



# Stop confusing your customers.

## How customer service can strengthen your brand.

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Whether or not you are marketing your customer service, your customer service is most certainly marketing you.

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Do you make it easy for customers to reach you 24/7? Are your service representatives trained and coached to take the time to fully answer questions? Is your website well organized and easy to use? Are you speaking in a language your customers understand?

Every customer service touchpoint is really a marketing touchpoint. They give you a chance to define who you are to your customers in a way that is far more powerful and meaningful than advertising. This is especially the case for a health-insurance company—or managed-care organization, or proactive-wellness company or whatever you are calling yourself these days.

The health-insurance product is technically risk transfer, but only actuaries think in those terms. Your customers' perceptions of you are almost entirely based on service. This is good news because it means your fate is in your hands—but it is also a little scary because the public's expectation of what good service looks like is rising all the time.

When it comes to customer service, your customers are evaluating your organization on its ability to provide helpful information quickly and conveniently. Customer service touchpoints take many forms in health insurance: the ID card, the customer service reps who answer the phones, your website, letters and documents sent after claims have been

incurred and your organization's way of handling complaints. At most health-insurance companies, these communications are handled as matters of "operations," rather than marketing opportunities.

### **Let's take a look at a few of these touchpoints:**

#### **THE INSURANCE ID CARD**

Go ahead and take your member ID card out of your wallet. Look at the front, then flip it over and look at the back. What story is it telling you? Do you need a magnifying glass to read that story? How many phone numbers are on the card? Is it designed to make life easier for you or for internal operations at the insurance company?

#### **THE EXPLANATION OF BENEFITS (EOB) DOCUMENT**

A fascinating tradition in the health-insurance industry is to begin by declaring what the EOB is not. "THIS IS NOT A BILL" can be found prominently displayed on more than half of the EOB samples found after just a quick Google search. In many cases, the phrase is the first thing at the top of the letter; in others, it appears as a large watermark. In either case, the EOB is a very important yet ultimately confusing document that looks awfully similar to a bill and probably causes more customer-service phone calls than it's intended to prevent.

## **BENEFITS DESCRIPTIONS**

Most people don't understand how their health insurance works. Over the years, I have heard many people speculate that insurance companies don't want anyone to understand their benefits because they don't want anyone to use them. Having worked in health insurance for nearly twenty years, I don't believe there is a cynical conspiracy to keep people in the dark. I think it's an acquired inability to speak plainly—without

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relying on insider jargon—coupled with a rational but all-consuming fear of being sued.

Consider the following description of the concept of a deductible, a key component to almost every insurance policy sold today. Keep in mind that this was taken directly from the FAQ's of a large health plan's website:

### ***What is a deductible?***

*The deductible is the amount of allowable charges for out-of-network covered services for which the member is responsible before the member pays the copayment/coinsurance and ABC, Inc. makes payment for a service received. Specific in-network and all out-of-network covered services are subject to a deductible. Coinsurance and copayments are not applied to the member's deductible.*

Is it any wonder people think insurance companies are trying to cause confusion?

### **Think beyond the inside**

You do image advertising and tag lines well. So why doesn't that high level of quality trickle down to the rest of your customer communications? It's probably because you spend a good deal of time, energy and money on getting external help for your advertising, but generally rely on internal employees for all your operational writing.

The health-insurance insider writing “operational communications” is required to be accurate amidst a system of tremendous complexity and nearly infinite exceptions. They know why the deductible “may apply” “in certain cases” for “specific services.”

After all, their career advancement has been largely based on their accumulated knowledge and experience within the insurance industry.

Don't get me wrong. Knowledge and accuracy are critical, and it's not okay to be wrong but tell a good story. But all that insider knowledge and jargon combined with heavy regulation and legal review can wring the readability out of any communication. Too often, insiders don't stop to question the wisdom of printing “THIS IS NOT A BILL” at the top of an EOB document. It has always been there, and everybody does it. There must be a good reason for it.

### **So what can you do?**

Assuming that I am correct in guessing that you don't intend to confuse your customers, you have to start by talking to your customers and finding out what they do and don't already understand. Learn how and when they process the information you present to them. Make a personal commitment to providing helpful information at the time it is needed. Get external help to collaborate with your knowledgeable insiders— someone who will ask the right questions and challenge the ways in which things have always been done.

Your communications need to be more than accurate. They need to be helpful.

It is hard work, and it will be resisted by internal teams from all across your organization. They will tell you that it isn't the right time, that it will not lead to immediate administrative cost savings, and that it won't help you make this quarter's growth numbers. They are right—it won't make an immediate difference.

But if you do it well, even in small steps, you can change the relationship you have with your customers. It will lead to fewer questions (which are expensive for you to answer) and greater loyalty (because you are easier to work with). Ultimately, it will start to create a real competitive advantage for you as more Americans are faced with dealing with health insurance personally, and not through their employer.

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