Medicare Marketing in Our Digital World

THE DEFINITIVE DIGITAL MARKETING HANDBOOK FOR MEDICARE MARKETERS
Medicare Marketers Are Struggling to Develop Digital Marketing Strategy

We live in a digital world. The signs of people’s ever-increasing passion for digital communications are all around us.

Digital has become woven into everyday life, yet, Medicare marketers aren’t prepared to develop a digital marketing strategy. KERN Health’s informal polls at the 2016 Medicare Marketing & Sales Summits in Orlando and Nashville suggest that most (65%) of Medicare marketers felt that their organizations were struggling and were unprepared to develop a digital marketing strategy.

According to Pew Research Center, 76% of older (leading-edge) Boomers (ages 60–69) use the Internet daily. Even the Silent generation (ages 70–87) now has an adoption rate of 61% who use the Internet. And when we look at the younger (trailing-edge) Boomers (ages 51–59), we see the handwriting on the wall for the future of Medicare marketing—with only 17% of this group not using the Internet daily.

Furthermore, 84.9% of Boomers and Medicare beneficiaries are sharing information, talking about politics and engaging on Facebook.
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Medicare marketers:
Your audience is digital, so why isn’t your marketing?

Some organizations are even struggling with B2C communications. Until the Affordable Care Act (“Obamacare”), the majority of marketing was aimed at employer groups rather than individuals. *Health Insurers Fall Flat with Consumer Marketing* was the topic of a Forrester report, which stated: “John Bowen of Acxiom said that insurers’ biggest barrier is they don’t have the efficient best practices or similar skills in place as B2C marketing veterans have.” The insight provided by this report included that “plan providers need to mimic other industries in similar positions (such as auto) and focus on driving an ongoing relationship through relationship marketing strategies that generate loyalty.” And, of course, the best relationship marketing strategies are digital...

And maybe it’s because, up until now, some Medicare marketing organizations have viewed digital as an additional channel, when it really isn’t. Digital is our way of life. Digital considerations must be made for every marketing strategy and tactic, even if the origination tactic is off-line, such as television.

The phrase omnichannel has reverberated throughout the hallways of every marketing organization for the past few years. Now, the phrase omnichannel has become the hot buzz phrase for every channel of marketing, which most translate into digital channels, since no one ever mentioned the phrase omnichannel until we were well into the digital age.

On city streets, more and more people have their heads down, laser-focused on their smartphones. And at airports all over the world, people are tethered to charging stations so they will have digital access throughout their trip, even at 30,000 feet with onboard pay-to-play or free Wi-Fi.

The challenge for Medicare marketers

Even if you’ve dipped your toe into digital marketing through search and display, there is a definite learning curve to digital strategies. Strange new terminology to absorb and learn with best practices, methodology and jargon are evolving every day. Many organizations simply don’t have the infrastructure to support the inclusion of digital. And old habits die hard—direct response historically has been successful, so why change? What’s more, few organizations really have the expertise to enable relationship marketing.

If Medicare marketers don’t go with the digital flow, they’re destined to fall behind projections, not make their numbers or achieve their goals.

The digital benefit to Medicare marketing

Digital considerations must be made for every marketing strategy and tactic, even if the origination tactic is off-line, such as television. Because digital marketing solutions allow Medicare marketers to segment and target individuals in real time, in a way, that’s more immediate, more personal, cost-effective and profoundly efficient than any other medium. And at just the right moment, digital marketing solutions reach out and influence them in a way that’s more meaningful and believable.

In short, digital marketing enables Medicare marketers to compete in an extremely competitive environment.
**So think digitally. Because your competitors already are.**

Up until now, some brave Medicare marketers have dared to peel a portion of the budget away from the traditional workhorse channel of direct mail to experiment with digital, but they’ve done so in very limited ways.

When you understand just how much Boomers and Medicare beneficiaries are utilizing digital channels, you’ll see why there’s the urgent need to do more.

- 1 in 5 of Twitter users are over 50
- 53% (percentage of Americans 65+ who use the Internet, and 70% of those use the Internet daily)
- 27 hours per week (average amount of time Boomers spend on the Internet)
- 48% (percentage of adults 65+ who own a desktop computer)
- 63% (percentage of adults 50–64 who own a desktop computer)

- 27.4 million (number of adults 55+ who engage in social networking to communicate)
- 1 in 3 of online Boomers use social media
- 59% (percentage of online Boomers who have made an online purchase within the last 3 months)
- 80% (adults 50+ account for 80% of all online luxury travel spending)
- $7 billion (average annual amount spent online by adults 50+)

Sources: Pew Research Center, Immersion Active, Forrester and eMarketer

And when we’re speaking about digital, more than half of what we’re speaking about is mobile. According to a 2016 Pew Research Center report, mobile now accounts for more than half of all digital advertising spending, while digital ad spending grew from $43 billion in 2013 to over $60 billion just two short years later.
Digital finally surpasses TV

A recent Flurry report (May 2016) noted: “For the first time ever, time spent inside mobile applications by the average US consumer has exceeded that of TV” and went on to say that “the average US consumer is spending 198 minutes per day inside apps compared to 168 minutes on TV.”

Furthermore, according to a 2015 Forrester study, “US online adults now report that they spend more time online than watching off-line TV (20 and 11 hours, respectively).”

Digital is more than smartphones, however. It’s also tablets and PCs. The IoT (Internet of Things) is all things connected, and according to Cisco’s Internet Business Solutions Group (IBSG), some 50 billion things will be connected by 2020.

The reality is that people are spending more time with newer and emerging digital touchpoints. Communications have expanded into home appliances, connected homes, connected cars and, more importantly, connected health.

The huge opportunity

Leading-edge Boomers are turning 65 at the rate of 10,000 per day in the United States, and this will continue with the rest of the Boomers until the year 2030. According to eMarketer, by 2018, there will be 10 million more people aged 65+ using the Internet than in 2014. Medicare marketers must take off the blinders to see that the digital marketing handwriting is on the wall.

Becoming a great digital marketer

There is a great opportunity for Medicare marketers to become great digital marketers for their ever-increasingly digital-savvy audience. And it’s only a matter of time before the same digital consumer expectations that have impacted nearly every other industry will heavily impact the way that Medicare marketing is practiced.

Understanding the leading edge digital marketing techniques and tactics will help Medicare marketers better target their communications, track their results and achieve the response they want.
A Digital Beginning

The late Dr. Wayne Dyer said, “Go for it now. The future is promised to no one.” This is sound advice for life and for ending the procrastination about when your Medicare marketing organization should begin to create a digital strategy. “Go for it now.”

Let’s address the elephant in the room. Every Medicare marketer has numbers to make. It is no secret that direct mail is the primary workhorse of Medicare marketing, providing the necessary leads for inside sales, brokers and agents and driving self-serve transactional online sales. Jeopardizing an organization’s ability to meet or exceed the sales goals by moving budget out of direct mail and into digital is not a viable option, nor is slicing a digital budget out of DRTV, print, events or other high-performing channels.
For modern marketers, there is no longer a separate category for mobile, and for Medicare marketers, the reality that our audience is now predominantly mobile must be acknowledged and prepared for.

Mobile is no longer considered a channel
To be clear, more than half of all digital advertising occurs on mobile devices. The remainder of this ebook will incorporate strategies that are as much mobile as they are desktop. For modern marketers, there is no longer a separate category for mobile, and for Medicare marketers, the reality that our audience is now predominantly mobile must be acknowledged and prepared for. All of the strategies and tactics contained within are applicable to mobile, and I strongly encourage the consideration of cross-platform mobile digital advertising for search, display, video and through mobile-specific apps (applications). Don’t expect to see a “Mobile Marketing” section; everything here is for mobile and desktop.

A digital marketing strategy is more than a digital media strategy
Who is responsible for creating and executing the digital strategy? Is it the marketing department of the Medicare organization? Perhaps it’s the marketing agency that works with the Medicare organization. Or could it be the media agency who is responsible? I’ve seen it all three ways. Due to budget limitations, smaller Medicare organizations task their own marketing department to do this, while most of the time it is the marketing agency that creates the strategy, while the media agency is generally responsible for executing the strategy and implementing the ad spend as directed.

Best practice calls for the Medicare organization’s marketing agency to create the strategy. After all, the marketing agency is orchestrating all channels and needs to assume the role of the lead agency directing all marketing endeavors of the organization, including media. The lead agency will best understand the brand and the brand’s values, and they most likely helped to write the positioning and messaging of both the brand and the products.

Every best-practice lead agency will depend on input from the media agency and the marketing department of the Medicare organization to develop the best possible strategy and implementation road map.
The digital strategy and digital budget conundrum

The obvious conclusion is that there can't be a digital strategy without a DEDICATED digital budget and, conversely, how can a digital budget be estimated without a digital strategy?

Let's pull back from the philosophical to the practical for a moment. Those who are in a position where they are developing strategy are usually aware of the budget availability and limitations of the organization. The assumption is that you'll know if your digital budget is more likely to be a bread basket, or a bread truck, or a bread factory or a national chain of bread factories with fleets of bread trucks.

There is a great likelihood that your Medicare marketing organization has forayed into the digital marketing game in some way by now, which means that your starting point isn’t at zero—which is a good thing. Perhaps your organization has experimented with search, and maybe with some display or even with retargeting; and, if so, you have some lessons learned, some benchmarks to reference and have been able to convince those holding the purse strings that digital experimentation must take place.

Based on what your organization has tolerated for digital marketing experimentation and what you estimate to be an acceptable budget range for digital marketing is a good starting place for determining a budget range for digital. When building the actual strategy, a more detailed view of what you will need to spend based, on benchmarks and educated estimates, will allow honing of the budget to a more realistic number.

Some mistakenly view digital marketing as advertising on digital media channels. While it is true that digital channels are utilized to advertise, creating a digital strategy is usually tasked to marketing agencies that develop strategy and either have a media department, or utilize a media agency to place the media. Building a digital strategy requires knowledge of the market, the target, direct response marketing, brand marketing, digital advertising, social media marketing and advertising and marketing strategy.

Creating a digital strategy framed within a business case, which proves a positive ROI on an estimated budget that can be used to obtain funding, can be challenging.
Digital Strategy 101: A Prerequisite to Building a Digital Strategy

What is a Digital Strategy?

A Digital Strategy is the process of identifying, articulating and executing on digital opportunities that will increase your organization’s competitive advantage.

Building a digital strategy will obviously require knowledge of the digital landscape, along with the knowledge that any Medicare marketing strategist would need to develop any marketing strategy.

Part of the confusion surrounding digital strategy is the definition of the term digital itself. A digital strategy can be all things digital, from the digitization of paper records to the implementation of a digital backend member portal complete with Electronic Health Records (EHRs). From the development and deployment of mobile digital applications, to the management of the organization’s social media properties, to the decision to purchase and implement digital systems—all fall under the broad digital umbrella.
Specifically, for the purpose of Medicare marketing, we will define digital as it pertains to marketing in areas such as:

- Search Engine Marketing
- Search Engine Optimization
- Digital Display Advertising
- Social Media Advertising
- Social Media Marketing
- Website and Landing Page Development
- Email
- Mobile Applications
- Mobile Messaging

Each of the above topics has been and will continue to be an entire subject of marketing books. It is the intention of this ebook to provide a brief, consolidated overview of the digital advertising tools that are available, in order to enlighten Medicare marketers as to what needs to go into developing and creating a digital marketing strategy.

Before ANY marketing strategy can be developed or created, questions must be asked and answered. Oftentimes, in order to provide answers, research must be conducted, assessed and studied in order to understand the insights gained from the research.

Let's begin with:

50 Questions to ask your organization before developing a digital Medicare marketing strategy

The Marketplace
1. What is the marketplace opportunity?
2. What is the market share of our top three competitors?
3. What is our market share?
4. Where within our DMA (designated market area) are the best opportunities for growth?

The Audience
5. How many people 65+ years old are in-market within the DMA now?
6. How many people are 64 years old this year who will be aging into Medicare within the DMA this year, and next year?
7. Have we developed target-audience progressive personas?
8. Have we developed segmentation studies, informing segmentation through digital analytics and insights?
9. What are the digital media consumption behaviors and habits of our target audience?
10. What is the buyer’s journey for 60-65 year olds (Age-Ins)?
11. What is the buyer’s journey for 65+ year olds with a propensity to switch (AEP)?
12. What is the buyer’s journey for 65+ year olds able to enroll year-round in plans enjoying a CMS 5-Star Quality Rating?
13. What is our audience thinking, feeling, experiencing, expecting and considering at each stage of the modern buyer’s 10-stage journey?

Your Organization’s Current State of Digital
14. Specifically regarding each of the digital channels and capabilities, what are the organization’s:
   • Strengths?
   • Weaknesses?
   • Opportunities?
   • Threats?

Digital Goals
15. What are the growth goals, or how many new incremental members are being sought, to add through digital channels?
16. What digital goals can be developed to better engage with members?
17. What is the digital transformation vision for the organization?
18. How can better service be provided to members through digital means?
19. How can operations be more effective and efficient through digital means?
20. What is the capacity for integrating the different parts of a digital strategy?
21. What is the plan to integrate digital advertising with other advertising, marketing and event-driven efforts?
22. What defining Key Performance Indicators (KPIs) and other metrics will digital programs and progress be measured by?
23. What is the capacity to perform an analytical review of efforts to gain insight into how digital efforts can be optimized?
24. What is the plan for agility in refining the digital strategy at regular intervals?
25. What are the estimates for the future digital investment road map?

**Brand, Positioning and Messaging**

26. How to best communicate the core features and values of the brand?
27. How to add value to the brand through digital means?
28. How to differentiate from competitors and communicate this through digital means?
29. What are the positions and messages of key competitors?
30. What is the “white space” within the industry messaging that can be leveraged, controlled and owned by the organization?
31. What is the brand messaging and positioning for products and people?

**Digital Content Strategy, Digital Content Audit and Digital Content Creation**

32. What is digital content strategy?
33. Is our content strategy mapped to the buyer’s journey for each segment of our audience?
34. What is the organization’s owned media strategy?
35. What is our earned media strategy?
36. What’s the best way to promote, advertise, leverage and exploit our owned and earned media, with digital paid media, through various targeting options?
37. Can the digital e-communications strategy be streamlined and refined?
38. Can implementation of personalized messaging through digital means to our audience be realized?
39. Are there plans to create a content hub?
40. Have digital assets been audited? And if so, when?
41. What’s the best way to perform a gap analysis of content?
42. How do we create a digital editorial calendar?

**Digital CRM**

43. How can we best engage with our members digitally?
44. How to determine the current level of online member engagement?
45. What goals can be set to improve digital engagement?
46. What KPIs can be put in place to measure digital engagement?
47. What are the digital loyalty drivers that exist now, and what drivers do we need to have?
48. What are the digital loyalty barriers that need to be overcome, and how do we overcome?
49. How can member advocacy be improved through digital means?
50. What is our eCRM approach and method for data profiling?

There are other important questions that need to be asked and answered in order to craft a digital marketing strategy. Many of these will be posed in the following chapters that specifically discuss digital tactics.
Search Engine Marketing (SEM)

Every year LUMA Partners, a unique investment banking firm that lives in the digital media world, releases several different LUMAscapes. These provide an infographic look at the landscape for a given digital area. There are LUMAscapes for digital display advertising, digital search advertising, mobile and video.

As most Medicare marketers are in the nascent stages of both search and display, let’s take a look at the LUMAscapes for each, beginning with search.
Search involves more than just Google AdWords™, as you can see from this very busy infographic. It begins with the agencies at the upper left corner (disclaimer: KERN Health is an Omnicom Group agency) and progresses to those agencies that specialize in search, such as KERN Health’s media partner, ConvergeDirect.

In between, you’ll see the inclusion of SEM tools such as Google AdWords™, SEO (search engine optimization) tools like Moz; analytics for both search and web, including Google Analytics™, to all of the various search engines, such as Google™, Bing® and Yahoo!®, and search retargeting, verification and search networks.

Skipping the elementary basics of SEM, which marketers are generally familiar with, let’s take a deeper dive into what different SEM variations are available to Medicare marketers. Fundamental keyword selection strategy will not be covered here, which is itself the subject of many books.

Medicare marketers are familiar with and have experience and historic benchmarks to reference regarding their selection of keyword search terms. Basic search advertising is usually done on the largest platform, which is Google AdWords™. Google™ has an excellent educational section on the AdWords site, which can be found here.

The following technologically driven tactics are usually used together, and not as isolated tactics, as a campaign can include many of these tactics integrated to achieve the strategic vision.

**SEO and SEM**

Best-practice digital marketers don’t view SEO and SEM as an either/or asset, since experienced and successful digital marketers know they must have strategies
for both SEO and SEM in place to achieve success. Ensuring that the website and landing pages are search engine friendly (can easily be crawled and indexed by search engines) is essential to the success of any SEM program. Having a SEO strategy supported by a SEO-driven content strategy lifts the effectiveness of both SEO and SEM short term and long term.

SEO continues to be a “cat and mouse” game; as Google™ changes algorithms, SEO experts change tactics to exploit the new algorithm. If you’d like to learn more about SEO, there are some excellent books on Amazon that cover the subject in detail.

SEM

Today, there is a variety of targeting tactics available to the modern search engine marketer beyond demographics. Savvy SEM strategists must constantly keep themselves current with new technological changes to fully leverage the latest best-practice tactics.

The tactics listed here are usually used together, not just individually, as a campaign can integrate many of them to achieve the strategic vision. As Medicare marketers have just begun to scratch the surface on what targeting tactics are available, here are today’s modern SEM targeting tactics.

**Brand Keywords**

Campaigns can be run for both branded and nonbranded search terms, depending on campaign emphasis. Brand keywords are obviously keywords that include the brand. People searching for brands have high intent on finding the brand that they’re searching for and, therefore, provide marketers with a high or good ROAS (Return on Ad Spend). Many organizations have branded their products so that they are able to make people aware of their brand right when they’re searching.

**Targeted Nonbrand Keywords**

Conversely to brand keyword searches, targeted nonbrand keywords are designed for searchers with less intent than brand searchers, and generally provide a lower or lesser ROAS. Many organizations measure branded and nonbranded keyword searches separately, since the level of intent for each of these searches is decidedly different.

**Conquering**

Conquering is generally considered an aggressive marketing strategy by a company targeting a competitor’s brand name, product names or marketing slogans. Perhaps the most famous occurrence of conquering came during the 2011 Super Bowl, when...
Volkswagen ran their famous commercial “The Force.” In that spot, a kid dressed as Darth Vader starts his dad’s VW with what he believed was the power of the Force. Turns out it was really dad with a remote start button. Chevrolet saw the commercial, and according to this USA Today article: “A team of Chevrolet marketers went into action, paying for links to Chevy’s Super Bowl ads to appear as a top result when people Googled phrases such as Darth Vader. As a result, Chevrolet’s ads got 55 million views online in the four days following the Super Bowl—far above expectations.”

Targeted Ad Copy

As you might imagine, targeting keywords within an ad or landing page copy is another tactic marketers use to return relevant searches to those seeking a product or service rather than a brand. For Medicare marketers, phrases such as Part D Prescription Drug Plan or Medicare Advantage HMO are common phrases used within the ad copy and can be used as keywords for targeted ad copy.

Targeted Devices

Medicare marketers can leverage device targeting to reach their best prospective customers on any device. Controlling when, where and on what device your ads appear enables flexible targeting options, as you can combine device targeting with other attributes such as location, day, time and demographics. And, you can tailor a specific mobile campaign to only target smartphones of one or more manufacturers. By testing device targeting, marketers are able to understand which devices their best-performing prospective customers are using and can increase ROAS significantly by targeting those specific devices combined with other top-performing attributes. This is especially critical for Medicare marketers as leading-edge Boomers age in to eligibility.

Contextual CPC (Cost Per Click)

Where and when a marketer’s digital advertisements are placed is as critical, or more critical, than the message, the offer or the creative. Imagine a brilliant ad with a fabulous offer pasted onto a billboard in an isolated desert town with no traffic driving by. The outdoor board will not be effective. The same is true for digital advertising, including search. Medicare search engine marketing must be planned by thoroughly understanding the digital media consumption behavior and habits of the Medicare audience. Vendors offer context-based, algorithm-based placement of searches to ensure that the ad being placed appears in front of an interested audience who is receptive to the offer.

Using contextual CPC also enables search engine retargeting, which is a newer technology that dynamically inserts the searcher’s own keyword queries into your ad copy as the user continues to browse other sites, and all this activity is trackable and attributable through the vendor’s analytics reports. There are vendors that allow for CPC contextual traffic specifically targeted to the health vertical. They each have a collection of sites focused on insurance. Some of the benefits of contextual CPC include the allowance for CPC traffic similar to search, but at a lower cost, since users only see an ad if they meet the selected criteria, such as demographic, geographic or other selectable attributes. Read more about contextual targeting for Google AdWords™ here.

There are several vendors that allow for CPC contextual traffic specifically targeted to a collection of sites focused on Medicare insurance.

Daypart Targeting

Daypart targeting allows Medicare marketers to reach the audience by the time and day of the week when ads are most likely to be seen, based on the media consumption and behavior patterns of the audience. Dialing in the best times of day that the Medicare
audience is most likely to be searching for search terms enables marketers to increase ROAS by maximizing the allocated budget for the most impact. Here is another opportunity to test and learn what days and what times of day your prospective audience is most likely going to be searching for Medicare information or assistance so that you can optimize your spend and maximize results. And while many Medicare marketers are using Google AdWords™, some may be unaware that daypart targeting is an option. Learn more about Google AdWords™ custom scheduling here.

**RLSA**
**(Remarketing Lists for Search Ads)**

According to Google™, remarketing lists for search ads (RLSA) “is a feature that lets you customize your search ads campaign for people who have previously visited your site, and tailor your bids and ads to these visitors when they’re searching on Google.” Why might Medicare marketers be interested in this capability? Well, in order to maximize the effectiveness of a smaller digital search budget, having your search engine marketing only return PPC ads to people who have already shown an interest by visiting your site is an excellent way to squeeze every working dollar out of your digital budget. When someone visits your Medicare site, they are most likely interested in your Medicare offerings. When that person continues to search for other Medicare plans, your search engine marketing ad comes up first—and there is a better likelihood that the searcher may be swayed into revisiting your site and reconsidering your offer.

Geo-targeting and geo-fencing are terms that are often misunderstood and misused by marketers, so let’s address the difference while defining them. Geo-targeting is the targeting of prospective members within a specified geographical territory, such as a DMA that meets other targeting criteria like demographic or psychographic selected attributes. For Medicare marketers, geo-targeting is an important aspect of every SEM campaign, including testing different tactics such as messaging, formats and keywords to different geographical locations. Bidding for search terms within broad geographical locations such as ZIP codes, cities, counties or states is going to be much more efficient and effective for driving higher ROAS.

**Geo-fencing**

Geo-fencing involves drawing a virtual DMA using either a device’s GPS, home or business’s IP address as the centralized origination point and targets prospects within the radius selected from those origination points. Utilizing geo-fencing will enable you to show ads to EVERYONE within a selected area, usually within a much tighter location radius than can be used with geo-targeting. Medicare marketers can use this capability to target areas with high concentrations of Boomers or seniors, such as large retirement communities, to gain efficiency, drive down investments and increase response. Geo-fencing does not provide marketers with the ability to serve up push notifications on apps to those within the geo-fence radius, although many marketers mistakenly believe that it does.
**SEM for Medicare Marketers**

Knowing what tools are in the toolbox and having expert knowledge of those tools are essential for any master carpenter. Even the novice must survey the toolbox before attempting to build a project, and the same is true for Medicare marketing strategists.

There are 10 stages in the modern buyer’s journey: Distraction, Recognize Need, Search for Solutions, Seek Vendor Solutions, Evaluate Solutions, Justify Solutions, Social Research, Cost Analysis, Purchase and Evaluate Decision.

While the journey stages of the AEP “Switcher” and the “Age-In” prospects are similar, they may have very different needs and concerns when shopping for Medicare. The final messaging for each segment must speak to each audience’s specific needs and wants.

No matter the audience, something is likely to distract or interrupt a Medicare shopper (1), which acts as a catalyst for considering either their current Medicare coverage (Switcher) or that they are nearing the age where they will have to face a choice regarding Medicare by the time they turn 65 (Age-In). Maybe it was something they heard from a friend or family member, or perhaps they saw a commercial for Medicare on television or online.

Once they have recognized that they have a need (2), both audiences are likely to search for solutions (3) and begin to look for specific vendor solutions (4).

They will evaluate those solutions (5) and perhaps will need to justify those solutions to their spouse, children or friends (6), and they or their support group will conduct social research (7) during each stage of their journey.

How much does it cost per month, or what is the total cost of the policy, including deductibles? These questions are answered within the cost analysis (8) leg of the journey, and the decision to make a purchase (9) is made. Then the important evaluation of the decision (10) occurs, which is increasingly more important, as many post their evaluation online for others to see.

Understanding and mapping the Medicare buyer’s journey will enable organizations to determine which tactics are best for early-stage, middle-stage and late-stage funnel searchers. Testing different messaging, positioning and tactical execution, along with landing page versions, is best practice and will allow your marketing to evolve into an optimized program providing great ROAS.
CHAPTER 5

Digital Display Advertising

*Digital display* is a wide term for a category that includes banner advertisements, promoted or sponsored advertisements (including those on social media), native advertisements, video, rich media and sponsorships for all devices. Unlike strictly text-based ads, display advertising relies on images, audio and video to engage the audience and convey the advertising message.

**Revolutionizing the way digital display ads are managed**

There are many vendors whose products and services have completely transformed the management of digital display ads. When looking at the Display LUMAscape, you may find that some of the category topics are unfamiliar. Let’s take a closer look at what goes into implementing digital display advertising.
Agency trading desks and programmatic media buying

Agency trading desks (ATDs) manage the bidding of programmatic digital display media through a system that is customized to execute the digital display strategies of a specific client or group of clients of a specific agency. The programmatic process automates the ad-buying-and-selling process through the use of software and technology at a speed and scale that makes it more efficient and effective. Programmatic ad buying (also known as RTB for “real-time buying”) helps marketers take advantage of unsold or “remnant” digital inventory. When ad-serving sites have unsold inventory, programmatic rates are offered at considerable discounts compared to the site’s direct rates.

And the programmatic process offers advertisers the ability to incorporate large amounts of data to serve users with ads that are more likely to be relevant on psychographic, demographic, behavioral and intent levels. Accuen is Omnicom Media Group’s agency trading desk within a programmatic agency, operating the industry’s first open and flexible platform for programmatic media buying for the world’s leading marketers. Accuen delivers market-leading solutions across channels, transforming data into a competitive media advantage.

Dynamic Creative Optimization (DCO)

DCO allows marketers to test and optimize banners or other digital display ads based on real-time feedback from multivariate testing. Multivariate testing tests a hypothesis in which multiple variables are modified. The goal is to determine which combination of variations performs the best out of all of the possible combinations. The data is analyzed in real time through an algorithm, and results are interpreted simultaneously to serve the right banner via real-time data dependent on a searcher’s intent.
Retargeting

This definition of retargeting is from retargeter.com: “Retargeting is a cookie-based technology that uses a simple JavaScript code to anonymously ‘follow’ your audience all over the web.”

“Here’s how it works: you place a small, unobtrusive piece of code on your website (this code is sometimes referred to as a pixel). The code, or pixel, is inconspicuous to your site’s visitors and won’t affect your site’s performance. Every time a new visitor comes to your site, the code drops an anonymous browser cookie. Later, when your cookied visitors browse the web, the cookie will let your retargeting provider know when to serve ads, ensuring that your ads are served only to people who have previously visited your site.”

“Retargeting is so effective because it focuses your advertising spend on people who are already familiar with your brand and have recently demonstrated interest. That’s why most marketers who use it see a higher ROI than from most other digital channels.”

Filling out the eye chart of the Display LUMAscape are the following: DSP is an acronym for demand side platform, which is software used to purchase advertising with a platform that allows buyers/advertisers to buy the inventory from various ad exchanges and data exchange accounts through one interface, which is real-time bidding (RTB). (NOTE: RTB is previously defined as “real-time buying.”) A supply-side or sell-side platform (SSP) is a technology platform that enables the publishers to manage their ad impression inventory and maximize revenue from digital media.

Exchanges are ad exchanges, which are “markets” for ad buying and placement, as are ad networks. These come in various iterations and flavors, such as vertical custom, targeted networks/AMPs (audience-management platforms, which are vendors that offer both DSP and DMP, data-management platform). Then there are performance-enhancing software, mobile-specific platforms, ad servers and a multitude of vendors that work to supply measurement and analytics, verification and privacy, retargeting, testing and optimization, and media management and operational systems.

Medicare marketers will usually rely on their agency partners to manage these aspects of their programs. The technical nature and knowledge needed to staff marketing operations to facilitate all that is associated with best-practice digital display marketing and advertising prohibits Medicare marketing organizations from building their own in-house digital display marketing teams.
According to eMarketer: “In 2016, digital display ad spending will eclipse search-ad spending in the US for the first time. Combined, the categories of video, sponsorships, rich media and ‘banners and other’ will account for the largest share of digital ad spending: 47.9%, worth $32.17 billion.”

From what we’ve observed, this monumental shift from search to display is not reflected in the current usage by Medicare marketing organizations. Some organizations are “getting their toes wet” in the digital display water, and some haven’t provided themselves with an adequate dedicated digital display budget to be effective. Others have completely stayed away from digital display, putting all their eggs in the search basket for digital advertising investment.

What does the term programmatic mean as it relates to display advertising?

By definition, programmatic ad buying refers to the use of software to purchase digital advertising, as opposed to contracting inventory from a specific site over a specific time period, which has enabled marketers using programmatic ad buying to buy digital ads more efficiently and effectively.

According to eMarketer, U.S. programmatic digital display ad spending grew 137.1% to $10 billion in 2014, which represents 45% of the U.S. digital display ad market. And a recent article in Advertising Age notes that “programmatic buying is on track to make up $14.88 billion of the approximately $58.6 billion digital advertising pie this year, a nearly $5 billion leap from 2014, when it accounted for $9.9 billion.”

Why does this matter to Medicare marketers?

Programmatic ad buying provides marketers with the ability to grow, scale, gain media efficiency, enjoy wide targeting capabilities and deliver ads with cross-platform (device) accessibility.

“A demand-side platform (DSP) is a system that allows buyers of digital advertising inventory to manage multiple ad-exchange and data-exchange accounts through one interface,” states Wikipedia. This access to thousands of sites on which we can serve ad impressions provides us with the ability to be extremely efficient and effective, while increasing our digital display targeting capabilities with virtually limitless scalability.
As with search, digital display ads bought through programmatic means can be targeted nearly any conceivable way:

- Retargeting
- Look-alike targeting
- Behavioral or psychographic targeting
- Contextual targeting
- Demographic targeting
- Brand keywords
- Targeted non-brand keywords
- Conquesting
- Targeted ad copy
- Targeted devices
- Behavioral targeting
- Daypart targeting
- Retargeting (remarketing)
- Geo-targeting
- Geo-fencing
- Platform (device)

**Banners**

Banners are the most common form of digital display advertising and come in a variety of flavors and sizes. The MarTech Blog provides this comprehensive listing of popular banner sizes:

**Top performing ad sizes on Google™**
- **Leaderboard**—728 pixels wide by 90 pixels tall
- **Half-Page**—300 pixels wide by 600 pixels tall
- **Inline Rectangle**—300 pixels wide by 250 pixels tall
- **Large Rectangle**—336 pixels wide by 280 pixels tall
- **Large Mobile Banner**—320 pixels wide by 100 pixels tall

**Other supported ad sizes on Google™**
- **Mobile Leaderboard**—320 pixels wide by 50 pixels tall
- **Banner**—468 pixels wide by 60 pixels tall
- **Half Banner**—234 pixels wide by 60 pixels tall
- **Skyscraper**—120 pixels wide by 600 pixels tall
- **Vertical Banner**—120 pixels wide by 240 pixels tall
- **Wide Skyscraper**—160 pixels wide by 600 pixels tall
- **Portrait**—300 pixels wide by 1050 pixels tall
- **Large Leaderboard**—970 pixels wide by 90 pixels tall
- **Billboard**—970 pixels wide by 250 pixels tall
- **Square**—250 pixels wide by 250 pixels tall
- **Small Square**—200 pixels wide by 200 pixels tall
- **Small Rectangle**—180 pixels wide by 150 pixels tall
- **Button**—125 pixels wide by 125 pixels tall

See the entire list of banner sizes from the MarTech Blog [here](#).
Rich media digital display

As Google™ so aptly defines it, “Rich media is a digital advertising term for an ad that includes advanced features like video, audio or other elements that encourage viewers to interact and engage with the content.” While text ads sell with words, and display ads sell with pictures, rich media ads offer more ways to involve an audience with an ad. The ad can expand, float, etc. You can access aggregated metrics on your audience’s behavior, including number of expansions, multiple exits and video completions to get granular data on the success of your campaign. If you have a simple objective to generate clicks or a more ambitious goal to create brand awareness, rich media is the format to go with.

There are various types of rich media digital display ads available to Medicare marketers, and you will find wonderful examples of these different types at Google’s Rich Media Gallery here.

Animated ads are now mostly implemented in animated gifs or HTML5, because Flash is nearing extinction; Google™ has announced that as of January 2, 2017, “display ads in the Flash format can no longer run on the Google Display Network or through DoubleClick.”

- **Expanding ads** that begin as banner size can expand to large sizes and may include a video display.
- **Sidebar ads** are displayed usually in the columns to the left or right of the content.
- **Mouse-over ads** either pop up or expand when the user hovers over words or the entire ad.
- **Background ads** replace the background image and provide a large clickable area for users to hit as the background of the web page.
- **Click-through ads** bring the user to a new page (usually a landing page) where the user will be served a video or an additional ad; then they will need to click through to view the content.
- **Reveal ads** block the content on the web page, and when the viewer has viewed the ad or video, the content is revealed.
- **Video ads** auto play with or without sound on a page.
- **Slide-in ads** slide in from the left, right, top or bottom.
- **Exit-intent ads** are pop-up ads activated by mouse-movement predictions to determine when a person has the intent to leave a page.
- **Pop-up ads** can be designed to deploy as soon as you arrive at, or attempt to leave, a web page.

Rich media is a digital advertising term for an ad that includes advanced features like video, audio, or other elements that encourage viewers to interact and engage with the content. -Google
CHAPTER 6

Digital Video Advertising

Nothing is more distracting, compelling or engaging than the medium of video. There are three types of video ads: in-stream video, out-stream video and in-banner video. Let’s define each:

- In-stream video plays within a video player, as it does on YouTube™
- Out-stream video plays independently of a video player; it can be placed anywhere on the page
- In-banner video plays, within a rich media banner

While all three are used, valued and recommended to their clients by agencies, there is no definitive data on which works best for Medicare marketers. What we do know is that relevantly compelling video is a powerful way to communicate your message to online Boomers and the Medicare audience. It is of paramount importance to carefully craft the story of the video to enable your message to be seen, heard and understood.
Adoption of digital video ads by Medicare marketers isn't widespread

Those who are using digital video advertising are educating their audience while driving leads directly attributable to the video. And, by working in concert with other online and off-line advertising strategies, those marketers are boosting results of all paid, earned and owned media efforts.

Digital video advertising can reward those Medicare marketers who have mastered it with a very attractive low cost per lead; however, the jury is still out on exactly what impact digital video ad derived leads have on baseline conversion rates. While their attractive low cplures many into testing video advertising, caution must be taken to fully understand the conversion ability of these leads against other leads in your pipeline.

Out-stream video ads

As eMarketer puts it: “Out-stream video ads, which play outside of video content—between paragraphs of text, for example—have emerged as one solution. When asked about the types of video ads that would be more or much more important to their clients’ overall ad portfolios in the future, fully 77% of agencies worldwide cited out-stream ads, as did 70% of advertisers. For both of these groups, this was the No. 1 response.”

Out-stream video ads play content while the user is on the web page and are designed to distract or interrupt the user into wanting to learn more about what the video is promoting.

As out-stream video ads have become more common, it is more likely that you’ve seen one than not. Whether you’ve landed on a page that automatically plays video (with or without sound) or have scrolled down a page that suddenly presents you with an unexpected page break with a video playing (and pausing if you happen to scroll away), you’ve been served out-stream video.

In-stream video ads

The name in-stream refers to the stream of video within the player. In-stream video ads are served within a video player, such as in YouTube™ videos. These are the “commercials” or video ads that show up within the video player, before your selected video begins, or in the middle of your video or at your selected video’s conclusion.

There are different names and rates for the three major subtypes of in-stream video ads. These are:

• Pre-roll, video that’s shown before the user’s selected content is streamed
• Mid-roll, video that comes in as a commercial break, interrupting the user’s selected content
• Post-roll, video that plays when the user’s content concludes, often with a recommender based on the content selected

As you may guess, in emulating the real world of broadcast television, the mid-roll ads have proven to be the most effective and have shown to have the highest completion rate. The theory is the same as TV—once you’ve become engaged with content, and it is interrupted, you are likely to tolerate the interruption to continue viewing the content that has engaged you.
**In-banner video ads**

Banners that have videos embedded are in-banner ads, and they are generally available in the same standard IAB banner sizes (728x90, 160x600 and 300x250). In-banner ads are available on a wide variety of websites and ad platforms. In-banner video ads often play automatically with no sound, giving the user the ability to turn on the sound if interested, which is considered less intrusive and best-practice. Other banner ads with video embedded automatically play sound.

Video, very much like digital display advertising, utilizes many of the same or similar platforms. The landscape depicted in the Video LUMAscape includes agencies, agency trading desks and exchanges. The main difference is that digital video advertising time is also sold for use by those with SMART (connected) HDTVs for those watching OTT (Over the Top) video. OTT is video that is delivered via the Internet without a cable or satellite contract or box, thus delivering the video “over the top” of those networks. Some of the most popular OTT providers are Netflix®, Amazon Prime™ and Hulu®.
Native Advertising and Content Marketing

Native advertising is a newer digital channel. However, it is actually tied to a tried-and-true method of engaging potential customers through educational and informational communications.

Taking on the look of an editorial wrapper, native advertising is a marketing strategy that has been around since the first paid advertisements were written.

What is native advertising?

Advertorials, edutainment, infomercials, sponsored ads and paid-advertisement disclaimers are all forms of native advertising. There are many definitions, although this particular one from Lewis DVorkin, of Forbes is on point: “A paid-for placement on a digital screen or within a content stream that promotes a brand’s content marketing, much the same way editorial content is promoted.” The roots of native advertising can be found in the earliest long-form print advertising executions, especially in the pre-advertising-regulation Mad Men era.
The modern form of native advertising can be seen on websites such as BuzzFeed® or Yahoo!,® where sponsored examples of native advertising can be seen every day within the queue of featured articles.

In the modern digital world, native advertising is gaining in use against banner advertising. In a recent study by IPG Media Lab and Sharethrough (a native advertising media placement provider), the following insights were published:

• Consumers looked at native ads 53% more frequently than display ads
• 25% more consumers look at in-feed native ad placements (the most common editorial native ad format) than display ad units
• Native ads registered 18% higher lift in purchase intent and 9% lift for brand affinity responses than banner ads
• 32% of respondents said the native ad “is an ad I would share with a friend or family member” versus just 19% for display ads

For marketers, these numbers are impressive and compelling enough to gain serious consideration by marketing strategists against or in addition to traditional banner ads. What seems to be at issue for strategic marketers is how and where to plan for native advertising within their content strategies.

**Bigger ad spend projected for native advertising**

According to eMarketer, ad spend on native/content marketing was projected to increase 34% to $4.3 billion by the end of 2015. By the end of 2018, the spend is projected to double to $8.8 billion.

Content marketing is well received for its ability to drive awareness and attract attention (quotes from ad executives to eMarketer):

• “...an appreciation for its ability to drive viewers to owned media”
• “...a way to get around the traditional ad clutter”
• “...emphasized the value of native in a world that is increasingly mobile, where screens are small and content is consumed via feeds”

**SEO lift**

Increased brand awareness should translate to more search volume and a stronger ROI. Furthermore, sponsored blog posts are also indexed in search engines, resulting in positive shareable organic content.
Content ownership rights

Content marketing is the building of a library of content assets to engage prospective and current customers as they travel through the modern buyer’s journey.

The native content created is owned by the brand to repurpose. The content can be reused or repurposed for websites or social pages.

What separates native advertising from pure content marketing? What strategies need to be considered when planning to use some form of native advertising? The key to understanding the subtle differences between content marketing and native advertising is a focus on the definitions of paid, earned and owned media.

Owned media is what’s created for company-owned digital properties—websites, mobile, blogs and social media channels. When that content is shared, or reposted outside of the company-owned digital properties, it’s known as earned media. And paid media is advertising—pay-per-click, display ads, paid influencers, social media ads and retargeting.

Native advertising is also considered paid media. Unlike content marketing, native advertising can be placed within media just like digital banner ads. This allows marketers to pinpoint their target audience in exactly the same process.

Thus, the conundrum of “where to park” native advertising. Is it really part of content strategy, or does it sit better with the advertising department? Does the content strategy team plan for the native ads, or is it the function of the traditional creative department that creates advertising for all other channels? How do the traditional media planners create strategy for native advertisements? Do they use the same strategies and tactics used to place banner ads? Or, should social media marketing strategists give input on the content and placement of these native ads?

As the proliferation of native advertising evolves, Medicare marketing strategists must be prepared and informed to help their companies or clients navigate this interesting digital channel, which has been steadily gaining popularity. For keen strategists who make it a point to consider all screens, as well as multiscreen and omnichannel messaging, further study and testing of native advertising needs to be part of our current and near-future planning.
Landing Page
Best Practices

In developing your campaign, you’ll likely pay a lot of attention to segmentation, prospect personas and psychographics. But these details often get overlooked when the lead-capture page is designed. And, in reality, it’s the most important component.
The landing page is where prospects arrive when they respond to your digital display ads or SEM. If the landing page isn’t built to best-practice specifications to move the prospect through the call to action, all that strategic planning, careful copywriting, list selection and data mining will be a waste.

Since your entire campaign hinges on conversion, it’s essential that the landing page convinces your prospects to take further action. Those pages that capture prospect information should always aim for simplicity and be easy to read, understand and complete, especially when you’re designing for the leading-edge Boomers and Greatest Generations.

**Key Insights**

- Limit the number of questions you ask. You don’t want prospects leaving because there are too many questions.
- Make those questions important and pertinent.
- Don’t ask for information that isn’t essential to your marketing needs.

Prospects who provide the information you request are completing a vital step that helps you to convert your prospect into a lead.

Ideally, landing pages should be designed so that the reader doesn’t need to scroll up, down or side-to-side. Including links on the page makes it possible for readers to leave before they provide the desired information. However, if you’re only looking for leads that are nearly ready to purchase, it may be a sound strategy. Just be sure to decide whether or not you want to include links before the page is designed. You can always send the links, in a subsequent email that also thanks those that responded.

Use videos, navigation bars and other visual distractions sparingly, if at all. And always include your privacy policy and a way for the reader to opt out.

The landing page can either be an obstacle that prevents your prospects from taking the next step, or the vehicle that delivers high-quality leads that you can turn into customers.

Successful marketers test multiple versions of their landing pages. The most common—and the easiest to execute—is a simple A-B test. In larger campaigns, multivariate tests with different copy, layout and messaging can be used to produce one with the highest conversion rate. Fine-tuning and landing page optimization are also considered best-practice, and doing these are highly recommended.
Social media is another topic that is simply too large and broad to discuss within the context of this; however, it is also too important to ignore. There are elements of social media that are pure advertising, such as digital display on social sites, or promoted social media, such as sponsored tweets on Twitter™. Social digital display advertising works in the same way as digital display advertising, with increased targeting capabilities, especially on Facebook™.

Facebook enables Medicare marketers to select their target audience based on location, demographics, interests, behaviors, connections and partner categories—which is an incredibly rich breadth of selects to choose from. Overlaying and combining these selects allows hyper-local targeting which, when combined with demographics and other targeting attributes, is ideal for Medicare marketers.
When eMarketer referenced CrowdTwist’s report, *Demystifying Brand Loyalty Among Baby Boomers*, the percentage of Boomers (ages 51—69) using Facebook led the study at 70%. YouTube™ the second highest percentage, was half of Facebook’s percentage of users at 35%—still a substantial amount for those considering digital video advertising.

Medicare marketers have, and will continue to have, this incredible opportunity to acquire new members through social media engagement and advertising in the coming 10–20 years.

In the 2016 study by DMN3 of 1,000 Baby Boomers, it was revealed that Facebook is the overwhelming social networking site used, by more than 2 to 1, and 15.5% of all respondents spend 11+ hours a week on Facebook.

The most telling insight of this survey is that “over half of Boomers who use social networking sites will visit a company website or continue their search on a search engine as a result of seeing something on social media.”

Since this survey indicates that 82.3% of Boomers surveyed are using Facebook, it is obviously a preferred channel for our audience of Medicare shoppers. Medicare marketers have the ability to leverage the hyper-targeting, scale and environment of Facebook with sponsored posts that can be crafted to direct consumers to benefits (and branded) landing pages via image, text or video ads across desktop and mobile. Facebook ads usually have a call to action to learn more or shop now, and they will need your attention so you can create landing pages that enable you to convert sales.

### WHICH OF THE FOLLOWING SOCIAL NETWORKING SITES DO YOU USE OR BELONG TO?

<table>
<thead>
<tr>
<th>Social Networking Site</th>
<th>Percentage of Responders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>82.3%</td>
</tr>
<tr>
<td>LinkedIn</td>
<td>35.3%</td>
</tr>
<tr>
<td>Pinterest</td>
<td>34.4%</td>
</tr>
<tr>
<td>Google+</td>
<td>32.2%</td>
</tr>
<tr>
<td>Twitter</td>
<td>30.6%</td>
</tr>
<tr>
<td>None</td>
<td>12.6%</td>
</tr>
<tr>
<td>Instagram</td>
<td>9.1%</td>
</tr>
<tr>
<td>Myspace</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Email and Other Digital Channels

It seems rather pedestrian to include email as a digital tactic, but, really, what else could it be? Email is vital to the marketing success of Medicare organizations. Email is a means to communicate with members, deliver digital assets like or through the delivery of a link within the email message, acknowledge membership, send eNewsletters and accomplish almost any communications need. Email is an important topic but is too large to cover here in its entirety. How your organization orchestrates email is of vital importance to the perception of your brand, your products and your members. Over-communication is often as or even more, damaging than not enough communication. It is imperative that Medicare marketers dial in the correct amount of contacts and the intervals between contacts through email communications.

Other digital channels include classifieds and directories, SMS (text messages) or other forms of mobile marketing, such as application (app) development and digital publishing.

As you can see from the screen shot from the Apple® App Store on the next page, many health insurers are now offering apps to their members and prospective members. Apps often integrate with an insurer’s back-end CRM and EHR systems, and they are often mistakenly developed without marketing’s input or direction.

Digital publishing is often consider to be a missed opportunity for Medicare marketers.
Products such as Adobe® Digital Publishing Suite enable the creation of online app-like magazines or publications. These can be used to deliver the informative and educational content that many Medicare organizations have already invested in, through a new interactive digital format that is familiar to leading-edge Boomers.

Classifieds and directories are not specifically relevant for Medicare insurance marketing. For those Medicare organizations that are provider-sponsored, the directories and classifieds are ideal for listing those provider services.

SMS (Simple Message Service), which requires double opt-in, and MMS (Multimedia Message Service), which allows for sending photos, video and audio content, are not applicable for most Medicare marketing. Now, this doesn’t mean that SMS and MMS can’t be used, since some innovative Medicare marketers have found ways to utilize these channels. However, the need for innovative creativity while dealing with double opt-ins is a barrier for most.

Medicare marketers often don’t have the technical resources of their counterparts in more competitive marketing industries, which include having a dedicated department of people to operate and facilitate all of the marketing technology. This department is usually called marketing operations and is often housed within a centralized location, called a marketing center of excellence.

The marketing “technology stack” is generally comprised of:

- Some type of CRM (Customer Relationship Management) software
- Business software
- A DMP (Data Management Platform) that enables the collection, aggregation and analysis of data from cross-platform sources, including off-line sources
- A MAP (Marketing Automation Platform) that enables automatic email message delivery in an “intelligent,” complex, lead-nurture track deployment sending the right messages to prospects based on their previous behaviors
- Analytics technology to capture, track, analyze and optimize performance across the entire spectrum of marketing operations

As Boomers continue to age-in, and the propensity of adopting modern marketing technology increases for Medicare organizations, we can all expect to see the same adoption of marketing operations by Medicare marketers as we’ve seen in other industries, specifically in B2B high-technology verticals. It should come as no surprise that we’ll be helping clients with marketing automation and building their technology stacks for Medicare marketing in the very near future.
KPIs and Optimization

Measured marketers, responsible for proving revenue contribution, deciding which KPIs are most important and planning on how to best measure them is essential to the success of any program—specifically for a Medicare marketing program that is under close and constant scrutiny to perform.

Best-practice KPI determination begins with understanding the KPIs of the campaign or brand marketing. The funnel stages of top, middle and bottom are synonymous with awareness, consideration and action, respectively. Each channel’s KPIs must be considered to match the campaign’s KPIs.

There are different KPIs for SEM, display and digital video advertising and, of course, some common metrics such as cost per acquisition.
KPIs for digital video advertising (online video)

Think With Google™ has an excellent explanation of where to start your consideration of digital video advertising KPIs, which begins with this chart:

You may be familiar with metrics such as views, impressions and unique users, while other metrics such as view-through rate (VTR) and watch time are terms you might be reading here for the first time.

According to Wikipedia, VTR, “also known as a VCR, or Video Completion Rate, measures the number of post-impression response or view-through from display media impressions viewed during and following an online advertising campaign.”

Google’s Brand Lift solution integrates with Google™ media properties such as YouTube™ “Brand Lift measures the direct impact your YouTube ads are having on perceptions and behaviors throughout the consumer journey. Within a matter of days, Brand Lift gives you insights into how your ads are impacting the metrics that matter, including lifts in brand awareness, ad recall, consideration, favorability, purchase intent, and brand interest, as measured by organic search activity. You can easily optimize your campaigns mid-flight, based on these near real-time results, broken out by demographics, frequency, and more.”

Google™ also provides the chart below to aid marketers in using its tools to measure the selected KPIs.
Click-through rate (CTR) is the number of people who have seen ads and have been compelled to click on them. If you’re not keen on learning some new formulas, Google Analytics™ has CTR as a predefined metric (see above).

Additional key KPIs for SEM include:
- Conversion rate
- Cost per click (CPC)
- Impressions
- Cost per lead
- Cost per acquisition

KPIs for digital display
- Top Funnel (Awareness) Metrics
  - Brand recall
  - Branded search
  - Targeted traffic to landing page or, if applicable, website
- Mid-Funnel (Consideration) Metrics
  - New visitors
  - Page views
  - Downloaded content
  - Search lift
- Bottom Funnel (Action) Metrics
  - Cost per lead
  - Website form conversion lift percentage

The greatest challenge for Medicare, and quite frankly for all marketers, is measuring and proving attribution and revenue contribution.

The inability to measure and attribute digital search, display and video advertising along with direct mail, DRTV, print and OOH prevents organizations from understanding the value of multiple channels working together in a concerted and orchestrated effort.

There are various theories on digital attribution, which Google™ covers in great detail here.

- Last interaction attribution model
- Icon for last non-direct and last AdWords click
- First interaction model
- Linear model icon
- Time decay model
- Position-based model

Marketing is often viewed by many in the organization as a “cost center” and not as a “revenue generator.” By carefully considering which KPIs are essential to a full funnel approach to the digital marketing strategy and campaign, marketers have the ability to set themselves and their organizations up for success and further optimization to even greater success.
CHAPTER 12

Building a Digital Strategy Plan and Roadmap

Once you have done your due diligence; learned all about the various digital media, tactics and tools that are available; studied your audience; and asked and answered the 50 questions needed to create a digital strategy, you now understand all that is available to you. And it’s time to set out to create that marketing strategy for digital channels.

Good fundamentals are essential to creating a strong marketing strategy foundation; the fundamentals are contained within goals, strategies, objectives and tactics. This definition from Forbes author Mikal Belicove is on target:

“A goal is a broad primary outcome.

A strategy is the approach you take to achieve a goal.

An objective is a measurable step you take to achieve a strategy.

A tactic is a tool you use in pursuing an objective associated with a strategy.”
S.M.A.R.T. goals and objectives


Specific—target a specific area for improvement.

Measurable—quantify or at least suggest an indicator of progress.

Assignable—specify who will do it.

Realistic—state what results can realistically be achieved, given available resources.

Time-related—specify when the result(s) can be achieved.

For Medicare marketers, the primary goal is always acquisition of new members, which can take place during AEP, age-in or all year long, if the Medicare organization has achieved a 5-Star Quality Rating from CMS.

As an example, let’s define one of our S.M.A.R.T. goals.

XYZ Medicare has a goal to acquire 1,000 new members during AEP, a YOY increase of 15%, of which 50% will be enrolled through brokers and agents, 30% to be enrolled by our direct sales team, 15% to be enrolled by our call center and 5% to be enrolled through our and CMS’s self-serve transactional website.

Last year, marketing helped to acquire new members through marketing channels of direct mail, DRTV and digital. Direct mail was attributable to 60% of new enrollees, and DRTV was attributable to 20% of new enrollees, with 10% attributable to broker activity and 10% attributable to digital marketing. This year’s goal for digital marketing has been raised to 15% of attribution for new enrollees.

SPECIFIC—Defining the acquisition through digital channels of 15% of 1,000 new members or 150 new members.

MEASUREABLE—The specific number of members acquired can be measured through attribution of digital marketing efforts.

ASSIGNED—To four sales channels: 50% through brokers, 30% through direct sales, 15% through call center and 5% through self-serve transactional website (15% of all acquisition is to come from the digital channels).

REALISTIC—Since the 1,000 new members that need to be acquired are a 15% increase from last year’s acquisition results, which is the same incremental increase that we accomplished last year. And the goal for acquisition of members through the digital channel is 5% higher than last year.
Digital strategy

XYZ Medicare will design, create and implement a digital acquisition marketing campaign to aid and enable our four sales channels to accomplish the goal of acquiring 150 new members.

Objective #1

*Have the marketing research team research the 65+ year old audience to determine digital media consumption habits and behavior, within two weeks.*

**Specific**—Research the 65+ year old audience.

**Measureable**—Measurement of consumption of audience for digital media channels.

**Assigned**—To the marketing research team.

**Realistic**—The research material exists, so the objective is realistic.

**Time-related**—Within two weeks.

Tactics for achieving Objective #1

• Conduct research utilizing various media market research data to determine the digital media consumption habits and behavior of the 65+ year old audience

• Assess the previous digital marketing efforts by XYZ Medicare to determine which channels worked best, and try to understand why

• Search the Internet to find behavioral studies of people 65+ years old to map against the research of the media consumption habits

• Write a research analysis document to bring insights to the team so that the determination of the correct digital media mix is more likely to succeed based on the research and insight from the research

Objective #2

*Have the media team define the digital channel mix based on the research and previous historical XYZ Medicare company benchmarks and provide an actionable plan within one week of the research being completed.*

**Specific**—Define the digital channel mix based on the research.

**Measureable**—Measurement of spend per channel, projections of results.

**Assigned**—To the media team.

**Realistic**—Creating a digital channel mix based on research within one week is realistic.

**Time-related**—Within one week.

Tactics to achieve Objective #2

• Using the insights provided by the research analysis document, set out to determine possible digital channel mix

• Determine the cost per lead and, if possible, the cost per acquisition regarding each of the digital channels in previous campaigns and, based on ROI, determine which channels would be best to use

• Explore and provide details of programmatic buying options and determine if and how they fit into the digital channel mix
Objective #3
Task the marketing operations and sales teams with increasing the percentage of conversions from 30% to 40% by making the conversion process more effective prior to the first digital media placement in six weeks.

Specific—Increase conversion percentage from 30% to 40%.
Measureable—Conversions are measureable.
Assigned—To the marketing operations and sales teams.
Realistic—Increasing conversions by 10% by concentrating and fixing the issues is realistic.
Time-related—Six weeks from now.

Tactics to achieve Objective #3
• Review, assess and develop a plan to exploit conversion drivers
• Review, assess and develop a plan to overcome conversion barriers
• Review landing pages against best practices
• Conduct heat map testing for landing pages while in development
• Develop a multivariate test plan for landing pages to determine what works best
• Implement best practice periodic sales and marketing alignment meetings
• Determine lead definitions
• Develop a lead scoring process
• Review lead distribution and adjust accordingly

The above example is simplified for the purpose of illustrating the logic or developing the goals, the strategies to achieve the goals, the objectives to achieve the strategy, for clarity and the tactics to achieve the objectives.

Of course, having asked and answered the 50 questions in Chapter 3 has prepared you and your organization to set out to develop your strategy to market Medicare products in our digital world.

A well-orchestrated and planned out, comprehensive, omnichannel Medicare marketing strategy will consistently lift response and conversion rates for each channel.

Don't develop digital strategy in a silo
One of the greatest pitfalls of creating a sound marketing strategy is the assignment of different channels to different teams that are working within a silo. A well-orchestrated and planned out, comprehensive, omnichannel Medicare marketing strategy will consistently lift response and conversion rates for each channel. If you’re flighting a DRTV campaign, planning it to be coordinated with mail drops and digital ad placements can raise response to all channels significantly. For those who are unfortunate enough to work within a silo, be the agent of change for your organization and break down those walls between the DRTV, mail and digital teams so that you can plan and measure better together.
**CHAPTER 13**

**Conclusion**

There is a lot of information to absorb, understand and learn for Medicare marketers who know that precisely targeted, full-funnel media strategies will be needed to reach and acquire the leading-edge Boomers who are aging in to Medicare. The reality is that learning about new digital capabilities and the technology that enables them is a never-ending quest that modern Medicare marketers must embrace.

We are indeed living in an increasingly digital world, and our marketing is becoming more complex in the digital space. If your organization is seeking help in sorting out the digital opportunities for marketing, please contact us.

KERN Health understands the distinguishing characteristics of the Boomer and senior audience. Our expertise in strategy, creative, data, analytics, production, activation, and digital and traditional media planning can be leveraged to achieve your immediate member-acquisition marketing goals to support your long-term strategies for building brand awareness and membership advocacy. We’d like to invite you to learn more.

KERN Health is an Omnicom agency. We provide best-in-class Medicare marketing to the health insurance industry.

Please contact Scott Levine at slevine@kernagency.com or at (818)-703-8775, extension 265, to learn how your organization can develop a winning Medicare marketing strategy. kernagency.com