

## Improving Customer Service at Health Share of Oregon

### Introduction

There are many ways to evaluate the delivery of customer service in a health plan. Chief among these strategies is the assessment of enrollees' experiences with customer service staff. The Agency for Healthcare Research and Quality's CAHPS Health Plan Survey offers health plans a standardized way to assess whether they are delivering the information and support that members need and interacting with them appropriately. By analyzing the survey results, comparing scores to relevant comparators, and collecting related information, health plan managers can identify their strengths as well as areas in need of improvement. The challenge is figuring out what changes to make to improve service to members.

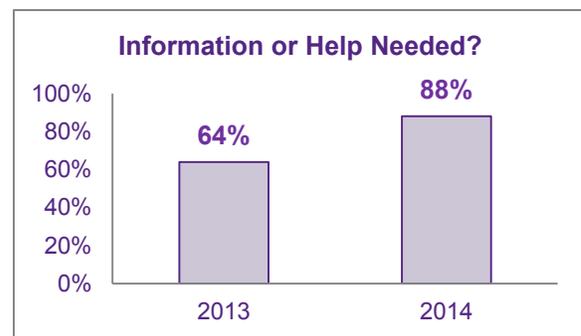
This case study discusses the strategies implemented by Health Share of Oregon, a coordinated care organization (CCO) serving Medicaid recipients, to ensure that its customer service staff understand and meet the needs of its members. Health Share of Oregon was selected for this case study because of its high scores on the "Health Plan Customer Service" composite measure in the CAHPS Health Plan Survey as well as its improvement in one of the two survey items. (Survey questions are listed in the box below.)

***The CAHPS Health Plan Survey's composite measure for Health Plan Customer Service combines the results of two survey questions:***

- In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?
- In the last six months, how often did your health plan's customer service give you the information or help that you needed?

Looking at changes in CAHPS Health Plan Survey scores from 2013 to 2014, Health Share saw a modest improvement in its already strong performance on the survey question about treating members with courtesy and respect, from 92 to 94 percent. What was more striking was the 24 percentage point jump in performance on the second question about getting needed help and information from customer service.

### ***Health Share's 2013 and 2014 Scores on Getting Needed Help and Information From Customer Service***



### Challenges Facing Health Share and its Members

The strategies that Health Share implemented to improve customer service were prompted by multiple challenges in the local environment. First, the new coordinated care model in Oregon was proving to be promising but complex (see box on the next page); it combined several new systems that were unfamiliar to both members as well as the participating health plans and providers associated with those plans. This complexity was compounded by the expansion of Medicaid in 2014 under the Affordable Care Act (which posed its own issues, including a substantial administrative backlog and long wait times for

individuals seeking coverage through the Oregon Health Authority) and an influx of high-need members who had not been insured before—all of which underscored the insufficiency of the answers and information available to members. Finally, as a coordinated care organization, Health Share was also dealing with changes to benefits and new benefits, including new vendors for services such as medical transportation and dental care. Health Share recognized that it needed to take steps to reduce the complexity for members during what had become a chaotic time.

### What Health Share Did to Improve Customer Service

Health Share attributes its performance on the CAHPS measure of patient experience with customer service to a combination of the following strategies:

- Bringing customer service in-house
- Hiring to support a culture of service
- Meeting the needs of the whole person

- Training and coaching on an ongoing basis
- Setting standards and measuring performance
- Diffusing a member and service-oriented approach throughout the organization

These strategies are consistent with two recommendations presented in the *CAHPS Ambulatory Care Improvement Guide* in the context of setting standards for customer service.<sup>1</sup>

- Develop an understanding of high-quality service from the perspective of members and patients.
- Establish service standards so that staff are clear on what is expected of them and how they should be interacting with members and patients.

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<sup>1</sup> Standards for Customer Service, *CAHPS Ambulatory Care Improvement Guide*:  
<http://www.ahrg.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6q-custservice-standards.html>.

### Health Share of Oregon, a Coordinated Care Organization

Created in 2012, Health Share is one of 16 coordinated care organizations (CCOs) in Oregon. These CCOs represent a new model for integrated, coordinated care that is unique to the State's Medicaid program. Each CCO is responsible for coordinating the efforts of health plans and providers to address the physical, mental, and dental health needs of the Medicaid population in a defined geographic region. They are also expected to improve their members' health by collaborating with organizations such as early learning hubs, housing groups, public health departments, and groups working with marginalized populations.

With 240,000 enrollees in the Portland tri-county region, Health Share is the largest coordinated care organization in Oregon. While Health Share does not function as a health plan, it has many of the same responsibilities vis-à-vis communicating with members to ensure they understand their benefits and can get the services they need.

Read about Health Share of Oregon at <http://www.healthshareoregon.org/>.

Read about the coordinated care model in Oregon at <http://www.oregon.gov/oha/OHPB/Pages/health-reform/ccos.aspx>.

## Bringing customer service in-house

For its first year and a half, Health Share's customer service was handled by an external vendor that was knowledgeable about the needs of Medicaid members and the local health care system. However, Health Share found that having a vendor in this role distanced the CCO from its members and made it difficult to understand the members' needs. They concluded that the organization and its members would benefit from a tighter relationship between the managerial hub of the organization and the staff who were dealing with members daily. In July 2014, they brought this function in-house by hiring a team of 10 individuals who were trained on the specific circumstances and challenges of Health Share's membership.

## Hiring to create a culture of service

From the beginning, Health Share was committed to hiring a professional staff that would strive to understand what good service means to members and contribute to a service-oriented team culture. In addition to identifying staff with some background or experience in the medical or dental field, the manager of the customer service team was committed to finding people with the ability to empathize and connect with members and a passion for serving the community. The manager noted that several people on the team have personal experience as enrollees in the Oregon Health Plan or the Medicaid program in another State, which gives them insight and sensitivity to members' needs and the environment in which they are seeking care.

### *An Interview Question to Assess the Fit to the Culture*

During interviews, the customer service manager asks candidates a key question: "Tell us about an unsuccessful phone call. In retrospect, how would you do it differently?" By asking this question, the manager is looking for the ability to identify the experience of an unsuccessful phone call, understand the causes, acknowledge faults and challenges, and think critically about how to do better. She is explicitly seeking people who exhibit the capacity for growth as they learn about Health Share, the complexities of the local health care system, and the needs of its members.

## Meeting the full spectrum of members' needs

A health plan's customer service staff are on the front line with regards to helping members understand and navigate through the complexity and jargon of the health care system. Health Share also recognizes that while a member may call with one need that is clearly explained, they often have additional needs and questions that are not expressed, such as how to access a specialist or enroll family members, children, or partners. Staff are trained to anticipate this situation by always asking members about other questions or concerns they may have. They also try to help members feel comfortable by personalizing the conversation—for example, by confirming the member's name and using it during the call.

*“Is there anything else I can help you with?”*

Another key aspect of Health Share’s service-oriented philosophy is that they empower customer service representatives (CSRs) to give the member time to speak and to solve the member’s problem in the moment. The CSRs have ready access to a library of resources they can use to find the answers to questions. Perhaps more importantly, the CSRs can make changes on the member’s behalf rather than work through the bureaucracy of getting input from a supervisor. The CSRs are expected to bring their manager proposed solutions rather than problems. This culture is also reflected in Health Share’s expectations regarding members’ voicemails, which are returned daily and take priority over paperwork.

Sometimes members call with questions or needs that Health Share cannot address. In those cases, the staff have to transfer the members to another system—such as the member’s health plan or the State agency that manages Medicaid enrollment. Before transferring the call, the Health Share CSRs coach members on the questions they should ask about the problem they have presented, which helps to overcome some of the barriers they might experience.

Finally, Health Share’s staff includes a member navigator, who deals with complex calls that require a greater understanding of new benefits or a higher level of intervention with providers, health plans, or the State agency. This person is available as a resource to all of the CSRs to handle exceptional needs and care coordination. Over time, the person serving as the member navigator has also played a role in

providing ground-level supervision in the call center, helping to inform and train staff, and supporting the education of new members, many of whom have never had insurance before.

### **Training and coaching on an ongoing basis**

The initial training of the original customer service team emphasized classroom instruction on communication skills, how to use the customer service software, and how to work with interpreters. Medical and dental care providers discussed how to explain members’ benefits, and members of the executive team shared information about the Medicaid population. New hires are trained “at the elbow” so that they can learn from their colleagues. However, all CSRs come together every 2 weeks for updates and continued training, with additional meetings arranged as needed to explain new or changed benefits and their impact on members.

One of Health Share’s strategic goals from the outset, driven in part by input from its community advisory council, was to better understand and meet the diverse linguistic and special health care needs of the Medicaid population in the Portland area. As part of that effort, Health Share has invested a number of resources and a fair amount of time in training CSRs to understand, anticipate, and appropriately respond to cultural considerations that can arise when they are interacting with members. The goal is to develop an understanding of the sum total of experiences that members carry with them into interactions with their health plans, providers, and customer service.

Health Share recognizes this focus on equity is new for most people and that it will take time to build awareness of the issues and bring about a shift in the culture. To that end, they have developed a series of trainings on cultural competence and health equity. Each quarter, they focus on a specific issue, with one 2-hour, mandatory “lunch-and-learn” meeting for all staff in 1 month and optional trainings that support that topic in the other 2 months. Issues covered in these meetings have included racism (specifically, how disparities affect health), disabilities due to mental health, trauma-informed care and adverse childhood experiences, poverty and classism, and power and implicit bias. The CSRs typically attend both the mandatory and optional trainings to better understand not just the issues that members face but also what changes they can make to benefit the members—from the tone of their voices to the extra effort to make their experience on the phone as positive as it can be.

### **Diversity Training Offers Additional Benefits**

In addition to helping the CSRs better understand the Health Share members, this training—and the investment it represents—is perceived as demonstrating the company’s appreciation for the front-line role of the CSR. Moreover, because the diversity of the members is reflected in the CSRs themselves, some see the training as validating their experiences at a person, family, or community level and offering them the opportunity to contribute in a meaningful way.

### **Setting standards and measuring performance**

Health Share prides itself on the high standards it has set for interactions with members. One key example is “one-call resolution:” they aim to resolve the member’s question or problem satisfactorily without having to get off the line, even if they have to transfer the person to a provider or health plan. As of Spring 2016, Health Share had an 83-percent one-call resolution rate.

Health Share also sets service-oriented target for CSRs; for example, they aim for—

- 80 percent of calls to be answered within the first 30 seconds.
- An abandonment rate of less than 3 percent (defined as the members who call and neither leave a voicemail nor have their calls picked up).
- Warm transfers for all of their transfers.

The manager of customer service tracks both the quality and quantity of interactions with members. In addition to coaching the CSRs to become more efficient, the manager audits about 20 calls each month to ensure that the staff are answering calls appropriately, documenting the conversation accurately, and confirming that the members’ needs have been met. In the interest of visibility and team cohesion, the manager also reviews these performance measures with staff and celebrates successes (such as exceeding goals) monthly. The performance measures and data are also shared with the executive team at Health Share quarterly.

Finally, the customer service staff and manager work together to catalog what they are hearing from members and analyze trends so that they can identify issues (e.g., confusion around benefits) that need to be resolved more broadly

and/or shared with Health Share's executive management. Health Share has benefited from the ability to collect qualitative data on the front end and then pull it out at the back end and roll it into meaningful information.

### Diffusing a member and service-oriented approach throughout the organization

Health Share makes a concerted effort to ensure that the entire organization is aware of members' needs and the essential role played by the customer service team in identifying and meeting those needs. In addition to sharing performance data with the executive team, the customer service team collects brief stories each week that showcase complex cases where customer service—in terms of information, navigation, and other support—was essential. These stories (edited to preserve members' privacy) highlight particular experiences that members have had, some of the challenges they have faced, and the ways in which customer service was able to overcome those barriers. That message is shared throughout the company—to the CEO, quality assurance department, information technology staff, and others—so that they can connect to that on-the-ground experience.

Another tactic that has helped to reinforce the critical role of customer service throughout the organization is the use of "ride-alongs" for new staff. When they join Health Share, new staff spend about 90 minutes with customer service, listening to calls in order to gain a deeper understanding of members' challenges.

### Conclusion

While most health plans do not have the opportunity to completely rebuild their customer service team, the values that shaped

Health Share's approach to customer service could be applied to other settings. Enrollees' experiences with customer service can be enhanced when staff are encouraged to see members as multidimensional people, not just specific questions; empowered to see themselves as problem solvers; and valued for their critical role in the organization.

**Questions? Contact the free CAHPS Help Line at 1-800-492-9261 or [cahps1@westat.com](mailto:cahps1@westat.com).**

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### Acknowledgments

This case study expands on a presentation given by Graham Bouldin, M.S.W., the manager of Data Analytics & Quality Improvement at Health Share of Oregon, during an April 2016 Webcast hosted by the Agency for Healthcare Research and Quality. This Webcast highlighted the *CAHPS Ambulatory Improvement Guide* and the strategies that health plans can use to improve their enrollees' experiences. The CAHPS team would like to thank Mr. Bouldin and his colleagues—Deborah Friedman, Chief Operating Officer; Florence Hurita, Customer Service Manager; and Michael Anderson-Nathe, Chief Equity and Engagement Officer—for sharing their experiences and achievements at Health Share.

Learn more about the Webcast at <http://www.ahrq.gov/cahps/news-and-events/events/webinar-041316.html>.

Read the *CAHPS Ambulatory Improvement Guide* at <http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>.

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