

Digital healthcare guidance

Mitigating the high cost of
managing healthcare benefits



INTRODUCTION

Digital healthcare guidance—mitigating the high cost of managing healthcare benefits

A digital healthcare guidance platform helps employees find the best care at the best cost, improving their health and reducing their—and your—healthcare spending.

In a recent report, [54.4 percent of healthcare consumers](#) shared that “the process of finding and choosing a provider ranges from ‘somewhat’ to ‘very’ difficult.”

The top three challenges cited by respondents include:

- **Appointment availability**
- **Finding an in-network provider**
- **Taking too much time**

These challenges can lead to employees delaying or avoiding needed care or receiving care from low-quality, high cost, or out-of-network providers, all of which contribute to increased healthcare costs.

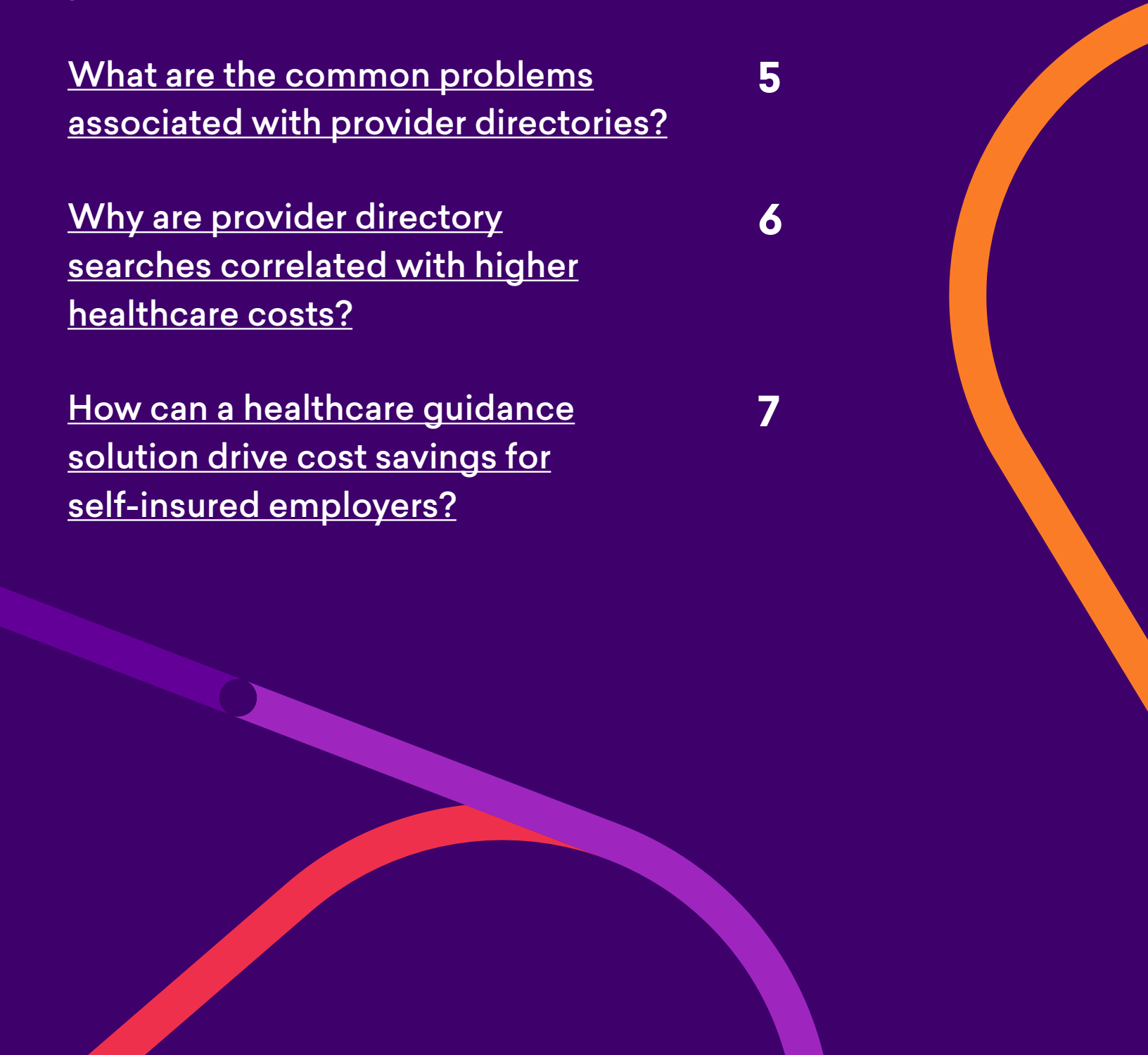
While there’s no single solution to help self-insured employers contain healthcare spending, how your employees search for healthcare providers directly impacts the cost of claims for your health plan.

Let’s explore how the three primary ways that today’s healthcare consumers find and book care drive up costs for your organization and how an alternative solution can lower health plan costs and maximize the ROI of your entire benefits program.



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What are the limitations of word of mouth referrals?

Word of mouth referrals have long been a trusted source for people seeking care. According to a recent report by consumer research firm Nielsen, [83 percent of consumers](#) turn to friends, family, neighbors, and online connections when making purchasing decisions.

While it can be reassuring to hear that others have had a positive experience with a provider, healthcare decisions based on anecdotal evidence often leave out essential information like quality, cost, and network status.

Without access to easy-to-understand quality and cost data, employees are more likely to book care with lower quality, higher cost providers that drive up costs for their employers.

Why are internet searches for care providers inefficient?

With the internet at our fingertips, it makes sense that over [65 percent of people](#) use online search engines to find care. The majority of people (47%) who utilize online search engines to find a provider will type in the type of provider they're looking for and "near me," while only 16% will enter the condition or concern they need treatment for.

That initial search request often leads people to other websites—most commonly hospital or clinic websites, WebMD, Healthgrades, and Facebook—that help them choose a provider. By the end of their search, a healthcare consumer will have looked at [three different online sources](#), but still not know the quality, price, network status, or availability of the provider they've selected resulting in unnecessary spending for both the individual seeking care and their employer.



What are the common problems associated with provider directories?

More than half of consumers searching for a provider turn to their health plan's directory. The errors that plague U.S. provider directories have become the focus of extensive research as experts begin to recognize the impact of these inaccuracies on access to care, health outcomes, and healthcare costs for patients, providers, and health plans.

53%

of consumers search for providers using their health plans online directory

52%

of physician listings in provider directories contained at least one inaccuracy

42%

of errors were inaccuracies with the highest likelihood of preventing access to care

Most common errors in provider directories

A study conducted at the University of Wisconsin and the University of California Irvine had two "secret shoppers" attempt to schedule appointments with more than 700 physicians within California. One secret shopper presented insurance coverage obtained through Covered California's

marketplace, and the other had the same plan but obtained it outside of the marketplace. Both shoppers used the provider's directory tool to identify potential providers for a given need or service, and in both cases, network inaccuracy contributed to care inaccessibility.

Here is what they found:

10%

The physician was no longer with the practice

30%

the wrong specialty was listed on the insurer's network

20%

unable to reach the physician despite repeated attempts

10%

the physician was no longer accepting new patients

The study highlights that this data is representative of directories nationwide. [Source](#)



Why are provider directory searches correlated with higher healthcare costs?

When a healthcare consumer relies solely on their provider directory, they are:

2x

as likely to be treated by an out-of-network provider

4x

more likely to receive a surprise outpatient out-of-network bill

Health plans negotiate with healthcare providers and facilities to offer discounted rates for covered services. With an agreement in place, these providers become in-network for the health plan. Without a contracted relationship, health plans can't control what is

charged for services and rates may be higher than the discounted in-network rate. When employees receive care from out-of-network providers, their health plan has to pay for the full cost of care, leading to higher costs for self-insured employers.

The impact of the No Surprises Act on provider directory inaccuracy

Though the No Surprises Act, which goes into effect in 2022, aims to improve the accuracy of provider directories and legitimacy of listed providers, technology, process, and collaboration challenges present significant barriers to providers' ability to respond to the legislation's requirements.

What does the new legislation require health plans to do?

- **Verify their provider directory every 90 days** and remove any providers that are not verified.
- **Submit regular updates to group health plans** and insurers to assist with the verification and provider directory update processes. [Source](#)

Will this solve the problem with provider directories?

- **Only 40 percent of physicians** who responded to a recent study by Experian Health are “moderately confident” their organization will be able to solve for the No Surprises Act. [Source](#)
- **A complex web of challenges—**including slow adoption of technology and compliance to processes—make it difficult for health plans and providers to collaborate effectively on improving the accuracy of provider directories.



How can a healthcare guidance solution drive cost savings for self-insured employers?

Digital healthcare guidance addresses provider directory inaccuracy and drives cost savings for employees and employers. It also provides a convenient and centralized entry point for people to get care. With digital tools available 24/7, and powered by unbiased cost and quality data to guide decision-making, the process of finding care becomes significantly less daunting for your employees.

Guide your employees to smarter healthcare choices with Amino

Amino is the smartest, easiest way for your employees to find and book high-quality healthcare. Our digital healthcare guidance platform uses cost, quality, and network data to recommend the best providers and benefits programs for a member's health needs and coverage.

As a result, your plan avoids wasteful claims spending, and members to high-quality healthcare options whenever they need them.

Amino designates Smart Match providers—top quality, in-network, cost-efficient practitioners and facilities - to guide members to the smartest care choices.

\$296

Average savings per
Smart Match encounter

Amino's Smart Match turns billions of data points on provider cost, quality, experience, and network status into a simple badge that helps employees quickly find great care options. As a result, more of your employees utilize the high-quality, cost-effective corners of your plan networks, reducing claims costs while ensuring everyone receives safe, appropriate care.

30%

reduction in
out-of-network costs

Most employees aren't healthcare experts.

When they're faced with a new symptom or diagnosis, they often don't know what kind of provider to see or where to get care. Members are guided toward the most appropriate care setting for their healthcare needs.

Employers who offer Amino see a **5x return on investment**



Interested in digital healthcare guidance?

Amino Guidance is the solution to unlocking benefits program stewardship and making it easier than ever to direct employees to the right healthcare benefits at the right time.

[Book a demo](#) to learn more.

