24-Hour Nurse Advice Line

Year-One Marketing Communications Campaign Summary

Presented to



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EXCUTIVE SUMMARY

McKesson Health Solutions and BlueCross BlueShield of Minnesota re-launched the 24-Hour Nurse Advice Line September 2, 2011. A collaboratively developed marketing campaign including three total population mailings and monthly new enrollee mailings, introducing members to the service. McKesson (MHS) originally recommended four total population mailings to keep the service top of mind for when a need arises, but budget constraints resulted in the three total population mailings. The projected Year-1 budget is \$920,000 including the service agreement per member per month rate combined with \$125,000 in incremental fees (required to mail to the larger population that noted in the service agreement).

The marketing campaign positions the service as an extension of BlueCross BlueShield of Minnesota benefits that is an always-available resource for immediate health care questions and concerns. Messaging was designed to help drive utilization to the24-Hour Nurse Advice Line (NAL). The images utilized in the campaign reflect the demographics and active lifestyles common to members living in the north central region as well as reflecting the 2010 BlueCross BlueShield of Minnesota (BCBS Minnesota) branding. In Year Two, the 24-Hour NAL branding will move to the "For the Health of all" branding. Each mailing within the marketing campaign consisted of seven customized versions for each BCBS Minnesota plans offering the NAL service, including:

 01, Triple logo encompassing COMM- SI,INDIV-FI, SMGRP-FI, RATED-FI, SUP- FI, MNCARE-FI, MSC+-FI and PMAP-FI 	 08, Key National Accounts (KEY-SI)
 03, BCBSMN- Platinum Blue (VANB) 	11, BlueLink TPA (BLUELINK)
 04, MHCP - SecureBlue MSHO (SNP) 	■ 12, 3MMM (3MMM-SI)
■ 06, CCS TPA (CCS-S I)	

Three total population mailings are complete, yielding a marketing response rate of .063, which is lower than BCBS Minnesota's desired program utilization goal of .10. However, this utilization is in line with the recent benchmarks for similar McKesson clients who utilize similar campaigns.

In addition, the percentage of symptomatic calls is 71%, which is also in line with the benchmark for similar McKesson clients. This demonstrates that of those who do respond to the marketing campaign by utilizing the NAL, are doing so for the primary reasons of being sick, hurt, or having health care questions. As the caller redirection rate reported on page 13 demonstrates, this results in increased opportunities to redirect a caller to a less acute and more appropriate level of care.

The Year-One marketing campaign, running September 1, 2011 through August 31, 2012, consists of three continuity mailings in addition to new member kits which are continually sent to new

health plan members on a monthly basis. The three mailings involved one postcard format and two self-mailer formats, one including a magnet.

The total population mailings averaged 764,262 households each, while the September 2012 mailing which is part of the Year Two campaign, encompassed 76,889 fewer pieces mailed - a total of 687,373 households. Since time of launch 162,743 new member mailings have occurred.

The campaign theme was "Caring for you with personal, professional advice" and campaign's messaging is summarized as:

- Call the Nurse Advice Line when you are sick, hurt or have a health related question
- Members have 24/7 access to reliable health care information
- The service is available at no additional cost to the member
- Nurses average 15 years patient-care experience

MARKETING SYNOPIS

The 24-Hour Nurse Advice Line marketing campaign is designed to build and maintain awareness of the service among members and to drive utilization through appropriate and consistent messaging. The overall messaging across the campaign reinforces to members that the nurse advice line is the best choice for immediate or urgent health care questions and concerns. The premise of the 24-Hour NAL direct marketing campaign is to keep the service top-of-mind so when a need does arise the member will consider calling this BCBS Minnesota value added service.

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The total population mailings averaged 764,262 households each. Since time of launch 162,743 new member mailings have occurred.

The marketing campaign positions the service as an extension of BCSMN valuable benefits, providing always-available resource for immediate health care questions and concerns. Messaging was designed to help drive utilization to the 24-Hour Nurse Advice Line (NAL).

The Year-One marketing campaign continued to highlight the following key points:

- Call the NAL when you or someone in your family is sick or hurt
- Call the NAL when you have a health care question or concern
- Members have 24/7 access to reliable health care information
- The service is available at no additional cost to the member
- NAL nurses average 15 years patient-care experience

The images utilized in the campaign reflect the demographics and active lifestyles common to members living in the north central region as well as reflecting BCBS Minnesota branding. Each mailing within the marketing campaign consisted of customized versions for each of the BCBS Minnesota plans offering the NAL service, including the following branding codes:

 01, Triple logo encompassing COMM- SI,INDIV-FI, SMGRP-FI, RATED-FI, SUP- FI, MNCARE-FI, MSC+-FI and PMAP-FI 	 08, Key National Accounts (KEY-SI)
 03, BCBSMN- Platinum Blue (VANB) 	■ 11, BlueLink TPA (BLUELINK)
 04, MHCP - SecureBlue MSHO (SNP) 	■ 12, 3MMM (3MMM-SI)
■ 06, CCS TPA (CCS-S I)	

Year-One Communications Schedule:

Month	Piece			
Phase One:	Postcard to all eligible households and used as new member postcards			
October 3 rd and 10 th	Oct- Nov. for phase one group. Six versions, including Public Program			
	DHS approved piece.			
Phase Two: Early Nov.	Two version, requiring CMS approval.			
January 17 and 26,	3-panel self-mailer with Magnet (Refresh) mailed January 17 - 26 and			
2012	used as New Member Kits monthly starting with new January enrollees.			
May 8 and 15	2-panel self-mailer to all eligible households.			
Monthly	Oct/Nov. 2011 – postcards, Feb-Oct. 2012 New Member Kits with			
	magnet			

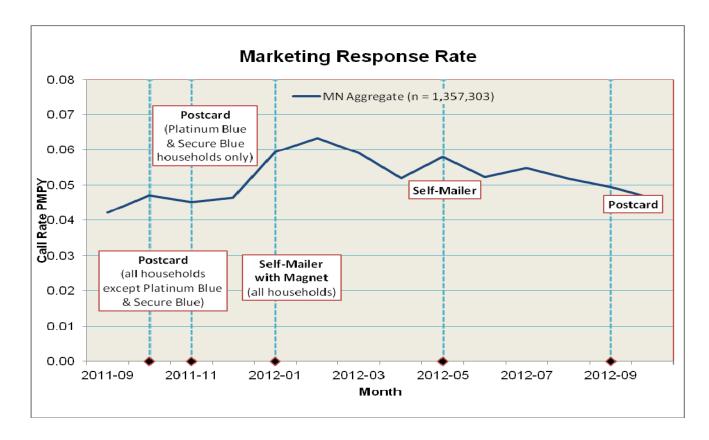
In the following sections, we provide a high-level overview of performance associated with call rate, symptomatic call rate, and emergency/urgent care pre-intent (ED/UC pre-intent). While significant changes in call rates are highly correlated with both quantity and frequency of mailings, the same is not true for both symptomatic and ED/UC pre-intent percentages.

The reason the symptomatic percentage does not experience significant increases and decreases, is because members know the appropriate time to call the 24-Hour NAL is when they have a symptomatic or health related question. If we were to heavily promote other reasons to call the NAL such as for benefits or provider referrals we might see a change in symptomatic percentage but those are not the types of calls desired and are therefore not promoted.

The ED/UC pre-intent remains in line with McKesson's overall Book of Business, and does not reflect much variance. This is another indicator of appropriate, ongoing utilization of the service. BCBS Minnesota's dedication to symptomatic messaging has worked to maintain appropriate positioning of the service and symptomatic percentages at high levels.

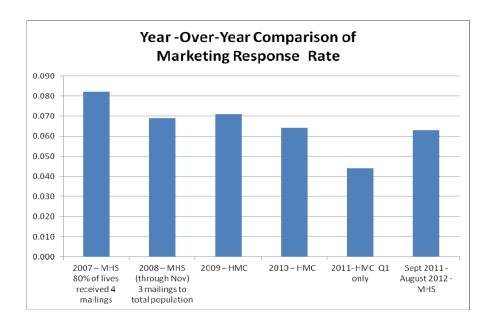
Marketing Response Rate

The Marketing Response Rate measures call volume in calls, per member per month, which is then annualized to calculate the overall response rate for the 24-Hour Nurse Advice Line. **The NAL's response rate for the reporting period averaged at .063**, which, as represented in the below chart. The Fall 2011 postcard was staggered in that all versions but the Secure Blue and Platinum Blue versions mailed in September while the other two mailed in November. The call rate from September through December averaged .045. The January 2012 self-mailer with magnet created a much stronger spike on service use over three months with a .06 response rate. As expected after a couple of months, utilization beings to dissipate. In May 2012, the final campaign component, a self-mailer, was distributed resulting in a peak .058 response rate . As a norm, during the summer months call rate baselines level off thus June through August averaged .052 utilization.

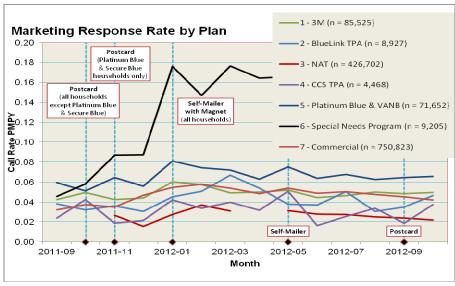


Comparing utilization from year to year, data indicates the 2011-2012 three touch-point campaign is generating use. McKesson believes with targeted segmentation whereby four frequencies

could be achieved to key demographic populations (such as families with kids and/or self-insured plans) could produce stronger results.



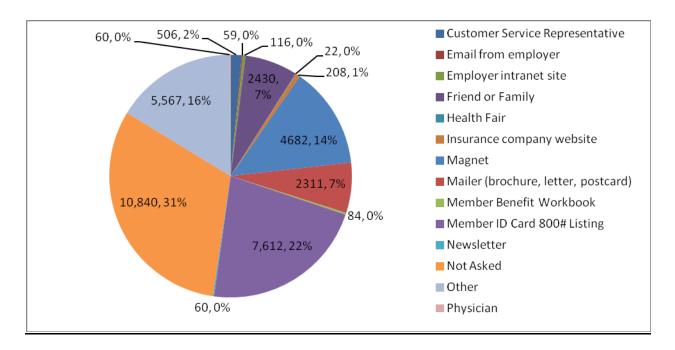
By tracking utilization rates at the plan level, trends emerge. Utilization is higher for Government Plans and the 3M employer group, while the Triple Logo group (01) trends right in the middle. Key National Accounts and the smaller CCS group are the lowest utilizers of the 24-Hour Nurse Advice Line. Due to the HDM delivery model assignment correction in November, we were then able to track the Key National Accounts (NAT). In the months of September and October, the NAT group data load was actually 3M members.



As promotional material arrives in homes, you can see the spike in service utilization.

How 24-Nurse Line is Accessed

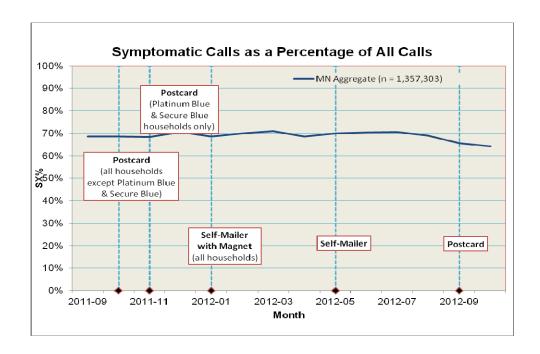
At the completion of triage calls, its encouraged our nurse asks the BCBSMN member how they found the toll-free number. 21% state they access the number by referencing a magnet or mailer while 22% state their Member ID card and another 7% list from family or friend. 31% state using the BCBSMN website, but McKesson has not seen this displayed on the Health and Wellness pages, which are managed by Krames Staywell and accessible to all visitors. McKesson would find it valuable to learn if the toll-free number is accessible once a member is logged in.



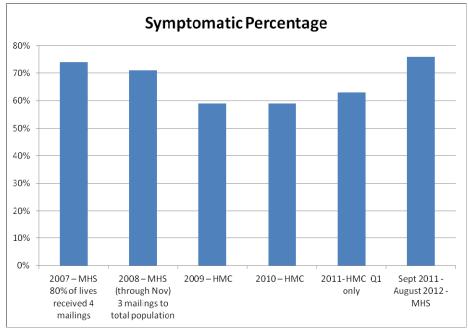
Symptomatic Percentage

A symptomatic call is any call in which the nurse accesses an algorithm and reaches an endpoint. Symptomatic percentage is calculated as the number of symptomatic calls as a percentage of the total number of calls. The symptomatic percent will not fluctuate with each mailing like the call rate will, but demonstrates more of how the service is positioned in the mailings and how well the membership understands the messaging.

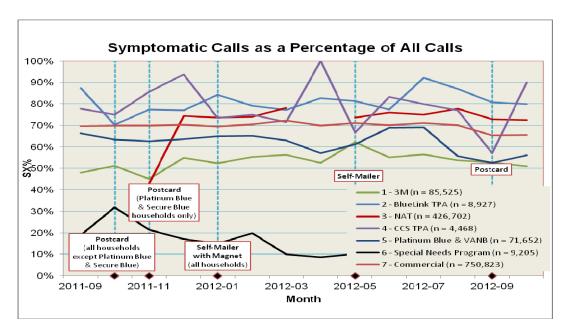
The Symptomatic Percentage averaged 76% and is line with benchmarks. This demonstrates of BCBS Minnesota members who use the service, a significantly high percentage of them have a solid understanding of the value of the service and when to call.



Comparing symptomatic percentage from year to year, this campaign generated a higher symptomatic percentage than that of HMC during their program management. In addition, this campaign had a higher rate than that of the last two McKesson campaigns in 2007 and 2008.

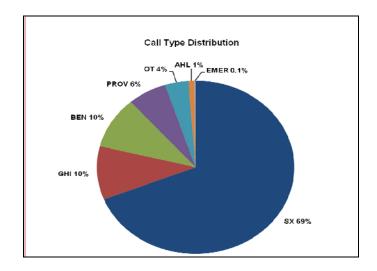


Looking at Symptomatic percentage at a plan level, all five of the seven plans have a 60% plus symptomatic use percentage. The Special Needs Program members call often, but not for symptomatic related needs. It is believed they call for the Blue Ride program. 3M members, although not as significantly, are also calling for fewer symptomatic type calls.



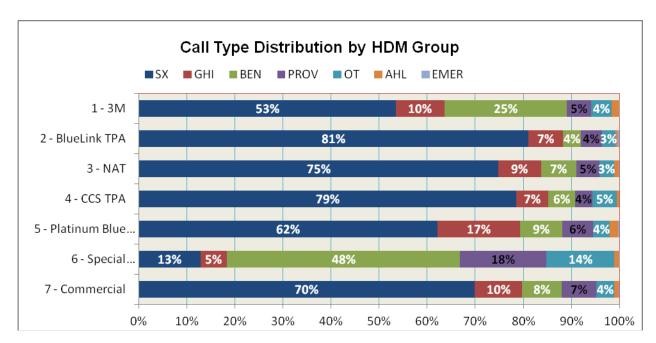
Aggregate Call Type Segmentation

The following table shows the call type for all inbound calls¹ associated with BCBS Minnesota members. Foremost, we find that the symptomatic call type percentage averages 69%, which is slightly higher than benchmark symptomatic percentage of 64%. Combine symptomatic calls with the general health information call type and 79% of BCBS Minnesota's calls directly pertain to health care needs. Moreover, as in previous years, the 24-Hour AHL continues to experience lower percentages of benefits calls. As a comparison, the average McKesson client experiences benefit call percentages between 15-18%², compared to BCBS Minnesota's 10%. These positive results continue to be driven by strong symptomatic messaging in the mailings and that BCBS Minnesota members have a good understanding of when to call the service.



¹ Excluding quick calls

² Actual performance may depend on a multitude of factors, with McKesson/Client cooperative initiatives to promote service being most influential.



MHS suggests BCBS Minnesota assesses 3M benefits structure to identify how benefit-related calls can be curbed and redirected to appropriate resources. As for the Special Needs Program, it is believed these members are being assisted with transportation and appropriate that McKesson is handling these calls.

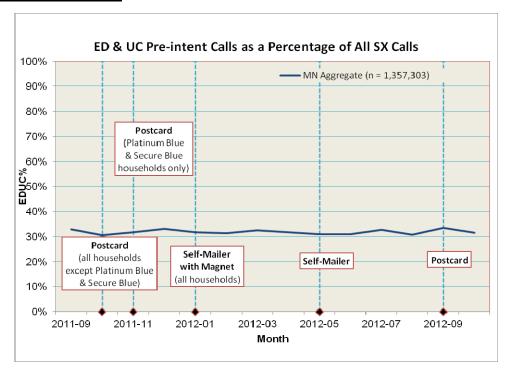
Emergency Department/Urgent Care Pre-Intent

Emergency Department/Urgent Care Pre-Intent reflects caller response to the question "Had this service not been available to you, what were you planning to do?" This is the most effective measure of the potential cost savings provided by the 24-Hour Nurse Advice Line, as it represents those members who would have ordinarily gone to an urgent care or emergency room.

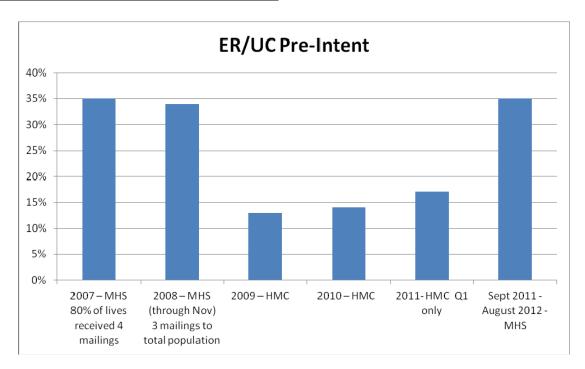
The average ED/UC Pre-Intent percentage for 2011 was 35%, meaning that 35% of all symptomatic callers were planning on going to the ED at the time they placed the call. This is consistent both with previous campaign years and with service benchmarks.

Comparing Emergency Department/Urgent Care Pre-Intent from year to year (also on next page), the percentage has increased over the timeframe in which the program was with HMC.

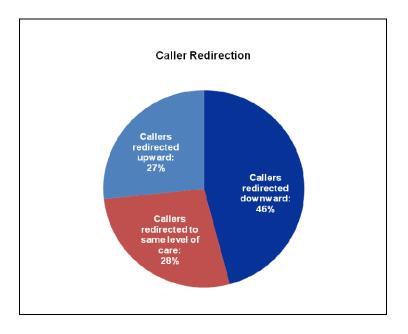
Year to Date EC/UC Pre-Intent



Year Over Year Comparison of ER/UC Pre-Intent

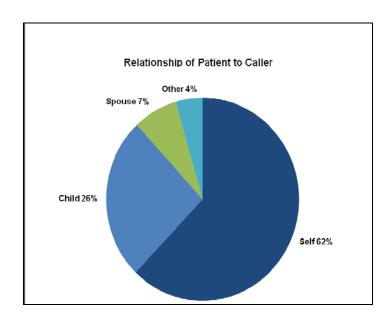


46% of Symptomatic and Emergency calls were re-directed to a less acute and more appropriate level of care. However there was also a need to re-direct some members to a higher level of care than what the originally intended.

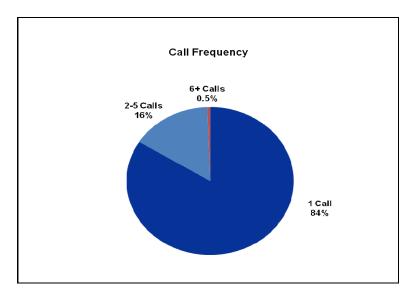


Caller Demographics

Caller demographics are defined by McKesson as information about the member for whom the call was placed. If a mother were calling for her 16-year-old son who was ill, the demographics for that call would be included in the "Child" category. 62% of calls were for a member themselves, while 26% were for a child.



Another demographic tracked for the NAL is call frequency. As the following chart demonstrates, the vast majority of callers access the service once in any given year. Member satisfaction levels will be monitored to ensure its high, so while a need to use the service cannot be created, it would suggest that an opportunity exists to reinforce the value of the service to encourage repeat use.



Top Algorithms

The most frequent reasons for a symptomatic call by a member are documented by the Top Algorithms accessed by 24-Hour Nurse Advice Line nurses. Algorithms are the clinical scripts associated with specific medical concerns. Multiple algorithms may be accessed to triage one call.

The top algorithms accessed by a nurse for BCBS Minnesota callers are listed below. Eight of the top10 algorithms fall within the adult algorithm category, indicating that the majority of calls to the NAL are specific to adults. When comparing to the client base, concerns are very similar.

Blue Cross and Blue Shield of Minnesota Algorithm Title	% of Total Accesses
Adult Upper Respiratory Illness	7%
2. Adult Abdominal Pain	5%
3. Pediatric Upper Respiratory Illness	5%
4. Adult Trauma Extremity	3%
5. Adult Diarrhea	3%
6. Adult Chest Pain	2%
7. Adult Skin Problems	2%

MHS Aggregate (All Clients) — 2011 Algorithm Title	% of Total Accesses
Adult Upper Respiratory Illness	6%
2. Pediatric Upper Respiratory Illness	5%
3. Adult Abdominal Pain	4%
4. Adult Trauma Extremity	3%
5. Adult Chest Pain	3%
6. Adult Skin Problems	2%
7. Pediatric Vomiting	2%

8. Adult Lightheaded Weak Dizzy	2%
9. Adult Lower Back Pain	2%
10. Pediatric Vomiting	2%
Sub-Total Top 10 Algorithm Accesses:	32%
Other	68%
Total Accesses: All Algorithms*	100%

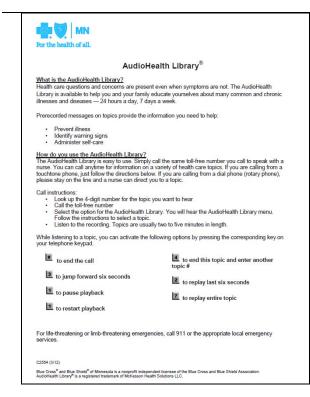
8. Adult Lightheaded Weak Dizzy	2%
9. Adult Diarrhea	2%
10. Adult Lower Back Pain	2%
Sub-Total Top 10 Algorithm Accesses:	29%
Other	71%
Total Accesses: All Algorithms*	100%

When comparing the various BCBS Minnesota plans, the majority has similar top algorithms; however, the Special Needs Program is unique with Adult Blood Sugar Problems, High Blood Pressure Problems, Vision Programs, and Joint Problems.

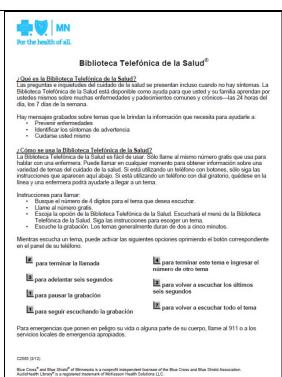
Audio Health Library

1% of callers access the Audio Health Library . There is minimal promotion of the Audio Health Library to members but when the dial the toll free NAL number and listen to the phone tree, they are able to access the service along with the top 100 topic directory. The BCBS Minnesota marketing team has also developed both an English and Spanish topic directory, which is housed on an internal BCBS Minnesota database for easy access by account managers. It was suggested the directories and instructions be posted online for member access.

English Instructions



Spanish Instructions



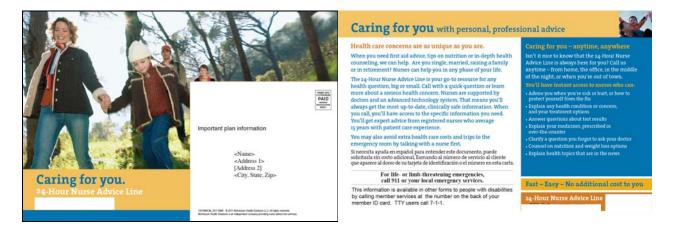
Communications Campaign: Creative Summary

Mailing One - Fall Postcard

Objective: To keep the NAL service and toll-free number top of mind so when a healthcare need arises, the NAL will be the first point of entry into the healthcare system.

Phase 1: Mailed six versions of postcards October 3rd and 10th (items didn't require agency approvals, used September data). Materials also used as new member kits in October and November to promote NAL to newly enrolled members.

Fall Postcard - Triple Logo Illustration:



Phase 2: Secure Blue and Platinum Blue postcards printed and mailed in early November 2011 (upon CMS approval).

<u>Secure Blue Illustration</u> (Both pieces involve larger font point sizes, more disclaimer copy and CMS approval codes):



A distribution summary follows on the next page.

Fall Postcard Distribution Summary:

Descriptions	Brands Code	Coverage Code Use for mail pull	Intial Total Pieces Mailed	Mailed In Oct. 2011	Mailed in Nov. 2011	Lives to Households Predicted
Triple Logo/ Commericial	01	Self-insured, Fully- insured, HMO, INDEM, SHP, SUP	342,619	5,649	14,032	BluePlus Fully Insured Commercial (Small Group, Rated): 1.93 BluePlus Fully Insured Commercial (Individual): 1 BCBSMN Med Supp Comm – SI: 1.95
Public Programs_DHS	01	PMAP group	78,254	NA, held regulary to manage churn	NA, held regularly to manage churn	1
CCS TPA	06	CCS	4,241	76	35	2.2
National Accounts	08	Used 35 MID codes	183,531	5,153	3	2
BlueLink TPA	11	BlueLink	4,613	59	168	1.67
3M National Accounts	12	3МММ	42,266	138	182	1.67
Roll Up			Total popul. mailing: 655,524	Total in October: 11,072	Total in November: 14,420	
MHCP - SecureBlue (MSHO)	Blank	SNP	9,116	0	0	1
BCBSMN- Platinum Blue	03	VANB	42,021	0	0	1
Roll Up			Total Pieces mailed: 51,137			

Mailing 2: Total Population Refresh and Monthly New Member Kits

Objective: The Refresh/ New Member Kit are designed to introduce the service to new members, and provide members with a convenient leave-behind to keep the number accessible (magnet).

The piece mailed to the total population January 17 and 26 and used as a New Member Kit monthly starting with new January enrollees.

Triple logo Illustration:



To ensure only one piece is mailed to a household, the following hierarchy is followed when processing mailings:

Hierarchy Position	Branding Code	Plan Name
1	12	3M
2	11	Blue Link
3	06	CCS
4	04	Secure Blue
5	03	Platinum Blue
6	08	National Accounts
7	01	MN (Triple Logo) Version

In addition, to prevent sending multiple NMKs to Government Programs members whose eligibility fluctuates often, membership data is held for three months and then compared to the current active eligibility file. If the member was eligible previously, a NMK will not be generated as the member should have already received a NMK mailer and be aware of the program. This cost saving measure is followed for these Government Plans: Supplemental, Platinum Blue, Secure Blue PMAP, MNCare, and MSC+. A distribution summary follows on the next page.

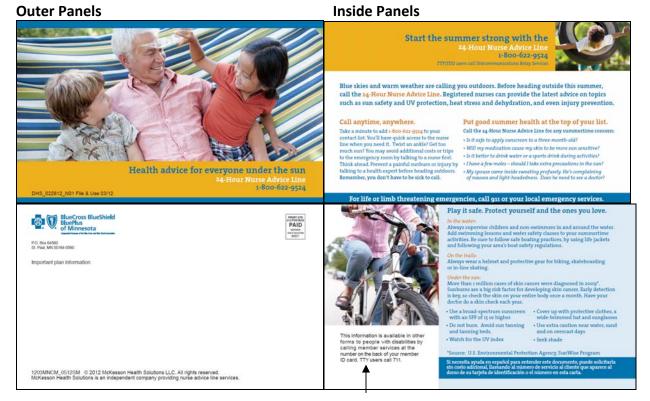
Refresh/NMK Distribution Summary:

Descriptions	Brands Code	Coverage Code Use for mail pull	Intial Total Pieces Mailed in Jaunuary (using Dec. data)	Jan.	Feb.	March	April	May	Monthly Average	Projected inventory supply will cover following months:
Commercial Triple Logo	01	Self- insured, Fully- insured, HMO, INDEM, SHP, SUP, Public Program	421,845	21,500	4,542	5,753	15,621	4,278	10,339	Possibly through July (2.89 months)
CCS TPA	06	CCS	4,149	112	17	16	19	69	47	Through Dec. 2012
National Accounts	08	Used 35 MID codes	185,373	12,248	1,631	2,417	2,479	2,361	4,227	Through Nov. 2012
BlueLink TPA	11	BlueLink	4,494	423	64	104	114	65	154	Through Dec. 2012
3M National Accounts	12	3MMM	41,692	1028	212	468	314	212	447	Through Dec. 2012
MHCP - SecureBlue (MSHO)	Blank	SNP	9,116	0	0	149	123	0	136	Through Dec. 2012
BCBSMN- Platinum Blue	03	VANB	42,021	0	793	2,537	883	628	968	Through Dec. 2012
			Total population mailing: 708,690	35,311	7,259	11,444	19,553	7,613		

Mailing Three: - Total Population Self-Mailer

Objective: This two-panel self-mailer reinforces the value of the NAL service during the active summer months. Per BCBS Minnesota's direction, MHS incorporated educational UV safety and protection information as well as injury prevention content. In addition, a Quick Reference Code was incorporated in some versions allowing Smart Phone users to add the NAL phone number to their contact list easily. The piece mailed May 8 and 15, 2012.

Triple logo Illustration:



Four versions incorporated a Quick Reference Code with the appropriate phone number, allowing members with Smart Phones to easily to add the NAL phone number to their contacts.

National Accounts, CCS, and BlueLink



Visit your preferred app store to download a free QR code reader to your smart phone. Scan the code to display or call, then save

the 24-Hour Nurse Advice Line to your phone. Quick, easy, connected!

3 M



Visit your preferred app store to download a free QR code reader to your smart phone. Scan the code to display or call, then save

the 24-Hour Nurse Advice Line to your phone. Quick, easy, connected!

Spring 2012 Distribution Summary

Plan	Branding Code	Coverage Codes	Quick Reference Code Incorporated	Quantity Mailed	
			in piece or not		
Triple Logo	01	Self-insured, Fully-insured, HMO, INDEM, SHP, SUP, PMAP Moved employee group out of KEY-SI NATIONAL(KEY-SI) =08 and move it to COMM-SI (01- Triple Logo) = 4258	No	496,656	
CCS TPA	06	CCS	Yes	1,832	
Key National Accounts	08	Used 35 MID codes	Yes	181,869	
BlueLink TPA	11	BlueLink	Yes	4,613	
3M National Accounts	12	ЗМММ	Yes	41,728	
MHCP - SecureBlue (MSHO)	Blank	SNP	No	9,230	
BCBSMN- Platinum Blue	03	VANB	No	66,562	
		Total Pieces mailed: 802,490			

Conclusion and Year-Two Campaign Recommendation

A Successful Start

The 24-Hour Nurse Advice Line is off to a good start with the Year-One campaign complete.

- Symptomatic percentage and ER/UC pre-intent percentage increased over the previous two years
- Response rate is sitting where expected with three mailings a year.

The first mailing in the Year-Two campaign, distributed in September 20121, was a postcard incorporating the fresh BCBSMN branding and incorporated a flu prevention message.



FLU SEASON IS RIGHT AROUND THE CORNER. BE PREPARED.

As the seasons change, remember to protect yourself and your family from colds and flu. This year, help stop the flu in its tracks by getting your flu shot before the flu gets to you. The **24-Hour Nurse Advice Line** is a great place to start when you have questions about the flu.

Simple steps to help protect yourself and your family during cold and flu season.

- Get a flu shot as soon as they're available in your area.
- Wash your hands often, or use hand sanitizer if soap and water aren't available.
- Avoid touching your eyes, nose and mouth.
- Keep common surfaces clean, like telephones, keyboards and doorknobs.
- Cough or sneeze into your sleeve or elbow instead of your hands.
- Avoid close contact with sick people.
- Exercise regularly, eat a healthy diet and get plenty of rest.
- Stay home if you do get sick.

We encourage you to take preventive steps to protect yourself and your family.

Smart Phone Users, scan the code to display or call, then save the 24-Hour Nurse Advice Line to your phone. Quick, easy, connected!

This information is available in other forms to people with disabilities by calling member services at the number on the back of your ID card. TTY users call 711.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o el número en esta carta.

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FOR EXPERT HEALTHCARE INFORMATION FROM CARING NURSES CALL THE 24-HOUR NURSE ADVICE LINE.

PRSRT STD U.S. Postage

PAID

1-800-622-9524

TTY users call 711



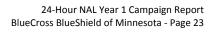
PO Box 64560 St. Paul, MN 55164-0560

HEALTH OR WELLNESS OR PREVENTION INFORMATION

<Name>
<Address1>
[Address2]
<City, State Zip>

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.





In Year-Two, the number of necessary versions is shifting from seven to six with the Key National Accounts rolling into the Triple logo 01 grouping. There was a four-month period between the May and September mailing and to-date (10/22/12) the lift in utilization from the postcard is minimal.

A Refresh Mailing with magnet has been in the works for a February 2013 mailing, but we have not yet presented to BCBSMN knowing leadership is assessing program direction/budgets. Below is a glimpse of the design.





Draft two: Over-sized Letter Format



Tactics for Consideration

Knowing BCBS Minnesota's leadership seeks to increase member utilization MHS recommends discussing the following possibilities:

Direct mail

- Targeted Self-Insured Plans, reducing the number of mailings to the Fully Insured Plans
- Segment by age and determine frequency based on age group/need for service (families, adults only, seniors)
- Targeted high ED users, members in high utilizing geographic areas and, using claims information, members with recent procedures, diagnoses, or chronic conditions.
- Test self-mailer versus letter format

Consider piloting new promotional channels

- IVR This best-in-class technology offered by McKesson, in partnership with Eliza Corporation, delivers health care information to members in a conversational and intuitive manner that overcomes the barriers of more typical and less robust "robo-call" IVR offerings. Utilizing IVR as an additional channel for communications could increase the effectiveness of direct mail. For population sizes such as those served by the NAL service, IVR is an extremely cost-effective solution. We propose to implement an IVR campaign in advance of a direct mail campaign. Serving as an additional reminder of the NAL service, this would increase awareness and receptiveness to the direct mail campaign, resulting in increased utilization of the NAL service. Again, this could be a total population outreach or a targeted test.
- **Text** Text-based marketing offers a cost-efficient but effective method of communicating the value of the 24-Hour Nurse Advice Line to members who opt in to receive messages. Not only can messaging be delivered in an easy-to-access format, but campaigns can also be tailored to address specific or seasonal health topics or concerns.
- Email In cooperation with BCBS Minnesota, we would propose an e-mail campaign reinforcing the value of the 24-Hour NAL service. This could take several forms: First, an e-mail campaign could be used to remind members of the NAL and to introduce members to the upcoming direct mail campaign, increasing awareness and receptiveness. It could also be used as a "green" alternative to promote the value of the NAL service in a more environmentally friendly manner for members who opt-in to receive e-mails. This could be especially effective with the BCBS Minnesota Employees population. One of the other benefits of digital communications is that it can be tracked in a way direct mail cannot. Not only is it possible to track the members, who received and opened the message, we would also be able to track the rate of members who access any online resources promoted in the e-mail, increasing the value of this type of

campaign. We propose that a proactive e-mail campaign, delivered via secure message center as offered through the recommended online resources, would offer a strong value proposition for further electronic communications campaigns. Alternatively, as part of the MHS campaign, we could provide customized email templates and intranet content to employer groups for direct distribution to eligible members/employees such as 3M, BSBSM employees, and school district co-ops.

Additional Recommendations

- Work with 3M to promote where benefit questions can be answered
- Update the "How Found" end of call survey to list current phone number sources.

When developing the Year-Two member communication strategy and campaign, efforts will continue to support:

- Creating a positive image of the service;
- Ensuring that the service is top-of-mind when a healthcare need arises;
- Driving symptomatic call volume from high utilizing, high cost members;
- Producing high levels of caller satisfaction and opportunities to direct callers to appropriate, often lower cost, care; and
- Effectively using the member communications budget (MHS always obtains bids from multiple print vendors to ensure completive pricing)

As a valued client, we appreciate your continued support of the 24-Hour Nurse Advice Line and the focus on marketing initiatives. We look forward to collaborating with BCBS Minnesota to maximize the value and utilization of the service.