

Proactive Self-Service Application Menu Design

A Q&A with Remus Siclovan of HealthNet

Q: Remus, can you provide some background on HealthNet, its contact center and your role there?

Health Net provides medical insurance, HMO and PPO plans across California, Connecticut, Oregon, and Arizona to more than 12 million members. As the Senior Systems analyst at Health Net, I currently work in the call center group on the information technology side. I've been with HealthNet for seven years, and I always have been involved with IVR system development, overseeing new IVR projects and system development. I'm one of the first contacts with the business side and determine what the requirements are, make recommendations as to what is new out there in the IVR world and in speech technologies.

In terms of voice portal usage, we have almost a 50 percent adoption rate on the provider side and a 35 percent rate on the member side. We have about 400 agents in our four call centers, located in Woodland Hills and Sacramento, California and in Oregon and Connecticut. We also outsource some of the more simple calls and the Medicare inquiries to a contact center in Pennsylvania.

Q: What role does the contact center play with HealthNet?

The contact center takes all the different calls from members and providers, and responds to any inquiries they might have, such as questions on disability, benefits and claims. The contact center primarily plays a customer service role in these groups.

Q: Why would members and providers call HealthNet?

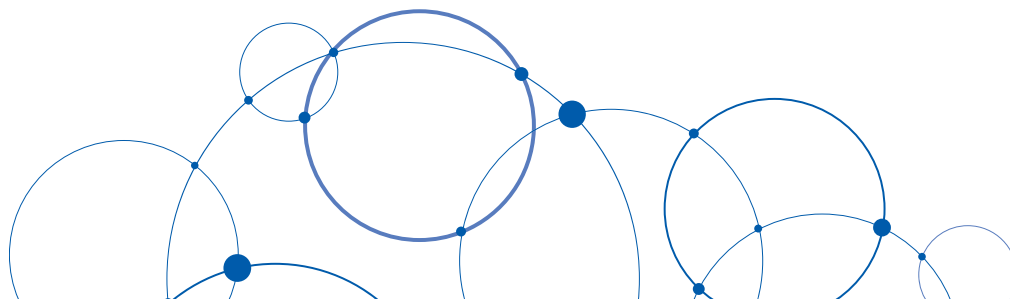
Members more frequently call to verify eligibility, to determine co-pays before they visit doctors, and check claim(s) status. Our members also can call and order identification cards, obtain pharmacy info on prescription drugs, or request to have their eligibility faxed to them at a clinic or doctor's office.

Providers usually call to also verify the information for the member that is in their office, their eligibility and their co-pay depending on services, or sometimes they could be calling to find out a claim status.

Q: You often refer to two terms: Reactive self-service application menu design vs. proactive design. Could you explain what these are?

A reactive menu design is when a member calls us, they are offered a menu option where we tell them what is available on the menu and they make a selection. So when the main menu is presented, it tells the member, "Would you like benefits, eligibility or claims?" At this point, they would say one of the choices and the call is routed to the next menu option.

In a proactive menu design, when a member or provider calls in, after authentication, they are given the info that most members are calling about; we don't ask them to make any selections. We give them what we decided was the most common info they wanted. That way, we cut down on voice portal time and service them quicker.



Q: HealthNet has a high adoption rate of the self service application for members and providers. How were you able to drive it so high? This is almost twice the usage rate of what I've seen in other healthcare institutions.

On the provider side, we actually just recently introduced speech self service, and they are not offered many options in the menu: eligibility, benefits or claims.

Because providers were only calling about a limited number of services typically, we were able to help them easily navigate through our menu, and to get the info quickly, and boost confidence level that the info was correct, that boosted adoption levels to 50 percent.

On the member side, the adoption rate was about 35 percent. The same criteria for the menu design was used—determine what members are calling most frequently about, and we tried to offer those options and design a simple menu for them to navigate. With speech self service, we were giving the members the opportunity to just say what they are calling about. And, a simpler authentication process made it easier for members to use the speech self service, and they felt more comfortable with it.

Q: What were things that were not working well with the original reactive menu design?

When it comes to benefits, HealthNet can have up to 80 different co-pays for the different services. In the reactive menu with the benefits option – we had the initial menu level, then we had to break it down into more menus. There must have been five different levels for all of the benefits. So, if the customer wanted physician services or emergency services, they always had to make a selection. They probably had to make five menu selections to find out the co-pay. Sometimes, they would get frustrated with all the selections and would just choose to speak to an agent. They would just transfer out. Then the more buttons they had to press, the frustration increased.

With the proactive menu, we were able to cut down the time and give the members what they were looking for right away.

Q: How does the menu sound now?

We take the most popular co-pay options and offer them in the menu. We didn't satisfy every option, just the most popular inquiries. At least 50 percent of the time when customers would call in, they would be looking for the amount of their office visit co-pay. Another 20 percent of the time, a customer would have an emergency, and would want to know what they have to do.

Now, when you call in and we authenticate you, the menu says, "Hello Mr. Siclovan, you're eligible after this date. You're with this physician. Your co-pay for an office visit is \$20 and your co-pay for an emergency visit is \$50." You skip all the menus. We're satisfying the most common calls. We can't satisfy every inquiry, but at least we've done a lot to satisfy most calls. If a member calls in and the proactive menu doesn't address their issue, they get the main menu and they can go into the reactive part.

Q: What were some of the key challenges in creating the proactive menu design?

The main challenge in the menu design was determining the most common inquiries in the contact center. We were able to do that by talking to agents, as well as using recording and historical reporting. This was pretty challenging in getting all the information. But from a design point, there were no major steps or problems that we faced.

Q: Are there any special projects in place to ensure the menu design is accurate and effective? How are you going to keep on top of it?

We are still going to keep surveying customers and asking them if what we are offering in the menu is still correct, and if it is, what is most relevant for them. The goal is to see if they are satisfied with the menu options. If there is a high number of callers that don't use the proactive menu options, and if callers keep opting out to speak to a representative, then we'll know that we have to revise the menu.

Q: What is the transition like in moving to a proactive menu design? How did you sell it internally to executives and users?

We proved to executives and customers that by using this proactive menu design, we are going to be able to service customers better and cut down some of the transfers to agents. We told them we would be able to satisfy clients quicker and our business customers were happy to hear that. We tried to communicate changes to them early and let them know which of the new design technology would be implemented and get their reactions. We received a lot of positive feedback.

We rolled it out to a small group initially. A couple weeks after roll-out, we were able to determine which customers were calling by caller ID, and we contacted them to get their feedback and most of the feedback was positive. There wasn't any dissatisfaction with it. We are now looking at another product group for roll out. We're still in the early stages.

Q: Were you able to quantify the adoption rate from your customers?

We were able to run reports on usage before and after implementation of the proactive menu design. We had a 10 percent increase in utilization. Our roll out was to an employer group with 2,500 members, and the employer groups were more open to adoption because they weren't savvy with the technology in our initial findings.

Q: What advice would you give another contact center thinking of doing a proactive IVR design?

When choosing a customer base for roll out, pick a group that isn't technologically savvy, so that your adoption rates will be more accurate. Also, let customers know what is going to occur before implementation, then follow up with them. We had a user group where we picked 10 members and we showed them what we wanted to do with the speech service tool. Then we looked asked for their feedback, which was very beneficial.

Q: You described the ability to implement the proactive menu design as straightforward. How did you get this done with Aspect?

We developed the proactive menu design on Aspect® Customer Self Service™ 7.1, which was a straightforward menu design. We then presented the clients with our menu design. After approval, we went ahead with implementation. Since Aspect Customer Self Service makes it so easy to design menus, it was an easy process. We designed the menu in-house.

Q: Tell us about the plans to roll out the proactive menu design to other customer groups.

The next step is to roll it out to another employer group. By hopefully the end of next year, all 8 million members will be using the proactive menu design.

Q: How do you see the roll of the voice portal applications changing?

We are hoping to implement a more natural language type of application where we can ask callers what they are looking for and by their response, we'll be able to give it to them, eliminating any menu when the person calls. We also would like to improve on CTI. But mostly, we are trying to take advantage of speech, having customers use speech more and determining why they are calling.

Q: How would the proactive menu design be applicable to other industries?

The financial industry would be a good example. With some banks, if you put in your account number, the menu could say "your checking account balance is \$500, your outstanding balance on your VISA card is \$200 and your next mortgage payment amount is due next month at \$700." I know mortgage companies want people to know when their mortgage payments are due, especially if they don't have automatic withdrawal. This could probably apply to other industries as well.

Q: Have you given any thought to standard personalization for your members with the idea that for each individual member that dials in, that they have a menu offering in the self service tool that is individual to them?

I think this would actually be difficult in healthcare. Because it's a really private thing, but I think this would work well in the financial industry. In financial services, a company knows what people are spending on and knows where they are investing.

Corporate Headquarters

300 Apollo Drive
Chelmsford, MA 01824

978 250 7900 office
978 244 7410 fax

Europe & Africa Headquarters

2 The Square, Stockley Park
Uxbridge
Middlesex UB11 1AD

+(44) 20 8589 1000 office
+(44) 20 8589 1001 fax

Asia Pacific & Middle East Headquarters

138 Robinson Road
#13-00 The Corporate Office
Singapore 068906

+(65) 6590 0388 office
+(65) 6324 1003 fax

aspect.com

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