



WHITE PAPER | HEALTHCARE & LIFE SCIENCES | HEALTH PLANS

A Silver Tsunami Is Spurring Improvements in the Medicare Advantage Shopping Experience

With little tolerance for friction and numerous plans to choose from, baby boomers have expectations that are raising the bar for all health plan interactions

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Health plans are at a turning point. The industry is moving from a business model where individuals have little choice to a model where choice is common and individual satisfaction will determine which plans succeed and which fail. One increasingly important market for health insurance companies is Medicare Advantage plans. Enrollment in these plans has grown by over 70% since 2010, and they offer consumers extensive choices.¹ With 10,000 baby boomers turning 65 and becoming eligible for Medicare each day, this is a significant and growing market for health insurance companies.

This paper reports on a new study by NTT DATA Services Healthcare and Life Sciences, “Customer Friction Factors in the Medicare Advantage Shopping Experience,” which looked at the friction factors consumers experienced when conducting transactions at 42 health plans (36 state Blue Cross and Blue Shield plans plus six of their largest competitors). We graded each plan on how easy it was for consumers to shop its Medicare Advantage options and found a large disparity between the best customer experience and the worst. That disparity — between the health plans focused on improving the customer experience and those focused elsewhere — offers an opportunity to excel for plans that get it right and a big threat to those that don’t. We believe this disparity may create new market leaders in the next few years.

But the effects of this phenomenon won’t end with the Medicare Advantage market. The process, technology and attitude changes necessary to improve the customer experience in this demanding, choice-driven market will be used by health plans in other markets, differentiating those plans that invest in a better customer experience.

When customers have choices, the experience matters

In the study, we used the proprietary NTT DATA Customer Friction FactorSM (CFFSM) methodology, which quantifies how easy or difficult it is for an individual to accomplish specific actions: in this case, a typical baby boomer — part of today’s “silver tsunami” — shopping online for a Medicare Advantage plan.

While other health plan products, such as employer-sponsored insurance, offer consumers little choice, Medicare Advantage customers have many options. They can select traditional Medicare (with or without supplemental coverage), eschewing Advantage plans altogether, or they can choose from a range of Advantage plans in their geographic market. Data from the Kaiser Family Foundation indicates that the average Medicare beneficiary has access to 21 Medicare Advantage plans.² Unlike traditional Medicare, where all beneficiaries have the same benefits and cost sharing, Medicare Advantage benefits and cost sharing can vary widely. Recent changes by the Centers for Medicare & Medicaid Services allow even more variation in plans. Buying a health plan is among the most complex purchasing decisions consumers make, and choosing the wrong plan can be costly from both financial and health standpoints.

Baby boomers (people born between 1946 and 1964) are far more accustomed to having choices than the previous generation. As early adopters of technology, nearly half shop online regularly — although a majority say they prefer to shop in-person at a store, indicating a need for engagement in the shopping process.³ Boomers do their homework before making a purchase, reading online reviews and posting both positive and negative comments online.⁴ They’re also demanding and willing to walk away from a company that doesn’t show it appreciates their business.³ Their online shopping experiences have made this generation accustomed to seamless transactions as well as easy access to information, chat windows and phone support when they need it.

To sum up, the Medicare Advantage market is one where a large group of demanding, experienced consumers have choices (including the choice to walk away), products are commoditized but complicated and actual out-of-pocket costs can vary greatly. In this environment, the quality of the customer experience — including how well a plan enables beneficiaries to make more informed choices — is of heightened value.

Using the CFF methodology to predict customer behavior

We conducted a CFF assessment on each plan included in our study. This approach for quantifying the customer experience looks at the factors that make doing business with a company easier or more difficult. We score the assessments similar to golf: The higher the score, the more friction in the transaction and the more likely the customer is to have negative feelings or simply walk away. Unlike reactive measures such as customer surveys and the net promoter score, the CFF assessment is a forward-looking measure that can predict future customer attitudes and behaviors. It offers an opportunity to see your organization from the customer's perspective and be proactive, to improve your business' customer experience even before a customer has a chance to complain (or walk away without telling you why). The CFF assessment can also pinpoint factors that impede a customer's ability to complete a transaction, giving your organization insight into potential customers, not just current or past customers.

In our study of the health plans, we looked at four separate customer interactions:

- Checking Medicare eligibility
- Reviewing Medicare plan information
- Shopping Medicare plans
- Enrolling in a Medicare Advantage plan

For each action, we measured five categories: engagement, process, technology, knowledge and ecosystem.

- Engagement: The touch points an organization uses to interact with customers
- Process: The steps customers must follow to complete a transaction
- Technology: The aspects of IT solutions that support products and services
- Knowledge: The way information is used throughout the course of a customer transaction
- Ecosystem: The steps outside of an organization required to serve customers

The best score was 150; the worst was 270. Some of the best-performing plans showed opportunities for improvement, and the worst performers had bright spots where they performed well.

Although this study is limited to the assessment phase of the CFF methodology, the full process also includes analysis of the scores and comparison with industry benchmarks; diagnosis of root causes of friction and development of a solution roadmap for improvement; and implementation of solutions.

Friction damages customer relationships

Customer friction is the nemesis of positive customer perception. Obstacles, such as complicated processes, missed communication opportunities, slow responses and redundant requests, create customer friction — any aspect of an interaction between a business and the customer that can potentially have a negative impact on the customer's experience.

The less friction customers encounter, the more likely they are to view your product or service favorably and make a purchase.

It is estimated that less than 40% of companies have a process to map their customer journeys.⁵ Those that do tend to focus on the quantity of interactions as opposed to the quality of an interaction. At the same time, many customer experience assessments focus too heavily on the technical aspects of the experience: Does the webpage load and respond quickly? With the CFF assessment, we focus on understanding the overall quality of the end-to-end customer experience.

In our study, engagement accounted for 28% of overall friction, process for 43% and technology for only 16%. Less than 15% of the friction was the result of either a lack of customer knowledge or poor integration and knowledge sharing within the plans or with third parties.

By engagement, we mean how a company interacts with the customer and how it presents itself to the market. This includes the quality of the content (written, video and online), the warmth of the personal interactions and the company's ability to tailor its materials to the market. In the Medicare Advantage market, something as simple as the right font size matters: People over 45 have trouble with small type, and using it shows a lack of regard for their needs. Poor engagement by a health plan will detract from the customer experience, even if other things are done well.

Likewise, inefficient processes that are confusing, waste customer time or require the customer to move between communication channels can lead to the transaction being abandoned. To digitize or automate a bad process doesn't change what's wrong with the process.

If you only look at the technical aspects, you'll overlook the true friction. To accurately assess the root cause of friction, you must look at all five categories: engagement, process, technology, knowledge and ecosystem.

Finding insights that lead to action

The crucial insight the CFF assessment is designed to discover is the precise point when (or where) a customer decides to disengage. Identifying that point requires an organization, the health plans in this study, to both define and understand the customer's journey and to see its business from the customer's perspective.

To understand and improve the customer journey, health plans must accurately measure customer friction and reduce it. The CFF assessment is a quantitative, objective and proactive method that yields precise results that can identify problems and point the way to solutions. It can generate the data to see the transformation an organization needs and help the organization realign its applications, processes, infrastructure and approach to reflect the needs of its end customers and stakeholders.

It is estimated that less than 40% of companies have a process to map their customer journeys. The wide disparity we found between the Leaders and the Laggards in our study suggests this is also true among health plans.



We looked at enrollment data for the state Blue Cross and Blue Shield plan rated number 1 overall in our study and found that it gained 25,898 new members in 2017. In contrast, the four large national plans ranked the lowest in our study gained only a total of 6,480 new members in the same state. Clearly, this plan is competing well against the national plans in its market.

Study findings: Leaders compete well

We'll start with some general observations about the overall scores, and then share some insights from our assessments.

As we mentioned, it's important to note that only 40% of companies measure the customer journey and truly understand what their customers are experiencing. In this study, the wide disparity we found between the Leaders (which had the lowest friction) and the Laggards (which had the most friction) suggests this statistic is also true among health plans. That said, some of the Laggards scored very well on one or two transactions, or within specific CFF categories, but did poorly on others. This indicates that most of these health plans are aware of the need to improve the customer experience, but that their efforts are uneven. Without a forward-looking measurement tool, these insurers are likely finding it difficult to pinpoint the cause of friction and prioritize the efforts that will provide the biggest benefit to the customer experience.

The second thing to note is that the largest health plans in our study had the most friction in their processes. This surprised us, since we know from other industries that the most successful companies are those with the lowest customer friction. Two possibilities can explain this.

First, a focus on the customer experience is a fairly new phenomenon in the health plan industry. Because smaller plans tend to be nimbler and able to adopt new approaches more quickly, they would be the first to make the leap toward a better customer experience. The recent improvements in customer service may not yet have affected customer choices as much as it has in other industries.

Also, because the larger plans are national, their members are more dispersed. It could be that the Leaders in our study (which were all regional plans) are competing effectively in their regions against the larger plans. We looked at enrollment data for the state Blue Cross and Blue Shield plan rated number 1 overall in our study and found it had gained 25,898 members in 2017.⁶ In contrast, the four large national plans ranked the lowest in our study gained only a total of 6,480 new members in the same state. Clearly, this plan is competing well against the national plans in its market.

Where we found friction in the transactions

We ran each transaction multiple times, looking at different criteria to form a complete picture of the customer experience. As noted earlier, the engagement and process categories showed the most friction across all four transactions. We also noticed that repeated interactions influenced the technology category scoring among the Laggards. That is, those companies that forced customers to spend more time online due to workflow inefficiencies inadvertently forced them to experience more friction, and that dependency was tied to the technology category.

The sections below offer more details about the friction found in each transaction.

Transaction 1: Check Medicare eligibility

Most of the friction in this transaction occurred in the engagement and process categories, and the Laggards showed nearly twice the friction of the Leaders. In the engagement assessment, the Laggards had nearly double the friction as the Leaders. The plans leading in this assessment offered clean, simplified, and more appropriate and targeted user interfaces (fonts, screen width and general presentation of items). The Leaders did a great job presenting a single brand across the transaction, reassuring customers that they were dealing with the same company throughout. Multimedia use was limited across the 42 companies; however, evaluators felt that companies using multimedia were more engaging and provided the information they needed in an easily consumed format.

In the process assessment, the Laggards had a 55% higher friction score than the Leaders, which focused on simplicity, removed unnecessary steps and enabled customers to reach their goal in two steps or less. Why aren't all companies doing this? When a customer must scour your site for any length of time, you risk losing that customer. It's worth noting that our Leaders scored well across all categories, while the Laggards scored poorly in all five categories. The Leaders got it right by empowering customers to quickly locate the information and leave the site.

When customers are forced to stay online, they will experience more friction. For the Laggards, introducing these inefficiencies contributed to higher friction scores in the technology category because customers were forced to interact more with the system.

Other highlights included:

Engagement — 41% of friction

- **Webpage appearance:** The Laggards provided a cluttered landing page, causing customers immediate frustration in achieving their goals.
- **Customer enablement:** Online feedback mechanisms are becoming commonplace, and they create positive sentiments from customers. Nearly 75% of the Laggards lacked transparency or didn't offer a feedback mechanism.

Process — 31% of friction

- More than three-quarters of the Laggards added unnecessary steps to the process, either because information wasn't easy to find or customers were forced to do a search on the site. Both cause frustration and could drive customers to abandon the online process and call customer service.

The Leaders cut the steps and provided clear information, with two-thirds of them providing clear information, reassuring customers regarding their eligibility questions. In contrast, less than half of all companies studied provided comprehensive eligibility information.

Evaluators noted that multimedia files appeared targeted and deemed them an effective way to consume key Medicare information.

Almost half of participants provided eligibility information as a single-brand site, quickly engaging and capturing a customer's attention and eliminating the need to call. These companies provided clear information on regional requirements that affect eligibility as well as robust coverage maps of geographies served.

Nearly half of all companies failed to take ownership of the engagement; they forced customers to go to medicare.gov and lost control of the customer experience.

Transaction 2: Review Medicare Advantage plan info

In this assessment, we measured the experience as it related to the customer's ability to research and review plan information, including doing a provider search. Baby boomers are very comfortable researching online, so companies that enabled this pursuit and created a comfortable and familiar environment rose to the top — these were the Leaders.

Nearly half of all companies didn't take full ownership of the transaction; they forced customers to go to medicare.gov and lost control of the customer experience. Additionally, the Laggards didn't offer familiar search tools and filters or present that information across several pages, which increased clicks and time spent online. The goal of this transaction should be to empower customers through transparency and ease of navigation. Companies focused on seamless integrations that actively guide customers through this journey scored well.

This wasn't an overly complex transaction, yet the Leader scored only 137 points while the Laggard scored 319 — that's 182 points higher. It's a big difference, and it highlights that focusing on the little things so as not to overly complicate a relatively simple transaction is very important. Know your customers, and help them achieve their goals.

Workflow is important. Evaluators noted high friction when customers — after searching for plan information — were forced to return to the home page to find a doctor. This was confusing and didn't make a lot of sense. When customers had to do this, the search criteria didn't carry over and they may have had to re-enter information.

If plans are concerned about call volume, enhanced live chat functionality could help.

Lastly, evaluators didn't have a positive feeling regarding their experiences with live help. It was offered by a very small percentage of study participants to provide quick assistance when needed.

However, this functionality didn't enhance the experience because it was robotic in nature and available only during limited hours. When it either wasn't available or wasn't helpful, the customer had to make a call to get help. If plans are concerned about call volume, enhanced live chat functionality could help.

Other highlights included:

Engagement — 28% of friction

- 30% of the Laggards forced the customer to go to medicare.gov for information, losing control of the customer's path and experience.
- Over half of participants forced users to a different site for provider and drug information. Customers were typically required to re-enter information and experience unnecessary friction to find the information they needed.
- We observed disconnected workflows. Evaluators faced roadblocks, such as redirects and return home requirements, when trying to accomplishing goals.

Process — 38% of friction

- Only 25% of companies we assessed provided information on Medicare Advantage versus supplemental plans. This prevented customers from reviewing all their options in one place and quickly making an informed decision. The Leaders tended to provide better customer research tools and information.
- Most companies offered familiar search tools and filters; however, one-third of the Laggards exposed customers to more system interactions and increased time online to perform physician search activities.

In contrast, all the Leaders provided a list of available Medicare Advantage plans and their associated costs based on location, so customers felt confident that they had the information needed to make an informed decision.

Evaluators noted that researching was cumbersome across many companies. However, the Leaders trended positively, providing greater search flexibility and plan details both online and offline in their printed materials.

The Leaders also consistently presented a clear transition from plan summary information to provider search, so customers didn't have to return to the home page to continue the journey or re-enter information previously provided.

Shopping for a health plan is more complex than the average shopping experience. Providing the right tools and guidance will result in fewer customers abandoning the purchase process.

Transaction 3: Shop for a Medicare Advantage plan

Of the four transactions, our analysis indicated this one had the tightest scoring, with 20 of the plans clustered between scores of 120 and 150. Still, there was wide disparity between the Leader, at 110 points, and the worst Laggard, at 294 points.

Our research studying the customer experience across many industries has shown us the importance of knowing who the customer is and what's important to that customer. Companies that focus on improving the customer experience understand the importance of research, and they actively guide customers — by offering familiar search tools, filters and comparison capabilities — so they can achieve their goals. Companies that offer these resources are viewed as more transparent and more helpful to customers, which decreases the transaction abandonment rate.

Shopping for a health plan is more complex than the average shopping experience, and providing the right tools is critical. Think of how TurboTax guides customers through a challenging process, tying the company's expertise to each customer's experience. Health plans that provide the right tools and guidance will see fewer customers abandon the purchase process.

Other highlights included:

Engagement — 41% of friction

- Nearly half of the Laggards didn't provide single-page side-by-side comparisons, increasing frustration in the process and requiring customers to manually review options across multiple pages.
- Evaluators felt compelled to call customer service due to a lack of transparency in the process and because customers weren't empowered.

- More than two-thirds of the Laggards didn't assist or guide customers in selecting an appropriate plan based on their specific needs, prompting unnecessary calls.

Process — 31% of friction

- The Laggards' average process score was 65% higher than the Leaders and centered on inefficient processes that increased the time customers had to spend online.
- Extraneous steps were necessary to download detailed, summary-level plan information, increasing confusion and adding friction opportunities to a simple comparison activity.
- Onus was placed on the customers to self-guide the process, rather than the system guiding them to accomplish their goals and remembering where they needed to return after completing their research.

In contrast, 66% of the Leaders used geolocation to automatically provide plan coverage comparisons, enabling customers to quickly see only those plans for which they're eligible. Evaluators felt that this all-in-one approach significantly enhanced the overall customer experience. Other key takeaways:

- Over half of the Leaders offered plan comparisons by coverage category (for example, annual deductible, copay, and drug formulary costs) so customers could quickly compare and be confident in selecting the correct plan.
- Most companies offered refined processes; however, the Laggards averaged 40% more steps and created opportunities to experience unnecessary friction by increasing the time spent online, such as having to return to the home page to continue the journey or requiring the customer to reselect a plan.

Transaction 4: Enroll in a Medicare Advantage plan

The last transaction took our assessors through the process of enrolling in a plan. Because they weren't actually enrolling, the assessors abandoned the process at the last step. Again, the engagement and process categories accounted for 76% of the total friction, with the Laggards scoring nearly 60% higher than the Leaders in the process category.

What does this mean? Extra steps and decisions, and more customer confusion. Overall, a workflow that isn't efficient. Our analysis revealed that the biggest impacts were the number of pages and decisions customers must make to apply for enrollment: a five-page, 12-decision process used by the Leaders increased to a 10-page, 20-decision scenario for the Laggards. It's the same goal regardless of company, yet it required five additional pages and eight more decisions. Now remember that 55% of U.S. consumers are likely to abandon a transaction if they can't quickly locate what they want or need. We found many opportunities for process optimization.

The overall Leader scored the best with 216 points. The worst Laggard scored 427 points, nearly doubling the amount of friction. In fact, the friction in this transaction was nearly double that in the other three transactions, which is expected, considering its complexity. So, a score of 200 is high, but not necessarily bad. What's concerning is the wide variance between the Leader and the Laggards. If some plans make enrollment easy, then the Laggards are likely losing customers because they're making it hard.

Other highlights included:

Engagement — 20% of friction

- 12% of participants didn't offer online enrollment, forcing customers to call or complete a written form to enroll — with no guarantee that they'll do so. It's likely that some customers will abandon the transaction at this point and use a plan that has online enrollment.

- Over half of the Laggards didn't provide an enrollment checklist to guide customers through the process. A checklist helps customers know what they need to do and what information they must provide to complete their enrollment. Without it, customers lack confidence in the process, expectations aren't clearly defined and frustrated customers are likely to end the transaction or call, the latter two outcomes potentially increasing call volumes.

Process — 56% of friction

- Across the Laggards, the number of steps necessary to complete enrollment was 27% higher compared to the Leaders. Also, the evaluators didn't understand some of the instructions, increasing frustration and confusion.
- 82% of companies incorrectly communicated the number of enrollment steps customers needed to complete for the actual enrollment process, increasing confusion and necessitating additional research. This would likely result in a call to customer service.
- Almost half of the Laggards forced potential customers to create an account to enroll, increasing the number of steps. The information provided wasn't carried forward to assist the customer with enrollment.

On a positive note, nearly 88% of companies offered an online application for enrollment versus an enrollment kit by mail, eliminating channel changes and possible loss of customers. Unfortunately, less than half of companies displayed a progress monitor bar within the application to confirm the status of both the process and its completion. In contrast, 70% of the Leaders provided a progress bar, boosting customer confidence and enhancing the online shopping experience.

Conclusion

Medicare Advantage plans are a large part of the insurance market, currently enrolling one-third of Medicare beneficiaries. Some observers expect to see much higher penetration over the next 10 to 20 years. It's a market with many choices, where the customer experience matters. With increasing numbers of baby boomers entering the Medicare age range each year, health plans that want to compete for their business will need to provide a customer experience equal to what this generation has come to expect from their retail experiences.

Our assessment of the Medicare Advantage customer experience showed a wide disparity in performance across plans:

- Engagement friction represented 28% of the overall friction score. Evaluators felt that best-in-class plans focused on simplified and targeted navigation as well as the clarity and presentation of the information.
- Processes accounted for 43% of overall friction, the highest of the CFF assessment categories. The Laggards introduced more complexity and steps to accomplish the same goal, which increased average time customers spent online.
- Technology was influenced by friction in both the engagement and the process categories, and it accounted for 16% of the friction. The impact of having multiple sites for education, shopping and enrollment forced customers to work across multiple sites. How technology was and wasn't used directly impacted the level of friction customers experienced. This was especially true when different systems were linked, and it caused disruptions in the transaction flow and adversely affected the customer experience. For example, some screen refreshes took longer than 30 seconds.

Disparate systems that didn't provide a common look and feel left evaluators confused and with a sense of misdirection. They weren't always positive with whom their interaction occurred. This was a recurring problem across many of the plans we assessed.

As we noted, the evaluators didn't complete the enrollment process to avoid generating false accounts. Despite providing an email address during the process, no companies followed up by email, even though email is baby boomers' preferred communication method. The lack of follow up is most likely due to Medicare rules, which prohibit unasked-for marketing emails. Plans might consider an opt-in selection at the beginning of the process that would give them permission to follow up by email to offer enrollment assistance.

Ongoing examination of a plan's electronic tools and processes for engaging members of this demographic can raise customer satisfaction and help control the costs of acquisition. This is especially important as health insurers look to bring on new eligible consumers and convert traditional Medicare members to Medicare Advantage. And if their goals include improving the member care experience after enrollment, what better way to begin than to offer an extraordinary experience from the initial engagement?

Finally, in the process of satisfying baby boomers shopping for a Medicare Advantage plan, health insurers will learn to provide a superior customer experience for all their customers across all their points of interaction. This will reset the business model across the industry.

Want to see your scores?

We didn't identify the plans we studied in this white paper to respect their rights and privacy interests. However, if you want to know how your health plan fared in the study, we'll be happy to show you the data at no charge. If your plan wasn't included, we'll be happy to do a CFF assessment for you based on these same transactions. To get a copy of your data, contact the NTT DATA Healthcare team: Healthcare.Team@nttdata.com.

Let's get started

How NTT DATA helps clients reduce friction

We developed the CFF assessment as the first step in helping our clients improve the customer experience and differentiate their companies from competitors. Once the assessments are complete, we review scores with our clients and work with them to analyze the results and find the root causes of friction. We use the insights from the analysis to create and implement plans to reduce or eliminate friction and provide a superior customer experience.

This process enables organizations to achieve three important goals related to customer friction:

- **Understand** — Develop an understanding of the target customers and how they conduct business while identifying and quantifying customer friction within that experience.
- **Gain insights** — Identify the root causes of customer friction, plot a roadmap and prioritize initiatives that will deliver the greatest improvements in customer experience.
- **Improve the experience** — Find and fix high-friction areas so organizations can deliver the type of pain-free service that delights customers while reducing or containing internal costs.

Contact one of our authors, or visit nttdataservices.com/healthplans to learn more.

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On his first day as an engineer, someone decided that Matt should write requirements. He soon discovered that project success is not just about technology but holistic solutions that provide an amazing experience. Since then, he has helped organizations better understand their business and their customers while delivering solutions that delight both.

Les Thomason, Associate Director, Digital and Application Services

Les has nearly 15 years of business analysis and project management experience across a variety of industries. Currently, he is an Associate Director in NTT DATA's Application & Information Management Practice and leads the education and delivery of NTT DATA's proprietary CFF framework.

Karen Branz, Marketing Senior Advisor, Healthcare Content

Karen has more than 30 years of experience writing about healthcare and technology. She has worked with providers, payers and the life sciences, helping tell the story behind the intersection of healthcare policy, practice and technology.

Sources

1. Jacobson, Damico, Neuman and Gold. "Medicare Advantage 2017 Spotlight: Enrollment Market Update." Henry J Kaiser Family Foundation. June 6, 2017.
<https://www.kff.org/medicare/issue-brief/medicare-advantage-2017-spotlight-enrollment-market-update/>
2. Jacobson, Damico and Neuman. "Medicare Advantage 2018 Data Spotlight: First Look." Henry J Kaiser Family Foundation. October 13, 2017.
<https://www.kff.org/medicare/issue-brief/medicare-advantage-2018-data-spotlight-first-look/>
3. Wilson, Marianne. "Top Baby-Boomer Shopping Habits Retailers Can't Afford to Ignore." Chain Store Age. January 6, 2017.
<https://www.chainstoreage.com/article/top-baby-boomer-shopping-habits-retailers-cant-afford-ignore/>
4. MicroD, Inc., "Online Buying Habits of Baby Boomers," September 9, 2017.
<https://www.microdinc.com/2017/09/21/online-buying-habits-baby-boomers/>
5. Hinshaw, Michael. "The Eye-Popping ROI Of Customer Journey Mapping." CMO.com. February 28, 2017.
<http://www.cmo.com/opinion/articles/2017/2/27/the-eyepopping-roi-of-customer-journey-mapping.html#gs.Aoza484>
6. "2017 Medicare Advantage Enrollment Changes." Tableau Software Inc.
https://public.tableau.com/profile/datadecisions#!/vizhome/2017MedicareAdvantageOpenEnrollmentv2/MedicareAdvantage2017AEP?_hssc=15230249.15.1522677283318



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