



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

# BCBSF – Our Journey to Mandated Self-Service

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June, 2010

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Blue Cross Blue Shield of Florida's (BCBSF) journey to self-service began due to:

- High Call Volume
- The need to reduce administrative services expense

In 2007 We Had Over 34 Million Inquiries

7.8 Million  
Manual  
Inquiries

26.4  
Million  
Electronic  
Inquiries

77.2% of  
Inquiries  
Electronic

## Goal:

To enhance / develop self-service capabilities that address high call volume and move providers to those lower cost channels through promotion and education.

## Actions:

- Introduced series of enhancements to Eligibility & Benefits through our provider web portal - Availity®<sup>1</sup>
- Implemented a Claims Reconciliation Tool (CRT) to provide more detailed claims information
- Promoted capabilities and provided education through field staff

<sup>1</sup> Availity, LLC, is a multi-payer joint venture. For more information or to register, visit Availity's website at [www.Availity.com](http://www.Availity.com)

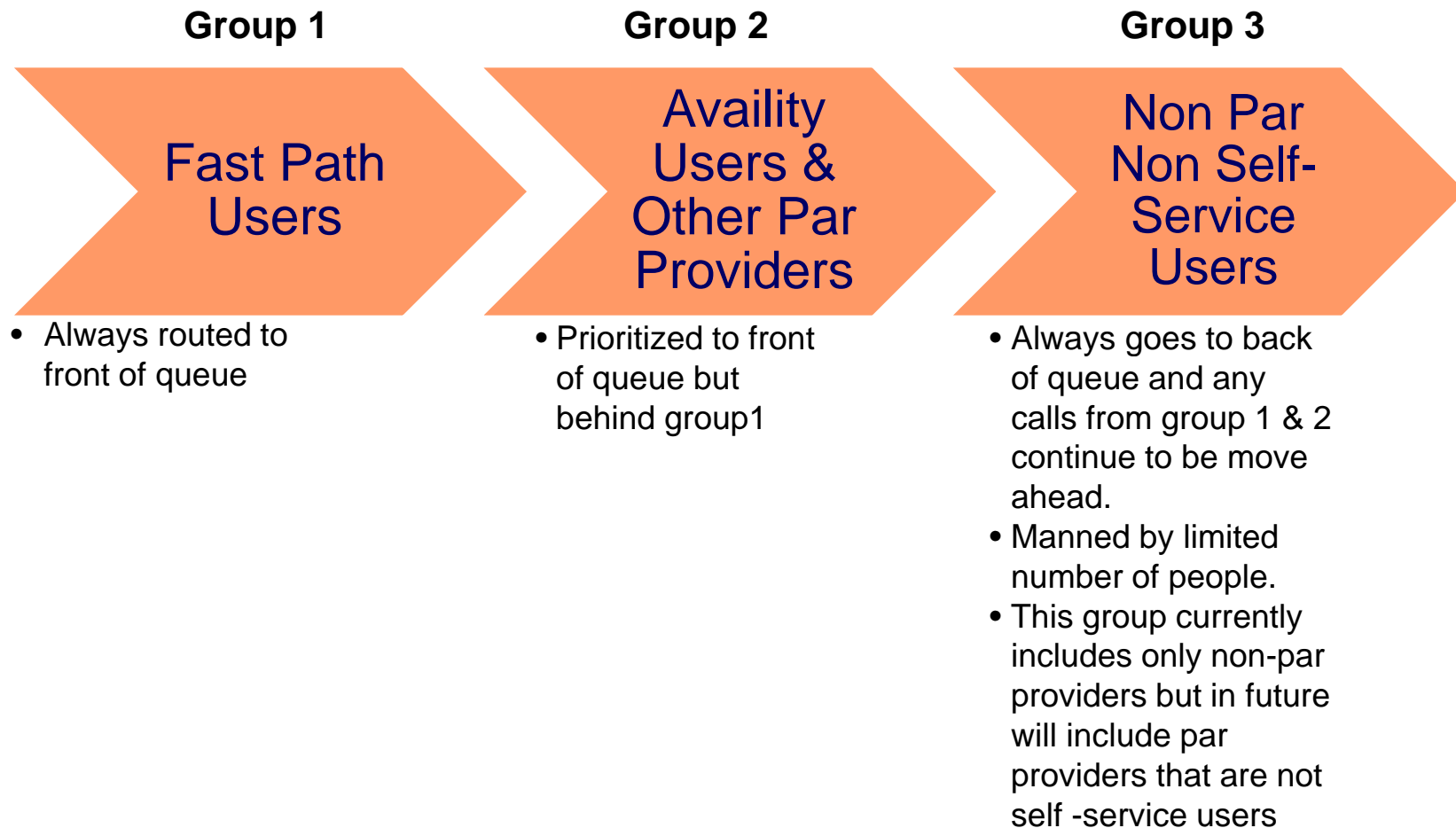
Despite significant usage of the new CRT capability and greater overall transaction volume through the E&B 270/271 transaction, claim status and E&B remained the top reason providers called.

- Call monitoring in early 2009 indicated 85% of the E&B and claim status calls could be handled through self-service
- Feedback from Providers indicated they:
  - Preferred talking to a person
  - Did not trust the data provided via self-service
  - They preferred to get a confirmation number for their files from a person

To encourage providers to use self-service the following changes were made:

- Implemented a priority call service – Fast Path
- Enhanced IVR
  - Added additional benefit types
  - Implemented a queue management process that requires the use of IVR self-service unless the provider uses a fast path code.
  - Required providers to listen to basic benefit information before being connected to speak to a representative.
  - Queue routing places a lower priority for Non Par/Non Availability providers.
- Continued to enhance E&B (270/271)
- Identified providers that did not use Availability or IVR self-service methods and built a table of non-users in the IVR
- Continued promotion and implemented adoption campaigns

## Call Routing/Queue Management



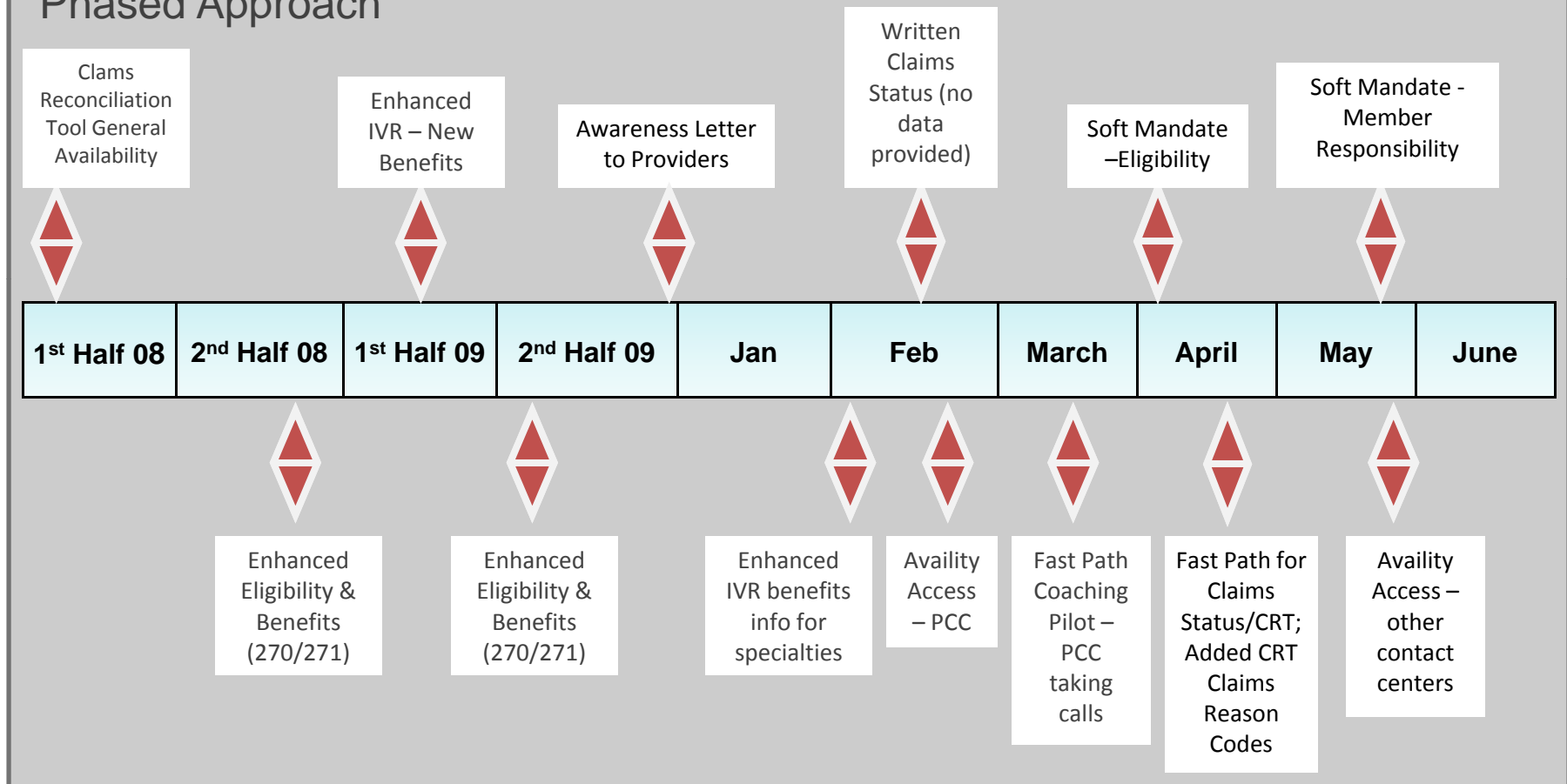
Begin move to mandated self-service with development of an enforcement policy. Initial mandate for eligibility and simple benefit information:

- Effective February 2010 - Stopped providing data for written Claims Status request
- Effective April 2010 - Mandate for Effective Date
  - Providers who first utilize Availity are asked what eligibility information they obtained. CSR then verifies the validity of the information provided
  - Providers who did not first attempt to utilize Availity are not provided effective date information. Provider has option to be routed back into the IVR or go to Availity for effective date
  - If providers persist in calling without first utilizing self-service, they will be placed on the non self-service user list
- Effective late May 2010 - Member Responsibility
  - Same process as April change



# Timeline of Journey

## Phased Approach

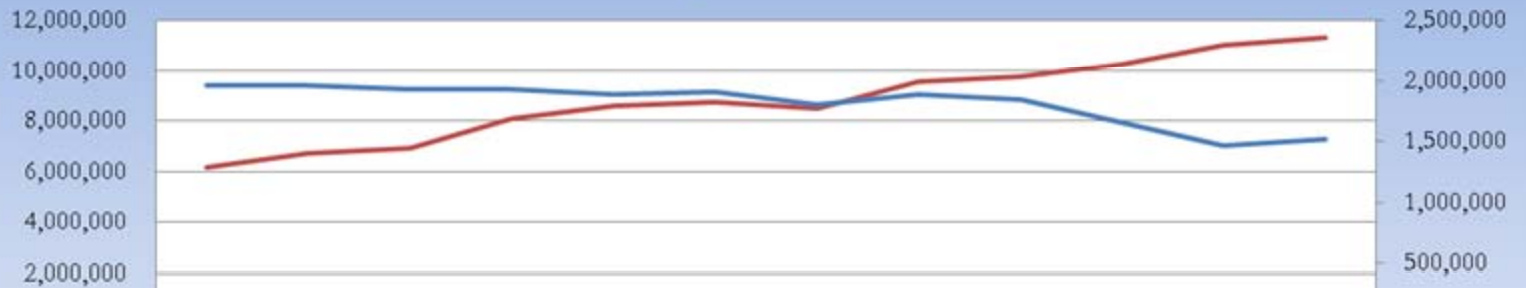


<b>General Communications</b>	<b>Adoption Promotions Adoption Campaigns</b>	<b>Adoption Promotions/Campaigns Contact Center Capabilities Coaching</b>
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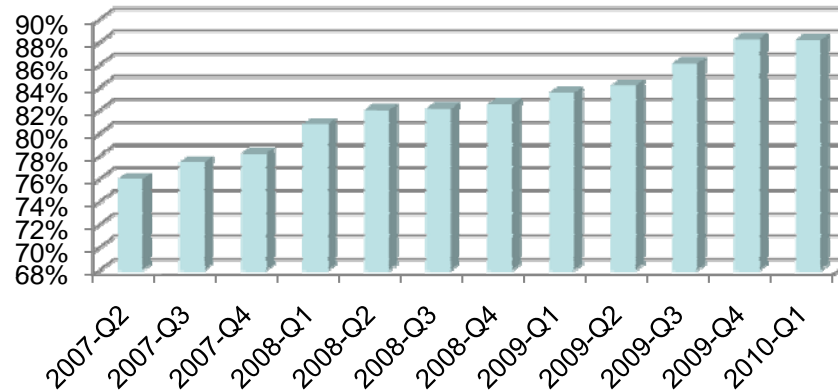
# Journey Results To Date

## Manual vs Electronic Inquiries Trendline



	2007-Q2	2007-Q3	2007-Q4	2008-Q1	2008-Q2	2008-Q3	2008-Q4	2009-Q1	2009-Q2	2009-Q3	2009-Q4	2010-Q1
— Electronic Transactions Trendline	6,177,422	6,719,659	6,913,255	8,077,728	8,618,740	8,740,920	8,494,713	9,563,692	9,755,184	10,270,921	11,018,361	11,339,781
— Manual Inquiries Trendline	1,955,329	1,961,355	1,930,116	1,926,237	1,890,055	1,904,511	1,800,576	1,887,829	1,840,314	1,658,826	1,467,639	1,518,881

## % of Electronic Inquiries



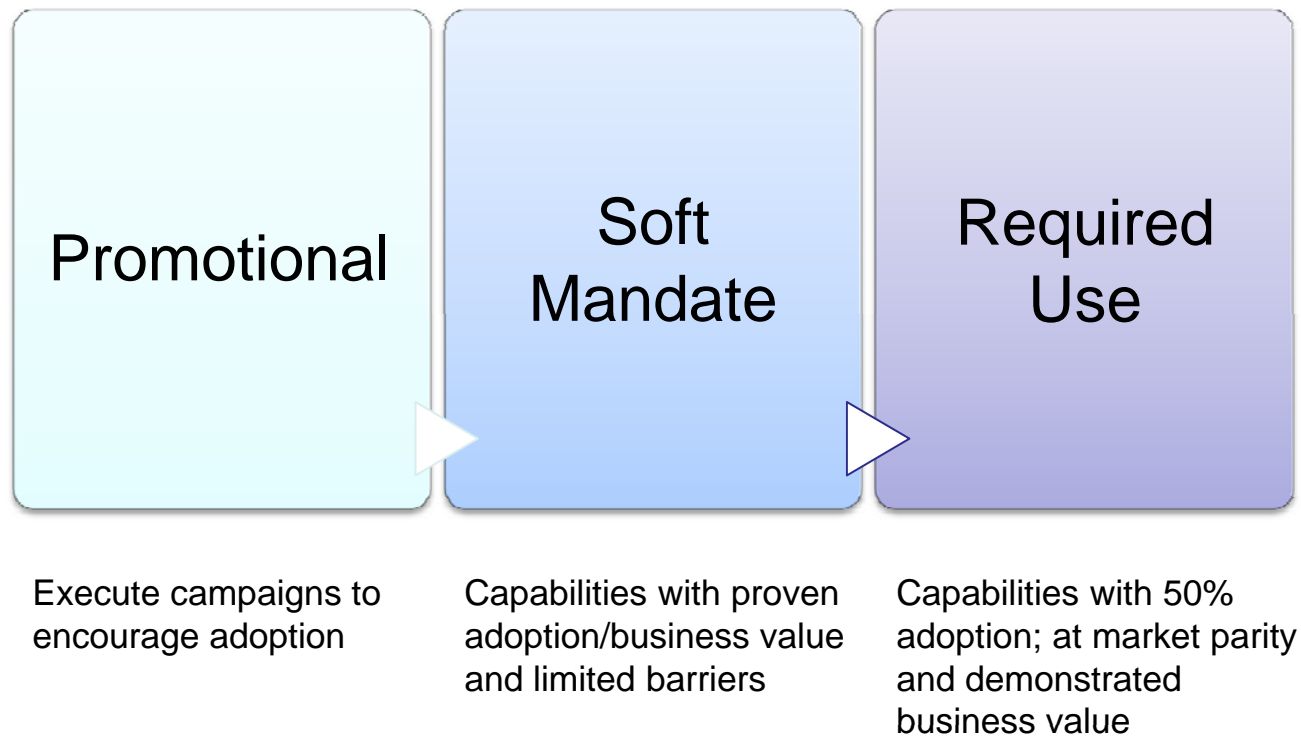
## Planned Next Steps

- Continue training providers on Availity and how to locate benefits
- Continue to provide communication on self-service message
- Increase queue wait time for non self-service providers
- Continue to improve self-service capabilities and data
- Monitor and evaluate call data to better understand provider's self-service utilization profiles
- Expand mandate – Do not answer any simple questions located in Availity/IVR
- Monitor provider feedback, call displacement and electronic transactions

## When considering a move to mandated self-service:

- Know your systems and data limitations
- Offer basic information through two or more channels in case internet option is not preferred or one channel is unavailable
- Ensure data accuracy
- Review and revise contract language if needed
- Check with your legal department to ensure there are no legal implications
- Set expectations in the provider community
  - Communicate, Communicate, Communicate
  - Align internal resources to communicate consistent message
- Align all internal contact centers on a single mandate approach/ timeline
- Develop a policy for self-service

## Blue Cross Blue Shield of Florida's self-service policy outlines three phases:



## Components of BCBSF's Policy include:

- As products mature, we will advance providers through the most cost effective service channels (promotional to required use).
- Self-service channels will only be required once broad acceptance is proven and e-solutions are at market parity with other health plans and payers.
- BCBSF will align with industry best practices and execute policies so that providers have sufficient support and lead time to prepare for mandates and have appropriate resources to adopt capabilities.
- BCBSF will develop incentives and/or penalties to encourage early and sustained adoption. Non compliance could ultimately result in termination from our networks if providers do not actively engage in BCBSF programs.
- An exception process will be in place and managed.