

EBOOK

Complexity is damaging your Star Ratings

How U.S. health insurers can create more value by prioritizing clear communications.



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How measuring content quality leads to improved customer experience

Have you ever considered the following statement?

The language you use with customers leads to more positive customer experiences and better Star Ratings.

Most health insurance providers audit almost all areas of their business, except communications. Yet words have a huge impact on how members feel about your service and how they rate it. This ebook explains how focusing on language, and the quality of your customer experience, leads to better Star Ratings.

Looking at the wider context, we know from Accenture that 52% of consumers struggle to navigate the U.S. health insurance system.1 The report states:

"These consumers struggle to make informed decisions about everything from the health plan types they choose and the premiums they pay to the doctors they see and the procedures they have done."

And in 2019, VisibleThread conducted research into the health insurance industry. 2 We found similar results. 2/3 of health insurance providers produced content that was inaccessible to the general U.S. population.



These studies point to one conclusion. Consumers and members are confused. They're unclear on what they are convered for. They can't figure out the content of their health plans. Interactions with their insurer create anxiety rather than build trust. And when they receive a survey about the quality of their service, they're likely to give a low rating.

Star Ratings were set up by the Center for Medicare and Medicaid Services (CMS) to track providers' performance on various metrics. You're awarded relative quality scores, based on the performance of your plans according to selected criteria. Many of the criteria promote positive customer experience. You can therefore boost your Star Ratings by improving your customer experience.



How health insurers can improve **Star Ratings and member experience** through language

Each year, the CMS releases Star Ratings for health plans. They award each plan with a relative score based on your performance within specific areas. A five-star rating indicates that your plan delivers quality care and that members are highly satisfied. Consumers are more likely to choose your plan as a result.

Star Ratings also determine whether or not you will receive bonus payments or rebates (or both) for your enrollees. Star Rating improvements carry a high value per plan.

CAHPS surveys measure customer experience

The Consumer Assessment of Healthcare Providers and Systems (CAHPS)³ program reviews key areas that impact ratings. Health insurers can improve their CAHPS scores by simplifying the health plan user experience, content and messaging.

For example, the health literacy section within CAHPS surveys assesses whether the provider's information around the following areas are easy to understand:

- Customer service
- Health plan
- Staying healthy
- Coverage
- Payments for medicines
- Complaints

Sample CAHPS questions:

- Was the information about how your health plan works easy to understand?
- Was the information about your health plan's coverage and benefits confusing?
- Was the information on your health plan's website easy to understand?

The NAIC advocates for Flesch scores of 40+

The National Association of Insurance Commissioners (NAIC) also promotes clear customer communications. Their Policy Simplification Act⁴ recommends a Flesch score of 40+. The Act is federal law and each state is able to revise it to suit local law. So while the NAIC recommends a Flesch score of 40+, not all states do.

In any case, the higher the score, the more likely your members are to understand your content. We recommend that your member communications achieve a score of 60+ to reach the entire population.

What is a Flesch score?

Peter Kincaid developed the Flesch Reading Ease test for the US Navy. The test scores text for its reading difficulty and is measured on a scale of 0-100. A higher score indicates text that is easier to read. A lower score indicates text that is more difficult to read. For example, Harry Potter and the Sorcerer's Stone scores 100, whereas an Academic Paper on Chess scores 30-50. The average reader will easily understand a text that scores 60 or higher.5

³ https://www.cms.gov/research-statistics-data-and-systems/research/cahps

⁴ https://content.naic.org/sites/default/files/inline-files/MDL-575.pdf

⁵ https://www.visiblethread.com/2019/12/readability-whats-behind-the-flesch-reading-ease-test/



Insurers are failing to communicate clearly

Messaging and content influence your members' experience. CAHPS speaks about simplifying content. Simple and clear communications ensure members understand your messaging without having to seek additional information. Ensuring your content is easily readable is a sign of clear communications.

When we analyzed health plans from the biggest insurers, we found a lack of clarity across the board. We've included some examples of content from health plans, to illustrate the ways in which members are kept in the dark through poor readability.

Example 1: Long-term care resident plan

The text below is intended for long-term care residents. It's taken from an Anthem Blue Cross Blue Shield plan. The language is typical of most insurers' plans. It describes a situation in which the member needs a drug that's not covered.

If you are a resident of a long-term-care facility and, you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

Very Long Sentence Try to split this very long sentence. **Passive Voice** Try to rephrase 'Limited using active voice 5 Long Words These are 'facility', 'formulary'...

This paragraph has:

- A 59-word sentence.
- Use of passive voice.
- Health jargon that most of the population would struggle to understand unless they worked in healthcare (formulary; formulary exception).
- A grade level of 24.8. This means that the reader would need over 24 years of education to understand it, which is PhD level.
- A readability score of 22. This is well under the NAIC-recommended level of 40. It's also more complex than the Harvard Law Review which scores 30.



If you are a resident of a long-term care facility, you're probably unwell. You might have limited capacity for figuring out your provider's communications. Having to sift through complex language is likely to make you feel even more anxious. This will not lead to a positive experience.

Suggested copy

If you live in a long-term care facility, then the rules about drugs are different. If you need a drug that's not usually covered by your health plan, we will pay your costs for 34 days. During this time, you will need to ask us to include the drug in your plan. Please note that this only applies after you have been a member with us for over 90 days.

Now we have

- 0% long sentence use
- 0% passive voice
- No health jargon.
- A grade level of 6.4 and a readability score of 79.

Most of the population can now understand the text. Especially those aged 65+, who are more likely to be residents of long-term care facilities.



Example 2: Coverage gaps in health plans

The text below describes what a member needs to pay if she reaches her "coverage gap". This example is taken from a United Healthcare enrollment guide. But it's a good example of language used by most insurance companies.

After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any tier durng the coverage gap. After your total out-of-pocket costs reach \$6,350, you will pay the greater of \$3.60 copay for generic (incuding brand drugs tested as generic), \$8.85 copay for all other drugs, or 5% coinsurance.

2 Very Long Sentence
2 Very Long Sentences - These are 33 and....
3 Watch Word Hits
"coinsurance" (Health Jargon)...

This text has

- 2 very long sentences 33 words and 32 words respectively.
- A number of health jargon terms (coinsurance, drug tier, coverage gap, out-of-pocket, copay, generic).
- A grade level of 9. The reader would need to have reached at least 8th grade to be able to understand it.

Suggested copy

Coverage gap stage

Coverage gap = an annual limit on benefits. These extra costs kick in after you reach a certain amount paid by you and your plan on covered drugs. After your total drug costs reach \$4,020, you will pay no more than 25% on drugs. We cover the rest of your costs. We call this "coinsurance", which means that you share the costs with us, your plan provider.

Catastrophic coverage stage

Catastrophic coverage = the point when your total prescription drug costs within a year have reached a set maximum level.

After your total out-of-pocket* costs reach \$6,350, the following costs apply. You need to pay whichever of these options costs more:

A fixed cost of \$3.60 for generic** drugs.

**Generic means a drug with no brand name.

This option is also valid for brand drugs that we treat as generic.

- A fixed cost of \$8.95 for brand drugs.
- 5% of your drug costs. Your health plan covers the rest under a condition called "coinsurance".

*Note: out-of-pocket costs are expenses for medical care that we don't pay back to you.

Now we have

- 0% long sentence use
- Definitions of complex health terms, so all readers have a chance of understanding the text's meaning.
- A grade level of 5.3.

Sometimes, you might need to use words that members won't understand. For example, "co-insurance" or "out-of-pocket". Your Legal or Compliance Teams might insist that you use the official legal terms. In these cases, make sure to define your industry jargon.

Taking a few minutes to improve the clarity of communications could mean the difference between someone understanding your content, or not. It could lead to fewer members calling your Call Center for explanations. It could also mean the difference between a positive rating, and a negative one.



Why are health insurers failing to communicate clearly?

It's clear that language is key to improving customer experience. Plain language is important to both customers and regulators. So why are health insurance providers failing in this area?

One major challenge is that every department now creates customer content. There are End of Benefit letters, Customer Support messages, Contact Center scripts, notifications from the Claims Team. Different teams create content independently without a single view of the customer experience. This leads to inconsistent, disconnected communications, and a poor quality experience.

Also, writing is not a core skill for everyone in your organization. Not everyone will have read your style guide. Different teams will have different levels of understanding of how to write in plain language, and of its importance.

It's understandable that large insurance firms struggle to identify specific problems in their communications across the whole company. It's difficult to know where to start, with hundreds of communications produced each week.

And it's even more challenging to clarify these communications at scale. How can you begin to manage this centrally, without the support of technology?

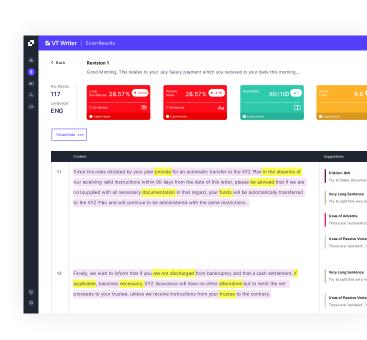
Finally, if we're aiming to make quality improvements to our written content, we need to measure and track our language. We must audit it and benchmark performance over time. This is almost impossible to approach manually.

The solution: Use technology to audit and improve content at scale

Using VisibleThread's Language Analysis Platform, you can enable quantifiable improvements in your written communications.

The solution improves the quality of mission critical business writing by flagging jargon and complexity. It supports your writers as they create content, and enables consistency across the entire organization. As they create clear content through simplifying content and communications, you improve the member experience.

VisibleThread also supports quality analysis at scale by measuring readability and tone of voice of all content. Senior managers can measure adoption and quality improvements by users and teams over time.





Plain Language: Your key to better customer experience, improved Star **Ratings and reduced costs**

Better customer experience

Improved readability means members understand all of your messages. They know what they're entitled to, what they're covered for, and how much they need to pay. This builds trust, and leads to more loyal customers who are less likely to churn. They're also more inclined to recommend you to their employer when it comes to enrollment.

Improved Star Ratings

If members understand your service more clearly, they're more likely to rate your plan positively when they receive a CAHPS survey. Plain language translates to better CMS ratings around member experience. This is highly rewarded by the CMS. And higher ratings also make customers more likely to choose your plan. This equates to increased customer numbers.

More efficient operations and reduced costs

Clear communications also means less pressure on your Contact Center and a lower call volume.

We spoke to Jack Nelson, former Executive Vice President of Operations for CVS Caremark, about this subject. By anticipating callers' questions, and creating proactive communications, Jack estimated that organizations could see a 10-30% reduction in calls.6 This equates to a huge budget saving for insurers.

Smoother processes and better KPIs

Cost savings aside, clear communications lead to boosted performance around certain Key Performance Indicators (KPIs).

A customer we recently worked with improved their direct client communication. The percentage of "case reopens" was an important metric for their business. They reported a 60% reduction in "case reopens" just from looking at the language used in customer letters.



Using a Language Analysis Platform to achieve quality improvements - 5 easy steps

Clarifying communications requires changes to organizational mindset and processes. The framework below offers a starting point for insurers.

Step 1: Identify a champion or team

Recognize that all departments produce content. Identify a champion or team who can work cross-functionally.

Step 2: Create a baseline with a content audit

Gather existing customer communications and measure against readability metrics.

Step 3: Make your style guide accessible

Provide clear guidance to all writers. Ensure they can easily access it.

When will you prioritize plain language?

In the age of the consumer, you have an important decision to make. When will you prioritize customer experience, fostering long-term relationships with members and enjoying boosted profits? It's clear that failure to do so will result in poor ratings and dwindling customer numbers.

VisibleThread provides technology to organizations who want to improve content at scale, boost ratings, and secure a top position in the market. The takeaway is simple. And the time to act is now.

Step 4: Support writers to score content for clarity

Use technology to support writers and allow them to selfscore their content for clarity.

Step 5: Measure and improve

Analyze usage and adoption of your plain language program. Measure quality improvements over time.

Interested in the themes covered in this ebook? Request your personalized content review with one of our clarity experts.

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