

Why healthcare needs to put service first

Provide proactive, personalized service to increase member engagement and loyalty.

Healthcare payers have traditionally struggled to create person-centric views of their members – views that incorporate data from customer service, care management, and other internal systems.

But in today's world, this isn't enough. It's crucial to understand what healthcare consumers need and respond to them proactively, in a way they find acceptable. So, how do you create positive service experiences that not only make your members and providers feel appreciated and valued, but also lower your operating costs? How do you increase both efficiency and member retention?



Customer service is the most important driver of payer customer experience.¹

Nothing is more personal than health. And in fact, your members' health is just the starting point – they need you to empathize with their financial, socioeconomic, and administrative concerns, too. Research shows that to increase customer loyalty, payers need to make customers feel appreciated, confident, and valued.²

In a time when industries outside of healthcare are setting ever-higher expectations for customer service, not only members, but providers and agents now expect payers to step up and provide seamless, personalized experiences at every interaction.

It's time to radically shift the way you engage members

Payers must understand that each member has individual needs and circumstances – and then act upon that insight with appropriate care programs, products, and service, in context. This means thinking holistically about member and provider journeys and appropriately blending customer service with care management, not just completing tasks.

How you interact with the healthcare customer is changing. It's not only about the call center and the agent anymore. Members expect you to meet them on their preferred channel, **not the other way around.**

"We have knowledgeable people. We have people who can empathize and care ... But our processes weren't supporting that, and our technology wasn't supporting that. So really our effort with [Pega] was about equipping and empowering an agent, in any channel, to be able to meet that person at their time of need."

Bill Polston
 Vice President of Shared Services, Optum

¹"Health Insurers Customer Experience Index, 2018," Forrester, June 2018

3 steps to creating truly member-centric experiences

Here's how to take a proactive, personalized approach to customer service:



Knowing the member takes more than identifying their member ID or plan or program type. You must turn information about the member into real-time action. You must know their needs and their interactions with you and personalize every action, outreach, and care program to improve outcomes and drive value to the member and the organization.



Embracing digital process automation is essential, as it connects disparate systems together in a cohesive **end-to-end experience.** This frees up agents to truly listen to members and deliver proactive, personalized service in context.



Understanding that an omni-channel approach isn't about supporting multiple channels – it's about making every channel your best channel. Regardless of how they contact the health plan, the experience has to be consistent, frictionless, and focused on the member's needs.

² Ibid.

How to make it real (and get real results)

Implementing a proactive, personalized customer service approach requires payers to make three significant changes, which together reshape their approach to engagement. These aren't small things, but they're critical for success.

Empower 1:1 member engagement with AI

Leverage a <u>real-time Al engine</u> that recommends the the next best action across all channels. Optimize every interaction to improve member and provider engagement, increase retention, and recommend relevant care and wellness programs.

Drive positive member and business outcomes with end-to-end automation

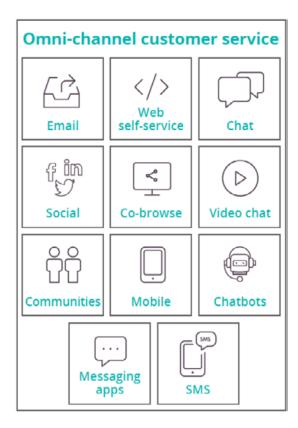
Bridge the gap between your back-end legacy systems and your digital front end. Implementing <u>end-to-end</u> <u>automation and robotics</u> empowers payers to turn staff-driven, manual transactions into outcomedriven, personalized experiences.

Unite experiences across channels

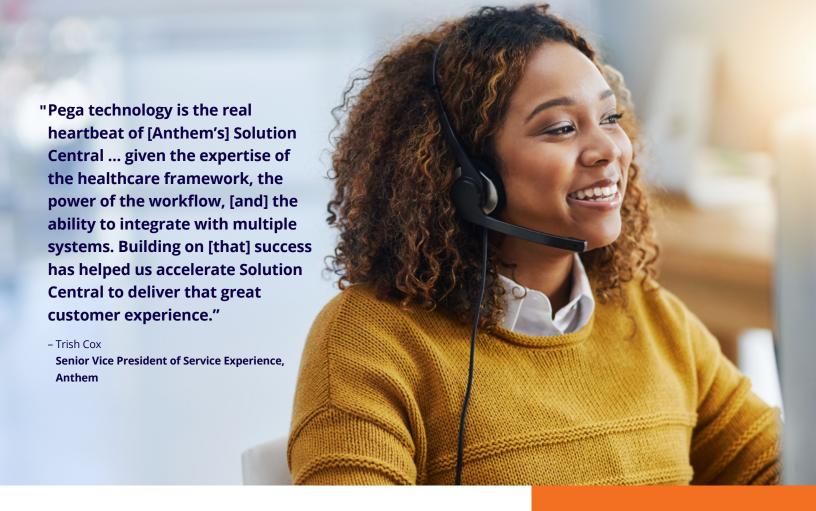
Break through silos by designing your end-toend member and provider journeys using case management, which can maintain a consistent experience across channels and devices. The result? A future-proof, "channel-less" service environment that adapts as channels evolve.

Payers are investing in the transformation to proactive, personalized customer service because they see the <u>tremendous potential value</u>, including:

- Increased member satisfaction/Net Promoter Score (10-40 points)
- Decreased average handle time (10 12%)
- Reduced cost of service (80% and above)
- · Increased staff productivity (33% 66%)
- Significant return on investment (473%)
 Learn more
- Minimized payback period (4-6 months)



Pega Customer Service™ for Healthcare provides real member and provider engagement across all channels – with insight, action, and agility.



Who's getting it right?

Leading payer organizations are already embracing this approach, with dramatic results.

Anthem.

Anthem's Solution Central application reduced average handle time by 100 seconds and increased their Net Promoter Score by 11 points.

Learn more



KAISER PERMANENTE

Using a Pega-powered customer service application, Kaiser achieved a 90% first call resolution, a 20% reduction in average handle time, and a 20% reduction in customer service rep training time.

Learn more



Optum's development of its Apex CRM application, powered by Pega Customer Service™ for Healthcare, resulted in a 33% improvement in call handle time and a 600 basis point improvement in customer satisfaction scores.

Learn more



Don't be left behind.

To learn more about how health plan leaders are delivering proactive, personalized service, visit us at:

pega.com/healthcare

pega.com

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