



Easing administrative burdens benefits the entire health care ecosystem



Insurers are continually looking at new ways to streamline processes and make it easier to deliver care, navigate the health system and manage health plans.

The U.S. health system spent \$60B on administrative tasks alone in 2022—an increase of more than \$18B over the previous year.¹

Those administrative tasks include the verification of eligibility and benefits, prior authorizations, the coordination of benefits, remittance advice and everything from claim submissions to claim status inquiries and payments.

Reducing administrative burdens and eliminating administrative waste can benefit everyone involved in the health care ecosystem. By decreasing the time and money spent managing an employer's health plan and improving patient care through more streamlined processes, better health outcomes, lower costs and simpler experiences may be achieved.

Solving the biggest challenges in health care demands new ways of thinking. That's why UnitedHealthcare is focused on developing new solutions and initiatives that aim to cut through the red tape and transform the health care experience for employees, providers, employers and the individuals who support them along the way.

“At UnitedHealthcare, we understand the challenges people face when navigating the health care system,” says Samantha Baker, chief consumer officer for UnitedHealthcare Employer & Individual. “Efforts to reduce administrative burden and improve efficiencies are critical to supporting consumers and evolving the overall health care experience.”

\$60B

spent by the health system on administrative tasks in 2022¹



Reducing the steps required for employees to get the care they need, when they need it

Recognizing the correlation between the patient-provider relationship and the employee-employer relationship, considerable efforts are being made to create a simpler, more connected and supported experience for providers.

Much of these efforts focus on streamlining the amount of back-and-forth that occurs among providers, patients and insurers to get employees the care they need, when they need it.

For example, prior authorizations are often a necessary step in a patient's treatment plan. Providers submit a prior authorization to the member's health plan to obtain coverage approval for designated drugs or nonemergency procedures.

In addition to being considered an important step in ensuring patients understand their portion of the treatment cost, prior authorizations also promote clinical quality and can reduce waste due to overtreatment. Yet they can be time-consuming to submit and could lead to delayed medical care, depending on the response time of the insurer.

In an effort to address this tension head-on, UnitedHealthcare launched an initiative to **reduce prior authorizations** by about 20% for common procedures, treatments and services. Going hand-in-hand with this initiative is the UnitedHealthcare Gold Card program, which is designed to reward provider groups that successfully practice evidence-based and medically necessary care, as measured by high prior authorization approvals.

Reducing the number of required prior authorizations not only cuts down on back-end tasks for providers, it also creates a simpler experience for employees and has the potential to benefit employers by leading to a workforce that is healthier and more satisfied with their health plan.

Providers also spend a significant amount of time working with patients' Electronic Medical Records (EMRs). In fact, one report shows that providers spend 45% of their time working in EMRs—only half of that time while providing direct patient care.²

Pursuing innovations that work to better connect and integrate patient data into a provider's workflow is another area of the health care industry's focus. This can be seen in tools like **Point of Care Assist**[®], which integrates a patient's UnitedHealthcare medical record with a provider's EMR, and PreCheck MyScript[®], which provides patient-specific prescription costs.

These tools aim to help save providers time and enable them to make more informed decisions on behalf of their patients, which has the potential to result in better health outcomes and lower costs for employers and employees.

UnitedHealthcare has worked to eliminate

≈ **20%**

of prior authorizations for common procedures, treatments and services



Simplifying the selection and purchasing process with benefit vendors

As employee expectations for their benefits expand beyond traditional health care to include **behavioral health**, **financial wellness** and other **holistic, whole-person health options**—employers may find themselves faced with myriad vendor and solution choices.

Sifting through all the options available can feel overwhelming and confusing, especially considering many employers work with anywhere from 4–9 digital health solutions at a time.³ Plus, evaluating, choosing and managing these solutions can be time-consuming and resource-intensive.

The challenge is that many of these solutions are owned by different vendors, may use different systems or platforms and have different purchase processes. In listening to the pain points this creates for employers, UnitedHealthcare determined it could play a pivotal role in bringing those parts of the health system together to create a better experience for its customers and their employees.

By curating a network of vendors into a single platform, **UHC Hub™** from UnitedHealthcare aims to enable a more connected experience and save employers from having to navigate what can often feel like a fragmented system, especially when it comes to selecting and purchasing vendors.

The benefits of UHC Hub are also expected to impact employees by helping connect them to solutions that can better meet their health and well-being needs, manage their complex care and understand how to use their health care benefits and services.

This new tool also reduces the administrative load for those who support employers. Since UHC Hub provides employers a robust self-service option and requires less hands-on assistance, brokers, consultants and insurers are able to spend more time focusing on other issues that matter to employers and employees.



+50%

of employers are working with 4–9 digital health solutions³

+80%

of employers offer or are interested in offering third-party health solutions⁴



Improving the quoting and enrollment experience

In addition to streamlining processes for providers, employees and employers, it is important to reduce the amount of time and resources spent on manual tasks by those who assist employers with onboarding and health plan management.

Understanding the value of the relationship between employers and their broker, consultant and insurer, UnitedHealthcare continually seeks out new ways to make it easier to manage enrollment and eligibility maintenance processes.

“We’ve established a team to improve how UnitedHealthcare products show up in the broader benefit ecosystem,” explains Dan Cole, vice president of strategy for UnitedHealthcare Benefit Ecosystem™ within UnitedHealthcare Employer & Individual. “We’re focused on developing strategic alliances with tech-forward and consumer-centric solutions. These collaborations aim to improve the enrollment and administration experience for all shared stakeholders.”

As part of this work, the team developed **UnitedHealthcare Benefit Ecosystem**. This secure digital marketplace works to improve the benefit administration experience and streamline the enrollment, eligibility and renewal process using real-time integration and automation.

This includes automating the steps involved in building a client profile and managing a group’s enrollment and eligibility. It also facilitates direct, real-time communication between benefits administrators and UnitedHealthcare.

This approach has the potential to benefit:

- **Benefits administrators** – by making it easier to onboard, support and manage their customers’ health plans and benefits with year-round access to data
- **Employers** – by simplifying the management of employee benefits and automating the information entry process for greater accuracy and fewer member and HR issues
- **Employees** – by enabling a more seamless enrollment experience and easier access to coverage information

UnitedHealthcare focuses on bringing solutions to market that help people live healthier lives and help make the health system work better for everyone.

Core to that mission is finding innovative ways to reduce friction from the system, putting employees at the center, while listening and responding to the needs of today’s employers, brokers, consultants and providers.

Discover the benefits of automation

Powerful solution, improved experience

2,800 hours per year

Included plans:

- Medical
- Dental
- Vision
- Long-term Disability

Learn more about the benefits of automation with Benefit Ecosystem

Download the flier >

Learn more

Contact your broker, consultant or UnitedHealthcare representative or visit uhc.com/broker-consultant or uhc.com/employer

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¹ Adams, K. Healthcare Spent \$18B More on Administrative Tasks in 2022 Than Year Prior. MedCity News. Feb 3, 2023. Available: <https://medcitynews.com/2023/02/healthcare-spent-18b-more-on-administrative-tasks-in-2022-than-year-prior/>. Accessed: Oct. 17, 2023.

² Toscano, Fabrizio, et al. How Physicians Spend Their Work Time: An Ecological Momentary Assessment. Journal of General Internal Medicine, Aug. 17, 2020. Available: <https://link.springer.com/article/10.1007/s11606-020-06087-4>. Accessed: Sept. 25, 2023.

³ Plescia, M. Employer point solution fatigue: How can health startups rise above? MedCity News. Sep 29, 2022. Available: <https://medcitynews.com/2022/09/employer-point-solution-fatigue-how-can-health-startups-rise-above/>. Accessed: Oct. 17, 2023.

⁴ McKinsey Employer Health Benefits Survey, 2021. mckinsey.com/industries/healthcare-systems-and-services/our-insights/employers-look-to-expand-health-benefits-while-managing-medical-costs. Accessed Oct. 19, 2023.

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