

Bright Ideas



As the healthcare financial communications and payments industry leader, RevSpring is uniquely positioned to provide insight into the latest trends, developments, and processes that drive positive outcomes for payers, providers and patients. Our Bright Ideas series shines light on the most critical issues impacting the healthcare financial services industry today.

OmniChannel Communications: Key to Member Satisfaction and Strong Star Rating

Healthcare accounts for nearly 20% of the U.S. GDP, yet many ask why other countries experience better outcomes at lower costs and with less red tape. Our government (CMS) is demanding more transparency and lower costs to achieve its stated goal to “be a responsible steward of public programs, as it continues to expand access to quality, affordable care and advance health equity for people with Medicare and Medicaid.”¹

Today there are 53 million Americans enrolled in Medicare health or drug plans. Enrollment in Medicare Advantage in 2022 is projected to reach 29.5 million people compared to 26.9 million in 2021. In addition, there are approximately 11 million individuals dually enrolled in Medicare and Medicaid. The percentage of plans offering supplemental benefits for chronically ill individuals will increase from 19% to 25% in 2022.²

OmniChannel communication—which enables health plans to reach members when, where and how they’re most apt to respond—is vital for contacting members with Medicare and Medicare Advantage benefits. Using the most effective communication methods is critical to your efforts to optimize federal Medicare reimbursement for this large and growing segment of your membership.

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Challenges and Opportunities for Members

There is an abundance of challenges for consumers today, including **rising healthcare costs** with health plan members frequently bearing more of the financial burden. Factor in **confusing Medicare regulations and complicated language**, which makes it challenging to understand and compare healthcare insurance offerings, and it's no wonder members experience frustration/lack of trust in payers. Their top complaints? High costs and perceived poor return on their healthcare investment.

But there are bright spots on the horizon for members too.

Opportunities are growing for participation in Medicare and Medicaid as the government continues to **make Medicare Advantage (MA) more affordable**, including for dually eligible individuals. And new CMS rules clarify policies to provide beneficiaries enrolled in MA plans **uninterrupted access to necessary services** during disasters and emergencies, such as the COVID-19 pandemic.

Top Complaints of Consumers:

- High costs
- Perceived poor return on their healthcare investment

The Landscape for Payers

Payers need effective ways to attract and retain members. And as MA expands, **it is crucial for payers to optimize federal reimbursements by achieving and maintaining the highest Star rating**. Government (CMS) is expanding oversight of Medicare Advantage and Part D plans, putting pressure on pricing, calling for more payer transparency and limiting “poor performers.”

CMS also is newly empowered to “**protect Medicare beneficiaries** by holding plans accountable to detect and prevent the use of confusing or potentially misleading marketing tactics by third-party marketing organizations.”³



OmniChannel: Payers' key to effective member engagement

Understanding and communicating effectively is crucial to attracting and retaining members, maintaining high Star ratings and maximizing CMS reimbursements. As a vital link in each members' healthcare financial journey, **payers would be well served by adopting OmniChannel engagement and billing solutions** that are successfully used by healthcare providers.

State-of-the-art OmniChannel technology allows payer organizations to **easily monitor and manage all open enrollment and other essential member communications**. It begins with contacting members in ways that will elicit the best response, particularly when action is required. **Data analysis** can quickly and efficiently create member profiles, including how to best engage.

Managing the changing nature of member engagement

Here are some proven OmniChannel-driven strategies for engaging with members in mission-critical ways that positively impact enrollment, retention and reimbursement.



STRATEGY #1:

Proactively reach out to potential and new members in ways that feel personal

Clear and timely communication with members helps payers build a relationship of trust.

OmniChannel distribution—which can include IVR, email, text and traditional print/mail—provides a proven strategy for **connecting with members in ways that work best for them**. When linked with a leading print vendor, payers enjoy a **seamless and reliable** method for developing, managing, distributing and retrieving print and digital enrollment content.

Why does OmniChannel use both print and digital for open enrollment communications?

The reason is simple: different people respond in different ways. No matter what communications channels you use, what matters is finding the **most effective method** for reaching members (and potential new members) to encourage, motivate and inspire them to respond.



STRATEGY #2:

Leverage pre-surveys to improve member satisfaction and Star Rating

Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are a valuable tool for payers and their members. Not only do they **empower members who use Medicare** to make informed decisions when selecting health plans, they give payers data to **identify their own strengths** and areas where improvement is needed.

Pre-surveys can identify issues prior to members providing CAHPS evaluations, giving payers ample opportunities to make improvements. These improvements not only benefit members in the short term, they **increase the likelihood of positive CAHPS survey results and improved star ratings for payers in the longer term**.

Higher star ratings directly correlate with increased enrollment and revenue.



STRATEGY #3:

Communicate with members effectively

Payers that leverage OmniChannel to discover and leverage the right engagement track(s) for each member see measurable results. OmniChannel member engagement has **proven performance metrics**, including:

- **2X higher response rate** with a combined digital and print strategy
- **Low opt-out rates:** Around 1% per digital touch
- A response rate that is **6.5 days faster** among those who receive digital only



STRATEGY #4:

Make it easy for members to respond

Leverage one tool to proactively distribute important member communications and surveys using the engagement channel(s) that works best for each member. Equally important: let members know that **their voices are heard** by providing convenient methods to respond to surveys and other calls to action. These strategies **increase the likelihood of engagement response and better overall results**.



Research shows improving quality ratings by just one star may increase enrollment by up to 10% (year-on-year) and can increase revenue by 17%.

Improved quality and Medicare/Medicaid member interaction also leads to optimized federal reimbursement. However, when quality ratings slip by just a half-star, revenue can decrease by nearly 23%.



STRATEGY #5:

Use technology to increase ease and accountability

It is now possible to leverage a communications change management tool that **delivers maximum control for payers. It lets you make document template changes** to adjust exact specifications across any number of document templates—all from the convenience of your computer.

Technology also can deliver **end-to-end transparency** in the creation, edits, distribution, and storage for all print and digital communications, making **accountability efficient and painless**. This also allows payer organizations to **easily monitor and manage** all open enrollment communications.



STRATEGY #6:

Engage a partner with a proven track record

Increase ease and efficiency for your payer organization by engaging a vendor that can provide print and document management, data enrichment, reporting, and self-service capabilities. When linked with a leading print vendor, payers can leverage a **seamless and reliable** method for developing, managing, distributing and retrieving print and digital enrollment content. **Look for a well-established vendor with a proven track record and satisfied customers.**



Why Omni Matters

Each member is unique. They need to know that you see them as individuals not simply policy numbers. By **understanding and respecting their differences**, payers can increase the likelihood that **members will continue to engage** with them well into the future. This is crucial as payers increasingly come under more pressure to **be more accountable and transparent** as participants in the ever-expanding Medicare Advantage program.

Using proven OmniChannel technology, data analysis and engagement strategies **promotes member interaction** for key touchpoints like enrollment, open enrollment, and satisfaction surveys.

Improved survey response rates lead to more actionable data, which is integral to increasing Star ratings for Medicare Advantage plans and optimized federal reimbursements. Your members will benefit from **improved quality of life and better health outcomes**.



About RevSpring

Two of the top three health plans today partner with RevSpring to communicate in the most effective ways with their members. We also work with many integrated health plans. RevSpring brings 40 years of experience to our engagement with health plans and providers. Our technology and expertise improves quality and results that matter to members and your bottom line.

To learn more, visit www.revspringinc.com/healthcare.

References: (1–2) <https://www.cms.gov/newsroom>; (3) <https://www.cms.gov/newsroom/fact-sheets/cy-2023-medicare-advantage-and-part-d-final-rule-cms-4192-f>

RevSpring leads the market in financial communications and payment solutions that inspire patients to pay. Since 1981, the company has built the industry's most comprehensive and impactful suite of patient engagement, communications and payment solutions backed by behavior analysis, propensity-to-pay scoring, contextual messaging and user experience best practices. Using proprietary data analytics to tailor the engagement workflows to fit individual circumstances and preferences, we improve the financial experience and outcomes for providers and their patients.

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