

Transforming the  
Insurance Contact  
Center Customer  
Experience

**High performance. Delivered.**



One of the greatest challenges facing the insurance industry is the dramatic shift in customer expectations. Customers now expect their providers of goods and services, including insurers, to maintain a presence that is not just multi-channel but omni-channel, delivering a customer experience that is not just satisfactory but actually enjoyable.

Customers also expect today's experiences to be seamless, that is, offering ease of movement from channel to channel, with continuity of service throughout. The stakes are high for insurers, as each contact with a customer represents an opportunity to strengthen loyalty and prevent possible switching.

The insurance industry segment of the Accenture 2014 Consumer Pulse Survey underscored the importance of the contact center. Respondents identified it as the second most frequently used channel for property and casualty insurance customers, behind the company website. Our research highlights the demand for overlapping channels and the difference contact centers make in providing a vital human touch.

Multiple trends are pushing insurers to reassess how they interact with customers, particularly those who interact with their providers through contact centers:

- 1) Channels are evolving rapidly and the virtual nature of insurance products amplifies customer demands. Today customers want more information delivered across more media channels, including social media, and they desire 24/7 interaction; this requires more contact center coordination, since multiple parties are involved in delivering the human-supported part of the customer experience.
- 2) The customer experience is increasingly important in building trust, but this is impeded by the limited number of interactions an insurer typically has with a customer—although each interaction may be complex and emotional.
- 3) Insurers are trying to use innovative technology within the limits imposed by aging IT systems and regulatory constraints.

Within this new framework, the role of carriers' contact centers is changing. Insurers are seeking better ways to fulfill customers' expectations of convenient engagement, which includes making more services and information available electronically. Insurers taking a low-cost approach need a contact center that is as efficient as possible in processing transactions. Customers, too, place a high value on efficient interaction, even though they appreciate a human relationship with call center representatives. That means providing representatives with as much information as possible, and arming them with digital communication tools to deal with customer requests and questions.

Each carrier is different and each carrier's strategic approach should, in turn, drive contact center strategy. The ultimate goal should be the appropriate balance of "tech" and "touch" capabilities (e.g., automation and human interaction).

With more customers moving to digital, contact centers provide a unique opportunity to strengthen customer relationships (especially in times when the relationship could be in jeopardy—such as a premium change—when a customer is likely to call). As insurers continue to offer a wider range of products, contact center representatives add value by helping customers manage their risk by bringing relevant products to customers' attention, and suggesting better uses of their current products.

## About the Author



John McNally is a managing director in Accenture's Financial Services Distribution and Marketing Service, with significant experience in contact centers, customer experience, customer technology platforms, and digital strategies. He has led engagements in multiple types of insurance, as well as in banking. Contact him at [john.f.mcnally@accenture.com](mailto:john.f.mcnally@accenture.com).

"Technology has come a long way, but the human support offered through contact centers—helping people deal with complex and sometimes emotional situations—can make all the difference to a customer."





Wells Fargo Insurance provides solutions for a wide range of customers, including retail consumers, high-net-worth individuals, small businesses, and middle market and large corporate customers. The insurance team that works with its retail customers has improved its contact center agents' ability to interact with customers with the right tools for communication and transactions. One key outcome of these investments is the agents' ability to work better to serve Wells Fargo's overall customer base.

"We have invested in enhancing the contact center sales and service process," said Laurie Nordquist, head of the Personal & Small Business Insurance division of Wells Fargo Insurance Services USA, Inc. "We are achieving our goals of improving the customer experience, supplying team members with tools for success, and working with our carriers. We have seen it make a continued impact in satisfaction, while helping our growth. We are building on our success to look for new ways to improve and better meet our customers' needs."

Insurers should, we believe, be looking at how to integrate contact centers within the overall mix of marketing, sales and service; how to make them more efficient and effective; and how to optimize their role in a positive customer experience. They should also consider the different aspects of digital service (such as digital delivery, disclaimer acknowledgement, electronic signature, electronic payment receipts, and app attachments) and determine whether and to what extent upgrading or modernization is required.

Through our own research as well as our work with companies across the financial services industry, Accenture has identified five key steps for insurers to take as they evaluate their contact center assets and plan for the future.

## I. Determine and Clarify Contact Center Strategy

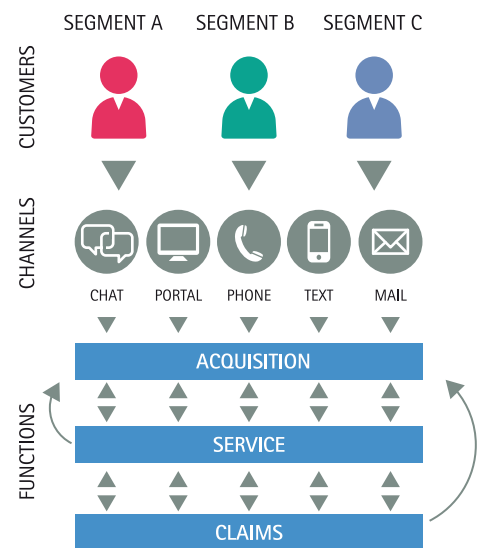
The first step for insurers is to decide where they want the contact center to fit in their overall strategy. How narrowly or broadly should the contact center mandate be defined to deliver an optimal customer experience? Does the contact center play strictly an "overflow" role, answering customer inquiries on nights and weekends when agents are not in the office? Do independent agents rely upon—and promote—the existence of a contact center staffed and maintained by the carrier? Does the contact center sell and/or cross-sell products, or is its role confined to answering questions, handling service requests, and assisting with the processing of claims? Depending on the answers, the carrier should identify the optimal customer experience, flowing from sales and servicing to claims processing (Figure 1).

Figure 1 illustrates that an optimal experience involves customers' ability to reach each of the three contact center functions via the channel of their choice. Providers must carefully consider how to fulfill this expectation based on their current operating model and structure.

In addition, the carrier should define:

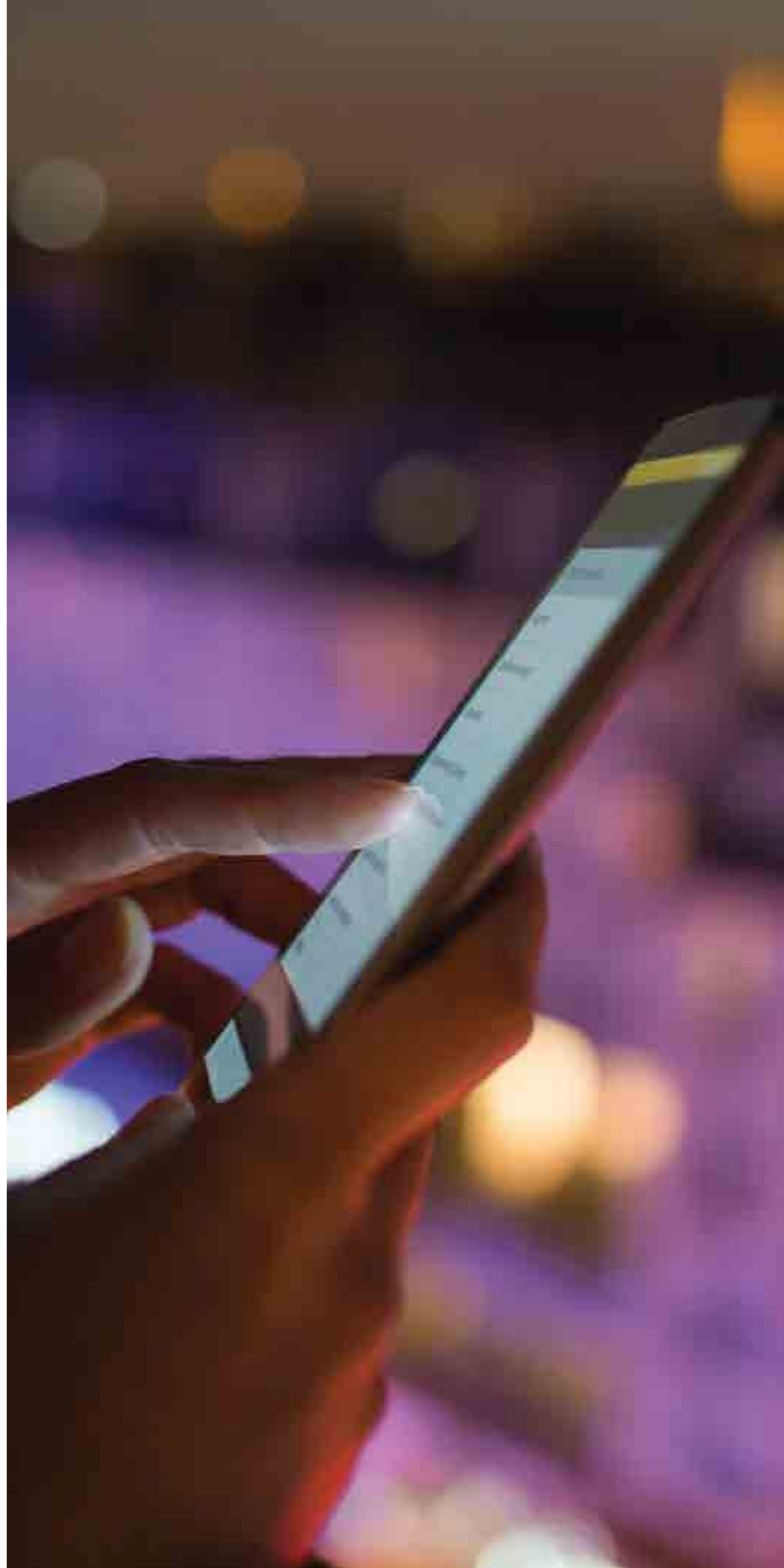
- How success will be measured, across four categories: financial performance, operational efficiency, "voice of the customer" (i.e., customer feedback), and employee engagement;
- How requests and inquiries will be handled, by customer segment or interaction type; and
- What business rules are needed to determine priorities, special handling, or routing to specialized teams.

Figure 1. The three primary contact center functions must be accessible through multiple channels



The carrier should also look at how the contact center will be sourced; that is, with internal resources, through vendors, or through a hybrid model. Another important concern is how the contact center performs its essential role of successfully and easily engaging with the customer—as measured by a “customer effort score”—while addressing regulatory requirements, monitoring and deterring fraud, and performing other key functions.

Above all, this “strategic clarification” step should push the carrier to think hard about the customer and his or her expectations. The carrier should look at factors such as the channel mix—where self-service options might be used in existing analog channels, and the type of actions that might be appropriate for self-service—and the customer’s current ability to use digital service channels. Access views and data need to be common across channels. Customer sign-up and authentication processes, for example, may be needlessly difficult in some digital channels, generating higher volumes of inquiries to contact centers.



## II. Define and Design a "Digitally Blurred" Experience

With the overall strategy in place, carriers can focus on building out the tools and technologies needed to realize the desired vision of the contact center customer experience. This vision of an optimal customer experience is inextricably linked to the insurer's channel strategy and to what the insurer has identified as "customer journeys" (the channels customers use and the type of interactions for which they are used). Single-channel experiences are by-and-large a thing of the past and customers can no longer be "owned" in accordance with their channel selection.

A customer experience that reflects the new omni-channel reality must be enabled by the carrier mixing transaction capabilities, data sharing, communication and workflow management. In particular, the carrier should be able to use data shared across channels among contact center representatives to understand the customer and his or her evolving insurance needs. The customer should not need to input and re-input data; instead, once the customer data is entered, it should be captured and shared with the entire network.

Another important capability at this stage is the ability to provide the right data—including full contact history, accounts, and related information—to contact center client service representatives so they can anticipate customer needs and act quickly to deal with service requests. Many carriers are coping with aging and/or legacy systems, which hamper back-end data management capabilities. Carriers may also need to review their capabilities in areas ranging from document workflow to customer-facing knowledge management to cross-channel routing before getting too far down the transformation path.

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### III. Integrate Innovative Technologies within Strategic Vision

The “target state” for contact center technology is an integrated, all-encompassing design that provides agents, customers and contact center representatives with needed knowledge in real time. Those inquiry responses and/or transactions which can be automated are automated, while technology increases the knowledge level of team members who provide personal attention.

The concept is a good one, but carriers face major challenges in implementation. The list of technologies that are applied to realize this concept is long and includes:

- Core CRM applications for customer-facing representatives;
- Correspondence, document, and communication management;
- Telephony for intelligent routing and self-service;
- Automated, rules-driven management of work items;
- Call interaction recording and analytics for both voice and screen;
- Omni-channel customer feedback and customer insight analysis;
- Computer-based workforce training;
- Knowledge management tools driving quality and speed.

All these technologies are intended to deliver efficiencies, quality and effectiveness, but they require orchestration, integration, and alignment with the strategic intent of the business. Digital technologies, including online and mobile, are consolidating what were once back- and front-office functions and are putting the contact center representative right in the middle. Communications and data technology should help the representative work with the customer in an accurate and timely manner.





## IV. Leverage Technology to Improve Performance

While selecting and integrating the best technologies is critical, it is equally important for the insurer to leverage these technologies with defined performance goals for the contact centers. These may include, for example, a higher percentage of first-call resolutions, better workflow management, or adding the sales conversion rate to contact center representatives' performance measurement goals.

No matter what the current state of the contact center network may be, there will always be opportunities to improve outcomes and increase operational effectiveness and efficiency. Typically, insurers establish broad objectives and get the technology framework (along with the right people) in place to make those objectives attainable. Technology improvements fuel improved business outcomes and effectiveness, but the architecture has to be extensively defined so that changes coming in this rapidly evolving space can be implemented quickly.

When these elements are in place, it becomes easier to get the right decisions to the right people, to automate processes, and to align the operational metrics to evaluate these improvements. The technology helps management boost the efficiency and productivity of contact center representatives, supporting and coaching them with data and better insights. It also provides the tools to guide decisions, update processes and identify opportunities.

## V. Increase Workforce Engagement

The human element is a key challenge confronting insurers as they develop a strategic approach to contact centers. Insurers are looking at new solutions and tools to improve management and performance; they are developing improved materials, training and support; and they are creating an environment in which team members feel both encouraged and empowered.

The call center workforce is the single largest influence on the insurer's success in dealing with complex or emotional calls, or calls that require an analysis of the caller's needs. There will always be people who want to call the contact center, even for simple inquiries. As carriers migrate routine requests to automated or self-service options, the percentage of "tough calls" will increase, and so will the need for suitably trained, empathetic and experienced people.

Modernizing the way the workforce is recruited, trained and motivated encompasses a number of factors including:

- Establishing new key performance indicators for contact center performance, as well as new approaches to coaching, recognition and incentives;
- Improving training and content synchronized to coaching points;
- Reviewing recruiting criteria employing analytics to identify desirable candidates—as well as the approaches to selection, interviewing and background checks; and
- Developing non-traditional career paths and exploring other ways to increase employee engagement.

Once workforce initiatives are under way, they should be accompanied by efforts to collect feedback and make additional improvements on a continuous basis. The policy servicer may, for example, identify a reduction in attrition as an important element both in customer satisfaction (satisfied employees treat customers well) and in reducing the cost of recruiting and training employees. It may therefore undertake initiatives to identify and address sources of dissatisfaction leading to attrition.


# Metrics Matter for Claims Contact Centers

Although claims contact centers are considered cost centers, providing an enhanced customer experience at the claims intake and handling stage can have a major impact on the top line and on brand loyalty. Only a small percentage of customers file claims, but the occasion represents the actual use of the product. The contact center is the ultimate balancing act of satisfaction and lower cost of product. Therefore metrics should be balanced and even managed by the type of claim.

Key claims contact center metrics include:

- Claims-to-call percentage – This can be improved through use of technology for appropriate routing and using best practices in knowledge management and training to achieve first call resolution.
- Average handle time (overall) for initial loss reporting – This can be optimized by driving the right claims intake process, vetting the questions to be asked, and otherwise improving the customer's reporting experience. Due to the emotional nature of claims the insurer should strive for a balance of efficiency and excellence in emotional care.
- Average handle time (with claim) for initial loss reporting – Like the overall average handle time, this can be optimized by developing the right claims intake process, questions to be asked and other elements.
- Average handle time (without claim) for initial loss reporting – The insurer should determine as early in the call as possible if a claim need not be filed, or if there is insufficient information to file a claim.
- First call resolution – Calls that are not first notice of loss should be resolved or addressed the first time the customer calls in. This measure can be increased through screen pop and an effective knowledge management system.
- Average minutes per resolution (AMPeR) – This is a composite of total handling time for the successful resolution of a claim across all touches. When managed, it optimizes the total process and improves accuracy and elimination of unnecessary elements at first notice of loss and early contacts. It also prevents passing off of work, calls and other elements.
- Claims cycle time – This metric helps identify the bottlenecks in the process, to enable cycle time reduction, which drives customer satisfaction and efficiencies.



A close-up photograph of a hand with a dark sleeve pointing at a tablet screen. The screen displays a blurred interface with various colored elements. The background is dark and out of focus.

# Keys to Contact Center Success: Strategic Positioning and Execution

As indicated by the five-step evaluation and planning process described above, contact center improvement can be complex and challenging.

Addressing isolated elements of the contact center experience—higher customer satisfaction levels, for example, or more resolutions of calls on the first touch—may lead to short-term improvements, but these will typically be narrow in scope.

By taking a strategic and integrated approach to contact center optimization, insurers can use innovative technologies to achieve desired ends. The claims process, for example, can become a much more positive experience for the customer, reducing customer attrition and enhancing the company's reputation for informed, effective service.

Re-thinking and re-working contact centers to create the "contact center of the future" can help insurers increase sales, reduce their costs to serve, and enhance customer relationships. In an increasingly crowded competitive environment, creating the best possible customer experience may be one of the best strategic options for insurers.

## About Accenture

Accenture is a global management consulting, technology services and outsourcing company, with more than 319,000 people serving clients in more than 120 countries. Combining unparalleled experience, comprehensive capabilities across all industries and business functions, and extensive research on the world's most successful companies, Accenture collaborates with clients to help them become high-performance businesses and governments. The company generated net revenues of US\$30.0 billion for the fiscal year ended Aug. 31, 2014. Its home page is [www.accenture.com](http://www.accenture.com) [www.accenture.com](http://www.accenture.com)

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