



# FROM PAYER TO PARTNER

Taking the Health Carrier Relationship  
Beyond the Transactional

# Importance of this Research

“A more direct role in care delivery can allow payers to unlock better health outcomes, experience, and affordability for members.”

(Source: <https://www.mckinsey.com/industries/healthcare/our-insights/innovation-and-value-what-payer-led-managed-care-models-may-look-like>)

“Eligible members can get a personal care manager to help you and your care team and provide the tools and confidence to better manage your health.”

(Source: <https://www.humana.com/home-care/primary-preventive-care/telephonic-care-management>)

“From staying in good health to managing a chronic condition, Wellbeing Solutions offers something for everyone... tools and programs to keep them engaged and help them receive the care they need.”

(Source: <https://www.anthem.com/employer/large-group-health-insurance/health-and-wellness-programs>)



# Our Methodology



## Webcam IDs

N = 16 total

1 hour each

Aug 5 to Aug 27, 2024



## Recruiting

- Have health insurance, make/share health decisions
- Have utilized their health plan in the past 12 months



**Markets:** 8 MAPD, 8 Commercial Group plans\*

**Ages:** 1 Gen-Z, 3 Millennial, 3 Gen X, 9 Boomer\*\*

**Gender:** 6 Male, 10 Female

**Race/ethnicity:** 14 Caucasian, 1 Hispanic, 1 Asian

**Regions:** 3 East, 5 West, 4 South, 4 Central

**Carriers:** Mix of carriers

**Health status:** 9 Excellent/VG, 6 Good, 1 Fair/Poor

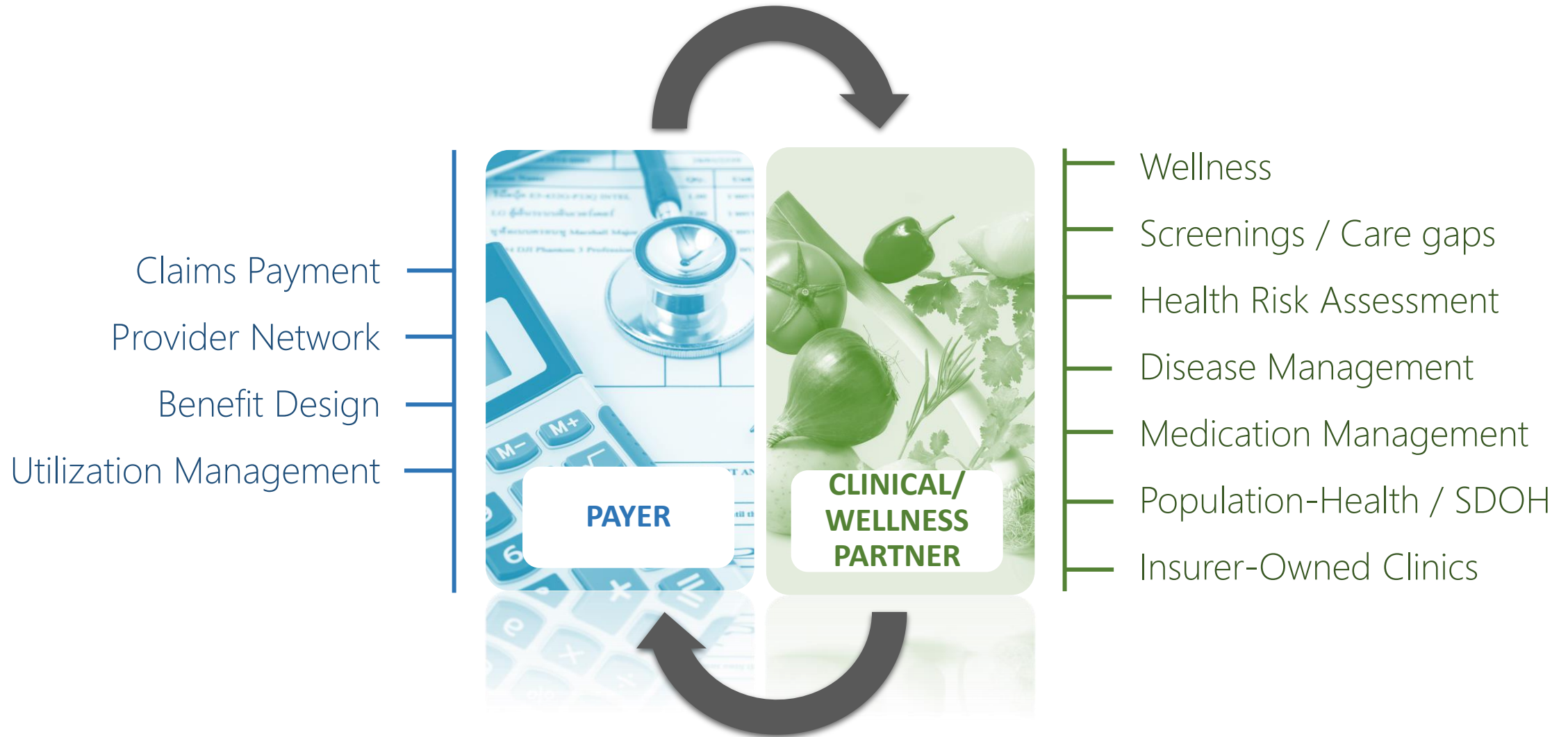


**Portal users:** 13 users

**App users:** 3 users

*\*Excludes Medicaid; \*\*Generations by age: 18-27 = Gen Z, 28-43 = Millennial, 44-59 = Gen X, 60-80 = Boomer*

# Payer vs. Clinical/Wellness Partner



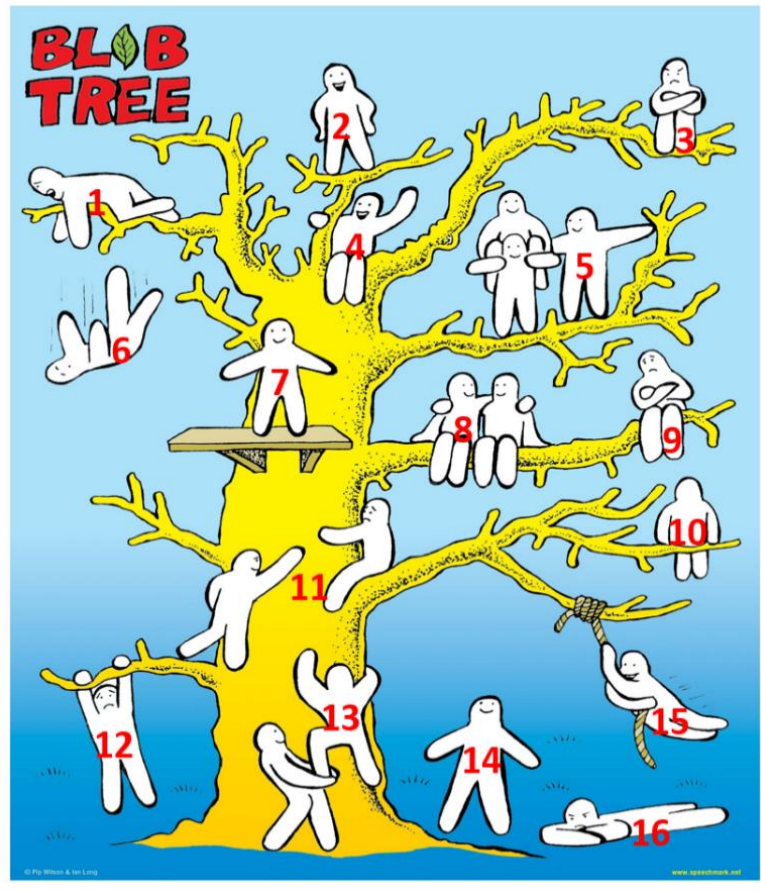
A health insurer as a  
clinical / wellness partner.  
How ready are members  
to engage?



# Relationship with Health Insurer

————— LEVEL OF ENGAGEMENT —————

Consumers' relationships with their health plans vary from a sense of security to feeling disconnected.



*Blobs 4, 8*

- Security / Protection
- Peace of Mind
- Reliability
- Good Communication

*"I feel well-protected, well-served...I could liken it to a dependable, professional relationship." (Commercial, Boomer)*

*Blobs 7, 10*

- Ambivalence
- Low engagement

*"I've been able to navigate this system very well, but I've done it by myself...It's basically an online interaction...not a relationship." (MA, Boomer)*

*Blobs 3, 10, 12*

- Disconnected
- Frustrated
- "On my own"
- Reactive, not proactive

*"I'm out on my own, like the health insurance isn't designed with me in mind...It's frustrating, the many hoops to jump through to get a prescription approved." (Commercial, Millennial)*

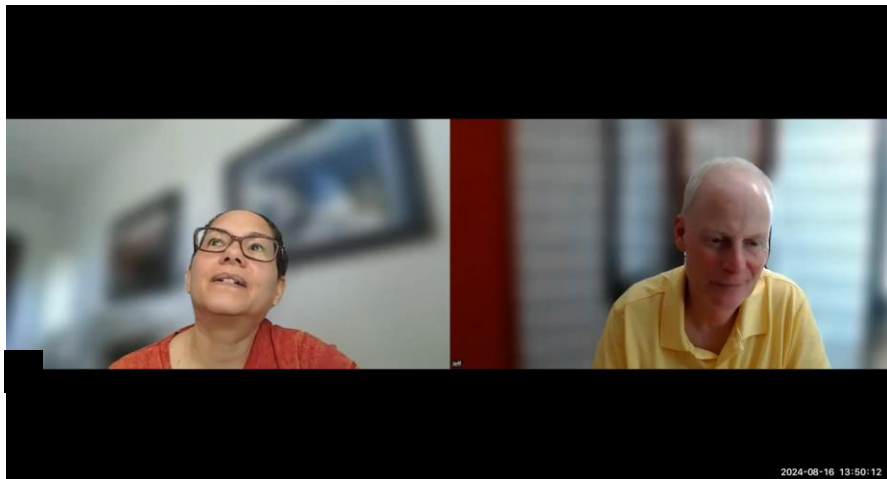
Respondents are divided as to whether their health insurers and providers work with or against each other.



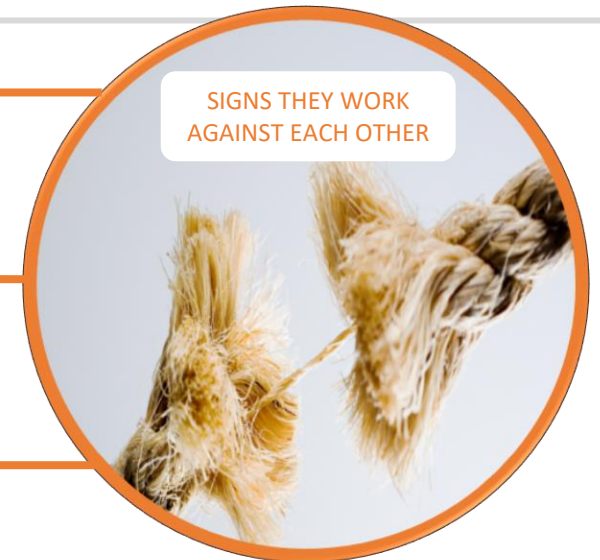
SIGNS HEALTH INSURERS & PROVIDERS WORK TOGETHER

- Care is covered
- Claims processing
- Doctors are in-network

*"I've never needed a procedure done that my health insurance was unwilling to cover, or I've never had to negotiate or had to make a stronger case." (Commercial, Millennial)*



- Coverage denials
- Insurers override providers' care plans
- Insurers concerned with cost, not care



SIGNS THEY WORK AGAINST EACH OTHER

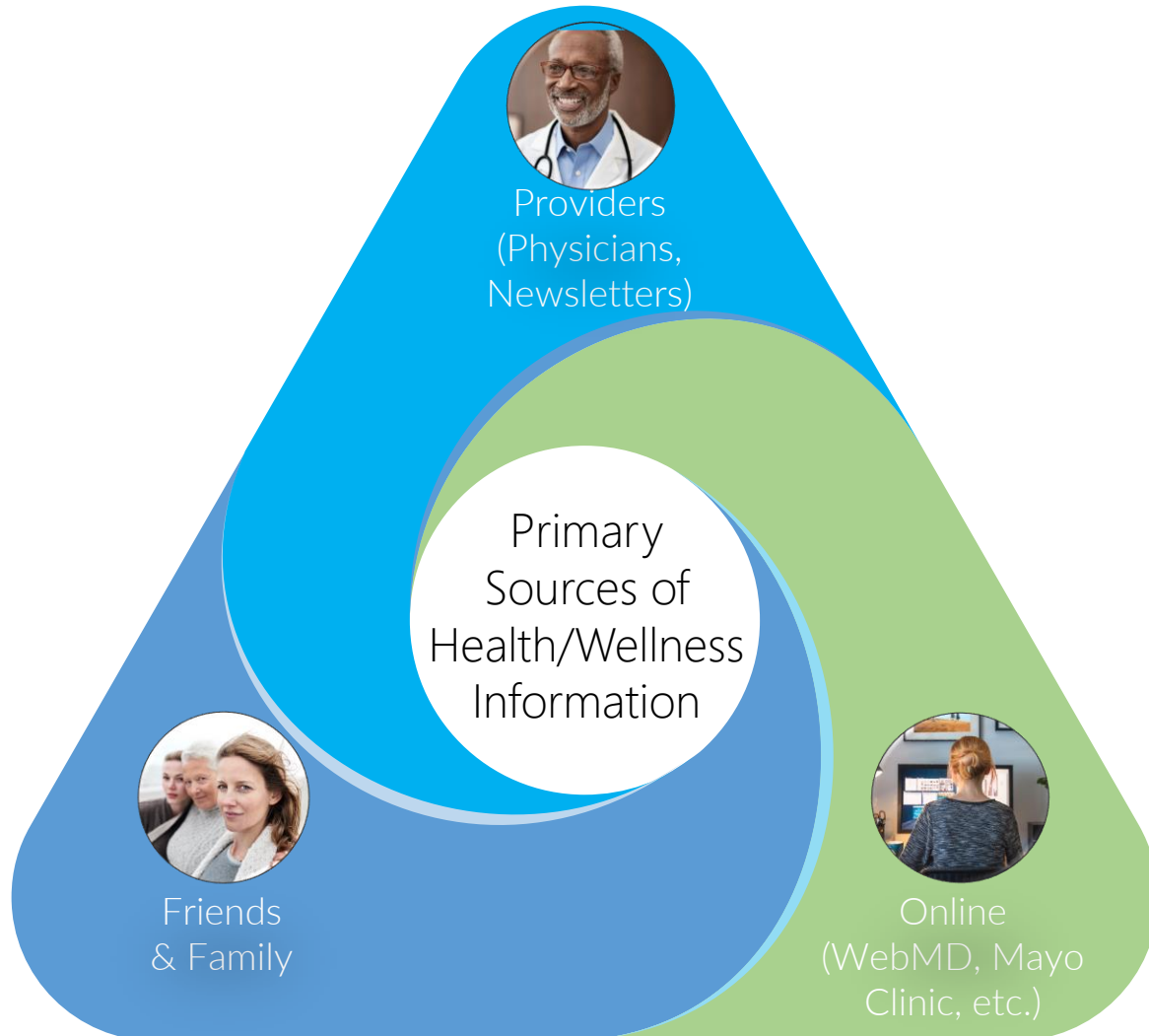




# Health/Wellness Information Sources

WHERE CONSUMERS GO

Health insurers are not a common source of health and wellness information.



## Why not a health insurer?

- Never thought about it
- The information is too basic/not personalized
- Focus is cost, not health and wellness
- Too much marketing, not enough content
- The website is too cumbersome

*"I actually don't even know if they provide information like that because I've not ever thought to look out for them. I don't know why I've never thought, "Oh, my insurance company might be a wealth of information." (Commercial, Gen-X)*

*"The information I get from my health plan about wellness is all the **typical stuff** that I've known for decades, stuff about cholesterol, sleeping, eating, exercising, no smoking, limit alcohol intake, be careful about the sun. I feel like I know this." (MA, Boomer)*

But most would **trust** health and wellness information coming from a health insurer; for some, with caution.



Consumers tend to feel their health insurers are reputable and would not provide misinformation, though some would question the motivation

*"I would **definitely** consider it reputable without a doubt."* (Commercial, Boomer)

*"I feel like they wouldn't send out fraudulent information but I just probably – again, since I am already getting from a doctor's office, I would defer to that. **I don't think I would distrust what they're sending.**"* (Commercial, Millennial)

*"I guess I would consider them an expert, but **you don't always trust insurance plans**, because you know that they are affiliated with certain drugs, certain partners that they're affiliated with."* (Commercial, Gen-X)



Furthermore, many consumers would **value** health and wellness information from their health insurers, if executed properly.



## Relevant Content

- Personalized and comprehensive
- Proactive
- Clear and concise
- Engaging and entertaining

*"If it was something that I can relate to, and they're sending me an e-mail with a link and I can click the link, yes, I will probably click on it and read the information." (Commercial, Gen-X)*



## Easy Access

- Emailed
- Well-designed digital tools (portal and app)
- Patient navigators

*"I don't expect this, but if [my health plan] had like patient or client navigators, somebody that we would know that we could always go to with a question, and they would kind of hold our hands through getting this solved...that would be cool to have around." (MA, Boomer)*



# Health insurers' mobile apps can be a valuable tool for members; a social media presence, not so much.



Most are at least somewhat open to using their health insurer's mobile app to access information about health, wellness, and medical topics

*"[A clinical chat on the app] would be extraordinary.... I think that would be a really, really, really powerful tool. I would probably use it were I ever to be in a situation where I needed it, certainly."*  
(Commercial, Millennial)



Fewer say they would find value in their health insurer using social media to provide information about health, wellness, and medical topics

*I'm just not sure that would feel honest unless they wanted to hire influencers who are influential in the nutrition and mental, wellness space...'Hey, we know that it can be really intimidating to work with your health insurance company, here are our tips.' In my head, that's like the best way that they could do it."* (Commercial, Millennial)



# Health Insurer as a Clinical Partner

— CURRENT STATUS & OPPORTUNITY —

Respondents do not feel their health insurers understand their health needs, though they say it would be beneficial.

IDEAL SCENARIO OF INSURER UNDERSTANDING MEMBERS' HEALTH NEEDS



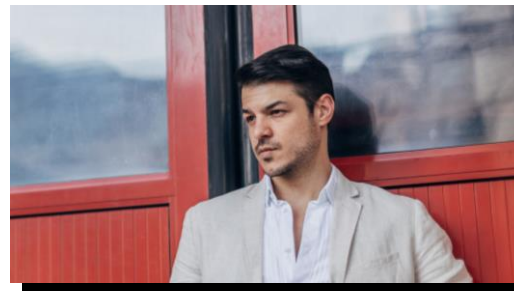
Tailored information



Better access to care



Better outcomes



Most are open to their insurers accessing and utilizing personal health info to provide personalized and relevant information.



### Perceived value:

- Helping manage chronic conditions
- Educating on new treatments and Rx
- Encouraging preventive care

*"That would be great if they would do that...If they would give me advice on what I needed to do to improve myself, it could be beneficial for my health." (MA, Boomer)*



### Concerns expressed by some :

- Data security
- Who will dictate care?
- Already receive info from providers

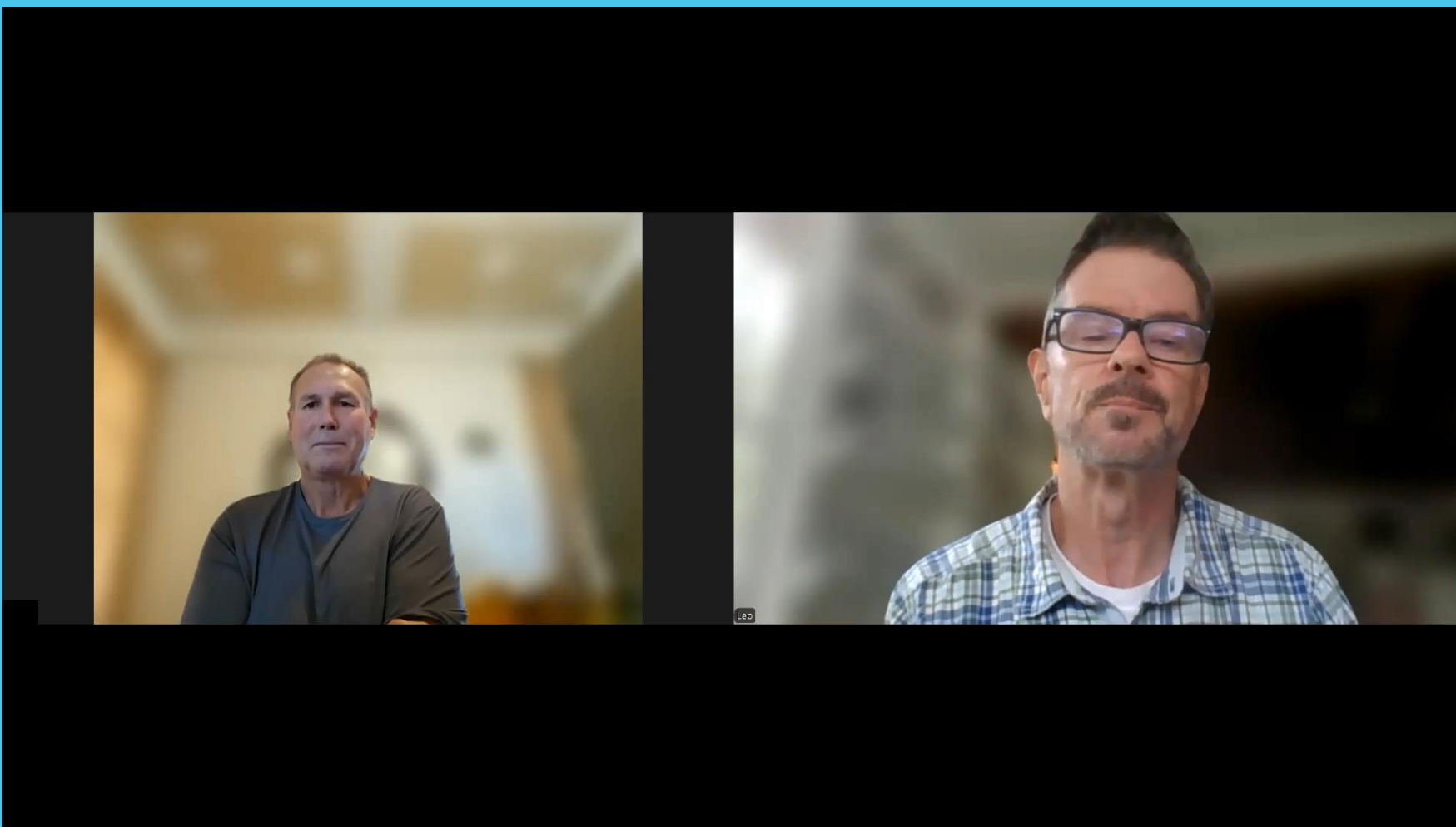
*"If they're coming from a place of, 'You should know this information,' not from, 'Oh, this is how great we are,' then that's going to increase their buy-in and their trust, their likability, all those stuff, and be seen as an expert in the industry." (Commercial, Gen-X)*

Most are at least somewhat open to their health insurer taking on a *supportive* clinical role with doctors taking the lead.





*"I'd be open to it if they were working with known experts, or they were very clear about where they were getting this information and that it is helpful and proven."* (Commercial, Gen-X)

*"It's strange to me, it'd be like car insurance. I know they have safe driver plans, but if they're getting really involved in telling you how to drive your car, it's a little too much for me. I really only need them to be the insurance company to pay the bills. That's all I'm looking for out of them."* (MA, Boomer)



Among the health and wellness topics tested, a Case Manager generates the greatest interest from both segments.

	 COMMERCIAL	 MEDICARE ADVANTAGE
Case Manager or Care Coordinator	HIGH	HIGH
Opportunities for savings and rewards	MODERATE	HIGH
Immunization recommendations & reminders	MODERATE	HIGH
Educational content specific to health & conditions	MODERATE	HIGH
Caregiver support and services	MODERATE	HIGH
Health/wellness advice specific to health & conditions	MODERATE	HIGH
Preventive wellness reminders	MODERATE	HIGH
Prescription refill reminders	MODERATE	MODERATE
Diet and exercise info & advice	MODERATE	MODERATE
Clinical management tips for chronic conditions	MODERATE	MODERATE
Appointment reminders	MODERATE	LOW
Symptom list of common health conditions	LOW	LOW

# Delivering on these types of topics would improve the health insurer-member relationship.

*"I do think that it could **build more trust** and **a greater sense of value for the insurer**. You're aware of how I feel about the relationship currently, and I do think that it would be really hard to entirely right that narrative for me, but **it would definitely be a step in the right direction certainly.**" (Commercial, Millennial)*

*"It would [impact the] **decision on what insurance I would choose**. Prescription reminders, care coordinators, any kind of helpful information that's pertinent to the individual. It's an individualized plan, yes." (MA, Boomer)*

*"I do think that would improve it. Specifically, the [Care Coordinator] because it feels like I'm very disconnected. **It doesn't feel like a relationship as much as it feels like a subscription that I am buying. That feels like it would bridge that gap of impersonalization.** It would make it a little bit more like there's actually an effort, even if it doesn't go all the way up the ladder." (Commercial, Millennial)*

*"I would be **extremely appreciative** of it, and I would think, **'Wow, they really do seem to care.'**" (MA, Boomer)*

Consumers reach out to their health plans infrequently, and on an as-needed basis.



Members rarely reach out to their health plans, but when they do it is typically via a phone call.

*"It's just faster for me to go to a phone number than it is to try to figure out, 'Okay, do I open a chat? Do I have to send an email? Is it secure email because it has to do with patient privacy? How quickly is that going to be answered?' No, let's just cut to the chase. Give me somebody to answer the phone and I'll ask them, and we're done." (MA, Boomer)*



*"[I would make] a phone call, but it's kind of to the point now, like in the most recent years, that I just don't reach out. I hit a block, and I can just see the eventuality that after a few hours on the phone it won't lead to any fruitful outcomes." (Commercial, Millennial)*

# Proactive outreach from a health insurer varies by plan type.



COMMERCIAL



- Infrequent contact
- Occasional emails
- Primarily EOBs
- Some open to more contact
- Email is preferred

*"[They could reach out with] did you know your plan comes with this benefit or more information as far as how to effectively use any benefits that you're paying for? You probably don't have it set in stone, – unless you review the material."*  
(Commercial, Gen-X)



MEDICARE ADVANTAGE



- More frequent contact
- More channels
- Broader range of information
- Satisfied with frequency
- Preference channel varies

*"They're in **contact with me on a pretty regular basis**. They have their people reach out and say, 'Hey, did you know this? Did you know your deductible? Do you know what your benefits are?' So, that's a good thing."* (MA, Boomer)

When presented with the idea of health plans owning clinics and employing doctors, many have a negative perception.



Inherent concerns include:

- Perceived conflict of interest
- Distrust of motivation
- Believe will be too restrictive
- Will lead to poorer quality of care

Some mention the Kaiser model as an example of this type of arrangement working well.

*"I think the potential drawback is that the people who are making the decisions about what coverage to provide are the people providing the coverage itself. I think that just gives a lot of power potentially to one group. I think it's a conflict of interest." (Commercial, Millennial)*

# In Summary...



## Opportunities

- Consumers value their health insurers as payers, but would **welcome personalized health and wellness information** if done “the right way”
- To strengthen the insurer-member relationship, **communicate the reason for wanting be a partner** in helping members manage their health
- Consumers **give their health insurer permission to use member data** to provide personalized information about chronic conditions and health management
- **Care Managers, rewards and savings opportunities, preventive screening and immunization reminders, and content and advice for managing chronic diseases** would be most valuable
- Providing these resources may **demonstrate to members they are more than just “a number”**



## Watch-Outs

- It's very important that health insurers **first succeed in the payer** role before trying to be a partner in members' health care
- The term “**clinical partner**” has a **negative connotation**, which implies the insurer will dictate care, not providers
- Members **do not want to be inundated with information** from their health insurers; frequency preference varies by member
- If health insurers are perceived to have an **adversarial relationship with providers**, health insurers will always be “**the bad guy**” – demonstrating a partnership with providers will help establish trust
- **General information is more of a nuisance** than a help



From Payer to Partner: Taking the health carrier relationship beyond the transactional

# Thank you!

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For more information, please contact:

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