State Health Reform Assistance Network
Charting the Road to Coverage

What Should Exchanges Know About Call Centers: A Guide for Implementation

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Introduction

A Call Center (sometimes called a Customer Service Center) will play a major role in the overall success of a State-Based Exchange's mission to connect as many people as possible with affordable—and understandable—health care coverage. As a multi-channel contact center, it will assist far more enrollees than navigators, brokers, and in-person assisters combined. The Call Center is a main face of the Exchange to the outside world, along with the Exchange website and portal and, to succeed, it must have a cohesive strategy for optimizing people, processes, and technology to support Exchange goals and objectives. This brief reviews each of these three components within the context of the Exchange environment and offer tips for strategy development. The brief concludes with an exploration of five Call Center best practices that are relevant to the Exchange environment. And since it is often said that "experience is the best teacher," several of the best practices are partly drawn from conversations with people who are closest to some of the best-in-class Call Centers in the country, including L.L.Bean, Fidelity Investments, Nordstrom, and Blue Cross Blue Shield of Vermont (BCBSVT).

Core Business Encounters

A core set of customer encounters will need to be supported by the Call Center during the process of enrolling people and maintaining their coverage. To provide context for developing Call Center strategies and for the discussion of best practices which follows, a review of these core encounters includes:

- **Application navigation** — assistance with eligibility determinations and navigation through the online (and paper) application process for individuals;

- **Enrollment (and re-enrollment)** — enrollee comparison shopping and requests to enroll in a health plan, understanding Advance Premium Tax Credits (APTCs) and Cost-Sharing Reductions; calls to confirm enrollment start date and reinstatement of coverage (for late payment);

- **Health plan issuer questions** — inquiries on the status of enrollment or identification cards, general health plan inquiries, and provider network inquiries;

- **Billing question**s — questions on invoices, premium amounts, receipt of payment, and refunds;

- **Case updates** — these encounters include assistance to enrollees with reported income changes, insurance status changes, address changes, change in dependent information, etc.;

- **Self-service web portal** — these encounters include calls to educate/assist with any of the self-service functions of the website (eligibility application, comparison shopping, enrollment, premium payment, change of address, survey, password reset, etc.);

- **SHOP support** — assistance with all employer and employee inquiries related to employer set-up, eligibility, tax credits, enrollment, plan selection, billing, etc.;

- **Assister support** — includes any questions or other support request from navigators, in-person assisters, agents and brokers;

- **Appeals, grievances, referrals, and notices** — includes any complaints or need for escalated assistance, requests for certificate of exemptions, referrals to navigators, in-person assisters, agents and brokers, health plan issuers, and state agencies (including Medicaid), and questions (or appeals) on notices; and,

- **General inquiries** — any inquiries that don't "fit" someplace else and might include general education, health reform questions and inquiries from providers, state legislatures, and media.

Call Center Strategy

The term Call Center can be misleading as the nomenclature is frequently used to describe a multi-channel contact center, inclusive of telephonic support as well as managing customer needs expressed through incoming postal mail, email, website chat, and in-person visits. While much of this brief focuses on the telephonic channel, Exchanges will need to strategize about how they plan to coordinate, staff, and deliver service across all of these channels. Exchanges will also need to provide language support services to non-English-speaking people who call, write, and visit.

A Call Center strategy should include three components (people, processes, and technology) and support the mission, goals, and objectives of the Exchange.

People — As staffing costs generally represent 60-70 percent of the Call Center budget, it is important to use these resources effectively and efficiently. Considerations impacting the people strategy component include:

- Hiring and retaining the right customer service representatives (CSRs), frontline supervisors, support staff, and management team;
- Employing staffing techniques to meet peak period demands (e.g., part time/full time, office/home based, permanent/temporary employees, and flexible hours);
- Motivating and mentoring staff;
- One-on-one coaching;
- Attention to culture;
- System of recognition, rewards, and compensation;
- Establishing performance objectives and annual reviews;
- Minimizing attrition; and,
- Workforce training.

Each of these tactical considerations should be assessed from the perspective of meeting the short- and long-term goals and objectives of the Exchange. For example, in 2014, Exchanges are likely to place more emphasis on meeting key enrollment goals while, in 2015, Exchanges must be financially self-sufficient, putting increased pressure on managing operating budgets. The Call Center strategy needs to anticipate the timing of these goals and optimize the resources needed to meet enrollment targets in 2014 and budget obligations in 2015.

Process — Establishing effective Call Center processes will be challenging given the unknowns associated with operating an Exchange. Nonetheless, the process strategy component must be developed as fully as possible now, based on the best available information and comprehensive "what if" thinking, as process requirements drive the people and technology strategies.[1] For example, a key process consideration involves customer segmentation. Early consideration needs to be given to how the Call Center staff will be organized to respond to the following customer segments: subsidy eligible individuals; non-subsidy eligible individuals; Medicaid eligibles; small group employers; small group employees; brokers, navigators, and other assisters; QHP issuers; and, health care providers. Each segment has different needs and expectations, and service teams will need to be strategically assigned to optimally support the different customer pools.

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[1] *Preparing for Uncertainty: The Critical Need for Contact Center Strategic Planning.* A Frost & Sullivan White Paper. http://www.baybridgetech.com.

Call routing is another significant Call Center process. Effective routing is key to workforce management and customer satisfaction. Call routing processes must also be nimble as either call volume or staffing levels can change unexpectedly and require "just in time" routing adjustments.

Other Call Center processes include: call scripts for core encounters (reviewed below); hand-off procedures to non-Call Center staff (e.g., Medicaid, other state agencies supporting Exchange needs, other Exchange staff, carriers, the SHOP exchange, navigators, brokers); call flow review/prompts; quality monitoring; customer surveys; documenting policies and procedures; and, benchmarking and performance metrics. Once the Exchange is operational, an important Call Center process will entail frequent analysis of the types of contacts received and a process to mitigate actionable call drivers.

Technology — The third component of the Call Center strategy is technology. There are a wide array of Call Center technologies that can be employed to support Exchange goals and objectives while providing a best-in-class customer experience. A brief description of the most common Call Center tools and technologies is provided in Exhibit A. The fundamental technologies supporting callers are the Customer Relationship Management Solution (CRM), Automated Call Distributor (ACD), and the Interactive Voice Response System (IVR). While utilizing the right mix of technologies is important, it is optimal for these tools to be seamlessly integrated with the Exchange solutions to support the Call Center's core functions of education, eligibility, enrollment, and (if applicable) premium billing for all customers.

The importance of integrated technologies cannot be overstated. Customer Service Representatives (CSRs) must be able to directly access key Exchange systems to provide enrollees with necessary information quickly and accurately. For example, if an enrollee calls and asks if their premium payment has been received, the CSR must be able to access the premium billing system to provide an answer. If the CSR needs to put the enrollee on hold and call the finance area, the call will take longer than necessary, the encounter will cost more (involving the time and efforts of two staffers instead of one), and the enrollee will likely be frustrated by the experience.

There should be a very limited set of circumstances when a CSR is not equipped to directly answer an inquiry because s/he does not have access to an Exchange system of record (such circumstances should be limited to either very complex information or very low volume inquiries). If full integration cannot be achieved on the first day of operations, it should be assigned one of the highest priorities for remaining work going forward.

Exhibit A

Call Center Tools and Technologies	
Customer Relationship Management (CRM)	Manages customer encounters, validate authorized users, document issues/resolutions
Interactive Voice Response (IVR)	Menu capability within the telephony system that allows self-service automation via interactive response to questions
Automated Call Distributor (ACD)	Manages calls and intelligently route to the appropriate skill group or available representative
Computer Technology Interface (CTI)	Enables incoming calls to populate a Customer Service Representative's (CSR) screen with contact information for quick validation
Automated Workforce Management (AWM)	Used to schedule and manage multiple support shifts in a cost-effective and efficient manner to meet contact volumes
Knowledge Management (KM)	Online repository of knowledge elements used to respond and resolve inquiries
Content Document Management	Supports management of customer data received through the Call Center
Multi-Channel Enablement (chat, web, email, social media)	Varying avenues in which a person can reach the Call Center to address a question or concern. Promotes more options for times when inbound call traffic peaks can result in long call hold times
Self-Service	Customer access to FAQs, applications, tutorials
Workflow	Built-in workflow for routing of dispatched cases/tickets, approvals, change control and issue management
Reporting	Web-based access to Call Center specific information: performance, contract management, service quality
System Integration (SI)	Call Center tools (CRM, IVR, ACD, CTI, KM) should be integrated with Exchange systems

The Call Center is the front door of the Exchange and it will be largely responsible for how the outside world judges the Exchange. Unlike retail Call Centers, where a desired item is the end goal of the transaction, the Exchange Call Center has the added responsibility of helping people buy a complex service they hope they will not need and will potentially resent having to buy. Nonetheless, if Call Center staff can simplify the buying process and connect people with health insurance in one interaction, a critical function of the Exchange will be successful.

Call Center Implementation

In-House or Outsource? — A key strategic decision facing Exchange planners is the question of whether to outsource Call Center operations to a third party vendor, build in-house capabilities and hire staff, or create a hybrid model. An informal survey of state-based Exchanges suggests that most states have chosen to outsource or work with a hybrid model. Oregon, on the other hand, has opted to build its own Call Center.

When Call Center functionality is outsourced, the Exchange can immediately benefit from a vendor's proven expertise in running a Call Center. To be sure, managing a Call Center environment is a complex task and there are many vendors who specialize in all of the incumbent responsibilities, including projecting call volumes, managing to the right mix of metrics, hiring and managing staff, training and knowledge management, and integrating the Call Center technology with the system(s) technologies of the client enterprise. The seasonal work fluctuations (and staffing requirements) that will regularly challenge Exchanges are then the responsibility of the vendor to oversee and manage.

Speed to implementation is another benefit of the outsourcing model. Standing up an Exchange is already a time-stressed endeavor and hiring an established Call Center vendor may shorten the process. It also frees up Exchange staff time to concentrate on other necessary activities. Last, the outsourced model is likely to be the more cost-efficient approach in the long run as the institutional Call Center manager will constantly be looking for efficiencies and cost-savings to remain competitive in a price-sensitive market.

The vulnerabilities for the outsourced model are likely to be integration of system technologies, ability to exercise control, and the perception that a vendor's customer service staff is more commoditized and therefore less vested than direct staff might be in engaging in successful interactions with Exchange enrollees. These concerns can be successfully addressed by Exchange leadership in the contract negotiation process. Service level agreements should be agreed upon and strict governance and escalation procedures must be memorialized in the contract. The contract also might include performance guarantees (with penalties) to ensure that the vendor successfully completes any system integration requirements on a timely basis.

The outsourced model or a hybrid approach may be attractive in states where an existing and proven vendor relationship merits consideration of an expanded partnership. In these states, the hybrid model might be employed to continue outsourcing the service needs of existing populations, while new Exchange-focused resources might be built for new populations. In some cases, the needs of existing populations are served by another state agency and not an outside vendor. If the Exchange is responsible for supporting or triaging encounters that impact the work of state agencies, or other agencies will be supporting Exchange functionality, a well-defined interagency collaboration process and written agreement is needed to ensure clean hand-offs and a seamless consumer experience. Given the "no wrong door" mandate in the ACA, an Exchange partnership with the Medicaid agency best serves the needs of the consumer and is required regardless of the chosen Call Center model. Other collaborations are likely to occur with the department of insurance and the state human or social services agency.

One of the key advantages of an in-house Call Center model is the perceived ability to more closely influence and "own" the day-to-day interactions between customer service staff and enrollees (or prospective enrollees). The Call Center manager and supervisory staff are on site and frequently interacting with customer service representatives (CSRs). Call Center management staff not only understands the Call Center's needs, but are closer to the core business functions and mission of the Exchange itself. Management is more hands-on and there is generally a greater sense of control. All system technologies are owned by the Exchange and presumably have been seamlessly integrated. As for challenges, the in-house Call Center model will face the personnel test of meeting dramatic swings in staffing needs for peak enrollment periods that only last for a few months each year. Oregon's solution to this issue is to staff with both permanent employees and temporary agency workers.

There is no one "best" Call Center model for all state Exchanges. All models can be adapted to work well for the particular requirements and preferences of a given Exchange, and best practices can be adopted in any model.

Estimating the Call Center Budget — A number of factors should be considered when developing an estimated budget for Call Center support. The data points reflect start up and ongoing operational costs associated with expected contact volume/enrollment from customers and the types of services supported. This build up takes into account the people, processes and technologies required to support the defined scope of services. The budget can be split between start-up costs and ongoing operational costs to provide clearer insight into the Call Center budget. States should consider the following in order to help estimate the Call Center budget:

- **Potential scope of services:** general Call Center support and administration, technology infrastructure, eligibility, enrollment, billing/collection, appeals, self-service, and document management/mailroom services.

- **Volume:** this includes the estimated member volume expected to enroll in Exchange programs, as well as general inquiries from residents and interested consumers. Volume estimates not only reflect the volume of calls received, but can also incorporate the length of each call, and CSR documentation and follow-up after a call.

- **Start-up and transition costs:** these include one-time costs such as staffing (project management, information technology development, hiring and training), hardware and software costs, office space build out, furniture and fixtures.

- **Ongoing operations:** whether the call center is outsourced or in-house, the staffing and infrastructure costs associated with call/other channel volume. Examples include management/customer service representatives, ongoing operational technology systems, office operations, equipment, and training.

- **Pricing model:** cost of services can be based on per call, per member per month, fixed cost or a combination of fixed and variable costs. Some vendor financing models also include a detailed bottom-up estimate similar to how an agency would develop its own budget.

Subject Matter Expertise — With the intensive work effort required to establish an Exchange, a state may simply not have the time or wherewithal to focus the necessary resources on building an in-house Call Center. When this is the case, it may be prudent to hire a consultant to guide the process. A consultant can be engaged as a subject matter expert and to provide analysis and decision support to assist the Exchange with deciding on the structure of the Call Center. The Maryland Exchange has chosen to do so and released a Request for Proposal (RFP) which informs the discussion here. In this capacity, the consultant can provide Call Center volume projections and present options for the structure of the Center, including: hours of operation; integration strategies with other agencies and call centers; optimal state-of-the-art technologies; scaling for peak open enrollment periods; and, how to structure back office services such as enrollment, broker support, and fulfillment. The consultant might also be asked to draft an RFP for an outsourced model and to assist with the vendor procurement process. Finally, consultant services might also include assistance with getting a vendor onboard and helping to manage the implementation and oversight process.

Key Call Center Vendor Qualifications — There are some key vendor qualifications that will reduce the risk of outsourcing and help support a successful implementation and ongoing Call Center operation. A sampling of these vendor qualifications might include the following:

- Experience in the health care arena, whether it is public or private health insurance programs in comparable size and complexity to the scope of work;

- Experience having implemented call centers with short ramp up times and under conditions where operational policies and procedures are still being clarified while still providing ongoing operational support;

- Ability to work in partnership with the state to assist in implementing the regulations and policies of the Affordable Care Act (ACA);

- Experience integrating with multiple state systems to provide a seamless customer experience;

- Demonstrated ability to provide extensive initial and ongoing training on product/program information, technology, and customer service skills;

- Ability to offer flexible and scalable operations as business requirements change; and,

- Demonstrated ability to deliver best-in-class call center technology, processes, and training.

Call Center Best Practices

Best practices allow organizations to find, borrow, and adopt the best ways of operating to achieve goals and objectives. As new enterprises, Exchanges have little prior experience to go on, so looking at the proven insights of others is a good way to build effective operating procedures. The best practice examples provided below capture a few good ideas for the further consideration of Exchange Call Center planners.

First Call Resolution (FCR) — There is no shortage of metrics for measuring Call Center performance. Call Center technology can measure how long it takes to answer a call, the number of calls received, the percentage of calls abandoned, the average length of a call, the average hold time, the cost per call, the total time a CSR is available for taking calls, and the list goes on. A growing body of research, however, suggests that none of these metrics captures what is most important to the customer, and that is the ability of a CSR to resolve an inquiry on the first contact. Commonly called first call resolution (FCR), the FCR rate is a key factor in customer perception of quality and nothing impacts customer perceptions more than simply getting their question answered or problem resolved on the first attempt.[2]

The importance of FCR is frequently championed by Service Quality Measurement (SQM), a Call Center industry leader responsible for benchmarking more than 450 leading international call centers on an annual basis (participating companies include most Blue Cross and Blue Shield plans, Aetna, American Express, and FedEx). According to SQM, between 15 percent and 35 percent of customers who call a Call Center spend 4 to 60 minutes on the phone and the problem or request remains unresolved. Not only will these callers remember that they contacted the Call Center to no avail, but SQM research shows that they will tell, on average, five people about an unresolved and negative Call Center experience. SQM submits that 15 percent of customers will not continue to do business with an organization that fails to resolve their inquiry or problem on the first call. Finally, most of the calls that are not resolved tend to be of a more complex nature (e.g., technical, billing, and complaints), a trend that should be of particular concern to Exchanges given the inherent complexity of the insurance eligibility process and health plan shopping experience.

While companies target different FCR levels, SQM considers 80 percent (or higher) FCR performance to be at the "world class level," a distinction earned by only five percent of the 450 Call Centers benchmarked by SQM in 2010. The 80 percent target typically results in an average

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[2] Penny Reynolds. *The Top 20 Contact Center Metrics for 2012.* January 4, 2012. MultiChannel Merchant. http://www.multichannelmerchant.com/opsandfulfillment/contactcenters/contact-center-metric-2012-0114tpp9.

of 1.2 calls needed to resolve the customer's inquiry or problem, with SQM reporting that the average Call Center FCR performance level is 67 percent, requiring an average of 1.5 calls to satisfy the customer need.[3] Exchanges should consider the ramifications of the FCR metric as a best practice and establish a performance level accordingly.

Service Level (SL) — The Service Level (SL) metric, defined as a certain percentage of calls (X percent) answered in Y seconds, is the most prevalent speed-of-answer measure utilized in Call Centers. Two of the more common SL goals include answering 80 percent of all customer calls in 20 seconds (typically stated as "80/20") or 80 percent in 30 seconds ("80/30"), expressed as an average number for a given day. In recent years, however, this metric has been re-shaped to better reflect the SL delivered throughout the day. For example, since most Call Centers have "peaks and valleys" of calls throughout the day, the service level from one period to the next can vary greatly but the average for the day serves to mute the hourly differences, both good and bad, experienced by callers. As Penny Reynolds, co-founder of The Call Center School in Nashville, points out, a better approach for measuring SL is to have a measure that assesses the number of periods of the day where the SL was acceptable. For example, if the target is 80 percent in 30 seconds, then a reasonable measure may be to consider the number of half-hour periods of the day when the SL was between 75 percent and 85 percent as this approach provides a better look at the consistency of service being delivered at regular intervals throughout the day. This type of evolved metric may represent a best practice opportunity for Exchanges.

Partner with Local Health Plans — Local health plans can potentially provide Call Center planners with a wealth of information that can be used to improve the Call Center experience for Exchange enrollees. For example, in early 2012 Catherine Hamilton, VP of Planning for Blue Cross Blue Shield of Vermont (BCBSVT), was asked to share lessons learned from BCBSVT's experience as one of two health plans selected to provide commercial coverage to the state's expanded Medicaid population. (Eligibility determination, providing subsidies, and the enrollment process remain state responsibilities and, as such, the experience offers numerous parallels to the Exchange market.) BCBSVT, which was recently recognized for providing outstanding member services under the SQM World Class Certification Program, offers Exchange planners the benefit of its experience:

(1) Subsidy enrollees have ***three times the rate of inquiries*** compared to BCBSVT's commercial population;

(2) Subsidy enrollees contact BCBSVT regarding eligibility and premium payments despite this functionality belonging to the state;

(3) Most subsidy enrollees who pay late are eventually reinstated (62-73 percent);

(4) Misunderstandings about deductibles are a major driver of Call Center contacts (there is a perception that claims that go towards the deductible are "denied"); and,

(5) Other call drivers include questions such as: "What program am I in? Where is my ID card? I sent my premium late, am I active? How can I afford this? Who do I call for this?"

These lessons learned present a number of best practice opportunities for Exchange Call Centers. Dr. Hamilton suggests the primary one: "Don't put the member in the middle between the Exchange and the health plan." Exchanges and QHP issuers should work closely together to inventory likely call scenarios, decide in advance who handles what, determine call transfer protocols, and create call scripts.

Continuously Validate Assumptions and Make Adjustments — L.L.Bean, known for their customer service worldwide and outstanding Call Center performance, offers Exchange Call Center managers a number of observations. The multi-channel retailer's Jill Bruce offers: "Companies err in assuming they know what the customer wants…and they don't know. It's imperative to really know what the customer expects and then you need to make it easy for them to be your customer. It's not about what's easy for the company." This advice suggests that Call Center planners might want to consider focus groups and consumer interview sessions with target populations to determine what prospective enrollees will expect when contacting the Exchange Call Center. Simulated call sessions or role playing exercises might be other means of determining in advance how enrollees are likely to approach Call Center staff.

However, consumers, brokers, employers, and other customers will have difficulty imagining and forecasting what they will need from a theoretical Exchange, so customer expectations will be hard to gauge until real customers "show up" for real services. At that point, accurate, timely monitoring of customer needs and gaps in service, and the flexibility and organizational focus required to adapt to emerging needs, will be critical. To get ready for that, Call Center managers should put in place a process to constantly validate assumptions and fine tune operating procedures. This might be done through listening-in on customer calls or actively soliciting feedback from front line staff on what is working and what can be improved.

Additional Call Center insights from Ms. Bruce include the following tips: "We find that our customers would rather call back than sit on hold too long and, if they do hold, they prefer silence over music. Something else to consider is the ability to advise the caller of the estimated wait time either in minutes or position in line, and offer a call back feature."

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[3] Mike Desmarais, SQM Group. *Top Ten Best Practices for Improving FCR*. http://www.sqmgroup.com/top-10-call-center-best-practices

Become the Nordstrom of State-Based Exchanges — The upscale retailer is known for its legendary customer service, so much so that Robert Spector wrote a best-selling book for becoming the 'Nordstrom' of your industry. Employee empowerment is a key Nordstrom tenet. "Nordstrom encourages, preaches, demands, and expects individual initiative from people on the front lines. Employee empowerment is not a cliché or a strategy or an empty platitude; it's at the core of the company's culture," says Mr. Spector, author of "The Nordstrom Way to Customer Service Excellence." "The health care Exchanges would be well-served to adopt genuine employee empowerment as a Call Center best practice."

To do this, Call Center representatives must be empowered to own the customer experience, and Call Center managers must routinely "mentor, support, praise, recognize, and reward employees who take the initiative," explains Mr. Spector. To empower Call Center employees, management must provide the right tools and knowledge management, delegate authority and then trust the employees to do the right thing. When employees do make a questionable call, management must still back them up (without disadvantaging the customer). If employees feel like they are penalized for taking the initiative or making decisions, they will stop doing both. Frequent feedback on performance helps ensure good decision-making by employees.

True employee empowerment in a Call Center environment tends to be rare. It is more likely that Call Center staff will be micro-managed, particularly since many CSR jobs are entry level positions. But micro-managing leads to unhappy staff and high attrition rates, which in turn, contribute to a poor customer experience with the Call Center. Employee empowerment is strongly linked to happier employees and there is a wealth of data that suggests happier employees provide better customer experiences. As Exchanges may very well suffer from initial perceptions that they are "state-run bureaucracies," a Call Center environment that encourages employee empowerment may be well-rewarded by the number of successful enrollments that result.

Measure Customer Loyalty — The Net-Promoter Score (NPS)[4] is a loyalty metric that tracks how customers represent a company to their family and friends. Apple is often cited as a company with a high NPS. Fred Reichheld, who conceived this measure, contends that word-of-mouth referrals represent free marketing that greatly influences business growth.[5] To calculate NPS, customers are surveyed and asked how likely they are to recommend a company to a friend or family member. The recommended scale (which some companies adjust) is based on a ten point scale where customers are grouped in one of three categories: "detractors" (0-6), "passives" (7-8), and "promoters" (9-10). To calculate the NPS, subtract the proportion of detractors from the proportion of promoters and convert the result to a percentage. For example, 100 promoters, 30 passives, and 80 detractors produce a NPS of 20 percent. This means there are 20 percent more promoters than detractors.[6] This measure is used by such companies as GE, Proctor & Gamble, American Express, and Fidelity Investments.

Scott Hutzler, Executive Vice President of Workplace Participant Services at Fidelity Investments, explains one of the best practices in the firm's Call Centers is to incent employees based on customer satisfaction, and one means of capturing this information is through the use of NPS. "A given percentage of total compensation is incentive-based and the funding of the incentive pool is entirely based on how satisfied our customers are with Fidelity's service," says Mr. Hutzler. "At Fidelity Investments, we value highly satisfied customers, so it's also important that we value and reward Call Center employees who help us earn customer loyalty."

According to Satmetrix, the Net Promoter® software company, the insurance industry was marked by some of the lowest and highest customer loyalty performance scores across all 22 industry sectors studied, depending on the line of business and company. In the company's 2012 Net Promoter Industry Benchmark announcement, they note: "USAA dominated both the auto insurance sector at 74 percent and homeowners insurance at 71 percent. By contrast, most major health insurers had nearly as many detractors as promoters, tallying up an industry average NPS of just 4 percent (0 percent if sector leader Kaiser Permanente is not included). Kaiser Permanente stood out again this year with an NPS of 33 percent thanks to its innovative business model combining insurance coverage with healthcare delivery in one coordinated service."[7]

Clearly NPS presents certain challenges to the health insurance industry but Kaiser's score demonstrates that it is still possible for a company to distinguish itself in a market sector that earns low loyalty scores across the board. However, it is not recommended that it be used alone. NPS is only one measure of customer satisfaction but it might be a very powerful metric in the Exchange world where word-of-mouth testimonials from enrollees have more "street cred" than a well-executed media campaign.

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[4] Net Promoter, NPS, and Net Promoter Score are trademarks of Satmetrix Systems, Inc., Bain & Company, and Fred Reichheld.

[5] TMCConnon. Net Promoter Score (NPS) Explained. Qualtrics. March 30, 2011. https://www.qualtrics.com/net-promoter-score-nps-explained.

[6] Jeff Sauro. 10 Things to Know About Net Promoter Scores and the User Experience. April 24, 2012. http://www.measuringusability.com/blog/nps-ux.php.

[7] USAA, Amazon.com, Costco, Virgin America, Apple, Trader Joe's & Wegmans, Among the Highest in Customer Loyalty in the 2012 Satmetrix Net Promoter® Benchmark Study. Study Unveils Customer Loyalty Leaders for 22 U.S. Industry Sectors. SAN MATEO, Calif., March 14, 2012. Satmetrix Press Release.

Conclusion

To create an optimal Call Center environment, whether it is outsourced or built in-house, Exchange planners will need to devise an effective multi-channel Call Center strategy that leverages the right people, processes, and technology to meet the goals and objectives set by the Exchange. As staffing can represent about two-thirds of a typical Call Center budget, it is important to use these resources effectively and efficiently. Key workflow processes, such as customer segmentation and call routing, will play a major role in meeting customer expectations. A wide-array of Call Center technologies are available as tools to manage everything from work schedules to call volumes to customer relationships. To maximize customer satisfaction, Call Center staff must have direct access to key Exchange systems, like eligibility, enrollment, and premium billing.

Call Center managers can consider adopting many best practices, including first call resolution, measuring customer loyalty, and employee empowerment. Partnering with local health plans may also provide Exchange Call Centers with the benefit of lessons learned from years of experience in connecting people with health insurance coverage. As the public face of the Exchange, Call Centers will play a significant role in meeting the universal mandate of providing affordable access to care.

Links to Existing Call Center RFPs

For more detailed insight into scope of work requirements, performance metrics, reporting, job descriptions and skillsets, consultant engagements and other call center language, please see the links below to some of the states that have released RFPs that include call center services. Insight and examples for this paper have been taken from an analysis of these proposals.

Massachusetts:
https://www.ebidsourcing.com/processPublicSolSummView.do?doValidateToken=false&docStatus=CLOSED&docUserId=208593&soltypeCd=UNIVERSAL&action=soltypeCd&docViewType=CLOSED&docId=135917

Washington:
http://wahbexchange.org/wp-content/uploads/HBE-028_Addendum_1_Amended_RFP.pdf

Maryland:
https://emaryland.buyspeed.com/bso/external/bidDetail.sdo?docId=MDM0031004929&external=true&parentUrl=bid

http://www.statecoverage.org/node/4654

Connecticut:
http://www.ct.gov/hix/cwp/view.asp?a=4298&q=506870