

# UnitedHealthCare: Advocate4Me

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## Challenge

In an economy where Amazon packages deliver same-day and Uber drivers arrive within minutes, calling customer service can feel tedious and impersonal. The generic hold music and seemingly endless string of transfers are all the more frustrating when dealing with an issue as critical as one's healthcare.

The nation's largest health carrier, UnitedHealthcare, recognized the need to be more customer-centric. When we started working with UHC, the Affordable Care Act was imminent, and the organization was ready to define a future-forward vision for their ideal service experience. They wanted to help members quickly resolve their medical issues so they could focus on what mattered most: their health and their family.

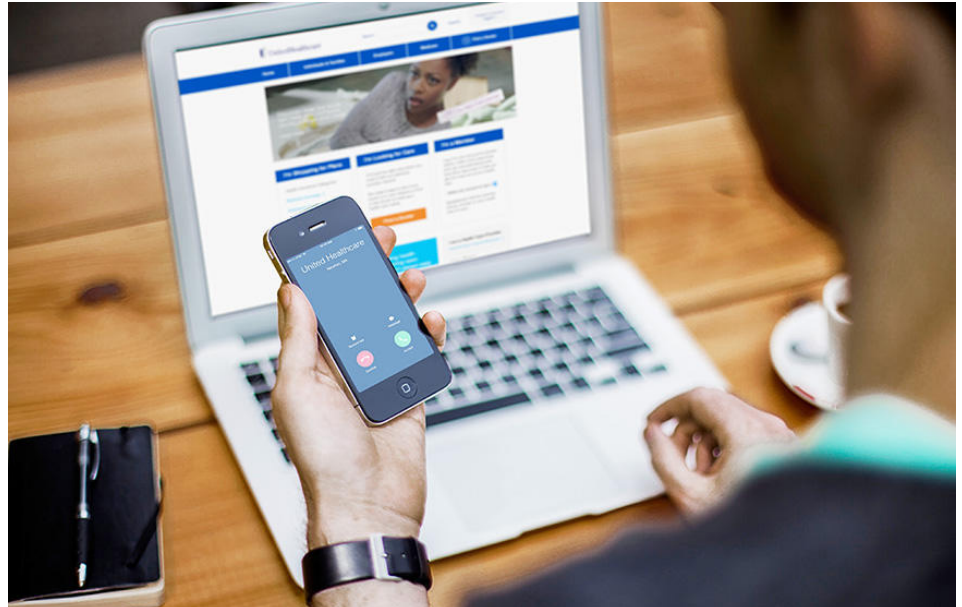
## Research & Insights

### *Creating a More Empathetic Exchange*

A truly human-centered call center experience involved more than effortless automation; it required a compassionate, knowledgeable agent on the other end of the line who was willing to go all-out to resolve problems. We defined the various responsibilities UHC agents should take on, depending upon the context of the call. Rather than applying only standard call center measures such as average handle time (AHT) to evaluate agent performance in each role, UHC shifted to more meaningful criteria for a more empathetic exchange, such as net promoter score (NPS), first-call resolution, and qualitative surveys of the call experience. This resulted in a set of rubrics to guide agents to deliver personalized service in any situation, from simple administrative issues to the emotionally wrought clinical ones.

### *A Clinical Resource*

People thought of their health carrier as a financial safety net, not a clinical resource. We knew the unique context of



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the call center exchange represented an untapped opportunity to transform this perception. Using our tenets of the ideal member experience and a trust-model that defined a trajectory for the member-UHC relationship, the EPAM Continuum team set out to create a call center experience that would reshape how members perceived UHC, and propel UHC and its members toward the mutually beneficial goal of improving their overall health and well-being.

### *Data-Enabled Agents*

Health carriers have a lot of data on their members; using it to provide a better service experience can be a challenge. Historically, when a UHC call center agent answered the phone, he or she faced multiple screens of disjointed information but lacked real insight into the caller's most probable needs. We asked: Could UHC use this same data to anticipate the context of incoming calls, and then proactively direct callers to the appropriate resource? We segmented callers into health modes based upon specific data triggers in billing records, medical histories, and recent online

behaviors. This enabled UHC to understand and identify the wildly different needs of their members, streamlining the call routing process, and providing agents with valuable member information at the outset to forge a more personalized interaction.

### **Solution**

Building on in-depth consumer research, we balanced smart data analytics and personalized interactions to redesign the UHC call center experience. Our vision manifested as detailed experience guidelines ready for implementation, which enabled UHC to make rapid changes to their call center operations, and in the process improve the member experience.

By retraining agents in what UHC calls the "Compassion Code," agents' efforts were refocused to take on the responsibility of resolving problems for members rather than completing tasks as quickly as possible. Agents are supported by a robust IT and IVR system that profiles incoming callers and routes them to the resource best suited to address their

most critical health issue. Agents can also access a readable summary of the caller's data profile. This empowers agents to advise members about available clinical programs and resources—whether it's to quit smoking or support a child with diabetes. All calls conclude with prompt and transparent follow-up via text message or email, a fundamental “delight factor” that builds long-term trust.

Finally, by reducing the outbound calls that members didn't want (or respond to) and shifting effort towards members' issues when they called, UHC flipped the call center model on its head to reduce wasted effort and provide a better member experience.

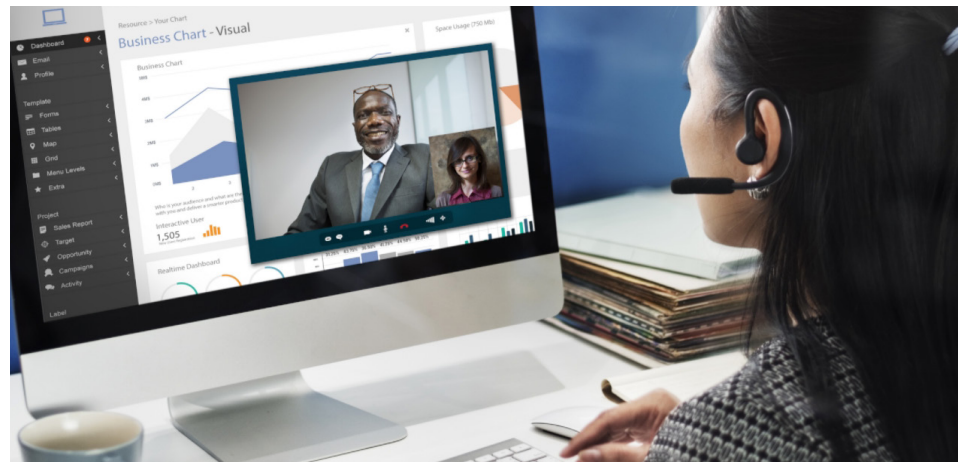
## Results

In April 2015, UnitedHealthcare launched Advocate4Me, a new call center model that provides customers with enhanced service and care. Currently servicing 24 million people, Advocate4Me has resulted in overall customer satisfaction exceeding 96%, with over 95% ranking their level of trust in their service as “high.” The company also reports that 30% of its wellness program participants come from Advocate4Me recommendations.

Rebecca Madsen, UnitedHealthcare's Chief Consumer Officer, noted the impact of EPAM Continuum's work on Advocate4Me for both consumers and agents:

“Our engagement in clinical programs and overall satisfaction have improved because members are having an experience when they call in, not just a transaction.

The call center agents value the fact that we've put tools and processes in place to enable them to be successful in their jobs. Being able to help people and solve problems make the day-to-day work more fulfilling.” ■



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