

Driving Better Experiences: Enhancing the Ford Retiree Journey



Overview

Client: Ford

Role: Lead UX Researcher

Timeline: March 2022 – July 2023

Research Methods: Mixed-method approach (Qualitative & Quantitative)

Participants: 1,000+ Ford retirees (Pre-Medicare & Medicare members)

Problem Statement

The Ford retirees' transition to Via Benefits introduced multiple usability and service challenges, significantly impacting their enrollment process, website experience, reimbursement system, and customer service interactions.

This project involved two research phases designed to assess and enhance Ford retirees' experiences with Via Benefits. By conducting qualitative and quantitative research, I identified key pain points and helped implement solutions that improved user satisfaction and reduced service issues.

Research Approach

Phase 1: Assess Baseline Satisfaction

Goals

- **Understand Ford Member Satisfaction** – Assess how satisfied Ford retirees are with Via Benefits, particularly regarding their experience during enrollment and subsequent website activities.
- **Identify Pain Points** – Analyze issues Ford retirees faced during their journey with Via Benefits, including communication, customer service, website experience, enrollment, and funding processes.

- **Provide Actionable Insights** – Gather data-driven insights to help Ford leadership improve the overall member experience.
- **Recommend Improvements** – Suggest specific solutions to enhance communication, streamline the enrollment process, improve customer service, optimize the website and app experience, and resolve funding-related challenges.
- **Enhance the Relationship Between Via Benefits and Ford Retirees** – Ensure that Ford retirees feel more supported and informed when transitioning to Via Benefits.

Methodology

1. Survey:

- Distributed to approximately 800 participants (400 Pre-Medicare and 400 Medicare members).
- Addressed key aspects of the member journey, including enrollment, website usability, funding, and reimbursement processes.

2. In-Depth Interviews (IDIs):

- Conducted 12 interviews (6 Pre-Medicare and 6 Medicare members).
- Explored personal experiences with enrollment, reimbursement, and customer service interactions.

3. Focus Groups:

- Organized three focus groups, segmented by Medicare and Pre-Medicare members.
- Aimed to uncover shared pain points and discuss potential improvements collaboratively.

RATIONALE

The combination of a survey, IDI's, and focus groups allowed for a comprehensive exploration of Ford retirees' experiences. The survey provided broad, quantifiable data, while the IDIs and focus groups offered detailed, nuanced insights to contextualize the findings.

Phase 2: Measure Progress and Validate Improvements

Goals

- To evaluate the effectiveness of changes implemented after the initial research.
- Quantify year-over-year improvements in key metrics, such as:
 - Net Promoter Score (NPS)
 - Reduction in customer service calls
 - Satisfaction levels across enrollment, reimbursement, and digital interactions

- Identify persisting challenges and new areas of opportunity for enhancing the user experience.

Methodology

1. Survey:

- 978 responses (332 Pre-Medicare IFP and 646 Medicare members).
- Addressed key aspects of the member journey, including enrollment, website usability, funding, and reimbursement processes.

RATIONALE

A follow-up survey was the most efficient and reliable way to measure progress over time, providing statistically significant insights into improvements and ongoing challenges.

Tools

In-depth Interview

- **Recording and Transcription Tools:**
 - Zoom was used for remote in-depth interviews (IDIs) to accommodate participants' schedules.
 - Sessions were recorded and transcribed using Otter.ai, enabling detailed analysis and direct quotes.
- **Discussion Guide:**
 - A structured guide ensured consistency across interviews while allowing for flexibility to explore unique participant experiences.

Focus Group

- **Virtual Platform:**
 - Zoom and Calendly was used to facilitated virtual focus groups, accommodating diverse geographical locations.
- **Moderation Tools:**
 - I guided discussions while using Miro for interactive activities like ranking issues or brainstorming solutions.

Survey

- Qualtrics was used to design, distribute, and manage the surveys for both studies.

- Features like skip logic, conditional branching, and custom reporting ensured a seamless respondent experience and precise data capture.

The image displays three sequential screens from a mobile application survey, all featuring the 'VIA BENEFITS' logo at the top. The first screen asks, 'How would you rate your initial experience transitioning to Via Benefits?' with radio button options: Terrible, Poor, Average, Good, and Delightful. The second screen asks, 'How has your Via Benefits experience changed since your initial transition?' with radio button options: Extremely worsened, Somewhat worsened, Stayed about the same, Somewhat improved, and Extremely improved. The third screen provides instructions: 'Please rate your level of agreement with the following. Please select one response for each row. Select 'N/A' if it does not apply to you.' It contains three rows of questions, each with a radio button and a dropdown arrow: 'Via Benefits offers plans that fit my medical needs', 'Via Benefits offers plans that fit my prescription needs', and 'Via Benefits offers plans that fit my budget'. The dropdowns for the first two rows are open, showing a scale from 1 (Strongly disagree) to 5 (Strongly agree), plus an N/A option. Each screen has a blue arrow button at the bottom right and a 'Powered by Qualtrics' logo at the bottom center.

Key Findings & Insights

Phase 1: Baseline Study

1. Overall Experience

- Initial impressions of Via Benefits during enrollment were poor.
- Members reported frustration, confusion, and anxiety during the transition.
- Over time, member experience improved, but many still faced challenges.

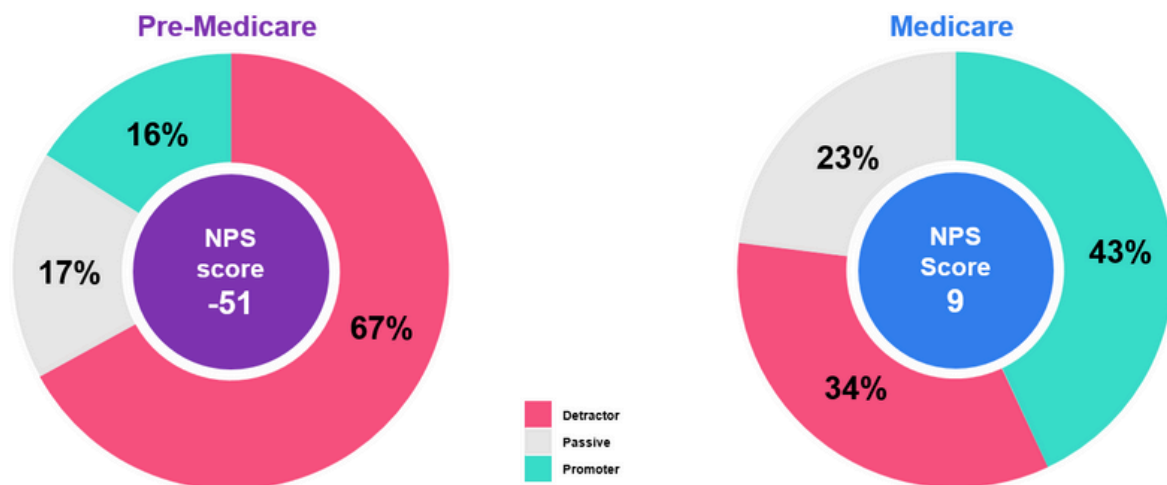
Key Findings:

- ! Retirees were unprepared for the transition.
- ! Many did not understand Via Benefits' role.
- ! Confusion about the enrollment process led to errors.

Recommendations Provided:

- ✓ Embed help links for better guidance.
- ✓ Improve communication strategy for client-facing materials.

How likely are you to recommend Via Benefits to a friend or family member?



n=366 Pre-Medicare Members, n=373 Medicare Members

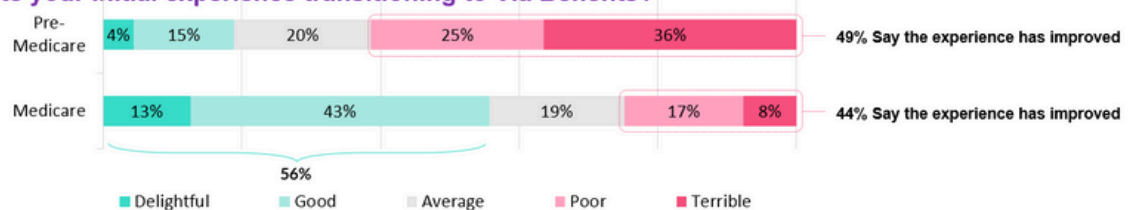
optimizeretireebenefits.com

© 2022 WTW. Proprietary and confidential. For WTW and WTW client use only.

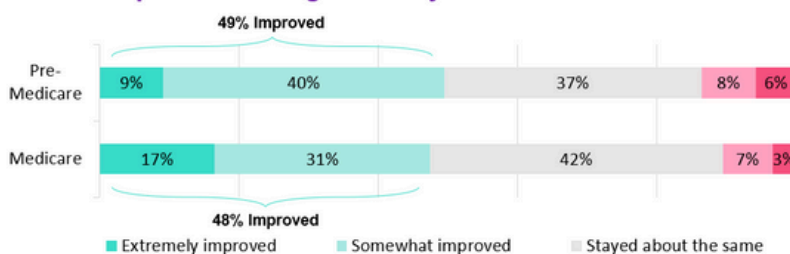
VIA BENEFITS™
By WTW

11

How would you rate your initial experience transitioning to Via Benefits?



How has your Via Benefits experience changed since your initial transition?



n=365 Pre-Medicare Members, n=366 Medicare Members

n=360 Pre-Medicare Members, n=350 Medicare Members

optimizeretireebenefits.com

© 2022 WTW. Proprietary and confidential. For WTW and WTW client use only.

VIA BENEFITS™
By WTW

12

2. Communication Experience

- Users reported inadequate communication before and during the transition to Via Benefits.
- Lack of trust in Via Benefits as retirees were unfamiliar with the system.

Key Findings:

- ! Low awareness of Via Benefits' value and services.
- ! Many retirees felt abandoned by Ford during the transition.

! Unclear instructions on required actions for enrollment and reimbursement.

Recommendations Provided:

- ✓ Develop Educational materials like articles and videos on coverage options.
- ✓ Client-facing communication improvements in post-authentication experience.

Communication experience

Some users are unaware of Via Benefits and our Value Proposition

- Some instances of users reporting low knowledge of Via Benefits.
- Low trust in an entity they have not heard of as their support when an impactful change to their lives and finances are concerned.
- Many do not understand what our role in the transition is when compared to their employer and insurance carriers.

Some users report a lack of preparation and advanced warning

- Complaints of rushed timeline from initial notification of changes to their benefits and enrollment deadlines.
- Lack of clear communication of the steps required of users.
- Inadequate information from Via Benefits when requested.

Some users report feeling abandoned by Ford and Via Benefits

- Users describe a feeling of being abandoned or not supported during the transition period.
- Communication materials described as being vague with little specific information.
- Users complain of being left to figure things out on their own.

Member Feedback

Pre-Medicare member –
"It feels like Via Benefits is just another link in the chain and I am unclear as to your value add."
"Work with Ford and define your role. What is your role?"

Medicare member –
"I don't even know who via benefits are."


Pre-Medicare member –
"I felt rushed during enrollment. Could have been the volume of calls you were receiving but made choices I regretted and had to make changes after."

Medicare member –
"We were not familiar with the way your company did things and most people I tried to talk to just acted like I was ignorant when I ask something."

Pre-Medicare member –
I've never been forced to use any entity like this until Ford dumped its valued retirees into a system with little or no warning. Talk about feeling like an abandoned family member!

Medicare member –
"Communication was nonexistent. I called and was helped though that person seemed unclear on how the benefits were distributed."

optimize@viatebenefits.com
© 2022 WTW. Proprietary and confidential. For WTW and WTW client use only.

 VIA BENEFITS™
By WTW

15

3. Customer Service Experience

- Customer service was a major frustration due to long call wait times and inadequate representative knowledge.

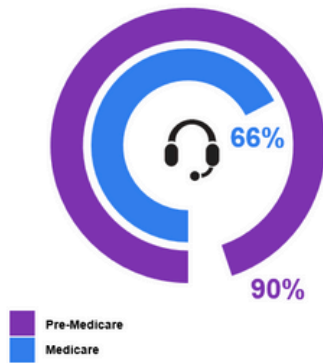
Key Findings:

- ! Call wait times were up to 5 hours.
- ! Scheduled appointments were not honored.
- ! Inconsistent or incorrect information was given by multiple agents.
- ! Many felt that customer service reps were reading from scripts and lacked real expertise.

Recommendations Provided:

- ✓ Hire additional agents and expand appointment availability.
- ✓ Additional training for representatives, with a focus on Medicare and Pre-Medicare knowledge.

Called Via Benefits within the last 12 months



n=351 Pre-Medicare Members, n=340 Medicare Members

Why did you call Via Benefits?

	Pre-Medicare	Medicare
I had questions about managing my HRA	26%	34%
I needed help making a decision about enrolling in a plan	20%	18%
I had questions about the contributions I receive from Ford	16%	12%
I wanted to know more about plan/prescription costs	12%	11%
I needed to enroll by phone	8%	8%
Other	8%	7%
I had trouble signing in	8%	8%
I had general questions about Medicare	3%	3%

n=758 Pre-Medicare choices, n=396 Medicare choices

optimizeirebenefits.com

© 2022 WTW. Proprietary and confidential. For WTW and WTW client use only.

VIA BENEFITS™
By WTW

19

4. Enrollment & Shopping Experience

- Users struggled with the enrollment process, often feeling unsupported.

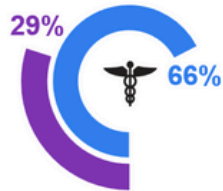
Key Findings:

- ! Lack of instructions made the process confusing.
- ! Users were unaware of how their funding applied to selected plans.
- ! Incorrect plan and doctor information led to misleading choices.
- ! Website navigation difficulties made plan selection frustrating.

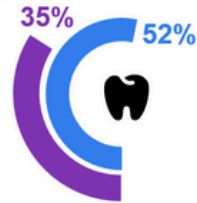
Recommendations Provided:

- ✓ Create Pre-Medicare enrollment assistance tool for personalized plan recommendations.
- ✓ Enhance plan comparison tool to display current plan details vs. new options.
- ✓ Multiple pharmacy support to allow better prescription comparisons.

Satisfaction with Medical plan shopping experience



Satisfaction with Dental plan shopping experience



Pre-Medicare
Medicare

	Pre-Medicare	Medicare
Agree that Via Benefits offers plans that fit my prescription needs	46%	66%
Agree that Via Benefits offers plans that fit my medical needs	41%	66%
Agree that Via Benefits offers plans that fit my budget	29%	62%

n=339 Pre-Medicare Medical Members, n=132 Medicare Medical Members

n=277 Pre-Medicare Dental Members, n=71 Medicare Dental Members

n=338 Pre-Medicare Members, n=157 Medicare Members

optimizeyourbenefits.com

© 2022 WTW. Proprietary and confidential. For WTW and WTW client use only.

VIA BENEFITS™
By WTW

25

5. Website & App Experience

- Many retirees faced navigation and login issues on the Via Benefits platform.

Key Findings:

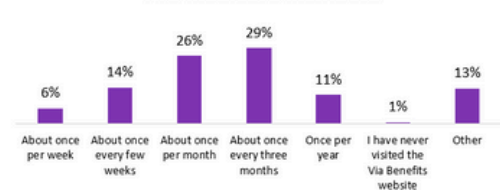
- ! Difficult website navigation made it hard to find key information.
- ! Frequent login failures and multi-step verification frustrations.
- ! Technical glitches and system errors disrupted tasks like reimbursement requests.

Recommendations Provided:

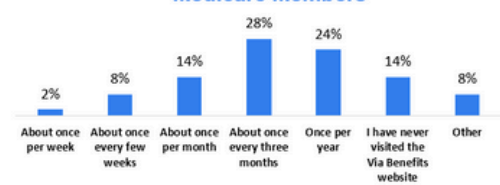
- ✓ Optimized sign-in/sign-up workflows to reduce login difficulties.
- ✓ Platform improvements for app and portal parity, ensuring a consistent experience.
- ✓ Error detection system to improve system reliability and reduce failed transactions.

How often do you visit the Via Benefits website?

Pre-Medicare Members



Medicare Members



n=338 Pre-Medicare Members, n=304 Medicare Members

optimizeretirebenefits.com

© 2022 WTW. Proprietary and confidential. For WTW and WTW client use only.

VIA BENEFITS™
by WTW

31

	Pre-Medicare	Medicare
Members that agreed that Signing in was easy.	65%	75%
Members that agreed that Creating my profile was easy.	64%	77%
Members that agreed that Adding my prescription(s) is easy.	62%	86%
Members that agreed that Important details about past expenses are available.	62%	80%
Members that agreed that Accessing the dual profile was easy.	62%	80%
Members that agreed that Creating a dual profile for myself and my spouse was easy.	59%	80%
Members that agreed that Submitting expenses is easy.	55%	77%
Members that agreed that Locating/adding my doctor(s) is easy.	52%	86%
Members that agreed that Useful and important information about my account is available.	51%	78%
Members that agreed that the Help Center was useful.	49%	77%
Members that agreed that Comparing plans is easy.	41%	83%
Members that agreed that Selecting a plan is easy.	36%	85%

n=278 Pre-Medicare Members, n=219 Medicare Members

6. Reimbursement & HRA Process

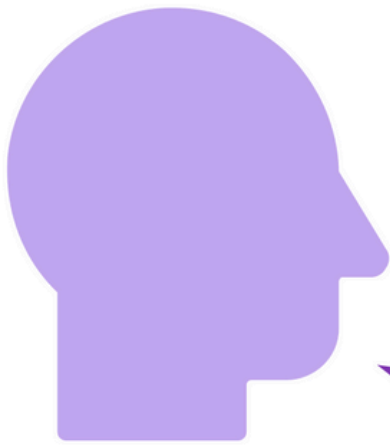
- Users found the reimbursement process confusing and inconsistent.

Key Findings:

- ! Unclear reimbursement rejection reasons led to multiple resubmissions.
- ! Slow or delayed payments caused frustration.
- ! Website did not display clear reimbursement tracking information.

Recommendations Provided:

- ✓ Simplify substantiation requirements for claims.
- ✓ Detailed denial descriptions in rejection emails to clarify next steps.
- ✓ Automation improvements to speed up reimbursement approvals.
- ✓ Email reminders for reimbursement sign-ups before year-end.



"Clunky."

"I got rejected the first couple times."

"It's been pretty seamless since I figured out how to do it."

"When I originally enrolled on the app... it was frustrating."

"Every time I sent something in... REJECTED!"

"I'm tired of uploading documents."

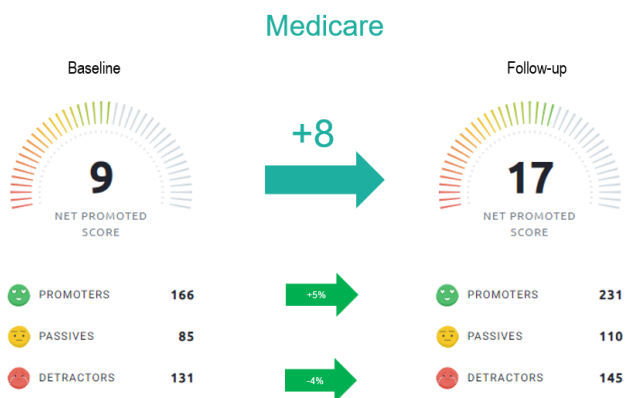
"The app isn't user friendly or provide a lot of information."

Phase 2: Validation Study

Key Findings:

1. Overall Experience & Member Satisfaction:

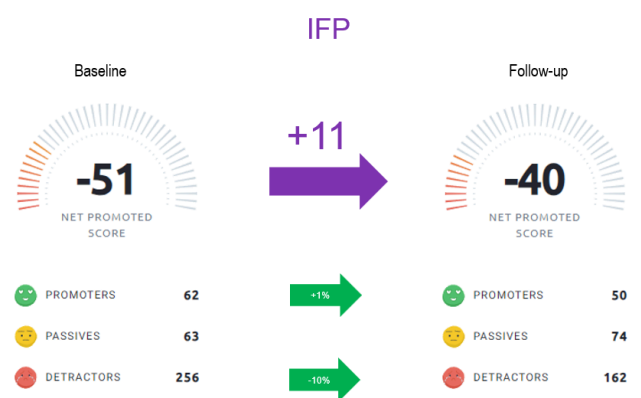
- **Improvements Noted:** Member experience has continued to improve, especially among Individual & Family Plan (IFP) users.
- **Medicare Member Satisfaction:** Remains consistently positive.
- **Net Promoter Score (NPS):**
 - **Medicare Members:** Increased by **8 points**.
 - **IFP Members:** Increased by **11 points**.



The Net Promoter Score range expands from -100 (everybody is a Detractor) to +100 (everybody is a Promoter).

A positive NPS is considered good, a score over 30 is great, and everything above 70 is regarded as excellent.

Base



The Net Promoter Score range expands from -100 (everybody is a Detractor) to +100 (everybody is a Promoter).

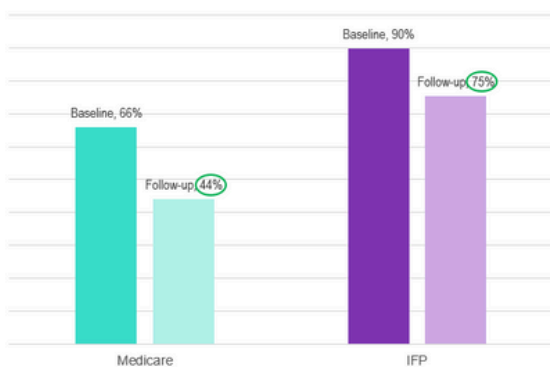
A positive NPS is considered good, a score over 30 is great, and everything above 70 is regarded as excellent.

2. Customer Service Experience:

- **Reduced Call Volume:** Fewer members needed assistance compared to the previous year.
- **Common Positive Feedback:**
 - Knowledgeable and helpful representatives.
 - Polite and professional staff.
 - User-friendly procedures and better availability of assistance.
- **Common Complaints:**
 - Inconsistent or conflicting information from customer service reps.
 - Difficulties in scheduling appointments.
 - Long wait times and frequent call transfers.

Customer service experience

Called Via Benefits within the last 12 months



Why did you call Via Benefits? - Mentions

	Medicare		IFP	
	Baseline	Follow-up	Baseline	Follow-up
I had questions about managing my HRA	62%	46%	62%	44%
I had questions about the status of my HRA claim reimbursement	N/A	32%	N/A	27%
I needed help making a decision about enrolling in a plan	15%	8%	49%	37%
I had questions about the contributions I receive from Ford	33%	13%	40%	19%
I wanted to know more about plan/prescription costs	12%	9%	30%	13%
I needed to enroll by phone	15%	3%	18%	8%
Other	21%	16%	18%	17%
I had trouble signing in	19%	12%	18%	5%
I had general questions about Medicare	5%	4%	7%	8%

Baseline Medicare n=343, Follow-up Medicare n=642, Baseline IFP n=366, Follow-up IFP n=332



Significant positive change



Significant negative change

Baseline Medicare n=219, Follow-up Medicare n= 255, Baseline IFP n=325, Follow-up IFP n=235

optimizer@viabenefits.com

© 2023 WTW. Proprietary and confidential. For WTW and WTW client use only.



13

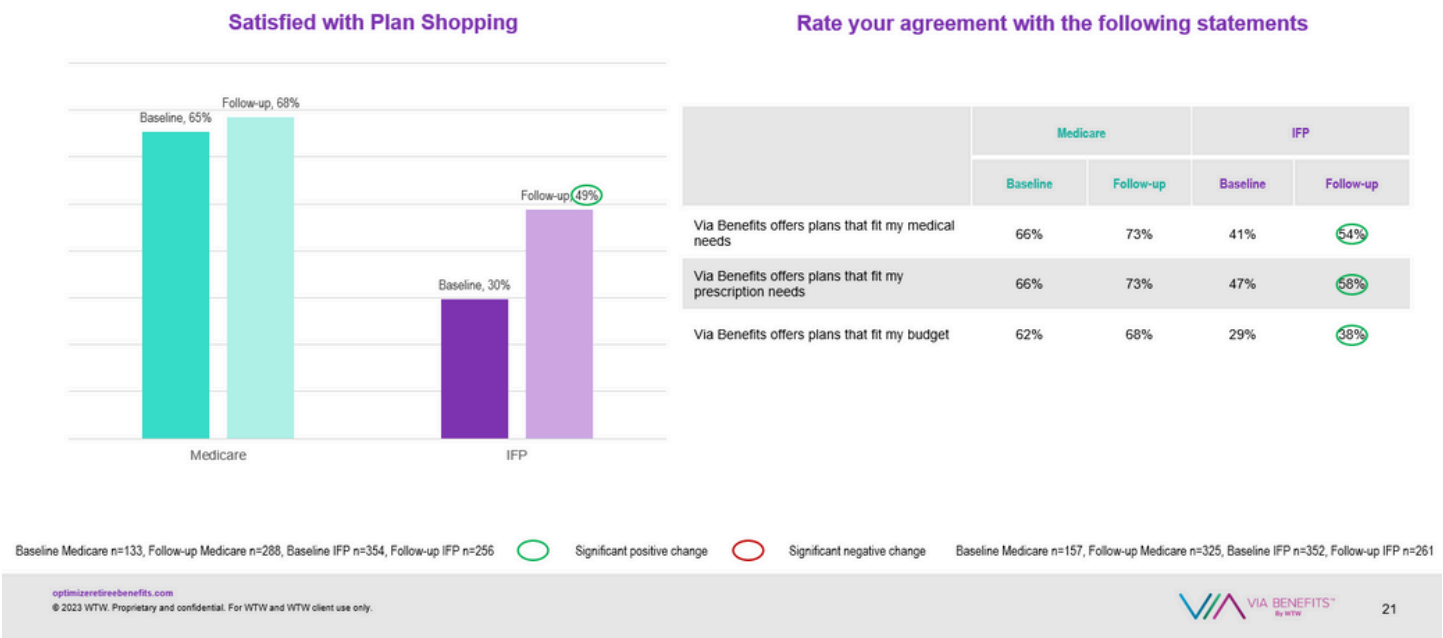
3. Enrollment & Shopping Experience:

- **Satisfaction Improved:** More positive experiences for IFP members.
- **Challenges Noted:**
 - Some members felt they needed better guidance from customer service reps.
 - Confusion over plan differences and coverage details.
 - Calls for lower-cost plans and more affordable options.

Actionable Solutions Planned:

- Enhanced plan recommendations (AI-based suggestions).
- Plan comparison tools to help members evaluate their options.

Enrollment/Shopping experience



4. Website & Mobile App Experience:

- **Website Satisfaction Increased:** IFP users saw major improvements.
- **Challenges Noted:**
 - Website navigation issues: Some users found it difficult to find information.
 - Technical problems: Login issues, broken pages, slow loading.
 - Complexity: Members requested simpler plan descriptions and fewer steps for key processes.

Planned Solutions:

- Website accessibility audit to enhance usability.
- Mobile app improvements for better ease of use.
- Streamlining login & account management processes.

Website experience

Rate your level of agreement with the following statements

	Medicare		IFP	
	Baseline	Follow-up	Baseline	Follow-up
Signing in was easy	75%	77%	65%	78%
Creating my profile was easy	78%	81%	64%	76%
Locating/adding my doctor(s) is easy	86%	89%	51%	64%
Adding my prescription(s) is easy	86%	91%	62%	72%
Comparing plans is easy	83%	86%	41%	54%
Selecting a plan is easy	85%	86%	36%	50%
Submitting expenses is easy	76%	78%	54%	58%
Useful and important information about my account is available	78%	81%	52%	57%
Important details about past expenses are available	80%	84%	63%	64%
Help Center was useful	77%	82%	49%	60%
Creating a dual profile for myself and my spouse was easy	80%	82%	59%	69%

○ Significant positive change ○ Significant negative change

Baseline Medicare n=221, Follow-up Medicare n=391, Baseline IFP n=291, Follow-up IFP n=265

optimizeirebenefits.com

© 2023 WTW. Proprietary and confidential. For WTW and WTW client use only.

VIA BENEFITS™
by WTW

29

5. Funding & Reimbursement Experience:

● Mixed Satisfaction:

- Medicare members are more satisfied than IFP users.
- Confusion persists about reimbursement processes, documentation, and claim requirements.

● Common Complaints:

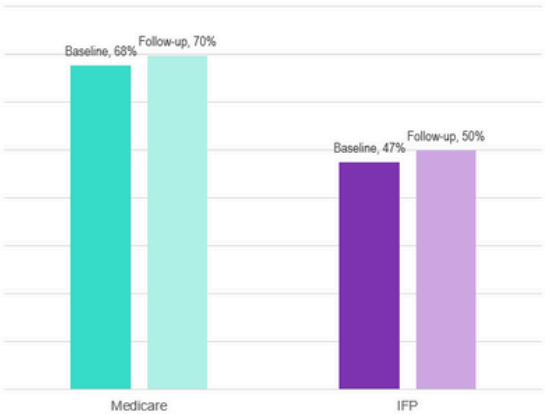
- System glitches causing delays.
- Difficulties uploading documents for reimbursement.
- Lack of clarity in eligibility and claim status updates.

● Key Recommendations:

- Automation of reimbursement processes.
- Better training for customer service reps to explain reimbursement steps.
- Enhanced email notifications for clarity on claim rejections.

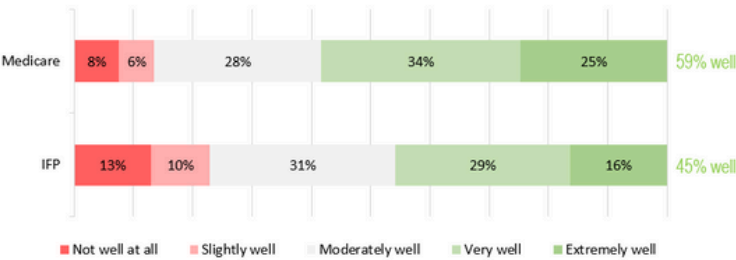
Funding experience

Satisfaction with reimbursement experience



How well did you understand the Health Reimbursement Arrangement (HRA) claims reimbursement process?

*Question not asked in initial Baseline survey



Baseline Medicare n=284, Follow-up Medicare n=473, Baseline IFP n=306, Follow-up IFP n=246

Follow-up Medicare n=473, Follow-up IFP n=262