



Member Retention Programs and the Health Plan's Bottom Line

As the healthcare landscape evolves, Americans are seeing changes to employer health insurance and have access to new options through the exchanges. For health plans to be successful and grow their bottom line, they must focus on acquiring new members as well as retaining the ones they already have. To properly manage member retention, plans must have a handle on member satisfaction and loyalty.

To gain these insights before the next enrollment period, health plans should utilize a customized telephonic campaign in their member retention program. For Medicare beneficiaries, this outreach can occur after members receive their annual notice of change (ANOC) comparing their current benefits to those offered in the upcoming year's plan. This touch point provides members an opportunity to discuss how plan changes will affect them directly and ask any questions they may have, and allows plan managers to identify and address potential member pain points and gauge whether they will remain enrolled.

To streamline this process and reduce the internal administrative burden, plan providers can lean on a contact center partner. It is crucial that contact center agents be empowered and trained to conduct productive, intelligent conversations with beneficiaries while speaking about their enrollment status and plan information.

This training should involve "pre-call work" where agents examine the member's documented call history and familiarize themselves with the beneficiary's background and plan information. Agents then can follow a detailed checklist during the call that will serve to deliver consistent data and results back to the plan providers. In the case of Medicare plans, the agent can confirm delivery of the ANOC packet, ensure that beneficiaries understand the benefits and changes and offer solutions to concerns the member may have.

Most importantly, as a result of these calls, the agent needs to determine each member's likelihood to remain enrolled and categorize them as "likely to remain enrolled," "may disenroll" or "highly likely to disenroll." The contact center will then work accordingly with the healthcare provider to address the needs of the wavering beneficiaries, with the goal of retaining their membership.

A contact center with deep experience in the healthcare space can work with health plans to develop these customized calling programs that will undoubtedly enhance beneficiary retention efforts, increase ongoing member satisfaction and potentially increase your star ratings.