

A black and white photograph of a dry, cracked landscape under a cloudy sky. The foreground is filled with a dense network of cracks in the ground, creating a mosaic-like pattern. The horizon line is visible in the distance, and the sky is filled with soft, textured clouds. The overall mood is one of desolation and isolation.

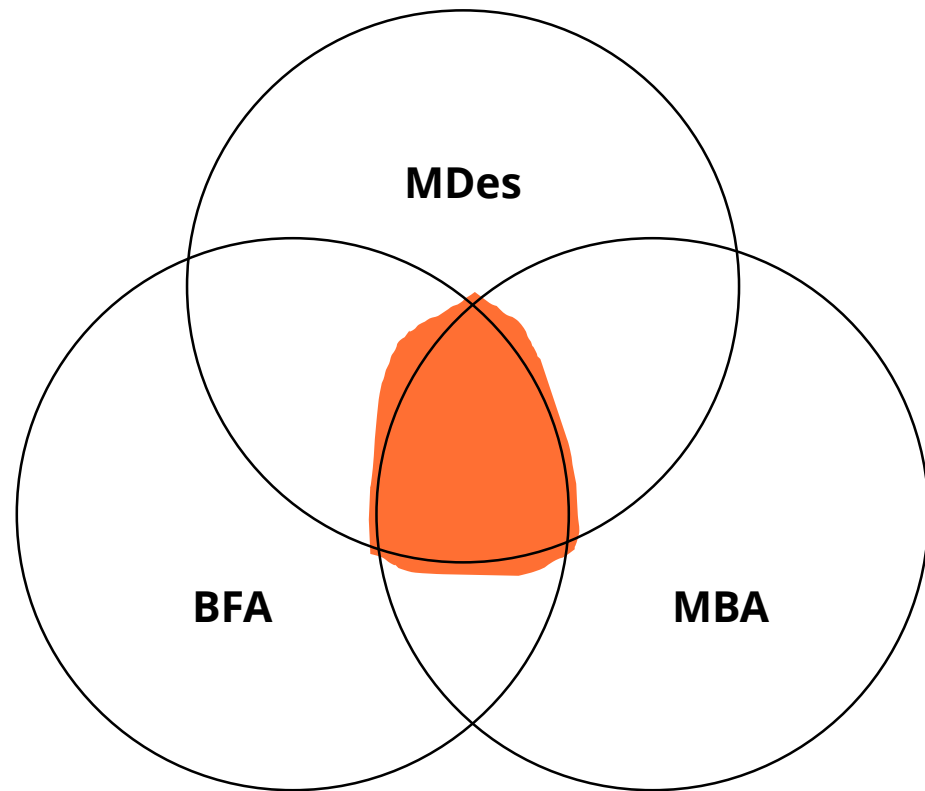
“Hello? Is anybody listening?”

**Making Insights Actionable**

Marilee Bowles-Carey

April 11, 2022

SENIOR DESIGN STRATEGIST



Marilee

Bowles-Carey

Understand and empathize with the people we serve.

Inspire our stakeholders/clients to TAKE ACTION.

Framing the work.

① Build on previous work. . .



TEST-DRIVE MEDICARE

# CONCEPT PITCH

March 3rd, 2021

AND PILOT PLAN

A DUET/HIP COLLABORATION | THE HCSC INNOVATION INCUBATOR

AGING-IN IS HARD!

Medicare members speak up



OVERWHELMED

"It started with an awful lot of mail hitting me. Inundated with phone calls...then email came. Started categorizing things; pile for this, pile for that. Question is what is best for me. All this info and still didn't know."—Debbie, retired

CONFUSED

"I want Super Speed Reading with full comprehension, so I'd know what to do."—Maureen, retired



IN DENIAL

"When I have a hard decision I don't want to deal with, I usually hold off to the last minute and then decide." — Jan, employed part time

RESENTFUL

"I feel like I'm forced to go on Medicare. I had really good insurance with Blue Cross and now I'm forced to go on Medicare." —Susan, employed part time



FEARFUL

"It's a concern. If you screw up and don't sign up, they charge you more. Who knows if they'll even take you!" — Carol, retired

WORRIED ABOUT FUTURE HEALTH

"Before it becomes a lot of the pressure. Right? Right. Start earlier and hopefully you're more mentally sharp. Yeah, don't procrastinate— Kevin, retired





## AGING-IN IS HARD!

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**Action:**  
Informed  
concept  
development.

AGING-IN IS HARD!

Medicare members speak up

IN DENIAL



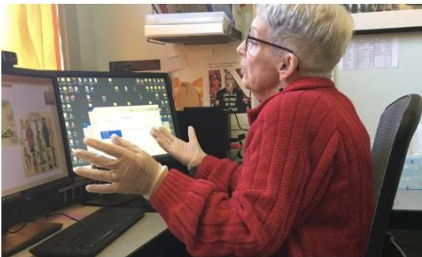
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"I f w

GUIDANCE FROM PRIMARY RESEARCH

We must...

- 1 ... build trust by showing members we know them and understand their needs—by leveraging our *unique member data* as well as our expertise in Medicare.
- 2 ... enable members to learn from others who have been in similar situations—by providing an *unbiased* source of advice and support.
- 3 ... help members understand how Medicare realistically fits into their lives—beyond the near-term artificial milestones such as eligibility, enrollment.



Source: Insights from primary interviews conducted with members & brokers prior to concept generation workshops.

Action:  
Informed  
concept  
development.



AGING-IN IS HARD!

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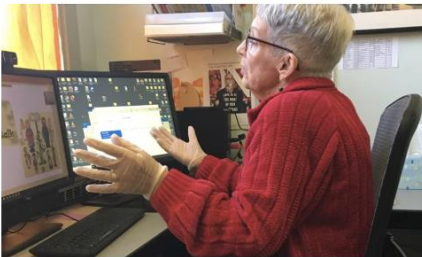
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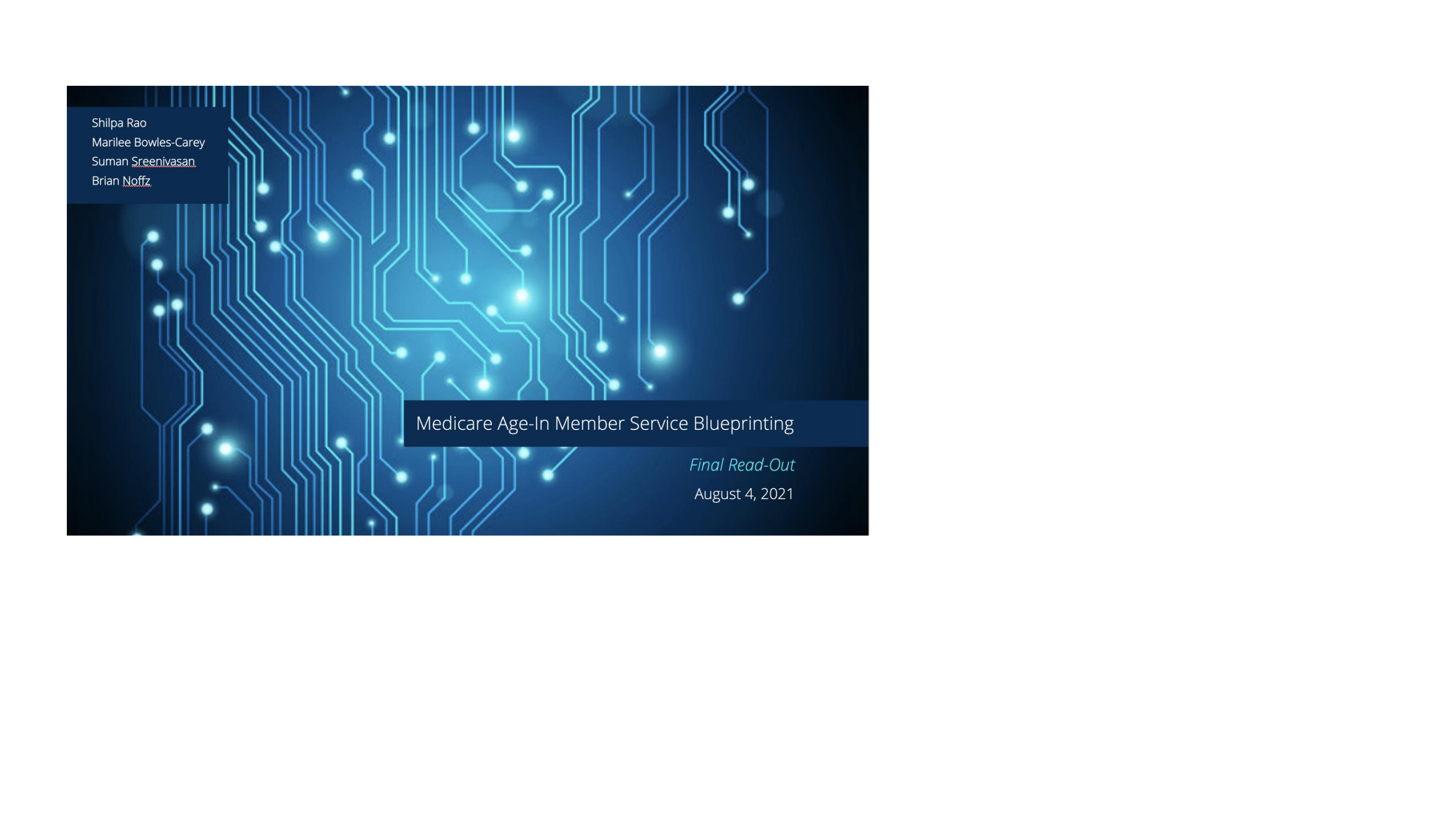
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Source: Insights from primary interviews conducted with members & brokers prior to concept generation workshops.

Action:  
Informed concept development.

Action:  
Informed development of other solutions.



Shilpa Rao  
Marilee Bowles-Carey  
Suman Sreenivasan  
Brian Noffz

## Medicare Age-In Member Service Blueprinting

*Final Read-Out*

August 4, 2021

Shilpa Rao

Marilee Bowles-Carey

Suma

Brian

# How Value is Created

Let's look at 'Group-to-Individual.'

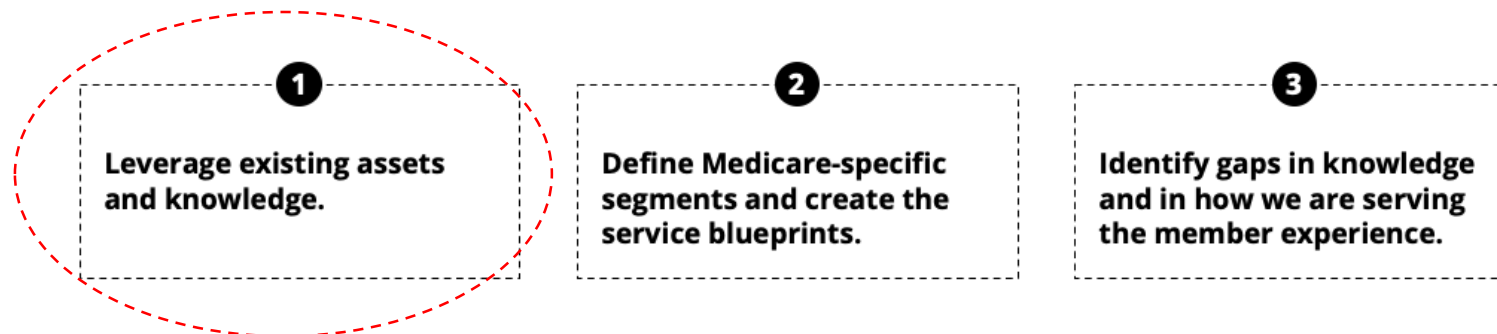
GROUP-TO-INDIVIDUAL														
CONTEXT	Phase of Journey	AWARENESS												
	Activity Mode	Hearing about Medicare							Hearing about insurers					
MEMBER JOURNEY	Journey Moment	At 63, Heather begins receiving non-personalized email communications (BCBS and others) about Medicare options	At 63, Heather begins receiving non-personalized direct mail communications (BCBS and others) about Medicare options						Heather begins receiving regular mail from other MA carriers—UHC, Aetna, Humana, etc. It is a bit overwhelming.	Heather sees ads about MA on Facebook, from UHC, Aetna. She doesn't see anything from BCBS.				
	Member Emotion	Disappointed	Annoyed						Overwhelmed	Surprised				
	Member Pain Points	MEMBER PAIN POINT 1: Disappointed that communication from her insurer is not MPHe personalized.	MEMBER PAIN POINT 2: Annoyed at duplication of information, and that it is not personalized to her.						MEMBER PAIN POINT 8: A lot of mail and content to sift through.	MEMBER PAIN POINT 12: Surprised that BCBS isn't visible in the larger marketplace—and wonders why.				
Line of Interaction														
FRONT STAGE	2021 Investments	WEBHUB / CHATBOT	HELP ME CHOOSE	RSC REDESIGN	MARKETING AUTOMATION	DIGITAL ENHANCED EXPERIENCE	UNIVERSAL CRM (Have Craig Robinson review this for 1-to-1)	BROKER TOOLS	WEBHUB / CHATBOT	HELP ME CHOOSE	RSC REDESIGN	MARKETING AUTOMATION	DIGITAL ENHANCED EXPERIENCE	UNIVERSAL CRM (Have Craig Robinson review this for 1-to-1)
	Member-Facing Epic	Paid Social Ads		New User Experience Design		Enterprise home page content supporting 'Stay With Blue' initiative	Automation		Paid Social Ads	Support non-shoppers	Broker Attachment (Follow up with Brett & Ara brokers involved in the Grounds Individual	Repositioned	Enterprise home page content supporting 'Stay With Blue' initiative	Automation
	Pain point(s) addressed	MPP1, 2		MPP1, 2			MPP1, 2		MPP1, 2					
	Member-facing Metric	Page views, Visits, Unique visitors, Bounce rate, Average time on site		Assessment based on user research		Traffic driven to Stay with Blue content hub.			Page views				Traffic driven to Stay with Blue content hub.	
Line of Visibility														
BACK STAGE	Internal Needs & Pain Points	INTERNAL PAIN POINT 3 Data is not consolidated and easily accessible for the marketing & sales teams							INTERNAL PAIN POINT 14 Medicare value not defined for AEs, brokers, producers & employers					
	Line of Internal Interaction													
	2021 Investments	WEBHUB / CHATBOT	HELP ME CHOOSE	RSC REDESIGN	MARKETING AUTOMATION	DIGITAL ENHANCED EXPERIENCE	UNIVERSAL CRM (Have Craig Robinson review this for 1-to-1)	BROKER TOOLS	WEBHUB / CHATBOT	HELP ME CHOOSE	RSC REDESIGN	MARKETING AUTOMATION	DIGITAL ENHANCED EXPERIENCE	UNIVERSAL CRM (Have Craig Robinson review this for 1-to-1)
	Internal-Facing Epic	Web Analytics	Offer a CMS-compliant user experience				Automation			Offer a CMS-compliant user experience				Automation
	Pain point(s) addressed	MPP1, 2					MPP1, 2							
	Consolidated Architecture													

## How Value is Created

Let's look at 'Group-to-Individual.'

### Approach

*Prove the model first. Use what we have. Work fast. Improve over time.*



#### Why this approach?

1. New capability within the organization—objective was to prove the value of the model.
2. As process matures, model and information in it will improve over time.



Shilpa Rao  
Marilee Bowles-Carey  
Suma  
Brian

# How Value is Created

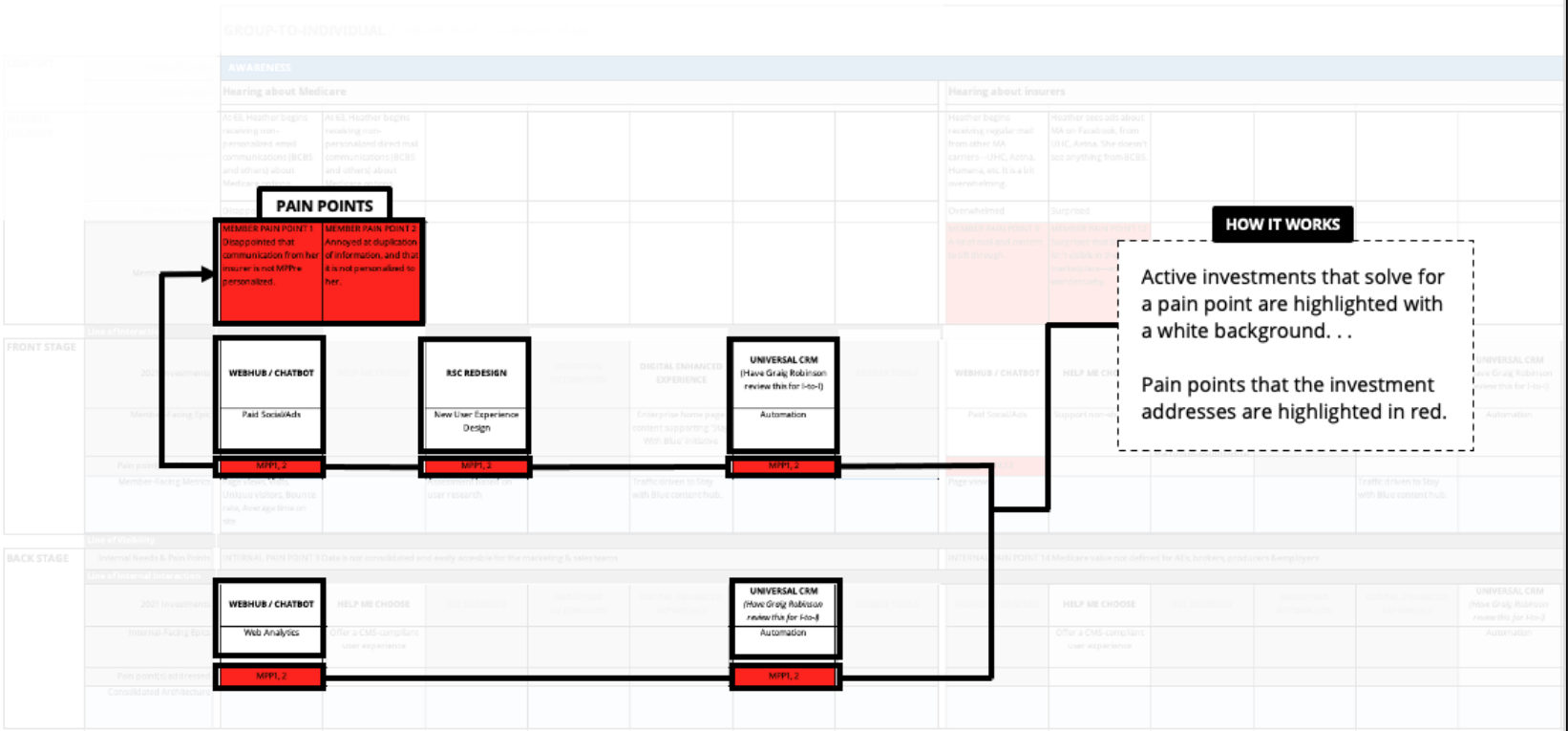
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## Approach

Prove the model first. Use what we have. Work fast. Improve over time.

## How Value is Created

Identifies **high-impact** investments.



Map pain points to investments.

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## How Value is Created

Let's look at 'Group-to-Individual.'

### Approach

Prove the model first. Use what we have. Work fast. Improve over time.

## How Value is Created

Identifies **high-impact** investments.

### Value Proposition

Reveals experience gaps.

#### GROUP-TO-INDIVIDUAL

CONTEXT	Phase of Journey	AWARENESS											
		Researching online						Researching off-line					
MEMBER JOURNEY	Journey Moments	Heather googles Medicare Advantage and the results show several BCBS sites. She visits Medicare.gov and is overwhelmed with information.	Heather logs into BAM ahead of a specialist visit to check benefits and navigates to her messages. She doesn't see messaging specific to Medicare.	Heather googles Medicare.gov and a few insurance company websites.				Heather speaks to friends about their experiences with Medicare. She trusts their recommendations.					
	Member Emotion	Overwhelmed	Confused	Curious				Trusting					
	Member Pain Points	MEMBER PAIN POINT 9: Overwhelmed with information.	MEMBER PAIN POINT 3: Confused. Feels like she is not on her current carrier's Medicare 'radar.' Wondering why.										
Line of Interaction													
FRONT STAGE	2021 Investments	WEBHUB / CHATBOT	HELP ME CHOOSE	RSC REDESIGN	MARKETING AUTOMATION	DIGITAL ENHANCED EXPERIENCE	UNIVERSAL CRM (Have Craig Robinson review this for 1-to-1)	BROKER TOOLS	WEBHUB / CHATBOT	HELP ME CHOOSE	RSC REDESIGN	MARKETING AUTOMATION	DIGITAL ENHANCED EXPERIENCE
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	Pain point(s) addressed	MPPS											
	Member-Facing Metrics	Page views				Not currently tracking this							

(Zoomed-in Detail —'Group to Individual' Service Blueprint)

4

The service blueprint reveals GAPS in the experience teams are creating for their customers.

Map pain points to investments

Knowledge gaps; experience gaps.



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Marilee Bowles-Carey  
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## How Value is Created

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	Pain point(s) addressed	MPP9											
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(Zoomed-in Detail —'Group to Individual' Service Blueprint)

4

The service blueprint reveals GAPS in the experience teams are creating for their customers.

- Map pain points to investments
- Knowledge gaps; experience gaps.

**Action:**  
Request for new primary research.

① Build on previous work. . . ② then drill down deeper.

# MEDICARE AGE-IN MEMBER STUDY

Final Read-Out  
December 21, 2021

Marilee Bowles-Carey  
Grace Wolff



MEDICARE  
AGE-  
MEMBER

Final Report  
December 2019

Marilee Bowles  
Grace V.



Medicare Member Journey



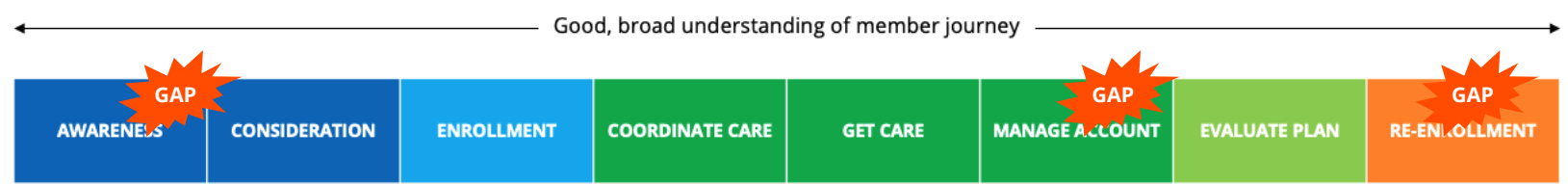
MEDICARE  
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Medicare Member Journey



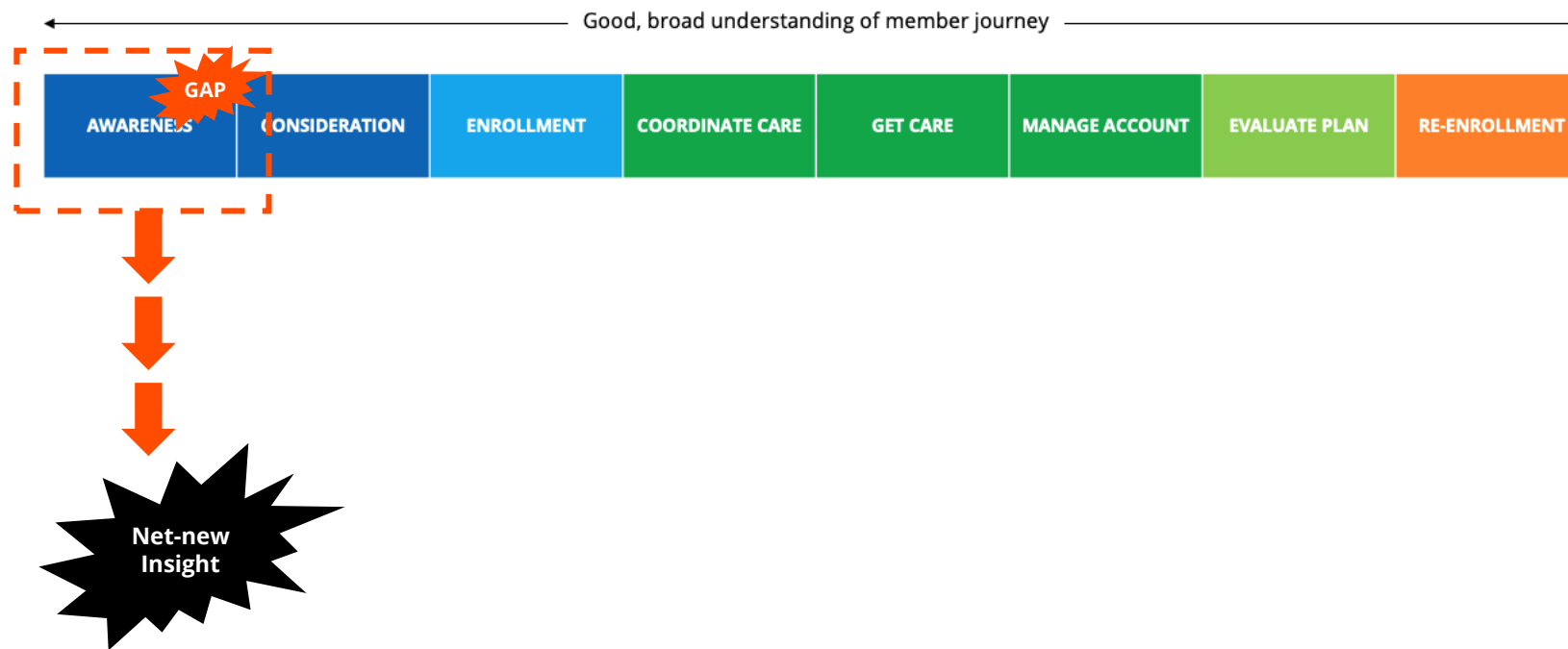
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Medicare Member Journey



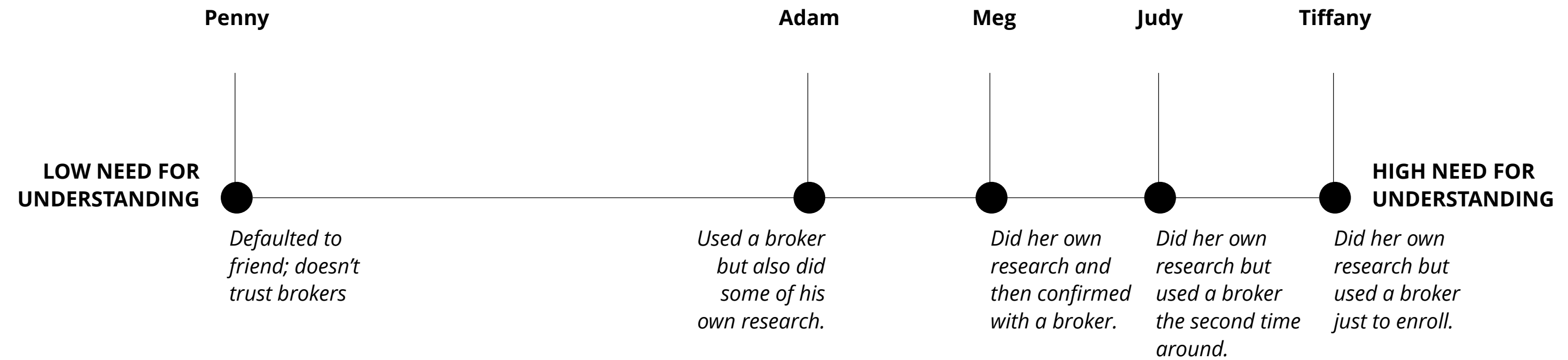
**Action:**  
Inform concept  
development

Communicating vividly.

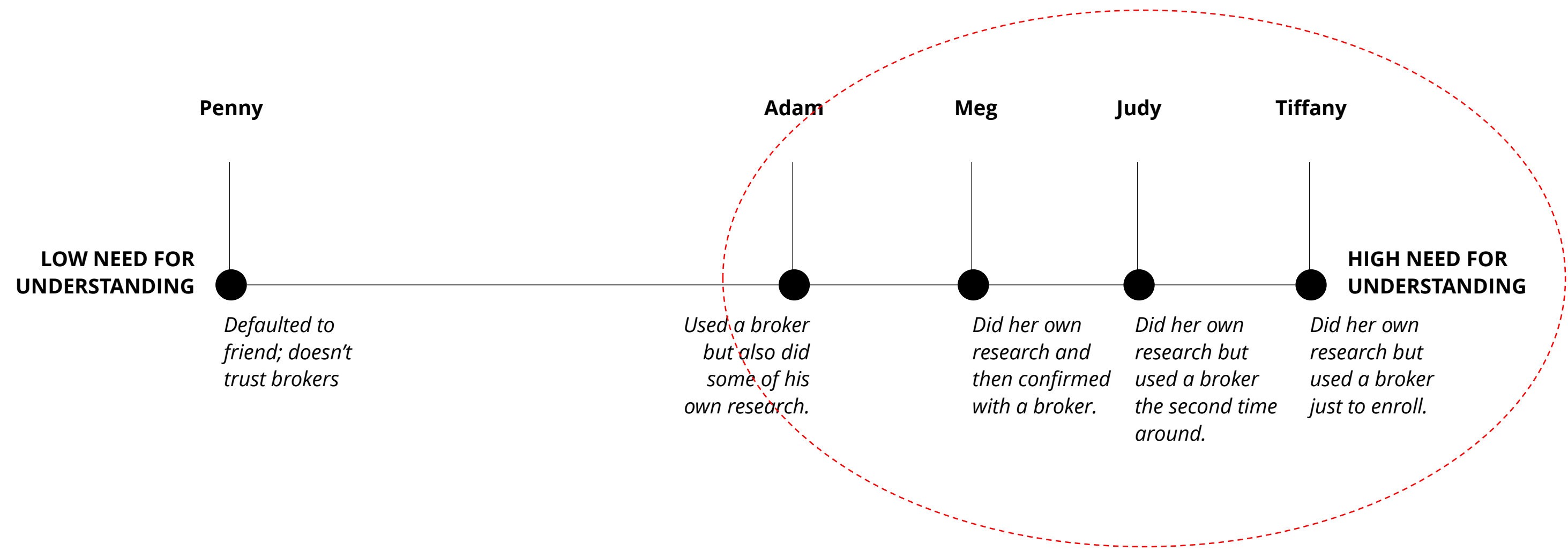
③ Don't just report insights—*tell a story*.



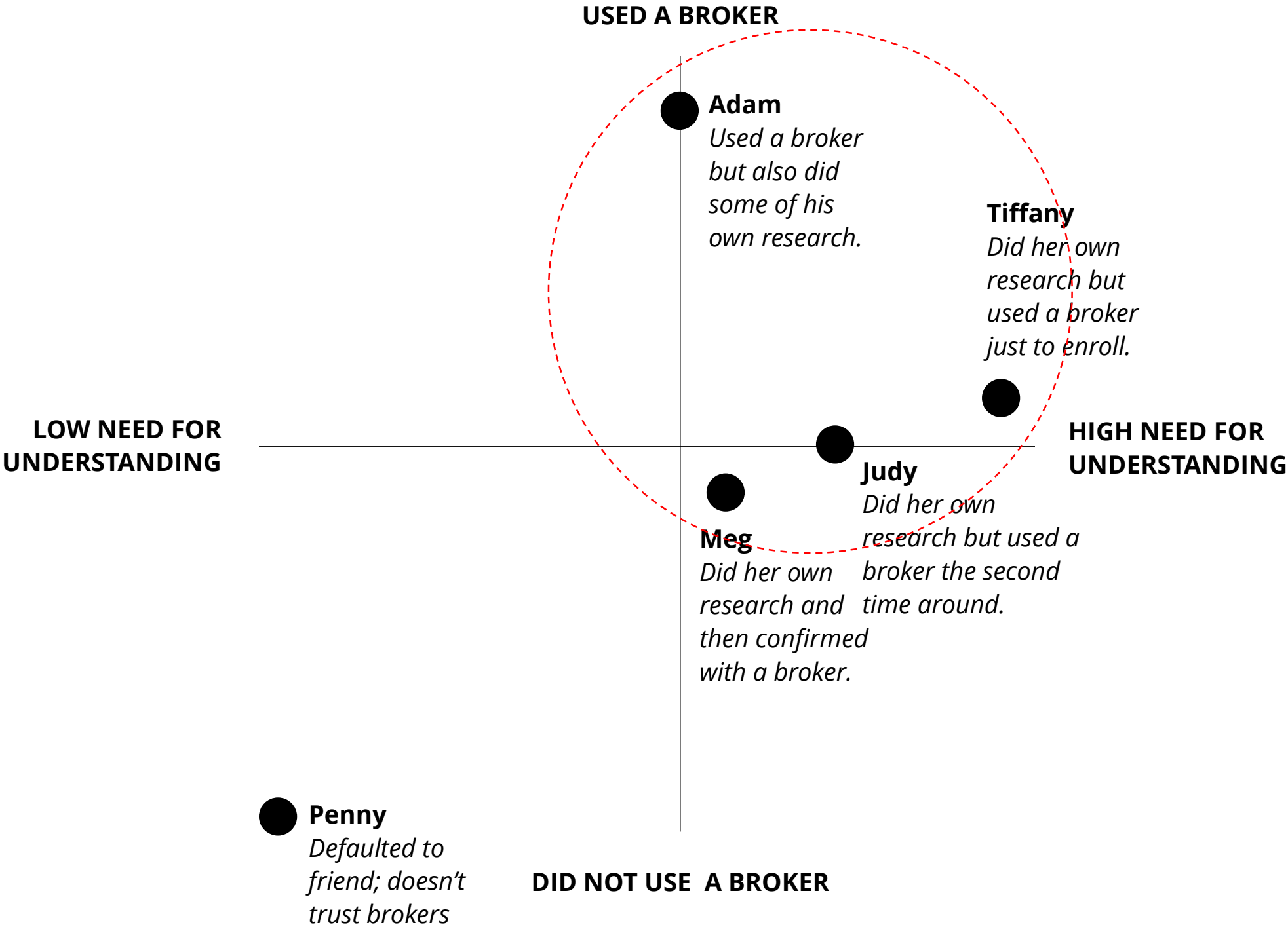
BEHAVIOR MODEL — First Enrollment in Medicare



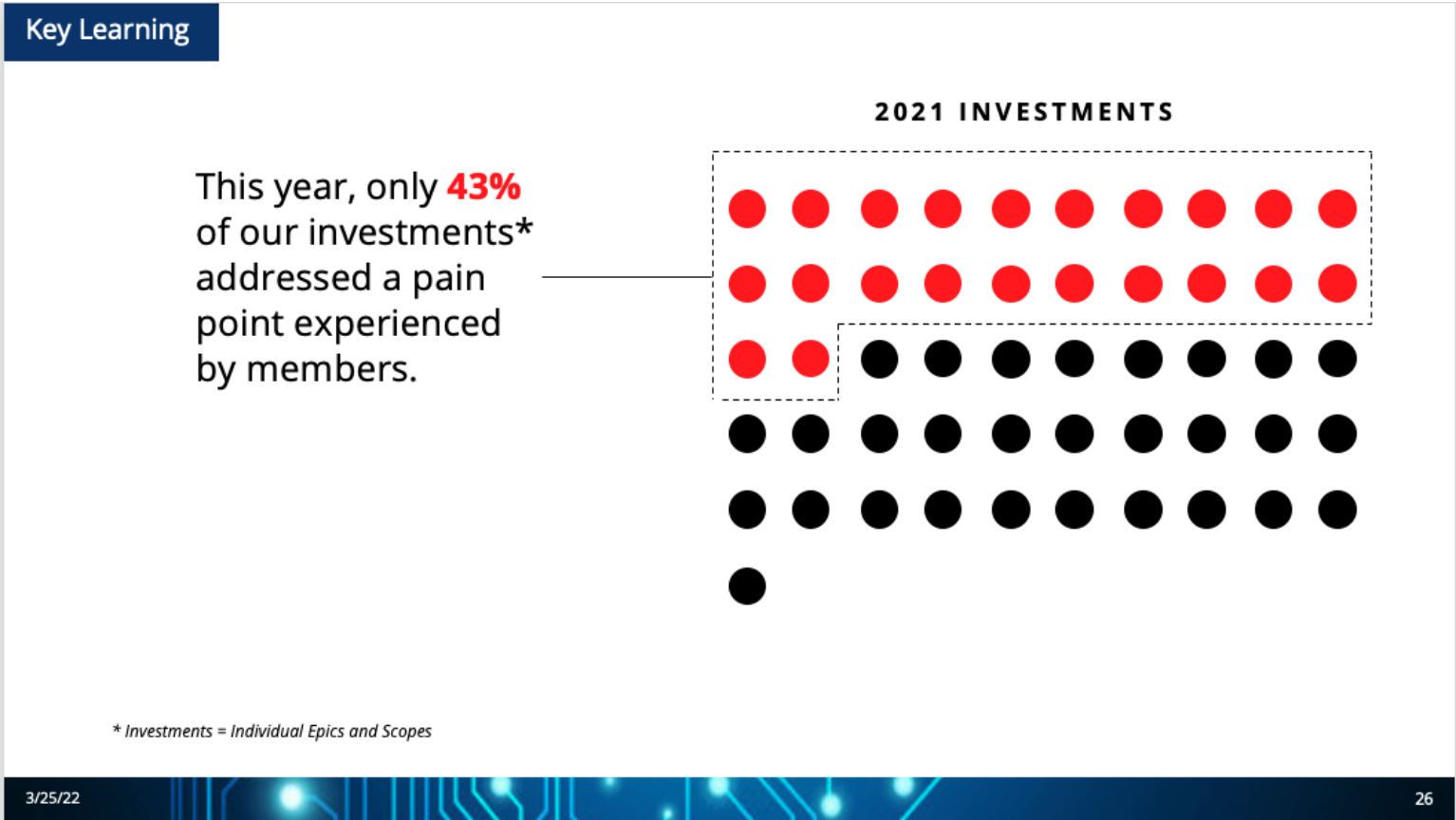
# BEHAVIOR MODEL — First Enrollment in Medicare



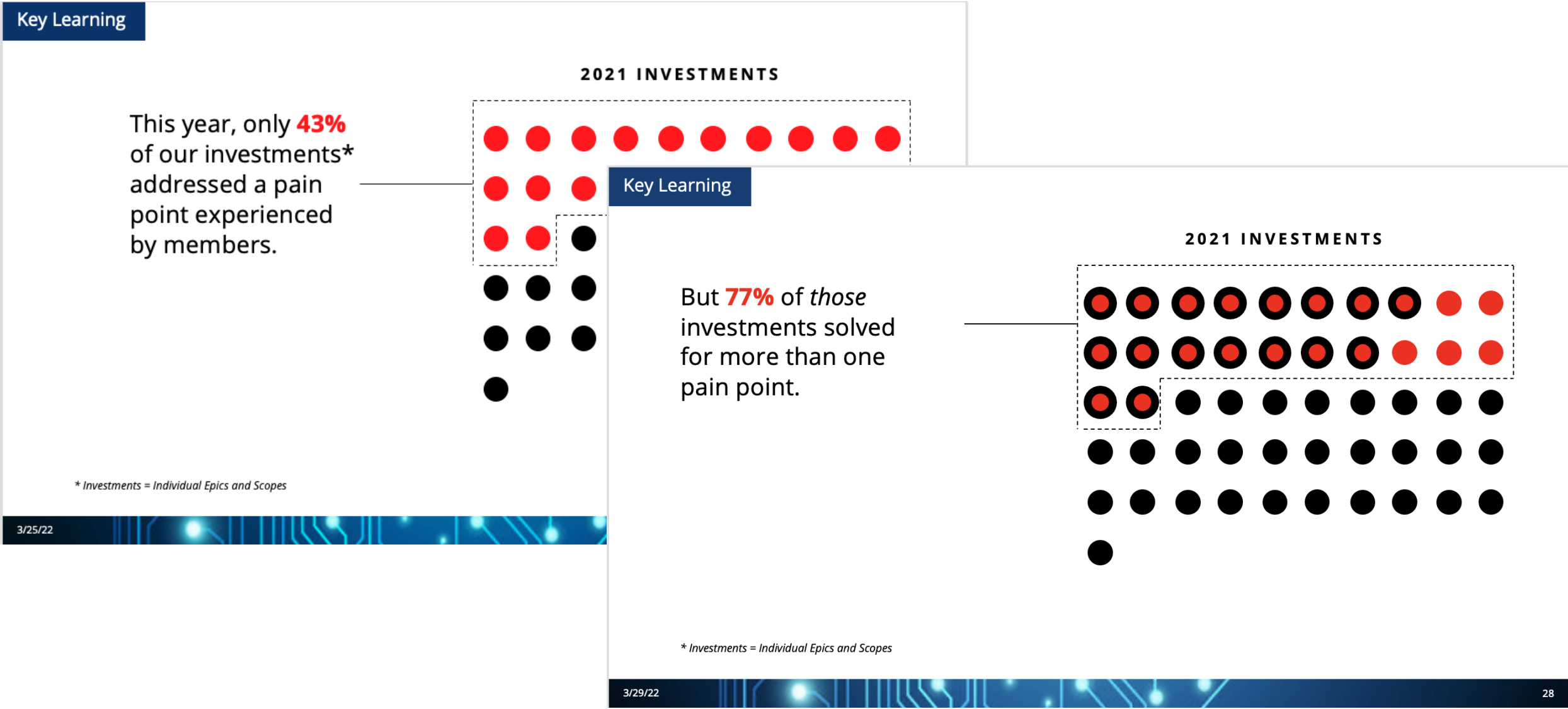
BEHAVIOR MODEL — First Enrollment in Medicare



GRAPHIC INSIGHT— How did we do this year addressing pain points?



GRAPHIC INSIGHT— How did we do this year addressing pain points?



CREATE A FRAMEWORK— Structure your information

AWARENESS / CONSIDERATION / ENROLLMENT  
Member Pain Points

AWARENESS / CONSIDERATION / ENROLLMENT  
Root Causes of Member Pain—Unmet Member Needs

AWARENESS / CONSIDERATION / ENROLLMENT  
Root Causes of Member Pain—System Breakdowns  
*Specific ways that the system is failing our members.*

AWARENESS / CONSIDERATION / ENROLLMENT  
Contributing Drivers of Member Pain—Usability Issues  
*Ways technology (ours or others') is failing our members.*

CONFUSION	CREEPING DISTRUST	GAP ANXIETY	OVERWHELM	RESIGNATION	PERSISTENT UNCERTAINTY
1. Navigating different websites with different information architectures (socialsecurity.gov, medicare.gov, bcbsxx.com) <sup>1</sup>	1. Websites that don't offer clear confirmation of choices; no clear feedback that my selections were recorded.		1. Re-entering information too many times. <sup>1</sup>		1. Uncertainty about being able to find your way back to information
2. Determining where to submit application form. <sup>1</sup>					2. Insufficient confirmation messaging from medicare.gov about enrollment.
3. Confusion about why there are two separate areas for Medicare information on the public site <sup>2</sup>					
4. Easy to make a mistake and go to Individuals and Families section instead of Medicare, and not easy to tell you're in the wrong place. <sup>2</sup>					

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AWARENESS / CONSIDERATION / ENROLLMENT  
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1. Confusion; averse to thinking about Medicare at all.	1. Distrust of 'government' systems.	1. Worry about not having enough time to complete the whole process from signing up with Medicare.gov through enrolling in a supplemental plan.	1. So many choices requires so much time and energy (on the phone) to sort out.	1. Impatience with the Medicare enrollment process.	
2. Complexity of online information.	2. Distrust of broker recommendations.	2. Uncertainty about future health insurance options.	2. Decision fatigue	2. Frustration with the amount of information and work required to make a decision about Medicare.	
3. Difficulty of understanding insurance language. <sup>1</sup>	3. Feeling 'steered' into a plan.	3. Ignorance of the critical Medicare enrollment windows.	3. Feeling unprepared	3. Decision fatigue	
4. Difficulty understanding deductibles, co-pays and out-of-pocket costs. <sup>1</sup>	4. Expecting the process of dealing with the government to be difficult.	4. Three-month enrollment window and existence of penalties inspires fear.	4. Overwhelmed with having to process so much information with so little time.		
		5. Fear that there will be a gap or an overlap in coverage between retirement and eligibility for Medicare.	5. Averse to thinking about Medicare at all.		
			6. Not feeling able to understand enough to make a good decision.		

Sources: [1 Retail Service Blueprint research](#); All other content from [Aging-in Member Study](#), [MADS Service Blueprint Final Readout](#) and Test Drive Medicare research.



CREATE A FRAMEWORK— Structure your information

AWARENESS / CONSIDERATION / ENROLLMENT  
Member Pain Points

AWARENESS / CONSIDERATION / ENROLLMENT  
Root Causes of Member Pain—**Unmet Member Needs**  
*Things members are trying to do accomplish that the system is not currently helping them with.*

CONFUSION	CREEPING DISTRUST	GAP ANXIETY	OVERWHELM	RESIGNATION	PERSISTENT UNCERTAINTY
1. Initial confusion about where to start.	1. Regulations prohibit trusted advisors from enrolling people		1. Plans are all different, and each spouse must wade through the information and make a separate decision. It's a lot of work!	1. Preferred doctors are not in network. <sup>1</sup>	1. Lingerig uncertainty about Medicare plan choice.
2. Initial confusion about how Medicare works.	2. Need information from carriers but can't trust what they say.		2. Difficult to recognize the relevance of Medicare rules and options to 'Me.'	2. Requiring payment by a specific and unfavored method. <sup>1</sup>	
3. Billing process and flow is confusing. <sup>1</sup>					

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1. Conflicting information about eligibility.			1. Bombardment of Medicare direct mail and email from carriers.	1. Calling might be a pain but trying to figure it out yourself online is worse.	1. No alert from Social Security that it is time to begin thinking about Medicare—if you don't sign up for SS benefits first.
2. Conflicting information from different customer service agents. (SSA, Medicare, carriers).				2. People often just compare premiums and deductibles and are surprised by OOP costs later. <sup>1</sup>	2. No way to <i>guarantee</i> that enrollment in <u>medicare.gov</u> and in supplemental plan(s) will be completed in time.
3. Information from different sources frequently conflicts.					
4. Lack of clarity about what 'eligible' means.					
5. New and important information emerges (seemingly) randomly.					

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Your client/stakeholder will be moved to act.

Don't miss the opportunity.

Let's talk!