



IMPROVING THE MEMBER EXPERIENCE

GORMAN HEALTH GROUP

GORMAN
HEALTH GROUP



WHO IS GORMAN HEALTH GROUP?

Gorman Health Group is the leading solutions and consulting firm
for government-sponsored health programs

Government Programs

Leading enterprise of national consulting services and software solutions for payers and providers

Our Mission

Our mission, as the industry's most active professional services consultancy and provider of technology-based solutions, is to empower health plans and providers to deliver higher quality care to beneficiaries at lower costs while serving as valued, trusted partners to government health agencies

Washington, DC

Headquartered in Washington, DC, with more than 200 staff and contractors nationwide with over 2,000 combined years of Government Programs experience

Leadership

Deep payer and provider knowledge coupled with Centers for Medicare & Medicaid Services (CMS) regulatory expertise

Privately Owned

Founded in 1996

BROAD SERVICES

Our clients have one-stop access to expert advice, guidance, and support, in every strategic and operational area for government-sponsored programs, across seven verticals



CLINICAL

Changing how you approach Medical Management, Quality, and Star Ratings



PHARMACY

Leading experts in Part D, Pharmacy Benefit Manager, formulary, and pharmacy programs



HEALTHCARE ANALYTICS & RISK ADJUSTMENT SOLUTIONS

Implementing cross-functional risk adjustment programs for medical trend management and quality improvement



PROVIDER INNOVATIONS

Supporting network design and medical cost control implementation



COMPLIANCE

Offering guidance and support in every strategic and operational area to ensure alignment with CMS



OPERATIONS

Bringing excellence to every aspect of your implementation — from enrollment to claims payment



STRATEGY & GROWTH

Driving profitable growth and member retention through strategic marketing, sales, and product development

PRODUCT SERVICES

Software solutions to stay compliant, maximize revenues and manage complex processes



Sentinel Elite™ is a module-based software solution designed to assist government managed care organizations onboard agents, provide training, manage ongoing oversight activities, and pay commissions effectively and compliantly



CaseIQ™ not only captures all of the data points needed to categorize, work, and report MA and Part D appeals and grievances, it also guides case processors through each case to minimize the risk of non-compliance due to user error



Valencia™ provides rigorous, compliant, and transparent workflow controls that ensure your operational processes — and the resulting payment — are as accurate as possible



Gorman University™ provides training sessions on a variety of industry topics, each designed to meet the unique needs of your organization



GMT™ is a complete compliance toolkit that supports the complete organization by bringing a new level of transparency to performance monitoring, including the required oversight of delegated entities



The Insider provides in-depth analysis and expert summaries of the most critical legislative and political activities impacting and shaping your organization and the future of Medicare, Medicaid, and the Health Insurance Marketplace

TODAY'S AGENDA

④ GHG

④ Team Introduction

④ Participation Exercise

④ Purpose of a Member Experience Program

④ Cross-Functional Member Experience Team

④ Improving the Member Experience

④ Phase One – Disenrollment Root Cause

- Prioritizing Functional Areas and Tracking Disenrollment Causes
- Finding the Root Cause of Disenrollment

④ Phase Two – External Influences

- External Influences
- Product Design
- Public Relations
- Agent Role
- Key Communication

④ Phase Three – Operational Improvement

- Participation Exercise
- Opportunity for Member Interactions
- Rethink Goal of Operational – Building Trust
- Enrollment and Disenrollment
- Customer Service
- Claims Payment
- Appeals and Grievances
- Process Improvement

④ Phase Four – Ultimate Accountability for the Member Experience

- Star Ratings Bring It All Together
- Star Ratings Measure the Member Experience
- Mining Data to Improve Member Experience
- Measuring Nuances in the Member Experience
- A Member's Healthcare Experience
- Learning From the Past to Prepare for the Future
- Managing Your Member Experience

④ Take Away

GHG TEAM

- ④ **Nilsa Lennig Rudisill**
 - Vice President, Sales, Marketing & Strategy
- ④ **Carrie Barker-Settles**
 - Director, Sales, Marketing & Strategy
- ④ **Julie Billman**
 - Vice President, Operational Performance
- ④ **Melissa Smith**
 - Vice President, Stars





PARTICIPATION EXERCISE

PARTICIPATION EXERCISE

- ① **What does “member experience” mean to you?**

PARTICIPATION EXERCISE

④ How would rank the below based on importance?

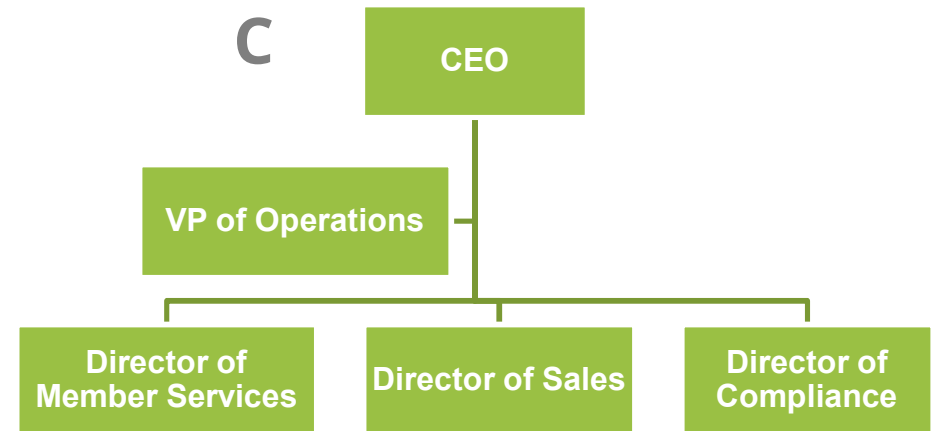
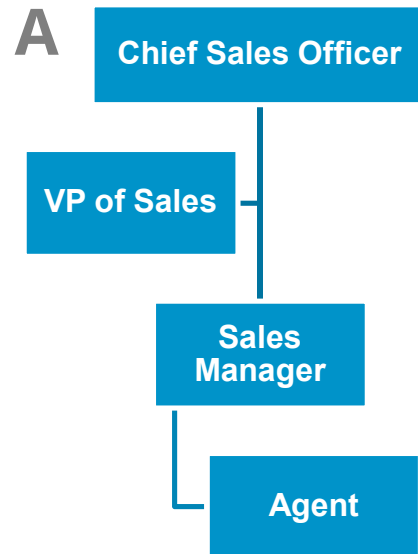
- Acquiring new members
- Retaining your members
- Compliance
- Equally important

PARTICIPATION EXERCISE

- ① **Who at your organizations is responsible for the member experience?**

PARTICIPATION EXERCISE

⦿ **What organizational structure best aligns with a member experience team?**



PARTICIPATION EXERCISE

- ① **How is your “C-suite” involved in the member experience?**

PURPOSE

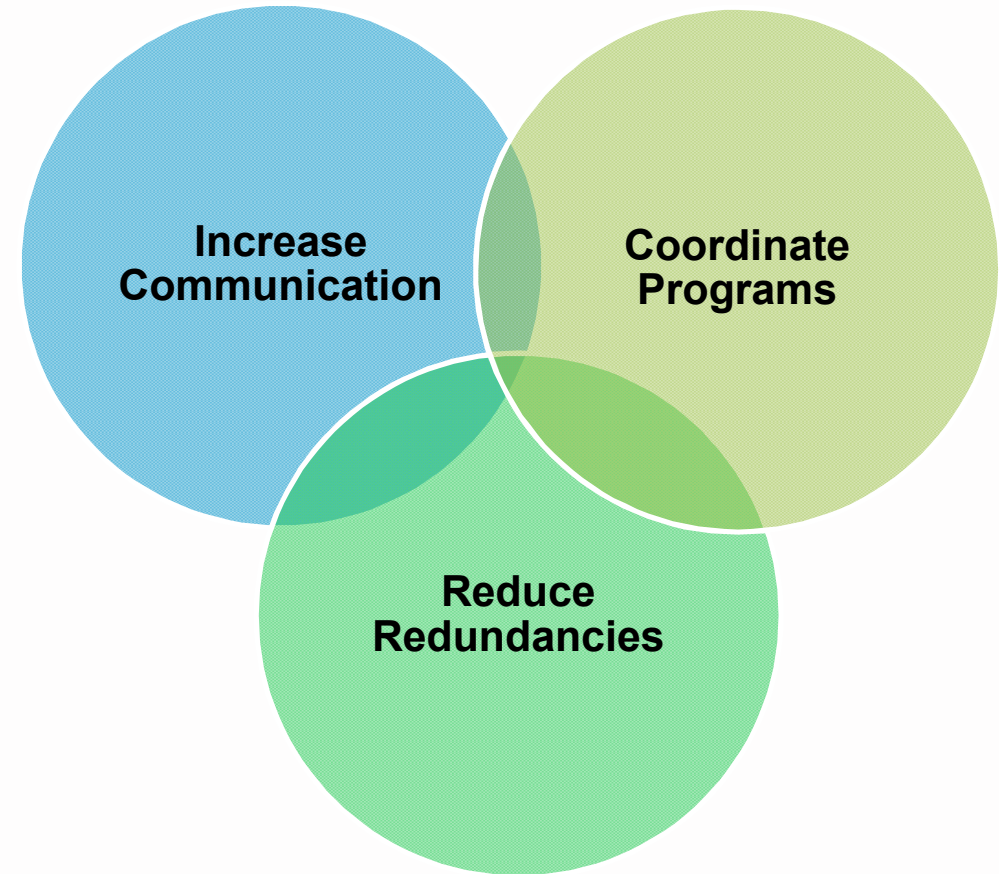
Comprehensive Approach to Member Experience

- ④ Designed to meet an organization's concerns for retention:
 - Leveraging membership satisfaction
 - Revenue goals
 - Improving performance measures
 - Risk assessment results



CROSS-FUNCTIONAL MEMBER EXPERIENCE TEAM

- ④ Reduced Disenrollment Rates
- ④ Increased Member Loyalty and Referrals
- ④ Return on Investment via:
 - Risk Adjustment
 - Medical Management
 - Quality Bonus Programs



FINANCIAL IMPACT

New vs. Renewal Members PMPM

- ② Hypothetical new member vs. a retained member
- ② Considers impacts on revenue as well as cost differences
- ② Illustrative with all other factors being equal to provide a view of differentials between new and retained members

\$ Per Member Per Month (PMPM)	New Member	Retained Member	Impact of Retention
Revenue	\$850	\$893	Risk adjustment success is realized on retained members in the year following actions
Medical Expense	(\$757)	(\$741)	Population management returns show up in subsequent years
Administrative Cost	(\$68)	(\$65)	Misc. incremental costs of new members – welcome packet, initial assessment, etc.
Acquisition/Renewal	(\$36)	(\$18)	Commission or cost of sales
PMPM EBIT	(\$10)	\$69	Earnings Before Interest & Taxes

This analysis provides a hypothetical view of the financial differences between new and renewing members in each revenue/cost category.

THE IMPACT OF MEMBER RETENTION AND ATTRITION

Annual Estimate of the Impact of Member Attrition under the Different Attrition Percentage Scenarios

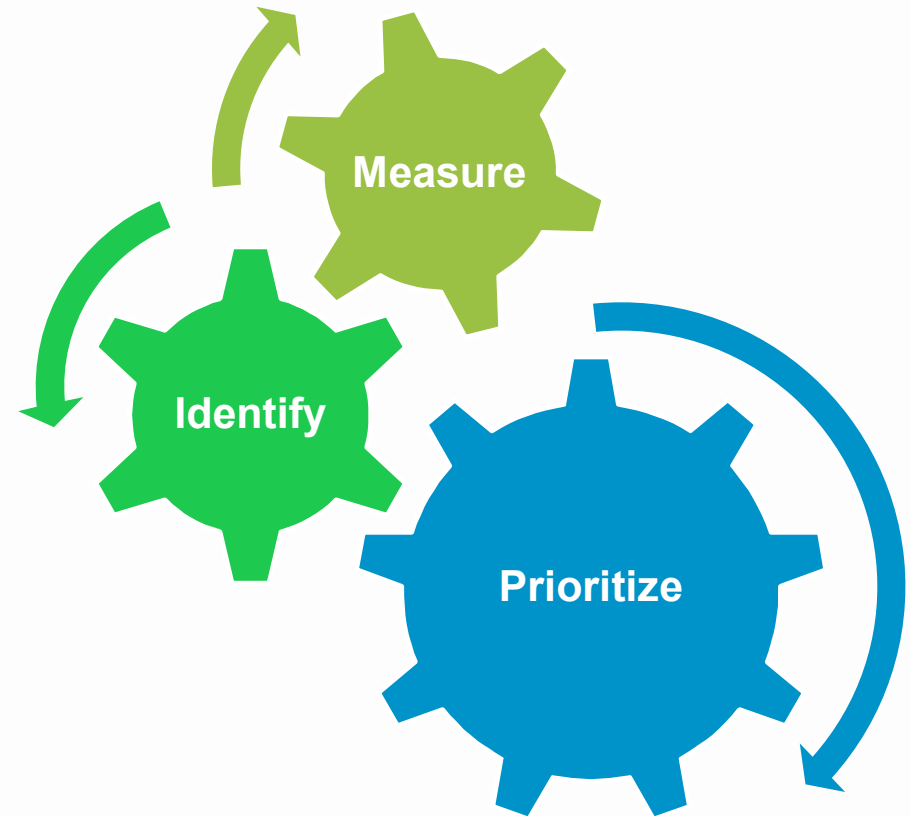
Member Attrition Rate	Revenue Impact (\$M)	EBIT Impact (\$M)
10%	(\$1.3)	(\$2.4)
20%	(\$2.6)	(\$4.7)
30%	(\$3.8)	(\$7.1)
40%	(\$5.1)	(\$9.5)
50%	(\$6.4)	(\$11.8)



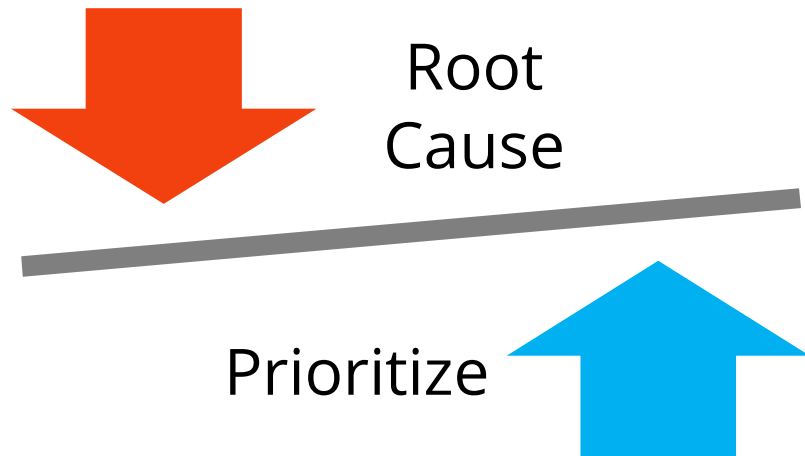
**PHASE ONE
DISENROLLMENT ROOT CAUSE**

PRIORITIZING FUNCTIONAL AREAS AND TRACKING DISENROLLMENT CAUSES

- ④ The cross-functional member experience team supports a rigorous methodology for weighing a variety of factors in order to prioritize retention initiatives.
- ④ These factors include:
 - Measurable impact on root causes
 - Number of members impacted
 - Identify functional area and issue
 - Prioritizing impact



FINDING THE ROOT CAUSE OF DISENROLLMENT



Each retention initiative that is introduced must be tied to a primary root cause so the program's results can be evaluated over time.

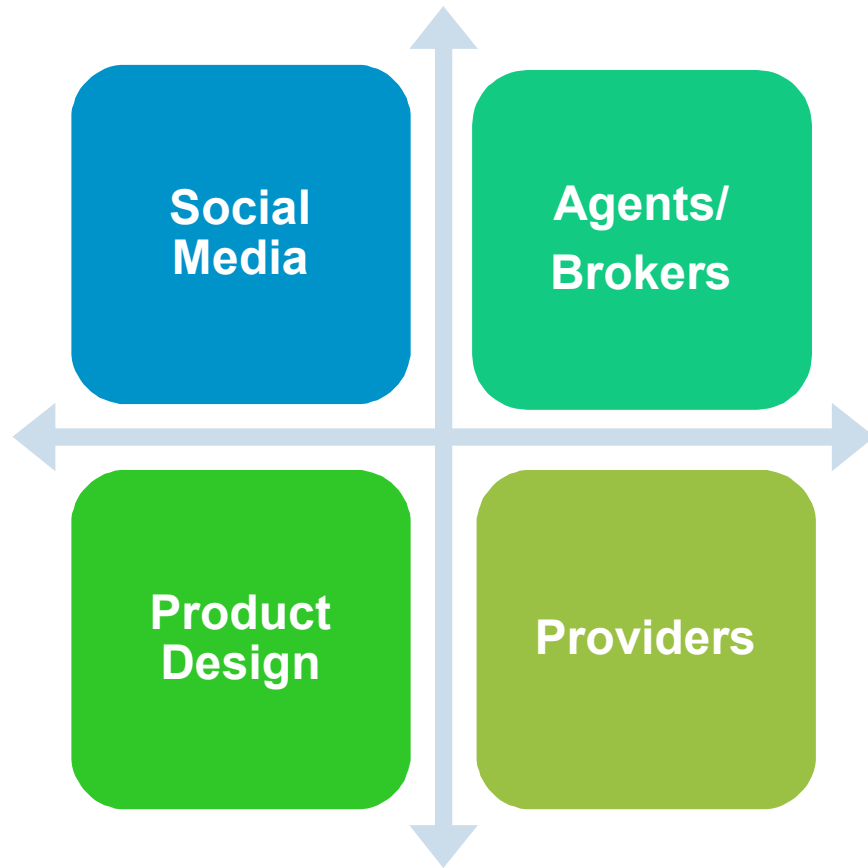
Examples of data that can unveil disenrollment trends:

- Age
- Geography
- Claims
- Loss of provider
- Plan switch
- Access to care
- Voluntary vs. involuntary disenrollment

PHASE TWO

EXTERNAL INFLUENCES

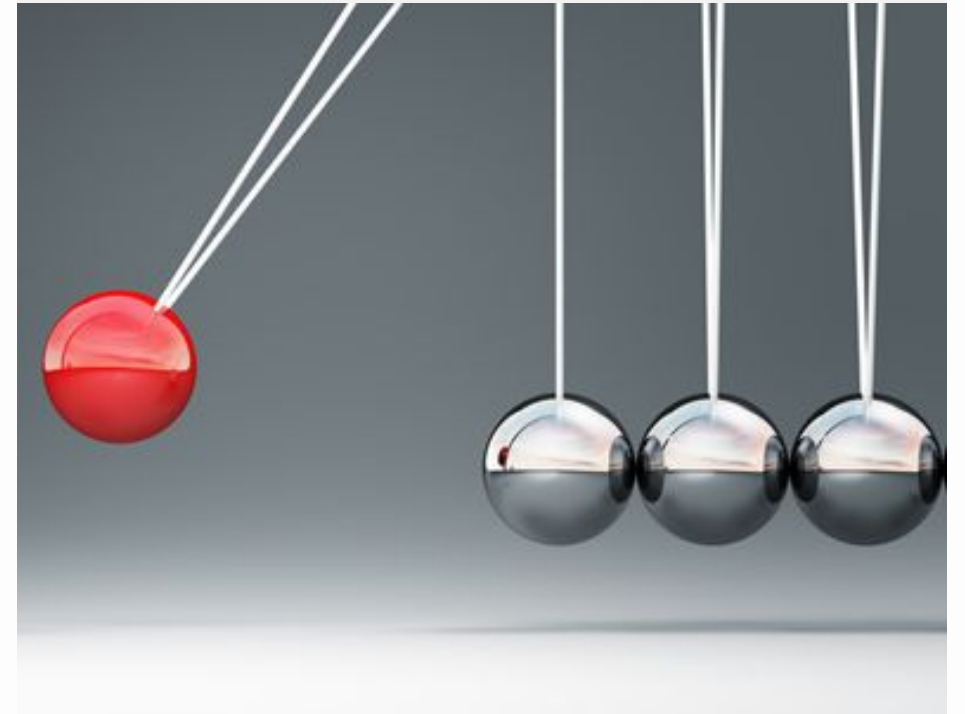
PARTICIPATION EXERCISE



- ⌚ Take a few moments to identify external influences that affect the member experience.
 - How does social media affect the member experience?
 - Why do you think agents/brokers affect the member experience?
 - How does product design play a role in the member experience?
 - What are some of the ways providers impact the member experience?
 - What other external influences do you think affect the member experience?

EXTERNAL INFLUENCES

- ④ Today's Medicare market is driven by shifting demographics, financial considerations, and fierce competition for members.
- ④ The market demands organizations strategically develop and implement:
 - Product Design
 - Public Relations and Visibility
 - Agent Role and Training



PUBLIC RELATIONS

Managing Public Perception with Strategic PR Initiatives Is Key to Member Experience

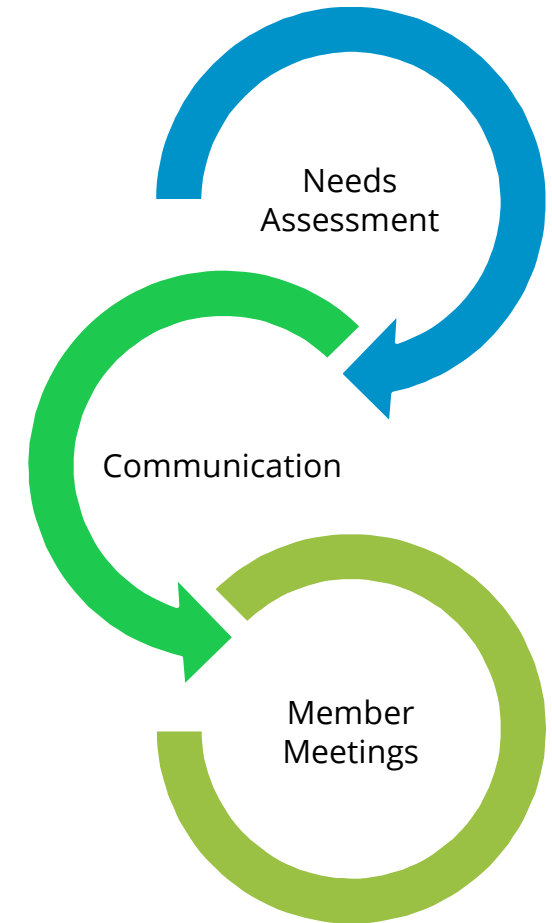
- ④ Directly impacts the #1 most impactful form of Medicare marketing – **word of mouth**



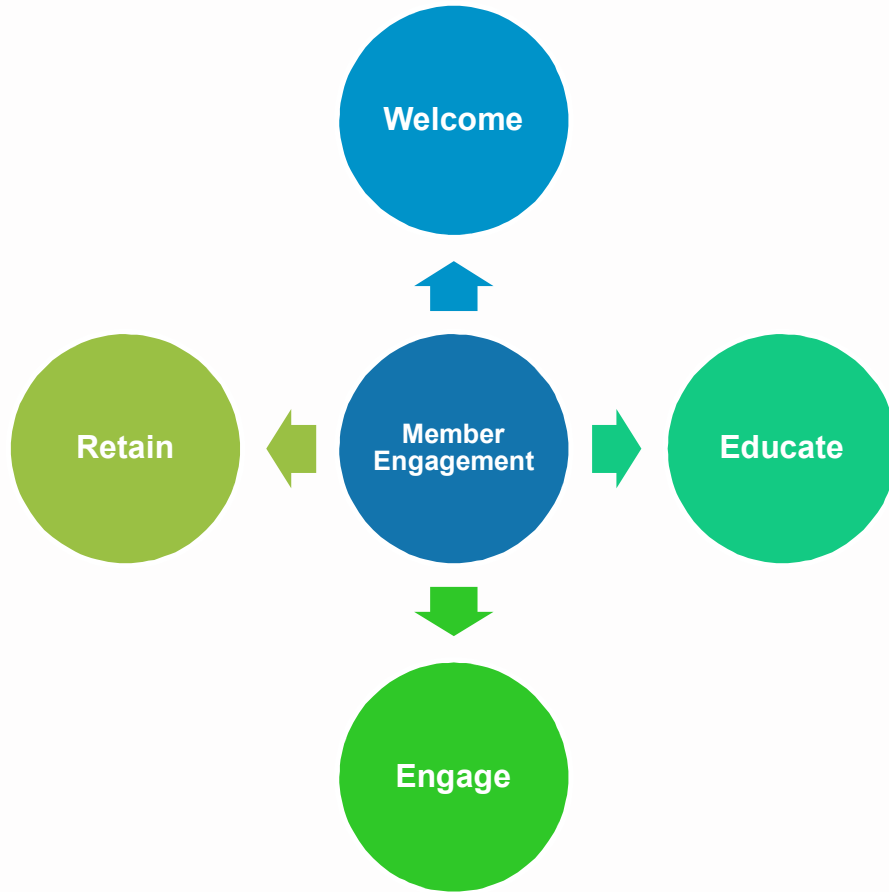
- ④ Strategic involvement in community Partnerships
- ④ Healthcare advocates
- ④ Delegated entities

AGENT ROLE

- ④ Face of the plan
- ④ Affect Star Ratings and customer satisfaction
- ④ An agent's professionalism and accuracy are very important to some of the performance categories measured by CMS
- ④ The agent can positively impact these measures by:
 - Proper Needs Assessment
 - Being accurate when they present the plan
 - Encouraging members to use their benefits, complete an annual Wellness Visit, seek appropriate care
 - Member Meetings
 - Benefit Plan Review
 - Support/Online Resources
 - Saving Tips



KEY MEMBER COMMUNICATION



- ④ **Welcome**
Create a positive impression, ensure member understands his/her plan and knows how to access care
- ④ **Educate**
Build awareness around preventive care and medication management
- ④ **Engage**
Pursue feedback to drive satisfaction
- ④ **Retain**
Provide reminders for care and service



20 minutes



**PHASE THREE
OPERATIONAL IMPROVEMENT**

PARTICIPATION EXERCISE

👉 Scenario

- Ms. Smith submitted an application to ABC Health Plan. Her PCP selection was a recently terminated provider, so a new provider was auto-assigned. A Welcome Call was attempted, but Ms. Smith was driving and said she couldn't talk then. The agent marked the call as complete.
- Ms. Smith called Customer Service on February 4th as she had 2 claims denied. One was an outpatient follow-up with a specialist she saw in the hospital on January 6th, and the 2nd claim was for a follow-up with her selected PCP rather than the PCP she was auto-assigned. Customer Service advised the services were from non-participating providers, so Ms. Smith was responsible for the cost. Ms. Smith stated she had heard horror stories about Medicare Advantage and now knows it to be true. She advised she wants to disenroll. The Customer Service Representative advises she is "in luck" as she is within the annual disenrollment period and can disenroll by submitting a request by February 14th or by calling 1-800-Medicare.

👉 Discussion Topics

- What actions contributed to the member's disenrollment?
- What actions could have occurred to potentially prevent the disenrollment?

OPPORTUNITY FOR MEMBER INTERACTIONS

② High Volume of Member Interactions

- Often First to Touch Members
- Communicate and Educate
- Adjudicate Benefits
- Ensure Protection of Rights
- Manage Departure from Plan

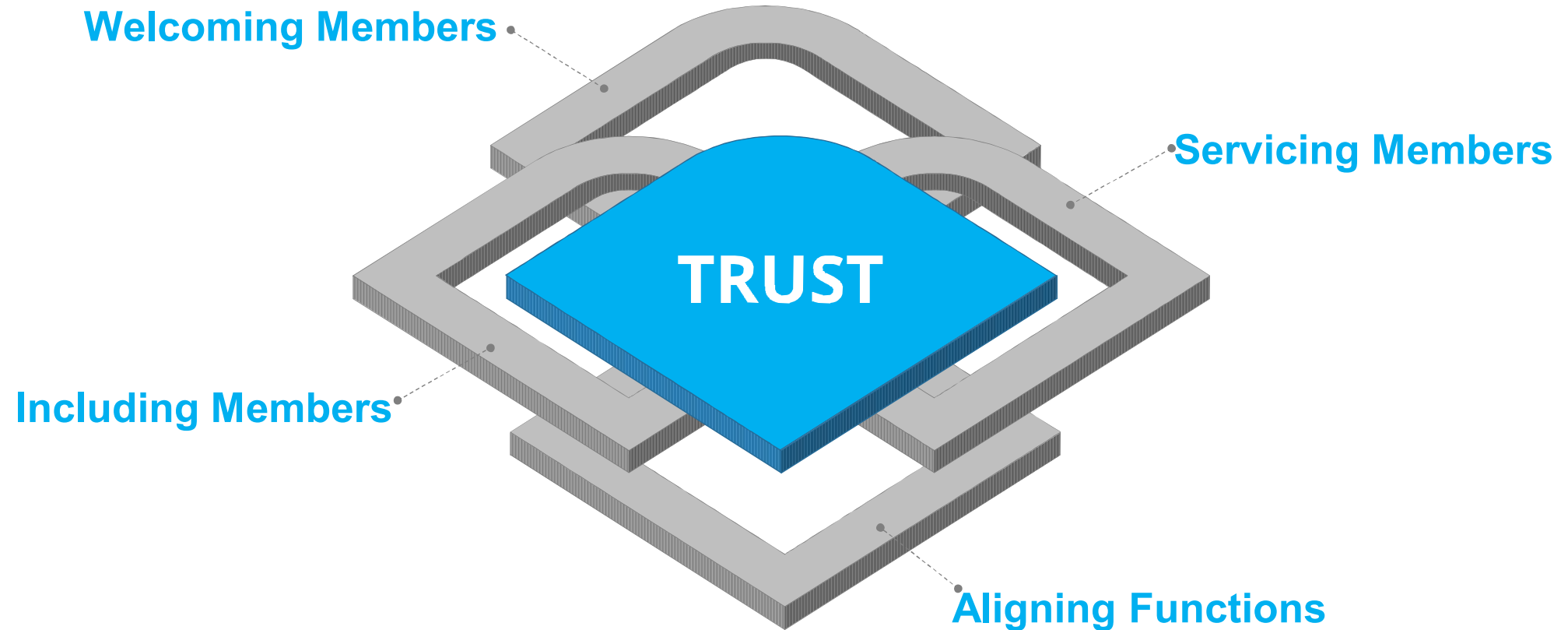
② Often Prescribed by CMS

- All Is Not Lost
- Plenty of Places to Influence

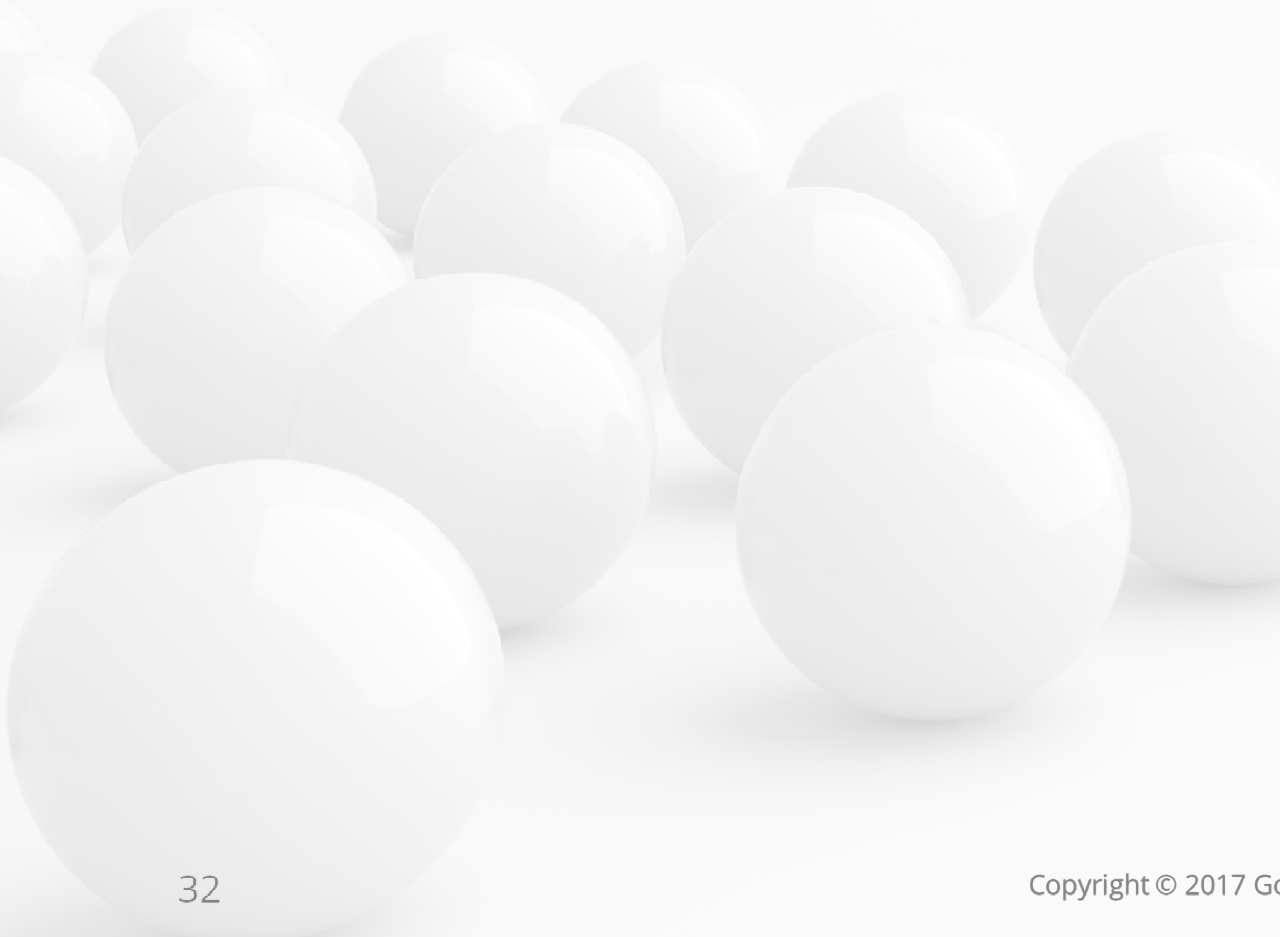


RETHINK GOAL OF OPERATIONAL – BUILDING TRUST

Remember, We Are Building Trust

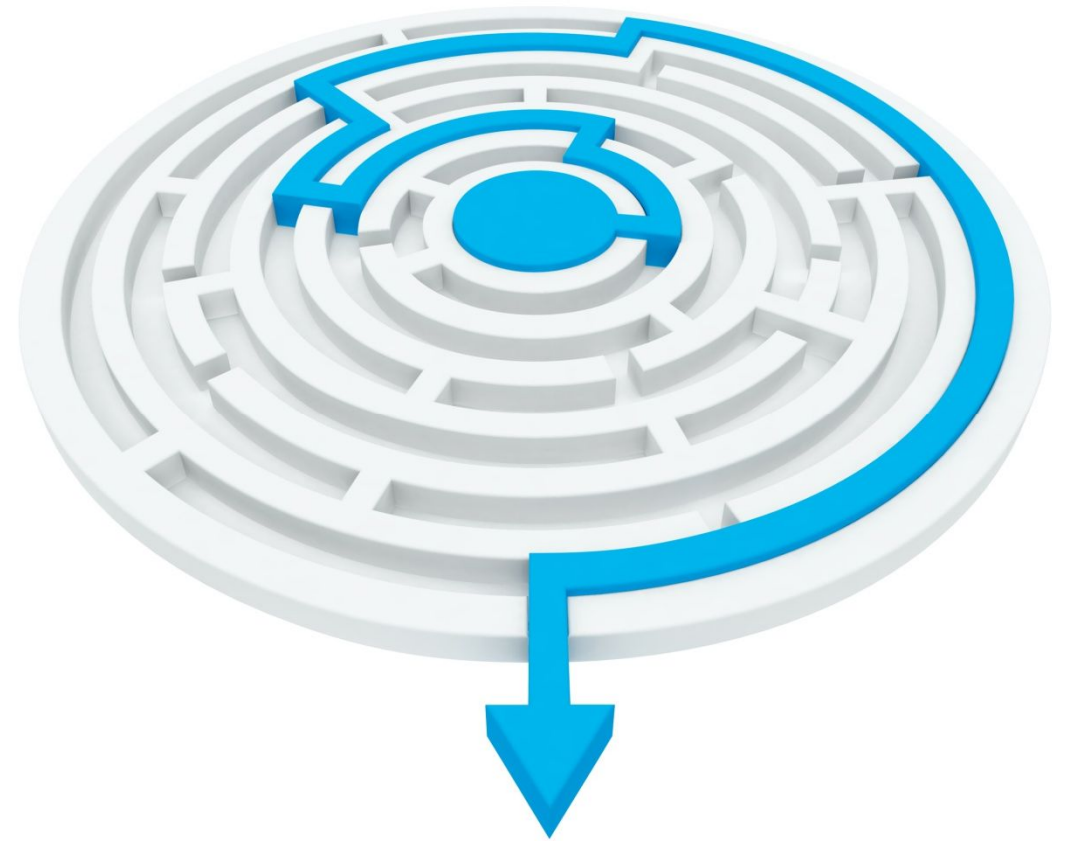


ENROLLMENT & DISENROLLMENT

- 
- ④ Valuable First Experiences
 - ④ Educated Staff on Member Impacts Downstream
 - ④ Missing Information Opportunity
 - ④ Gather Information
 - Initial Calls
 - Disenrollment Surveys

CUSTOMER SERVICE

- ④ Support Members Navigating System
- ④ Qualified Staff
 - Educated
 - Informed
 - Empowered
- ④ Welcome Calls
- ④ Identifying Trends Quickly
 - Follow Through
 - Defined Process



CLAIMS PAYMENT

- ④ Rubber Hits the Road – Provision of Benefits
 - Involve in Benefit Creation
 - Ability to Deliver
- ④ Keeping Contractual Promises
 - Test Setup and Benefits Every Year
 - Clear, Understandable Denial Language
 - Manage to Timelines

**FAILURE =
ZERO
CREDIBILITY**



**Protector
of Member
Rights**

APPEALS & GRIEVANCES

Educated

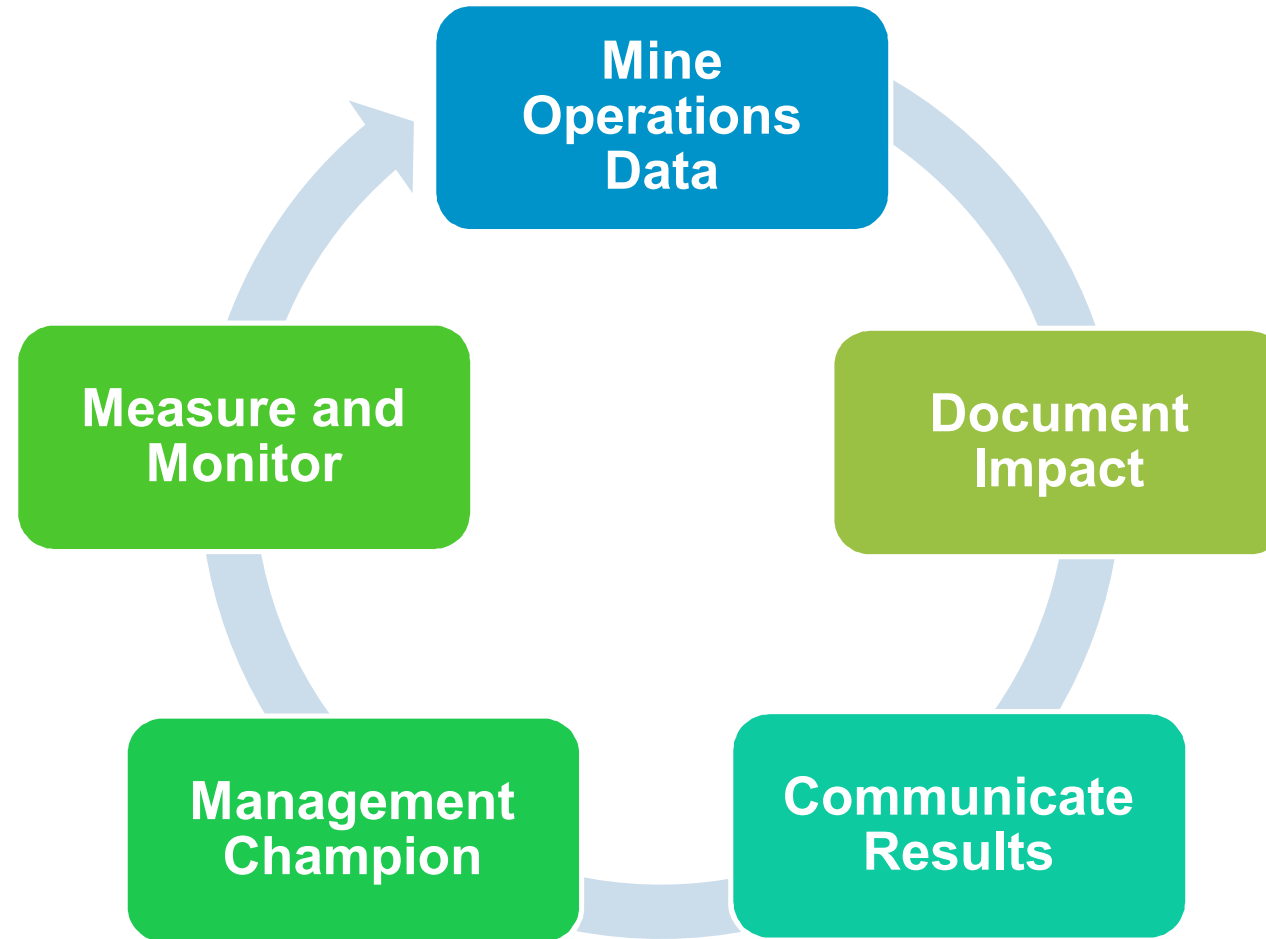
Researchers

Understandable

Personal Contact

**Process
Improvement**

PROCESS IMPROVEMENT





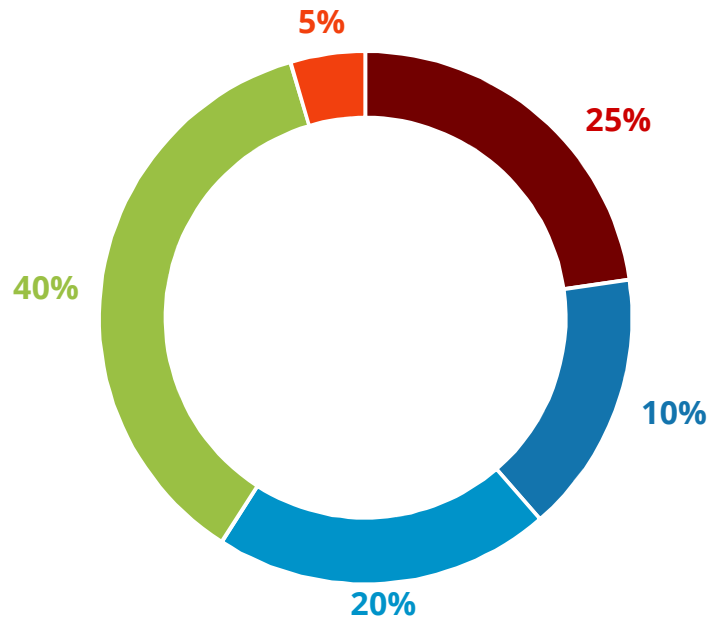
PHASE FOUR
ULTIMATE ACCOUNTABILITY FOR
THE MEMBER EXPERIENCE

STAR RATINGS BRING IT ALL TOGETHER

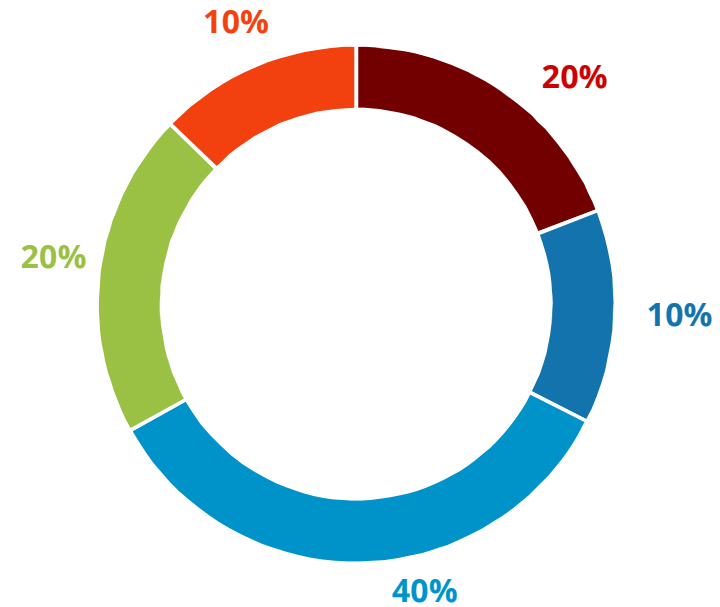


STAR RATINGS MEASURE THE MEMBER EXPERIENCE

Total # of Star Measures



Weighted Value of Star Measures



- CAHPS & Administrative Patient Experience Measures
- Measures Capturing Access
- Outcomes & Intermediate Outcomes
- Process Measures
- Improvement Measures

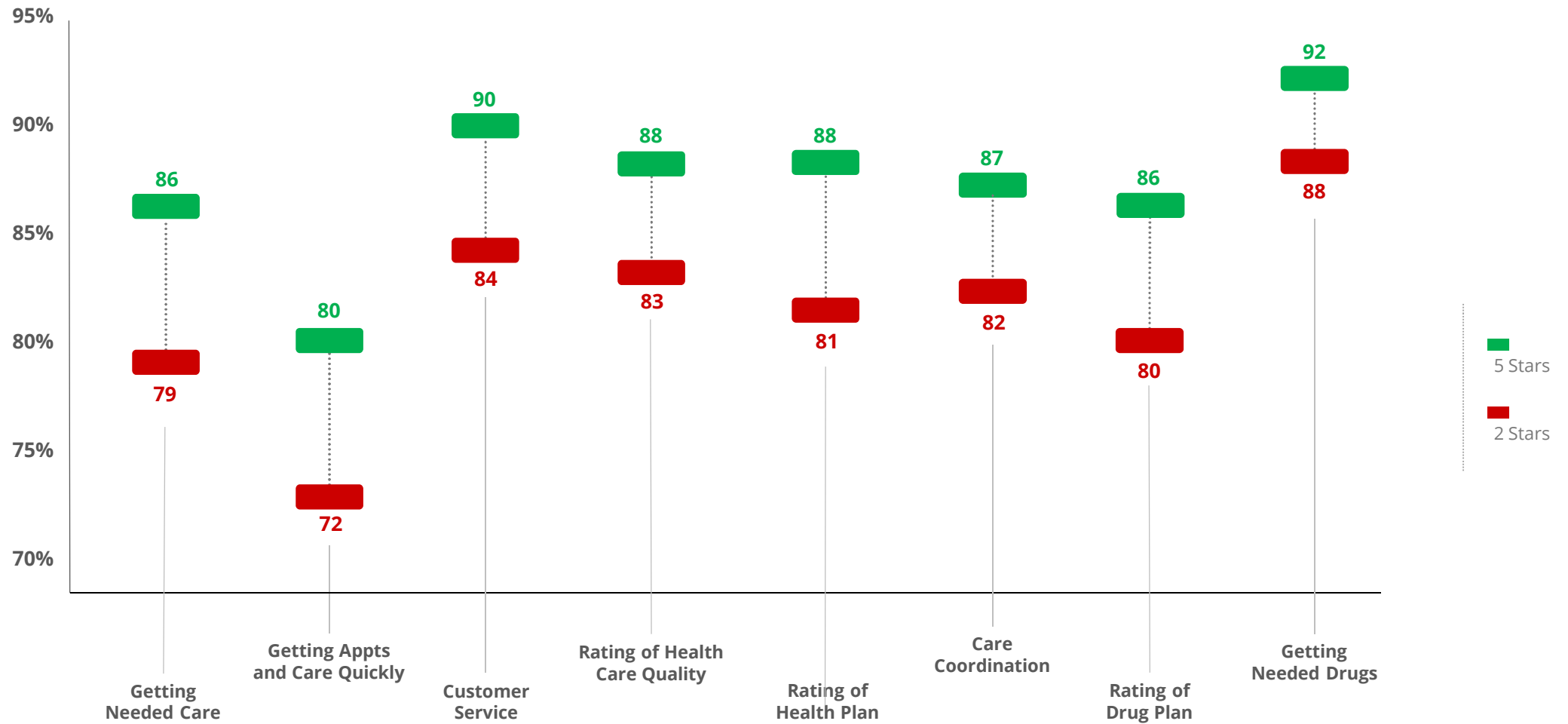
MINING DATA TO IMPROVE MEMBER EXPERIENCE

🕒 Scenario

- Annual CAHPS survey data is received from your survey vendor.

	Superstar Health Plan		National Average
Overall Rating of Health Plan	84	-	84
Overall Rating of Drug Plan	88	● +4	84
Rating of Healthcare Quality	88	● +2	86
Customer Service	88	-	88
Getting Needed Care	77	● -5	83
Getting Appointments and Care Quickly	71	● -5	76
Care Coordination	88	● +3	85
Getting Needed Prescription Drugs	92	● +1	91

MEASURING NUANCES IN THE MEMBER EXPERIENCE



MINING DATA TO IMPROVE MEMBER EXPERIENCE

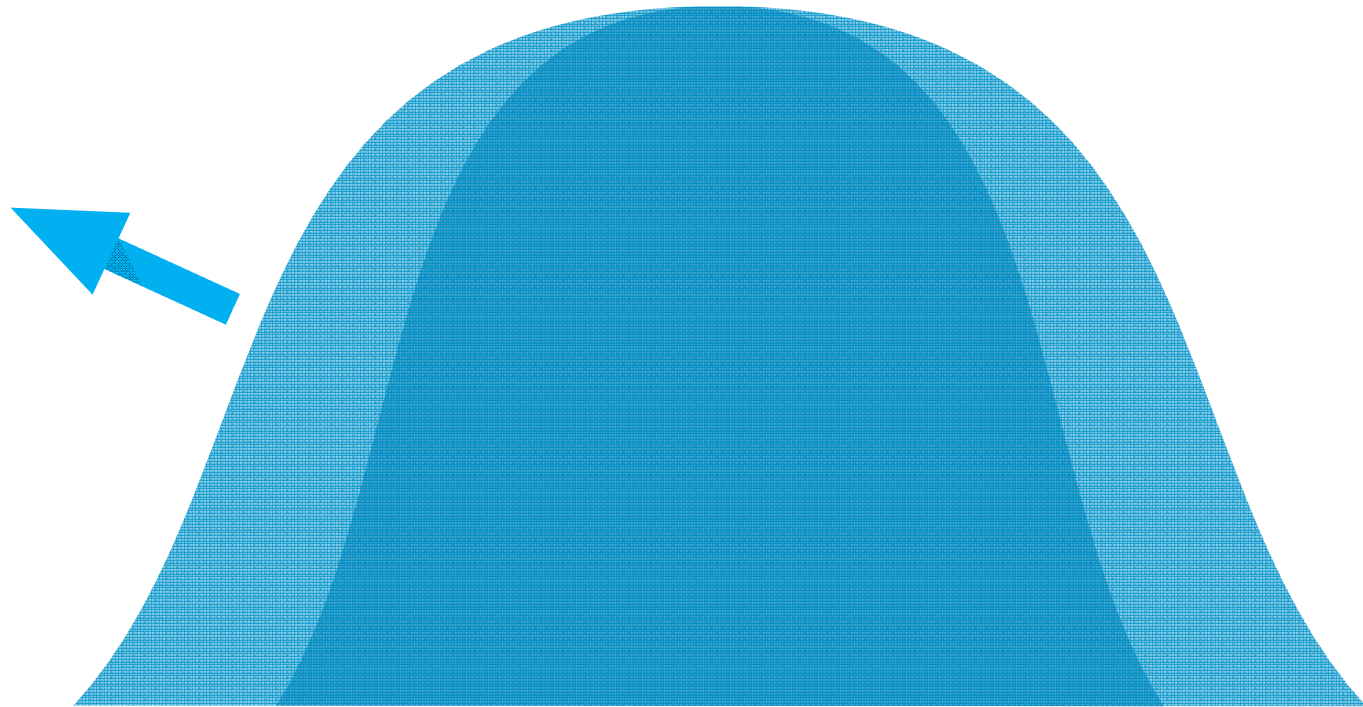
➤ Scenario

- Annual CAHPS survey data is received from your survey vendor.

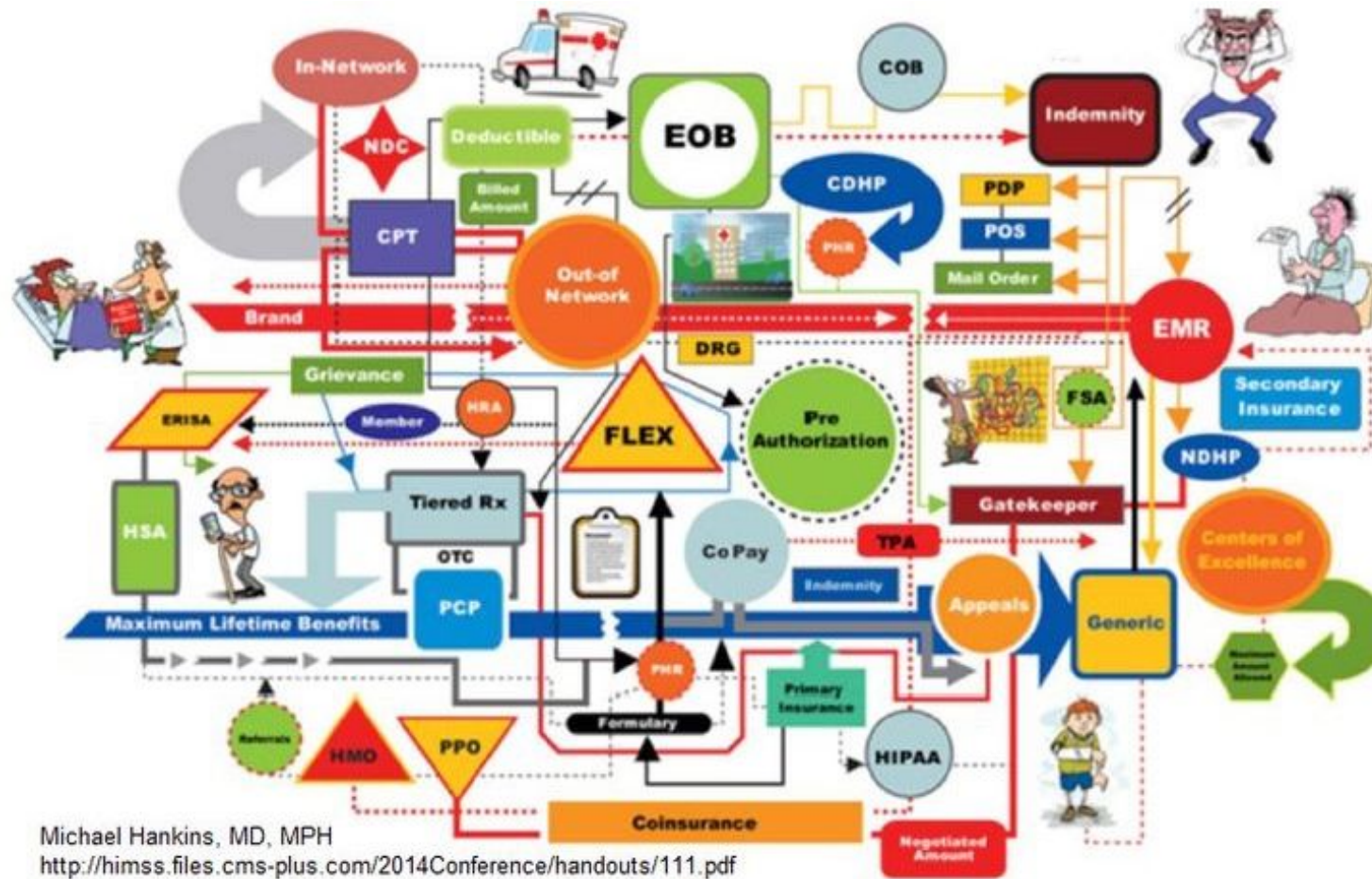
	Superstar Health Plan		National Average
Overall Rating of Health Plan	84		84
Overall Rating of Drug Plan	88	●	84
Rating of Healthcare Quality	88	●	86
Customer Service			
Gave information needed	74		
Treated with courtesy and respect	91		
Forms were easy to fill out	95		
Getting Needed Care			
Ease of getting appointments with specialists	75	●	83
Ease of getting needed care, tests, or treatment	79		
Getting Appointments and Care Quickly			
Getting urgent care	78	●	76
Getting routine care	73		
Getting seen within 15 minutes of your appointment	60		
Care Coordination			
Doctor had medical records/information during appt.	92	●	85
Personal doctor informed about care from specialists	77		
Got needed help to manage care from different providers and services	93		
Doctor's office followed up to give you test results	78		
Got test results as soon as needed	79		
Doctor communicates about test results	78		
Doctor discussed all Rx meds you are taking	79		
Getting Needed Prescription Drugs			
Ease of using plan to get prescribed medicines	87	●	91
Ease of filling Rx at pharmacy	94		
Ease of filling by mail	86		

HOW DOES QI SUPPORT GOOD EXPERIENCES?

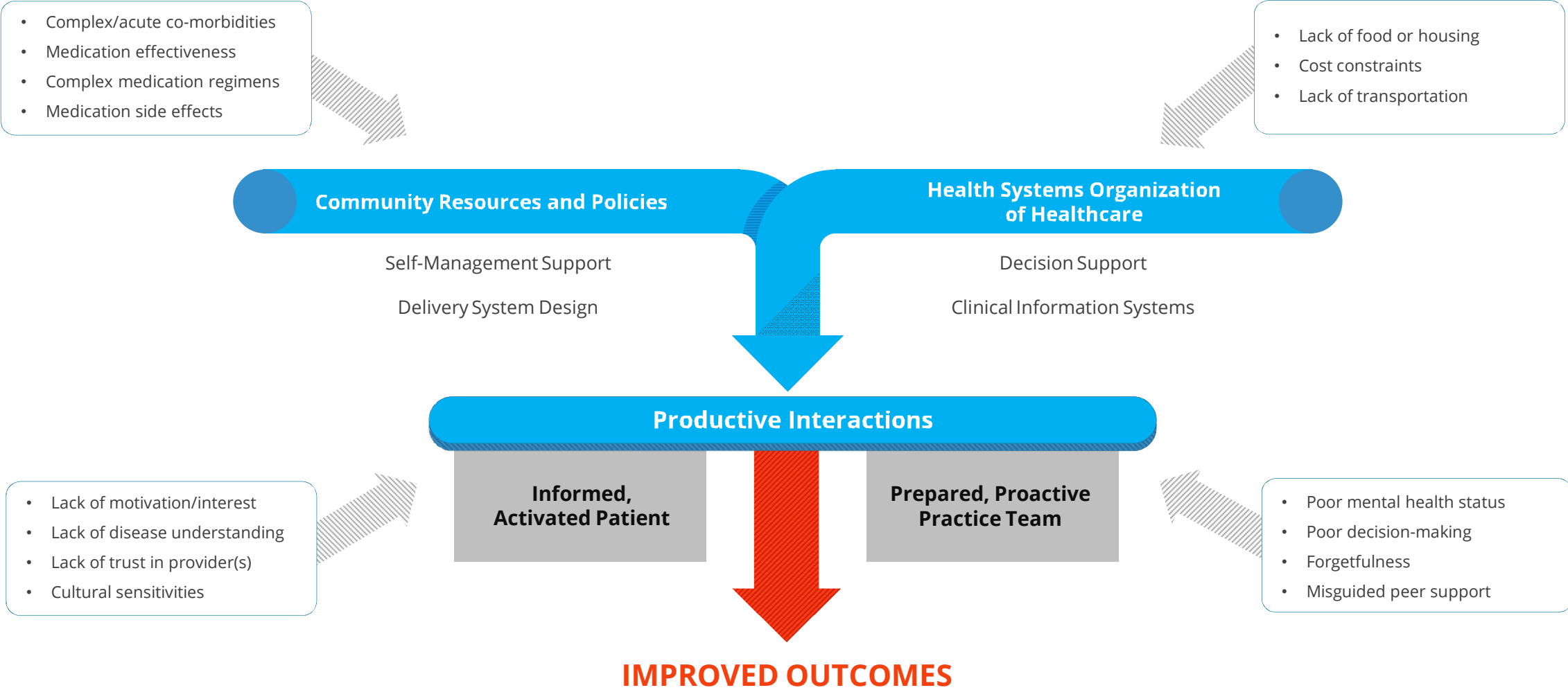
Reducing the Risk of Falling	2.4
MTM Completion Rate for CMR	2.4
SNP Care Management	2.5
Plan All-Cause Readmissions	2.5
Improving/Maintaining Physical Health	2.6
Osteo. Mgmt in Women With Fx	2.7
Monitoring Physical Activity	2.9



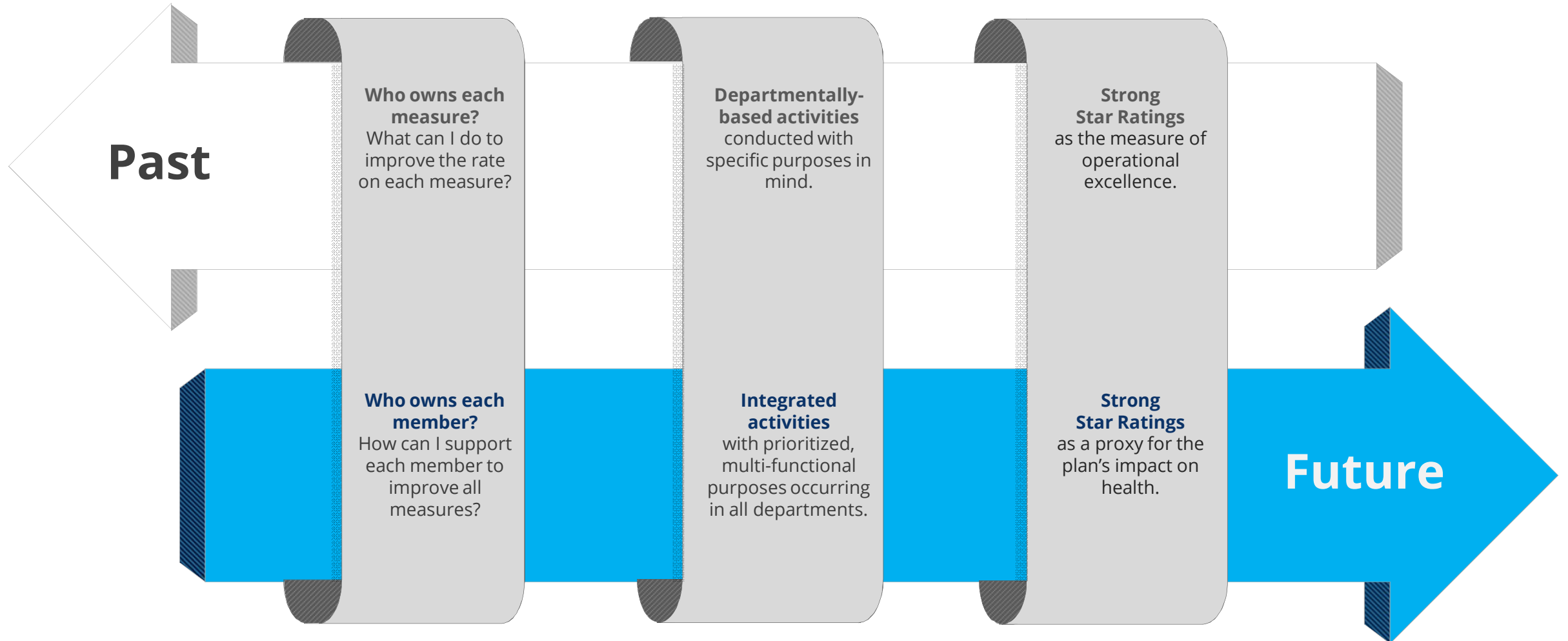
A MEMBER'S HEALTHCARE EXPERIENCE



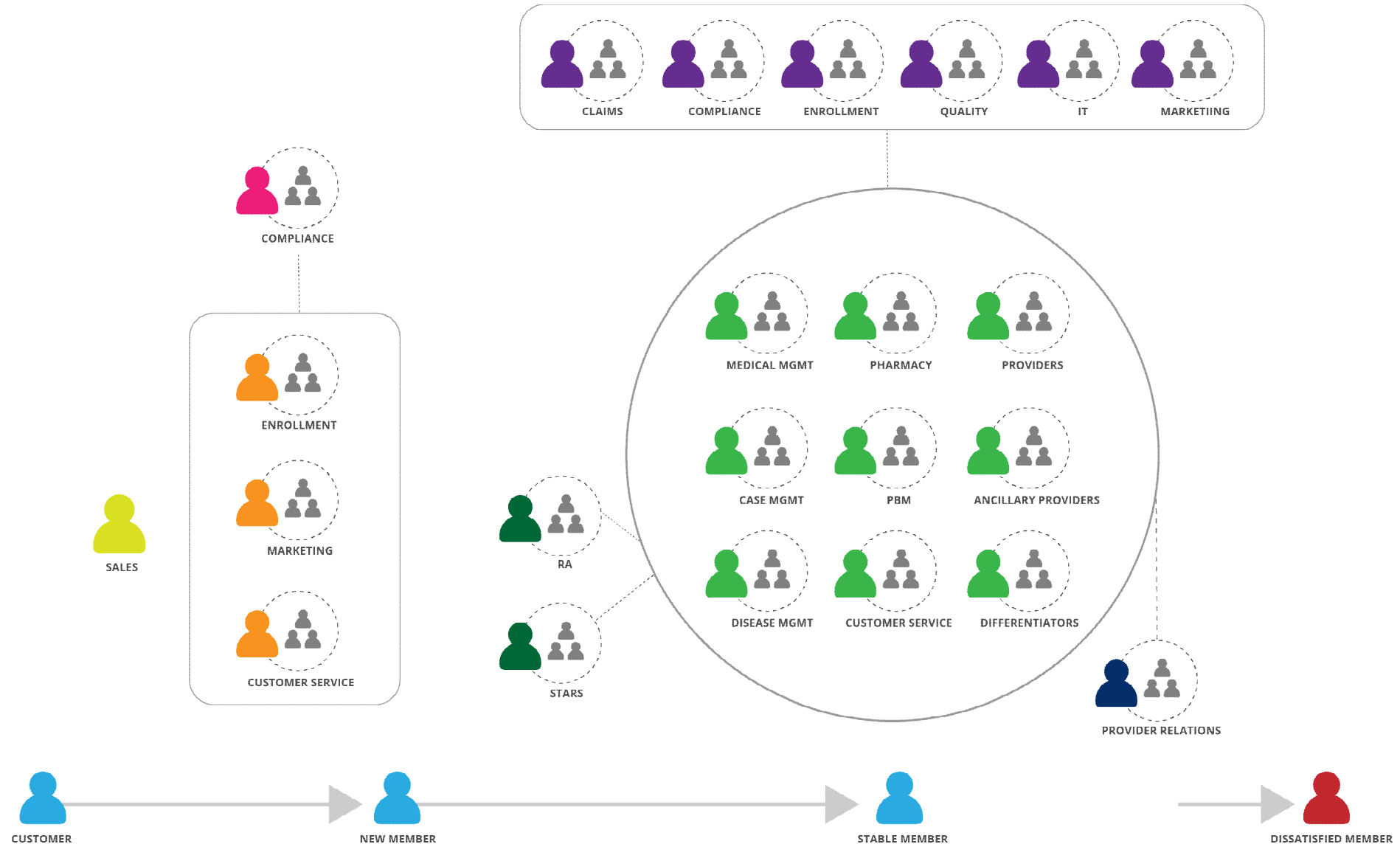
A MEMBER'S HEALTHCARE EXPERIENCE



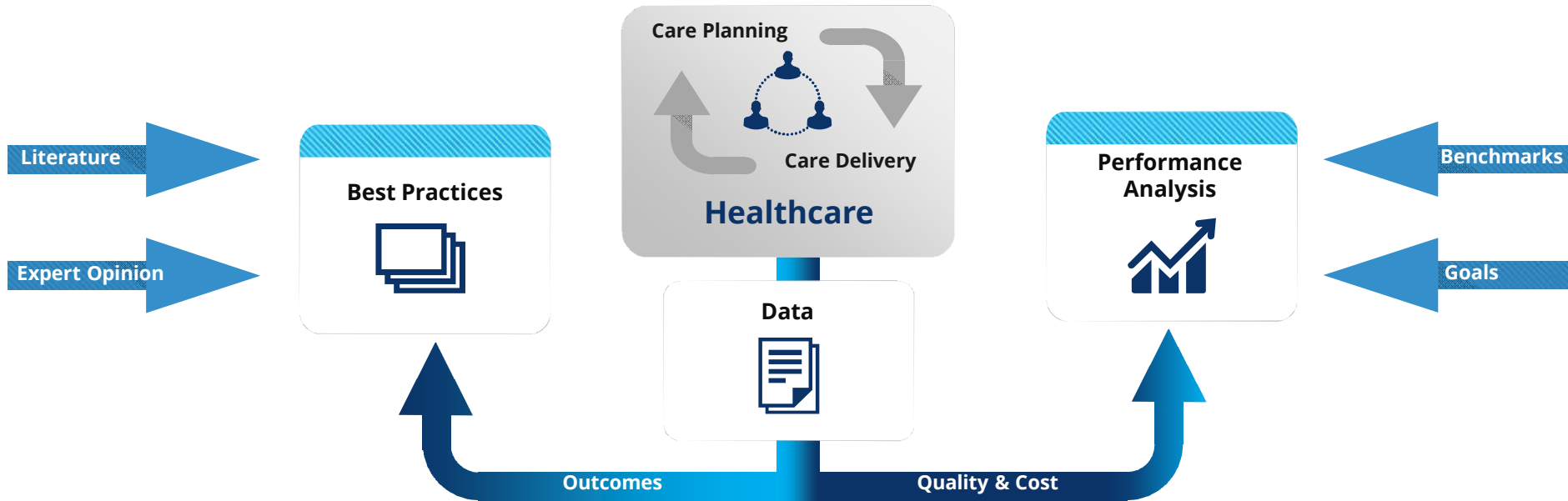
LEARNING FROM THE PAST TO PREPARE FOR THE FUTURE



MANAGING YOUR MEMBERS' EXPERIENCE



MANAGING YOUR MEMBERS' EXPERIENCE

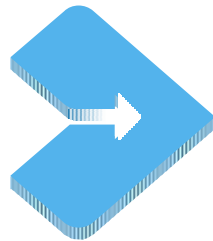


JOURNEY MAP

What are members experiencing today?

What calls, letters, and home visits are they receiving?

Which outreaches are required, and which are optional?

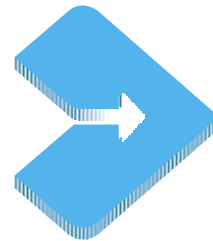


STRATEGY ASSESSMENT

Who do we want to interact with members and why?

When and where do we want to interact with members?

Will we use model or non-model documents?



MEMBER EXPERIENCE ALIGNMENT

How effective are our interactions?

How aligned is messaging across departments?

Are all outreaches aligned with our goals?

Are we achieving highest possible ROI from each outreach?



TAKE-AWAY

- ⦿ Careful design of proactive and reactive retention initiatives and a commitment to communication will deliver a significant and positive impact on enrollment, member satisfaction, and revenue generation.

Prioritizing Functional Areas and Tracking Disenrollment Causes

External Influences

Rethink Goal of Operational – Building Trust

Star Ratings Bring It All Together

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Gorman Health Group, LLC (GHG) is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid and Health Insurance Exchange opportunities. Since 1996, our unparalleled teams of subject matter experts, former health plan executives, and seasoned healthcare regulators have been providing strategic, operational, financial, and clinical services to the industry across a full spectrum of business needs. Our mission is to empower health plans and providers, through a compliant, member-centric focus, to deliver higher quality care to members at lower costs while serving as valued, trusted partners.

Further, our software solutions have continued to place efficient and compliant operations within our clients' reach. Our Valencia™ software provides rigorous, compliant, and transparent workflow controls that ensure your operational processes – and the resulting payment– are as accurate as possible. Sentinel Elite™ is our module-based software solution designed to assist government managed care organizations onboard agents, provide training, manage ongoing oversight activities, and pay commissions effectively and compliantly. Our Online Monitoring Tool™ (OMT) is the complete Medicare Advantage and Part D compliance toolkit, designed to perform ongoing monitoring and auditing, manage regulatory notices, document corrective actions, and streamline member material review. CaseIQ™ brings clarity to appeals and grievances and offers a new way to ensure your cases come to a compliant resolution. We also offer training courses on a variety of industry topics designed to meet the unique needs of your organization through Gorman University™, and our exclusive daily digest, The Insider, provides in-depth analysis and expert summaries of the most critical legislative and political activities impacting and shaping your organization.

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