Cognizant

Digital Business

Extending the Case for Digital: Health Plan Members Speak

Healthcare consumers' appetite for digital is keener than ever. Our exclusive study reveals 10 key findings that will help health plans refine their digital member experience strategies in 2018 and beyond.

Executive summary

Two years ago, we conducted our first-ever "Voice of the Member" study to uncover the digital demands of health plan members — which proved substantial. Our findings revealed health plan members had a growing appetite for digital, and we recommended that payers invest in digital engagement capabilities to sell and service plans; design for mobile first; and communicate more effectively with members about digital offerings. (Learn more by reading "The Digital Health Mandate for Health Plans.")

This year we conducted an online quantitative survey with 2,400 respondents in four national, 10 Blue and 154 regional health plans across 50 states to see what, if anything, has changed (see Methodology, page 21). Our findings indicate that digital adoption is on the rise, but there is a significant scope to further improve its acceptance. Moreover, we learned that health plan members want more digital than ever — and that payers still have room to improve and expand their digital offerings.

The 2018 results reveal which digital channels are preferred by consumers and members and their general adoption and satisfaction levels with each; the types of information, functionality and decision support that consumers and members want to access digitally; the relative effectiveness of digital channels; and the digital services and features that payers need to improve.

The bottom line in brief:

- Compared with 2016, digital adoption has increased across all channels and all ages, and members want still more digital capabilities from payers.

- Mobile use for basic transactions increased significantly (16% to sevenfold, depending on the transaction).

- Social channels, quiet two years ago, are now a major influence on current and prospective members (approximately 50% increase).

- Members' willingness to share data digitally — and their appetite for rewards for healthy behavior — has grown significantly (increased approximately 50%).

- Digital even shows promise for increasing member stickiness (with 27% citing digital features as a buying influence).

The key takeaway: Payers must make driving digital adoption one of their top priorities and continually improve their member-facing digital options and capabilities. This means transforming front-office capabilities and supporting them with retooled, automated and intelligent middle- and back-office operations. These abilities play a huge role in how shoppers and members perceive payers and will likely determine how well payers can compete against the new entities emerging in the growing on-demand healthcare economy.

What follows is a summary of our top 10 key survey findings. This white paper also presents preliminary findings from Medicare and Medicaid members. These details will help healthcare payers refine their digital consumer and member experience investment priorities for 2018 and beyond.

KEY FINDING #1:

**Digital Adoption Increased Across All Channels; Members
Across All Age Groups Expect More Self-Service Digital Capabilities**

Our latest findings show that, just as in 2016, members want to interact digitally with their health plans and have indeed increased their use of digital. Growth in digital interaction is growing across all channels, with websites remaining the most popular digital channel. Overall, the findings revealed that members want still more digital tools for self-service and self-care (see Figure 1).

• Regardless of age, all respondents said the availability of digital self-service features is important to them.

• Roughly two-thirds (67%) of respondents prefer using websites for their digital interactions; 25% said they are utilizing mobile devices, a 17% increase over 2016.

• Members increasingly prefer digital tools to manage their health, with nearly 57% preferring digital self-care options, such as access to wellness, fitness and smoking cessation programs, an increase of approximately 7%.

• Plans that offer digital capabilities outperformed others in overall satisfaction and retention by nearly 5%.

Features by Importance to Members

RANK	FEATURE
1	Looking up your benefits/confirm coverage
2	Searching for providers contracted for the plan
3	Checking on claim status
4	Viewing an online statement (e.g., EOBs)
5	Researching health care providers
6	Determining the estimated costs for procedures
7	Computing out-of-pocket expenses
8	Submitting claims
9	Requesting/accessing claim forms
10	Requesting or printing an ID card
11	Locating a pharmacy or refilling a prescription
12	Comparing key features of products
13	Finding out about extra programs or discounts
14	Paying bills for your insurance premiums
15	Paying healthcare provider (e.g., doctor) bills

Response Base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 1

With members indicating they want more control over their own health management, payers have an opportunity to create more digital experiences and features that align with the specific needs of different member segments and demographics. Payers can identify specific member journey requirements by analyzing the healthcare utilization patterns of member segments.

Our Takeaway

In 2016, we urged payers to continue building digital self-service features and to alert members to their availability. We know that plans have invested in web portals, which helps explain why the web is a dominant channel for members. Further, we suspect the availability of these portals and other digital channels is increasing the total number of digital transactions due to pent-up demand, just as the introduction of Uber and Lyft in the ride-sharing market has increased overall ridership rather than leading to fewer cars on the road.[1]

Yet there is still room for increased member adoption of the web and other digital tools. With members indicating they want more control over their own health management, payers have an opportunity to create more digital experiences and features that align with the specific needs of different member segments and demographics. Payers can identify specific member journey requirements by analyzing the healthcare utilization patterns of member segments. Delivering great member experiences will be table stakes as digital natives enter the industry, so payer investment in member-facing digital channels and tools is critical.

KEY FINDING #2:

Use of Mobile Devices for Standard Member Interactions Has Significantly Increased

More members want mobile payment apps for paying out-of-pocket fees and for financial transparency. Member use of mobile apps for payment, ID cards and claims significantly increased from our last survey. Respondents showed interest in more mobile offerings: 57% of members felt that it would be convenient to get appointment and medication reminders on mobile devices, and 54% felt it would be convenient to have access to a nurse, pharmacist, care manager and/or doctor through a mobile application.

Consumers Go Mobile

In the last two years, members have begun using mobile far more often for routine transactions such as making payments, checking claims status and accessing personal health records. Use of wellness apps via mobile also grew in popularity.

Transactions Through Mobile Apps
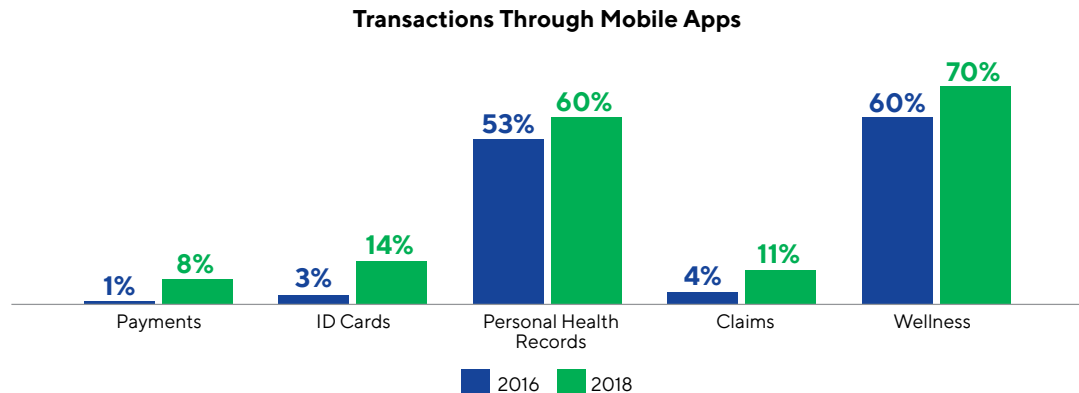
Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 2

Across national and Blues plans, many members are still not aware of their plans' mobile capabilities. Further, even among those who know of their availability, the options are not widely used.

Additionally:

• More than 15% of members use mobile devices to view and compare product ratings and features.

• Roughly 13% of members use mobile devices to estimate the cost of procedures.

• The percentage of members paying out-of-pocket expenses via a mobile app has increased from 1% in 2016 to 8% in 2018.

• 25% of members have paid premiums through mobile devices.

Our Takeaway

In 2016, we called for "mobile first" investments; in 2018, we are doubling down on that recommendation. Many payers invest first in web capabilities, then extend a limited set of those features to mobile. Payers instead should match members' willingness to use mobile, developing mobile-first designs that offer a consistent set of capabilities and experiences that work seamlessly across mobile and web channels and all devices — tablets, phones, laptops and PCs. Better experiences and more functionality could drive greater use of mobile to replace more expensive interactions, such as members calling into a service desk to resolve payment issues. Payers will need to focus on creating awareness and invest in driving adoption of new multiplatform features among members so they use them as alternatives to costly interactions. Media campaigns with customized messaging for specific channels could raise the profile of new mobile features and their benefits.

To start, payers must develop strategies for including social in their omnichannel sales, marketing and service functions, bearing in mind some consumers will form their first impressions of payers through peers' social commentary, good and bad.

KEY FINDING #3:

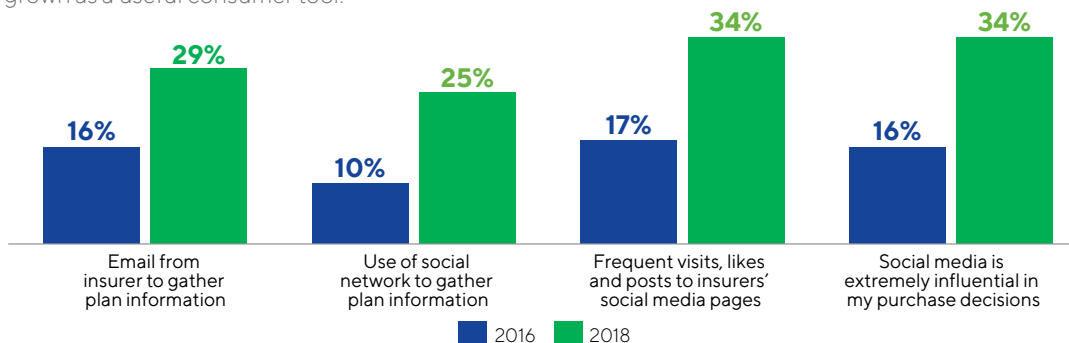### The Big Social Shift Mirrors Trends in Other Consumer-Facing Industries

Social media as a channel to influence member's buying decisions, evaluate their experiences and form opinions about payers has more than doubled since 2016. Members are also twice as likely to visit and leave posts on payer social sites. Email and social together also have become information conduits, providing prospects and members with plan information.

Our Takeaway

Members' embrace of social platforms to gather information on payers and exchange perspectives and experiences is a significant shift from our 2016 finding. Social now appears to be a consequential channel on several levels. To start, payers must develop strategies for including social in their omnichannel sales, marketing and service functions, bearing in mind some consumers will form their first impressions of payers through peers' social commentary, good and bad.

Members Get More Sociable

In our 2016 survey, few members used social channels in relation to their health plans. Two years later, social channels' influence on consumers' plan-buying decisions has jumped more than 100%, and they are now nearly three times more likely to use social channels to gather plan information. Email also has grown as a useful consumer tool.

	2016	2018
Email from insurer to gather plan information	16%	29%
Use of social network to gather plan information	10%	25%
Frequent visits, likes and posts to insurers' social media pages	17%	34%
Social media is extremely influential in my purchase decisions	16%	34%

Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 3

By applying analytics and advanced forms of artificial intelligence, such as machine learning, payers can transform these disparate data streams into meaningful and actionable health data for members. Programs could incorporate smart, AI-triggered alerts and hyper-personalized fitness and health maintenance programs.

That makes investments in social listening tools and advanced analytic techniques important. Social media monitoring is a good starting place; tagging of user-generated content provides a foundation for training algorithms to recognize patterns in user comments. These will help payers understand how members react to new services and capabilities; they can also suggest what data will aid consumers with decision-making. Further, social listening can help payers get early insights into consumer sentiment trends and be more proactive in countering unfavorable and mistaken perceptions.

KEY FINDING #4:

Members' Willingness to Share Data Digitally Has Increased

Members are 50% more willing today than they were in 2016 to share data digitally with payers. While members remain concerned with online privacy and data security, 67% of respondents do trust payers' ability to protect their online information, an increase of almost 14% since 2016.
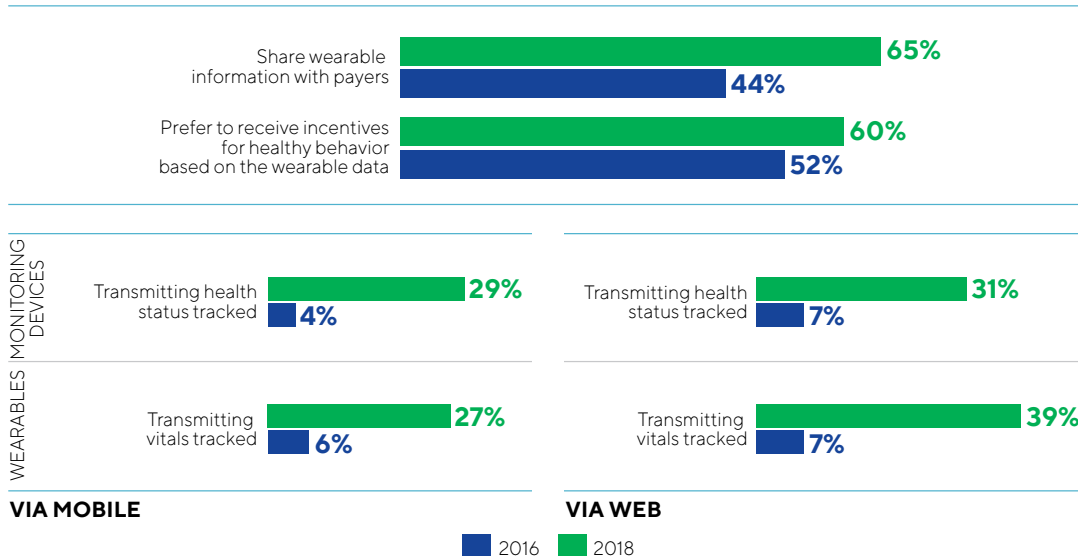
Our Takeaway

Privacy in healthcare is overused as an obstacle to inhibit innovation. Technology exists to help keep private and secure the data that must be so. Our findings indicate that plan members are increasingly adopting technology to track their health, and their willingness to share data they gather digitally has grown substantially since 2016. In effect, members are ready and equipped to "opt in" to data-sharing.

This creates an enormous opportunity for payers to create value-added services that will lead to greater member satisfaction and help payers compete against new industry entrants. Payers could use this data to create 360-degree views of their members' health from multiple sources and devices. By apply-ing analytics and advanced forms of artificial intelligence (AI), such as machine learning (ML), payers can transform these disparate data streams into meaningful and actionable health data for members. Programs could incorporate smart, AI-triggered alerts and hyper-personalized fitness and health main-tenance programs.

Members Ready to Transmit Data

Survey respondents revealed enormous increases in not just using wearables, but also in digitally sharing the data they capture. Respondents transmitting health status data from a monitoring device via mobile jumped more than six times from 2016, while their transmission of vitals from a wearable device via mobile more than tripled. Those members using a website to upload data from monitoring or wearable devices increased almost three-and-a-half times and nearly five times, respectively.

Share wearable information with payers — 65% / 44%

Prefer to receive incentives for healthy behavior based on the wearable data — 60% / 52%

VIA MOBILE

MONITORING DEVICES — Transmitting health status tracked — 29% / 4%

WEARABLES — Transmitting vitals tracked — 27% / 6%

VIA WEB

Transmitting health status tracked — 31% / 7%

Transmitting vitals tracked — 39% / 7%

2016   2018

Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 4

KEY FINDING #5:

Wearables: Are You Ready? Your Members Are!

Members are increasingly adopting wearables and other in-home monitoring devices to manage their health and are 50% more likely now to share data with a payer. Yet 20% of respondents said while they are aware of wearable features, they've not interacted with payers across both monitoring devices and wearables.

Our Takeaway

Members' willingness to share data opens opportunities for payers to provide personalized care, conduct targeted wellness interventions and incentivize members for preventive care. Members essentially are ready to equip payers with the data they need to create proactive, intelligent care powered by AI capabilities. That said, payers must design programs to ensure members find it is worth their time and effort to share data with their health plans.

Payers will be competing with other entities inside and outside the healthcare industry for member wearables data. Their analytics platforms must easily accept data from a wide range of member

> # Payers will be competing with other entities inside and outside the healthcare industry for member wearables data. Their analytics platforms must easily accept data from a wide range of member devices and deliver truly customized insights and actions to members.

devices and deliver truly customized insights and actions to members. Generic action items and difficult user interfaces will send members to competing services. Ethnographic research could help payers understand precisely how members interact with their wearables and monitoring devices and complementary apps and what they hope to achieve by sharing data from them. These insights can help inform rapid prototypes of new offerings to test and refine with small groups of actual users. This process enables payers to bring new services to market quickly and continuously improve them.

KEY FINDING #6:

Digital: Still Not Just for Millennials

Members across all age groups consider the availability of digital tools important when making purchasing decisions and are leveraging digital channels to interact with payers (see Figure 5).

Digital Suitable for All Ages

Members of all ages think it's important for their health plans to offer digital self-service features.

Age	18–25	26–35	36–49	50–64
	49%	63%	69%	49%

Availability of online/digital self-service features considered important
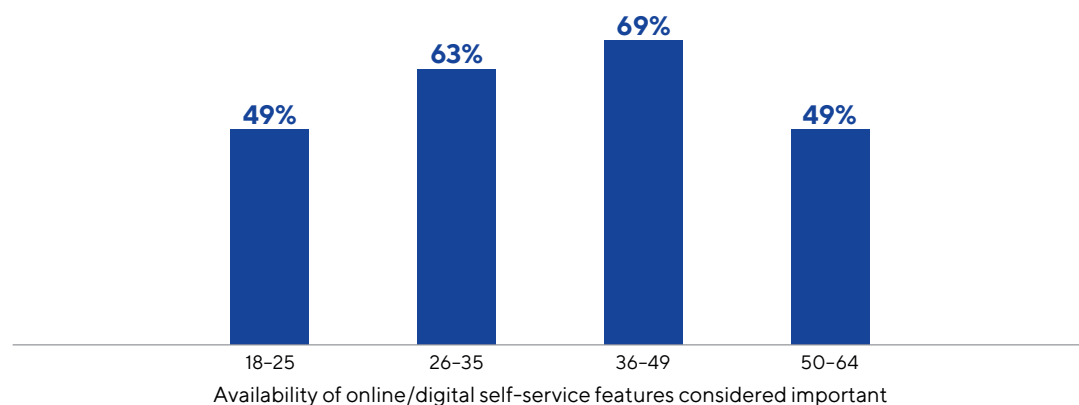
Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 5

Our Takeaway

Payers must approach digital services with all ages in mind. Practical issues to address include avoiding age bias and conducting user experience testing across multiple age groups; offering a sufficiently broad range of services; and adjusting adoption campaign messages to promote the key features most wanted in each age group (see Figure 6).

Digital Self-Service Features: Importance by Age Group

Members across all age groups continue to use self-service features related to benefit lookup, claims and cost estimations on web/mobile. In 2018 respondents gave more importance to searching for providers, accessing online statements and paying on mobile/web than they did in 2016.

Rank (high to low)	18–25 years old	26–35 years old	36–49 years old	50–65 years old	65-79 years old
1	Looking up benefits/confirming coverage				
2	Viewing online statement		Searching for network providers		Checking claim status
3	Searching for network providers	Checking claim status	Determining estimated cost of procedure	Checking claim status	Searching for network providers
4	Determining estimated cost of procedure	Viewing online statement	Checking claim status	Determining estimated cost of procedure	Viewing online statement
5	Checking claim status	Determining estimated cost of procedure	Viewing online statement		Researching on healthcare providers
6	Paying insurance premium	Accessing claim form	Researching on healthcare providers		Computing out-of-pocket expenses
7		Computing out-of-pocket expenses		Requesting/printing ID card	Locating pharmacy/prescription refill
8	Paying healthcare provider bills	Researching on healthcare providers	Requesting/printing ID card	Computing out-of-pocket expenses	Comparing key product features
9	Accessing claim form		Submitting claims		Requesting/printing ID card
10	Submitting claims	Paying insurance premium	Accessing claim form		
11	Researching on healthcare providers	Paying healthcare provider bills	Locating pharmacy/prescription refill		Determining estimated cost of procedure
12	Requesting/printing ID card		Comparing key features of product	Paying insurance premium	Submitting claims

Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 6

KEY FINDING #7:

Member Satisfaction Increased More for National and Blues vs. Regional Payers

Overall satisfaction levels have gone up for national and Blues plans, whereas those for regional payers have dipped.

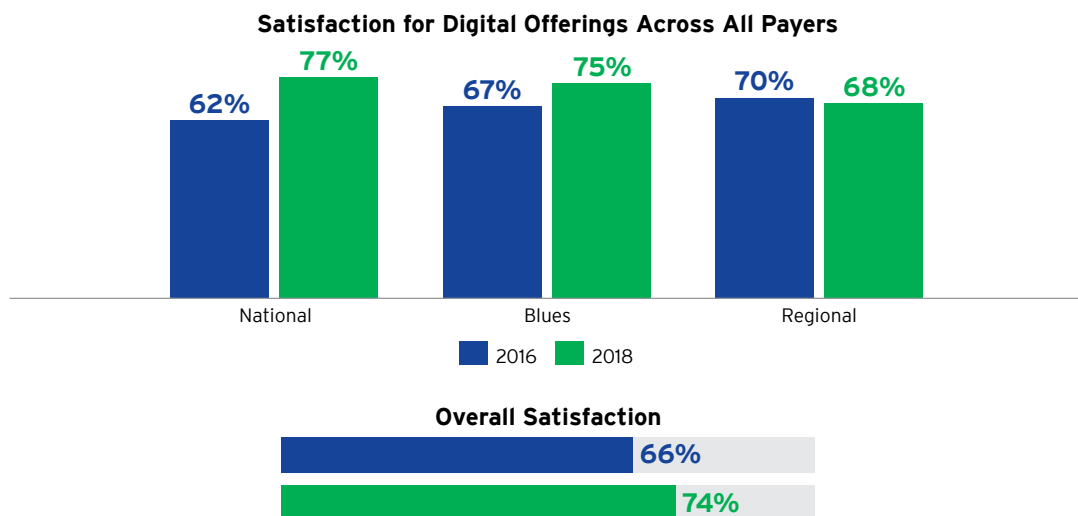Across all payers, satisfaction for digital offerings has increased:

• Satisfaction level of website and mobile platforms increased from 64% to 78%.

• Satisfaction level of online and digital self-service features increased from 57% to 74%.

Our Takeaway

National plans tend to have wider sets of digital capabilities and greater member digital adoption rates because of economies of scale, as well as incentives for national accounts (e.g., large employers) to adopt digital channels.

It appears that regional plans would benefit from investing in digital self-service capabilities that create personalized, seamless experiences for their members to stay relevant among their competitors. These could include creating mobile apps complemented by web portals that enable a member to start a transaction, such as a benefits search, on one channel and continue it on another. Such players can avoid capital-intensive strategies by exploring options to create innovative, as-a-service-based commercial contracts with digital vendors. Health and wellness coaching is one such option.

Increase in Digital Satisfaction

Satisfaction for Digital Offerings Across All Payers

	National	Blues	Regional
2016	62%	67%	70%
2018	77%	75%	68%

■ 2016 ■ 2018

Overall Satisfaction

66%
74%

Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 7

Payers should also enroll members and prospects in wearables and monitoring device data capture programs at the point of sale. These features aren't just window dressing: they'll become increasingly important to attract members as industry, business and reimbursement models shift and consumers have more options for how they can spend their healthcare dollars.

KEY FINDING #8:

Members Demand More Digital Guided Shopping Capabilities

Members want still more advanced digital shopping capabilities, continuing the trend we documented in 2016. Our 2018 study revealed:

- An 8% increase in members wanting mobile apps for shopping.
- A roughly 14% increase in respondents who seek multilingual support while shopping.
- Approximately 58% of respondents seek online tools to compare and evaluate payers on various quality ratings and reviews.
- An increase of 14% in respondents who desire personalized recommendations based on historical claims and utilization needs.

Our Takeaway

Payers have invested in basic shopping capabilities to address the individual market; it appears members and prospects want more and better services. Payers must make it a priority to deliver an engaging digital shopping experience because a website visit may be a prospective member's initial interaction with the plan. For existing members switching plans, payers should utilize historical claims and medical usage data with analytics and AI to provide personalized product recommendations.

These capabilities must be supported by intelligent middle- and back-office operations to create truly superior shopping experiences that flow into streamlined enrollment processes. Payers should also enroll members and prospects in wearables and monitoring device data capture programs at the point of sale. These features aren't just window dressing: they'll become increasingly important to attract members as industry, business and reimbursement models shift and consumers have more options for how they can spend their healthcare dollars.

KEY FINDING #9:

Digital Capabilities Increase Member Stickiness

While respondents said the cost of a plan and the provider network offered remain the top decision factors in purchasing a health plan, nearly 30% of respondents also reported that digital factors can influence that buying decision. Digital features also contribute to overall member experience, with plans that invested in digital outperforming others in overall satisfaction and retention by nearly 5%.
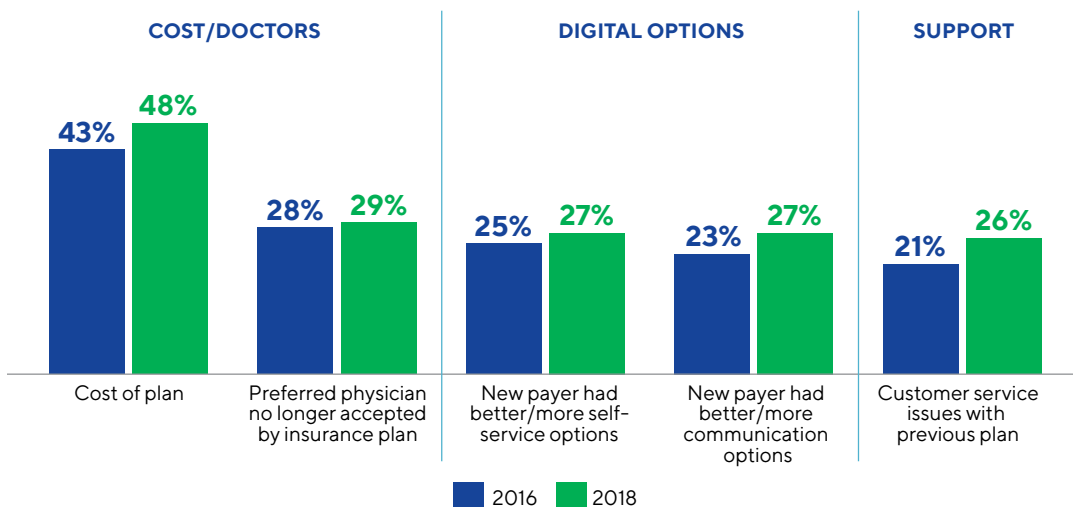
Our Takeaway

Digital capabilities can serve as a strong enabler to influence members' perceptions of payers. As consumer-directed healthcare gains traction, payers should recognize digital preferences of their members and enable capabilities across channels to nurture brand loyalty.

Targeted digital awareness campaigns can help plans to boost adoption of unrecognized capabilities already available. Payers must start exploring future-facing capabilities like voice interfaces, virtual assistants, etc., to improve member stickiness. This will not only drive superior consumer experience but also help reduce administrative costs for payers.

Digital Influences

While physician networks and costs remain the most influential factors in plan selection, digital capabilities — or lack of them — are a continuing influence on buying decisions.

Reasons for Switching Payers — Commercial

| | COST/DOCTORS | DIGITAL OPTIONS | SUPPORT |

- Cost of plan: 43% (2016), 48% (2018)
- Preferred physician no longer accepted by insurance plan: 28% (2016), 29% (2018)
- New payer had better/more self-service options: 25% (2016), 27% (2018)
- New payer had better/more communication options: 23% (2016), 27% (2018)
- Customer service issues with previous plan: 21% (2016), 26% (2018)

Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 8

Incorporating human-centered design and rapid prototyping with actual user testing can help pinpoint potential issues like these and help ensure swift adoption of digital tools among targeted segments.

KEY FINDING #10:

Satisfaction of Mobile Experience Is Low for 50-Plus Age Group
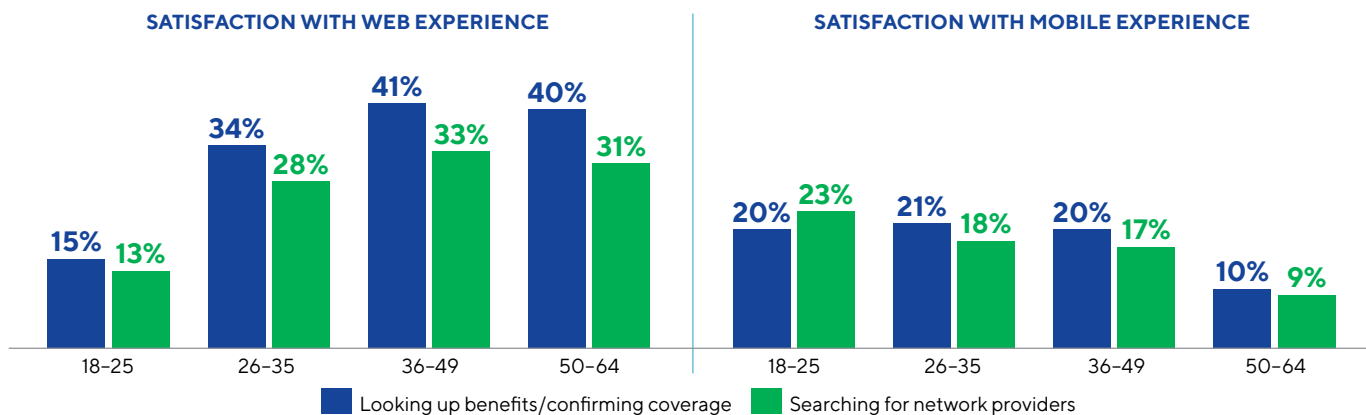
When looking up benefits or searching for providers, member satisfaction with web-based experiences increases with age. Conversely, member satisfaction with mobile app experiences decreases with age.

Our Takeaway

Payers need to design digital capabilities that personalize member journeys within the 50-plus age group. Digital channels can help promote self-service for this group, which has higher care needs and a greater propensity to search for providers, inquire about claims and payments, and connect with customer service.

Explanation of benefits (EOB) and other payer forms associated with complex episodes of care and health conditions typically are still not user-friendly. These may be more difficult to access, decipher and review on a mobile screen, thus decreasing satisfaction with the mobile experience. Incorporating human-centered design and rapid prototyping with actual user testing can help pinpoint potential issues like these and help ensure swift adoption of digital tools among targeted segments.

Web & Mobile Task Satisfaction Rates by Age

SATISFACTION WITH WEB EXPERIENCE | SATISFACTION WITH MOBILE EXPERIENCE

	Web				Mobile		
Age	18-25	26-35	36-49	50-64	18-25	26-35	36-49	50-64
Looking up benefits/confirming coverage	15%	34%	41%	40%	20%	21%	20%	10%
Searching for network providers	13%	28%	33%	31%	23%	18%	17%	9%

■ Looking up benefits/confirming coverage ■ Searching for network providers

Response base: 1,600 commercial members across 50 states
Source: Cognizant
Figure 9

QUICK TAKE

Understanding the Digital Needs of Medicare & Medicaid Members

We expand our second Voice of the Member study across 400 Medicare and 400 Medicaid members to begin capturing insights into the digital features most attractive to these populations. These are important data points to capture because payers likely will have to offer a continuum of digital and analog services to deliver satisfying member shopping and service experiences across all lines of business. The continuum of offerings will likely shift over time as digitally savvy consumers age into different service categories and bring new expectations of digital service with them. Providing best-in-class consumer experience is about finding the right balance between digital and analog offerings and ensuring seamless integration between the two.

Key preferences we uncovered among current Medicare and Medicaid members include:

- **Medicare members prefer traditional channels while shopping.** More than one-quarter of these members rely on brokers and navigators for help in plan selection and onboarding. This finding signals that payers could equip brokers with digital capabilities to streamline those processes. Another 22% of Medicare members use websites and mobile for plan shopping; payers need to ensure the functionality of these tools aligns with the needs of these members.

- **Medicare members use digital channels for interacting with plans significantly more than non-digital channels.** When looking up benefits, 60% of Medicare respondents used mobile or web channels compared with 35% who said they use non-digital channels. Similar splits occurred in researching providers and looking up plan ratings.

- **Mobile adoption is higher for younger adults but drops with age for Medicaid members.** Payers could conduct usability analyses to identify how to increase, promote and sustain adoption of mobile among older Medicaid members.

- **Adoption of digital channels during onboarding is much higher for Medicaid than Medicare members.** In addition, Medicaid members use mobile channels more frequently than web channels to check plan information and find providers; payers might explore tailoring telehealth options to mobile channels for these members.

- **Medicaid members prefer to interact over the phone with insurers.** After onboarding, Medicaid members like high touch traditional channels. These members ascribe low ratings to payers' mobile apps, suggesting payers could revamp these to make them more useful to this segment and improve their adoption.

- **Medicare members use social networking to contact payers more often than commercial and Medicaid members — but the web still reigns.** Live chat, apps and email still lag as influential channels across all lines of business, suggesting those are areas for improvement.

While payers continue to further strengthen their digital capabilities, they need to first focus on driving awareness and adoption of their capabilities, and then identify a focal point for new or refocused digital investment.

NEXT STEPS: TRANSFORM THE FRONT OFFICE

Plan members clearly want digital tools for plan and health management, from mobile apps to easily navigated websites to wearables and monitoring devices. They want digital data and assistance in shopping for plans, comparing clinicians, calculating deductibles and out-of-pocket payments, and sharing health information.

Over the past two years, payers have made significant investments in digital capabilities to address consumer demands. This has led to a positive trend in digital adoption but there is still a significant opportunity to drive the usage of digital channels. While payers continue to further strengthen their digital capabilities, they need to first focus on driving awareness and adoption of their capabilities, and then identify a focal point for new or refocused digital investment. They also need to consistently measure ROI, to ensure they are getting the desired result.

The top areas for investment are:

- **Digital adoption and awareness:** Digital awareness campaigns, e-blasts, member incentives, etc.
- **Self-service functions,** such as online scheduling, auto-prescriptions, etc.
- **Quantified self:** Treatment adherence, health monitoring, coaching, etc.
- **Transparency tools:** Clinical decision support, cost of procedure, etc.
- **Virtual access tools:** Virtual visits and assistance, remote care, etc.
- **Mobile channel interactions:** Appointment and prescription reminders, etc.
- **Social media** as a channel for brand-building, sales, marketing and service.
- **Social listening tools:** Member reactions, consumer decision-making, etc.
- **Data sharing:** Member 360-view, hyper-personalization, smart alerts, etc.
- **Automation and AI:** Areas ripe for these technologies include predictive and proactive care, personalized product recommendations, etc.

While this may seem an ambitious list, the availability of tools and platforms has skyrocketed since 2016. The technology behind AI, chatbots and robotic process automation (RPA) is more proven and robust today and will continue to evolve over time. Much of it is available via platforms and cloud delivery, making it cost-effective. Yet it's important for payers to recognize that next-generation member engagement tools cannot be deployed as window dressing.

Digital tools are most effective when they are supported by revamped middle- and back-office processes, such as AI-driven interventions and cloud-based infrastructure. That said, today's software development techniques can accelerate delivery — think weeks vs. months — for new features and functions and can reduce the timeline on major initiatives from years to months. (For more on new techniques in software development, please read our paper "Digital Engineering: Combining Computer Science with Social Science to Translate Human Insights into Precision Code.") Further, platforms enable payers to take advantage of third-party innovation via application programming interfaces (APIs), opening new avenues of innovation.

To meet and exceed demands of their consumers, health plans must break functional silos and build digitally fueled sales, marketing and service capabilities. The steps payers take toward improving front-office and supporting operations will help improve member satisfaction while also providing payers with technical flexibility. Healthcare remains a complex, highly regulated industry. Disruptive players outside the conventional healthcare value chain are likely to enter the fray seeking partners with proven industry expertise. Those payers with strong digital engagement tools and operations will be natural candidates for such partnerships.

In the interim, the members have spoken again, and their taste for digital is stronger than ever. Payers that raise awareness of and serve up the digital tools healthcare consumers want will be positioned for near-term success as well as long-term relevance in a dynamically evolving industry.

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Guiding Principles for Digital Front-Office Transformation

Our digital front-office transformation guiding principles help health plans understand and align on the needs of their members and other constituents, reconfigure front-office business processes to drive cross-functional collaboration, accelerate speed-to-market and foster digital adoption by creating a holistic strategy for achieving a desired future state.
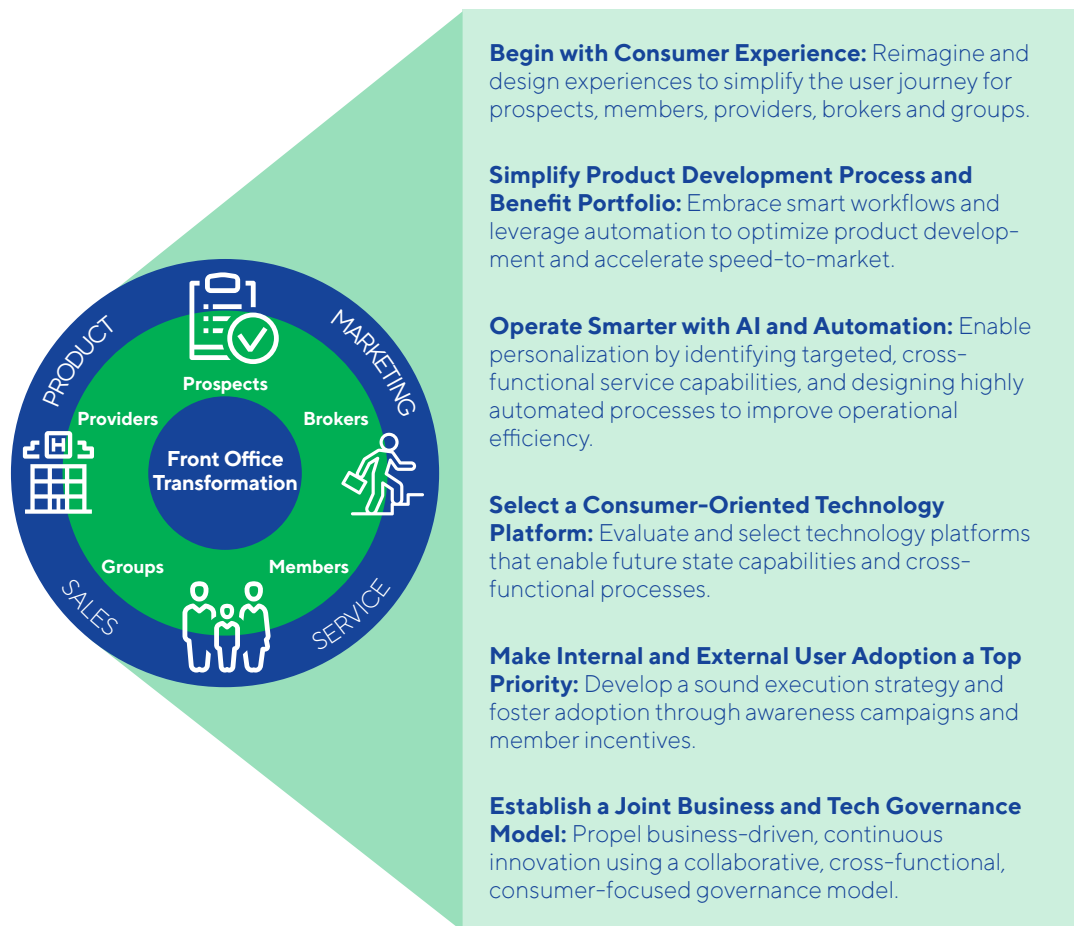

Begin with Consumer Experience: Reimagine and design experiences to simplify the user journey for prospects, members, providers, brokers and groups.

Simplify Product Development Process and Benefit Portfolio: Embrace smart workflows and leverage automation to optimize product development and accelerate speed-to-market.

Operate Smarter with AI and Automation: Enable personalization by identifying targeted, cross-functional service capabilities, and designing highly automated processes to improve operational efficiency.

Select a Consumer-Oriented Technology Platform: Evaluate and select technology platforms that enable future state capabilities and cross-functional processes.

Make Internal and External User Adoption a Top Priority: Develop a sound execution strategy and foster adoption through awareness campaigns and member incentives.

Establish a Joint Business and Tech Governance Model: Propel business-driven, continuous innovation using a collaborative, cross-functional, consumer-focused governance model.
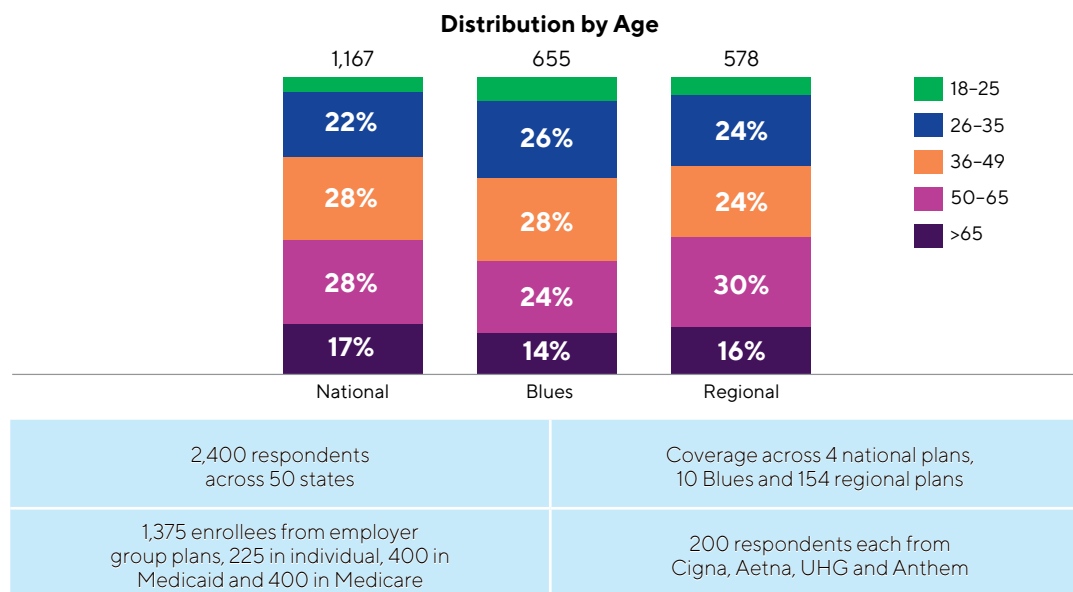
Figure 10

Appendix: Health Plan Survey Methodology

The 2018 Voice of the Member survey was a 23-minute online quantitative survey. To qualify, our respondents had to meet the following criteria:

- Be above the age of 18 (see Figure 11).

- Be aware of any available online options to interact with service providers (e.g., bank, credit card company, airline, retailer, online retailer, health insurer or auto insurer).

- Have used e-mail, live chat, website or company app in the last 12 months when interacting with current service providers.

- Source of primary healthcare insurance coverage must be either an employer or a private/individual plan.

- Be a member of Medicare (national/regional); Medicaid (national/regional); a national plan, a Blues plan or a regional plan (if a regional plan, one that is not a member of a national plan or any Blues plan).

Voice of the Member Survey 2018

In order to help payers identify areas for Digital investments, Cognizant conducted a survey to hear the voice of the members of different health plans across the United States

Distribution by Age

	National (1,167)	Blues (655)	Regional (578)
18–25			
26–35	22%	26%	24%
36–49	28%	28%	24%
50–65	28%	24%	30%
>65	17%	14%	16%

2,400 respondents across 50 states	Coverage across 4 national plans, 10 Blues and 154 regional plans
1,375 enrollees from employer group plans, 225 in individual, 400 in Medicaid and 400 in Medicare	200 respondents each from Cigna, Aetna, UHG and Anthem

Survey Objectives

- Assess awareness and usage of health plan digital channels.

- Measure importance of capabilities/features.

- Determine member satisfaction from digital channels of health plan.

Figure 11

About The Authors

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William "Bill" Shea is a Vice-President within Cognizant Business Consulting's Healthcare Practice. He has over 20 years of experience in management consulting, practice development and project management in the health industry across the payer, purchaser and provider markets. Bill has significant experience in health plan strategy and operations in the areas of digital transformation, integrated health management and product development. Bill can be reached at William.Shea@cognizant.com.

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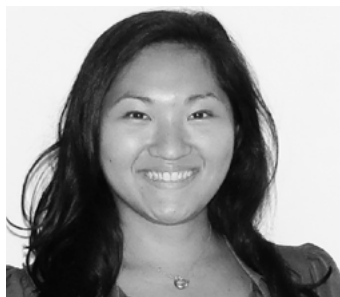
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Carolyne Kama is a Health Plan Front Office Transformation Service Line — Sales and Marketing Lead within Cognizant's Healthcare Practice, focused on helping clients with their individual and group marketing, sales and service experience, such as delivering a quote to card capability for consumers that is simple, flexible, responsive and compliant with healthcare reform regulations. Leveraging her sales operations background, Carolyne has partnered with clients to define go-to-market agent adoption strategies and continuously seeks solutions that connect clients to digital transformational imperatives. She also has federal and state health exchange experience defining business operating models, open enrollment roadmaps, and IT product and vendor strategies. Carolyne can be reached at Carolyne.Kama@cognizant.com.

Acknowledgments

Footnote

[1]   www.curbed.com/2017/10/11/16459004/uber-lyft-transportation-driving-urban-planning.
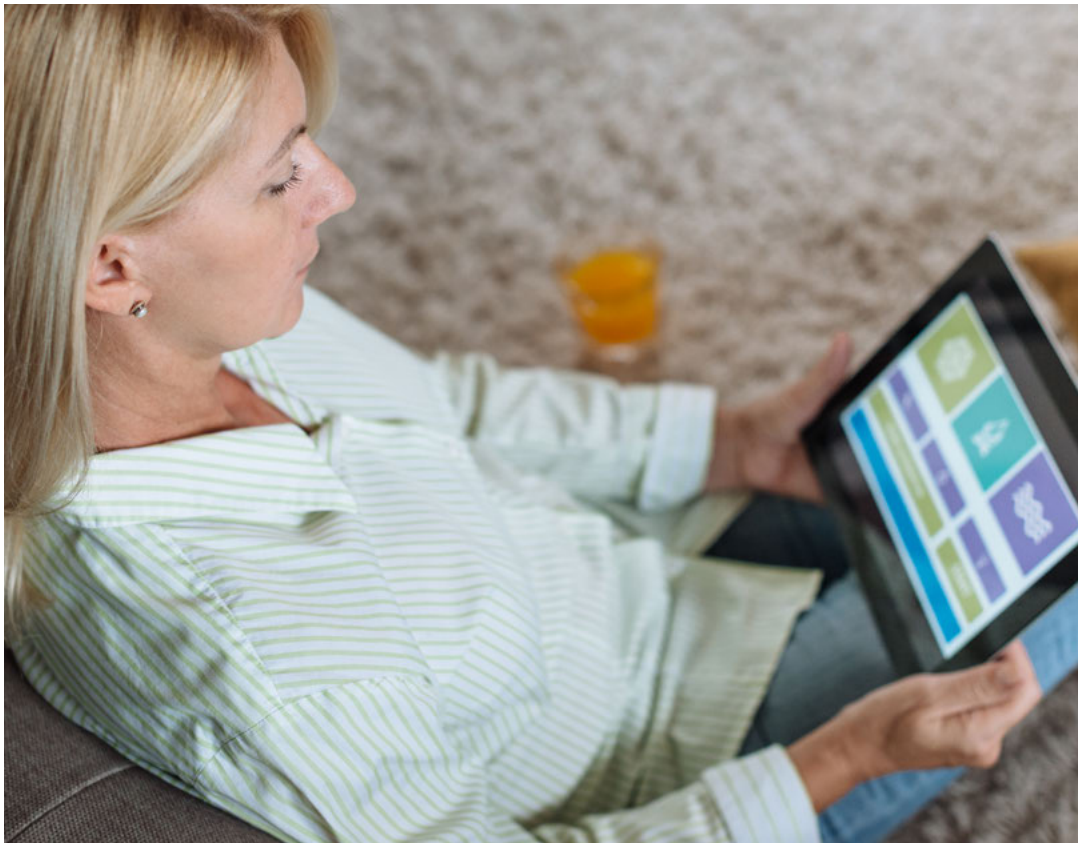
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With over 5,500 consultants worldwide, Cognizant Consulting offers high-value digital business and IT consulting services that improve business performance and operational productivity while lowering operational costs. Clients leverage our deep industry experience, strategy and transformation capabilities, and analytical insights to help improve productivity, drive business transformation and increase shareholder value across the enterprise. To learn more, please visit www.cognizant.com/consulting or e-mail us at inquiry@cognizant.com.

About Cognizant Healthcare

Cognizant's Healthcare Business Unit works with healthcare organizations to provide collaborative, innovative solutions that address the industry's most pressing IT and business challenges — from rethinking new business models, to optimizing operations and enabling technology innovation. A global leader in healthcare, our industry-specific services and solutions support leading payers, providers and pharmacy benefit managers world-wide. For more information, visit www.cognizant.com/healthcare.

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Cognizant (Nasdaq-100: CTSH) is one of the world's leading professional services companies, transforming clients' business, operating and technology models for the digital era. Our unique industry-based, consultative approach helps clients envision, build and run more innovative and efficient businesses. Headquartered in the U.S., Cognizant is ranked 195 on the Fortune 500 and is consistently listed among the most admired companies in the world. Learn how Cognizant helps clients lead with digital at www.cognizant.com or follow us @Cognizant.

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