
Eliminate Healthcare Forms and Boost Member Satisfaction with Cloud Technology



HEALTHCARE DIVE

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Doesn't this sound familiar: You schedule an appointment with a new doctor and are asked to fill out paperwork online, only to complete the same information on a paper form once you get to the provider's office. Or maybe you've been going to the same hospital system for years, but you're asked to provide the same information at every location.

Instead of completing the same forms again and again, healthcare consumers would rather be seen and known as individuals. The current experience simply isn't the best that healthcare can do. In most cases, patients or health plan members have negative experiences finding, completing, submitting and processing healthcare forms.

Consumers expect their experiences with healthcare providers and insurers to mimic the simple, intuitive digital experiences they have in retail, banking and other industries. There are multiple areas that can be optimized, but reimagining forms offers an effective and efficient way to bring immediate improvement to the member and patient experience. By transforming your forms, you can take an incremental step in a larger digital transformation journey.

Consumers' expectations have changed. More people work remotely, more consumer-facing businesses have undertaken digital transformation initiatives and people are more willing than ever before to interact online. In addition, consumers have more choice about their healthcare providers and payers than in the past — and the providers and payers that provide an easy, intuitive experience are more likely to win patients' and members' loyalty.

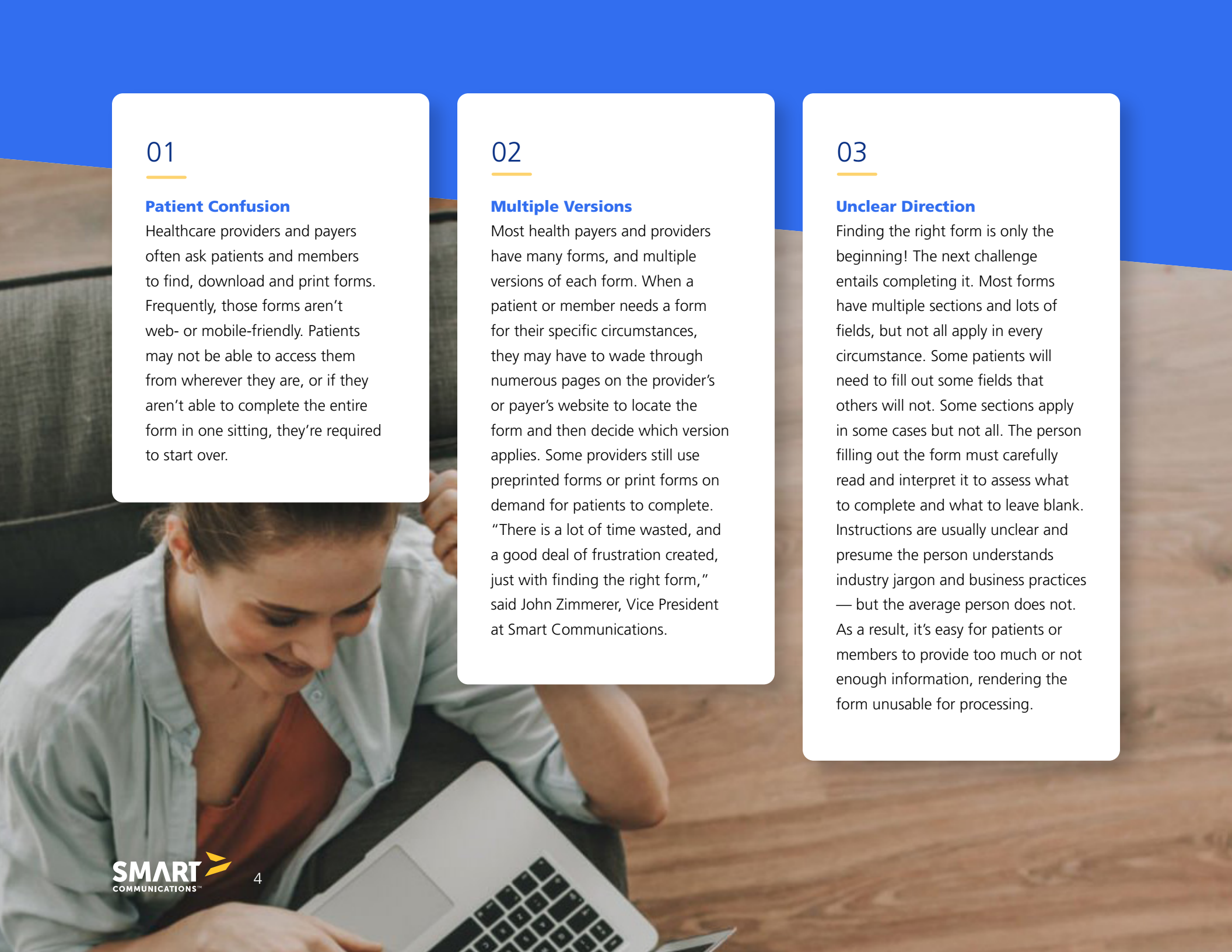
Yet analyst and consulting firms, including Deloitte and Forrester, have repeatedly called out healthcare for failing to deliver meaningful digital transformation. The low Net Promoter Scores (NPS) earned across the industry and recent Forrester Customer Experience Index scores show just how far healthcare is behind other industries when it comes to customer experience. Digital disruptors such as Amazon and Oscar Health have set a high bar for the rest of the industry to meet.

It's time for health plans and providers to reimagine how they collect information from members and patients. This playbook will examine the challenges of the status quo and explain how cloud-based conversation management technology can deliver a better, more efficient and more customer-centric solution, turning forms-based processes into conversational user experiences that build trust and loyalty.



The Challenges With the Status Quo

The healthcare system relies on completed forms to run smoothly and to deliver positive health outcomes. Whether the forms are on paper or online, they cause stress and difficulty for almost everyone — the people who design the forms, request the forms, complete the forms, receive the forms and extract data from the forms. Rarely are healthcare forms easy to find, complete or use. Outlined below are common challenges associated with forms-based processes in healthcare:

01

Patient Confusion

Healthcare providers and payers often ask patients and members to find, download and print forms. Frequently, those forms aren't web- or mobile-friendly. Patients may not be able to access them from wherever they are, or if they aren't able to complete the entire form in one sitting, they're required to start over.

02

Multiple Versions

Most health payers and providers have many forms, and multiple versions of each form. When a patient or member needs a form for their specific circumstances, they may have to wade through numerous pages on the provider's or payer's website to locate the form and then decide which version applies. Some providers still use preprinted forms or print forms on demand for patients to complete. "There is a lot of time wasted, and a good deal of frustration created, just with finding the right form," said John Zimmerer, Vice President at Smart Communications.

03

Unclear Direction

Finding the right form is only the beginning! The next challenge entails completing it. Most forms have multiple sections and lots of fields, but not all apply in every circumstance. Some patients will need to fill out some fields that others will not. Some sections apply in some cases but not all. The person filling out the form must carefully read and interpret it to assess what to complete and what to leave blank. Instructions are usually unclear and presume the person understands industry jargon and business practices — but the average person does not. As a result, it's easy for patients or members to provide too much or not enough information, rendering the form unusable for processing.

04

Multiple Stakeholders

To add to the problem, some forms require multiple people to complete them. For example, the person filling out the form may need assistance because of language or other barriers, or because another person — such as a provider — must provide information that the person completing the form does not have or cannot give. In that case, forms often shuffle back and forth between patients and providers. In some cases, this leads people to abandon the form altogether. Smart Communications research found that nearly 60% of consumers were likely to abandon an interaction if a company had an inefficient process for collecting information.

05

Inconsistent Submissions

When a patient or member has completed a form to the best of their ability, the next challenge may be submitting the form. If it's a form provided in advance of or during an appointment, the patient may need to hand it in at the front desk. For fillable PDF forms that require a signature, patients may have to print, sign, then scan the form to be emailed or uploaded—or worse, mail or even fax the form. In the case of a web form, the patient may need to click a submit button, and then the form is gone, without any way for the patient to retain a copy. The majority of these submission methods are inherently insecure and can be compromised easily through electronic hacking or social engineering.

06

Manual Mistakes

Finally, the party who needs the form has it. In some rare cases, the form can simply be attached as a file to a record or can be integrated directly with systems such as an EHR or a CRM system. In most cases, however, the data on the form must be entered into a system to be usable. As a result, either someone must reenter all the information by hand, or the form must be scanned and processed using optical character recognition software. Neither of these methods is fully accurate, so errors are common.

Clearly, the status quo includes difficulties and challenges at every turn. The current form-dependent approach to healthcare simply isn't sustainable.

Making Your Customer Feel Known

Healthcare providers and payers haven't traditionally viewed their patients or members as customers. In an increasingly competitive healthcare landscape, firms like Forrester and Deloitte have found that those that focus on customer satisfaction will find greater success. For most consumers, that satisfaction starts with trust.

A majority of healthcare organizations believe they leveraged communications throughout the pandemic to build trust among their customers, but only 23% of healthcare consumers said their trust in healthcare organizations had increased, according to recent Smart Communications research.

How can healthcare organizations build trust? The same research report found that some of the most important ways are to offer personalization and timeliness in communications. Healthcare consumers want to be recognized by payers and providers. They want their interactions with these entities to be easy and effective. And they want to be guided to the right outcomes rather than having to guess what to do.

23%

Only 23% of healthcare consumers said their **trust in healthcare organizations** had increased during the pandemic.



Today, most healthcare consumers are left to fend for themselves. They must forage for forms, guess they have the right one, hope they fill it out correctly and then trust that their data will be securely managed.

All that headache is largely unnecessary. Truthfully, most of the data asked for on forms is already known to the payer or provider — but only a few healthcare organizations can pre-populate forms with

available information, and even fewer can minimize the amount of information requested based on context. For instance, if a particular question doesn't apply to a specific person, a smart form simply would not ask that question. If healthcare organizations would leverage already available data and gather only relevant, unknown information, consumers not only would feel known, but also valued and respected.





Simplify the Conversation

There's no reason to continue frustrating today's patients and health plan members with paper-based forms or ones built on outdated technologies. Today, secure cloud-based solutions can eliminate forms and instead provide intelligent, conversational user experiences.

The Smart Communications cloud-based, form-free solution is HIPAA-certified and built on a solid cloud infrastructure. The solution seamlessly protects the personally identifiable information (PII) and protected health information (PHI) that is presented and collected through an interview.

Rather than finding and completing forms, patients and plan members simply participate in an online interview. The system intuitively asks only the relevant questions, automatically supplies information that is already known, considers previous answers, enables respondents to start and stop the form without losing information, and quickly provides the collected information to the person or department that needs it.

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Imagine a Form-free Healthcare Experience

The life of a health claim provides a good illustration of how forms complicate customer journeys for the member and the payer. The journey starts when the member needs to file a claim.

A recent and relevant example is the COVID-19 test kit reimbursements the Biden administration decreed insurers must facilitate for members. There are several potential pitfalls, including the date of purchase and the type of test; only FDA-approved tests purchased on or after Jan. 15, 2022 are eligible for reimbursement. There is a limit to the number of tests that can be reimbursed per covered individual per month and there is a maximum amount of \$12 that insurers are required to reimburse per test.

Due to these provisions, the reimbursement forms are complicated to complete. Many of the required fields are data requests that the insurer already has about the member and other individuals covered by the policy. The member must provide several attestations, then sign the form and attach proof of purchase. Most insurers require the forms to be mailed or faxed for processing and payment.

The printed or faxed forms then must be processed manually. They likely also need to be adjudicated manually, given the requirement to filter out unapproved tests and ineligible purchase dates.

Further, most insurers make no attempt to facilitate electronic funds transfers. This means the payments will default to printed and mailed checks, which drive up cost and complexity for insurers as the printed checks need to be accounted for at the end of every print run. This process could look very different. For example, a reimaged experience would feature:

Intelligent Interviews

An intelligent interview can collect minimally required information from the member and validate it along the way. Through the interview process, the member is asked simple questions such as, “What would you like to do today?” The member is guided through the process based on their answers.

Confirming eligibility

Intelligent software can be set up to procure specific details from the member and ensure that those details match the claim requirements. For instance, in the COVID test kit example, the software can make sure the date of purchase and the number and type of test kits are eligible for reimbursement before the reimbursement request is submitted.

Connecting disparate information

Rather than asking members to provide already known information such as name, address, policy number, birthdate and medical history, intelligent interviews can automatically connect the member's current session with his or her existing account information.

Updating information

The intelligent interview process can also be used to update member profile information or communication preferences, in a natural and simple way. For example, after completing the claim, the interview might ask the member if they prefer to be contacted by email or text and confirm their contact information.

Validating information

The member could be asked to enroll in electronic payments, and the entered account information can be automatically validated. The required attestations and signatures can be collected electronically, and any state-specific disclosures can be presented prior to submission. That way, only eligible reimbursement requests are sent, and fewer checks need to be printed.

Improving customer experience

Another opportunity to eliminate forms and improve the customer experience is when a member requests a claim redetermination. The following chart shows how the experience can be different with the traditional form-based process and the intelligent interview process.



BEFORE

Member receives email alert that a claim has been processed.

To get more information about the claim, the member opens a browser, logs in to the member portal, navigates to claims, clicks on the claim line item to view summary information, then on the explanation of benefits (EOB) to see details. (The EOB is a PDF file, originally designed to be printed and mailed, not for viewing on a computer screen or mobile device.)

For questions about the claim, the EOB says to call the plan's member services department.

The member reaches a member services representative by phone and explains that she'd already met her deductible and her responsible portion should be much lower. The rep points the member to a form to file an appeal.

The member looks for the form. When she finds it, she must provide basic identifying information (name and birthdate), and transcribe information from her ID card (e.g., participant ID and group number) and from the EOB (e.g., provider name and procedure). She chooses what she thinks is the most appropriate reason for submitting the request and hand-writes additional information in the space provided. She then signs and dates the form and considers to which address she will send the form and supporting documentation.

AFTER

→ Member receives notification via channel of choice

→ To get more information about the claim, the member clicks a link in the email, which takes her directly to the EOB. The EOB offers a new option to click to ask a question.

→ The member clicks the link and is able to engage with a virtual agent. All the information required for the appeal is pre-populated with information the payer has on file about the member and her claim.

→ After answering a few questions, the virtual agent prepares a request for an appeal. The member can easily review before submitting the appeal.

→ Upon submission, a PDF of a fully-populated, properly prepared appeal form is available for the member to download for her records. Simultaneously, a case is created for the payer's appeals and grievances team to review the appeal.

Cloud-Based Conversation Technology Can Replace Traditional Forms

There is a better way to handle claims appeals that is simple to implement and will deliver immediate value. A smart, orchestrated process can connect all these touch points into one intuitive, guided experience. The reinvented approach to interacting with plan members can boost customer satisfaction and lower expenses for claims administration.

Rather than an inefficient, costly experience, The Conversation Cloud from Smart Communications connects the dots and simplifies the engagement for both consumer and payer.

Claim appeals aren't the only forms that can be eliminated with a cloud-based interview system. Such a solution is also effective for completing a health assessment, requesting prior authorization, requesting proof of insurance, filing a claim, disenrolling from a plan and submitting a member services request. For providers, this includes the patient profile, medical history, consent for treatment, financial responsibility, and HIPAA privacy forms. "Anything that is a form today could be an interview tomorrow," Zimmerer said.

By eliminating forms in favor of intuitive interviews, healthcare organizations can completely overhaul the way they engage with their customers. Rather than using forms that become a series of roadblocks and stressors, each experience can be reinvented for the mutual benefit of the consumer and the entity. A concierge experience starts with a simple question: How may we help you today?

Conclusion

Currently, finding, completing and using forms makes getting and paying for healthcare more difficult and cumbersome than either need to be. Rather than building trust among patients and plan members, the challenges associated with healthcare forms actually erode consumers' trust and confidence in the provider and the payer.

It's time to eliminate forms and reinvent the experience of interacting with healthcare providers and payers. A cloud-based, concierge-like system can ask patients and plan members the right questions and access needed information to accomplish tasks, without the frustration and stress. The providers and payers that eliminate forms in favor of intuitive, guided experiences will win the future.



Smart Communications is a leading technology company focused on helping businesses engage in more meaningful customer conversations. Its Conversation Cloud™ platform uniquely delivers personalized, omnichannel conversations across the entire customer experience, empowering companies to succeed in today's digital-focused, customer-driven world while also simplifying processes and operating more efficiently. Smart Communications is headquartered in the U.K. and serves more than 650 customers from offices across North America, Europe and Asia-Pacific. Smart Communications' Conversation Cloud platform includes the enterprise-scale customer communications management (CCM) power of SmartCOMM™, forms transformation capabilities made possible by SmartIQ™ and the trade documentation expertise of SmartDX™. In 2021, the company acquired Assentis, a leading European software provider specializing in CCM with a focus on the financial services industry.

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