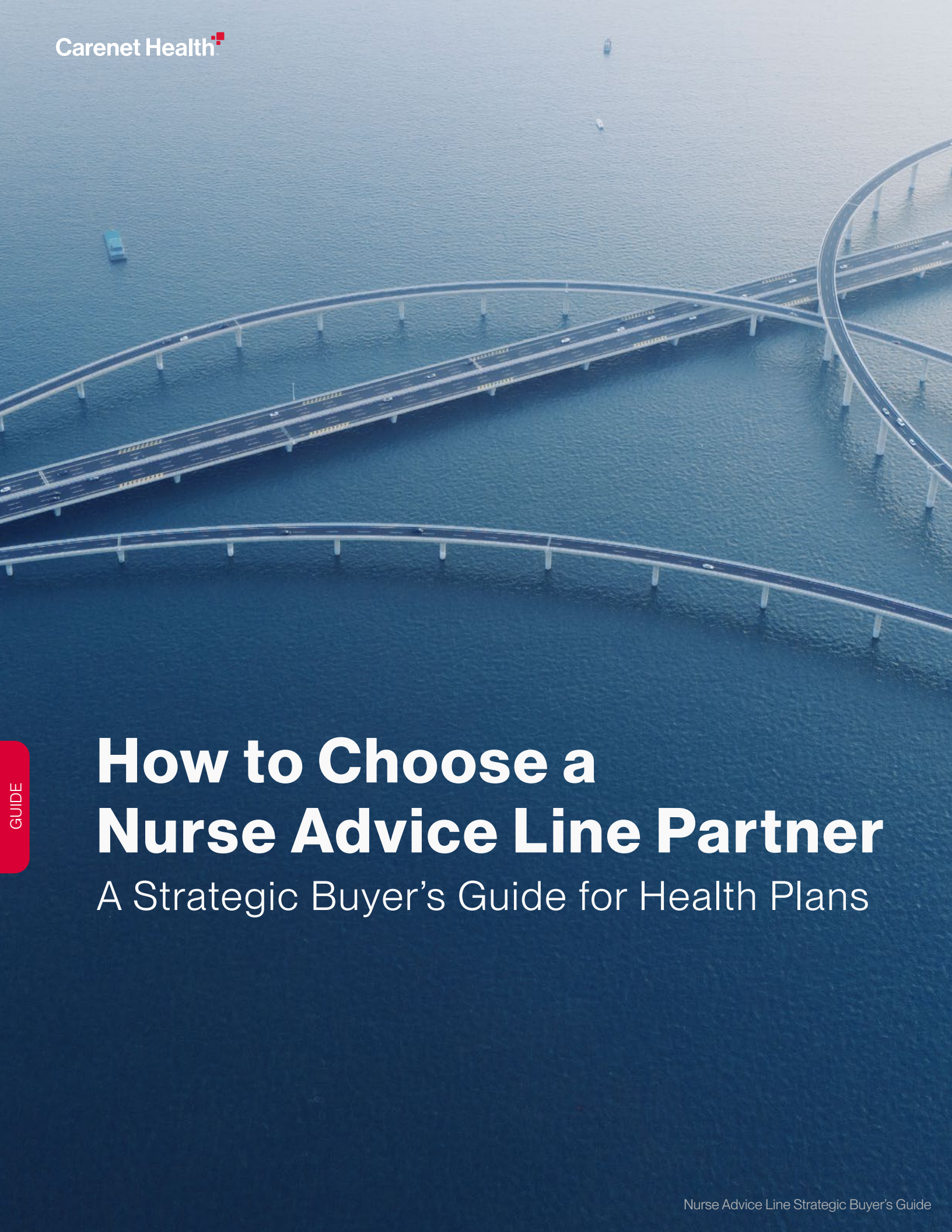




How to Choose a Nurse Advice Line Partner

A Strategic Buyer's Guide for Health Plans

GUIDE

Table of Contents



AT A GLANCE

Healthcare decisions happen in moments. When members need guidance, access matters.

A nurse advice line can be much more than a clinical support service. Done right, it becomes a front door to care that helps members make better healthcare decisions while helping health plans improve access, reduce avoidable utilization, and strengthen member experience.

As you evaluate potential partners, focus on five questions:

- | Can they deliver consistent, evidence-based clinical guidance?
- | Can they influence care decisions and reduce unnecessary utilization?
- | Can they operate at scale with proven reliability?
- | Can they create a better member experience?
- | Can they demonstrate measurable business impact?

The right nurse advice line does more than answer calls. It helps members get to the right care at the right time while creating meaningful value for the health plan.

Introduction

Payer organizations face mounting pressure to improve member access, reduce avoidable utilization, strengthen quality performance, and control costs without adding operational complexity.

Yet many plans still struggle to reach members with meaningful clinical support at the moment healthcare decisions are made.

When a member experiences symptoms at 2:00 in the morning, needs help deciding whether a condition requires emergency care, or simply wants trusted guidance, that moment matters.

More than a call-answering service, a modern nurse advice line serves as the front door to care—connecting members with registered nurses who provide evidence-based guidance, direct members to the most appropriate level of care, and help healthcare organizations reduce unnecessary utilization while enhancing member experience.

Selecting the right partner is critical. The questions in this guide will help you evaluate whether a solution can serve as a true extension of your organization, delivering both operational excellence and measurable business outcomes.



Why More Health Plans Are Investing in Nurse Advice Line Programs

Leading health plans are increasingly using nurse advice line services to:

- Improve member access to trusted clinical guidance 24/7
- Reduce avoidable emergency department utilization
- Direct members to the most appropriate care setting
- Enhance member satisfaction and experience
- Extend care management reach without increasing headcount
- Create additional opportunities for care navigation and engagement
- Support quality improvement initiatives and operational performance goals
- Deliver measurable return on investment through smarter care direction and utilization management

The most effective nurse advice line programs don't simply answer questions. They help members make better healthcare decisions while giving health plans greater visibility, control, and confidence in how care is accessed and utilized.

What High-Performing Nurse Advice Line Programs Do Differently

The most effective programs:

- Influence healthcare decisions when they matter most
- Route members to the most appropriate level of care
- Support member education and confidence
- Reduce unnecessary utilization
- Extend clinical capabilities without additional staffing burden
- Create opportunities for broader engagement and care management

The difference between a good Nurse advice line and a great one is its ability to drive measurable outcomes.

First: Define the Outcomes You Want to Achieve

Before evaluating vendors, establish clear business objectives.

Access and Experience

- Do we need to improve member access to clinical guidance?
- Are we looking to enhance member satisfaction and confidence?
- Do we need support during evenings, weekends, and holidays?

Utilization Management

- Do we need to reduce avoidable emergency department visits?
- Are members seeking care in higher-cost settings unnecessarily?
- Do we want greater influence over care decisions at the moment of need?

Clinical and Quality Goals

- Do we need to improve care coordination?
- Are there opportunities to support quality performance measures?
- Would earlier intervention improve outcomes for our populations?

Operational Priorities

- Do we need a scalable solution that relieves internal burden?
- Do we require stronger visibility and reporting?
- Are we looking for a partner that can integrate into existing workflows?

Defining success first will help ensure your evaluation process stays focused on outcomes rather than features alone.

Next: Define the Scope of Support You'll Need

Today's leading nurse advice line programs can provide significantly more than symptom triage.

Potential capabilities may include:

- Registered nurse symptom assessment and triage
- Evidence-based care guidance
- Care navigation and referrals
- Provider and facility direction
- Appointment support
- Medication guidance and education
- Benefits and eligibility support
- Behavioral health crisis support
- Care management engagement
- Follow-up outreach after critical encounters
- Virtual care integration
- Multichannel engagement across phone, chat, portal, and digital channels

The broader your strategic goals, the more important it becomes to evaluate whether a solution can support a connected member experience rather than a standalone clinical interaction.

The 15 Questions

Every Health Plan Should Ask

01

Is the nurse advice line accredited by respected third-party organizations?

What to Look For:

- URAC accreditation
- NCQA certification
- Ongoing quality governance
- Regular compliance reviews

Independent accreditation demonstrates a commitment to quality, consistency, and clinical excellence.

02

How does the organization ensure clinical excellence?

What to Look For:

- Registered nurses (RNs) only
- Significant acute-care experience
- Pediatric and adult expertise
- Ongoing nurse education
- Quality monitoring programs
- Telehealth-specific training

The quality of every member interaction depends on the quality of the clinicians delivering care guidance.

03

How will the service remain available 24/7 without interruption?

What to Look For:

- Nationwide clinical coverage
- Business continuity planning
- Disaster recovery capabilities
- Workforce redundancy
- Scalable delivery models

Members should have reliable access whenever they need help.

04

Does the organization's culture support long-term clinical excellence?

What to Look For:

- Strong clinician retention
- Professional development opportunities
- Leadership engagement
- Workload management practices
- Recognition and quality programs

A healthy workforce is often a leading indicator of a healthy member experience.

05

What communication channels are available to members?

What to Look For:

- Telephone support
- Secure chat
- Portal integration
- Digital communication options
- Omnichannel engagement

Members increasingly expect flexibility in how they access support.

06

What operational workflow options are available?

What to Look For:

- Care coordinators
- Smart routing processes
- Escalation workflows
- Callback models
- Navigation support services

Workflow design has a direct impact on both operational efficiency and member experience.

07

What clinical protocols guide member interactions?

What to Look For:

- Evidence-based clinical content
- Physician-reviewed protocols
- Adult and pediatric pathways
- Behavioral health support
- Clinical governance oversight

Consistency matters when members rely on clinical guidance to make healthcare decisions.



08

How does the nurse advice line integrate with broader care navigation and virtual care?

What to Look For:

- Virtual care connections
- Care navigation support
- Referral pathways
- Connected member journeys
- Integration with engagement strategies

The strongest solutions help members reach the right next step, not simply end the interaction.

09

How is member information protected?

What to Look For:

- HIPAA compliance
- HITRUST certification
- SOC 2 controls
- Security monitoring
- Data governance practices

Data security should be foundational to every member interaction.

10

Can the organization demonstrate measurable impact?

What to Look For:

- Emergency department diversion metrics
- Utilization reduction results
- Cost avoidance reporting
- Satisfaction performance
- Quality improvement support
- Operational efficiency gains
- Demonstrated ROI

A strategic nurse advice line partner should be able to prove business value—not simply report call volume.

11

How is member satisfaction measured?

What to Look For:

- Satisfaction surveys
- Net Promoter Score (NPS)
- Quality assurance programs
- Feedback loops
- Transparent reporting

High-performing programs continuously improve the member experience.



12

Does the organization have experience with our target populations?

What to Look For:

- Medicaid expertise
- Medicare Advantage expertise
- Commercial population experience
- Complex population support
- Relevant case studies and references

Population-specific experience often translates to stronger outcomes.

13

How are language and accessibility needs supported?

What to Look For:

- Bilingual clinical support
- Interpretation services
- Broad language coverage
- Hearing-impaired support
- Accessible engagement options

Every member should have equitable access to clinical guidance.

14

What reporting and insights are available?

What to Look For:

- Real-time reporting
- Utilization trend analysis
- Engagement metrics
- Operational dashboards
- Data exports
- Population-level insights

The best partners transform interaction data into actionable intelligence.

15

Can the organization consistently meet service-level expectations?

What to Look For:

- Speed-to-answer performance
- Callback performance
- Abandonment rates
- System uptime
- Scalability metrics
- Workforce management processes

Reliable execution is what turns a nurse advice line into a trusted operational asset.



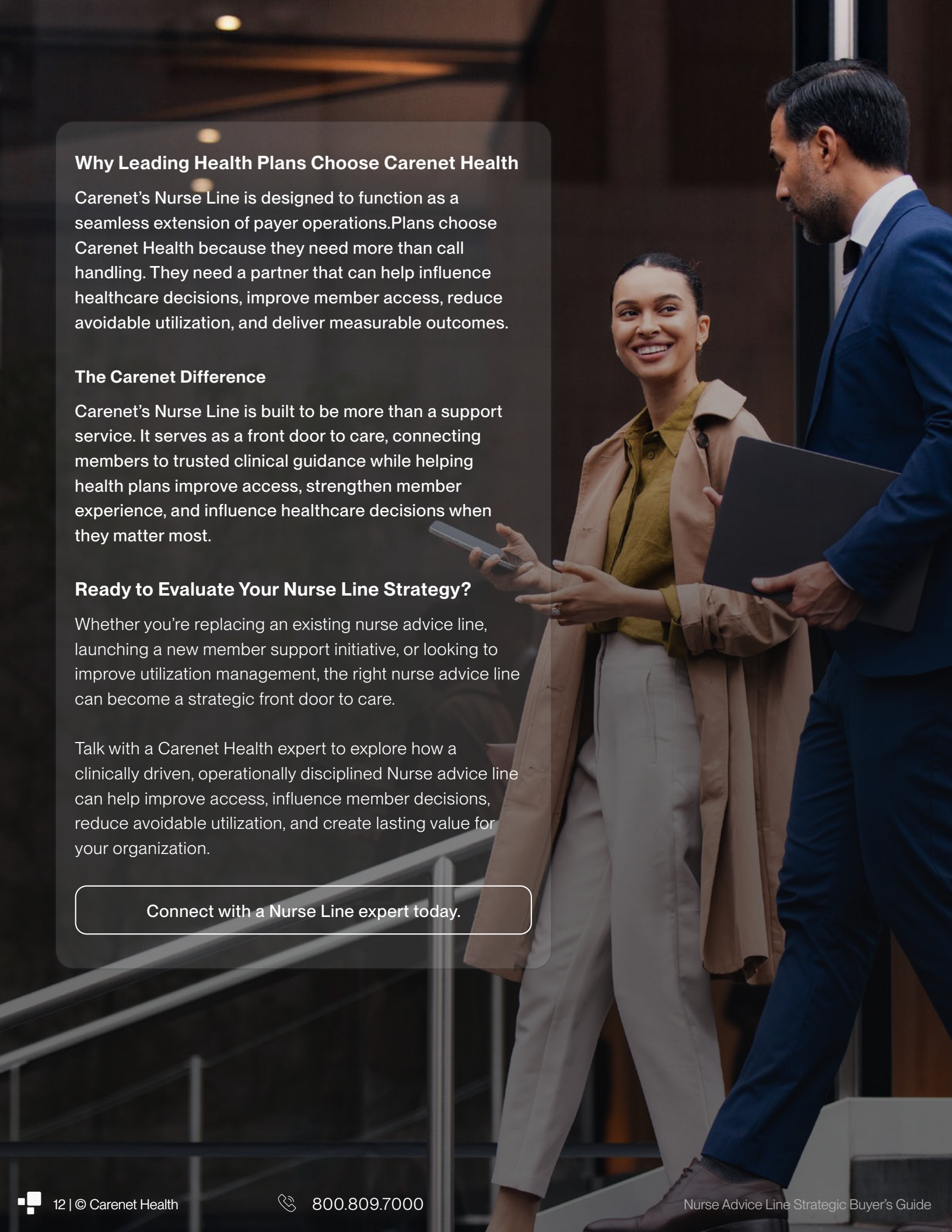
The Right Nurse Advice Line Is More Than a Vendor Decision

For many health plans, a nurse advice line becomes the primary entry point into the healthcare experience.

When members need guidance, reassurance, or help navigating a healthcare decision, they want immediate access to trusted clinical expertise. For health plans, those moments create opportunities to improve outcomes, reduce avoidable utilization, enhance member satisfaction, and strengthen operational performance.

The right partner does more than answer calls.

The right partner creates a dependable front door to care—combining clinical expertise, operational excellence, advanced engagement capabilities, and actionable insights to help members make better healthcare decisions while delivering measurable business value.



Why Leading Health Plans Choose Carenet Health

Carenet's Nurse Line is designed to function as a seamless extension of payer operations. Plans choose Carenet Health because they need more than call handling. They need a partner that can help influence healthcare decisions, improve member access, reduce avoidable utilization, and deliver measurable outcomes.

The Carenet Difference

Carenet's Nurse Line is built to be more than a support service. It serves as a front door to care, connecting members to trusted clinical guidance while helping health plans improve access, strengthen member experience, and influence healthcare decisions when they matter most.

Ready to Evaluate Your Nurse Line Strategy?

Whether you're replacing an existing nurse advice line, launching a new member support initiative, or looking to improve utilization management, the right nurse advice line can become a strategic front door to care.

Talk with a Carenet Health expert to explore how a clinically driven, operationally disciplined Nurse advice line can help improve access, influence member decisions, reduce avoidable utilization, and create lasting value for your organization.

Connect with a Nurse Line expert today.

