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Four contact center optimization use cases powered by *CUSTOMER JOURNEYS*

How to improve contact center performance in health insurance

Introduction

When a member needs support, they expect to have a great experience no matter which channel they use. The Head of Call Centers at Barmer GEK, a leading German health insurer, said it best: "Our customers increasingly expect to be able to interact with our agents through multiple communication channels — whenever and wherever — and to switch seamlessly between them."

What's more, organizations worldwide expect their contact centers to simultaneously increase member and employee satisfaction, improve performance and reduce cost to serve. This means transforming the contact center from a service center into a customer experience hub.

To achieve this, every member of the contact center — from agents to channel managers to call center leaders — needs to understand their members' unique omnichannel experiences to help them reach their goals efficiently. To deliver the seamless, empathetic experiences members demand, organizations need a solution that provides insight into customer behavior within — and beyond — the contact center.

A journey-centric contact center optimization solution enables you to measure, monitor and optimize every contact center experience. You can deliver effortless, connected omnichannel experiences and achieve contact center goals like reducing repeat calls and average handle times, while increasing first contact and self-service rates.

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A new way to optimize every contact center experience

A modern contact center is powered by a complex web of systems that enable and manage calls, chats, IVR, analytics, customer relationship management and more. The amount of customer data created and collected within your contact center and across your enterprise is typically contained in isolated, channel-specific applications. This means your agents and analysts can't fully access or leverage it.

It's important to understand exactly what your members do across all your contact center channels as well as what leads them to engage with you and what they do after an interaction.

Contact center professionals at leading enterprises are adopting solutions that improve their ability to visualize and measure cross-channel customer journeys; identify drivers of poor experiences and performance; and optimize experiences by bridging the gaps between chat, voice and IVR.

1. BOOST CONTACT CENTER CHANNEL PERFORMANCE

Reduce repeat calls into the IVR to optimize member experience

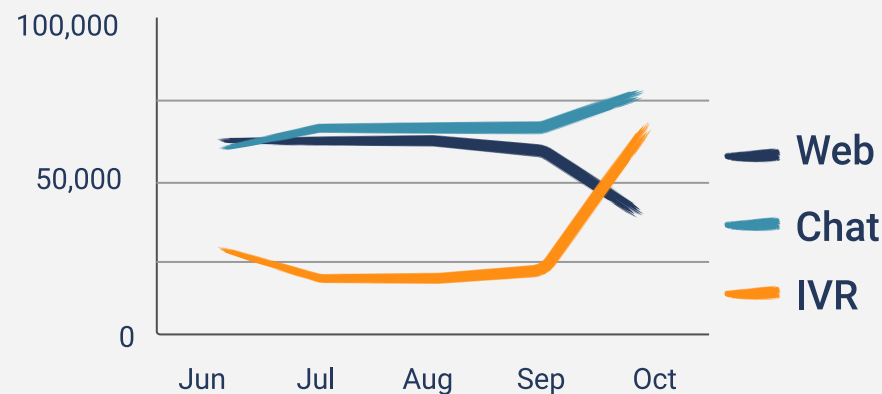**A pharmacy benefit manager pinpoints drivers of repeat calls**

The director of customer service at a leading health care payer notices the repeat call rate into its IVR is increasing.

He uses a contact center optimization solution to analyze IVR paths that result in the highest number of repeat calls and finds a significant portion of members call multiple times regarding prescriptions.

The director then sees that most of these calls are from members who requested a 90-day supply of their prescription but only received a 30-day supply. Members must call again to find out why their prescription wasn't updated.

The customer service director works with the IVR development team to update the IVR script to add a step to confirm the prescription length. As a result, members receive a 90-day supply when requested and the repeat call rate falls to its previous levels.

Channel Volume

Line chart showing Channel Volume from Jun to Oct, y-axis 0 to 100,000. Web (dark blue), Chat (teal), and IVR (orange) lines.

2. INCREASE SELF-SERVICE

Improve IVR containment and self-service rates

**A health insurer determines fallout, increases containment and saves costs**

The plan administrator and contact center director at a regional health insurer set a goal to increase self-service rates to reduce the level of effort for plan members. She also wanted to reduce inbound traffic to the contact center.

She determines where customers are most likely to exit the IVR to ask for assistance from a live agent. Most calls that result in exits to a live agent come from members confirming if their new doctor is covered under their PPO plan. By analyzing the last 12 months of data, she calculates these IVR exits accounted for 11% of inbound call traffic to the contact center at a cost of $590,000.

The plan administrator works with the IVR design team to build voicebots that look up a doctor's name and location to determine if they're covered under the member's PPO plan or if a visit would result in increased out-of-pocket expenses. As part of this bot design, members are presented with other specialists in the area who offer the same service if their chosen physician isn't covered under the PPO plan.

IVR containment increases and contact center costs begin to decline as a result. Member effort is also reduced and satisfaction ratings increase.

IVR Exits
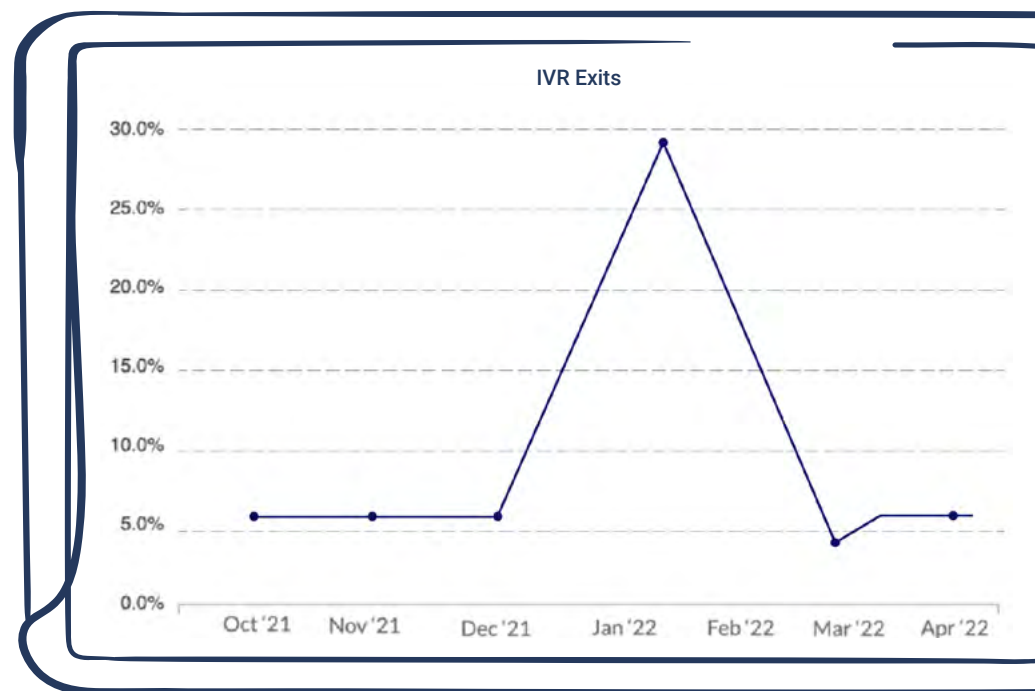
3. IMPROVE EXPERIENCES BEYOND THE CONTACT CENTER
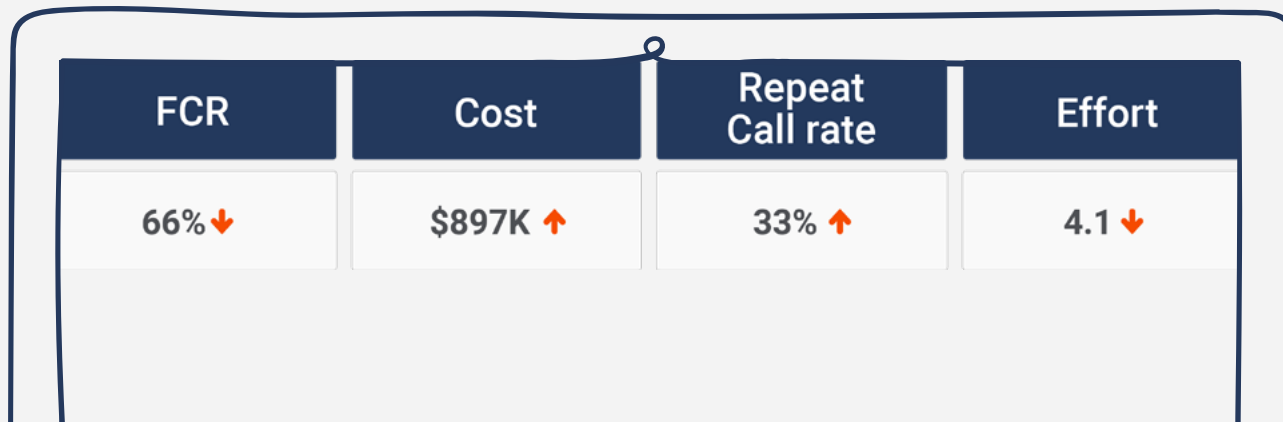
Decrease repeat calls and member effort

A health payor reduces repeat call rates and improves effort scores

The director of contact center and patient access at a large health insurance company wants to decrease call volume during open enrollment while also improving the effort score for members enrolling in Medicare Advantage.

He analyzes enrollment journeys and sees that most calls received a registration disposition code. He also sees that members actually call to confirm their memberships and to inquire about continuity of care. He works with the contact center operations manager to update disposition codes to reflect the real reasons members contact the call center during enrollment.

The director also shares this information with the member services team, who proactively engage with new members. Once enrollment records are loaded, email and SMS messages are sent using data from the membership system. The messages confirm enrollment and provide the coverage effective date.

During their next enrollment period, the director sees member effort scores improve and there's a significant reduction in the repeat call rate.

FCR	Cost	Repeat Call rate	Effort
66% ↓	$897K ↑	33% ↑	4.1 ↓

4. Enhance Escalation Management

Reduce escalations and increase member satisfaction

A payor analyzes member actions to resolve and mitigate future escalated cases

The clinical authorizations manager at a health insurer must identify why a particular member's issue was escalated and determine how many other members experience the same problem.

He analyzes the steps this member took before her case escalated and sees that she scheduled an appointment for a new treatment but received a pre-authorization denial via mail. She called the contact center three times for an explanation and required assistance to resubmit her request.

Two weeks later, the member called again, frustrated because there was no follow-up on her request. She reported she was very dissatisfied in the post-call survey she received.

The escalations manager discovers that 11% of members requesting pre-authorization for recently approved procedures were denied coverage in the last six months. Almost 80% of these members contacted member services to address the issue, increasing costs by $9 million and decreasing overall member satisfaction by approximately 6%.

The escalations manager collaborates with the prior authorizations product manager who proactively provides members whose authorization was denied with thorough information about the decision. The manager also provides step-by-step instructions on how they can resubmit their requests. And the marketing team orchestrates communications with members throughout the resubmission process. As a result, escalation-related costs decrease significantly and member satisfaction increases.

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Contact center leaders are under pressure to increase customer satisfaction, improve performance and lower costs. In a world where customers expect a personalized experience on any channel they choose, contact center teams struggle to deliver experiences that anticipate each customer's needs by recognizing their preferences, prior experiences and current goals.

That's why customer-centric organizations rely on the Pointillist Contact Center Optimization Solution to improve every contact center experience, increase customer and employee satisfaction, boost contact center performance and reduce cost to serve. Contact center operations depend on Pointillist to:

- Measure & monitor omnichannel experiences both within and beyond the contact center

- Identify the drivers of poor contact center experiences and performance issues

- Deliver frictionless and connected omnichannel contact center experiences by bridging the gaps between chat, voice and IVR

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ABOUT GENESYS

Every year, Genesys orchestrates more than 70 billion remarkable customer experiences for organizations in more than 100 countries. Through the power of our cloud, digital and AI technologies, organizations can realize Experience as a Service℠, our vision for empathetic customer experiences at scale. With Genesys, organizations have the power to deliver proactive, predictive, and hyper personalized experiences to deepen their customer connection across every marketing, sales, and service moment on any channel, while also improving employee productivity and engagement. By transforming back-office technology to a modern revenue velocity engine Genesys enables true intimacy at scale to foster customer trust and loyalty.

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