

REVEL CASE STUDY ON HEALTH SURVEYS

New Member Survey



How a large forward-thinking health plan partnered with Revel to learn more about their new members, identify risks, and drive members to establish physician relationships.

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Leveraging all outreach channels, Revel shattered preconceived beliefs held by the health plan that delivered impactful, lifesaving results.

Challenge

Getting to know new members and their health history soon after enrollment is paramount. It sets the stage for the relationship between the member and the health plan, giving the plan the opportunity to build trust and impact the member's health early.

Our client, a national health plan had a goal of engaging their new members to collect specific pieces of early member data. After completion of the survey, another heavy component of this program was to motivate new members to complete an initial PCP visit.

Approach

Revel began this program by designing a multi-channel outreach strategy that leveraged a mix of traditional and digital outreach channels including live agents, mail, email, text messaging, and interactive voice.

Throughout the course of this program, Revel proved that text messaging and direct mail are effective engagement channels.

Because the health plan was interested in 2 outcomes from this program—new member survey completion and a PCP visit—Revel determined the program should be completed in 3 phases.

Member Experience

This program was divided out into 3 distinct phases. The overall goal was to collect early member health data and remind members to complete an annual wellness visit.

Phase I

The Phase I objective of this program was to drive new members to complete a new member survey. Upon completion of the survey, members would receive a member action plan that included important resources that could help them manage their unique health circumstances.

- Members that **completed** the survey and had **not** had an annual wellness visit that year were moved to Phase II.
- Members that did not complete the survey moved to Phase III.











Phase I Outreach Channels included email, text, interactive voice, and mail. Live agents were utilized to help members schedule appointments.

Phase II

Phase II was a post-survey PCP visit reminder for those who completed the new member survey. The outreach asked, "Have you scheduled your PCP visit yet?"

- For those that answered no, we worked with them to overcome the barriers to scheduling the appointment.
- For those that wanted to schedule, we directed members to schedule an appointment on their own online if they engaged through digital outreach, like text or email. If they engaged through interactive voice, they were transferred to a live agent to schedule the appointment.







Phase II Outreach Channels included email, text. and interactive voice.

Phase III

A member was moved to Phase III of this program if they did not complete the survey in Phase I. We started by asking, "Have you scheduled a PCP visit?"

- If they answered yes, they were asked again to complete the new member survey and were provided with a member action plan.
- If they answered no, we worked with them to overcome scheduling hurdles and asked the member to reconsider.

Regardless of whether the member reconsidered scheduling, they were provided a new member survey.







Phase III Outreach channels included email, text, and interactive voice.

Aside from utilizing a phased approach, we found that member abrasion was nearly non-existent through the use of digital channels. In fact, as went sent more text messages to members the likelihood of opt-outs decreased.

> The follow up outreach proved that members will remain engaged with your outreach methods if you move them to complete one action.

Results

This program found that people are going to complete the desired actions in the method they are most comfortable—that's the benefit of utilizing a multi-channel approach. It gives members options to do things the way they want. And, when members are receiving messages through their desired communication channels, member abrasion is diminished.

44%

completion rate

97%

said the survey was easy to complete

9%

were escalated for behavioral health intervention

Behavioral Health Impact

An unexpected result of this program was the impact on members struggling with their mental health. 3,700+ members responded that they had felt down, depressed, or hopeless either more than half the days or nearly every day. In these cases, members were either immediately transferred to a live agent or promptly followed up with by the health plan's behavioral health team for further intervention.

The success of this personalized new member program was because it connected with members like people—using the best message, best channel, and best outreach sequence for the individual. And most importantly, this program connected people to the right resources when they needed it the most—resulting in lifesaving outcomes.



