

Health Plan Member Outreach and Engagement: **BEST PRACTICES**



Abstract

Health plans can no longer ignore what happens after their members walk out of the doctor's office. Too often members fail to follow through on the advice given by their primary physicians, leaving prescriptions unfilled or putting off badly needed diet and lifestyle changes. This can lead to costlier health problems and medical procedures down the line. As a result, health plans are ramping up efforts to connect with their members, with the growth of member outreach and engagement filling a significant gap in today's health care system.

Boost Outreach and Improve Outcomes



Financial assistance and coordination of benefits: We'll help enroll your members in Medicare's Part D prescription drug program and assist them in applying for additional assistance under the Limited Income Subsidy.



New member welcome calls: If you were just moving to town, who wouldn't want a welcome call from one of your new neighbors? In the same spirit, a great way to increase participation by members and raise satisfaction levels is through welcome calls to new members. It can also give you a chance to fully inform your members about the benefits available to them.



Health risk assessments: We can also conduct health risk assessments, an excellent way to obtain information from patients during home visits while also determining whether additional referrals or outreach is required.



Medication adherence: Making sure your members take their prescriptions will help them manage chronic conditions while also boosting improvements in quality for your health plan. This is especially true when it comes to high cost, high-risk drugs. Lapses can lead to serious consequences, including viral resistance, disease progression and potentially hospital admissions, as well as mounting medical bills. We work with a Drug Utilization Review Team that includes consultant pharmacists and data experts to crunch the numbers and analyze data. We monitor and track services and make reminder calls to prescribers.



Appointment reminders: By decreasing the "no show" rate for doctors' appointments you can both provide a big boost to the well-being of your members while also increasing revenue. Our multilingual customer service staff play a key role in this, ready to work with plan members from diverse backgrounds.



Identify Your Challenges



Different people, different needs, and different insurance populations:

This can impact reachability and lead to different outcomes. We've stratified these different populations and know the best times to reach them.



Different outcomes: While Medicare enrollees are able to be reached more often, the reach rate for those receiving Medicaid can sometimes be less than 20 percent.

Utilize Proven Strategies



Work the phones: Research bad phone numbers in order to get the right contact information for your members. If your first call is unsuccessful, try again on a different day of the week or time of day. Don't get off the phone without leaving a message — voicemails can be the nudge needed for members to return your call.



Answer those calls – and fast: We've established benchmarks based on call categories and know that proper prioritization leads to greater success.



Try different engagement strategies: For harder to reach Medicaid plan members, mailings sent out after initial phone calls can boost the response rate. Tailoring the message also helps.



Staff diversely: Make sure a percentage of your staff speaks more than one language. It can be an obvious barrier to outreach if there is no one available who speaks the member's primary language. Ask us what the rule of thumb is.



Have a backup: If your call center goes down for some reason, you need to have a backup. We have been able to cover for clients during emergencies in which their call centers have had to shut down, fielding inbound calls while maintaining routine, service-level standards.



Keep talking to each other: Make sure all members of your team are communicating with each other. Align priorities. Work together to make changes in the process and stay up to speed with staff training.



Embrace technology: Smart use of technology and automation can boost the completion rate, reduce administrative costs and cut down on time-consuming manual labor.

How We Can Help

UHealthSolutions is a nonprofit affiliate of the University of Massachusetts Medical School that works with health plans across the country, helping to design and run highly successful outreach and engagement plans.

Our contact center serves as a seamless plugin to your own organization. We offer the latest advanced technology, highly-trained and skilled customer service representatives, and best-practice techniques that meet or exceed industry standards. We are dedicated to continuous quality improvement measures. Drawing upon the resources of UMass Medical School, we also provide a health plan quality enhancement services that hone in on the critical factors assessed by Medicare and Medicaid in evaluating the performance of health plans. We have been successful in boosting health plan quality STAR ratings for Medicare Advantage clients and for specific quality measures applied to Medicaid managed care plans.



CONTACT

Jeff Auger, Director
UHealthSolutions
JAuger@uhealthsolutions.org
508-793-1196

UHealthSolutions
University of Massachusetts Medical School
333 South Street
Shrewsbury, MA 01545



www.UHealthSolutions.org