

## **Five Ways Insurers Can Better Prepare for Open Enrollment**

Health industry professionals know that each year open enrollment preparation brings new challenges, members are more connected and demanding than ever before. In this increasingly consumer-centric world consumers expect a seamless experience when enrolling in complex health plans. This means guiding them through the onboarding process in a way that leaves them satisfied and informed with the service they've received through multichannel interactions. This is easier said than done, as only 28% of customers rate the companies they do business with as high in ease of switching from one channel to another when searching for answers to their problems<sup>1</sup>.

So what can insurers do to better prepare for taking members through open enrollment? Here are five suggestions that can further enhance member experience:

### **Personalize the Experience**

Capturing information about members is a benefit that shouldn't be ignored. By collecting the right data and identifying things like the channels that members prefer to interact on, insurers can provide the right messaging. Furthermore, by gathering data companies can better understand health trends they are seeing such as chronic conditions, and other high-risk factors that would trigger additional assessment of their members.

Also, by having an advanced analysis and segmentation in place can help payers identify red flags like non-compliance with evidence-based guidelines or non-adherence with medications. This leads to having an ongoing "educational campaign" for members that provides continuous information based on their individual needs.

### **Communication is Key**

The open enrollment process is a journey for members, which is why consistent communication from start to finish is important to member engagement. One of the main reasons members tend to leave a plan is the absence of engagement with a payer when it comes to plan details.

The best thing payers can do is get a head start on a welcome campaign that utilizes an omnichannel communication strategy. To start create a great first impression through providing a comprehensive welcome guide that details what can be expected the first few months or year of a new plan.

Communicating clearly to members sets their expectation of the relationship by advising prospects of what they can expect during the first month, first year, and more as a member. Consistent messaging to members across the various communication channels will ensure members are receiving accurate information.

Additionally, highlight commonly asked questions for new and existing members about their plans or have a checklist already created that is simple and helps members navigate the plan's offerings.

### **Be Transparent**

Ensuring information is accessible and simple to find so people can easily understand their coverage is a crucial component. Don't overcomplicate the resources that members are provided.

Information transparency is critical when consumers shop for a health plans, attracting new members and retaining current members. People want to have a clear understanding of what is and isn't included in their coverage. Make it easy for consumers to find this information on your company's website or

when speaking with a representative. While some customers prefer to do their own research online, many still want that human connection. Making associates available to quickly answer consumers' questions about their options over the phone can be a huge differentiator.

### **Gather Intelligence**

It's never too late to look to the future. By gathering data through the open enrollment process, patterns in new members' shopping behavior, and expectations can be identified and improved upon. To make strides in member retention, insurers need to focus on the full end-to-end customer journey.

There are many ways we can understand customer needs and preferences such as using information from the prior year's open enrollment. By looking at this information companies can try to learn what people prioritize. For example, do people prioritize convenience over transparency, or how do people prefer to access the member ID information?

Furthermore, we can make things even easier for members by using a system that captures necessary information from them only one time. This can prevent member frustration by having to repeat information.

### **Provide REAL-TIME Support**

Having people readily available to answer questions efficiently through multiple channels is critical in setting the expectation of the relationship between members and payers. For new members, the first few months of the onboarding period is a chance for the payer-member relationship to develop authentically creating potential loyal customers and brand advocates. Being available to these new members during the period when they are most likely to have questions is important, after all no one likes to be placed on hold or go through the cumbersome process of searching for answers.

Experienced payers enable members to find answers to their questions in real time through live chat, self-service portals, email, and the phone. They also respond promptly to complaints on social media and participate in online conversations about their brand or services. A strong onboarding experience starts at the sales and enrollment process, informs customers and allows them to take control of their options.

To aide in providing quality support, especially during onboarding, insurers will more than likely need to ramp up support to meet seasonal demands. This requires screening and hiring qualified experts that are ready to have complex conversations with members.

Although it's tempting to provide an overload of information to members so you can check it off your list, simplifying is always the best option and smart when trying to building lasting customer relationships. Ultimately, approaching the open enrollment process with a customer-centric mindset promotes member retention.

[1] [Customer Experience Benchmark Report](#)

**Pat M. bio:**

Pat McCaffrey, senior vice president of healthcare services, has more than 25 years' experience in the consulting and outsourcing industry with an emphasis on serving clients in the health care market and in particular, payers. Pat is responsible for all of [TeleTech](#)'s clients in the healthcare market in the U.S., including business development, account management and overall client satisfaction. Working with his partners across TeleTech, Pat ensures that TeleTech's technology and service solutions support payers' goals to increase membership growth and retention and improve the cost and quality of care.