5 Initiatives to Make Your Contact Center an ACA Customer Service Powerhouse

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Overview

There's no question the Affordable Care Act (ACA) posed hurdles for consumers during its initial sign-up period. Other hurdles still persist, and likely will continue to as the program extends its reach. But now that the ACA is a functioning healthcare service, participating insurers and health providers are shifting their focus to customer service and ongoing enrollment. It's a critical shift. Going forward, consumers will increasingly turn to the ACA for their healthcare coverage, and the customer experience will matter just as much as flexible plan options and competitive price points.

So will healthcare providers and payers extend an experience that's positive and what customers expect it to be? Or is service likely to be frustrating and without acceptable resolution?

Insurance and healthcare companies must take a thorough and constructive look at their contact centers and processes for customer service delivery… and pinpoint areas of needed improvement.

Service scenarios like these are important to weigh at any point. But especially at this stage of the ACA, insurance and healthcare companies must take a thorough and constructive look at their contact centers and processes for customer service delivery. They should pinpoint areas of needed improvement and make changes accordingly. Surprisingly, however, some companies aren't.

In the contact center environment, a market transformation like the ACA brings the excitement and possibility of technology advances, process improvements, and a new outlook to increase business. To capitalize fully, it's important that these elements are preceded by clear and well-planned initiatives to improve the customer experience and credibility for the organization.

For the ACA in particular, five initiatives, working together, can generate measureable improvements for the contact center and your organization's approach to customer service. These initiatives include:

- **Being innovative**, which is the foremost consideration,
- **Supporting multichannel options** for customers,
- **Expanding analytics** to actual customer interactions,
- **Improving agent training**, and
- **Enhancing the customer experience** in its entirety

Before we start

Many health providers and payers already employ some (if not all) of these initiatives in their contact center operations and customer service processes. As these companies take on more customers through the ACA, their aim might only be to expand or fine-tune their existing customer service initiatives to achieve longer term goals.

If your company isn't at this point and must consider service improvements, it's important to first understand the needs of new members and patients. For instance, how these customers prefer to communicate with your organization. How they want to receive information. How they perceive their service experience, and how they believe you can improve when service falls short of their expectations. Coming from customers themselves, their input helps ensure that new customer service initiatives and their implementations are both worthwhile and successful.

The initiatives that follow are proven throughout the contact center industry. For the ACA, making them work for your organization can reflect favorably on the culture of your company and how it serves new health plan members and policyholders.

Innovation

In time, the Affordable Care Act will impact the healthcare industry most by creating a whole new membership pool and increasing enrollment. In turn, enrollees in larger numbers will increase the number of member, patient, and provider inquiries considerably. This kind of challenge presents the need for innovative technology and new or refined processes. Unfortunately, any focus on addressing the latest challenge can often overshadow an organization's ability to be innovative, or to make positive longer term changes for the business.

Creating transparency between departments

In organizations across all industries, the contact center and enterprise are separate operations. Given these departmental silos and the different legacy systems typically involved, it's predictable to experience organizational gaps in communication, collaboration, and business processes. Even more pronounced are gaps in data flows. Ironically, many healthcare and insurance companies in this position understand the problem. They see the value of better communication and data flows between their contact center and the rest of the enterprise. But at a time when budgets are tight, they've had to put siloed infrastructures at the bottom of the priorities list, and continue to create divides with systems and processes that aren't integrated.

The ACA will heighten the need to improve how communications and data circulate. Insurers and healthcare providers must therefore redirect their thought process toward creating transparency and communication between departments — the preferred solution being to implement unified technologies that can bridge gaps across the organization. Doing so can produce an immediate and measureable return by improving the service delivery process in its entirety. For example, consider a member calling in to the contact center with an issue about their coverage or a claim. Organizationally, a unified infrastructure for communications and data enables the provider to link the resulting interaction to claims adjusters and other required subject matter experts

throughout the enterprise. The same connected process holds true for customer interactions within the enterprise: the customer's issue is handled faster and with greater accuracy, and is more apt to be resolved at first contact. The customer's perception of their service experience then is far more favorable.

No longer just a phone system

Healthcare organizations have historically integrated business applications within their telephony infrastructure for content management, process automation, and administration systems. Beyond those functions, though, they've viewed the telephony infrastructure essentially as a phone system and little else. Again for the ACA, healthcare providers and payers must envision the bigger picture of organizational transparency and extend their view, in this case of their "phone system." With basic telephony integrations like screen pops to member files and skills-based interaction routing, organizations can improve efficiencies without arduous integrations. Screen pops and routing schemes in particular have been proven best practices in the contact center industry for years, and personalize a customer's experience significantly by putting that customer's data in full view of an agent as their interaction arrives.

Also many times for service delivery, other line of business applications house data that the organization can use to route interactions appropriately into the contact center. Knowing details about a member, provider, or process (claim status, enrollment status, date and reason of their last interaction, and so forth) helps create a more intelligent way of routing interactions. At the customer level, such integrations drive vital performance metrics such as first call resolution (now first "contact" resolution in many circles) and improve customer/patient satisfaction. More importantly at the executive level, as efficiencies and customer experience benefits come to fruition, successful integrations can lead to approvals for further integrations down the road.

Knowing details about a member, provider, or process helps create a more intelligent way of routing interactions.

Expand your reporting

The most effective way for healthcare and insurance organizations to cultivate information is to expand their reporting process, both for contact center operations and enterprise activities. Expanding the reporting mechanisms an organization uses broadens the reporting net for discerning what specific data means. This will be especially critical for the ACA and its many federal and local government guidelines.

Moreover, a broader reporting process can provide the impetus for implementing other new operational processes, and often helps justify investments in new technology. Reporting can be readily expanded through integration and transparency, and can ultimately make the resulting data more actionable — again a critical factor for providers, payers, and their customers. For example, an organization can expand processing times to reflect document workflows, plus member interaction details such as time in queue, time with an agent, disposition code, number of interactions, and similar details. When reporting and data are more in-depth, organizations get deeper insights into overall processing times, employee performance, and a customer's experience.

Multichannel

The term "multichannel" is prominent throughout the healthcare and insurance industries. In the context the term is used here, it refers to customers having the expectation to interact with a healthcare provider or insurance company in various ways. That is, customers expect to be able to choose the communication channel that's most convenient and available to them at a given time and location. As the provider of services, supporting a solution that satisfies the multichannel expectation is a must. The latest multichannel technology for contact centers enables channels for email, chat, web, SMS (text), inbound voice, self-service IVR, outbound outreach, and, increasingly, social media. While offering these various channels is a priority, it's imperative to also manage them efficiently, including ensuring full integration and reporting.

> Offering multichannel contact options to customers is a must. It's imperative to also manage the various channels efficiently, including full integration and reporting.

From house calls to mobile web

It used to be that patients interacted with providers and payers mostly in person. A patient went to the doctor's office or hospital to make a payment. They took a paper prescription to a pharmacist to be filled or refilled. They discussed medical issues face to face. In time, patient follow-ups, refill requests, and other common interactions transitioned to the phone, and eventually, to fax, email, and web self-service. As this transition occurred, the challenge for many providers was actually threefold. First, they had to create contact options through traditional voice channels: inbound, outbound, IVR, and so on. Later, in addition to the phone, providers had to determine how best to introduce email and fax into their list of customer communication options. Then as consumers and patients took to the web in increasing numbers, healthcare providers had to create an entirely new presence online.

At this point in the multichannel timeline, email and chat are considered traditional forms of communication, right alongside the phone. But in the minds of many consumers, the latest expectation is that online interactions and options including self-service IVR and outbound messages should be just as "traditional." Patients expect access to all of these channels to create appointment requests, receive pharmacy and appointment reminders, and follow-up with their providers. That expectation will extend further as mobile, video, and social channels continue making their way into the multichannel conversation. To remain competitive, your healthcare organization must be prepared to support, route, and report on interactions of all types.

Ask your customers

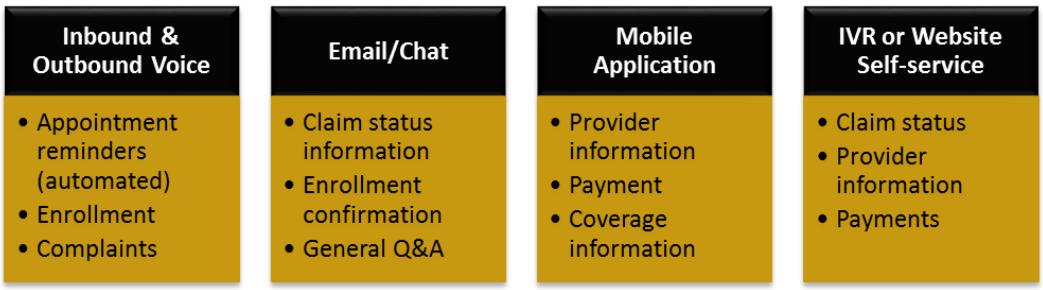
A benchmark study on multichannel options by Ventana Research[1] confirms that customers now in fact want more contact options — and that companies are offering them. Inbound calling is still the most common option, according to Ventana's findings, although "on average, companies now support six channels of communications with customers."

Patients and members might not require that many options from their healthcare provider, but when conducting transactions, they do prefer certain channels over others. Consider for instance, patients typically submit prescription refill requests via IVR or a website, and would rather get appointment reminders via email or a text. Again as the provider of such services, research is key in determining which communication channels you should offer for which kinds of transactions. The answers lie with your customers, and the best research is to ask them directly what interaction options they favor. Include the question on patient and member surveys about service, or conduct in-person or telephone interviews with more in-depth open-ended questions. Continuing to monitor and report on activity for the various types of transactions and channels also helps your organization determine how best to support and maintain each channel.

An important point to remember about multichannel: some functions are better suited for one form of multichannel than others. Looking across numerous verticals, a Frost & Sullivan report on chat as a multichannel option[2] found that:

- Chat derives its maximum value from enabling data-driven and often complex customer support and sales interactions
- Self-service implies no (or little) need for a live interaction with an agent, typically preferring voice or the web for immediacy
- Where shopping results can be readily seen and tracked, as in retail, information helps close sales and better manage issues

Specific to healthcare, a certain channel might be best suited to certain patient and member actions, as shown in the following graphic. Relative to the customer experience, the Affordable Care Act promises to magnify patient and member behaviors and the multichannel options your organization makes available to them.



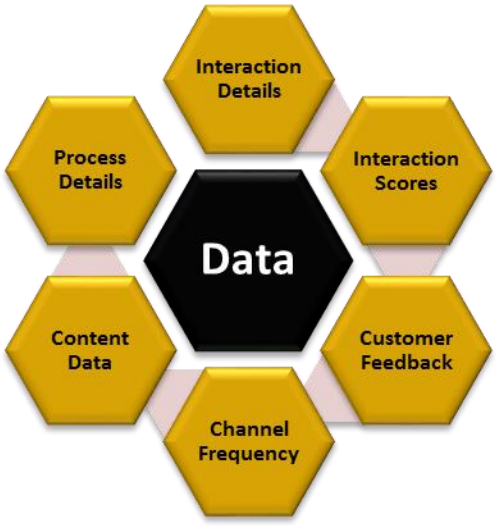
[1] Supporting Multiple Channels of Customer Engagement: How Cloud-Based Contact Centers Expand Interaction" Ventana Research, sponsored by Interactive Intelligence, Inc., Dec. 2012.
[2] "Demand Analysis for the North American Customer Chat Market," Frost & Sullivan, Nov. 2012.

Avoid point solutions

According to the same Frost & Sullivan report, "most contact centers support multiple customer interaction channels, with phone, email, and web being the most commonly used channels. However, the lack of integration between channels often results in an inconsistent user experience." The findings from Frost & Sullivan's survey for their report showed that a majority of contact centers are looking to integrate new channels within the next two years. The objective for doing so, according to the survey's respondents, is to deliver a "more consistent and satisfactory customer experience."

Analytics

Big Data is a hot topic across many industries, but none more so than insurance and healthcare. For health and insurance providers, the term encompasses administration system data, line of business data, CRM information, and numerous other data types. Big Data and the analytics it generates let providers gain more insight into their customers and business than they ever have. What often gets overlooked, however, is the real value of interaction analytics. Details of how, when, and why patient and member interactions take place can prove beneficial in isolating customer issues. Providers can use these same details to then create more intelligent ways to handle incoming and outgoing interactions. Following are key areas in which communications and contact center data can provide increased value to your organization.



1. **Interaction Details**. Know how many interactions come in and who they're routed to (by way of agent skill sets, agent groups, departments, and so on). Interaction details also track keywords that a customer mentions during the interaction, and the length of time an interaction requires. Health and insurance organizations can use this information to route future interactions more accurately, provide detailed feedback to employees, and address workforce optimization issues for agent staffing and availability.
2. **Interaction Scores**. Real-time speech analytics enable an organization to score each call coming into the contact center. The organization can use these scores in agent performance reviews and to help establish customer service standards. This also helps ensure that no call — or customer — is overlooked.

3. **Customer Feedback**. With the ACA now underway, healthcare providers and payers are about to experience a level of competitiveness never seen before in the industry. Providers and payers must therefore work harder to gain an advantage. A best practice is to find creative (and multiple) ways to capture customer feedback, and then gauge the collected data to make needed improvements in service processes and organizational performance. Automated surveys are one cost-effective method for gathering feedback, as are surveys offered on a website. Focus groups are another potential way of accruing feedback from a range of customers.
4. **Channel Frequency**. In the spirit of competition to attract customers and provide a better service experience, the ACA is already pushing healthcare organizations to provide the communication channels customers prefer. For many providers and payers, this means adding new channels in with existing ones. As they do, their contact centers will no doubt face challenges in bringing various media channels together and managing them effectively. And because every healthcare organization operates differently, measuring the frequency of certain channel usage can help an organization focus on those channels that are most important to its customer base.
5. **Content Data & Process Details**. These two aspects are very closely linked. When blended with communications data, the data stemming from stored content and business processes can provide true claims processing metrics, enrollment details, and information from overall customer inquiries. Enrollment details and the information from customer inquiries will be particularly vital to success.

Training

New regulations, software applications, and operating procedures like those associated with the Affordable Care Act can overwhelm an insurance or healthcare company. At the same time, companies can underestimate the training that employees require to learn about a slew of new regulations, apps, and procedures. Many companies impacted by the ACA are now dealing with these issues at once, at a critical time when program administration and customer service have come into sharper focus. Training existing staff and new hires on the ins and outs of the ACA program therefore is vital.

Get off on the right foot

Employees can get frustrated when they're insufficiently trained or uninformed in their role. Newer employees can be especially prone to this, and when they are, it can lead to customers becoming frustrated and reporting a poor customer experience. To onboard and train new contact center agents and customer-facing enterprise employees in the ways of the ACA, communicate clearly from the start what's expected of them in the role they play. Then ask new employees what they expect from their end. The question is a fair and necessary one. In this case for initial training and ongoing performance evaluations, acknowledging what new employees themselves expect can help determine the best course for training them effectively.

Skill levels for multichannel interactions

Go back to how multichannel communications fit into the customer service process for companies providing services, and multichannel skills are another important training aspect for new (and existing) employees. Although multichannel competency applies mostly to contact center agents, channels like email and chat also commonly extend to enterprise subject matter experts who interact with customers. For either user group, voice and data interactions require distinct skills — speaking with customers on the phone, for instance, versus writing responses to an email or in a chat session.

> "Even if you support a breadth of communication channels in your customer service organization, be cognizant that the skill set of agents handling chat sessions is fundamentally different than the skill set needed for voice interaction. Make sure that you dedicate your agents to the channels you support for maximum efficiency, productivity, and customer satisfaction."
>
> "Market Overview: Chat Solutions for Customer Service," Forrester Research, June 4, 2013

To help agents and other employees in multichannel efforts for the ACA, consider scripting certain responses for agents answering inquiries during a phone interaction. Just as easy is pre-authoring chat and email responses to ensure accuracy, consistency, and speed in the response process. Agents and enterprise employees must still be skilled accordingly, however. Channels such as video and social media require even more distinct skill sets in handling interactions and responses via those media.

Ongoing education and process evaluation

The ACA's regulations and procedures are new to everyone, as is much of the program's associated technology. But as markets and the federal government continue to refine the parameters of the ACA, these regulations and procedures promise to keep changing. It's a dynamic that will necessitate continuous training in insurance and healthcare organizations aligned with ACA, and it's to the benefit of these organizations to reevaluate their processes for continuing education on a regular ongoing schedule. Reevaluations should encompass curriculum, content, frequency/duration, and process delivery methods.

One current method proving successful for ongoing education is "just-in-time" learning, in which an organization delivers training information when and where needed via the web, smart phones, videos, or some other means of mobile outreach to employees. For contact center agent training specific to the ACA, quality assurance processes should include reviewing agent inquiries to ensure that agents are adhering to proper ACA guidelines. Such training can help identify agents who might require more concentrated training, or agents whose skills or abilities might need to be reevaluated.

Customer Experience

Traditionally, health organizations have depended on one another and word of mouth to find new customers. The Affordable Care Act has changed that dynamic considerably. No longer will healthcare choices come down just to the closest provider geographically or the only option a customer has. Within the ACA's confines, payers and providers must actually now compete for new customers — and determine how best to appeal to them in a marketplace full of payers and providers. Flexible plan options and the lowest cost structures will get the most attention from prospective ACA customers, certainly. But customers will also be persuaded by convenience and the quality of service they receive — i.e., the customer experience.

Member experience

Insurance carriers in the P&C and Life industries have experienced increased competition for a couple of years now. And first-hand, they've witnessed the need to improve the customer, or "member," experience. The need has been twofold: carriers have had to find new ways to appeal to the policyholder and retain existing members, while at the same time attracting new business. Many carriers have been successful in this approach, and their method has been to make information easily available to policyholders — who appreciate the convenience. Having access to complete and timely information allows policyholders to conduct business with the carrier when and how they prefer.

Demographics matter

One of the more noted provisions of the ACA is to attract younger (and healthier) persons to augment the ACA program early on. Health insurers would therefore be wise to pay close attention to the demographic of their customer base. Consider for example that multichannel offerings are more popular among young and middle-aged demographics of prospective customers who rely on their smartphones and tablets. Persons in these age groups are more inclined to want multichannel options like mobile apps for provider and network information and chat assistance for enrollment processing. They're equally inclined to check on a claims status using self-service processes on a carrier's website or via IVR. Conversely for an older demographic, persons choose to perform all such functions using the telephone or perhaps email.

Patient engagement

Another key provision of the ACA dictates that healthcare institutions are paid a lesser reimbursement if a patient is readmitted for the same ailment within a short, prescribed period of time. Ongoing patient engagement is an effective way to address this mandate, especially once a patient leaves your facility. First, staying in contact with patients can help them keep appointments and minimize the need for readmission, thereby keeping readmissions costs out of play. More so, expanding the patient engagement process has the potential to improve patient satisfaction dramatically — and how patients and customers perceive your organization as a whole. With regards to the ACA and attracting new customers, a positive perception is one of the most valuable marketing tools possible.

Stay in contact several ways

Automated outbound communications for appointment reminders, post-care check-ins, and other methods of follow-up are effective means by which to stay in contact with patients after they're discharged. Send appointment reminders through SMS texts, email, or automated outbound dialing campaigns. Or make regularly-scheduled calls to patients with disease processes that require constant monitoring. In such cases, a healthcare organization can place an outbound call or SMS text daily, checking in on a newly diagnosed diabetes patient to provide input on their blood-sugar level and offer simple reminders. These kinds of initiatives are best handled in the contact center, since most contact center technologies offer the outbound automation and scheduling consistency required for ongoing patient engagement. Contact center technology also provides an instant opt-out to a customer service agent if ever needed for an emergency or urgent patient matter.

Third-party initiatives

Particularly for patient claims, transparency will be critical to the ACA program's success. For years and throughout the healthcare industry, plan members and patients have voiced frustration with the lack of communication between their insurance provider and their physicians regarding claims. (This among other communications shortfalls, unfortunately.) Members and patients many times feel they must "investigate" the claims process to make sure it's being handled appropriately. With customers already weighing their options among providers and doctors, any experience a customer has with claims handling and working with the payer and provider will be magnified. For customers, transparency in the claims process — including convenience and access — will be paramount.

Make the claims process a priority

Un-intruded access to claim information can help put a member at ease; it dispels the feeling of having to "investigate" whether a claim is being processed correctly and promptly. Making sure providers and payers work together to share information and content about the member will also ease this process in a secure yet easy way through mobile apps, self-service options, and other channels. The claims process overall is in many ways the most important aspect of your business. Make it a priority.

Conclusion

Millions of uninsured and underinsured consumers have already signed up for health coverage through the Affordable Care Act, and millions more are anticipated to do so in coming years. Given this sheer volume of new customers, the ACA could ultimately impact every insurer and healthcare institution in the US to at least some extent. To a greater extent, the ACA will continue to create an environment of competition never before seen in the insurance and healthcare industries. Flexible plan options and lower price points will persuade consumers, naturally, but so will the service they receive. Payers, providers, and medical supply organizations must therefore be prepared to offer a service experience that differentiates their organization, beginning in the contact center.

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Call to action

To achieve ACA success, technology, process, and operational improvements in your contact center (and enterprise) must be key considerations. In many health and insurance organizations, the ACA's new regulations and changes to existing healthcare guidelines will require implementing new technologies, adding more staff, and modifying business processes and operational procedures. Tackling the ACA's initial changes first must be the leading priority. Longer term, companies must determine contact center improvements for the road ahead. Considering what the ACA customer experience will involve, contact center initiatives must include:

- being innovative,
- supporting multichannel options,
- expanding analytics to actual customer interactions,
- improving agent training, and
- enhancing the customer experience in its entirety.

Unfortunately, any time changes take place in the contact center to the degree of the ACA, innovation to improve customer service delivery often takes a hit. Due to cost and a frequent lack of IT resources, companies typically only "adjust" existing processes and technologies to get by. They must instead innovate creative new processes, mapped out to create a more inviting and convenient experience for their customers. A *superior* experience. Implementing the five key initiatives we've discussed will help your organization reach this aim, both in the ACA's early stages and in the future as the program evolves.

As the ACA does take further shape, it will be important to encourage feedback from your customers and employees alike. They are the persons most involved in the everyday operations of your organization, and listening to their comments and concerns can help you proactively make the changes necessary to improve the customer experience overall.

The Author

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