

CREATING PROFITABLE MEMBERS FOR LIFE



Even though studies show 36% of customers are willing to switch health plans for a better customer experience,¹ delivering the ideal member experience is no simple task. In fact, payer customer satisfaction numbers are at a 10-year low.²

The good news? The whole industry is lagging in customer experience. Insurers now find themselves with a valuable opportunity to stand out from the competition: Connect the member journey.

Boosting customer experience, however, still needs to be profitable. New individual members have higher claims costs and demand more from service teams. Some payers are even pulling out of public exchanges to reduce the risk of attracting these taxing, unprofitable members.

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So what does it take to transform unhappy, expensive customers into happy, profitable members for life?

Experts suggest that payers focus on call center success to build trust with members and improve the customer experience. By resolving member issues quickly, reps have smarter, more personalized relationships with customers – and a more complete view of their needs.

Call center reps need consistent and reliable access to member information in order to address customers' foreseeable needs, as well as the tools and processes to simplify, connect, and engage.

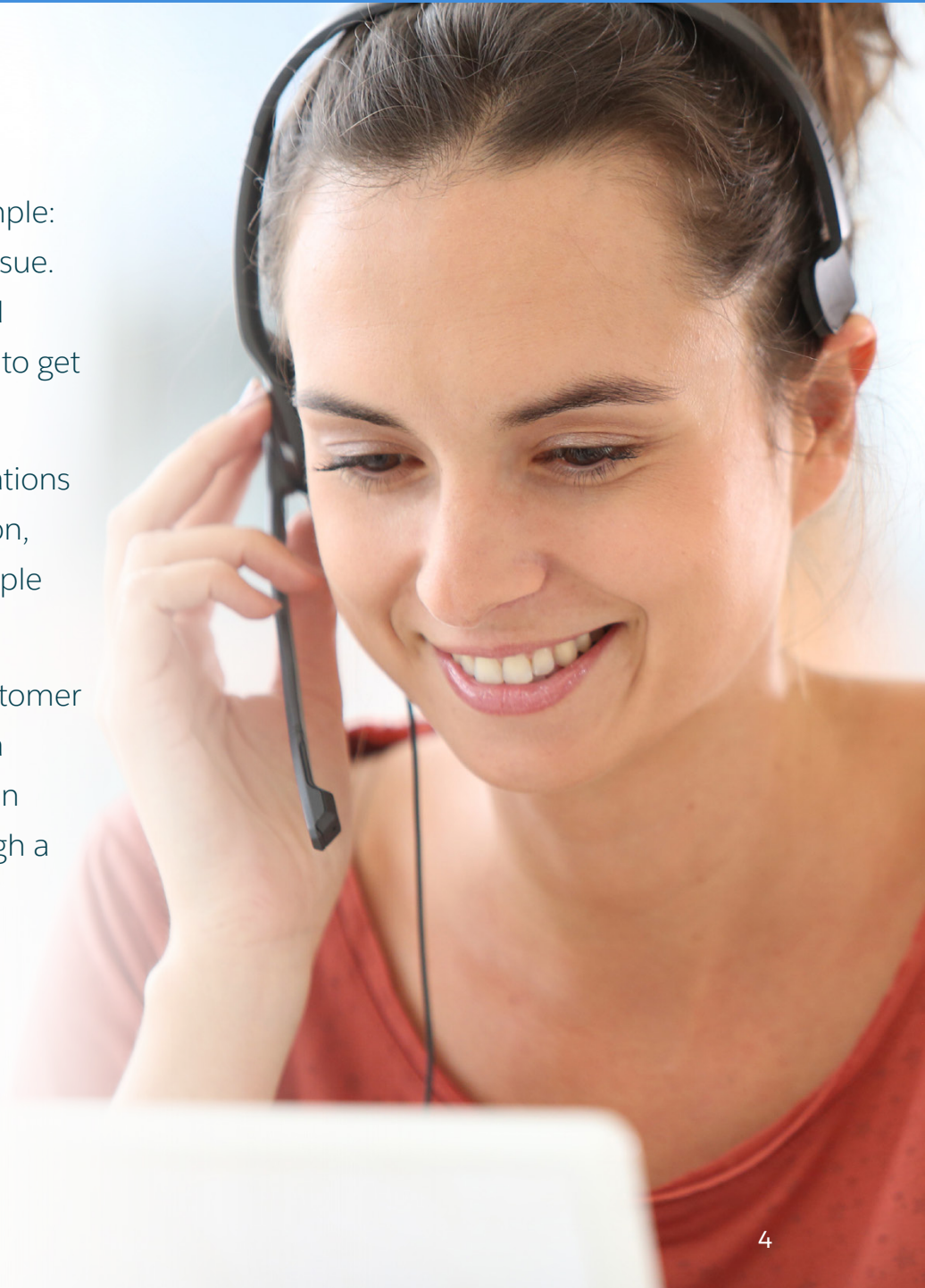


Simplify

To members, the demands on the call center seem simple: They want a quick, straightforward resolution to their issue. They don't want to wait on hold, repeat their name and policy number, or be bounced among specialized reps to get their questions answered.

But call centers are deceptively complex. Privacy regulations limit reps from accessing complete member information, and legacy systems often involve toggling among multiple screens to find the right answers.

Payers can take the first step toward improving the customer experience by integrating their systems and providing a single view of the member with only one login. Reps can then see a broader view of member information through a single interface and resolve issues faster.



Freeing up call center reps is crucial for success, especially since the percentage of members with chronic conditions continues to increase.

In fact, according to a study conducted by Marsh & McLennan Companies, call volume has increased 10 times over pre-Affordable Care Act levels.³

With call center reps more taxed than ever before, payers must invest their efforts to streamline processes and educate members on self-service options. These challenges provide an excellent opportunity for call centers to rethink their approach and connect the member experience across communication channels.

But with more channels connecting with more members, it is essential for payers to know what's happening between those channels, so reps can respond using the customer's preferred option.



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Connect

Once members have quicker access to reps, it is important to make sure that each experience is a positive one. The member needs to trust that the reps understand his or her issue and are committed to resolving it quickly. Trust begins and ends with consistency. As much as they want shorter hold times and quicker issue resolution, members also demand a consistent experience – no matter which channel they use to resolve their issue.



So along with offering a variety of channels – including phone, live chat, email, mobile apps, text, web, and online forums – payers must also make sure that these channels are working well together.

Can reps follow member interactions along each of these channels? Do they know which channels a specific member uses most often? Does member data from self-service channels reach the call center reps, no matter which database he or she is accessing?

Being aware of member activity and having information at the reps' fingertips are keys to proving that you are

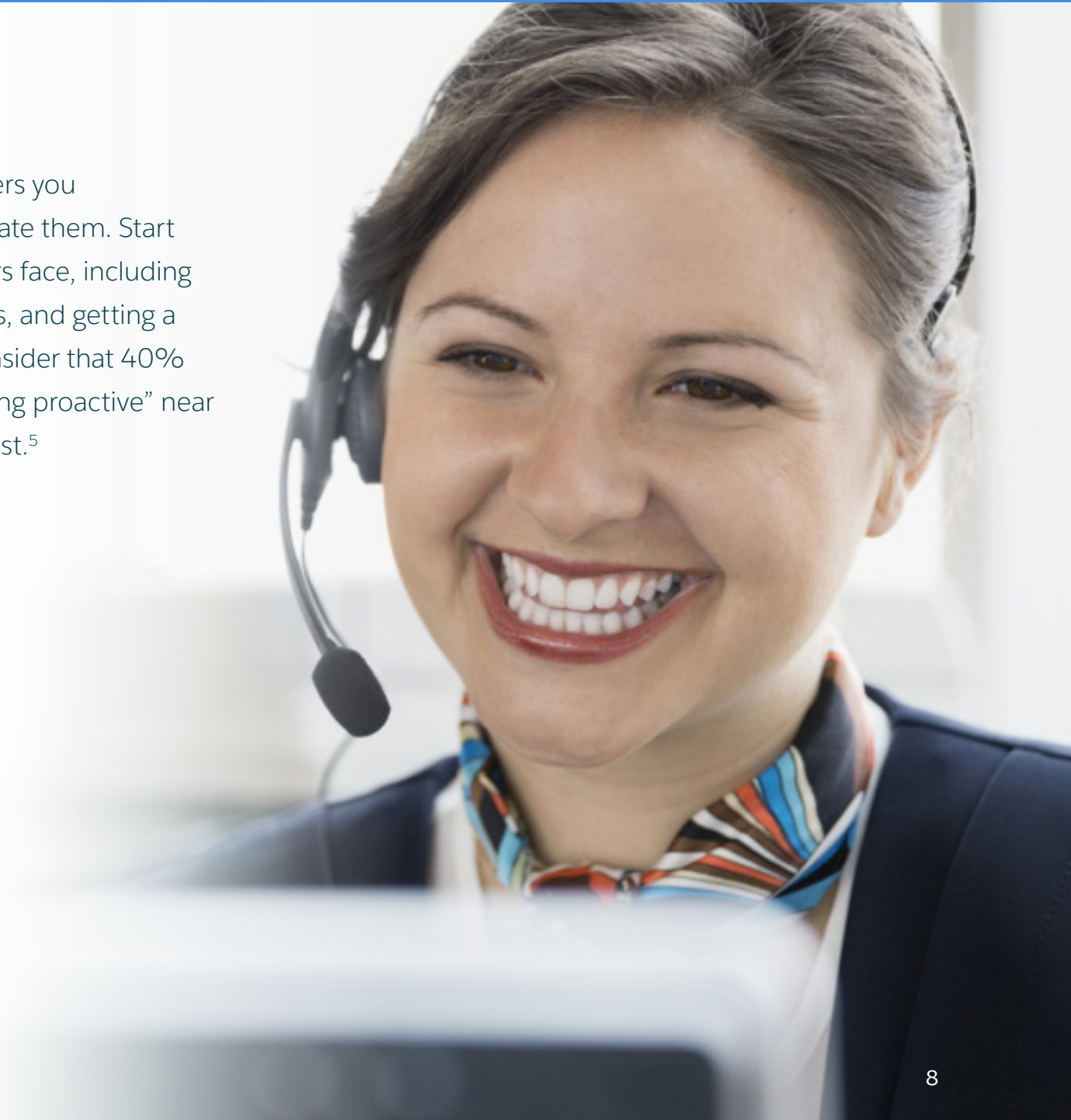
paying attention and are dedicated to resolving their issues. Reps need easy access that is appropriate for their role, enabling them to resolve issues and demonstrate they understand the member.

Studies show a disconnect in how payers and members see issue resolution. *The Effortless Experience* states that companies think first-call resolutions are completed over 75% of the time. However, the same study also reveals that customers claim only 40% of their issues are resolved in one call.⁴



Engage

There is no better way to show members you understand their needs than to anticipate them. Start with the most routine actions members face, including filing a claim, resolving billing questions, and getting a quote. A simple solution when you consider that 40% of survey respondents highlighted “being proactive” near (or at) the top of their call center wish list.⁵



With a single engagement platform and alert tools in place, reps can identify actions that members must take, guiding them toward resolution – whether that means walking them through self-service options or transferring them to a specialist.

Reps also need to be aware of member activity via other channels, including self-service options. Forrester reports that, for the second year, customers look to solve issues through self-service options more often than through the call center.⁶ So it is important to remember that while members may call you with questions, most would prefer to handle their business on their own.

Proactive member support must also go beyond routine account maintenance. Reps can be a valuable asset in controlling claim costs and call center overhead if you empower them to take advantage of member-initiated calls by suggesting a personalized menu of programs, rewards, and services. When possible, reps need to engage directly with members qualifying for programs – like automatic billing or multiple policy discounts – or steer members to wellness programs that improve health and cut down on claims. Members who are encouraged to actively engage in wellness and reward programs file fewer claims and are more productive and healthier.

Conclusion

Despite the fact that most customer experiences fall short of expectations, the effort needed to improve each customer's experience is worth the investment. By streamlining efforts toward a more simple, connected, and engaged cloud-based model, payers can build lasting relationships with happy and profitable customers.

See how CareFirst is transforming the member experience with Salesforce.

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¹ Weakland, Thomas, Paul D'Alessandro, and Vaughn Kauffman. Customer Experience in Healthcare: The Moment of Truth. Report. Accessed June 21, 2016. pwc.com/mx/es/publicaciones/archivo/2012-09-customer-experience-healthcare.pdf.

² American Customer Satisfaction Index. "ACSI: Finance and Insurance Customer Satisfaction Slides as Cost Cutting, Fees and Premiums Pinch Customers." News release, November 17, 2015. theacsi.org/news-and-resources/press-releases/press-2015/press-release-finance-and-insurance-2015.

³ Nallicheri, Narayan, John Coyle, and Umut Aytakin. "Crushing Demand Presents Opportunity to Rewire Member Experience." Report. 2014. <http://www.oliverwyman.de/content/dam/oliver-wyman/global/en/files/insights/health-life-sciences/2014/May/LON-MOW19801-018%20Opportunity%20to%20Rewire.pdf>.

⁴ Dixon, Matthew, Nick Toman, and Rick DeLisi. *The Effortless Experience: Conquering the New Battleground for Customer Loyalty*.

⁵ Chiong, Rufino. "Key Pillars for Delivering Effortless Customer Service." SlideShare, The Key Pillars For Delivering Effortless Customer Service webinar. July 23, 2014, slideshare.net/Salesforce/key-pillars-for-delivering-effortless-customer-service.

⁶ Your Customers Don't Want To Call You, February 2016, Forrester Research.

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Salesforce is the enterprise cloud computing leader. The Salesforce Customer Success Platform provides groundbreaking cloud services for sales, service, marketing, community, analytics, apps, and the internet of things.

Service Cloud Lightning, the world's #1 Customer Success Platform, enables insurers to reach customers in new ways – providing agents with the right tools to solve customer problems faster. It actively strengthens the bond between insurer and policyholder through real-time data integration, collaboration, and streamlined operations.

Salesforce Health Cloud advances the ability of healthcare systems to drive stronger member relationships with out-of-the-box functionality. Health Cloud can manage the entire member journey from prospect to enrollment, provider selection, benefits administration, service, care support, billing and more. Health Cloud also helps payers better manage chronic disease populations and engage directly with members on their care plans -- improving care plan adherence for better outcomes.



**CONNECT TO YOUR CUSTOMERS
IN A WHOLE NEW WAY**



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