

OneVeracity™

Steering Members to High-Quality Providers

How clear data improves outcomes and reduces total cost of care

OneVeracity clients have experienced:

22%
fewer inpatient days

14%
fewer inpatient admissions

17%
shorter average length of stay

Executive summary

Healthcare costs are on the rise, driven directly by price inflation and indirectly by variation in care quality, utilization, and outcomes across providers. With average family premiums rising by 26% over the last five years, 2026 cost trends are predicted to be even higher, unless employers can find ways to offset these costs.[1]

One way that self-funded employers can reduce their health plan costs is by steering members to high-quality providers. This is one of the most effective strategies to improve health outcomes, lower unnecessary utilization, and reduce total medical spend.

When members receive high-quality care from providers who consistently deliver evidence-based, efficient treatment, they experience fewer complications, fewer readmissions, and lower overall costs.

OneVeracity's Care Solutions model guides members to providers who deliver quality care by combining:

- Evidence-based provider quality scoring
- Proactive member navigation and steerage
- Integrated analytics and insights

The outcomes are measurable, and our clients' results make it clear that where a patient receives care matters as much as what care they receive. Member steerage is a foundational strategy to improve plan performance, and employers and brokers can implement it as part of a broader integrated care model designed to lower costs and improve member care.

In this paper, you'll learn:

- Why provider selection is one of the most important drivers of healthcare costs and outcomes
- How quality scoring and care navigation work together to improve member decisions
- Strategies to reduce unnecessary utilization through evidence-based provider guidance
- How quality-focused care supports healthier members and more sustainable health plans
- A real-world example of OneVeracity's Care Solutions in action

THE CASE FOR STEERAGE

Why steering to high-quality providers matters

Variation in quality drives variation in outcomes

Providers and the quality of care they provide can vary significantly, even within the same geographic market and specialty. Without access to objective data about provider quality, members will select providers based on proximity, referrals within the same health system, or personal recommendations.

High-quality providers consistently deliver fewer complications, more appropriate treatment plans, and faster recovery, but without access to objective data, members don't know if they're picking a provider who will deliver quality outcomes. Choosing a low-quality provider can have real consequences by negatively impacting member outcomes and increasing healthcare costs.

In fact, some providers offer the same healthcare services for up to 40 times more than others within the same metro area.[2] Without quality intelligence, members guided to providers solely by proximity, referrals, and recommendations may unknowingly access the highest-cost, lowest-value services in their market.

Member experience and trust

Beyond clinical outcomes, steerage improves the member experience. Navigating the healthcare system can be complex and overwhelming. Without proper guidance, members may delay care, choose inappropriate or low-quality providers, and undergo unnecessary procedures. These decisions ultimately cost the health plan more than is needed.

Steerage can be viewed as a service, with nurse navigators as a trusted resource. When a nurse care navigator helps a member understand their diagnosis, they can assist with coordinating access to a high-quality specialist and removing the friction behind referral coordination. Navigators also assist patients in finding qualified providers for second opinions for high-cost surgeries or treatment plans. By removing these barriers, the navigator helps build members' trust in the health plan and drives higher engagement.

40× is how much more some providers charge for the exact same procedure within the same metro area with no guarantee of better outcomes.

Here's what changes when members are guided by data instead of guesswork:



High-quality providers

Better clinical outcomes



Lower complications

Reduced readmissions and avoidable procedures



Lower costs

Evidence-based care reduces unnecessary utilization



Better member experience

Guidance builds confidence

PROVIDER QUALITY MEASUREMENT

The role of quality scoring

Predicting outcomes and avoidable utilization

Quality scoring transforms provider selection from a subjective process into a data-driven one. These scores aggregate across multiple objective performance measures, giving members and navigators a consistent and reliable basis for decision-making.

Effective quality scoring models incorporate:

- Clinical outcomes
- Complication and readmission rates
- Length of stay
- Guideline adherence
- Cost efficiency
- Peer comparison
- Patient experience

Steerage models built on these scores can identify which providers will deliver both high clinical performance and lower downstream costs to guide a member's choice.

Quality scores within OneVeracity Care Solutions

OneVeracity's Care Solutions integrates real-time quality scoring through our Guided Care Pathways program. This program leverages an evidence-based analytics platform to provide quality scores to providers and facilities based on aggregated data across claims, clinical registries, and publicly available information. These scores enable Care Solutions to steer members toward providers who consistently deliver high-quality, cost-efficient care.

Identifying quality providers supports proactive decision-making, reduces avoidable utilization, and improves member outcomes – but this is just one piece of the process. Care Solutions navigators ensure each member receives timely access to care by ensuring providers are accepting patients and have good appointment availability.

Healthcare administrative tasks can create burdens that cause members to delay or even skip care.[3] OneVeracity's Care Solutions model overcomes those obstacles by doing the work on members' behalf.



UTILIZATION AND SPEND

Impact on unnecessary care and total spend

Reducing excessive or inappropriate interventions

The United States spends more on healthcare than any other country, yet the estimated cost of waste in its healthcare system is about 25% of spending.[4] For self-funded employers, spending on wasteful care can be detrimental to plan sustainability.

Steerage is one tactic to reduce wasteful spending by preventing members from pursuing unnecessary elective procedures or treatments not supported by clinical evidence. High-quality providers generally demonstrate more conservative, guideline-aligned approaches. They are more likely to exhaust all evidence-based conservative care options before recommending surgery or other more involved procedures. With lower malpractice histories and disciplinary records, they also demonstrate better clinical judgment and prioritization of patient safety.

Second opinions from high-quality providers ensure members' treatment plans meet their condition needs, rather than jumping to the most intensive (and expensive) intervention.

Measurable results from OneVeracity clients

OneVeracity Care Solutions clients have shown consistent, measurable improvements in utilization:

- **7%** reduction in inpatient admits
- **44%** reduction in readmissions
- **7%** reduction in ER visits

These results translate directly into financial outcomes. Fewer admissions and readmissions result in lower inpatient claim costs. A decrease in emergency department utilization reflects members receiving appropriate care in the right setting rather than defaulting to the most expensive option.

How steerage drives these results

- **Fewer unnecessary hospitalizations:** High-quality providers manage complex conditions more effectively in outpatient settings
- **Reduced avoidable readmissions**: Better discharge planning and follow-up coordination from higher-performing facilities
- **Better management of complex conditions:** Improved specialist selection guided by quality scores
- **Lower rates of inappropriate surgical interventions:** Second opinions and more conservative treatment plans from quality providers filter out procedures not supported by clinical guidelines

The results are clear – when members receive the right care from the right provider at the right time, both clinical outcomes and cost savings improve.

NETWORK STRATEGY

Implications for plan design

Moving beyond traditional network adequacy

Traditional network adequacy standards focus on the quantity of providers in a geographic area, not the quality of those providers. Yet even a technically adequate network can have flaws. Large networks may rely on outdated, inaccurate directories full of high-cost, low-quality options. Even with an adequate network, members will still struggle to identify high-quality providers.

With steerage and care navigation, the network design's focus moves from access to providers alone to quality provider access.

Strengthen plan performance

Better steerage also supports actuarial predictability. When members are guided toward high-quality, cost-efficient providers, their claim patterns become more stable. With more predictable costs and utilization, employers can have stronger positions in stop-loss underwriting and negotiations with carriers.

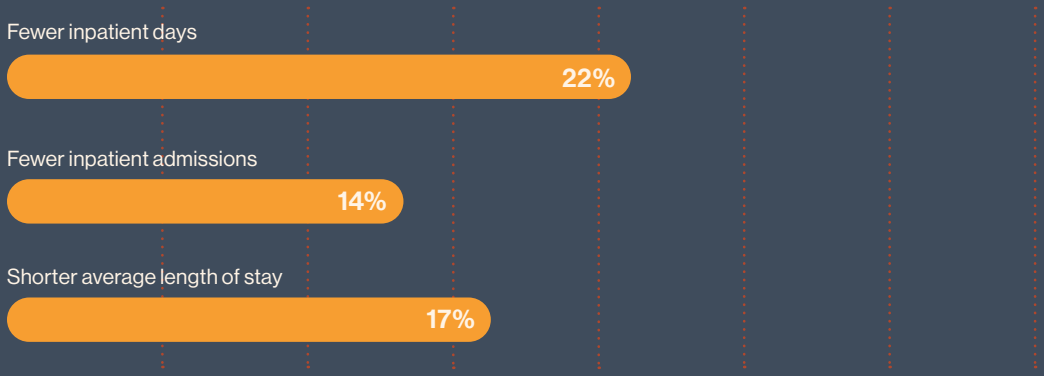
Further downstream, better steerage supports a healthier workforce. Healthy employees mean less absenteeism and increased productivity. These indirect costs don't necessarily show up in claims data but are real for businesses – some conditions can cost employers up to $1,600 per person annually.[5]

Proper steerage incorporates quality scores, care navigation, and even incentives, such as waiving members' deductibles for using high-performing providers. With these strategies, employers benefit from more stable costs, healthier populations, and overall stronger long-term plan sustainability.



OneVeracity Care Solutions client results

Steerage translates into measurable gains in utilization and spend



Source: OneVeracity Care Solutions client outcomes data

CASE STUDY

Avoiding unnecessary surgery through evidence-based steerage

A member was recommended for neck fusion surgery by a reputable local specialist. Looking for an alternative, the member sought care at an out-of-state spine institute with a reputation for aggressive surgical approaches and cash-only payment models.

Care Solutions reviewed available data on the out-of-state institute. Findings included:

- Multiple malpractice cases involving providers at the facility
- Concerns raised in publicly available investigative reporting
- Lack of alignment with evidence-based spine care clinical guidelines

A Care Solutions navigator coordinated an appointment and record transfer on behalf of the member to receive a second opinion. The member was guided to a high-quality, in-network spine specialist with strong quality scores and no malpractice concerns or disciplinary actions. This specialist also maintained strong clinical outcomes for conservative spine management and surgical appropriateness.

By steering the member to a high-quality provider and removing barriers to receive a second opinion, Care Solutions protected both the member's safety and the plan's financial exposure:

- The member avoided a potentially unnecessary, high-risk surgical setting
- The member received a more conservative, evidence-based plan of care
- The health plan avoided a high-cost surgical claim



Member recommended for neck fusion surgery → **Sought a second opinion out-of-state** → **Care Solutions reviewed the data - found red flags** → **Navigator coordinated transfer & appointment** → **Guided to a high-quality, in-network specialist**

What steerage protected

- ✓ Avoided a potentially unnecessary, high-risk surgical setting
- ✓ Received a more conservative, evidence-based plan of care
- ✓ Health plan avoided a high-cost surgical claim

Steerage protects members and plans

Implementing Care Solutions leads to stronger outcomes

Steering members to high-quality providers is a foundational strategy to improve clinical outcomes and lower healthcare spend. A successful steerage model combines data-driven quality scoring, proactive care navigation, and high-touch member support to guide members to effective care.

OneVeracity's Care Solutions brings these elements together to deliver measurable, consistent results. Our clients see fewer unnecessary interventions, improved utilization patterns, and substantial financial savings. Care Solutions empowers employers to enhance member care while protecting their plan's sustainability.

To learn more about how OneVeracity can support your health plan's needs with Care Solutions and other integrated care services, please reach out to our team via the contact information below.



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2. **Health Care Cost Institute. "Past the Healthy Marketplace Index: Exploring Actual Prices Paid for Specific Services by Metro Area." HealthCostInstitute.org, 2023.** https://healthcostinstitute.org/all-hcci-reports/past-the-healthy-marketplace-index-exploring-actual-prices-paid-for-specific-services-by-metro-area
3. **Kyle, M. A., and A. B. Frakt. "Patient Administrative Burden in the US Health Care System." Health Services Research, 2021.** https://doi.org/10.1111/1475-6773.13861
4. **Shrank, W. H., T. L. Rogstad, and N. Parekh. "Waste in the US Health Care System: Estimated Costs and Potential for Savings." JAMA, 2019.** https://doi.org/10.1001/jama.2019.13978
5. **Mitchell, R. J., and P. Bates. "Measuring Health-Related Productivity Loss." Population Health Management, 2011.** https://doi.org/10.1089/pop.2010.0014

Ready to learn how OneVeracity helps employers improve outcomes and reduce healthcare costs?

Let's connect. 770-420-1500 | sales@OneVeracity.com

OneVeracity.com/care-solutions

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