

Large Non-Profit Health Insurer

Opportunity

One of the largest non-profit health insurance plans in the U.S., with over five million members, set out to improve operational performance and enable its leaders company-wide to focus on enhancing the customer experience. With Verint® Quality Management™, Verint Workforce Management™, and Verint Enterprise Feedback Management – IVR Channel™* deployed across its contact centers, the health insurer saw an opportunity to apply similar tools and methodologies within its back-office operations.

With a staff of roughly 900 employees handling enrollment, billing, claims processing, and membership and patient accounts, the company's back-office operations relied on numerous disparate data sources and a myriad of manual processes. Because of this, leadership lacked visibility into exactly how employees were spending their time and, in turn, had little actionable data on the cause and effect of proposed changes to improve efficiency, quality, and operational effectiveness.

Solution

The health insurer took a phased approach to addressing the specific challenges in its back-office areas. It started with attendance management, where team leaders' main complaint was the amount of time needed to manage time off requests, schedules, and administrative reporting. Processes were different from department to department and multiple sources were required to gather the information needed to decision requests.

The company tackled attendance management by deploying key functionality from Verint Enterprise Workforce Management™. First, it installed Verint Time Off Manager™ to create a single source for all attendance-related data, automate routine requests, and reduce both employee and manager administrative time. Second, it implemented Verint My Time™, a tool enabling employees to self-report work activities. This data is compared with the health insurer's human resources data to verify employees are accurately paid for time worked.

Next, the company turned its attention to performance management, where it lacked the ability to capture and measure employee activity data. Here, the health insurer deployed Verint Operations Visualizer™**, which provides a standardized framework for managing employee productivity. Incorporating functionality from a variety of Verint solutions, including Verint Desktop and Process Analytics™, Verint Operations Visualizer captures employee activity directly from the desktop, delivering insight into time spent in production and non-production applications, as well as idle or non-system-related time.

* Formerly Verint Customer Feedback™

** Formerly Verint Productivity Visualizer™

VERINT.

Customer Success Story



Solutions

Verint® Enterprise Workforce Management™:

Verint Time Off Manager™

Verint Operations Visualizer™**:

Verint Application Analysis™

Verint My Time™

Verint Scorecards™



Industry

Health Insurance



Region

Americas

Results

- Increased utilization and capacity by 3.5 percent, saving more than \$1.25 million over a 12-month period.
- Improved productivity by 16 percent or almost 800 hours a week.
- Eliminated close to \$70,000 of incorrectly paid overtime on an annual basis.
- More consistently achieves service delivery goals.

“ Verint Workforce Optimization has helped us create a holistic management and reporting structure across our entire customer service operations — both contact centers and back office — to drive operational efficiencies and improve the customer experience.”

– Director, Operational Performance Management and Workforce Optimization, Large Non-Profit Health Insurer

Data from Verint Operations Visualizer is fed into Verint Scorecards™ to generate key performance metrics. Subsequently, the health insurer’s employees and managers can view how they are performing against their productivity goals in near real-time, enabling them to quickly identify opportunities for improvement.

The health insurer can now flag claims by member, group, product, and business segment. In conjunction with capturing production processing times, this has enabled the company to perform deep dive analyses and create cost-to-serve reports by category — giving it a better understanding of cost drivers and robust group-level reporting to more accurately allocate costs and prioritize opportunities for process and system improvements.

Results

For the first time within its back-office operations, the company was able to measure how employees were spending their time and capture true production processing times by activity. This allowed leadership to challenge employees to process tasks at a higher standard, helping to close the gap between top and bottom performers. In addition, by comparing employees’ My Time data with

their desktop data, leaders were able to accurately determine how much employee time was spent in an idle state versus on valid away-from-the-desk activities such as training and meetings. From this abundance of actionable intelligence, the company identified latent capacity that it could recapture.

Overall, the health insurer increased utilization and capacity by three and a half percent, saving more than \$1.25 million over a 12-month period. It improved productivity by 16 percent or almost 800 hours a week, helping it more consistently achieve its service delivery goals.

In addition, the data generated by the Verint software quickly uncovered a need to change a human resources policy related to the calculation and payment of overtime. In essence, when employees worked past the scheduled end time of their shifts, they were paid overtime, even if they failed to work the full shift. By addressing this issue, the company eliminated close to \$70,000 of incorrectly paid overtime on an annual basis.

With optimal attendance management and performance management, the health insurer is keen to explore the introduction of additional technology within its back-office areas to help automate quality review, further reduce error rates, and gain end-to-end process visibility in its continuous effort to enhance the customer experience.

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