CustomerConnect
Concierge

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DISCOVERY

THE KNOWLEDGE WORKER

As more Health Insurance providers emerge in our markets, we are now confronted with new competition and consumers who expect best-in-class service. Technology first healthcare products that offer Accolade-type concierge service models that cater by demographic to their members are becoming more prevalent.

We worked intimately with the Care Consulting Team (CCT), which is a small team of about 40 "super-users" whose focus is being the first contact point for a member who has been recently diagnosed with a chronic condition such as Diabetes, Hypertension, Asthma, COPD or CHF. Initially, we hired these specialists to handle these types of calls, but the problem with the current toolset and IVR system is they were getting calls about billing, claims or other insurance issue and rarely getting the right members in their queues.

In order to solve the routing problems, I worked with business and the IVR team to create special routing rules in the IVR system. We identified a target population of about 4,000 members in the Orlando area as a pilot group for the new system and loaded their contracts into the IVR. Instead of them calling a different 1-800 number, when they call Florida Blue and authenticate, they are routed to the CCT team. If a CCT advocate opens CustomerConnect, they have a 'Concierge' user setting to view the new tools.
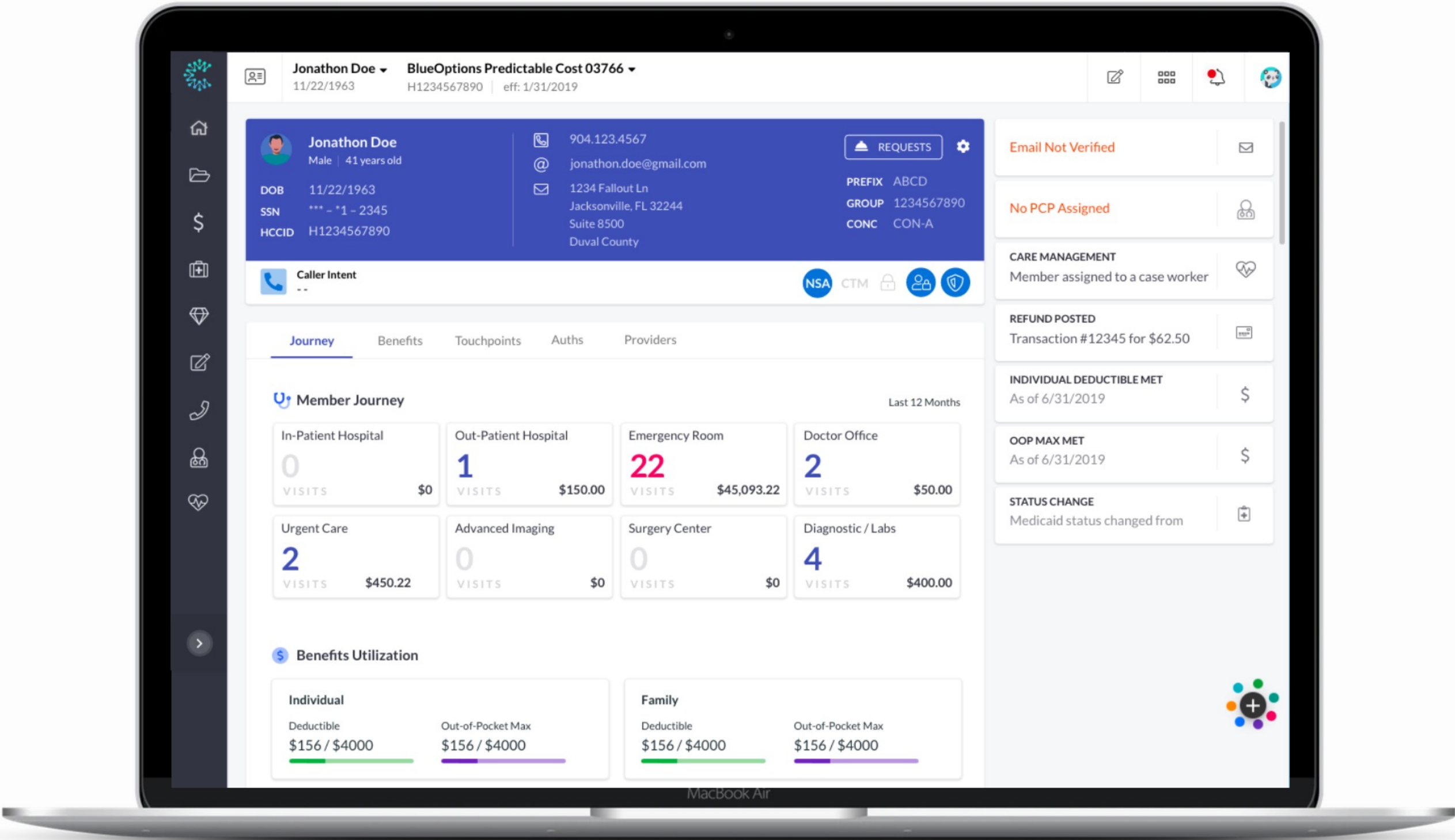
RESEARCH

SLICE N' DICE

Over a series of 8 weeks, I met with a focus group of experts from the area, and conceptualized a new tool that would help them quickly understand where the member was in their health journey. Through interviews with the team leadership and focus groups, we found how different this team really is.

When talking to a member that has been recently diagnosed, the CCT user will offer community resources, take a look at the health plan they are on and triage whether the member needs to be referred to the Care program with a nurse, or needs information on new specialty providers for their condition. They also look at visit history and help the member lower the cost of healthcare and OOP expenses by influencing them to use low-cost or free healthcare options such as PCP visits or Urgent-Care clinics. This drove home the fact that the success measurement of this tool would be Quality scores over Average Handle Time (AHT) — in fact if the right members were on the phone it would actually increase AHT.

I created a series of discussion guides to drive the Focus Group conversations and target specific areas of the new screens I was building for the team. We found that presenting information in a linear path would help them ask probing questions to determine if the member was suited for special programs, or how they could quickly understand what kind of care they needed:

1. Episode history quickly shows them which types of care they are using
2. Benefits Utilization to show how close they are to meeting Deductibles or OOP Max.
3. Pre-Service Authorizations to assist preventing high-cost visits such as MRI's at a hospital vs a Diagnostic Imaging facility

TESTING & PROTOTYPING

INFLUENCING THE CUSTOMER

When we conceptualized how the business could intervene and redirect a member to the appropriate kind of care, we came up with a model for outreach. The Concierge Roster was born as a unique tool that could be leveraged by leadership or the CCT team to use specific data points to find slices of the population that fit specific criteria.

The power of this tool is the ability to quickly filter a list of members that are high utilizers of benefits, have no PCP assigned, or have a chronic conditions. The architecture supports the ability to run these pre-defined models against the population to create these lists that could potentially be used to load lists into the IVR for Specialty advocates, run new campaigns via SMS or mail, or refer members to Care Programs.

When testing both of the new tools, the Focus Group was instrumental in walking us through their journey. Taking side-by-side phone calls was powerful, as you could listen to that phone call where a member was out of the area and recently diagnosed with Cancer. The level of support and empathy this team provides to our customer is what drives me to empower them with the best tools at their fingertips in order to give that member a sense of peace.

I also found that since these specific tools were very new, the users did not have a ton of feedback, as they would have to put them in action. From a results perspective, we have to evaluate the influence these tools have from a health-cost perspective over time and monitor the Quality scores from Member Surveys. This exercise was the first step in leading the enterprise on ways to innovate for the service advocate for the future.