

CX Best Practice Success Story – Performance Management System (Vendor)

UPMC HEALTH PLAN

Company Description

UPMC Health Plan, headquartered in Pittsburgh, PA., is among the nation's fastest-growing health plans. It is owned by UPMC, a world-renowned health care provider. As part of an integrated health care delivery system, UPMC Health Plan is committed to providing its members with better health, more financial security, and the peace of mind they deserve. UPMC Health Plan partners with UPMC and community network providers to produce a combination of knowledge and expertise that provides the highest quality care at the most affordable price. The UPMC Insurance Services Division — which includes UPMC Health Plan, UPMC WorkPartners, *LifeSolutions*, *UPMC for Life*, *UPMC for You (Medical Assistance)*, *UPMC for Kids*, *Askesis*, and *Community Care Behavioral Health* — offers a full range of group health insurance, Medicare, Special Needs, CHIP, Medical Assistance, behavioral health, employee assistance, and workers' compensation products and services to over 3.4 million members. Our local provider network includes UPMC as well as community providers, totaling more than 125 hospitals and more than 11,500 physicians throughout Pennsylvania and parts of Ohio, West Virginia, and Maryland. We seek to offer the highest quality and value to our members and our community. We do this with a high personal touch, helping members and their families enjoy the best possible health and quality of life.

UPMC Contact Center Description

Locations

Pittsburgh, Pennsylvania- U.S. Steel Tower Location
Pittsburgh, Pennsylvania- Harbor Garden Location
Erie, Pennsylvania

CSR Headcount

450

Contact Channels

Inbound/Outbound phone, online chat, email, web messaging, fax, and mail

Contact Volume

3 million + per year

At UPMC Health Plan, we truly believe providing excellent Service to all customers is a critical differentiator. Our mission and values serve as the foundation for our daily operations, both within Member Services and across our organization and emphasize our Service Excellence commitment.

UPMC Health Plan Mission

To improve the health of our members by offering innovative products, cost-effective solutions, and Service Excellence. We will accomplish this through our unique partnerships with our health system, our members, the community providers, and our purchasers.

UPMC Health Plan Values

Partnership: We believe positive partnerships and teamwork improve results.

Respect: We treat others as we want to be treated.

Innovation: We create products and services for current and future success.

Integrity: We do what is right.

Development: We invest in our staff members' continued growth and engagement.

Excellence: We strive for "best-in-class" practices and outcomes.

Service: We view exceptional service to all customers as a critical differentiator.

In striving to deliver Service Excellence, our strategy has been designed to provide high-touch and cost-effective customer service through First Call Resolution and proactive outreach. We maintain a sharp focus on the entire member experience, from the moment the member is first enrolled in one of our health plans and throughout their life cycle with us. To ensure we are providing the ideal member experience, we are constantly seeking quantitative and qualitative Voice of Customer (VOC) data to seek guidance from our members, recognizing that it is necessary for continuous improvement and Service Excellence.

At UPMC Health Plan, we serve members across many health insurance product lines, including government programs. The largest government program we participate in is our Medicaid Plan with over 470K members. To maintain our contract with the government, we are required to spend a percentage of our revenue with vendors that are Minority, Women-owned, and Disadvantaged Businesses. This often means that we will establish a partnership with companies that we have to foster closely and manage on a day to day basis. Due to the large dollar amount we are required to spend, we identified a minority-owned vendor to support our outbound call initiatives. After seeing success with this work, we decided to expand to our inbound calls for our Medicaid product line. We worked diligently to get them staffed and trained, beginning in 2014.

We have worked hard to manage this vendor, meeting with them daily, having weekly call calibrations and monthly Senior Leadership Steering Committee Meetings. Extensive and ongoing training has been conducted throughout the years, even with the four-hour drive to their location. For the call volume that the vendor manages, we had set up an after-call survey on our platform for VOC which required a manual transfer from the vendor's team. This reflected strong results; however, we believed that we were not getting a fully accurate picture of their performance since they could easily pick and choose which calls were transferred to the survey.

This became very clear to us when we received our annual CAHPS scores, and our customer service composite results for Medicaid had dropped dramatically. Each year, our health plan is nationally ranked against all others through an annual survey, CAHPS (consumer survey of patients that share their health care experience). As a result, we knew we needed to take swift action to implement a performance management program that allowed us to measure the effectiveness of our outsourcing partner with a much stronger VOC strategy. We immediately created a "Customer Service Action Team" for planning to improve performance.

We landed on a three-phase approach to take the VOC and make improvements. Most importantly, we made the decision to partner with SQM to be the vehicle in supporting our performance management initiative, which is allowing us to closely evaluate the personnel allocated to our partnership. By leveraging the VOC from SQM versus us just trying to instruct and coach, the vendor was brought to a whole new level of accountability.

Phase 1 - Tracking and trending KPI performance

In Q1 2018 we partnered with SQM to survey our Medicaid membership.

- Implementation of SQM surveying with our vendor took place in April 2018, with 5 members per CSR per month. We adopted the standard SQM IVR survey that included sending us Action Alert Call emails when First Call Resolution (FCR) is not achieved.
- All Action Alert Calls are reviewed by our Customer Satisfaction Analysts at UPMC including a root cause analysis to determine action needed. Any CSR improvement needed is documented and coaching forms are provided to the vendor supervisors to provide coaching within 24 hours of receipt.
- Process or product improvements needed are addressed by working with other departments across our organization. Each department has a Service Excellence Champion and will take any VOC concerns and respond to them within a two-hour timeframe. These champions also conduct root cause analysis and will drive change as needed.
- Through the tracking and trending of the Action Alert Calls, we were able to identify opportunities for training needs. This also allowed us the opportunity to further identify team members to be removed from working on our business.
- We added Visual Aids / SQM signage posted on all work stations, including certificates of achievement as a constant reminder of the importance of VOC.

Phase II – Partnership Goals/ Contract

- We conducted a re-training program based on the alerts with a product refresher, pharmacy, fee schedule, and knowledge base training. We leveraged specific examples from the alerts, truly making the training actionable with a high level of retention.
- We made the decision to increase SQM surveys to 10 per CSR per month so we would have a more complete set of VOC to leverage.
- A contract amendment was executed that includes financial impact for lack of achievement on SQM Monthly scores, and individual employee removal from our business for lack of achievement.
 - SQM Results - World Class Call Resolution (85% of customers who are very satisfied with CSR and call was resolved)
 - Performance Management Plan must be in place for CSRs after 90 days of employment. Any CSR that fails to achieve a level above SQM World Class Call Resolution 3 times in a rolling 12-month period is required to be removed from UPMC business.

Phase III – Areas of Growth, Growing our Resources

- A leadership development program was deployed. We have worked to ensure that the vendor's leaders have the tools, resources, and data needed to help their team to be successful and productive. We have given the vendor access to the SQM Reporting tool so they can better monitor themselves. We have trained the leadership on how to coach the team to achieve World Class Call Resolution. A SharePoint has been built for the team to leverage in the coaching process that our leadership has access to, further supporting the oversight.
- We implemented a Mentor Program for New Hire Development. We selected team members with the highest scores on the SQM surveys for this responsibility. We have trained them on how to mentor new team members and what it takes to achieve World Class Calls.

- We are requiring the vendor's leadership to administer Individual Performance Improvement Plans for lack of achievement on World Class Call Resolution scores that are under 80%. For team members who are not able to achieve 80% after three months, they will be removed from our business.

Testimonial from Cheris Reed, Call Center Director-Outsource Provider

"The SQM survey has been invaluable in allowing our team to hold a mirror to our representatives. We have used these scores for coaching, feedback as well as internal HR strategies. This tool has allowed leadership to identify areas of opportunity, sustain our onward growth and to foster a stronger relationship with UPMC from a very unique standpoint."

We view our outsourcing partnership as an extension of our company into our vendor's organization. Where we previously struggled with transparency and accountability, the robust reporting and analysis we have with SQM controls the standard and methodology so that service will be delivered at a level of quality that is consistent with our organizational values.

We will continuously add value to the partnership with our third-party contact center. A better-managed vendor relationship will result in increased customer satisfaction, reduced costs, better quality, and better service from the vendor. The SQM performance-based model is allowing us to consistently apply the core principles and reinforce corporate values and core business priorities.