified billing and payment experience.⁵ COEs may also offer the most important thing of all: higher survival rates and better outcomes.⁵



Local health systems

Different pockets of the country offer varying health systems, some with more or better options than others. That's why collaboration with local health systems is so critical. For example, in areas where there are fewer providers or sites of care, ensuring that the networks are robust enough to serve members' needs or offer alternate options, such as virtual care, becomes even more important.

57%

of surveyed employers expressed interest in strategies for better managing employee care choices, such as COEs⁶

Selecting the right network design matters, and UnitedHealthcare is here to help

UnitedHealthcare is constantly evaluating its portfolio of networks to ensure employers have access to options that meet their needs and the preferences of their employees. This includes streamlining the number of network constructs offered—to help make the selection process easier for employers, brokers and consultants—and further investing in, evolving or expanding its existing networks.

A distinctive approach to the identification and designation of high-value care providers

Recognizing that not all providers deliver the same level of care, UnitedHealthcare uses evidence-based standards and national industry guidelines to ensure physicians meet safe, timely, effective quality care criteria and are eligible for efficient care evaluation.

“We’re helping members shop for health care like consumers shop for anything else,” says Dr. Gerald Hautman, chief medical officer of National Accounts for UnitedHealthcare Employer & Individual. “Giving members the information they need to make more informed health care decisions matters because it can translate to better health outcomes and a lower cost of care for those members as well as employers.”



Learn more

Contact your broker, consultant or UnitedHealthcare representative or visit [uhc.com/broker-consultant](https://www.uhc.com/broker-consultant) or [uhc.com/employer](https://www.uhc.com/employer)

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¹ Health & Benefit Strategies for 2024 Survey Report. Mercer. Available: https://www.mercer.com/assets/us/en_us/shared-assets/local/attachments/pdf-2023-us-health-and-benefits-strategies-for-2024-survey-report.pdf.

² 2022 Employer Health Benefits Survey. KFF, Oct. 27, 2022. Available: <https://www.kff.org/report-section/ehbs-2022-section-13-employer-practices-telehealth-provider-networks-and-coverage-for-mental-health-services/>. Accessed: Jan. 26, 2024.

³ National Health Expenditures, 2020 Highlights. Centers for Medicare & Medicaid Services.

⁴ Customer-level potential savings will be a function of plan design, geographic mix, service mix, the proportion of total spend currently associated with non-Tier 1 providers and the extent to which that current spend is redirected to Tier 1 providers. Savings estimates relate to UnitedHealthcare's book-of-business results. All figures and estimated savings represent historical performance and are not a guarantee of future savings. Meaningful benefit design differentials needed to achieve the upper bound of savings.

⁵ Savings estimates relate to UnitedHealthcare's book-of-business results. All savings estimates represent historical performance and are not a guarantee of future savings.

⁶ The future of health care: What matters to employers. UnitedHealthcare, Jan. 2024. Available: <https://www.uhc.com/agents-brokers/employer-sponsored-plans/news-strategies/resources/2023-employer-innovation-survey-report>.

The Centers of Excellence (COE) program providers and medical centers are independent contractors who render care and treatment to health plan members. The COE program does not provide direct health care services or practice medicine, and the COE providers and medical centers are solely responsible for medical judgments and related treatments. The COE program is not liable for any act or omission, including negligence, committed by any independent contracted health care professional or medical center.

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