



# CX Best Practice Success Story – Standard Operating Procedures

## Blue Cross Blue Shield of Massachusetts

### Company Description

Blue Cross Blue Shield of Massachusetts is a community-focused, tax-paying, not-for-profit health plan headquartered in Boston. We are committed to working with others in a spirit of shared responsibility to make quality health care affordable. Consistent with our corporate promise to always put our members first, we are rated among the nation’s best health plans for member satisfaction and quality.

At Blue Cross Blue Shield of Massachusetts, we work hard to make sure that our nearly three million members have access to the high-quality, affordable health care they expect and deserve. For more than 80 years, our company has focused on making our vision a reality for the individuals, families, and businesses we serve. We want to be a company that’s easy to do business, and we look at the member experience as a key driver to our success in the market.

### By the Numbers

Workforce Size	<ul style="list-style-type: none"><li>Over <b>3,700</b> employees</li></ul>
Members Served	<ul style="list-style-type: none"><li><b>2.8 million</b></li></ul>
Customers Include	<ul style="list-style-type: none"><li><b>7</b> of the <b>10</b> largest employers headquartered in Massachusetts</li><li><b>79%</b> of Massachusetts cities and towns</li><li>More than <b>26,800</b> businesses across Massachusetts</li><li>Nearly <b>115,000</b> federal employees</li></ul>
Customer Service	<ul style="list-style-type: none"><li><b>48 million</b> claims processed annually</li><li><b>3.4 million</b> calls answered annually</li></ul>
Community Commitment	<ul style="list-style-type: none"><li><b>88%</b> of employees participate in BlueCrew volunteer program = <b>31,832</b> volunteer hours</li><li><b>\$6 million</b> invested in more than <b>441</b> nonprofit organizations throughout the state</li></ul>
Member Service Staff	<ul style="list-style-type: none"><li><b>261</b> customer service representatives</li><li><b>3</b> senior managers</li><li><b>18</b> managers</li><li><b>8</b> trainers</li><li><b>15</b> quality assurance evaluators</li></ul>
More About Member Service	<ul style="list-style-type: none"><li><b>Hours of operation:</b> Monday through Friday, 8 a.m. to 9 p.m.ET</li><li><b>Contact channels offered:</b> telephone, email, chat</li><li><b>Locations:</b> Quincy and Hingham, Massachusetts</li><li><b>Contact types:</b> inquiries about benefits, claims, and authorization</li><li><b>Customer types:</b> Blue Cross members</li></ul>

### About First Call Resolution

At Blue Cross Blue Shield of Massachusetts, our frontline Member Service employees put a premium on excellent service. We take pride in delivering on our corporate promise to always put our members first. Part of this promise is to ensure first call resolution wherever possible. How do we do this? **By integrating first call resolution into every aspect of our business, every day, across the whole company, involving everyone from the CEO down.** And, as a company, we’re showing how serious we are about first call resolution by tying our company-wide annual bonus to our first call resolution goal results.

**The Problem:**

Feedback from our members told us about two things that worked against us:

1. We often missed opportunities to make a call to an agency, pharmacy, provider, or vendor on the member’s behalf, to resolve the member’s issue.
2. We were sending the member away with things to do (essentially telling them *they* had to resolve their issue) when we couldn’t make a call on their behalf.

**To Summarize:**

Problem	Solution
We sent members away with homework due to unresolved issues.	Make calls on the member’s behalf to take them out of the loop.
Association guidelines don’t always allow us to make calls on the member’s behalf.	<ul style="list-style-type: none"><li>• We spearheaded a pilot with the Blue Cross Blue Shield Association to allow representatives to contact providers contracted with other plans to achieve first call resolution.</li><li>• When plans did not allow us to contact them directly, we gave representatives tools on how to redirect members to where an issue can be solved and what to do next.</li></ul>

**To increase first call resolution and improve the overall member experience:**

1. We enhanced the “Make the Call” initiative.
2. We addressed the “redirection” problem when we could not make a call due to Blue Cross Blue Shield Association guidelines (example: certain out-of-state providers).

**Enhancing First Call Resolution**

**What does *Make the Call* look like?**

- We view every call as an opportunity to serve the member better.
- We promote a “no member homework” way of life.
- We empower representatives to make the call while the member is on the phone, to resolve any issues, without worrying about metrics.
- We resolve claim issues by speaking directly to providers and outside vendors.
- We call providers to schedule medical appointments for members.
- We ensure that prescriptions are filled when the member hits a roadblock with a pharmacy.
- We have implemented hotlines and service level agreements with supporting departments across the organization to ensure timely support for representatives working to achieve first call resolution on calls.
- We implemented chat technology to help members get support with questions while using our website to promote first contact resolution.

An extension of *Make the Call* is the implementation of **courtesy call back technology** where members can leave their number for a call back when there are long wait times. A representative calls the member back instead of making the member wait in a phone queue.

## What tools do we give members when we can't make a call?

We've equipped representatives with better responses and approaches such as:

- Providing clear steps and messaging for the member to be able to relay to their provider, including telephone numbers for their providers to contact for support.
- Educating the member on our online resources (web and app) to access their claims and copies of explanation of benefits.
  - We worked closely with our technology and marketing areas on the redesign of the web and app platforms to ensure our members' needs were being met.
  - We are part of the ongoing development and enhancement efforts, providing feedback from members and usability experiences and needs to shape future offerings.
- Assuring the member that we have sent a request to have the provider contacted (through our BlueCard team).

## Training

- *Make the Call* training was developed in July 2017. It has been incorporated in the new hire training classes.
- *Make the Call* training coaches, motivates, and empowers representatives to take members out of the loop and make a call to resolve their issue, *leading to no member homework and first call resolution*.
- We hold refresher and **pre**-refresher training (pre-refresher training allows us to proactively get ahead of seasonal trends).
- We use **Qstream** to send game questions to representatives, reinforcing the material in a fun way.
- Our training team developed a series of empathy training sessions to help develop soft skills. This led to recognition by the Boston Globe in an article called [Nine to thrive: The true impact of empathy in the workplace](#).

## First call resolution governance structure

To help encourage company-wide awareness, we created a first call resolution governance structure to ensure the *member experience is always top of mind* for **all** areas of the company. Infusing the “voice of the customer” in everyone’s work by playing back calls regularly during meetings at all levels demonstrates the impact of first call resolution to those who aren’t normally involved in customer service and shows the entire company why it’s important. Feedback from other areas has been tremendous because they didn’t realize how their jobs impact members downstream.

One leader says, “The calls we listened to made me appreciate even more the challenges our members and representatives experience in trying to navigate the healthcare system and how important it is to have the right tools and resources available to both.”

## The governance structure looks like this:

Group:	Members are:	Function:
FCR Council	Executive leaders	Sponsors and supports all activities
FCR Workgroup	Senior leaders and directors from across the division	Responsible for development of annual department level first call resolution work plans and goals to support the member experience
FCR Champions*	Member Service leaders and representatives	<ol style="list-style-type: none"><li>1. Develop and execute initiatives that support department level FCR plans</li><li>2. Review member survey responses from non-first call resolution surveys</li><li>3. Simplify processes to increase first call resolution</li></ol>

\*The **Champions workgroup** is key to the structure as well as being our largest improvement this year because it brings the voice of our Member Service representatives to the table.

A director of Health Management Operations says, “It’s great to be part of the first call resolution cross-functional workgroup for many reasons! It’s great camaraderie seeing everyone get together and make improvements in their operational areas, all for ‘the greater good.’ The information and data I receive in those meetings are very helpful to tell the story to the health and medical management team, to reinforce that Member Service spends every day answering calls and questions based on the work WE do in our respective operational areas. The least we can do is ensure we are doing our part to be efficient and effective, and decreasing barriers wherever we can. First call resolution goals give us a great map for initiating process improvements in our area.”

## How we support and encourage first call resolution

### Communication:

- We send a weekly first call resolution newsletter with tips from workgroup.
- We engage representatives with *First Call Resolution Theater*, a fun, and engaging monthly communication. This gives representatives examples of what to do and what not to do. The tips are based on unresolved calls, telling representatives how they can resolve similar issues when they get them.
- We share monthly stats to allow representatives to see how well we’re doing with first call resolution.
- At critical times, the director of Member Service sends daily messages with up-to-the-minute stats on how we’re doing.

### Incentives

- *World Class Warrior Dash*, a monthly incentive program with prizes. This fosters the natural competitiveness of teams but also encourages first call resolution.
- *World Class Wednesdays*. The last Wednesday of each month celebrates the previous month’s World Class achievers.
- Annual *SQM celebration* to honor world class achievers from the previous year.

### Design Thinking

- We train and apply design thinking methodology to problems to generate new solutions by thinking outside the box.
- We’re partnering with our corporate Innovation Center to conduct a two-day corporate-wide FCR design thinking session to improve our member experience in 2019.
- As representatives are empowered by design thinking, they’re more apt to be creative. They develop a mindset that helps them find solutions to problems, taking risks in a budget-neutral way.
- Successful initiatives supporting first call resolution are:
  - A new quality program.
  - A new approach to metrics management emphasizing *quality over quantity*.
  - Integration of certain dental tools, such as a hotline and ability to do simple adjustments.
  - Improvement of the chart letter process. *Example*: instead of offering a lengthy and cumbersome claims history which the member may have to wait days for, showing the member that they can get this information at once on our MyBlue website.

### Tools to Support First Call Resolution

**New to Blue.** Proactive engaging of new members, helping them to get the most out of their plan. When new members call, the representative gets a reminder to share certain important information with the new member.

**Preventive care alerts.** Using claims history, we post alerts to our system, reminding representatives to speak with members about their benefit opportunities. For example, we can let a member know when they are due for certain routine services, along with the probable cost. This includes physicals, colonoscopies, mammograms, diabetes checks, and blood work, as appropriate to the member. The message? *You have this benefit, you should use it, here’s how much it should cost you.*

**MyBlue.** Our member website was recently upgraded making it is easier to navigate and more intuitive, with lots of tools at member's fingertips so they can make better decisions about their care. Some changes include the ability to view, download, and order ID cards; a better medication look-up tool; smoother registration process; a personalized user experience, tailored to the specific member.

**Subscriber submits claims.** We're partnering with the Claims area to prevent subscriber submitted claims from being unnecessarily denied. Enhancements will continue into 2019 as we improve the overall process – as well as the submission form – so it's smoother, faster, and eliminates the need for member calls.

## Results

In the second half of 2018, we have had a significant decrease in unresolved contacts.

- Since making these changes, we see less than half the number of unresolved surveys related to redirection. When the training was rolled out, our "redirection" unresolved calls dropped significantly and has stayed consistent since.
- The goal is the same for both the member and the representatives: the member should have to make *only one call* and we should take care of everything from there. What's impactful is the way that it makes both the member and the representatives feel about the interaction. Representatives are excited about these changes because they are helping members in ways that impact lives.
- For the second year in a row, Blue Cross Blue Shield of Massachusetts achieved the highest phone satisfaction ranking in Massachusetts by JD Power. Blue Cross Blue Shield of Massachusetts led the competition in every attribute, and demonstrated statistically significant year over year increases in five of six attributes.

## Looking Ahead

- Even more robust communication
- Increased ownership
- A new "Culture Champion" role to increase engagement
- Process improvements such as subscriber submit claim process review