



The State of the Healthcare Consumer:
HEALTH PLANS AND THE RISE OF CONSUMERISM

Market Dynamics Require New Ways of Interacting With Health Plan Members



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Consumerism has come to the health plan market and health plans must be ready and able to meet heightened member expectations. Consumers have more choice of health plans, information is widely available from many sources, and health plan members now expect and demand an increased level of transparency AND a delightful experience.

In a recent survey of 2,500 health plan members across the United States, responses clearly indicated that health plans must quickly tune their offerings and provide service levels that match or exceed the expectations of their members, or risk losing those members to their competitors in today's new, consumer-oriented marketplace.

Overall Takeaways

Consumers expect organizations in their healthcare ecosystem to more effectively communicate with them and supply information and services in a way that is as convenient as their experience in other industries. Booking a trip, checking a bank account balance and ordering goods and services online are routine transactions in travel, banking and retail. Health plans were poorly rated by comparison among respondents, but have multiple opportunities to improve communications and services with their members. Examples include:

- > **88% of survey respondents across all demographics state that their health plan could be doing a better job of communicating their total financial responsibility.** The simple promise of serving as a source of financial information (a recognized service expected of a health insurance company) is not being fulfilled.
- > **Incentives for healthy behaviors, including diet and exercise, are very popular,** with 42% of consumers responding they are "Very Interested" and an additional 45% stating that they are "Somewhat Interested" when asked about taking advantage of such inducements. Despite the high level of interest, 48% of those surveyed report that their

health plan is offering NONE of these benefits. A mere 12% of individuals stated that their health plan provides discounts on gym memberships. In turn, only 7% of overall consumers surveyed actually utilize a discount supplied by their health plan to belong to a gym. This flies in the face of a rising health consciousness across the U.S., with a major beneficiary of the trend being the health insurers themselves.

- > **Health plans are missing the opportunity to provide consumers with the ability to participate in groups that serve members suffering from chronic conditions.** Only 8% of respondents report participating in a condition-specific support group or other resource resulting from a referral provided by their health plan. In the absence of such resources, consumers are finding their own groups and forums elsewhere and see little value in their health plan's involvement.
- > **Members care if their health plans lag behind in tech-savviness.** 57% of those surveyed state that their confidence in the health plan's ability to provide effective coverage and benefits would be adversely affected by the knowledge that outdated technology is being used.

All of these findings should serve as a wake-up call for health plans. In today's world of short attention spans and fleeting consumer loyalty, a health insurer's competitive position and retention of members rests on its ability to quickly provide complete, accurate and up to date information.

The Dollars and Cents of Poor Member Service

The general public wastes a stunning amount of time trying to get answers to straightforward questions from their health plans each year. Why? Benefits are poorly communicated to members, members are often

Behind the numbers:

- > 27.4% of survey respondents stated they had trouble resolving a claim. Of those, 94% said it took 2 or more calls to get a resolution (25.8% of total respondents).
- > Customer service calls cost an average of 36 cents per minute and last an average of six minutes.
- > The specific number of claims resolution calls cited by survey respondents was multiplied by the cumulative duration and then by 36 cents per minute. The resulting costs ranged from a low of \$4.32 for 2 calls lasting 12 minutes, to a high of \$12.96 for six calls lasting an average of 36 minutes.
- > With more than 316,000,000 insured members in the U.S., the total cost to health plans of being unable to quickly and easily answer questions related to claims disputes exceeds \$654 million annually.
- > The total amount of time spent by members making these calls, using the same 25.8% of the insured population, and the same number of calls with a duration of six minutes per call, is greater than 30,000,000 hours wasted per year.
- > If any member has more than one claim resolution incident in a given year, the numbers multiply and are actually larger.

Additional Factors Causing Dissatisfaction

- > Only 2/3 of the 27.4% of respondents who indicated that they had claims disputes had that claim resolved in their favor.
- > 40% of respondents had received an unexpected doctors' bill after their insurance had paid their share. And for half of those, their out of pocket costs were between \$100-500.

The repercussions of claims disputes, particularly those with unfavorable outcomes for the consumer, can go far beyond mere frustration. An unfavorable result will not only cost the consumer out of pocket, it can also have a serious impact on their credit status, as the survey findings show the majority of unexpected charges range between \$100 and \$500, with nearly a quarter of those charges totaling more than \$500. In a study by the Consumer Financial Protection Bureau (December, 2014), titled "Consumer Credit Reports: A Study of Medical and Non-Medical Collections," reported that "Medical debts account for a majority (52%) of debt collections actions that appear on consumer credit reports."

Members who receive unexpected charges, those who invest valuable time trying to resolve a claim, and those who don't get their questions resolved will exhibit strong feelings of dissatisfaction that can compromise the competitive position of their health plan.

faced with charges they do not understand, resulting in disputes, and then those same members spend more than 30,000,000 hours per year trying to rectify and resolve these charges, only sometimes resulting in a satisfactory outcome. This costs health plans the staggering sum of more than \$654 million per year in unnecessary claims resolution calls.

Many health plans are not equipped to properly communicate information related to a member's

benefits, leading to questions about billing and countless rounds of calls from frustrated members. Antiquated technology systems that are decades old, “tip sheets” that don’t speak to individuals’ specific needs, and customer service reps who are trying unsuccessfully to answer questions with inadequate information at their fingertips are all common challenges. Add to this the growing complexity of members’ offerings, and health plans often find themselves unable to answer even the simplest of questions. In a Forbes article from August 15, 2014, titled “8 Things You Should Know About Challenging a Medical Bill,” author Kate Ashford advises, “Whatever you do, keep calling until you get the right person on the line. Be both patient and persistent, because you’re going to have to go through several levels of challenging it. The person who first picks up the phone doesn’t have the authority to adjust that bill.”

Millennials Must be Heard

Health plans are taking on an influx of younger members, thanks in part to the healthcare exchange marketplace and an improved job market for new college graduates. Millennials are now the largest age segment of the United States population at 75.4 million, having recently surpassed the Baby Boomers at 74.9 million (Pew Research Center, April, 2016). Millennials also utilize technology differently and more intrinsically than other age groups. With health plans needing to focus on serving the consumer needs of all of their members, the survey shows that the youngest generation with their own insurance is largely shying away from any real interaction with their health plan. Instead, Millennials are turning to other sources — physicians, friends and family — for pertinent information on member benefits. Health plans, without direct and meaningful interaction with their Millennial members, are missing a significant opportunity to market to and build loyalty with this critical population segment.

Millennials thrive on new technology, as they grew up with it and consider it an intrinsic part of everyday life

- > By a huge margin (43%) compared to the next largest age group (at 14%), Millennials have the highest percentage of respondents who say that they love new technology and cannot wait for the newest thing to become available.
- > Deloitte, in their Consumer Survey of 2015, reports that use of technology to measure health and fitness goals is highest among Millennials, at 45% of that group, with GenX ranking second at a much lower 30%.

Millennials exhibit a lack of reliance on health plan digital resources, despite their overall use of technology

- > Less than half (42%) of all Millennial members use modern digital methods (e-mail & website combined) to communicate with their health plans. Millennials use health plans’ websites and e-mail less than any other age group, even the 73+ age group. So despite their self-proclaimed advanced use of technology, Millennials see the health plan’s technology as ineffective and the value of communicating with the health plan electronically as very low.

Millennials report a heightened level of frustration obtaining basic information and getting issues resolved by their health plan

- > 90% of Millennials surveyed believe that their insurer should be doing a better job communicating with them about their individual financial responsibility — the highest among all the age groups surveyed.
- > Getting information from their health plan related to coverage for a specific service is most often rated as “Difficult” by Millennials (40% vs. 31%).
- > Millennials are the least likely age group to have had an issue resolved in their favor (27% vs. 37%).

This accumulation of bad experiences must be addressed by health plans, to achieve desired levels of customer satisfaction and loyalty among the valuable Millennial membership.

Millennials have the strongest interest in incentives for healthy behaviors, but many report a lack of availability of any such program from their health insurer

- > Millennials are the age group most interested in incentives for healthy diet and/or exercise (46% vs. 38%) and discounts for healthy behaviors (56% vs. 48%). As part of this preference, they want to connect wearables information to a portal for upload and be able to review rewards and incentives earned online.
- > Despite this, 41% of Millennial respondents report that their health plan does not offer any of these programs.

Millennials have specific needs and clear preferences for communication of important information and availability of key resources. They are discerning consumers who choose their sources of trusted information very carefully. Once established, those sources become a key part of Millennials' lives. Health plans must address Millennials' particular requirements and focus on this important population, as this member segment wields great influence and buying power now and for a long time to come. If neglected, Millennials will look for information and services elsewhere.

Value Ratings Result From Individual Experiences

Not surprisingly, consumers rate the overall value delivered by their health plan based on their ability to receive a satisfactory level of service and information from their insurer. There are specific reasons stated by survey respondents that cause their dissatisfaction with health plan services and a low overall value rating. These include:

- > When information is difficult to understand
- > When the health plan cannot provide complete and timely answers to questions
- > When resolving a claim proves difficult

A low overall rating for value delivered will materially impact a health plan's ultimate viability among its members. McKinsey's 2016 Cross-Industry Customer Experience Survey found that the likelihood consumers would renew their current health insurance coverage increased with their level of satisfaction. "For [health insurers], stronger consumer engagement can lead to stronger financial performance."

The National Committee on Quality Assurance (NCQA), provides industry recognized ratings for each health plan, on a scale from 1 to 5, based on three criteria: Consumer Experience, Prevention and Treatment. Each half a point holds with it a significant competitive advantage, as members and potential

"For [health insurers], stronger consumer engagement can lead to stronger financial performance."

members seek the highest rated plans. Consumer Experience's meaningful impact on the ratings creates an imperative for health plans to focus on the needs and requirements of their members to attain the highest rating.

The evidence on the following page proves that consumer satisfaction levels with their health plan directly results from both positive and negative experiences across multiple interactions. Members' experiences with those interactions will result in a lower perceived overall value if they are not pleasing. Health plans must adopt a culture of consumer sensitivity and customer service geared to individual experience. In the era of choice, lack of loyalty can and will impact a health plan's competitiveness. Metrics must be put in place, fueled by customer satisfaction surveys and must address the concerns of those who rate the plan coverage and benefits poorly.

Respondents who indicated **Not at All Valuable**

Consumers who rate their coverage as “Not at All Valuable” cite specific issues that cause their dissatisfaction. The table lists some of these frustrating experiences.

Among the group who rate their health plan as “Not at All Valuable,” nearly three times as many members (22% vs. 8%) rate their ability to gain quick access to claims and benefits information as “Very Difficult” compared with members who rate overall value as “Neutral” or “Very Valuable.”

Similarly, more than twice as many respondents (28% vs. 12%) who rate their health plan as “Not at All Valuable” state that the ability to “understand information related to claims and benefits” is “Very Difficult,” compared to others who rate their health plan’s value higher.

When asked about understanding and answering members’ questions correctly and completely the first time, three times as many respondents (24% vs. 8%) who rated their health plan as “Not at All Valuable” stated that they are “Dissatisfied” with their health plan’s understanding of and ability to answer members’ questions the first time, compared to those who rated their health plan’s value higher.

Nearly twice as many respondents (62% vs. 33%) who indicated a “Not at All Valuable” rating stated that they have difficulty getting information and communications from their health plan regarding coverage details, compared with those with a higher value rating.

Almost twice as many respondents who indicated a “Not at All Valuable” rating (47% vs. 25%) indicated that they have had difficulty resolving a claim issue with their health plan, compared with those who rate their health plan’s value higher.

Substantially more of those respondents who rate their health plan coverage and benefits as “Not at All Valuable” (37% vs. 23%) have been with their health plan less than one year compared with those who rate their health plan as “Somewhat” or “Very Valuable.” This result demonstrates that dissatisfied members are willing to switch health plans in search of greater overall value. In their 2015 Member Health Plan Study, J.D. Power had a similar finding: “Members who say they “strongly agree” that their health plan is a trusted advisor are less likely to switch health plan providers.”

“Taking lessons from retailers, healthcare companies should invest in a well-defined consumer segmentation to address specific needs and perspectives across a customer base.”

PwC, in their 2016 annual report on the most important trends in healthcare, advises health plans to “Segment patient populations. Patients approach healthcare with varied levels of sophistication.” They also advised “Taking lessons from retailers, healthcare companies should invest in a well-defined consumer segmentation to address specific needs and perspectives across a customer base.”

Technology Matters

Technology savvy consumers have different expectations from their health plans than those who do not rate themselves as such. Respondents who say they love technology and those who use it to better their lives also have a higher level of interest and engagement in multiple areas.

Technology savvy people consistently rate the healthcare industry’s customer service as worse against many other industries — twice as often as those who consider themselves less tech savvy. The most dramatic survey result shows that 71% of tech savvy respondents rate online shopping customer service as better than that of health plans and 64% of the same group rate customer service provided by the travel industry more favorably than health plans. This is a reflection of heightened consumer expectations for a modern and pleasing experience, particularly among those who incorporate technology into their daily lives. Many consumers believe they are not getting their desired level of service from their health plans.

The technology savvy respondents utilize e-mail much more frequently to communicate with their health plan

(23% vs. 12%) than other, less tech-savvy members. They also utilize provider portals (19% vs. 11%) and health plan websites (25% vs. 11%) much more than those who are less tech-savvy. They are relying on the web-based information available to them from their physician or health plan and expect it to be reliable and current.

Technology savvy people answer “Yes” significantly more frequently (38%) than others (22%) when asked “Have you ever had a difficult time communicating/getting information from your health plan related to your coverage for a specific service?” The same group answers “Yes” significantly more frequently (41%) than others (29%) when asked “Have you ever been hit with unexpected charges from a doctor after your insurance has paid a share?” These responses are indicators of poorly communicated information via inconvenient and unreliable channels.

Personalized health insurance is a rapidly emerging reality and the health plans that embrace their members as individuals will enjoy a long and prosperous relationship with those members.

People with higher levels of technology savvy are also significantly more interested in incentives/discounts for healthy behaviors. When asked what incentives are offered by their health plan, respondents indicated they are less aware of them than others with lower technology preferences. It is apparent that these members rely on other sources to obtain health and wellness information. This is a specific area where health plans need to improve — it represents an opportunity for increased engagement and healthier members.

Conclusion

Health plans have a unique and pressing opportunity to engage with their members in meaningful ways that will generate loyalty and transform the relationship to one of trust and reliance. To do so, health insurers must adopt a new way of doing business with their members, including an awareness of members' evolved needs and wants. While health insurance may never reach the levels of convenience and satisfaction of other industries, those health plans who fail to recognize the shift in expectations are at serious risk of losing their competitive advantage and role as trusted advisor with their member population. This begins with customer service information, via phone and digital channels, including understanding the expectations of specific age groups. It also involves a clear appreciation for how members utilize technology, and most importantly recognition that members' time

is valuable as the health plan strives to earn its place in the ecosystem of service providers relied on by the consumer. Personalized health insurance is a rapidly emerging reality and the health plans that embrace their members as individuals will enjoy a long and prosperous relationship with those members

Methodology

The State of the Healthcare Consumer Survey was conducted in partnership with market intelligence and research firm Porter Research. More than 2,500 consumers with health insurance coverage ages 24 and older from across the United States participated in this online survey, which was conducted between May 19th and May 27th of this year.

ABOUT HEALTHEdge

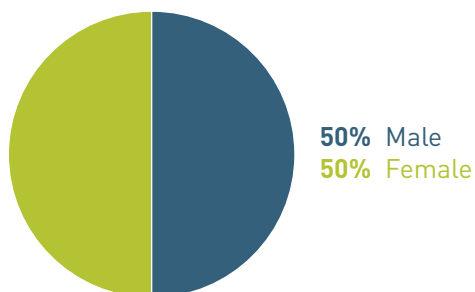
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ABOUT PORTER RESEARCH

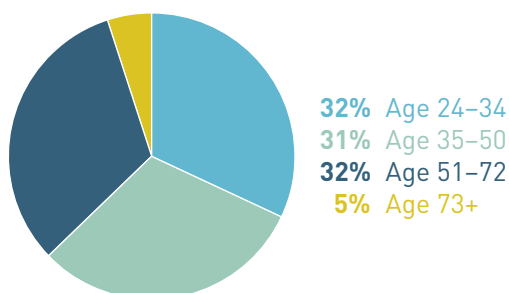
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Survey Data

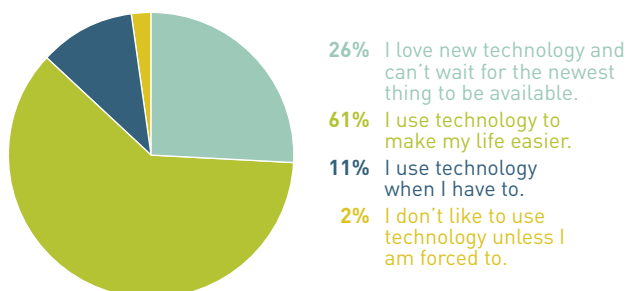
1) What is your gender?



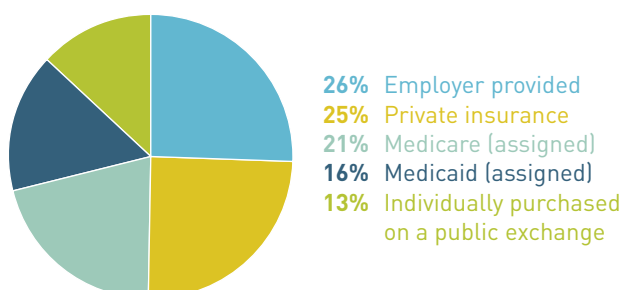
2) Which of the following best reflects your age range?



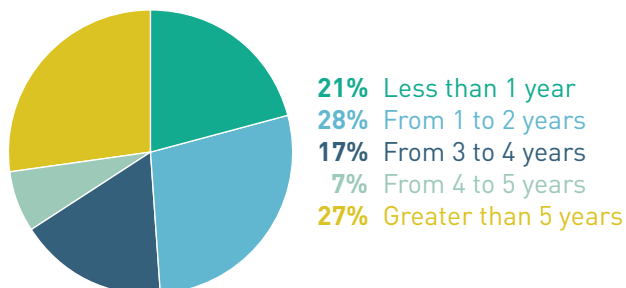
3) Which of the following statements best describes your interest in and use of new technology?



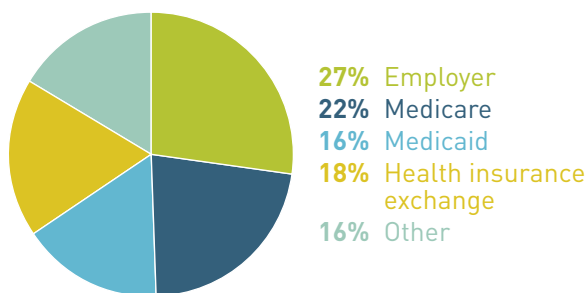
4) Which of the following best reflects the type of insurance coverage you currently have?



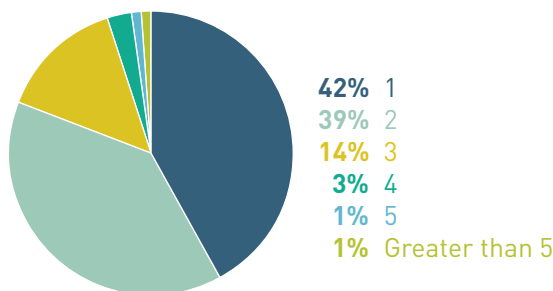
5) How long have you been with your current health plan?



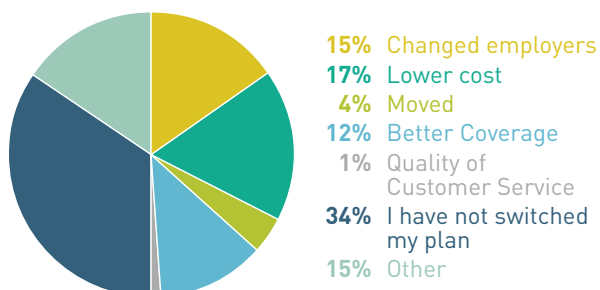
6) How did you select your current health plan?



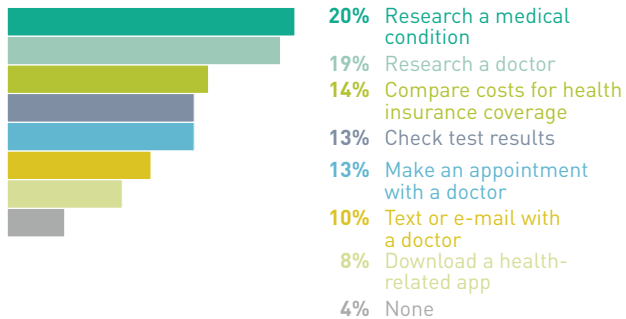
7) How many different health plans have you had over the past 5 years?



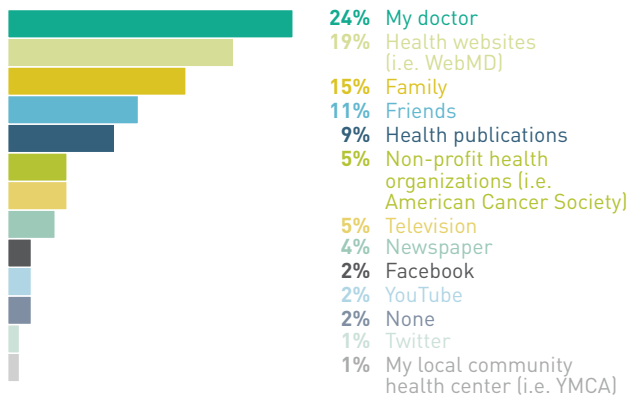
8) Which of the following reasons best reflects why you may have switched plans over the past 5 years?



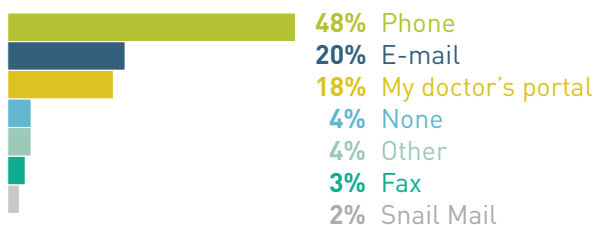
9) Have you used technology to do the following?
Select all that apply.



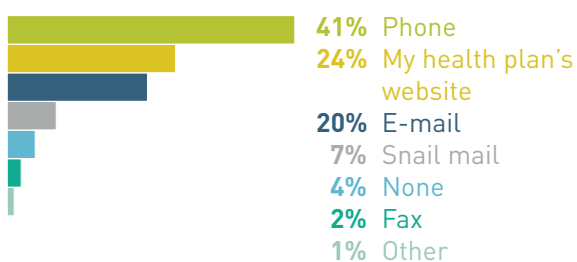
10) Which of the following sources do you utilize to obtain health information? Select all that apply.



11) How do you communicate with your physician?
Select all that apply.

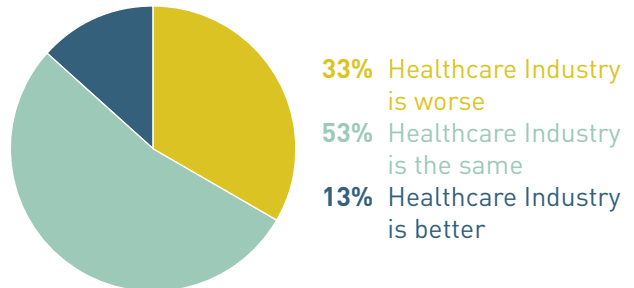


12) How do you communicate with your health plan?
Select all that apply.

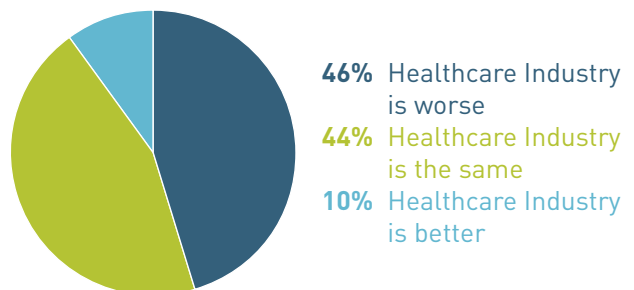


13) In terms of customer service, how does your experience with your health insurer compare to your experience with the following industries?

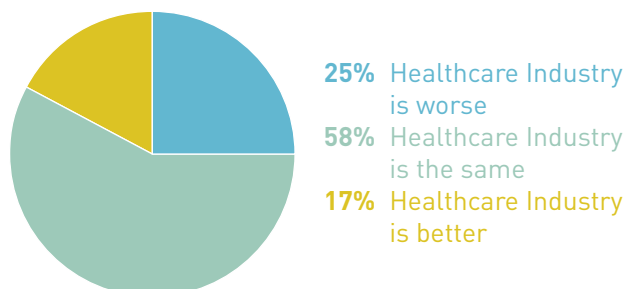
Travel



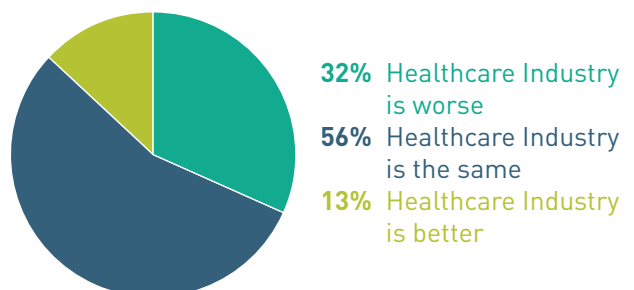
Online Shopping



Real Estate

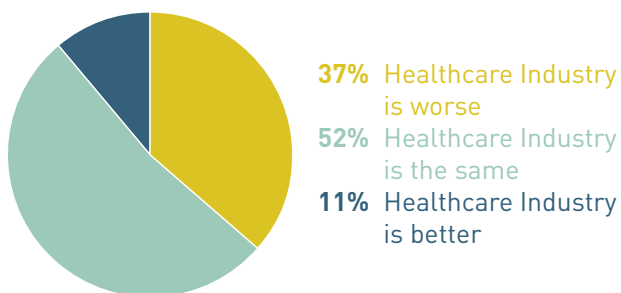


Financial Service/Brokerage

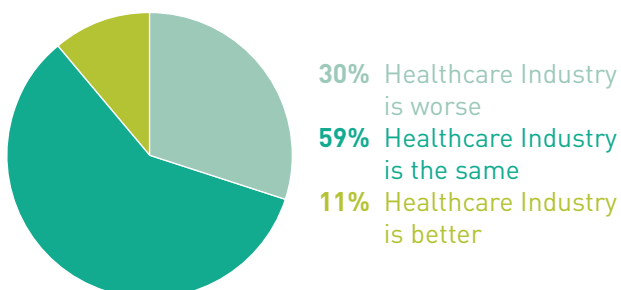


13) In terms of customer service, how does your experience with your health insurer compare to your experience with the following industries?
(continued)

Banking

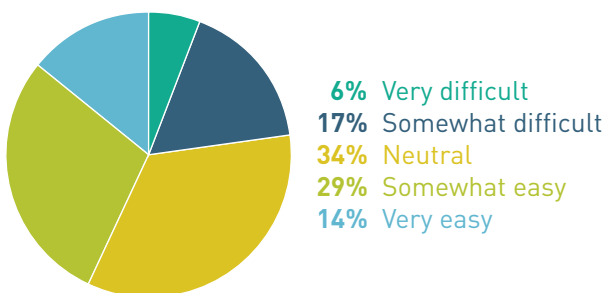


Car Insurance

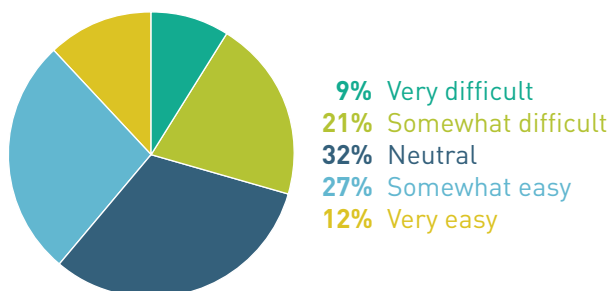


14) Using the following scale, please rate the level of ease you have with the technology provided by your health insurance company to perform the following actions:

To quickly access the benefits and claims information I need from my health insurer.

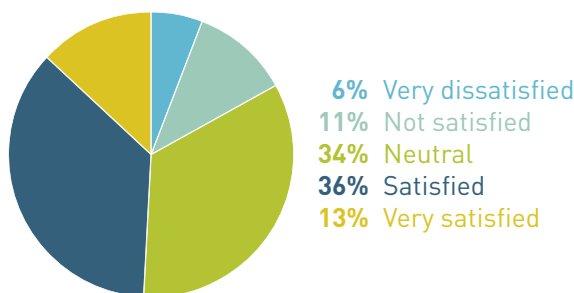


To understand the information provided by my health insurance company related to my benefits and associated costs of my healthcare services.

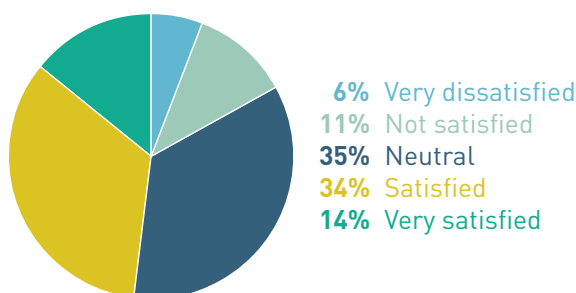


15) Please rate your satisfaction with your health plan's customer service organization in the following areas:

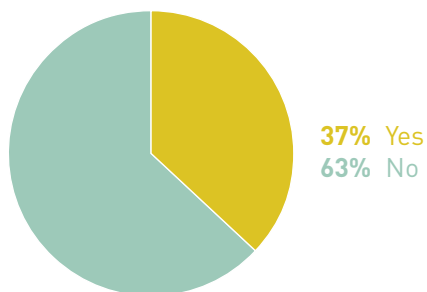
Understanding my questions and answering them correctly and completely the first time.



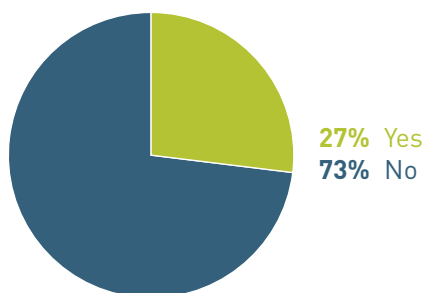
Ability to quickly and accurately answer my questions.



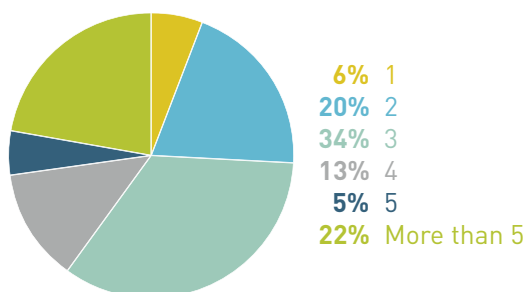
16) Have you ever had a difficult time communicating/getting information from your health plan related to your coverage for a specific service?



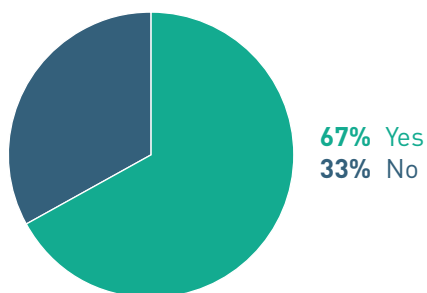
17) Have you ever had a difficult time getting a claim issue resolved with your health insurer?



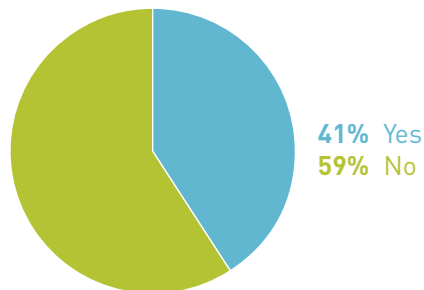
18) How many calls/inquiries did it take you to get an answer to your question?



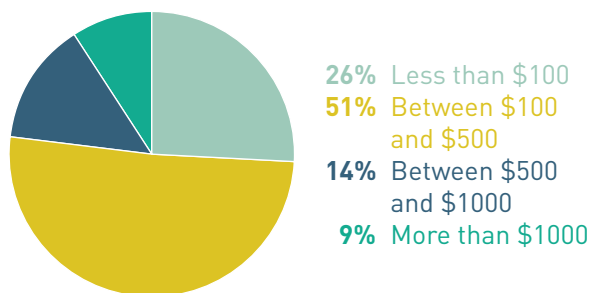
19) Was the issue resolved in your favor?



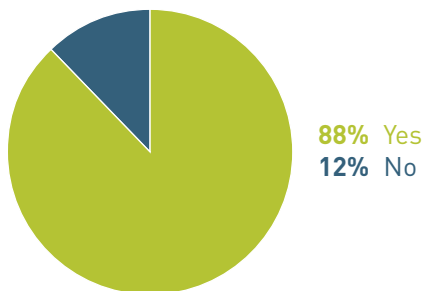
20) Have you ever been hit with unexpected charges from a doctor after your insurance has paid a share?



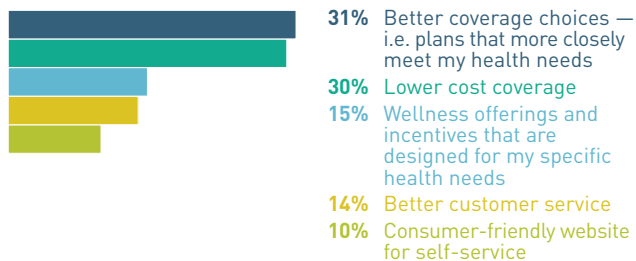
21) How much did it cost you?



22) Do you think your insurer could have done a better job communicating with you about your total financial responsibility?

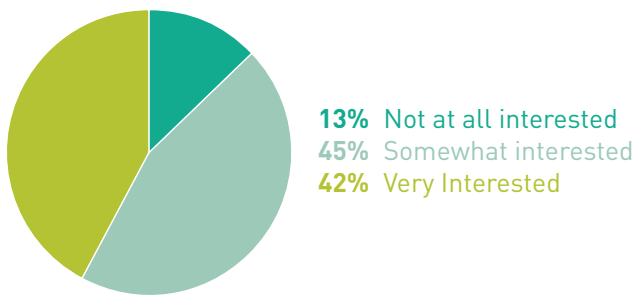


23) If you had the ability to switch health insurers today without penalty, what factors would cause you to do so? (Select all that apply)

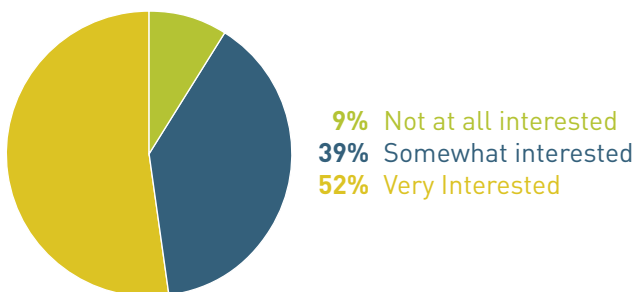


24) Many health insurers are rewarding healthy behaviors and providing incentives for healthy diet and exercise. Please indicate your level of interest with the following:

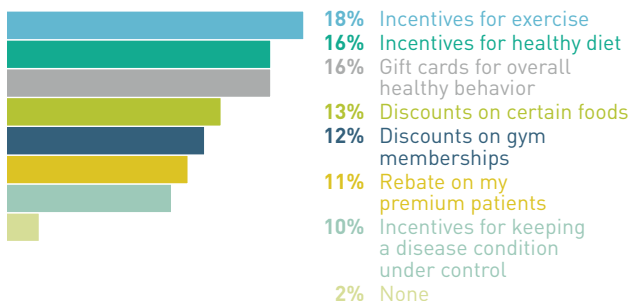
Incentives for healthy diet and/or exercise



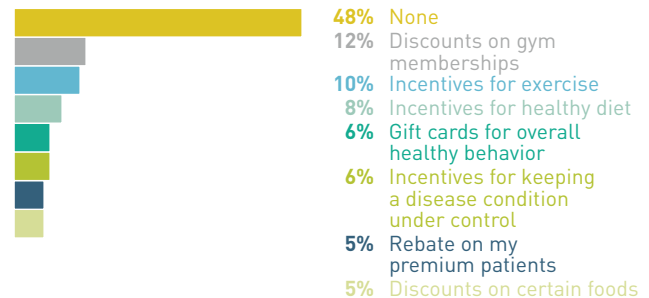
Discounts for healthy behaviors



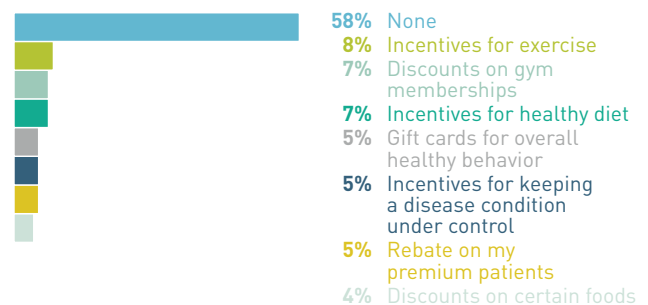
25) Which of the following incentives and/or discounts would motivate you to maintain healthy behaviors? (Select all that apply)



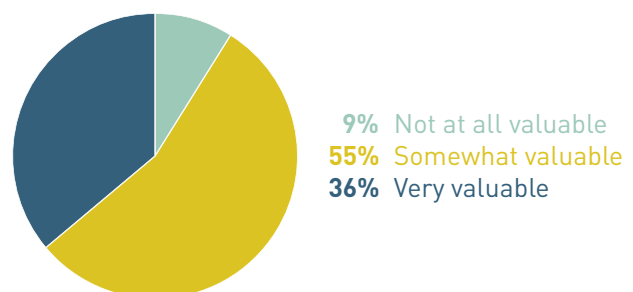
26) Which incentives and/or discounts are currently offered by your health plan? (Select all that apply)



27) Which incentives and/or discounts for healthy behaviors are you currently taking advantage of? (Select all that apply)

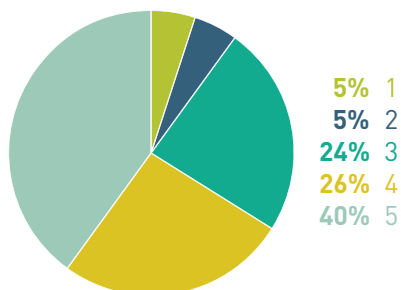


28) How do you rate the value of the coverage you receive from your health plan?

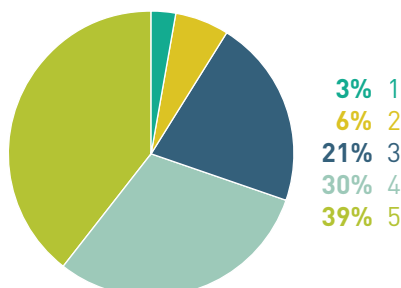


29) Using a scale from 1 to 5, where 1 equals not at all important and 5 equals very important, please rate how important each of the following would be if your health plan could provide them to help change your everyday life.

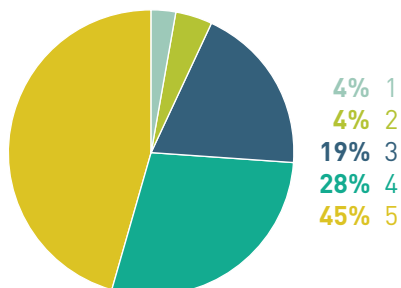
Access to all of my current health information in one place, easily accessed via web or mobile.



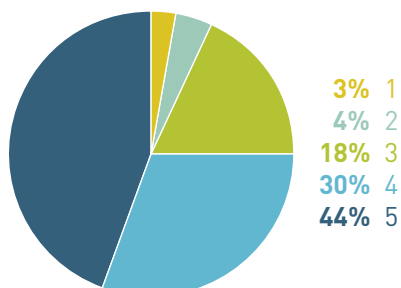
The ability to understand that health information easily, without a healthcare glossary of terms.



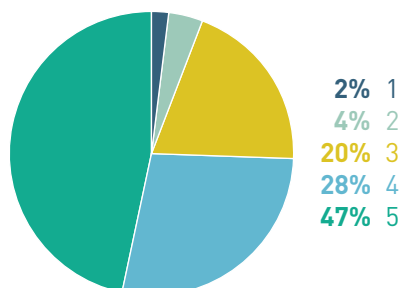
Access to current financial information i.e. remaining deductible, copays, explanation of a bill, all in one place



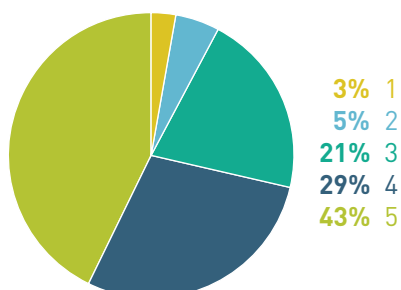
The ability to understand that financial information easily.



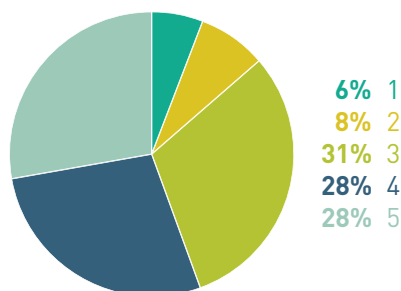
The assurance that the information is complete, up to date and current in real-time.



The assurance that my entire care team has access to the same information.

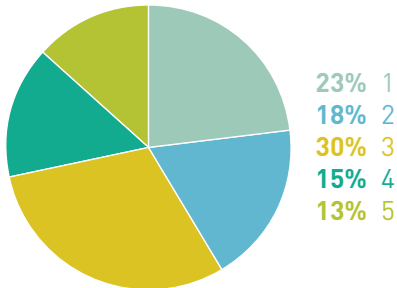


Notification that I am overdue for preventative appointments or tests.



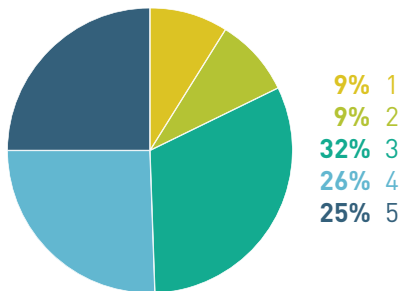
29) Using a scale from 1 to 5, where 1 equals not at all important and 5 equals very important, please rate how important each of the following would be if your health plan could provide them to help change your everyday life. (continued)

Notification of peer groups of people with the same chronic condition as mine.

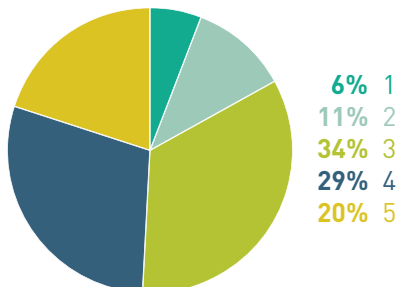


30) Using a scale from 1 to 5, where 1 equals not at all confident and 5 equals very confident, please rate how confident you are in your health plan being able to provide the following capabilities.

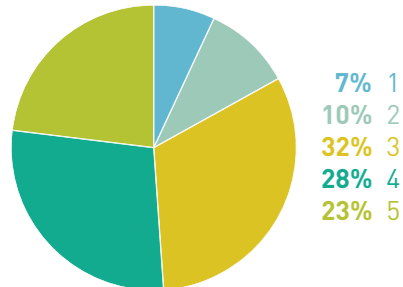
Access to all of my current health information in one place, easily accessed via web or mobile.



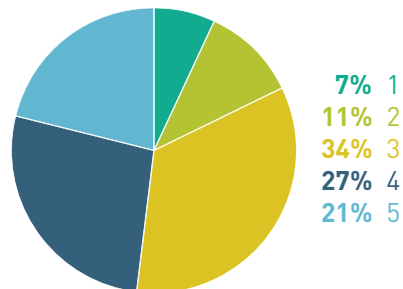
The ability to understand that health information easily, without a healthcare glossary of terms.



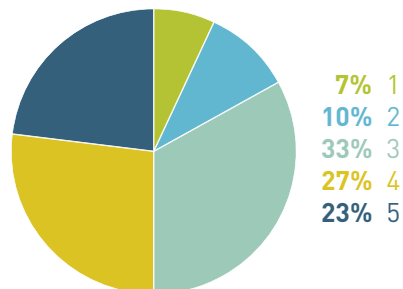
Access to current financial information i.e. remaining deductible, copays, explanation of a bill, all in one place



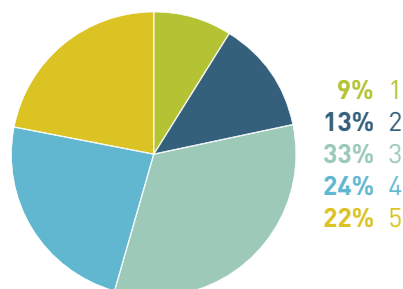
The ability to understand that financial information easily.



The assurance that the information is complete, up to date and current in real-time.

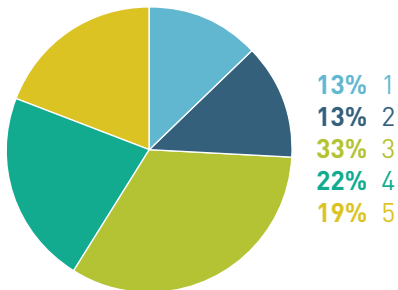


The assurance that my entire care team has access to the same information.

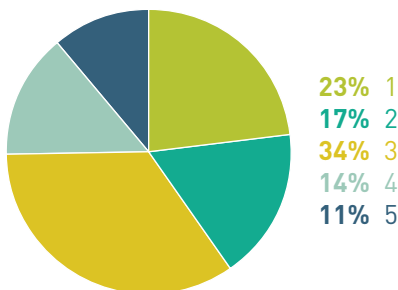


30) Using a scale from 1 to 5, where 1 equals not at all confident and 5 equals very confident, please rate how confident you are in your health plan being able to provide the following capabilities.
(continued)

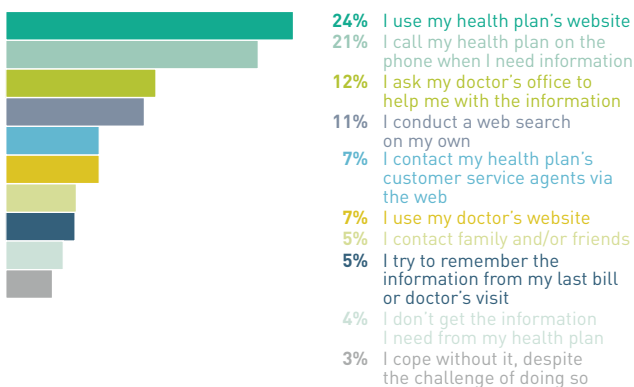
Notification that I am overdue for preventative appointments or tests.



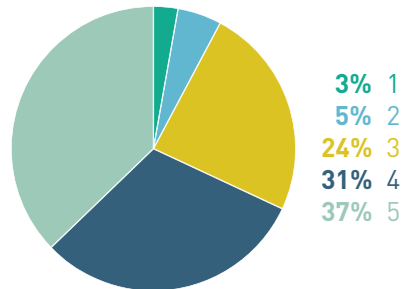
Notification of peer groups of people with the same chronic condition as mine.



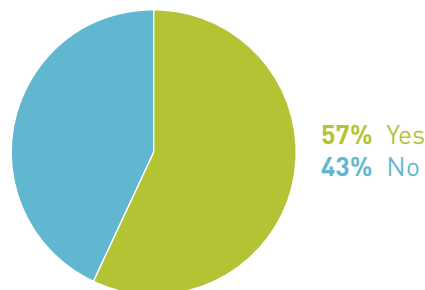
31) Which of the following best reflects what you do to better understand your coverage and associated costs? (Select all that apply)



32) Using a scale from 1 to 5, where 1 equals not at all important and 5 equals very important, if you learned that your health insurer was using outdated technology to provide you with services, how much would that matter to you?

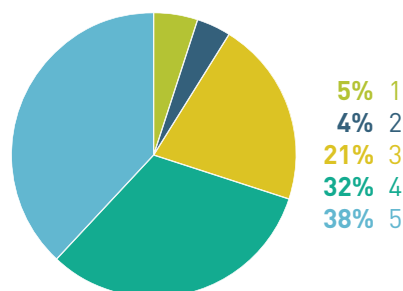


33) Does your health insurer's use of outdated technology impact your confidence in its ability to provide you with effective coverage and benefits?



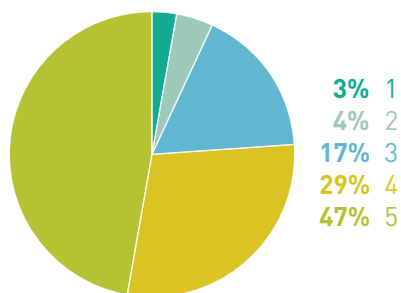
34) Using a scale from 1 to 5, where 1 equals not at all important and 5 equals very important, please rate the importance of being able to access the following data points via a secure website.

Geographic proximity of doctors

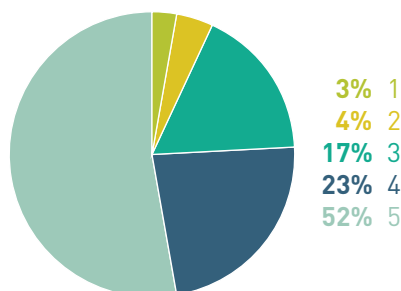


34) Using a scale from 1 to 5, where 1 equals not at all important and 5 equals very important, please rate the importance of being able to access the following data points via a secure website.
[continued]

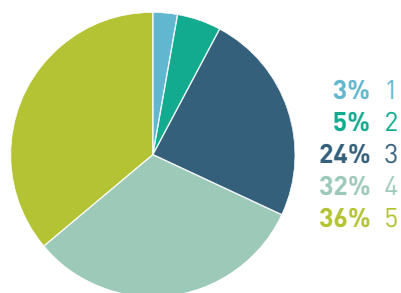
Find a primary care doctor



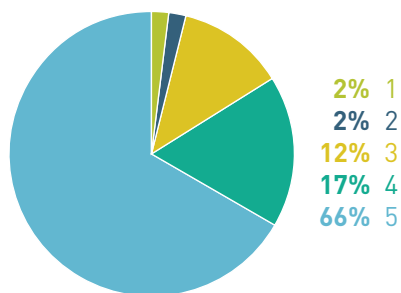
Is the doctor in-network or out-of-network



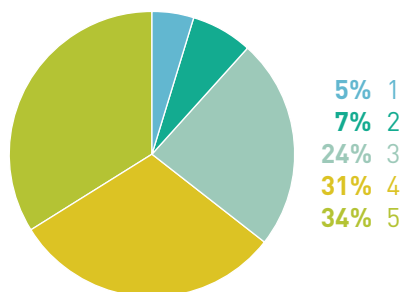
Ratings for providers (doctors and hospitals)



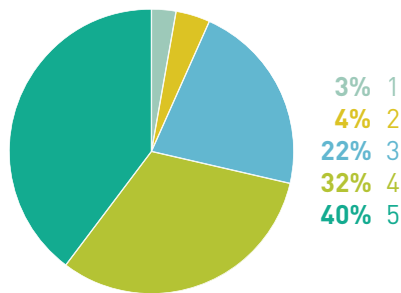
Does the doctor accept my insurance



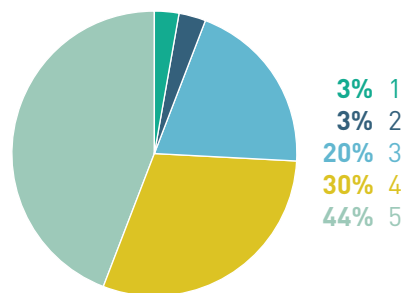
Book an appointment with a doctor



Find a specialist

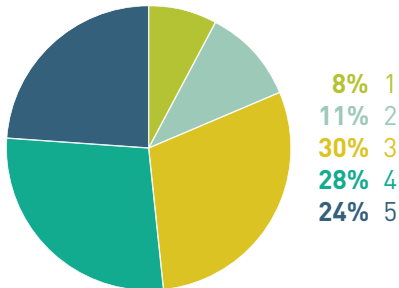


Find a facility near me (clinic, hospital, urgent care, etc.)

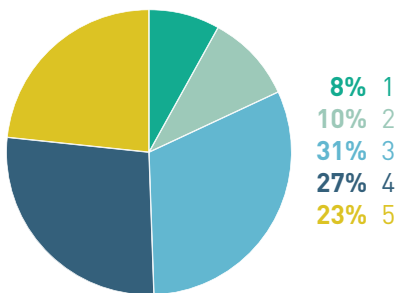


34) Using a scale from 1 to 5, where 1 equals not at all important and 5 equals very important, please rate the importance of being able to access the following data points via a secure website.
 (continued)

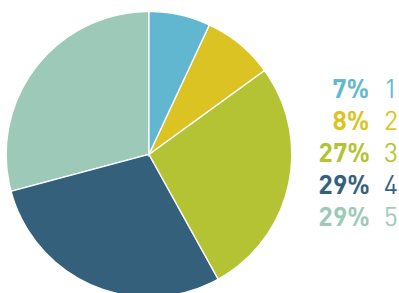
Receive a notice that I am due for a wellness appointment (annual physical, etc.)



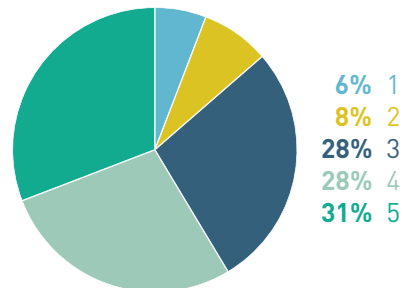
Pre-register for the appointment



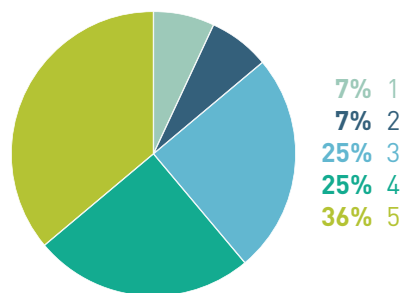
Receive notices of tests and screenings I am due for



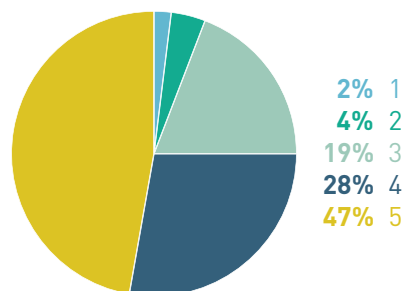
Find information on my medications – what do I take, dosage, etc.



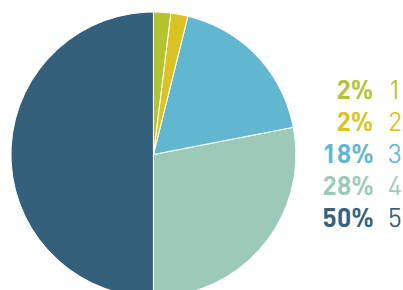
Order prescription refills online



Understand the details for a specific bill including what I owe and why in plain English

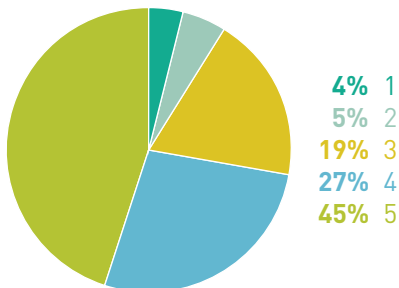


Understand a Summary of Benefits and Coverage for my plan in plain English

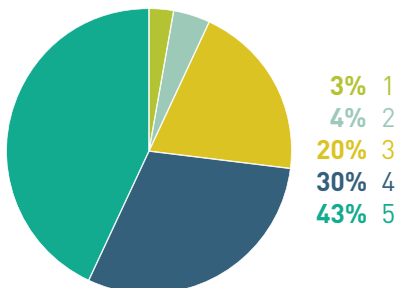


35) Using a scale from 1 to 5, where 1 equals not at all important and 5 equals very important, please rate how important the following information is to you when checking the financial aspects of a service provided to you:

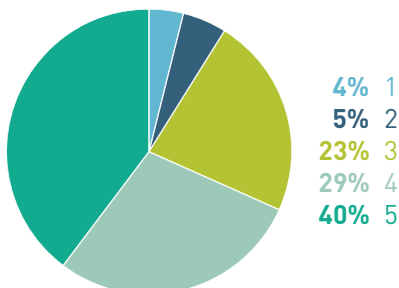
Status of annual deductible and out of pocket max — how much have I used up



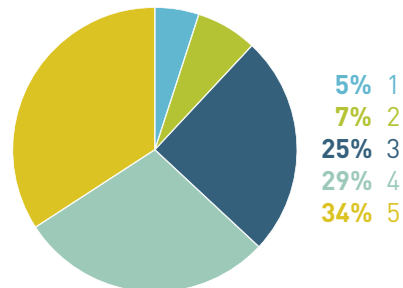
View the status of pre-approval/authorization for a medication, test or procedure



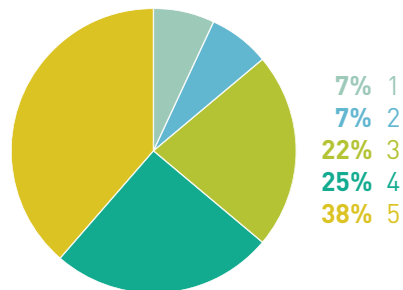
Look up the estimated or real price of a procedure from one or more providers



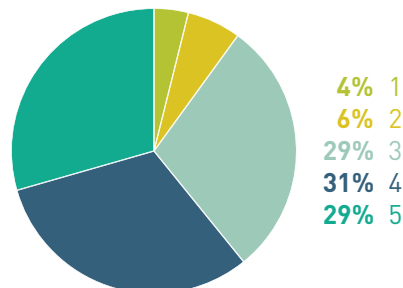
Be able to “shop” for pricing from multiple providers for basic services



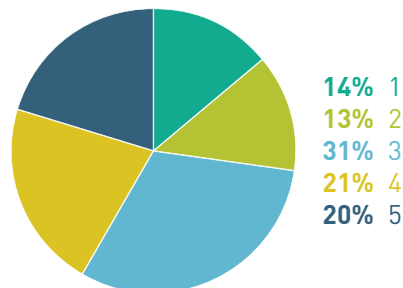
Ability to pay my bill online



To see quick definitions of healthcare terms

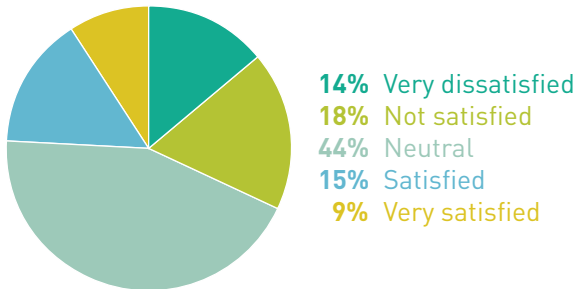


Allow me to share my health information with my family

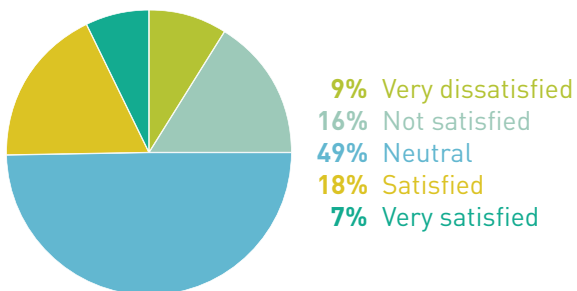


36) Please indicate how satisfied you are with your health insurer's ability to provide the following?

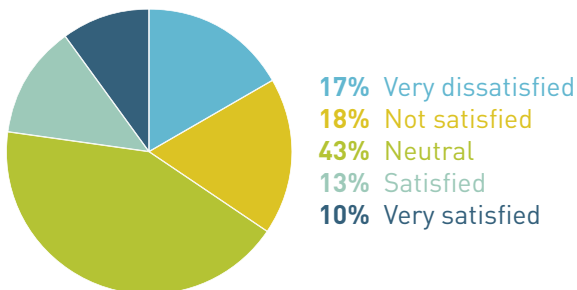
Incentives for healthy behaviors



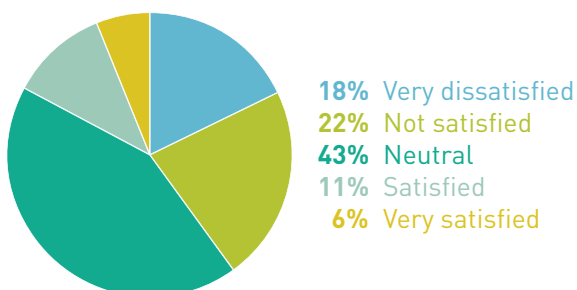
Diet information



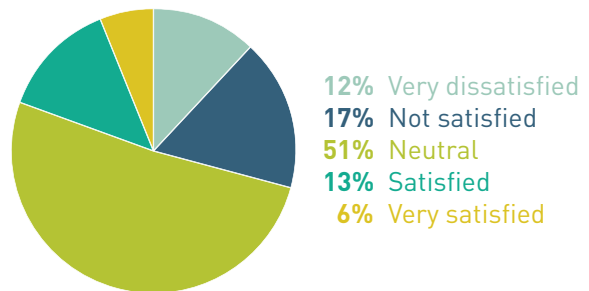
Discounts on gym memberships



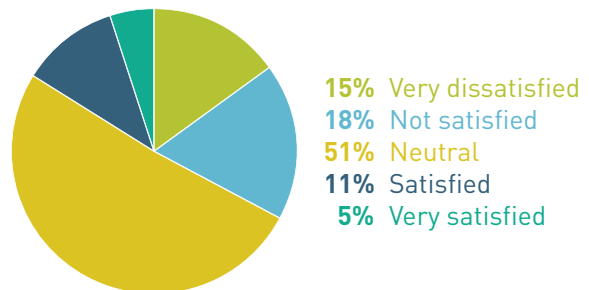
Discounts on healthy food



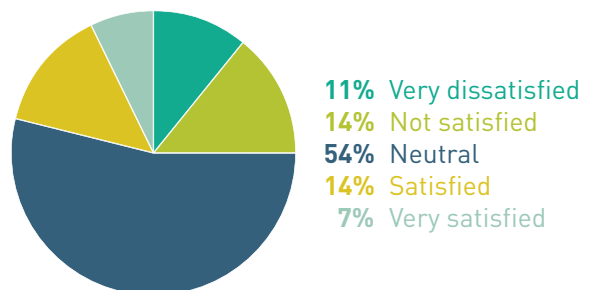
Membership in awareness programs



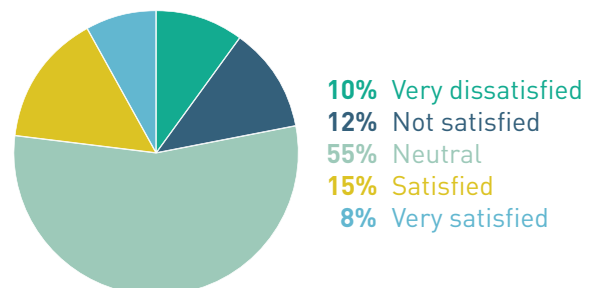
Entry into contests promoting healthy behaviors



A notice to join a Care program for chronic conditions that I have

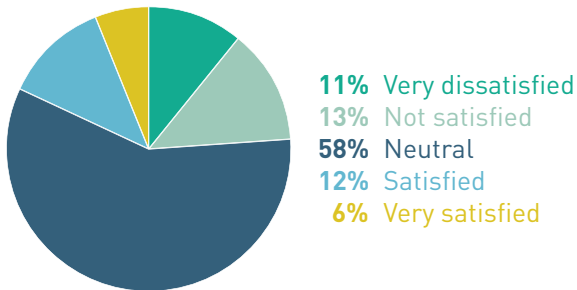


Allow me to communicate with that Care group online or in person

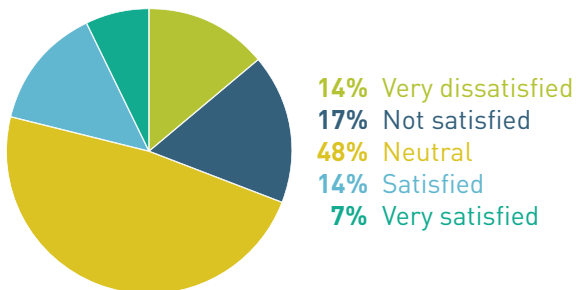


36) Please indicate how satisfied you are with your health insurer's ability to provide the following?
(continued)

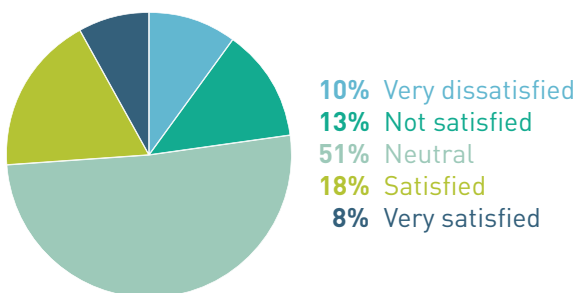
Connect wearables information to the portal for upload



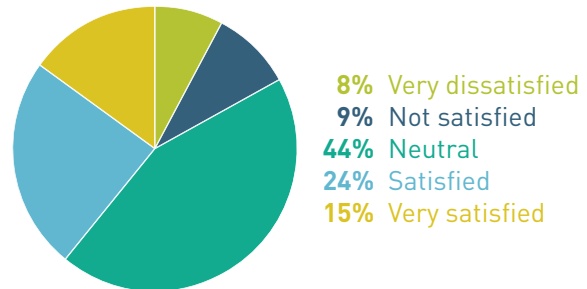
Review my rewards and incentives that I have earned



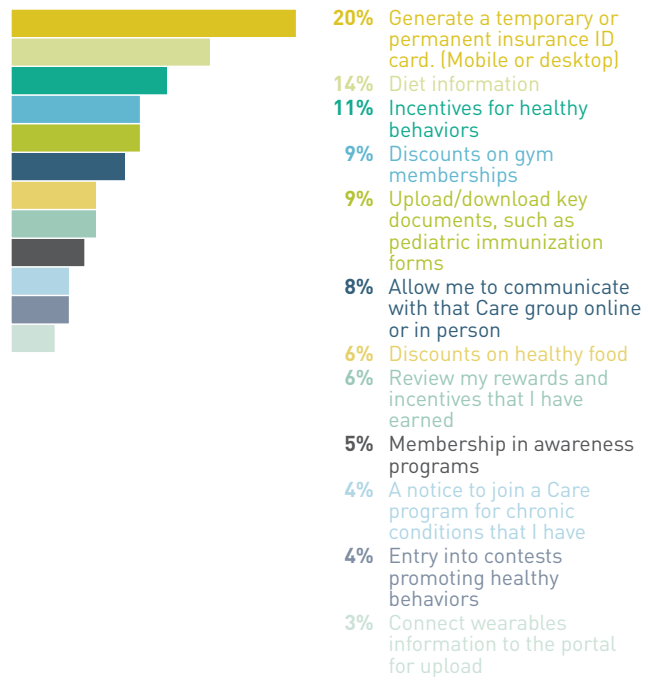
Upload/download key documents, such as pediatric immunization forms



Generate a temporary or permanent insurance ID card.
(Mobile or desktop)



37) Which of the following do you actively participate in today? (Select all that apply)



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