

Beyond bread and butter:

Tasty ways to better engage and serve members



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A perfect storm of rugged market conditions continues to fuel beyond bread-and-butter conversations for companies serving customers wrestling with cost-of-living challenges. This is particularly true for health plans and medical providers serving Medicare-eligible seniors.

Rising cost of care, shrinking Medicare reimbursements, and harder to earn Star Ratings bonuses will keep forcing fresh looks and frank conversations regarding ways to keep optimizing best practices among clinical, operations, products, marketing, sales, technology and member experience teams.

Only nimble and customer-centric companies are likely to thrive – especially when such high percentages of low- and fixed-income members are making difficult personal budget decisions. With individual member decisions impacting health and well-being, it is important to remember how non-negotiable (or bread and butter) insurance and medical care priorities vary by customer.

A recent Deft Research study gauging “senior’s fears and goals around aging and their attitudes toward insurance decision-making, agents and advertising” underscores how vital it is for health plans and providers to better connect with consumers.



**Findings from July 2024 study of some
2,500 Medicare members include:**



75%

“3/4 of seniors believe health insurance is one of the most important financial decisions they need to make.”

40%

“2 in 5 seniors express worry about experiencing a coverage denial.”

20%

“1 in 5 members are at risk of switching in the upcoming AEP.”

Are leaders at every level of your organization leveraging a constant stream of member-specific learnings? Are you measuring how teams get beyond service mantra to improve member experience, one member at a time? How are both plan and providers doing with under or not engaged members? Are plan fans and provider champions fueling growth with a drumbeat of referrals and testimonials? Plus, how is your company cascading opportunities for this choir to sing praise in ways that bolster satisfaction and better health behaviors across membership?



Bread-and-butter leadership conversations regularly ask:



1

Are we meeting enough members precisely where they are?

2

How can we meet even more with a zeal for instant learnings about and actions taken by our members?

3

Is maximum trust being earned by the people who matter most to our members?

4

What can we do right now to better educate, energize and retain at-risk members without pinching resources?

As health plans sprint forward to deliver required Annual Notice of Change (ANOC) letters by September 30, to all Medicare beneficiaries they cover, leaders should actively be planning more than just the ANOC letter describing any changes to Medicare plan that will go into effect the following year.

Do all members know the many helpful benefits they already enjoy, and how to use them? Benefits utilization data, health risk assessments, gaps in care, and time with plan should make smart and timely multi-channel outreach to at-risk members easy to target – especially when there are proven mass communication solutions that reach members precisely where they are for just pennies per connect.



Member retention and referrals with fun Teletownhalls

Clearly, there are needs for both speed and multiple rounds of highly relevant messaging to at-risk members. Direct mail, digital marketing, outbound calls by your member services team, and spot-on Web content simply are not enough. This is especially true when one considers how news cycles and plan advertising already are being impacted by the elections on November 5.

To minimize ANOC membership losses and to start the Annual Election Period with strong new membership growth, plans and providers need to cut through substantial noise this summer, fall and winter. It is never too late to tear proven pages from the playbooks of many Blues, other leading health plans and medical providers; of Federal, State, County, City and Local government officials; of special interest groups and candidates.



Reaching **100%** sweet-spot audience



**Bring trusted voices precisely where members are.
Net high ROIs. Invest just pennies per connection.**

Telephone Town Hall Meeting annually completes more than 1,000 Teletownhalls reaching 100% sweet-spot audiences by the thousands, tens of thousands, and hundreds of thousands.

Teletownhall results are impressive:



Entire sweet-spot audience reached.
20% live connect.
Listen time averages 13.3 minutes.



Heartwarming VM messages with calls to action show extra love to those who do not connect live.



Teletownhalls have instant polls that score hundreds of member-specific responses for action.



Very experienced operator screeners can warm transfer hundreds of members to member services, if desired.

Cost to engage 60,000 members with a Teletownhall is just 15.2 cents per member.

Remember the July 2024 study noting how 20 percent of current Medicare Advantage members may be shopping for a new plan during AEP.

Seize the moment and start bringing the trusted voices of doctors, nurse practitioners and nurses precisely where your at-risk members are with a cadence of professionally moderated Teletownhalls.

It is time to start and continue a year-round cadence of relevant group conversations to amplify member benefits communications; to reduce cost of care; to energize and retain members; and to fuel membership growth.





**Seize the
moment today!**

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