Mobile technology enhances health plan member engagement

About the authors

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Michael Plumb joined Kony's Healthcare and Life Sciences team in July 2011 as Director of Strategic Services. In this role, Michael works with health plans, hospital systems, and pharma companies to build strategies that leverage mobile to help achieve business objectives. Prior to joining the Kony team, Michael worked for ten years at Blue Cross and Blue Shield of Florida. While there, Michael held various positions, including roles in IT, business development, and innovation. While working in BCBSF's Diversified Business Unit, Michael helped launch GuideWell, a consumer health solution company, and served as Product and Strategy Lead.

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Mobile technology enhances health plan member engagement

The U.S. health insurance industry has had its share of challenges in recent years with annual cost increases, a depressed economy, and high unemployment. While all health plans have been impacted by these challenges, new opportunities exist for health plans to use consumer engagement to position themselves for success in a healthcare industry under reform.

Historically, most health plan engagement efforts have focused on areas of cost. Members with highest medical bills and with the greatest potential for incurring expenses have been the main targets for involvement efforts via disease and care management programs. They typically receive more EOBs and are more likely to speak to customer service representatives. Ironically, this approach to outreach offers little to health plans' best customers—the estimated 60 percent of members with little or no claims experience. While all health plans have been impacted, new opportunities exist for them to adopt consumer engagement to position themselves for success in a healthcare industry under reform.

Now, plans are considering new approaches to consumer engagement as elements of health reform are implemented. Depending on the payers' strategy, these types of initiatives may be focused on driving sales, reducing administrative expense, optimizing medical expense, and even managing complex, potentially costly cases.

As the consumer channel of choice, mobile devices will be a critical element of a health plan's outreach efforts. The mobile channel is optimal for engaging, informing and influencing members or potential members on their own terms and at their convenience. Additionally, since a mobile device is almost always within arm's reach, it offers a chance to communicate with the consumer proximate to a health decision.

Embracing the mobile channel can be complicated. Health insurers must answer difficult questions when planning, implementing and supporting mobile capabilities:

- Should capabilities be developed as native apps, mobile web, or hybrid?
- How many devices and mobile operating systems must be supported to ensure sufficient reach?
- How can the complexity of multiple codebases for the various device/OS combinations be managed?
- Which device capabilities (camera, GPS, etc.) offer the greatest potential to add value to customer engagement?
- Which features can payers offer to ensure market parity, achieve differentiation, or deliver added value to end users?
- How can all these factors be coordinated into an integrated, long-term approach?

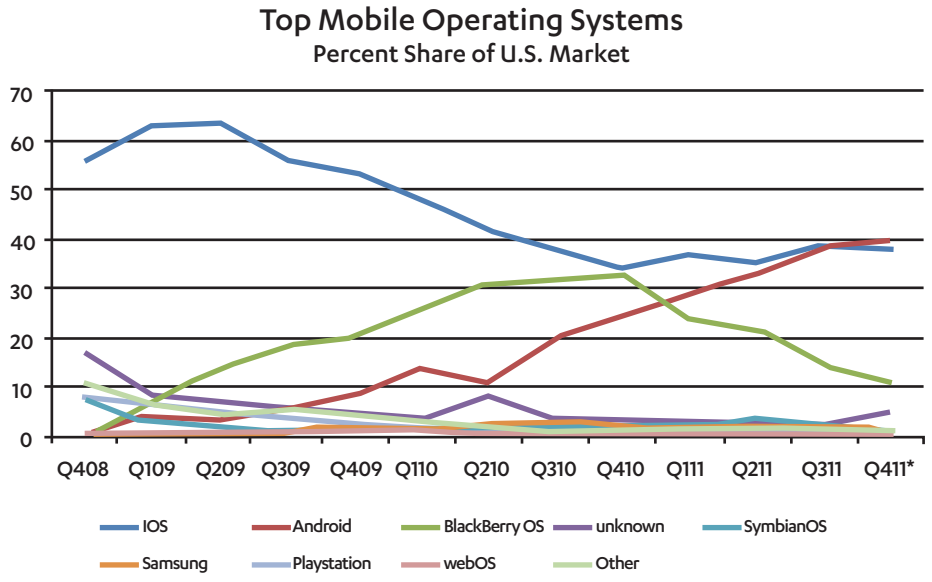
From Yesterday to Today: Change is Constant

Consumers have had increasing numbers of options in communication channels over recent decades. In the 1970s and '80s, companies could be confident that, if they used both the U.S. post office and telecom infrastructure, they could reach nearly all of their customers. The complexity of these channels was low because interaction with any mailbox or telephone was a standardized, streamlined and often outsourced process.

Moving into the 1990s, company websites became another channel for user engagement. The complexity increased slightly, but with more than 90 percent of the market on IBM-compatible PCs running a Windows operating system, companies were able to concentrate their website investments on that which was the de facto standard at that time.

Now, U.S. consumers have come to expect that they be able to communicate and interact with the companies that serve them not only through stationary computers, but on personal, mobile devices. While this shift is understood by most companies, the complexity in facilitating this communication has increased exponentially, not only due to the sheer variance in devices, operating systems, and supported features, but also due to the rapid rate of change among them.

Figure A illustrates the evolving landscape of mobile operating systems. Theoretically, if a health plan launched a mobile application on a single platform in the first quarter of 2009, it could reach more than 60 percent of the market. Just one year later, however, that app could reach less than half of the market. By the end of 2010, the app would reach barely a third of the intended market.



To reach 90 percent of the mobile market today, an application would have to run on at least three different operating systems (iOS, BlackBerry, and Android.) It would also need to be optimized for the full array of mobile and tablet devices supported by each of these three operating systems. These include:

- iOS
  - 5 devices (iPhone 3GS, 4, 4S, iPod touch, iPad2)
- BlackBerry
  - 13 devices (BlackBerry Bold, BlackBerry Curve 3G, BlackBerry Curve 8300, BlackBerry Curve 8500, BlackBerry Curve 8900, BlackBerry Pearl 3G, BlackBerry Pearl 8100, BlackBerry Pearl Flip, BlackBerry Storm, BlackBerry Style 9670, BlackBerry Torch 9800, BlackBerry Tour 9630, BlackBerry 8800 Series)
- Android
  - 172 unique devices

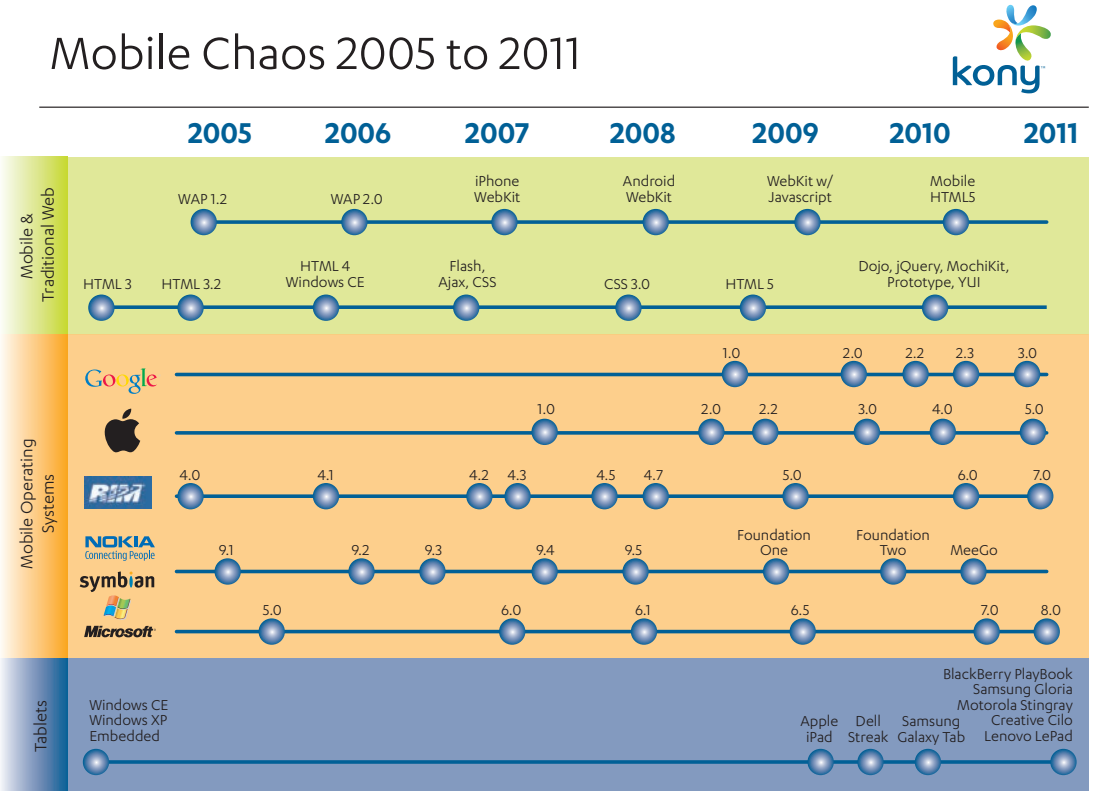
For health insurers, the idea of developing a single application across a dizzying number of OS/device configurations is likely a daunting task. Added to the complexity is the reality that the market is not static. Shifts of significant magnitude can occur almost overnight. Consider, for example, the data in Figure B. According to an October 2011 *comScore MobiLens* report, two of the three leading smartphone platforms experienced market share swings of five percent or more from the previous quarter.

Top Smartphone Platforms
3 Month Avg. Ending Aug. 2011 vs. 3 Month Avg. Ending May 2011
Total U.S. Smartphone Subscribers Ages 13+
Source: comScore MobiLens

	Share (%) of Smartphone Subcribers		
	May 11	**Aug 11**	**Point Change**
Total Smartphone Subscribers	*100.0%*	*100.0%*	*N/A*
Google	*38.1%*	*43.7%*	*5.6*
Apple	*26.6%*	*27.3%*	*0.7*
RIM	*24.7%*	*19.7%*	*-5.0*
Microsoft	*5.8%*	*5.7%*	*-0.1*
Symbian	*2.1%*	*1.8%*	*-0.3*

With such a dynamic market for mobile devices, consumer-oriented payers must accept the fact that the devices, operating systems, and features in the hands of their customers are constantly changing, and significant changes can happen quickly.

For some health plans, this propensity for change represents a risk: if applications are not developed properly, today's capabilities could become "throwaway code" as members and potential members embrace the newest mobile offerings of tomorrow. With an average mobile initiative taking four months to complete, it's fair to assume that by the time a plan is ready to launch a mobile capability, a good portion of the market will have a version of an OS release that didn't exist when the project started. Additionally, an increasing number of consumers are using mobile as their primary point of connectivity.



Source: Gartner

Forward-looking payers may view rapid change as an opportunity to embrace new levels of mobile sophistication among their customers. If properly created and updated, mobile solutions can quickly respond to changes in the market, increase operational efficiency, provide information to influence member decision making at or near the point of care, and deepen relationships with members. These solutions can also generate valuable market intelligence based on usage, location, and frequency of interactions.

What should health plans offer via mobile?

Beyond facing the challenges of rapid changes to OS and devices, plans have a significant challenge in selecting the features they will offer consumers. The broad risk pool that enables health insurers to spread their risk means that they have several, vastly differing market segments represented in their member base, each with different needs, attitudes, and behaviors. Some may value guidance; some, information; and still others detailed plans covering nutrition, activity, or preventive care. Some want engagement infrequently, others more often. And amidst this complexity, payers still have to prioritize their capability investment decisions.

Although a cost-oriented approach offers a clear chance to improve outcomes and profitability, focusing solely on high-risk members neglects opportunities for meaningful interaction with healthy members—something plans can ill afford to do in light of the changes within the industry. For example, with the coming health insurance exchanges, a larger number of people will be selecting their own coverage rather than just enrolling in whichever options their employer made available in the past. To position for growth in the new market, they must enable common capabilities and select meaningful value-added capabilities that strengthen their brand with their best customers.

So how do health plans develop capabilities that:

- support company objectives;
- offer meaningful opportunities for engagement;
- meet the customers in their channel of choice;
- engage, inform, and influence at the right time (proximate to a health decision);
- ensure scalability as device sophistication continues to evolve; and
- enable sufficient reach across the ever-growing array of mobile device/OS combinations?

Much like when planning for travel, payers need to know where they are today, where they want to go, how long it will take to get there, and which decisions need to be made along the way. They must also understand where they cannot go. If it's a short trip, a minimum amount of planning will do, but for most plans, a more comprehensive mobile strategy is warranted.

Building incremental value via key feature sets

The opportunity for the health insurers to deliver increased value to members requires more than simply optimizing existing websites for mobile devices. Approaching the matter in this way may result in a cumbersome user experience with the potential for a favorite feature being buried several clicks inside the mobile app.

To deliver the greatest value, health plans should prioritize their mobile-specific application features according to:

Mobility. How likely is it that the user's need will arise when not in front of a home or work computer?

Immediacy. What is the marginal value of responding to the user's need immediately, versus the delay associated with other channels?

Relevance. Is the opportunity to engage the user more relevant in the mobile setting?

Payers in today's market are developing their mobile strategy roadmaps with an eye on features that achieve and maintain market parity, gain limited advantage through differentiation, and offer opportunities for a sustained, competitive advantage as they evolve over the long term.

Examples of the variation across the different approaches to key features include:

	Find a physician	View claims	View formulary	Care coordination, wellness
Parity	enable members and consumers to browse the plan's provider directory	enable members to view claim history	enable members to search and view formulary, retail price and member responsibility	provide a list of recommended care sorted by age and gender
Differentiation	quickly return a list of providers the member has seen based on claims history	enable members to contact customer service and forward the context of a viewed claim	provide information on alternatives; suggest questions to ask a clinician to help evaluate the potential for cost savings	customization based on compliance with recommendations (self-reported or derived from claims data)
Sustained Advantage	sort/filter results based on criteria such as: other patients' ratings and reviews or the health plan's knowledge of the member's market segment or condition	enable viewing of claims in the context of recommended care across health and ancillary products – while identifying gaps in care recommended for the specific individual (based on available claim data)	anticipate an encounter and message the member to prompt the discussion	deliver tips (a pre-lunchtime reminder to watch cholesterol), recommendations (cholesterol comparisons of soup/salad vs. hamburger), and/or partner-sponsored offers ("try the grilled chicken salad at Vendor X and receive $2 off!")

NOTE: * Each of the above features and the various approaches are examples only, and if chosen by a health plan for implementation may include different functionality or shift across parity, differentiation, and advantage based on the health plan's current capabilities, target segments and goals/objectives.

The chart above demonstrates just a few of the many areas health insurers are evaluating as they develop the strategic roadmap for their mobile offerings. By embracing a common platform for device-independent development, health plans can create rich features that deliver incredible value without worrying that a shift in the mobile market will require an additional investment.

Where to start...

Successful plans will begin with corporate objectives and visioning. This foundation frames the context of their mobile strategy and planning, and becomes the starting point for a strategic roadmap. Based on the corporate objectives and existing capabilities, plans can begin to lay out the inventory of what they will consider for investment.

The capabilities that appear on a health insurer's roadmap will vary based on their objectives, but several will be common across plans. Some solution providers have anticipated the need for these common capabilities, and include them in their offerings. This enables plans to enjoy speed to market with an initial slate of mobile offerings, and to focus their limited investment dollars on differentiating, value-added capabilities that directly support their corporate objectives.

Sample objectives and candidate mobile efforts to support them include:

Administrative cost savings

As the consumer channel of choice, mobile enables plans to reach more of their customers than their member portals do. As such, mobile represents an attractive channel to expand the reach of administrative cost savings initiatives. For example, some health plans have achieved positive ROI from simply adding mobile as a channel for existing capabilities. Mobile users will access customer self-service functionality and even prefer them for simple things, provided the mobile offering is quick (faster than calling a customer service representative) and simple to use. Potential options supporting this type of administrative cost savings include:

Virtual Member ID card replacement

A misplaced member identification card can trigger an inbound customer service call, generation of a replacement card, and fulfillment processing. Depending on the payer's cost factors, this could end up adding between $6 and $10 of administrative expense, and it doesn't fully satisfy members, as they now have to wait for their replacement card to arrive. Some plans enable members to print a temporary replacement online, but that doesn't help the member who realized the card was missing when they were already at the point of care.

By leveraging mobile as a customer self service channel, the plan can enable display of the member card on a mobile device, on-demand. Additionally, the plan may enable transmission of the image to the member's desired recipient via email, fax, or other channel, like a health transaction clearinghouse. Finally, the plan may include the option to request a replacement card, but if the mobile capability is delivered in a manner that is fast and simple, the member may adopt this method as the norm, positioning the health plan for rich engagement opportunities with this member in the future. By delivering this simple capability via mobile, the plan can both avoid unnecessary expenses and deliver immediate satisfaction to the member.

Network provider lookup (location-based, history-based, preference-based)

Health plans' online provider directories (OPD) are frequently the most visited pages on their websites—an indicator of consumers' willingness to search for this information—so plans have made this valued capability portable, but have generally done so through a suboptimal approach that merely mobilizes existing use cases. By doing this, payers have failed to take advantage of the capabilities available through mobile. A great opportunity exists to enhance the current capability for the mobile user. Plans that choose to mobilize OPD will leverage their current database and augment it with information available through the mobile app.

This will enable engaged consumers to not only search the OPD, but to improve their search feature by filtering based on:

- claims history (find a doctor I've seen before, or find a doctor that provides a preventive service I need, but haven't had yet this year);
- proximity to current location;
- proximity to other points of interest (find a doctor near my home, work, or child's school based on mobile contact list); and
- segmentation data (find a doctor that speaks my language, or that serves people like me).

Claim information / paperless EOBs

Payers also spend money to deliver explanations of benefits through the mail and make the same information available online. Recently, the approach of delivering EOBs in a monthly statement has enabled health insurers to present a more "retail face" to consumers. Enabling this capability through mobile, again through mobilization rather than mere miniaturization, will enable addition of valued features such as:

- click to call health plan customer service regarding this claim, passing relevant information to the customer service representative and streamlining the resulting call;
- click to call the attending clinician; and/or
- click to settle the member responsibility.

Change of member information

Because many consumers have their pertinent information stored on their mobile devices (home/work/mailing addresses, telephone numbers, and email addresses), it can be far easier for them to update changes through their mobile devices' data capabilities rather than via phone call or desktop web. The option to access a health plan's mobile web app, select "Update Profile," and then use the mobile device's features to point to and update the information can be faster and less prone to keystroke errors. It also presents the ability to completely avoid a call to the service center, thus increasing customer satisfaction and reducing administrative expenses.

Medical expense savings

The web contains a wealth of health information, but finding the right information, quickly, when it's needed, can be challenging at times. With a mobile strategy, plans have an opportunity to deliver the right information, to the right member, at the right time.

For example, many payers make it possible for members to check prices for prescription drugs. Plans with deeper capabilities can even take a somewhat proactive approach—based on prescription claim history, they can message members to let them know that a generic form is available at a lower cost than the brand name drug they are currently taking. This demonstrates added value because the information delivered is personally targeted at the specific member receiving it. Prescription claims data can also be used to help plan members know when using mail order pharmacies saves money over brick-and-mortar pharmacies.

Unfortunately, with current processes, members don't often get this information until it's too late. Mobile can change this. Once the aforementioned capabilities are established and adopted, they form another point of engagement with the member at the optimal time for influence—proximate to a health decision.

In the virtual ID card replacement scenario above, a member used mobile to access and share member ID information. Afterward, the member decided it was so simple that it became the preferred method of giving health coverage information to the clinician. Now, every time that member walks into the provider office, they use the health plan's mobile app. This can trigger delivery of a timely, targeted message.

After checking in, and while waiting to see the clinician, the member is in the right place and frame of mind to be engaged with relevant information—he can be informed, for example, that his $130/month prescription might be able to be replaced with an equivalent generic at $22/month. The member can then be prompted to talk with the provider about a switch to the generic medication.

This is just one example, but there are many. Based on a plan's medical cost savings goals, it should have capabilities that identify the top two to three things it would like to remind members to talk to their clinicians about, and use mobile as the "brand in the hand" to deliver the right message to the right member at the right time.

Additional medical expense savings opportunities include:

Medication plan compliance

An alert can be sent at a specific time of day (noon, for example) reminding a plan member to take his or her medications. Extending this concept, another alert could be sent at 1 p.m., offering the patient various options to respond (for example, press "1" to confirm that the medication was taken, click snooze to be reminded to take it later, click ignore to skip this dose.).

Wellness/preventive care guidance and reminders

Members older than 50 could be sent a message such as, "Hi, Michael. According to the American Medical Association, men over the age of 50 should have X procedure every year." This would be followed by a list of tests, a link to find a qualified provider, ability to schedule an appointment, etc.

Hospital discharge instructions

Members could be provided with discharge instructions via mobile with subsequent alerts reminding them to follow specific instructions (for example, "Call your doctor immediately if you see the following symptom," "Schedule your follow-up appointment," etc.). Plans can use these capabilities to more effectively track discharge care compliance and to share this information with the clinician in advance of a follow-up appointment.

Member growth

As healthcare reform continues to move forward, health insurers will have an opportunity to compete via forthcoming exchanges for what is expected to be a growing individual market. When determining how to compete in online health insurance exchanges, plans should consider these factors:

- Regardless of the fact that retail (or direct sales) is not the predominant model for most large health insurers, it is a model with which their prospects and customers are intimately familiar. For this reason, payers need top-notch online and retail capabilities in order to compete successfully.
- The "traditional" web may be today's predominant form of retail online commerce. Forthcoming health insurance exchanges, however, will likely have an interesting aspect to them. Some of the segments that will be prime candidates for direct purchase of individual or family coverage through these exchanges *may rely on mobile as the primary or sole form of connectivity.*

Online retail capabilities supporting the opportunity presented by reform's health insurance exchange have the potential for additional revenue through cross-selling and up-selling. This will be important to many plans that have diversified offerings including ancillary products (dental, vision, disability, etc.), limited benefit plans, supplemental plans, discount cards, etc.

Consumer health solutions

Plenty of apps are now in existence to track a single aspect of health (calories, exercise, or blood pressure), but none seem to offer a "total" health solution. A user may track calories with one app and nutrition with another, but the two apps don't share information. So, if the user modifies his or her activity level (skipping a workout or working out for an extra 20 minutes), the apps will not be in sync. The nutrition app, for example, may not know about the skipped or extra workout and may erroneously provide information or make a recommendation based upon missing information.

Today's health plans have the opportunity to offer solutions that shift the focus of health from a handful of clinical encounters per year to the thousands of health decisions individuals make annually (what to eat, how active to be, how much to drink or smoke, etc.). By providing an integrated view of the person (e.g., exercise level, calorie intake, weight, BMI, BP, and how these impact each other) plans can truly partner with their customers for better health. Through this type of interaction, the plan can secure a wealth of information that will not only help them be more effective with individual members, but also spot patterns that help them be more effective with populations of members in the future.

Revenue Growth

One opportunity that is heavily leveraged across other industries remains largely untapped by payers—mobile advertising. Done on its own, it offers little additional value, but with the right mix of immersive outreach, mobile advertising enables targeted, personalized offers that produce a higher conversion rate than traditional advertising.

For example, imagine members who are frequent users of the nutrition tools. Through their use of the app, the plan knows who the users are, when they use the app, what they like to eat, where they are, and their nutritional goals. It positions the plan perfectly to give the consumers information on where they might have their next meal and how it fits into their nutrition plan. (Looking for a low-cholesterol lunch? Restaurant A is offering $2 off their low cholesterol lunch menu from 12-2p.m. today). The plan contracts with the restaurant to pay for impressions, clicks, or conversions, and the restaurant can choose the conditions under which the offer is displayed (to females, 18-49, actively using the plan's app to lower cholesterol, and within 5 miles of location X).

In addition to the restaurant example, this model can be used with grocery stores, exercise chains, sellers of athletic equipment, health equipment and accessories, etc. In fact, it can be used to promote trusted advice when the consumer needs it most. For example, "Having trouble meeting your nutritional goals? Talk to a registered dietician (first consult free). Click here."

Stronger provider relationships

While plans have significant potential to engage members via mobile, without the provider networks, a health plans' value to its members would be diminished. As a result, plans continually look for ways to add value for both members and network providers.

Plans with successful consumer engagement efforts can leverage their mobile initiatives for added benefit at both ends of the "patient –> plan –> provider" value chain. For example, many providers acknowledge that one of their biggest administrative headaches is accounts receivable. Settlement capabilities that contribute to a stronger value chain include:

- Driving faster payment by enabling providers to offer an incentive to the patient in exchange for timely payment. Some providers may offer discounts (e.g., XX percent off for paying within YY days). Others may offer preferred treatment, allowing a patient to be seen immediately rather than waiting a week for an appointment slot or reserving the best time slots for these patients.
- Developing facilitating capabilities for providers. For example, offer an online payment capability. Make it easy to find, easy to use, and integrate it with the existing adjudication and EOB processes. Link to it from the provider website (if any), from the plan's online provider directory, from the member portal, and from electronic and paper EOBs.
- Adopting a retail model from another industry:
    - Cell phone model (pre-iPhone) – cell phone companies offered retail sales of ringtones and games by allowing the customer to download content, then be given a consolidated bill on the regular billing cycle. Health insurers could adopt this model, presenting a clear bill that separates insurance from services, preserves their perceived revenue concentration with providers, and eases the provider's reconciliation burden.
    - App store model – another retail model is that used by various mobile app stores. When shopping, a consumer can select a payment method, which is automatically triggered when an item is purchased.

This represents an opportunity for plans to use their successful consumer involvement efforts for the betterment of the system. Not all providers may be prepared to participate, but some will, and if done correctly, the capabilities will be flexible enough to add value and gain provider adoption over the long run.

Each of the above models can be powerful if implemented correctly. Each also can be disastrous if not carefully thought through (e.g., How will disputes be handled?). Consider your plan's strategy, select a supporting approach, and think through the what-if's so that they can be handled in a manner consistent with the stated objectives.

The Kony Solution

When considering its options, a plan can easily be overwhelmed:

- What outreach options make sense for this plan?
- What corporate objectives will the selected options support?
- How will the contribution be measured?
- Which devices should be supported to enable optimal reach?
- How will plans prepare for new devices entering the market?
- How will plans adjust when the consumer market shifts to devices previously unsupported?
- Of native, hybrid, and mobile web, which is the right one?
- Should payers establish a center of excellence for mobile capabilities?

There is no single answer that works for all health plans, but at Kony, we have a recommended approach.

Planning

First things first:

Start with the objectives of the plan as a whole. This will help filter large lists of proposed ideas into manageable subsets that have clear connections to corporate objectives and strategy.

Identify dependencies:

Prioritizing from a candidate set of proposed mobile capabilities cannot be done in a vacuum. Determine any dependencies that impact the potential value of new offerings, and develop a timeline accordingly. A health plan's slated mobile offerings may require new human resources or skill sets, may depend on completion of other capabilities currently planned or in progress, and may be impacted by factors in the external environment such as pending legislation or shifting aspects of the market.

Lay out options and constraints:

Clearly identify options and constraints—places where your organization has choices, places where there are none, and triggers that expand or reduce the number of remaining choices and constraints as the plan proceeds down the roadmap.

Formalize a strategic roadmap for mobile:

The information from the steps above helps draft multiple views of a strategic roadmap that can be used to communicate to leadership at a high level, align efforts at a program level, and illustrate relevance and alignment with strategy at a project level. The roadmap can also be used to maintain awareness of current and pending resource and funding needs across all levels of the organization.

Determine the degree of focus:

Based on the understanding of its current state, long-term vision, and timing of needs, an organization may choose a relevant degree of focus. Some may have less complex needs and choose to outsource initiatives as they proceed. Others may realize the opportunity to establish a mobile center of excellence, or CoE. Even this decision has nuances, as there are various forms of CoEs. Is a knowledge base sufficient for the plan's CoE needs? Should the CoE participate in reviews, prioritization, funding, and governance? Should the CoE be a shared services focused factory, responsible for performing the work, as well?

Partnering

Strategic services

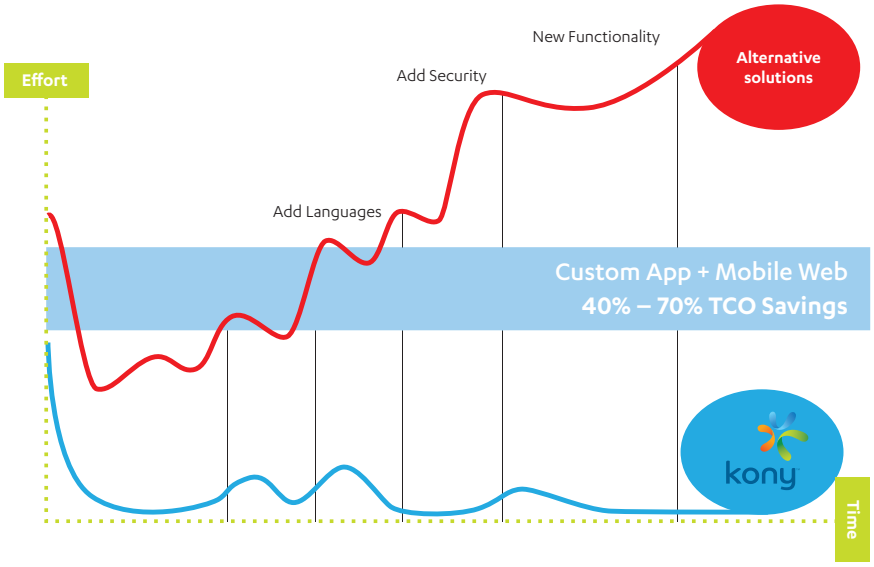
Kony's strategic services group has decades of experience in the health industry, and works with clients to help develop strategic roadmaps, determine the health plan's needs based on the roadmap, and, if necessary, build and implement a plan to help establish a mobile center of excellence for your organization. These deliverables help stakeholders communicate needs and status to leadership, justify investment, and prioritize initiatives within the context of corporate objectives, competitive pressures, and environmental situations.

Implementing

Accelerators

Once a strategic roadmap is in place, the Kony solution enables payers to benefit from Kony's expertise by offering an array of features, already developed and ready to be connected with existing services. These features are those commonly valued by health insurers and their members today.

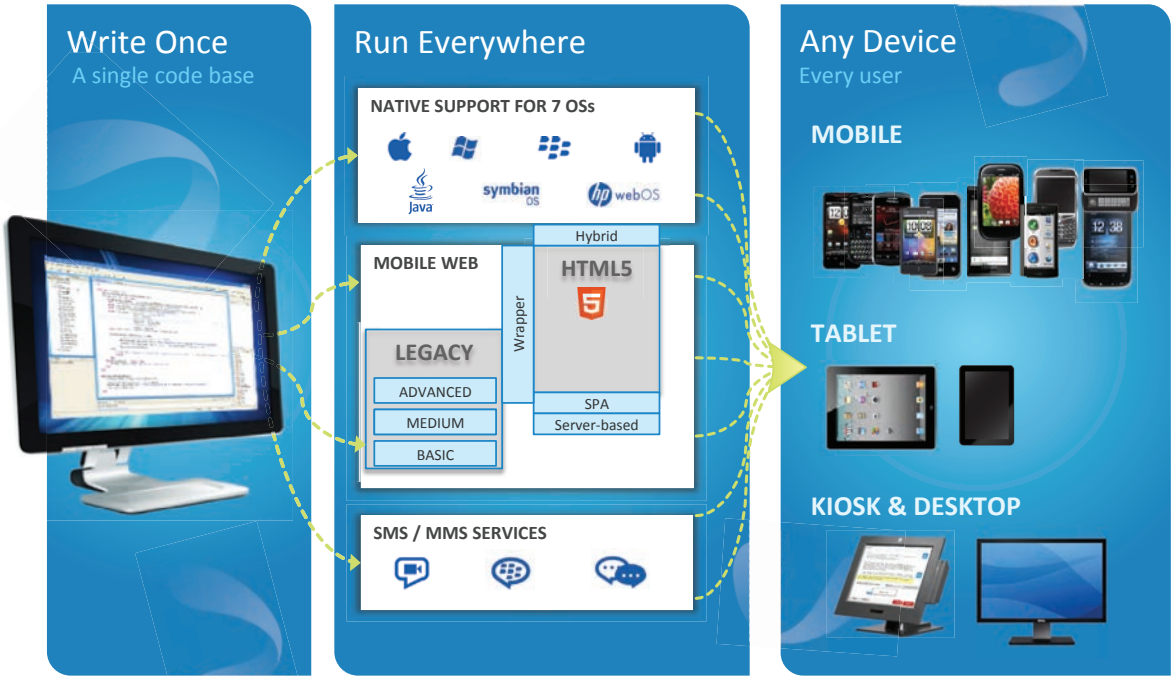
Change Once, Change Everywhere



These accelerators offer speed to market for common features such as claims management, personal health records, medication management, etc. Rather than starting from scratch, plans can benefit from proven solutions in the market today, freeing the plan to focus on differentiating capabilities that position them for market leadership.

Professional services

In addition to a catalog of accelerators that enable speed to market, Kony offers professional services, to help discover, define, design, and implement custom features that set your plan apart from the competition. These services can be provided directly from Kony's stable of experienced resources, through a Kony solution integrator, or with a partner of the payer's choosing.



Kony Platform

The Kony Platform itself strengthens the health plan's solution in several ways:

- True cross-platform support – the Kony Platform supports all forms of mobile development, including native apps on all mobile devices, mobile web, hybrid, and desktop web. Furthermore, it fully supports the myriad of devices, rather than a "least common denominator" approach that simply supports the minimum number of capabilities common across devices. This means that members will have access to all the features available on their devices, ensuring the greatest opportunity for deep consumer engagement through a rich mobile user experience.
- Complete code generation – the Kony platform enables a health plan mobile team to develop its solution and generate native, hybrid, and mobile web applications that are 100 percent ready for deployment. Competing solutions generate at best 80 percent of the code necessary to deploy, leaving hours of work to be done to customize and test for each intended device.
- Single code base – an additional benefit of complete code generation is that application maintenance and support is simplified via the single code base. This eliminates the risk that separate code bases targeting different devices become out of sync over time as modifications, updates, and enhancements are made.
- Future-proofing – the power of the Kony platform is backed up by a solid service level agreement, guaranteeing that your mobile investment is protected against future device OS update releases, new device releases, and shifts in market tastes and preferences over time. The Kony platform is continually enhanced to ensure functionality of your mobile capabilities within 30 days of a new OS release and within 90 days of a new device release. In addition, whether it's a new OS release, new device, or simply an organizational decision to shift the list of supported devices to "move with the market" and ensure appropriate coverage, new executable mobile apps can be generated from the existing code base in just a couple of clicks.
- Proven solution – in addition to healthcare, the Kony solution is in place with global brands in the retail, travel, financial services, and media industries.

- Enhanced security – Kony is well-versed in the paramount importance of security when it comes to mobile apps. With decades of experience producing apps for other security-conscious industries such as banking and retail, Kony will provide you with an app or platform that more than adheres to all HIPAA regulations.

Next steps:

Regardless of where your organization is in using mobile to engage with consumers, Kony would like to support your efforts. Let our strategic services group meet with you to discuss development of a strategic roadmap for mobile. Let us help draft and implement a plan to establish a mobile center of excellence, at the appropriate level, to execute your strategy. Partnering with Kony can help make the business case for a mobile investment, build support from stakeholders across your organization, and ensure you get the right resources, at the right time, to drive business results.

Factors for health plans to consider when developing enterprise mobile capabilities for consumer engagement include:

1. No "Silver Bullet." There are several ways to interact with mobile consumers—voice, SMS, mobile web, native apps, hybrid apps, HTML5, etc. Each can be appropriate in different scenarios, but none should be considered a silver bullet to be used regardless of the situation. For some features, mobile web makes sense; for others, native is best. And what's right today may not be right tomorrow.
2. Market Dynamics. The mobile market is dynamic. Make sure that the capabilities you develop are aligned with a long-term strategy that ensures the ability to reach the devices in your customers' hands today *and* tomorrow.
3. Brand Implications. Perhaps the most important thing to remember is that mobile consumer engagement efforts are your "brand in the hand," and you have a great opportunity to influence what your health plan represents to consumers through the mobile user experience.

Likewise, make sure the interests of both your company's business and technology stakeholders are well-aligned.

For technology leaders

When collaborating with your business partners to select a solution, ensure you preserve the flexibility to use the right tool for the job. Probe for potential future requirements, as well as the current ones. Do not restrict your business team by choosing to develop all mobile development as HTML5 web apps. While flexible, the specification is still a working draft and, although while some aspects are stable, a final specification is not yet available and will not be for the foreseeable future. An HTML5-only approach also means that some device functionality available to native apps won't be accessible by your HTML5 apps. Even when they are, the experience won't be as seamless as your users are accustomed to with native apps. Use HTML5 when it makes sense, but don't force your business to sacrifice user experience and performance just because the toolbox is lighter.

For business leaders

Make sure your technology teams know how important user experience is to your brand. Benchmark the performance and user experience of mobile web, HTML5, and native apps both within and outside the industry. Also, make sure that you clearly communicate your understanding of your target market, what devices they have, and how much of the market you want to be able to reach. Anything more than 90 percent is a good target for consumer markets. Primary market research for a regional health insurer in the Northeast found that only one-third of its customer base has a smartphone. If that organization developed engagement capabilities as native apps on all smartphones, it still would have missed engaging nearly two out of every three members. For consumers older than 50, it would have missed three out of every four, and for retirees (65+), it would have missed nine out of every 10. A website that worked only on HP computers (29 percent of share in the third quarter of 2011) wouldn't be considered a successful attempt at consumer engagement.

Share your interests, principles and concerns across your business and technology departments, then collaborate to build innovative, engaging mobile capabilities that strengthen and preserve your brand and drive business results.

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