



ADVANCED ANALYTICS

CASE STUDY  
**R SYSTEMS ANALYTICS**

A Leading US Based Insurance Services Provider Improved their FCR by 4.5% with R Systems Analytics

# Client Overview

The client is one of the largest US-based insurance services provider offering specialized and affordable healthcare insurance plans and products to nearly three million people across the state and five million people nationwide.

## Problem Statement

- The client was experiencing spikes in call volumes particularly due to the increasing number of repeat calls
- The client implemented multiple strategies to diagnose the root cause of the repeat calls, but all initiatives turned futile

## Primary Client Objective

- To earn customer loyalty and satisfaction by improving FCR
- To handle customer queries and challenges appropriately by understanding their needs to avoid repeat calls
- Reduce the number of calls and cost per call for the contact center and domain experts

## Our Solution: Analytics GYM®

### ► Data Science

Our Analytics Consulting Engagement

### The STEPS:

- a. Business Understanding/ Use
- b. Data Understanding/ Use
- c. Analytics and Assessment
- d. Implementation

# Analytics GYM®

## The Approach

R Systems' team of analysts and domain experts used an integrated interaction analytics tool to build structured queries to identify call drivers. Our team performed analysis on diverse data sets garnered from various sources such as customer interaction, CRM tool and IVR to identify the critical aspects of repeat contacts. Our specialists also determined the call types and processes that were primarily responsible for the upsurge in volume of repeat calls.

Our methodology involved 3 key phases:

- **Phase 1: Call Driver Identification**

With our years of experience in Healthcare Payer domain, we created the most common Healthcare Topic rules within our analytics framework

- **Phase 2: Root Cause Analysis**

Once the rules were created, we ran those rules on the delivered media to quantify the Top 10 Call Drivers. We also performed root cause analysis to determine the challenges

- **Phase3: Analysis Prioritization**

Post quantification and based on the volume, our team isolated the most impactful call topics for further study

Upon completion of the above phases, our team in collaboration with the client decided the scorecard and pushed the outcome to the workflow for corrective actions. The roadmap was perfectly aligned with the organization's performance improvement goals

TOP CALL DRIVERS REPEATS	
TOP CALL CATEGORIES	%
MEMBER COST SHARE	25%
CLAIMS	19%
COVERAGE	11%
ELIGIBILITY	8%



MEMBER COST SHARE CALL DRIVERS REPEATS	
MEMBER COST SHARE TOPIC	%
MCOST-CO-PAY	24%
MCOST-CO-INSURANCE	21%
MCOST-DEDUCTIBLE	20%
MCOST-OUT OF POCKET	19%



**Theme 1:** Identify the Call Series buckets for Call Series Analysis

**Theme 2:** Conduct Repeat Caller Query-based analysis

The following topics were covered:

a) Cost Share with CPT Code

b) Cost Share with Drug, Prescription and Medically Necessary

c) CSA Behavior on Claims

## Scope Delivered

Using our data analytics framework we adopted a step-by-step process to improve FCR.

- **Structured Query Building:**

Our speech analysts built queries around frequently used words and phrases on member interactions

- **Root Cause Analysis:**

The findings from speech analysis were combined with other data elements like agent/ member demography, CRM and IVR systems. This helped the client in gaining insights around the key drivers that were further categorized under these categories - People, Process and Technology

- **Interaction Analysis:**

The repeat contacts were further correlated with agent's product and process knowledge and the communication gaps

- **Predictive Data Modeling:**

With in-depth understanding and analysis of key triggers that lead to repeat contact, we leveraged predictive data modeling techniques such as SQM, BLR and Apriori. We were able to predict the repeat calls near real-time and prescribed effective remedies

## Key Findings

- On 17% of calls, agents displayed lack of knowledge and 50% of those sounded disinterested
- 11% members made multiple contacts to check the status of their claim
- 67% members called minimum 3 times to gain clarity as they were unable to follow the claims online
- 16% repeat calls made by members owing to incomplete information imparted by agents to them on the previous call

## Business Outcomes

- Helped CSAs to establish a direct contact with the providers rather than suggesting the customer to establish communication
- Implemented an automatic acknowledgment notification to members w.r.t documentation to improve status awareness
- Helped CSAs to provide definite Turnaround Time (TAT) for a process to complete
- Guided CSAs to utilize techniques to take a quick follow-up on the member issues
- Organized communication training sessions for agents to emphasize on the importance of effective listening to avoid misunderstanding
- Post implementing the recommended changes, FCR for the client improved by 4.5% leading to an overall cost saving of \$4.9M