



Healthcare Consumer Insights:
Understanding the
Health Insurance
Member Experience

Members Demand Improved Experiences

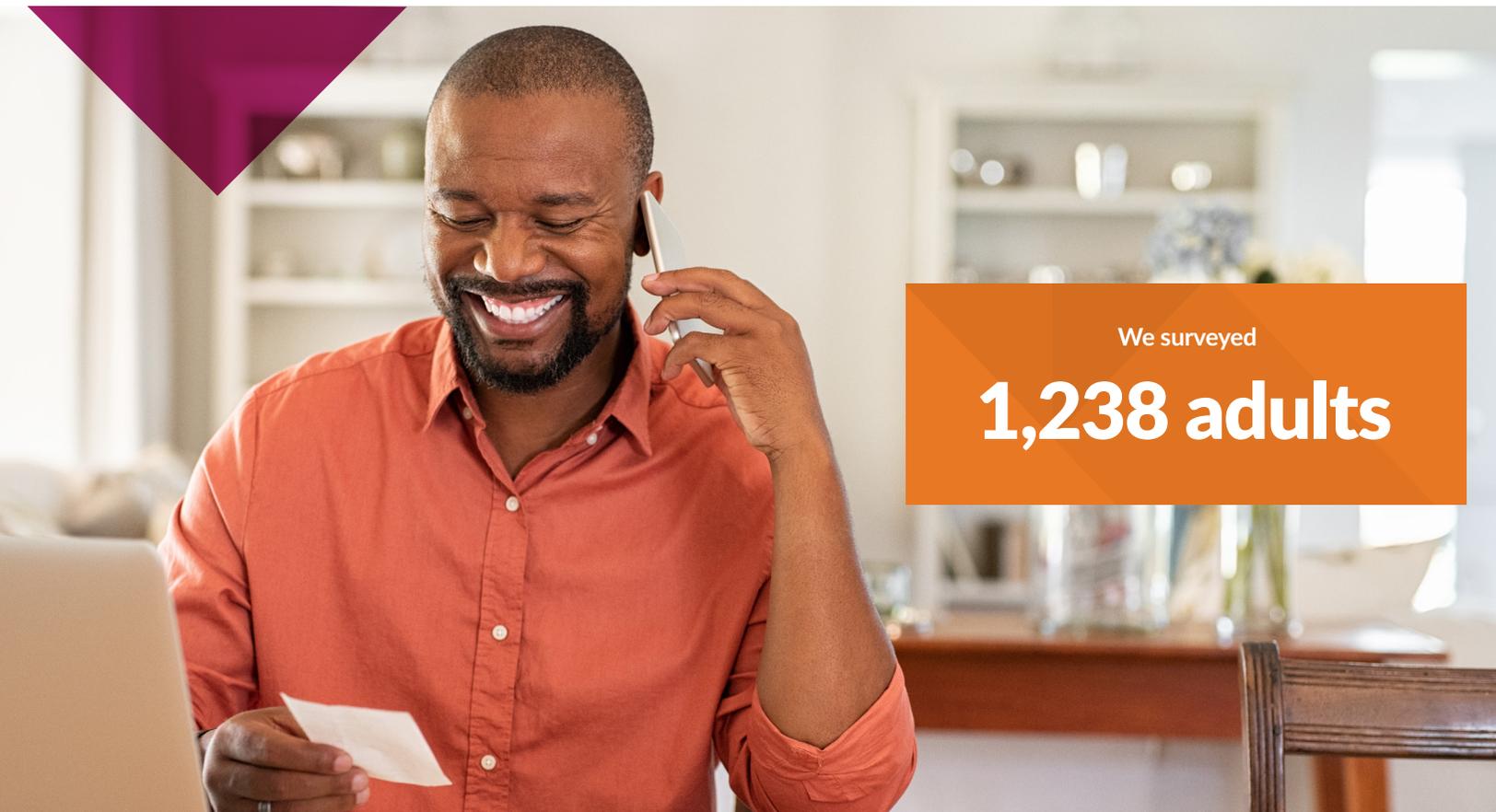
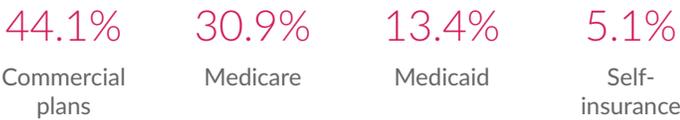
Perceptions about commercial, Medicare, and Medicaid plans

Rising costs of healthcare in the United States, coupled with increasing consumer expectations has created a perception of contentious relationships between health insurance companies and the members they serve.

To learn from health insurance members, we conducted a consumer survey to obtain an in-depth overview, exploring how they really feel about their insurance carriers, revealing some surprising findings.

By asking questions about trust, empathy, wait times, language barriers, and more, our survey uncovers opportunities to provide members with more personalized support, and insights into the overall customer experience. **The data was comprised from a survey of 1,238 adult U.S. respondents with health insurance.** The majority of survey respondents were insured by commercial plans through their employer (44.1%), followed by Medicare (30.9%), Medicaid (13.4%), or self-insurance (5.1%)

Health plans of survey respondents



We surveyed
1,238 adults

Members Say They are Loyal to Brands Who Communicate With Them Regularly

Nearly four out of five Medicare members (78.9%), and three-quarters of Medicaid members (74.1%) said they feel that their insurance company cares about their health and wellbeing. But less than two-thirds (60.5%) of those with commercial plans said they think their insurance company cares about their health and wellbeing. **The perception of Medicare members who feel that their insurer cares about them has a direct correlation with brand loyalty, as 9 out of 10 respondents insured by Medicare (91.1%) indicated that they are either very loyal or moderately loyal to their insurance company.** Across plan types, the percentage of Medicare members (8.9%) who said they are either slightly or not at all loyal to their insurer was significantly lower than those with commercial plans (28%) and Medicaid members (19.3%).

Communication and Member Loyalty

Communication from insurers to members plays a key role in fostering the relationship between both parties as more than two-thirds (70.6%) of the respondents who indicated they are very loyal to their insurers said they receive regular correspondence from their insurance company. **This finding highlights the importance of how engaging members through communication directly impacts their loyalty to a health insurer.**

When asked the reason for the correspondence they receive, responses included approval or denial of a medication or service (52%), important health-related reminders (49.6%), billing information (31.6%), and member surveys (24.9%)



70.6%

of loyal respondents said they receive **regular correspondence** from their insurers.

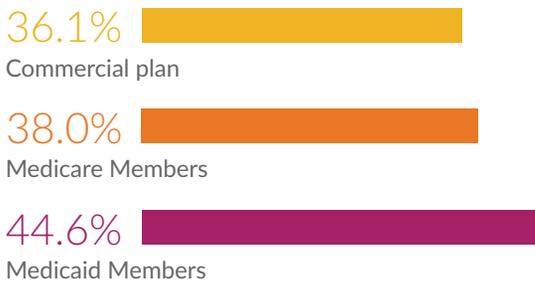
Nearly Everyone Accessing Nurse Help Lines Follow the Advice They Receive

More than one-third (36.9%) of overall respondents and nearly half of Medicaid members (44.6%) said they have accessed their carrier’s nurse advice line. Among those who accessed the nurse help line, 93.1% followed the advice they received.

Helping Members Manage Costs and Improve Outcomes

Nurse advice lines are virtual care solutions that provide members with access to clinicians to obtain care and help them avoid unnecessary visits to the emergency room, urgent care, or primary care providers. By implementing better marketing and communication strategies to educate members about nurse advice lines and other similar services, opportunities exist for insurers to manage costs and improve health outcomes for members. Also, roughly one-third of those with commercial plans (36.1%), nearly 4 in 10 Medicare members (38%), and nearly half of Medicaid members (44.6%) said they have accessed the nurse advice line.

Nurse advice line utilization



93.1%
followed the advice
they received.

Members Want a Balanced Combination of Human and Digital Interactions

More than half of respondents (54.1%) believe that using technology is very important when managing their health, and 34% think it is somewhat important, totaling 88.1%. Among those who indicated that the use of technology was either very or somewhat important when managing one's health, responses were similar across insurance types and age groups.

Consumers Want Online Tools and Apps

Most respondents aged 60 and over indicated that their use of technology when managing their healthcare is either very important (50.9%) or somewhat important (38.3%). For those younger than 60, more than half (55.1%) said that using technology is very important and one-third (32.6%) said it was somewhat important.

This emphasizes how consumers, especially digital natives, are accustomed to conducting transactions using online tools and apps in many daily transactions such as retail purchases, banking, and ridesharing. They want access to the same conveniences when managing their healthcare. The findings on the popularity of using technology point to the need for serving plan members with a balanced combination of human and digital interactions.



89.2%

of those 60 and over said using **technology** to manage their health **is important**.

The Phone is More Popular Than Expected

Members Value Live Voice and Addressing Issues in Real-Time

Contacting insurers by phone continues to be the most popular channel of communication for healthcare consumers as most respondents (60.8%) who recently contacted their insurance company did so by phone. Our survey found that contacting one's insurer by phone is more popular than email, chat, and website visits combined, emphasizing the importance of having a well-trained contact center workforce. This finding reveals that members value talking with someone and knowing that their issue is being actively addressed and resolved in real-time by representatives who are knowledgeable and compassionate.

More than half of respondents (56.3%) also indicated that in the future they would prefer using a phone to contact their insurer versus a chat feature. Across plan types, just under half of those with commercial plans (48.1%), 6 in 10 Medicaid members (59.6%), and two-thirds of Medicare members (65.1%) said they will use the phone versus a chat feature in the future to contact their insurer.

 **56.3%**
prefer live voice
outreach versus chat.

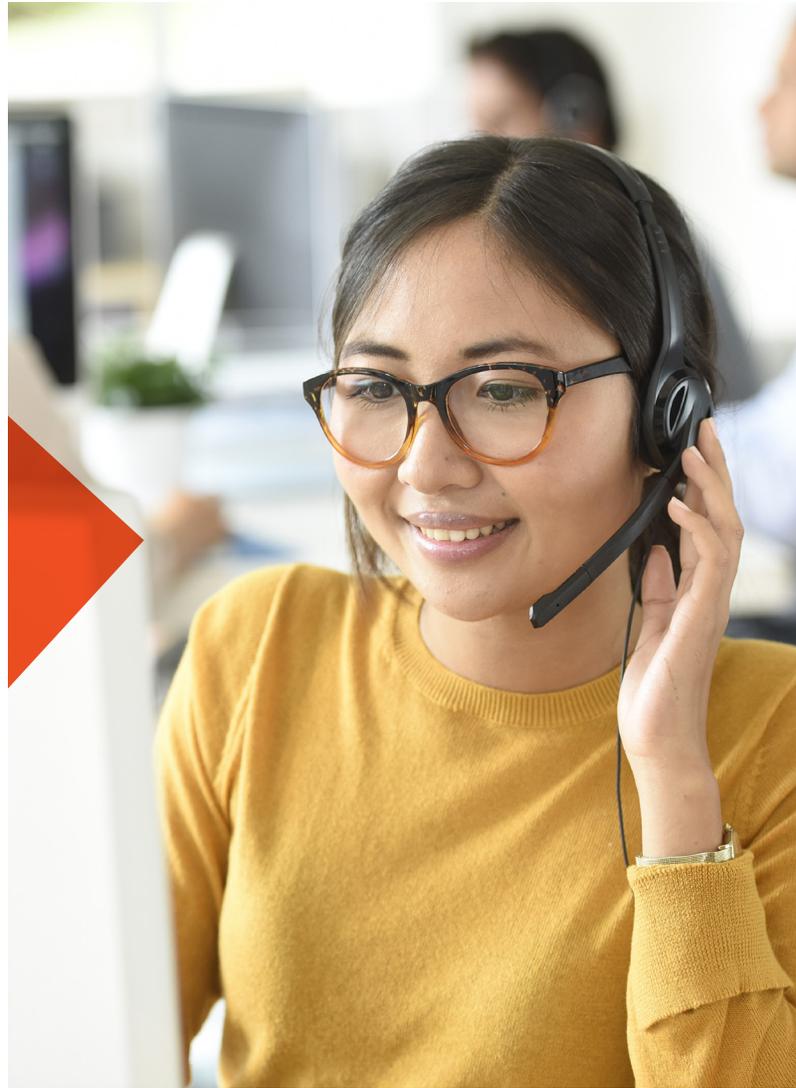
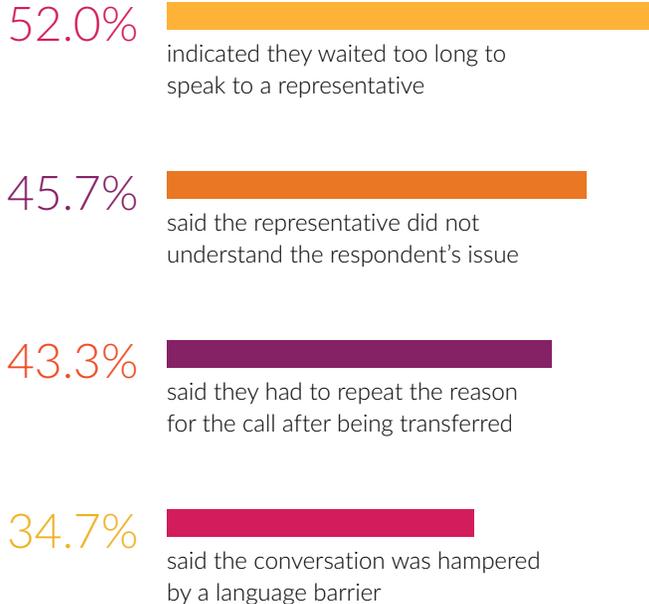


Healthcare Phone Support Ranks High, but Barriers Still Exist

When asked to rate the quality of telephone support they receive across eight industries, healthcare ranked in the top three, with banks in the top slot, followed by health providers and health insurance. Industries that ranked lower for telephone customer support included hotels, car insurers, retail websites, telecom companies, and airlines.

Our survey provided respondents with options to describe the reasons why they felt that the healthcare industry's phone support system did not meet their needs.

Respondents who ranked health insurance companies unfavorably for phone support cited the following:



Multi-language Telephone Support is a Must

When asked how their telephone customer support experience could be improved, nearly two-thirds (62.4%) said shorter wait times, and more than half indicated that a faster issue resolution (54.5%) or more knowledgeable representatives (52.8%) would have a positive impact on their experience.

These findings point to the need for health plans to continually measure the metrics of their telephone customer support systems. Establishing service level agreements to support system metrics and benchmark performance against other plans and industries can help facilitate consistent performance, and highlight necessary improvements to address long wait times, language barriers, and unresolved issues.

 **34.7%**
of those who ranked telephone support unfavorably **experienced a language barrier with their health plan.**



Improve the Contact Center Experience, and Then Keep Improving It

Health insurers that document a member's reason for contacting customer support can eliminate the need for the caller to repeat their issue after a transfer, a major pain point which can be made worse when combined with a language barrier. As the number of Americans who speak a language other than English in their home nearly tripled between 1980 and 2019, **it's critical that health insurance phone support includes multi-language capabilities to provide equitable customer service to all members.**

Knowledgeable Support Staff Make a Positive First Impression

An overwhelming majority (89.1%) of respondents indicated it's important for their phone representative to be well-versed in healthcare. **Since customer service interaction is often the first direct contact members have with their insurance company, a positive first impression is vital.** Well-trained contact center staff who are knowledgeable about healthcare in general and, more specifically, about the benefits and services that are available to members, have a measurable impact on the quality of an organization's customer support program.



89.1%

want phone representatives who are well-versed in healthcare.

Empowered and Knowledgeable Agents Improve Member Trust

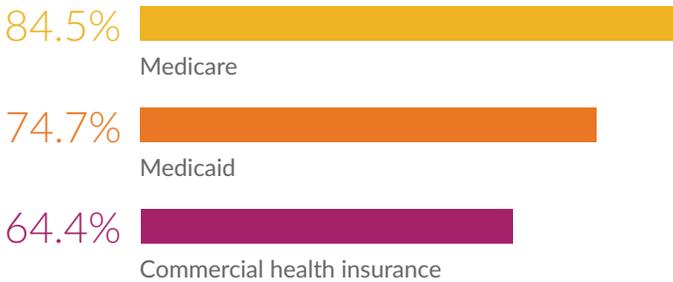
Members Want to Feel Cared For and Informed

Although most respondents felt differently, nearly one-third of those surveyed (31.2%) said they don't think their insurance company cares about their wellbeing. Given the previously noted popularity of using the phone to contact insurers, this finding reiterates the point that well-trained, compassionate contact center staffers are invaluable to how a health insurance company's reputation and dependability is perceived by members.

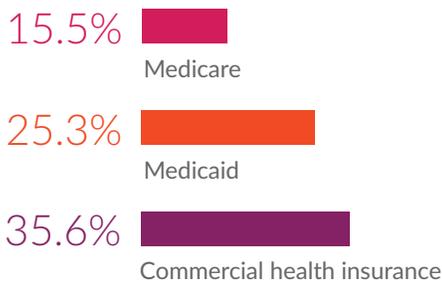
In our survey, we found that most respondents (72%) have a favorable level of trust in their health insurance company.

Rate your level of trust

Good/Excellent:



Poor/Fair:



These percentages challenge the assumption that the commercial insurance consumer experience is inherently superior to Medicare and Medicaid.

Member Benefit Awareness Is Paramount

While most respondents (69.3%) indicated they were aware of all the benefits their health plan offers, nearly one-third (30.7%) said they were not.

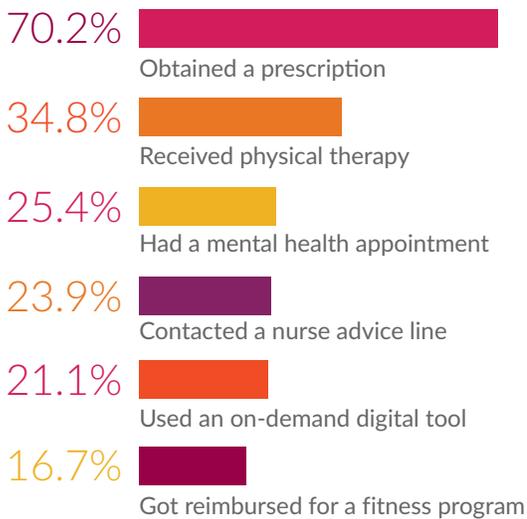
Medicare members had the lowest percentage (23.7%) of respondents who said they were not aware of all the healthcare benefits in their plan.

This finding reflects a pattern in our survey data that points to Medicare members being more educated about their insurance coverage than Medicaid and commercial plan members.

Most respondents (71.3%) rated their level of understanding of their benefits as either excellent or good, while more than one-quarter (28.7%) said that their level of understanding was either fair or poor.

This is not only disadvantageous to members, but it can also mean that an insurer's customer service resources could be stretched thin if agents are spending disproportionate time explaining benefits to individuals versus resolving members' issues.

Out of the 69.3% of patients who said they're aware of their plan's benefits:



Nearly **1/3** said they are **NOT** aware of all the benefits of their health plan.



Healthcare Advocacy Solutions Can Empower Members to Make Informed Decisions

The fact that nearly 3 in 10 respondents who are enrolled in all types of healthcare insurance stated that their level of understanding their benefits was either fair or poor points to the need for healthcare insurers to focus on strategies and act to better educate and guide their members. Programs that drive advocacy include welcome calls, member onboarding, health coaching, and outreach for high-risk/high-cost members' treatment and medication adherence. **Insurers that take advantage of healthcare advocacy support solutions can empower members to make the most informed healthcare decisions.**



Methodology

Caret Health partnered with a third-party research firm to survey 1,238 adults. All respondents were 18 years and older, reported having health insurance, and live in the United States. The survey was conducted in spring 2023.



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