

zipari

Spotlight on Member Satisfaction



Star-Studded Outcomes

Member satisfaction is holding strong in the industry spotlight. A clear telltale of the times is the CMS decision to double the weight of CAHPS in their Star rating formula.¹

Payers who have been putting resources into member satisfaction are seeing operational wins - in addition to happy customers. Member satisfaction drives quality scores and is directly related to health plan reimbursement. In the case of Stars, a 1-point boost in ratings can translate into a gain of \$500 per member, per month.²


Member satisfaction also reduces member churn, enhances employer acquisition, and improves administrative outlook for health plans across all market segments.³ These outcomes indicate that member satisfaction is likely to hold the spotlight for the foreseeable future.



2020
Contract Year
(2022 Star Rating)



2021
Contract Year
(2023 Star Rating)



In a sample of 3,000 health plan members, individuals who felt that their plan understood their personal health needs gave their plan significantly higher satisfaction ratings.

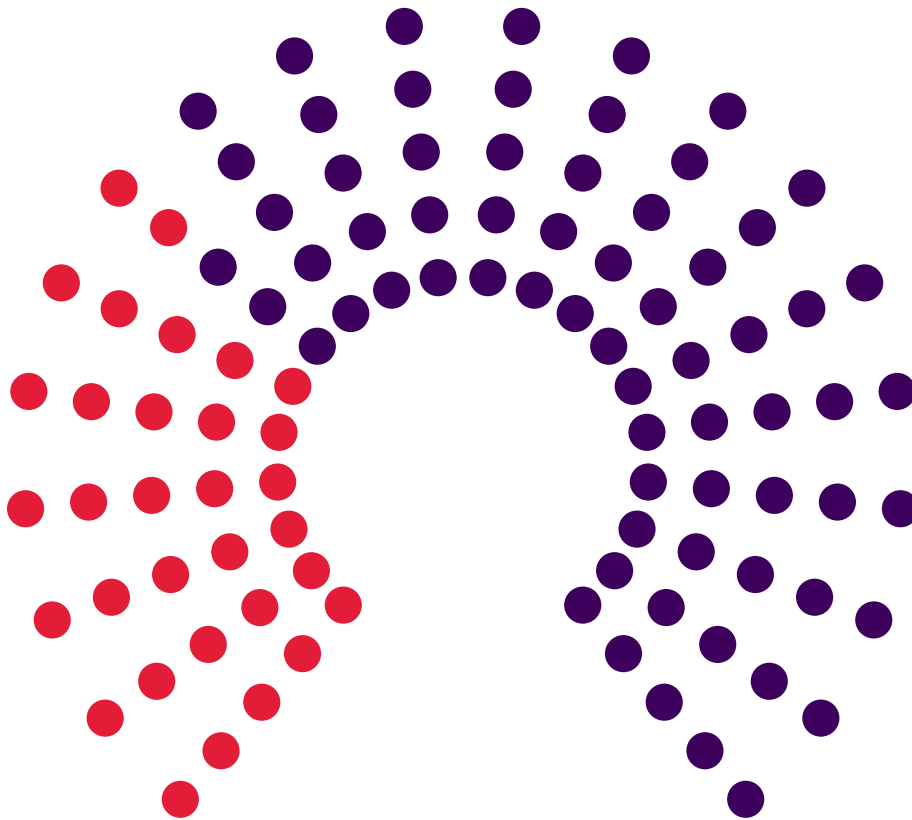
Plans that Shine

So how can health plans shine in member satisfaction? Primary market research by industry leader Zipari finds that personalization just may be the key.

Using a sample of 3,000 health plan members from commercial, Medicare, and Medicaid populations, Zipari reviewed a variety of factors hypothesized to predict member satisfaction. While many factors had small but significant relationships with satisfaction, personalization accounted for a remarkable 24% of variance in members' satisfaction with their health plan overall and 32% of variance in members' satisfaction with their plan's customer service.⁴ Knowing that a quarter to a third of earning high member satisfaction scores depends on one thing, personalization, puts payers on a clear path to success.

Personalization accounted for a remarkable 32% of variance in members' satisfaction with their health plan's customer service

— 32% —



Make it Personal

The best way to personalize the experience for each member is to make goal-driven recommendations. This means prompting one top action to each member and making sure that action is consistently presented across all of a member's preferred engagement channels, from the call center to the mobile app. To make goal-driven recommendations, plans need three key pieces of information:



1. **Member communication preferences.** Do they want to receive emails, texts, push notifications, or calls?
2. **Member health needs.** What are the full set of treatment and/or prevention recommendations for each member's unique demographic and clinical profile?
3. **Of all the member's recommended health actions, which has the highest value?**

For example, imagine a member who hasn't completed a health survey assessment (HSA), and is overdue for a mammogram, but is also late refilling an important prescription for diabetes medication. This member would have three recommended actions, (complete the HSA, schedule the mammogram, and refill their overdue prescription). The most immediate and important goal, the next best action that brings the highest-value to the member and health plan, would be to refill her prescription and avoid a diabetic emergency.

And, if the health plan engagement team has done their homework on communication preferences, they will know how to reach out effectively. Perhaps this member has a 0% open rate for emails but has opted into, and responds promptly to text messages.


Health plans that collect key pieces of member data and identify the next best action for each unique member profile, are the plans providing personalized recommendations that satisfy members, improve their health, and reduce healthcare costs.

Teaming Up to Score Goals

Many health-plan leaders see the value in personalization, but are left overwhelmed trying to put the approach into practice, from developing a CX strategy to operationalizing the strategy. Fortunately, there is no need to reinvent this wheel. A health-insurance specific technology partner can offer pre-built health insurance specific goals, a path for plan-specific goal prioritization, and a digital CX solution.

In such a solution, goal-driven functions are already built into an engagement platform that is optimized to orchestrate consistent, personalized messaging across member portal, app, and service center interactions. Further, with the right partner and the right solution, not only will plans meet engagement goals quickly, they will also be able to better leverage legacy technology and bring previously siloed data together.

Drive Member Goals, don't Drive Members Crazy



Some health plan leaders fear that members do not want health plan outreach, and that outreach efforts might actually annoy members, and waste precious plan resources.

However, Zipari's survey data shows that **while most health-plan leaders (74%) say that they reach out to members frequently (monthly or weekly), only 24% of members actually shared that perception.** The data further shows that members DO want health plan outreach, when it provides them with information and resources specific to their needs.⁵



58%

of Members want
health plan outreach
- if it's personalized

"...members DO want health plan outreach, when it provides them with information and resources specific to their needs."



At Zipari, health insurance CX is all we do. **Schedule a demo** today to see how we can support your members with personalized recommendations using pre-existing priority scores based on individual risk, or, how we can help your plan develop customized priority rating scores based on clinical data from your own members. Configuration is a breeze when you start with a platform already built for health insurance.

INDEX

1. <https://cx.zipari.com/rs/066-KUC-087/images/zipari-cms-doubles-down-on-caps-white-paper.pdf>
2. <https://www.ajmc.com/view/cahps-and-medication-adherence-now-dominate-medicare-advantage-star-ratings>
3. <https://healthcare.mckinsey.com/great-customer-experience-win-win-consumers-and-health-insurers/>
4. Members responded to questions about satisfaction and how well they felt their plan understood their personal health needs using a 5-point scale. To address highly skewed response patterns, these continuous variables were re-coded into binary variables. A Pearson correlation coefficient was computed to assess the linear relationship between member's ratings of Health Plan Satisfaction and how well their plan understood their personal health needs. There was a positive and significant relationship between the two variables, $r(2,484) = .49, p = <.001$. A Pearson correlation coefficient was also computed to assess the linear relationship between member's ratings of their plan's Customer Service and how well their plan understood their personal health needs. There was a positive and significant relationship between the two variables, $r(2,415) = .56, p = <.001$.
5. <https://cx.zipari.com/members-weigh-in-on-consumer-experience-download.html>