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# ELEVATING HEALTH INSURANCE MEMBER RELATIONSHIPS THROUGH CALL CENTER TRANSFORMATION

Why Health Plans Need to Revamp their Call Center Operations and How to Do It Now

**Today's health plans interact with their customers in many ways, such as direct mail, email, and even text message. However the call center remains the only channel that offers a personalized, human, one-on-one connection. As Forrester has noted, nearly three-quarters of customers dial into call centers when they have questions or concerns, which is more than any other communication method.**

These frontline interactions can make or break a health plan's efforts to improve overall customer experience and, ultimately, their bottom lines. After all, we as consumers may not remember that poorly executed email campaign which we likely either left unopened or deleted; we will, however, remember excessive hold times and long, frustrating, inadequate interactions with customer service representatives (CSRs) after we take the time to make a call.

On the other hand, positive call center experiences – those that not only quickly deliver important and accurate information but also convey empathy and humanity – are just as, if not more, memorable. So it's no surprise that the highest performing health plans in 2017-18 were the ones that made significant investments in the call center, which is the beating heart of customer service. Yet, even top-rated plans garner negative reviews from members who can't easily find the right information, review their claims, or schedule appointments.

Regardless, then, of how high (or low) a plan's satisfaction rating, every carrier has an opportunity to transform its call center — not only by nurturing a service-oriented mindset but also by implementing the latest technologies to improve and optimize these operations. These shifts can drive higher overall retention and customer satisfaction, as well as acquisition, quality ratings, and revenue.

Unfortunately, many health plans remain stuck in the dark ages with siloed and inefficient customer service technology that create fragmented experiences for callers and customer service reps.

The good news is that next-generation technology exists to make these call centers faster, cheaper, and more effective than ever.

# THE CURRENT STATE:
## Let's Face it, Call Center Technology is Antiquated

Today's call centers are unable to track the activities and metrics needed to contribute value. They have become cost-centers rather than revenue-generating centers. What's more, high turnover at health insurance companies has led to a loss of knowledge, productivity and morale — not to mention low job-site ratings from employees and steady increases in the costs associated with recruiting, hiring, and training new staff.

This current state represents and creates challenges for a call center's three primary constituents: the health plan itself (including its leadership), the CSRs and the callers themselves.

# Challenges for the health plan

- **Siloed departments and technologies:** At health insurance companies, functional departments, such as care management and customer service exist in fragmented silos - as do the technology systems that support these departments. These conditions create slowdowns and inefficiencies that negatively impact customer ratings, trust, and loyalty. They also limit integrations with new technologies.

- **High turnover contributes to increasing costs:** In their current iteration, call centers are expensive, time-consuming, and inefficient. This is due in large part to a high rate of CSR turnover, which is roughly 45% across all industries, and the cost of hiring and training new staff. According to the Human Resource Institute, replacing a frontline employee costs $10,000-$15,000 each time.

- **Legacy systems are ineffective, however, off-the-shelf products are too expensive:** The legacy technology systems health plans use today don't drive members toward self-service interactions, don't capture member data, and don't provide total visibility into member profiles. At the same time, most off-the-shelf CRM products are too expensive, and it's too much of a lift to replace old systems.

# Challenges for the customer service representative

- **Legacy system inefficiencies:** Siloed technology systems leave CSRs feeling disconnected from the rest of the company and force them to log in to multiple different systems to find member information. And without integrated applications, they're forced to start over with each new call and each new system. Navigating these various systems require significant training and causes serious inefficiencies.

- **A lack of member information and visibility at their fingertips:** CSRs are expected to provide callers with exceptional experiences, which means knowing all of a given member's information. However, with old technology, that information is rarely, if ever, readily at hand.CSRs are also lacking visibility across department activities; they may not be aware of a recent marketing campaign or outbound clinical campaign, and they can't see the status of a previous inquiry. This leaves them unable to proactively engage members in positive ways.

## Challenges for the caller

- **A frustrating, disconnected customer experience:** Health plan members today must often make multiple calls to complete a simple task. To confirm just one prescription, for instance, they may have to go from the CSR to a care manager, from the doctor to the pharmacy, then back to the CSR. This contributes to a disconnected, fragmented, out-of-date, and depersonalized customer service experience.

- **24/7 access to information is unavailable:** Callers view their health information as their own property and rightly feel they should have access to this information whenever they want, wherever they want, and however they want – by email, phone, online, even on mobile. Yet health plans' existing systems can make this information frustratingly inaccessible.

# THE FUTURE IS NOW:
## Implementing the Call Center Technology of Tomorrow Today

The future of healthcare looks a lot like the present state in other industries, like retail, where consumers expect their favorite stores to know their buying habits and proactively make recommendations. In short, customer service is fast becoming a two-way street that transcends the typical transactional experience.

For health plans, this means the days of sitting back and waiting for members to contact them should be a thing of the past. Customers today want their plans to seek them out and provide personalized suggestions on how to improve their overall health, whether it's reminders about screenings, new wellness programs, or treatment options for an individual member's health issues.

Call centers can play a significant role in communicating such information, especially because as consumer expectations rise, callers will continue to demand seamless, personalized, human interactions.

**To accomplish this, health plans must monitor every member interaction to enable assessment and analysis of underlying sentiments. This requires technology solutions that offer:**

- Co-browsing to allow the caller and the CSR to be on the same webpage

- A centralized platform for consumer interaction data capture

- Chatbots powered by AI

- Integrated, enterprise-wide service center hubs to support CSRs

- Widgets that leverage consumer interactions and claims data to recommend next-best-actions

- Consumer-facing portals for easy and on-demand access to benefits information

- Video chat for both physical and medical care that are integrated into mobile apps and member portals

- Real-time reporting and metrics to optimize health outcomes and costs

- Real-time Net Promoter Score capture to optimize customer service approaches

Because patient acquisition and retention is a multi-channel journey, the call center needs to be integrated with these other technologies — with a single login — so CSRs can play a key role not only in customer experience but also in overall marketing initiatives.

This integration should provide hybrid supports, where consumers can easily move from chatbot to live-agent messenger to click-to-call CSR in no time.

# What's Keeping Health Insurance Executives from Transforming Their Call Centers?

While most health plan executives agree that efficient and effective call centers are critical to the acquisition, retention, and satisfaction of customers, too few are implementing – or even exploring –  the latest technologies to improve and optimize these operations.

After all, it's a daunting task with a lot at stake. As call center technology has slowly evolved, many disparate systems have come to market. Plans have adopted various versions of those technologies one-at-a-time, resulting in a veritable Frankenstein of complex and disconnected components. Health insurance executives overseeing this ecosystem see too many antiquated technology systems they'd need to replace, at an extensive cost, in both financial and time investments.

Also, executives aren't confident a proven solution actually exists; while off-the-shelf systems are available from various vendors, these solutions are siloed from other systems, provide limited functionality and customizability, and are not built specifically for health insurers. Tailoring these products require a lot more spending and a multitude of external partners and consultants.

As a result, many health plans decide to build their own software. Yet industry leaders believe this should be an option of last resort, pointing to the technology landscape's present maturity and the resource-intensive nature of such an initiative.

# Additional major challenges for building call center technologies in-house:

- **Finding proficient team members:** It's difficult to find team members with the full complement of both industry knowledge and technology skills. The few who have the full package could take that critical knowledge with them if they ever leave the organization. Plus, if the software ever breaks down, who would be held accountable, and who has the expertise to fix it?

- **Internal teams are spread too thin:** Typically, when internal teams are tasked with building an in-house solution, they are also challenged with the regular day-to-day operations.

- **Consultants can be expensive:** Plans must almost always bring in consultants to implement, fine-tune or adjust solutions, leading to unpredictable costs.
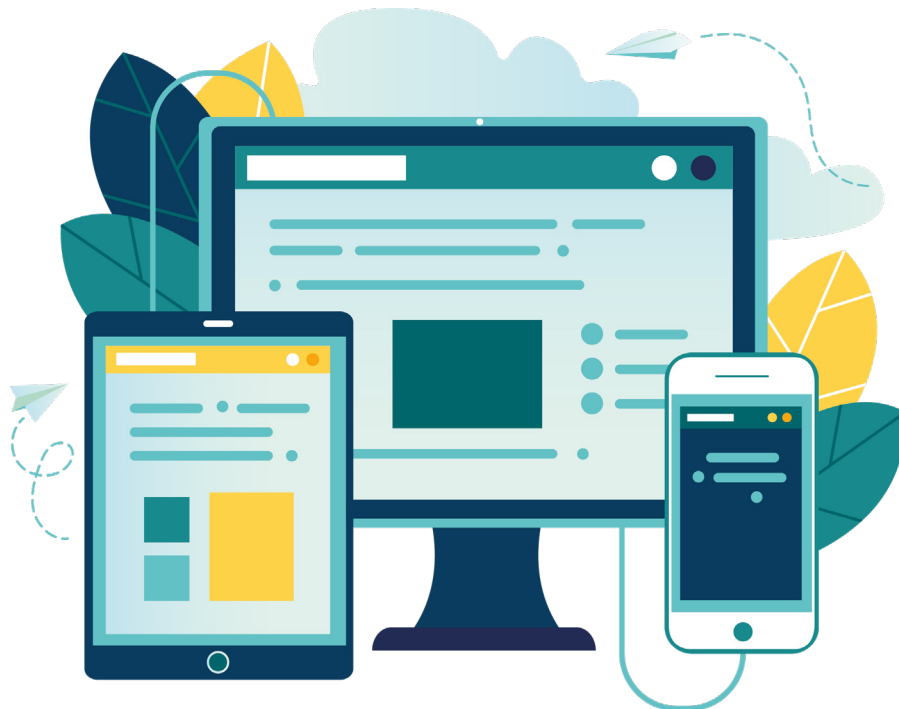
# An Investment Worth Implementing: Financial Gain Comes from Call Center Transformation with the Right Technology Partner

In this day and age, the health plans that provide superior customer experiences gain a critical advantage – one that translates to faster growth and higher profits. Since call centers are both expensive and crucial to health-insurance customer experiences, moving the efficiency needle in this arena can yield great value in the long run.

As the epicenter of customer interactions, a better call center will ultimately go further than many customer experience improvements. It will also improve care coordination workflows that reduce medical costs, and enhance CSR job satisfaction by giving them tools that empower them to do their jobs, thereby reducing turnover and training costs. What used to be a drain on an organization's bottom line will now generate revenue and better health outcomes.

In sum, when a healthcare organization invests time, people, and resources into customer-centric service center technologies, everyone wins – the health plan itself, the customer service team, and the consumer.

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# RAPID CALL CENTER TRANSFORMATION MADE POSSIBLE

*A Comprehensive Solution that is 10X Cheaper, 10X Faster, and 10X Better for Health Plans and their Customers*
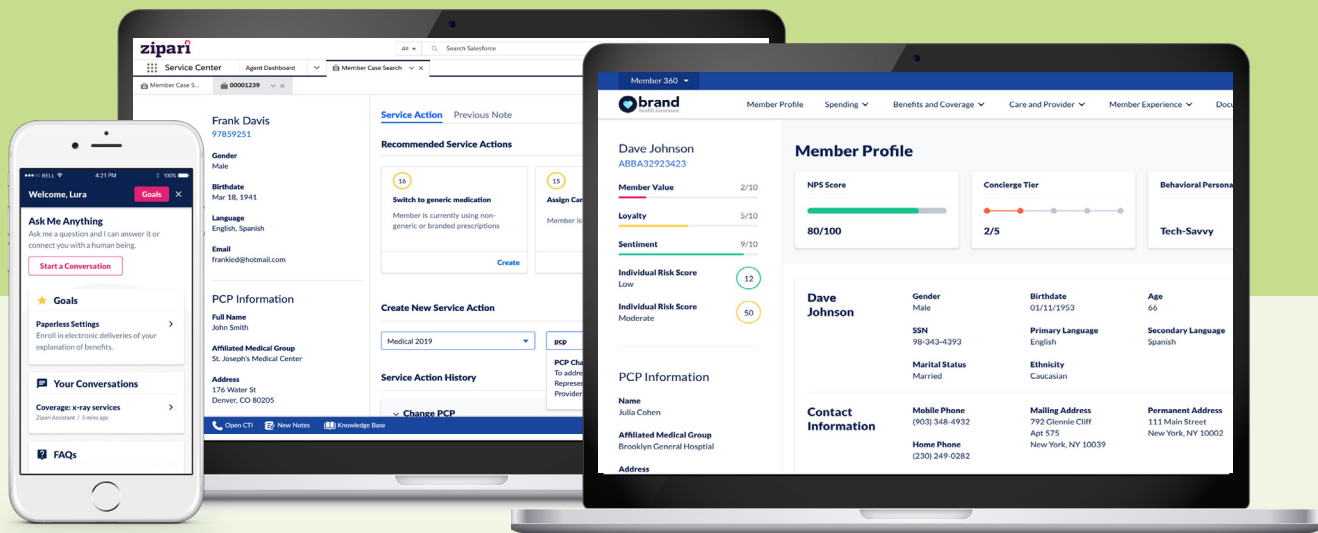


At the frontline of any health plan is the call center team who interacts with consumers nearly every hour of the day. Despite their problem-solving abilities, call centers have become cost centers for many health plans. Imagine instead, a well-informed customer service center team, driving down call wait times while reducing unnecessary costs, accessing the tools needed to provide callers with next best actions to improve outcomes. A key tactic to making this a reality is arming service centers with proactive CRM tools that make their jobs easier, increase efficiency and reduce errors. With Zipari, it's possible.

## THE SOLUTION

Powered by the CX Engine, Zipari's Call Center Transformation Solution powers health insurance service center teams to become revenue generating centers instead of cost centers. By integrating our suite of products into a single solution, we can rapidly accelerate and build cost-effective CRM systems that arm CSRs with industry-specific workflows to streamline member engagement.

## SOLUTION BENEFITS

» Proactive, high-touch customer service aimed at first-call resolution and improving customer satisfaction

» Rapid deployment and seamless integration with current CRM technologies without the need to rip and replace, saving time and money

» Universal access to customer interaction data across the entire organization

» Personalized, engaging, and efficient service experience through integrated workflows specific to healthcare

» Interactive portals and service bot to empower members, boost engagement and reduce call center burden

| A SOLUTION BUILT SPECIFICALLY FOR HEALTHCARE PAYERS | SELF-INSURED GROUP | FULLY-INSURED LARGE GROUP | SMALL GROUP | INDIVIDUAL | MEDICARE ADVANTAGE | | | |
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**Learn more at Zipari.com or to schedule a demo, send an email to info@zipari.com**

# ABOUT ZIPARI

Based in Brooklyn, New York, Zipari is a technology startup that develops products for health insurance carriers to engage with consumers in new and innovative ways. With unsurpassed technology, Zipari's products provide real-time insights at every touchpoint, delivering a breakthrough consumer experience that health insurers want and their members seek. Zipari now serves more than 10 million members via their payer customers. Zipari's primary investor is Vertical Venture Partners, a venture capital firm focused on investments in companies that target specific vertical markets.