



# Measuring The Claims Experience in Insurance

Considerations for Creating Your Post-Claims Survey Program

**Medallia**



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## Introduction

Creating a new survey program requires upfront planning; not only to ensure a smooth launch, but also for long-term benefits from insights generated. This document walks through each facet of the program and provides considerations for ensuring that optimized impact is achieved.

## Section 1: When to Survey

It's tempting to jump right to survey design, since this is where insights and action originate, but the first step is to consider when a survey should take place in a customer's journey. If you start with survey design, you will likely have to circle back on the questions once you get to determining what you are trying to actually measure.

Let's start with a basic definition of the three survey types: *relationship*, *journey*, and *transactional*.

Figure 1 illustrates the key differences:

(Figure 1)



Many insurance companies focus on post-claims and contact center transactional surveys, as they are high friction (and high volume) touchpoints, and especially in the case of the claim payout process, key moments of truth for customers interacting with the brand. Take note that both surveys are considered “touchpoints” or “transactional”, as something specific needs to happen to trigger them. We will explore why this is important later when we discuss program gaps.

Let’s assume you decide the claims process is important to understand (it is) and land on a post-claims survey. At this point it will benefit you to have at least a basic understanding of the customer’s journey to get to this end state of payout (or denied claim, which we will address next).

The goal of the program must be understood at this stage as well. For example, if you have a high rate of transactions with missing or incomplete information (also known as not in good order or NIGO) come through or spikes in calls to the call center due to failed self-service capabilities on your customer portal, having touchpoints along the customer journey can help identify these pain-points as they occur, and with the right closed loop process (discussed in section 4) you may even be able to solve for issues as they happen, thus reducing the overall NIGO’s and calls and thereby saving your company revenue in reduced operating expense. Insurance companies often choose to survey after the claims process is complete without including listening posts along the journey, mostly due to limited capabilities in capturing the data necessary to trigger survey invitations (for email to web-based methods). In this case it is important to include questions in the survey that cover the full journey. There is no opportunity for service recovery with this rearview approach to capturing areas of friction, but the retrospective insights gained can improve future experiences, so it is worth the effort. More on this in section 3.

## Section 2: Who to Survey

Let’s say you’ve settled on the post-claim touchpoint. **Next is to decide who to include, particularly whether denied claimants should be included in the sample population or not.**

We will tackle that decision in a moment. First let’s address **sampling** vs **census**. A sampling approach is typically meant as a tactic to avoid weighting scores, for various intended business outcomes. If we can agree that the focus of the survey is to create listening posts that are actionable and is not to obsess over a resulting NPS or other key metrics, then census wins out over sample methodology. We could debate the topic and draw out the pros and cons but ultimately for brevity, the best approach is typically one that provides an opportunity for all customers to give feedback. With the right interactive dashboards, you can filter results to focus on certain segments of customers that have higher impact to your business.

From there, **we want to decide whether or not to include denied claimants.** A typical concern among insurers is that including this population will lower overall NPS or satisfaction with the program, because denied claimants aren’t typically happy with the claims process. Using the same argument as whether to sample or census, if we agree the purpose is to listen to our customers (not just the customers who successfully got paid from their claim), we decide to include denied claimants. There is a wealth of opportunity in the feedback received from this group, especially if you have a separate survey or perhaps survey logic to ask a different subset of questions to get to the heart of why the claim was denied and the resulting impact that denial had on the brand’s reputation with this customer.

Think of the hours spent working and reworking NIGOs, calls into the contact center checking on the status of the claim, etc. All that intel can help create a process to educate customers at the intake step and prevent the additional time and spend, thereby once again proving a positive impact on revenue by reducing operational expenses. Most importantly, you are providing the opportunity for possibly the most dissatisfied

subset of your customer base to feel heard and valued. We get into the different survey questions to ask this population in the next section.

### Section 3: What to Survey

Now for the fun part, writing the survey! There is a plethora of material on how to write an effective survey. Here are some highlights to consider so we can move on to examples for the post-claim survey:

1. **Keep it short and sweet!** A transactional survey should have 5 or fewer questions and take approximately 2-3 minutes to complete.
2. **Allow your customers to explain in their own words how they feel.** Two comment boxes at maximum, placed right after your key metric question (typically likelihood to recommend or LTR) and at the very end will suffice.
3. **Make each question count!** Anything you ask on the survey should have an identified internal business owner who has agreed to take action on feedback received (more on this in the next section)
4. **Don't ask questions you already have the answer to.** It relays to your customers that you don't know them as well as you should (and actually do) and makes surveys unnecessarily lengthy. Instead, find ways to integrate data you need for reporting directly into the survey invitation file or some other method of merging operational data with survey responses.
5. If you are planning an email to web survey, **ensure the invitation has a subject line that is a clear call to action.** Including the anticipated time to completion has shown to help in A/B tests. For example, "Give Us Your Feedback! 2-3 min" is an effective subject line.
6. **Thank your customers!** Even if you plan to close the loop with all respondents, ensure the closing text thanks them for taking the time to share their experience.

**Now for the post-claim survey itself.** We discussed earlier that including denied claimants was the right approach. It may not be appropriate to ask the same questions we ask paid-out claimants. Let's start there and identify where to deviate for denied claimants. Keeping with the general guidelines shared above, an effective post-claim survey looks something like this:

1. Based on your recent claim experience, how likely are you to recommend [brand] to a friend or colleague? (scale of 0-10, 0=Not at all likely, 10= Extremely Likely)
2. Please provide details for the score you gave above. (comment box)
3. How satisfied are you with the overall service you received during the processing of your claim? (0-10 scale, 0= Very dissatisfied, 10= Very Satisfied)
4. How easy was it to complete the claim process? (0-10 scale, 0= Not at all Easy, 10= Extremely Easy))
5. What else would make it easier to work with us? (comment box)

**Now let's consider if any of the above questions are appropriate to ask denied claimants.** We could argue that other than the last question, the rest really aren't appropriate or don't apply for denied claimants, and yes that includes likelihood to recommend. You could argue including the key metric, but if we look at this from an outside-in perspective, it's self-serving and frankly insensitive to ask this of someone who was unable to get financial assistance from your brand during their time of need. Given this, **let's circle back to the reasons we decided to survey denied claimants to begin with: cut down on excess rework and make them feel heard.** So, our questions should achieve those goals, as well as be actionable! Consider this set of questions:

1. How well did [brand] inform you of the claims process when you filed your claim? (0-10 scale, 0= Not at all Well, 10= Extremely Well)
2. Please provide details for the score you gave above. (comment box)
3. Indicate the reason(s) your claim was denied (select all that apply)- Note to only ask this if you don't already have access to this data!
  - Didn't have a qualifying event
  - Unable to provide sufficient documentation
  - Other reason: (comment box)
4. What else would make it easier to work with us? (comment box)

The above survey format will allow you to get the intel you need to make improvements to the intake process (and possibly other points along the journey) as well as give your customer the opportunity to tell you how they feel. Missions accomplished!

### Section 4: When to Act

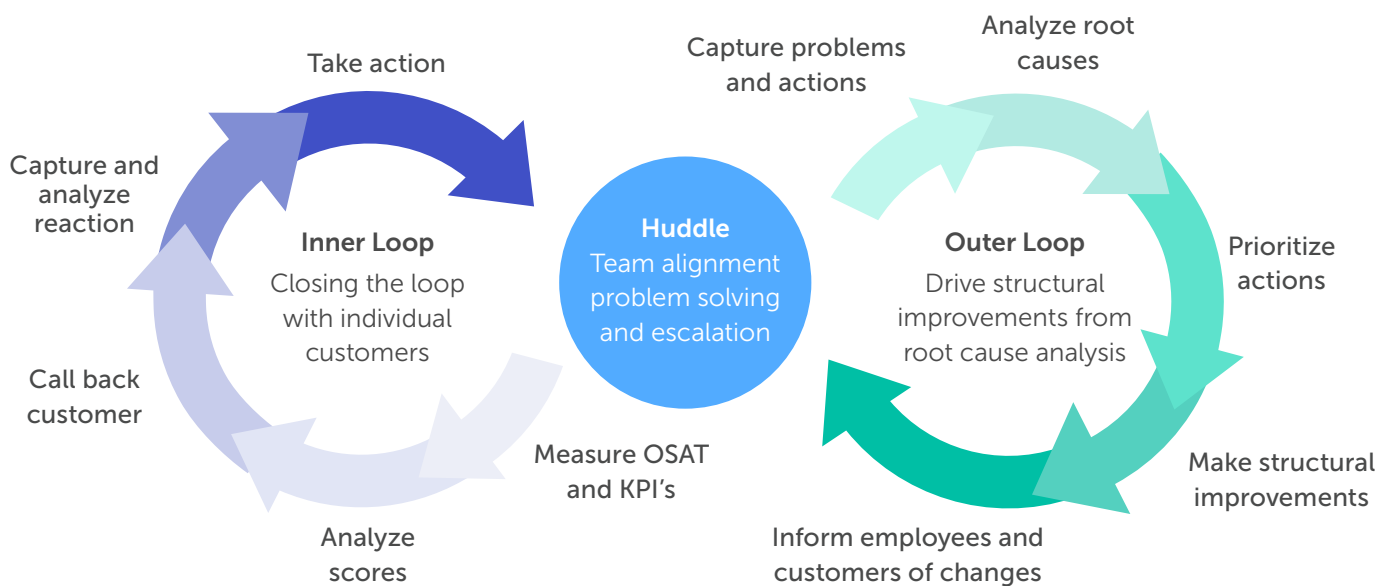
Here we will discuss the components of successful inner and outer loop processes. First let's define the terms inner loop and outer loop:

*Inner Loop* - actioning on a single piece of feedback, typically involves responding directly to the survey-taker

*Outer Loop* - broader view of aggregated feedback meant to drive structural improvements

Now let's dive into each component in more depth. **First, we examine the inner loop.** In order to support the framework shown in figure 2, we need to ask ourselves the following questions:

1. **What types of responses should create a call to action?** (otherwise known as triggering alerts) Typically, a program will focus on score-based alerts using one or multiple key metrics such as Net Promoter Score or NPS and Overall Satisfaction or OSat. Often detractor scores (scores between 0-6 on a 0-10 scale) for these metrics are used to trigger alerts, but promoter (scores between 9-10) and passive (scores between 7-8) alerts are also sometimes created.
2. **Who will own actioning on the alerts?** Often the role with capacity to handle alerts trumps the proper business owner. For example, in call center survey programs the most effective alert owner is typically a supervisor or manager for the call center representative who fielded the



(Figure 2)

call, but capacity concerns tend to result in a centralized CLF team handling these alerts. This approach can work as long as this centralized team is empowered to assist customers with outstanding issues and there is a mechanism in place to ensure coaching is still conducted as necessary. In the case of a post-claim survey, the answer depends on whether claims specialists interact directly with customers. If yes, a unit or operations leader tends to be the right owner. If not, a centralized CLF team can be an appropriate option.

3. **What action is required and within what timeframe?** Make the requirements for addressing alerts (or any feedback!) clear from the onset. A typical rule is to require initial outreach to the customer within 48 hours from receipt of the survey response. Determining whether replies will be in the form of email or phone call is often left up to the alert owner or dictated based on compliance rules. For example, your compliance team may not want written responses (emails) sent to customers whose feedback constitutes a complaint and therefore a phone call will be required. Be clear wherever the direction is clear and document the procedure. If multiple people, teams, or areas need to be involved in handling an alert, document this as well. Lastly, determine when it is appropriate to close the alert. For companies with robust CRM's (or client relationship management systems) in place, keeping the alert open until resolution may be duplicating efforts. Other times, management prefers to close the alert only after getting additional feedback from the customer. There are benefits to both approaches. Just ensure there is a clear and consistent approach that is documented!

**Now let's move on to the outer loop**, which requires a bit more consideration since it often involves cross-department and divisional collaboration as well as aspects of change management in order to be effective. Here are some questions to consider:

1. What are customers telling us that can't be resolved at the front line?
2. How do we choose what to take action on?
3. Who should be involved, when, how, and for what?
4. How do you move from selection to action?
5. How do you keep everyone informed?

Let's address each question one at a time.

### **What are customers telling us that can't be resolved at the front line?**

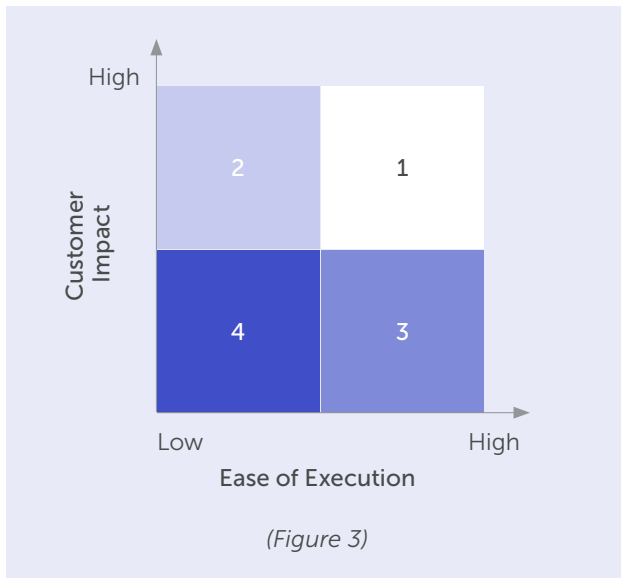
This is all about insights. What is the data telling us about reasons customers are unhappy (and leaving)? This question takes it a step further by specifically isolating issues outside of frontline control. For example, if the topic of service bubbles up as a source of friction and digging in further identifies customer service training as an opportunity, the frontline teams can address this need locally, including in **team huddles**, which is often considered the bridge between inner and outer loop processes and will be discussed in more detail shortly.

If instead the feedback on a call center or claim survey program shows lacking website functionality resulting in increased calls for assistance, this is an issue that requires outer loop collaboration to be addressed. Always consider the intended audience when deriving insights from the results and ensure the proper teams/people are provided with those insights. More on this in a moment.

### **How do we choose what to take action on?**

Prioritization enables you to avoid chasing down multiple, often conflicting, solutions, thereby saving both time and money. Including others in the prioritization process allows for collaboration and alignment needed to execute on changes, so it is important to get this step (and the next step!) right for maximum benefit.

Figure 3 below represents a matrix that helps keep the criteria for prioritization front and center in the decision-making process. Following the flow of the matrix, opportunities with the highest customer impact as well as lowest effort to execute get prioritized first (upper right quadrant) whereas projects that require the highest effort with lowest customer impact go to the end of the list (lower left quadrant).



**Who should be involved, when, how, and for what?**

A well-planned and documented governance model is crucial to a successful ongoing outer loop process. There are countless articles and papers outlining the various possible models (central, decentral, or hybrid) and the best model for your company depends on multiple factors, including the size of your organization, CX maturity within certain teams, and ability/desire to act independently and collaboratively vs under a central guiding post. Ultimately what is important here is to document the various aspects of your model in a charter, including team members and their specific role (including which teams/roles are involved in alert-handling), which decision-making process will be followed (majority rules,

unanimous, one ultimate decision-maker, etc.), meeting cadence, and communication plan. Having a documented process helps ensure the ongoing iteration and dialogue among a team reviewing periodic (typically monthly or quarterly) results. Priorities are decided upon and communicated back out to business units for socialization and execution. More on this when we review step 5.

**How do you move from selection to action?**

You know what areas of opportunity to focus on thanks to your governance model, insights generated, and prioritization matrix. Now what?

Steps 1 and 2 in figure 4 were discussed in the previous section. We now move on to steps 3 and 4, **ideating solutions and assigning ownership**. You can accomplish this in a myriad of ways, one of which is during a monthly or quarterly advisory council session, where the CX or VOC team comes together with representatives from each business unit to discuss trends in results, identify areas of opportunity, and using a variation of the prioritization matrix shown in figure 3, determine which areas to focus on. From there, different methods of brainstorming are effective at populating solutions which are either voted on or, based on the decision-making method selected in the governance charter, decided on by the executive sponsor or some other appointed decision-maker.

The next step in the process requires not only project management to get the technical aspects of any changes completed, but also change management to ensure your teams (and potentially customers) are ready for the changes. Whenever possible, utilize your existing project management (PMO) resources for planning and executing changes. You may encounter quick wins that don't require this level of structure (think back to the prioritization matrix with ease of execution ranges) but it is still important to pull together a team representing the areas impacted. This leads into the various aspects of change management needed to ensure a smooth implementation and





(Figure 4)

ongoing success of the change (governance, executive sponsorship, internal communications and training, and managing resistance). There are countless resources addressing change management that we won't touch on here. If you need additional information or assistance with any aspect of this process, reach out to a member of Medallia's advisory team [here](#).

### How do you keep everyone informed?

The number one pitfall to achieving a successful operational VOC program is having an effective communication plan. The plan should incorporate steps to keep teams up to date during program implementation, but also to share wins and learnings post-program launch to both internal and external customers. Let's explore the considerations for a robust communication plan.

## 01 Who is your intended audience?

First things first, who your message is intended for is crucial to determine what message you are trying to relay. During a program implementation, oftentimes it is only the project team and maybe a few key subject matter experts and stakeholders kept up to date on the status of the program launch. Especially when you are building out a new program, but potentially with program expansions as well, there will be various levels of resistance to changing a process or nervousness about potential punitive actions as a result of negative feedback. Therefore, including a variety of awareness and excitement messages depending on the level of involvement expected by role will help alleviate much of those concerns.






For ongoing communications, an effective plan includes periodic messaging for both employees and customers. We will dive into the details in a moment.

## 02 What is the message and why should we care?

This area is often referred to as WIIFM, or What's In It For Me? A great communication plan should include a case for change, by role, so that you have a reference point to ensure messages going out will resonate with your intended audience. This will help proactively address pockets of resistance in the organization.

**Conducting stakeholder interviews will help inform your WIIFM or Case for Change** document, so make sure you do these early in the process! Figure 5 shows an example WIIFM chart for a contact center program:

### How will this make my job easier?

	Frontline Reps	<ul style="list-style-type: none"> <li>Reinforces best practices for providing exceptional service</li> <li>Ability to monitor improvement over time</li> </ul>
	Coaches/ CLF Team	<ul style="list-style-type: none"> <li>Coach the right team behaviors and drive customer centricity and time well-spent concept</li> <li>Reach out to detractors and assist with follow-up and issue resolution</li> <li>Identify opportunities for up-sell/cross-sell</li> </ul>
	Frontline Managers	<ul style="list-style-type: none"> <li>Monitor key metrics for my center/teams, and identify pain points for customers</li> <li>Assess top/bottom performance and identify teams that need more attention</li> <li>Discuss trends in team huddles to share best practices and brainstorm ideas for initiative-generation</li> <li>Recognition for promoter responses to drive employee engagement and reinforce best practices</li> </ul>
	Senior Leaders	<ul style="list-style-type: none"> <li>Monitor progress of CX goals and metrics in real time</li> <li>Understand impacts of customer pain points and delighters, across customer touchpoints</li> </ul>
	CX Team	<ul style="list-style-type: none"> <li>Review and monitor program health (response rates, abandonment etc.)</li> <li>Leverage analytical tools to uncover rich insights for moments of truth in the customer experience</li> <li>Identify key performance indicators (KPI's) that promote customer loyalty, bring insights to senior leaders to aid in decision-making (BAU and initiative prioritization)</li> </ul>

(Figure 5)

Figure 5 clearly illustrates several benefits of measuring customer experience by multiple roles. It is also helpful to include benefits for the end customer to ensure external communications are crafted with the right intended message.

### 03 What is the purpose or intended result?

This question goes hand in hand with WIIFM. After all, to know what you want to say, you do first need to consider what you are trying to accomplish with your message. This will largely be influenced by the results of stakeholder interviews, which will bring to light pockets of resistance as well as champions for your message. For example, you may hear a manager express concern about their associates viewing negative feedback about themselves and taking it personally instead of focusing on how to help customers. Your messaging in both communications and training needs to address this concern. In addition to addressing specific challenges, building excitement and reinforcing the benefits of the program should always be present in your communications.

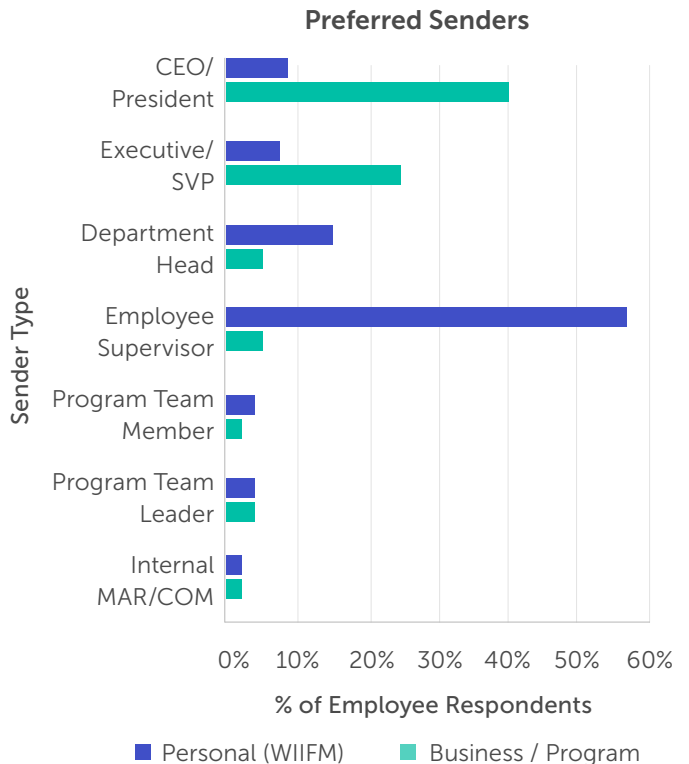
### 04 How will we communicate?

The method and sender of a communication are two important aspects to consider when building out a communication plan. Some options for delivery include:

- Internal emails
- Videos
- Podcasts
- Intranet site
- Posters
- Team meetings: town halls, huddles, etc.

### 05 Who will communicate?

The sender depends on the message content. As shown in figure 6, business-wide messages are highly effective coming from a senior leader in the organization whereas a message that personally impacts the reader is more effective coming from a direct supervisor. For example, a program launch communication would come from a senior leader such as the Head of CX or some other C suite executive, whereas a training announcement or process update communication directly impacting the reader should come from a direct supervisor.



*Prosci Inc., 2014, Best Practices in Change Management*

(Figure 6)

#### Team huddles are a great way to bridge gaps in both your inner and outer loop.

One of the benefits of using team huddles to share information is that these are typically meetings that already occur and therefore do not create an additional time commitment. Huddles run successfully are venues where issues can be escalated for resolution and ideas brainstormed, which are both important aspects of the outer loop. Here are some aspects of an effective huddle:

- Defined roles (timekeeper, scribe, facilitator)
- Venue to escalate issues
- Agenda with time commitment to each topic:
  - Updates from previous meeting
  - Review feedback themes
  - Shoutouts and customer stories
  - Team brain dump on root cause of issues
  - Prioritize solutions
  - Assign owners

Aware	Join	Maintain	Use	Leave
Research Benefits	Enroll in coverage	Manage Account	File a Claim	Lapse coverage
Reviews plan coverage options, understand out of pocket costs and premiums, provider availability in chosen network	Signs up for venefits, authorizing payroll deduction of premiums, selecting beneficiaries	Make updates when personal details such as address or beneficiary change	Ability to receive benefit for a qualified event that has taken place	Employee decides whether changes in coverage are needed and makes new selection or decides not to re-enroll in coverage
Employer provides benefits portal with ability to summarize and compare options	Employ may have questions and seeks assistance via chat bot on web or contacting customer service	Either SSO through a company portal or direct log in with insurer's portal	Employee first contacts the Claims team through and intake process. Information is retrieved from the employee and a claims packages is distributed to the employee for completion	During open enrollment or when a qualifying event occurs, the employee will have the option to update or cancel coverage. Typically for open enrollment an affirmative election must be made and coverage does not roll into the new fiscal year

(Figure 7)

## Section 5: What Gaps Exist

We started this discussion with a focus on the claims experience, acknowledging it as a key moment of truth for a customer. Call center interactions are another common touchpoint where satisfaction is measured. Consider the percentage of your customers who call in for assistance or file a claim. Unless you know they represent a significant portion of your overall customer base (and likely they don't), you're going to need to consider additional listening posts.

Thinking back to the high-level insurance customer journey, let's examine additional opportunities to gather both **solicited** and **unsolicited** feedback.

To solicit feedback means you are making a purposeful attempt to collect information. This can come in various formats and delivered in multiple

ways (email to web, general intercept via a URL, SMS/text, etc.). Unsolicited feedback conversely means you receive information you did not invite nor ask for. Think of social media posts, calls into the contact center, receipt of written complaints, etc. Having a mechanism to capture all these signals as well as a repository for storage and analysis is crucial to fully listening to and understanding the needs of your customers. For a deeper dive into this topic, check out the e-book [here](#).

To better understand where and when to listen, you must understand your customer's experience with your brand and identify the **key moments of truth**, or the points along a journey or touchpoint that highly influence a customer's overall satisfaction and therefore loyalty with your brand. Conducting a **journey mapping exercise** is one way of identifying where the gaps exist.

Additionally, **relationship or pulse surveys can be a great way** to supplement gaps in transactional survey feedback and are also typically used to measure overall satisfaction vs satisfaction with the particular touchpoint or journey. These surveys can be sent monthly, quarterly, annually, or any regular frequency. If sending annually, consider separating batches of invitations out either monthly or quarterly instead of sending all invitations on the same day. This not only allows for constant streams of feedback, but also helps ensure all replies can be acted on. Additionally, there is potential for seasonality to impact response rates and/or scores. By sending invitations out regularly, you can help account and plan for these known dips or spikes in feedback received.

## Section 6: Summary and Next Steps

We covered a lot of ground in the previous sections. Let's review what we learned.

First, before survey design, we need to consider at what point in the customer's journey we should be focusing.

Second, determine whether all policyholders will be surveyed (census) or if you will select a sampling approach to limit the population you hear from.

Third, consider the intent of the survey questions. There should be an owner for each question on the survey.

Fourth, design a process for responding to your customers. Consider capacity to address feedback as well as the skillset of the teams or individuals who will be replying to feedback. Also consider the extended business units who will need access to results and may need to play a role in executing on process or product enhancements or improvements.

Fifth, identify gaps in listening posts and ensure the program is expanded to cover the key moments of truth for your customers.

Lastly, communicate early and often! Build a plan that ensures employees and customers alike are kept in the loop on what the feedback is telling you and more importantly what you plan to do about it!

*If you need assistance with any of the above steps and you are an existing Medallia customer, reach out to your Managed Services team, or to connect directly with a Medallia expert, click [here](#).*

## About Medallia

Medallia is the pioneer and market leader in Experience Management. Medallia's award-winning SaaS platform, the Medallia Experience Cloud, leads the market in the understanding and management of experience for customers, employees and citizens. Medallia captures experience signals created on daily journeys in person, digital and IoT interactions and applies proprietary AI technology to reveal personalized and predictive insights that can drive action with tremendous business results. Using Medallia Experience Cloud, customers can reduce churn, turn detractors into promoters and buyers and create in-the-moment cross-sell and up-sell opportunities, providing clear and potent returns on investment. [www.medallia.com](http://www.medallia.com)

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