

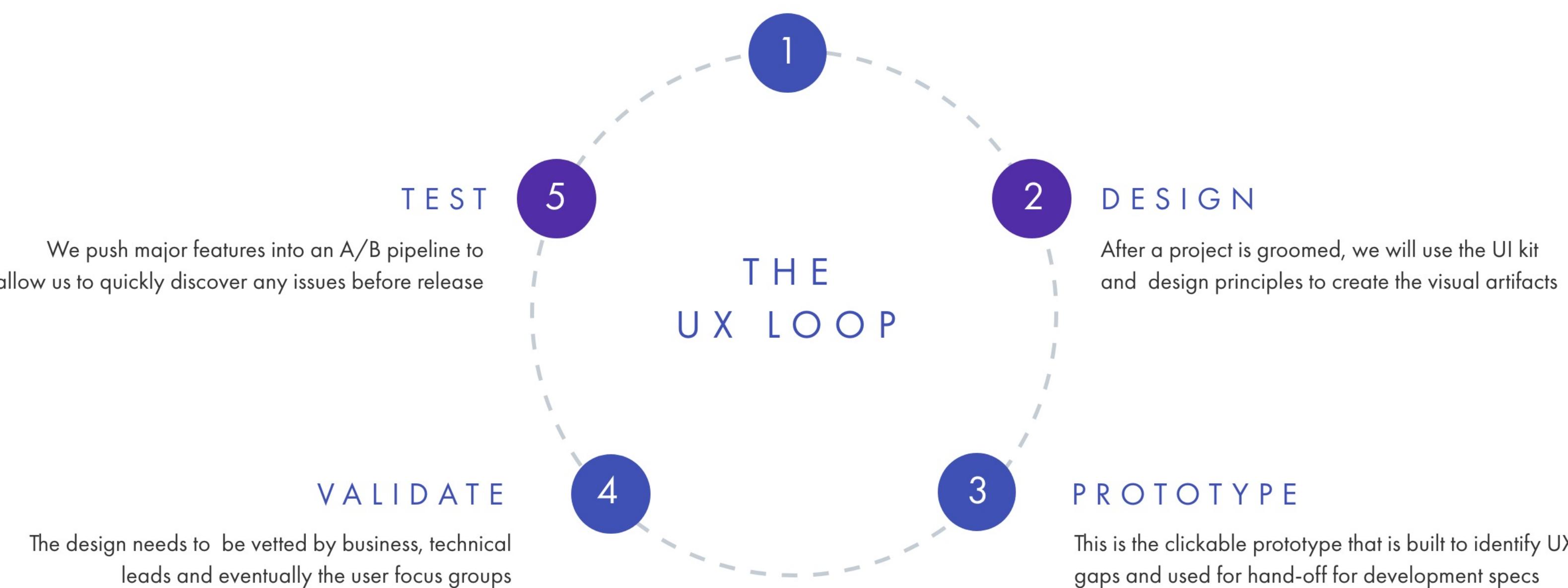


**UX** *folio* 2021



## DISCOVERY

Discovery is key to the success of a project, where we observe users, gather business requirements and map out the UX strategy



# CustomerConnect Payments

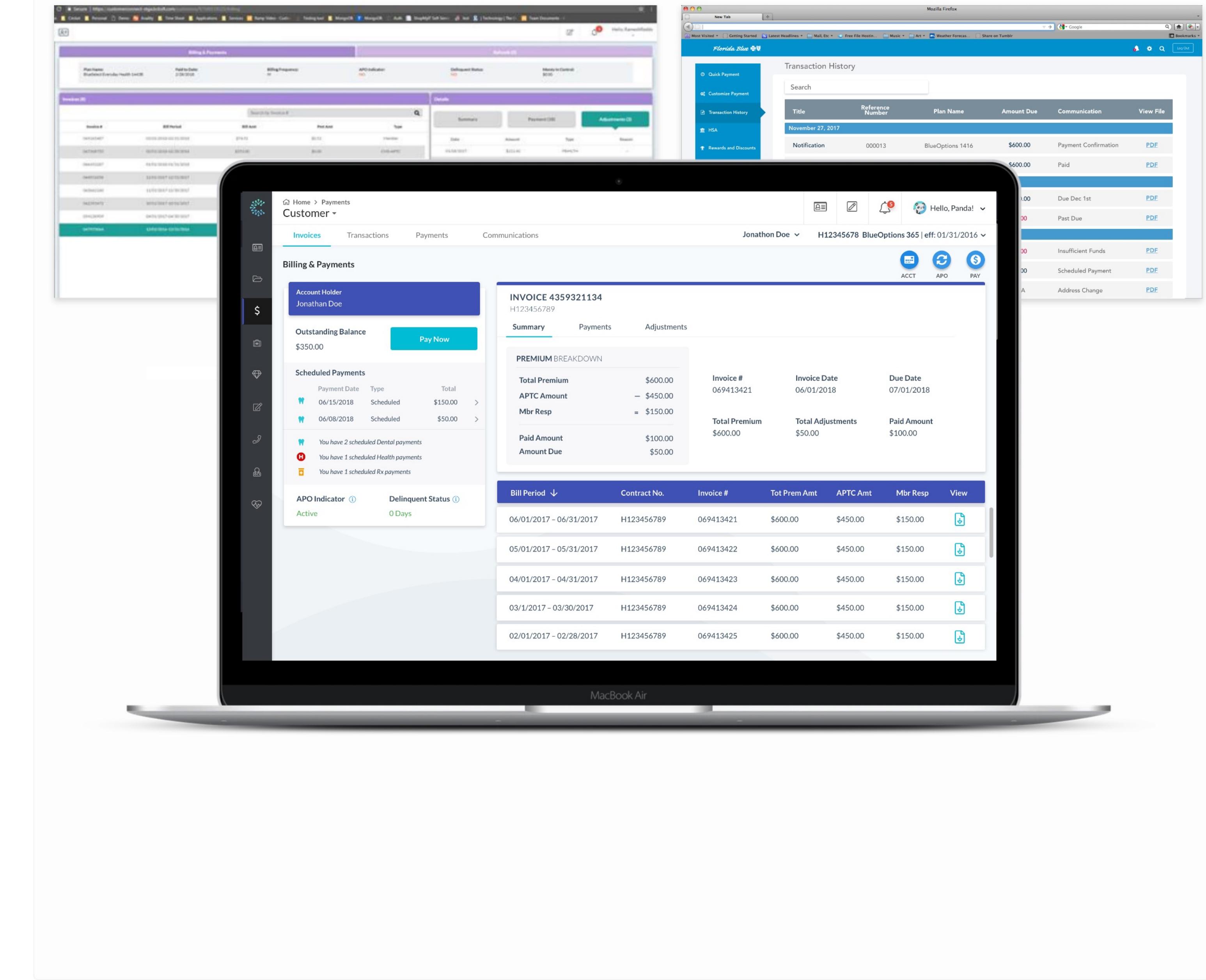
Lead UX Designer  
July 2018

## DISCOVERY ALL HANDS ON DECK

After the core components of CustomerConnect, our in-house callcenter CRM application were built, we began a thorough investigation of why our members were calling, which types of calls were taking longer than others and working with our business partners to prioritize enhancements to the application to reduce cost for the enterprise.

When a member calls Florida Blue, they are routed to our IVR telephony system where they self-authenticate and navigate through the automated messages and indicate why they are calling – we call this Caller Intent.

Analysis of reports indicated the three top reasons why members call Florida Blue are searching for a provider, questions about their benefits and **over 30% of calls received are for assistance with billing and payments related issues**. Further research indicated there were gaps with current Payments screen in CustomerConnect and users still needed to use multiple legacy systems to answer member phone call inquiries.



## RESEARCH

## DIVIDE &amp; CONQUER

My team and I worked with the business and organized a series of interviews with several phone advocates to identify pain points with the current system and see what gaps were present. We also did a comparison to the legacy systems they were using – BillTrust and MembersEdge.

After gathering interview notes and compiling, I set out to do side-by-side shadowing with our users while taking live phone calls to validate my research. This by far is the most valuable research method as you can see how quickly they are moving through the application and **emotionally attaches you to the work, as it involves real people** that need our assistance.

I did find some demographic analysis between the user pool and found that advocates that have been with the company longer than three years, or were initially trained with Siebel, preferred to work with legacy tools than CustomerConnect. We also have a range of varied monitor setups that advocates use, the majority having one 1920x1080 and one 1280x1024 monitors, whereas others just have one monitor.

The following year I travelled to the Florida Blue callcenters in Miami, Orlando, San Antonio and Raleigh to test this hypothesis:

1. Users tend to use what they are comfortable with, [especially when incentive bonuses depend on low Average Handle Time scores]
  
2. New hire training is great [ 12 weeks ], there is a training gap when we roll out new features to the business

## PAIN POINTS

- data gaps
- breakdown of invoice is confusing
- have to go to multiple places to find the info they are looking for

- missing adjustment reason
- delinquent status is the wrong color
- takes 3 days for a posted payment to reflect

## ENHANCEMENTS

- list for payment related communications
- ability to take credit card payments in tool

- counter for # of days delinquent
- ability to view Invoice

## WHAT'S WORKING

- screens are easier to read then legacy systems

## User Shadowing Feedback Form

## Advocate Analysis

Date:  
Evaluator:  
User:  
Role:

\* Please communicate, that the user is not being tested or graded, the purpose of this session is to identify pain points / gaps within the application and identify specific needs for the member dashboard.

\* You will be provided with a headset, user will help you plug in between calls.

If there is time between calls, you may show the user the dashboard prototype here: <https://invis.io/CBRDVIRHT3U>

Please be quiet and courteous when the user is taking phone calls, hold questions until they finish each call

## Pain Points / Overall Feedback

Comments go here

## Missing information,

Comments go here

## Advocate Shadowing Day 1 (6/25/18)

## Feedback for Dashboard

## Sample Questions

1. Which fields do you need to enter?
2. What are some things you like about the system?
3. What are some things you don't like about the system?
4. On the member card, what is the most important information?
5. Is there any information that is missing from the system?
6. Do you prefer Siebel or CustomerConnect?
7. Do you use the Accumulator feature?

When updates are made in customer connect it throws the advocates off. They are given an email with a breakdown of the updates but it takes them awhile to get the hang of the new layout and functionality.

**Ex.** The authorization update. "It went from being really clean and easy to use to cramped looking and it has a bunch of tabs. It really threw me."

Notes in customer connect do not transfer formatting to Siebel.

- Advocates want to organize their note a particular way and have that formatting transfer when the notes are saved so that it is easy to read and navigate through the note.
- Right now it saves as one large paragraph.
- It does not allow them to use bullet points and removes some of the punctuation.
- Because customer connect does not transfer formatting, some advocate use an additional notepad to organize their notes and then copy and paste it into customer connect. The add slashes to separate out each sentence.
- The character counter on the notepad does not count how many characters they have used from the 2000 that they are allotted. However it does not seem to matter. Some notes are much longer than others so I don't think character number really counts.

Advocates have to search through all the claims that a member has listed as processed in order to find the specific one that the member is calling about.

**Suggestion:** have a search box where they can put in a date or a specific dollar amount to narrow down the search.

Advocates don't know where to make a payment in the payment and billing node. It is not clear and the breakdown of the payment details is not clear. There are some labels that are listed for some line items but not for others. It is very confusing.

- The payments breakdown is not clear at all and seems like it is missing information.

When you pull up an SR in customer connect you don't know who the caller was unless the advocate who spoke to them put their name in the notes. Otherwise you have no way of knowing who the caller was.

When you open an SR in customer connect, if you do not close it right after the

## TESTING &amp; PROTOTYPING

## SHAPING THE FUTURE

I compiled all of the research into documents for each of the interviews, user-shadowing sessions and included screenshots of the legacy systems the advocates were using. I made an honest attempt to organize information in a way that they were used to seeing in other systems, but with a modern approach to navigating through complex data systems at scale.

Several new features were identified and worked into the prototype, while bouncing ideas of some of the architects to ensure I wasn't designing something that would not be possible with our architecture and systems.

I created visual artifacts Adobe XD using our internal design system, and exported the assets into inVision where I created clickable prototypes to emulate the new payment experience. Next, I worked with the Customer Experience team to draft some user scenarios to be performed advocates in an interview session with the clickable prototype.

Prototyping with non-coded assets via inVision was new for the company at the time, this saved months of development time and investment dollars and became the universal approach to gathering information early in the design process without needing development resources.

We interviewed several candidates with both the old tools and this new prototype, went through a few rounds of iterations and ended up with a vision for the future, which is now in production. This exercise influenced change in the Enterprise by gaining more access to users for research, better design tools and saved hundreds of thousands of dollars into unnecessary redesigns by targeting the right enhancements to the application.

## TESTING &amp; PROTOTYPING

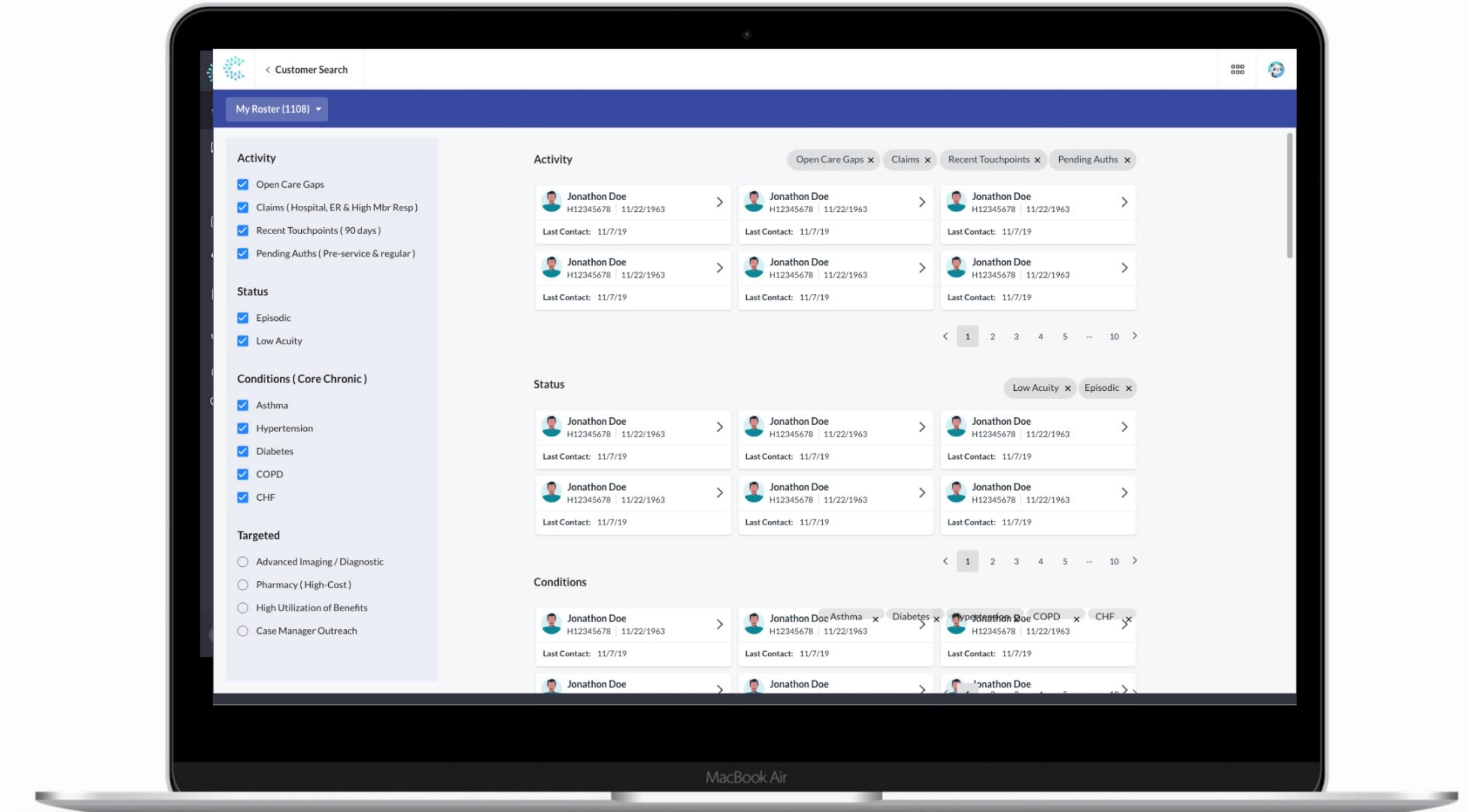
## INFLUENCING THE CUSTOMER

When we conceptualized how the business could intervene and redirect a member to the appropriate kind of care, we came up with a model for outreach. The Concierge Roster was born as a unique tool that could be leveraged by leadership or the CCT team to use specific data points to find slices of the population that fit specific criteria.

The power of this tool is the ability to quickly filter a list of members that are high utilizers of benefits, have no PCP assigned, or have a chronic conditions. The architecture supports the ability to run these pre-defined models against the population to create these lists that could potentially be used to load lists into the IVR for Specialty advocates, run new campaigns via SMS or mail, or refer members to Care Programs.

When testing both of the new tools, the Focus Group was instrumental in walking us through their journey. Taking side-by-side phone calls was powerful, as you could listen to that phone call where a member was out of the area and recently diagnosed with Cancer. The level of support and empathy this team provides to our customer is what drives me to empower them with the best tools at their fingertips in order to give that member a sense of peace.

I also found that since these specific tools were very new, the users did not have a ton of feedback, as they would have to put them in action. From a results perspective, we have to evaluate the influence these tools have from a health-cost perspective over time and monitor the Quality scores from Member Surveys. This exercise was the first step in leading the enterprise on ways to innovate for the service advocate for the future.



## RESEARCH

**SLICE N' DICE**

Over a series of 8 weeks, I met with a focus group of experts from the area, and conceptualized a new tool that would help them quickly understand where the member was in their health journey. Through interviews with the team leadership and focus groups, we found how different this team really is.

When talking to a member that has been recently diagnosed, the CCT user will offer community resources, take a look at the health plan they are on and triage whether the member needs to be referred to the Care program with a nurse, or needs information on new specialty providers for their condition.

They also look at visit history and help the member lower the cost of healthcare and OOP expenses by influencing them to use low-cost or free healthcare options such as PCP visits or Urgent-Care clinics. This drove home the fact that the success measurement of this tool would be Quality scores over Average Handle Time (AHT) — in fact if the right members were on the phone it would actually increase AHT.

I created a series of discussion guides to drive the Focus Group conversations and target specific areas of the new screens I was building for the team. We found that presenting information in a linear path would help them ask probing questions to determine if the member was suited for special programs, or how they could quickly understand what kind of care they needed:

1. Episode history quickly shows them which types of care they are using
2. Benefits Utilization to show how close they are to meeting Deductibles or OOP Max.
3. Pre-Service Authorizations to assist preventing high-cost visits such as MRI's at a hospital vs a Diagnostic Imaging facility

**1. Do we need to capture method / preference, we should be waiting on PAC...**

- No preference indicated for new members ( 2,000 + )
- What is Phone Number of record / where do we pull it

**2. Do we need to see Concierge Group/Pod on the card?**

- Collection does not exist today
- What is Phone Number of record / where do we pull it

**3. Phone Number is account-wide, not member specific, is this a problem?**

- Can we show the account-level phone number on the card?
- e-mail address, do we prefer on the card, or show in Notifications

**4. Episode History**

- Show rolling 12 month history, dropdown for full two years? No
- What should Other/Ancillary be, or does it make more sense to omit this?
- Rules/ Threshold for Low / Med / Hi visits, ( frequent flyer )
- Can we pull these from claims collection with Place of Service Code for locations?

**5. Pending Pre-Service Auths**

- Do you need to see the Procedure/Dx description at first glance, or does hovering on Proc code work?
- Missing any information? Status etc... Expected Auth approval date ( 30/60 days )

**6. Where are we getting Provider Data from,**

- Do you need PCP Status Information ( Expiring / Future )
- Can we get Case Manager ( Care Mgmt ) from Jiva or do we have this somewhere?
- Alerts for No PCP or Case Manager should go in Notifications Section
- Do you want to see this in a table or cards?

**1. PCP**

**2. Care Case Manager**

**3. Specialists from Claims Data**

**Provider Network**

Name	Type	Specialty	Network	Details
John Bosworth, MD	PCP	Primary Care	In Network	>
John Bosworth, MD	Care Manager	Cardiologist	Out of Network	
Dr. John Bosworth	Specialist	Oncology	In Network	>

Show 14 More

**Care Network**

Dr. John Bosworth Primary Care Physician	i
Dr. Roger Holmes Specialist   Cardiologist	i
Dr. Jimmy Fallon Specialist   Physical Therapist	i

Show 4 More

**7. Rewards Information**

- Duplicative of incoming Rewards screens. / No action items
- Is this valuable on screen?

**Rewards Programs**

Eligible	Completed	
Get a Flu Shot	1/1/2020 \$20	Incentive for older members with a chronic condition to get the flu shot. Must be 50+ with at least one chron...
Get a Flu Shot	1/1/2020 \$20	Incentive for older members with a chronic condition to get the flu shot. Must be 50+ with at least one chron...

**8. Conditions**

- Data does not show Diagnosis today
- Is this valuable on screen?

**Conditions / Diagnoses**

Diagnosis	Date of Service	Place of Service	Provider	Details
DX11 Hypertension	1/22/2010	Baptist Primary Care	Dr. James Smith	i
DX12 Pre-diabetes	1/22/2010	Baptist Primary Care	Dr. James Smith	i
DX14 Sleep Apnea	1/22/2010	Baptist Primary Care	Dr. James Smith	i

Show 14 More

*CustomerConnect*  
**Concierge**

Lead UX Designer  
January 2020

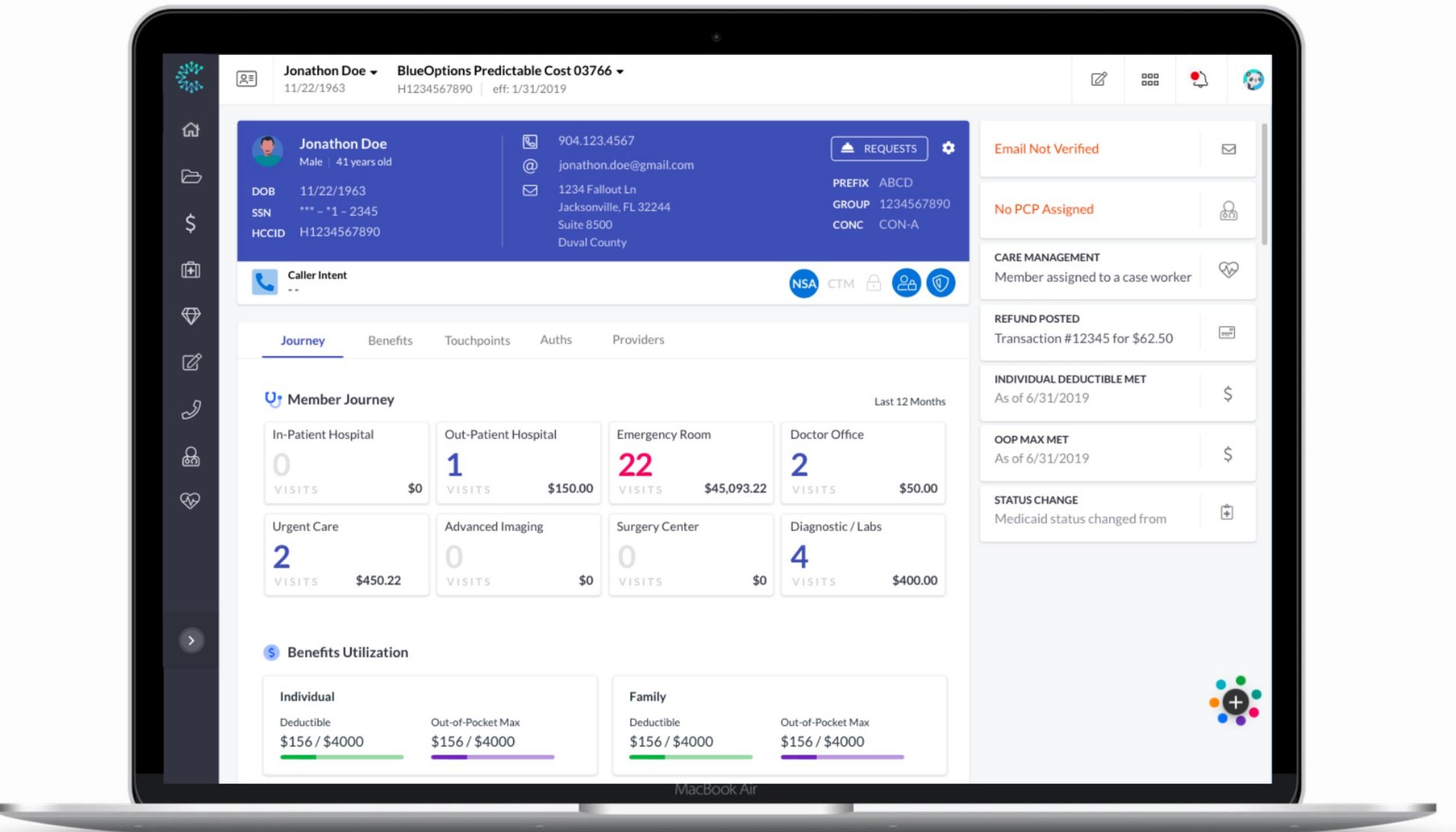
## DISCOVERY

**THE KNOWLEDGE WORKER**

As more Health Insurance providers emerge in our markets, we are now confronted with new competition and consumers who expect best-in-class service. Technology first healthcare products that offer Accolade-type concierge service models that cater by demographic to their members are becoming more prevalent.

We worked intimately with the Care Consulting Team (CCT), which is a small team of about 40 “super-users” whose focus is being the first contact point for a member who has been recently diagnosed with a chronic condition such as Diabetes, Hypertension, Asthma, COPD or CHF. Initially, we hired these specialists to handle these types of calls, but the problem with the current toolset and IVR system is they were getting calls about billing, claims or other insurance issue and rarely getting the right members in their queues.

In order to solve the routing problems, I worked with business and the IVR team to create special routing rules in the IVR system. We identified a target population of about 4,000 members in the Orlando area as a pilot group for the new system and loaded their contracts into the IVR. Instead of them calling a different 1-800 number, when they call Florida Blue and authenticate, they are routed to the CCT team. If a CCT advocate opens CustomerConnect, they have a ‘Concierge’ user setting to view the new tools.



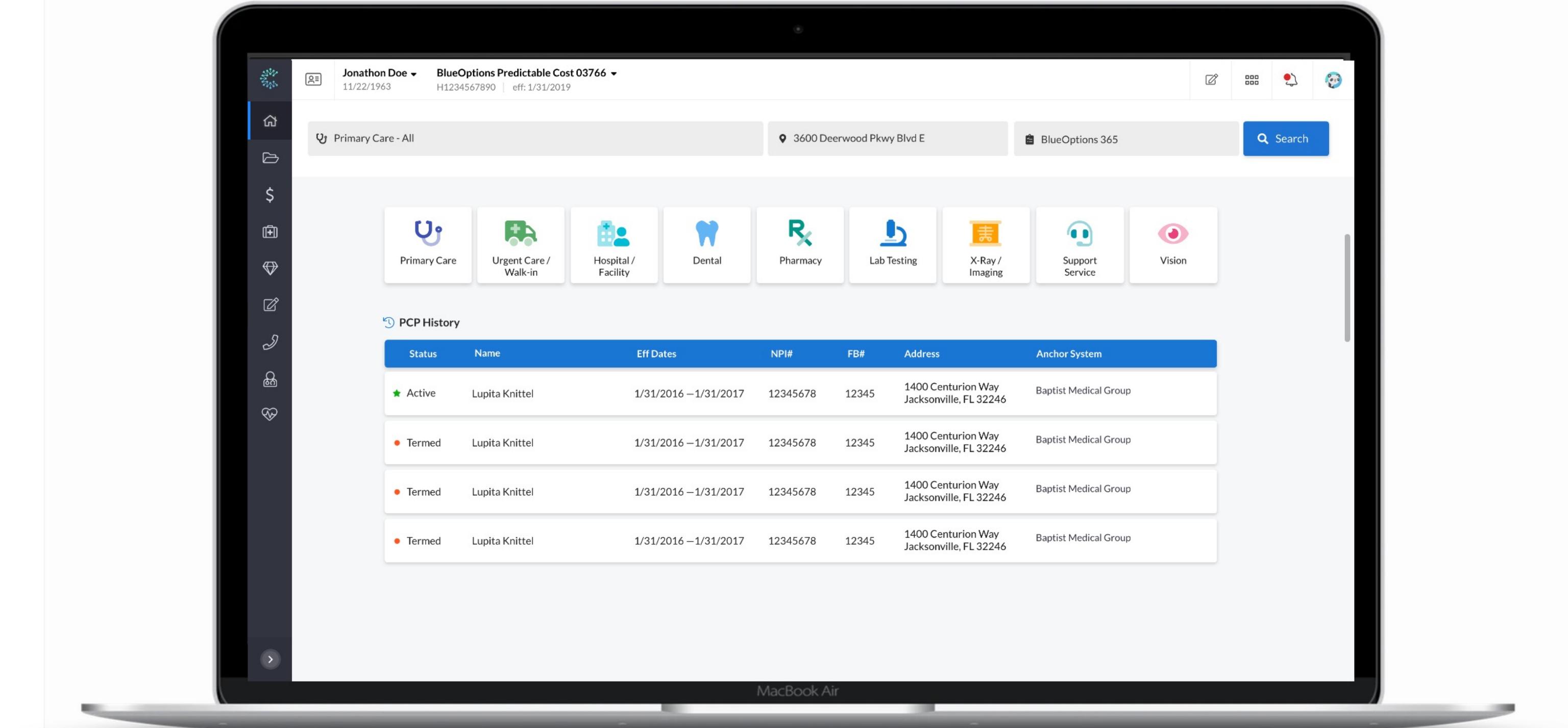
*CustomerConnect*  
**Provider Search**

Lead UX Designer  
December 2018

My team and I regularly review advocates taking live calls with members. On several calls, members were trying to find a new PCP and weren't able to find them on the external Florida Blue website. We witnessed the internal advocate also trying to assist the member, then ultimately resorting to Google to find the information they were looking for. On an even more personal note, I had recently became a full-time employee and had to go through the same process in order to find and research a PCP in my area.

There were a number of pain points contributing to the poor user experience and pit-falls, not just from how the website was laid out, but an entire overhaul of the architecture. For this redesign to be truly successful, we needed to influence external teams to revamp the backend in order to deliver a best-in-class search experience for both our customers, and internal advocates.

I partnered with the Customer Experience team to develop a series of prototypes that became the catalyst for change for Provider Search across the enterprise. This started with the users, multiple business entities, external agencies and vendors, and internal and external teams using a Provider Search. Since the search needs from the internal advocates mirrored the needs of the external users, we started with side-by-side evaluations and interviews. I also spent a great deal of time on competitive analysis on this project to see how other tools were tackling the same issues.



## RESEARCH DIGGING DEEP

I found a consistent issue with the OPD Directory, where a user needs to select a plan and 5 other drop-downs including distance, network, availability and gender before you can even begin a search. What we needed was a “fuzzy search” that would allow you get instant feedback from the backend as you types in a single input. The query parameters could all be defaulted to prevent the need to select them, and the relationship between conditions, specialties and physicians needed to be established.

Within the Contact domain, we were able to rewrite our own Search database using Redis Search, which was instrumental in caching results to bring a performant search experience and also deliver the optimal user experience we were missing. Over a two-year period we were able to bring many advanced concepts to life, including searching by condition, provider specialty, provider or facility name or the NPI number — and the best part is, this can all be done from a single input.

Another use case we needed to solve for, was the ability to search out of network. We heard our users frustration with not being able to find a physician that had moved networks, and implemented the ability to search without a plan selected.

There was a data gap between source systems that would tell us whether a provider was accepting new patients or not. After we aligned the data between systems we were able to usher our users into one tool.

We also integrated Google Maps, created recommended categories of providers for quick access, and I scrutinized each and every piece of data on the screen in order to not overwhelm the user.

The image displays three distinct components of a provider search system:

- Search & Select Provider Interface:** This screenshot shows a search bar at the top with "4800 DEERWOOD PKWY, JACKSONVILLE" entered. Below it are several dropdown menus for filtering search results based on criteria like "New Patients?", "Doctor Gender", "Doctor Speaks", and "Provider Type". The results list four entries for "John Doe, MD" at "Baptist Primary Care Inc." with various location details and phone numbers.
- Whiteboard Notes:** A photograph of a whiteboard covered in handwritten notes and diagrams. Key sections include "PINS" (Patient Information Network System), "OPD" (Outpatient Department), and "Details". The notes discuss "Search by Name/Birthdate", "In-Network", "Accepts New Patients", and "Specialties". There are also sketches of a map and a grid.
- Map-based Search Results:** This screenshot shows a map of New York City with several blue location pins. The map includes labels for "Harrison", "Yonkers", "New Rochelle", "BRONX", "MANHATTAN", "QUEENS", "Hicksville", "Mineola", "Garden City", "Levittown", and "Hempstead". To the left of the map, a search results table lists 125 records found, each showing a provider's name, title, specialty, contact information, and status (e.g., "Open until 5pm", "In-Network", "Accepts New Patients", "Speaks English, Spanish"). Buttons for "Book Online!" and "Filters" are visible.

## TESTING &amp; PROTOTYPING

**LOOK TO THE STARS**

On top of the new search experience, we have been integrating additional features to stay in sync with the enterprise Find Care journey. We also have a "Amazon-esque" faceted filtering system which allows a user to add more filters to the list of search results until they get what they are looking for. At that point, they can even e-mail a document of the search results to the member for them to do more research on.

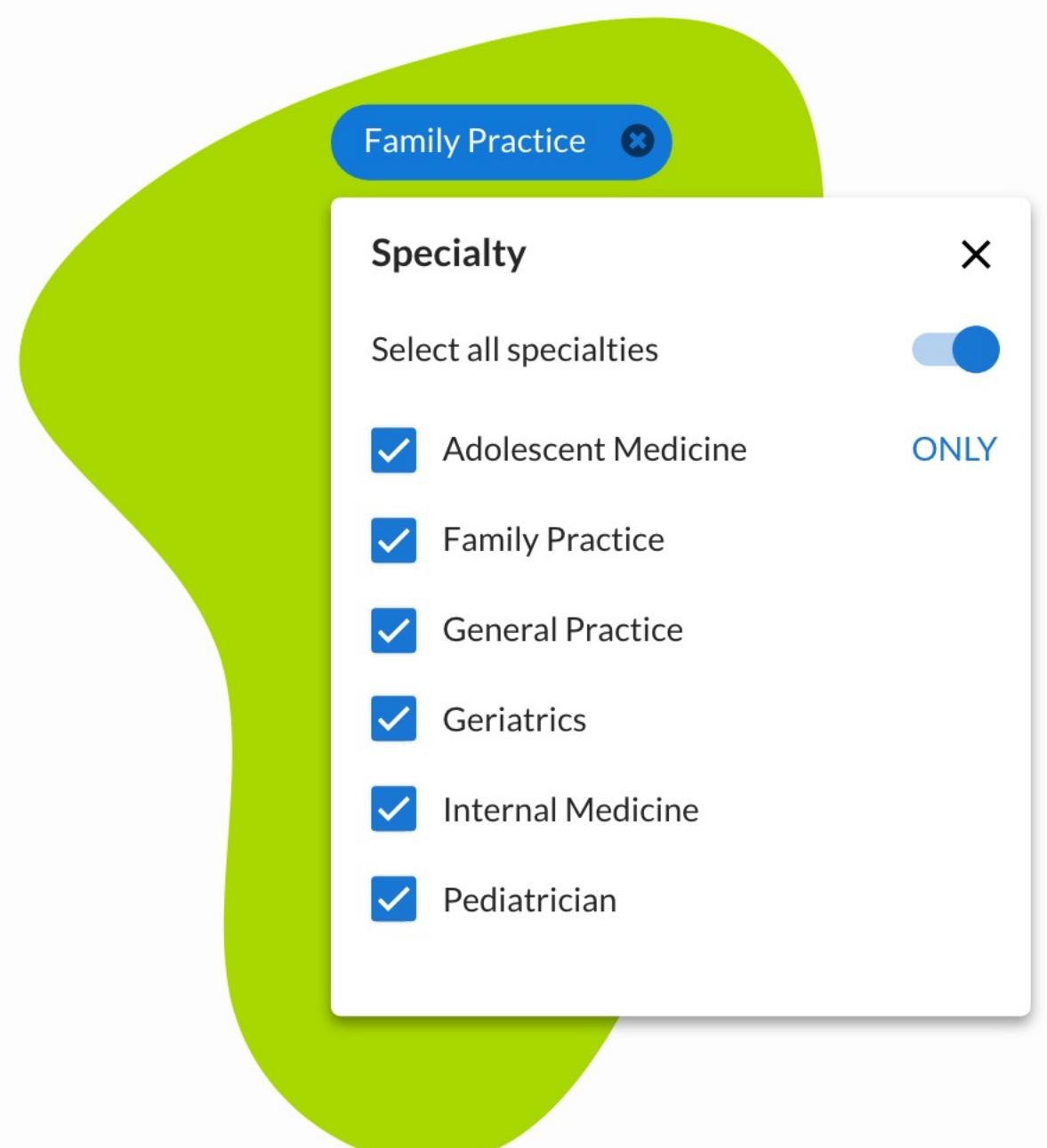
I prototyped additional features, including Cost Estimators, Virtual Care indicators and Online appointment booking features which we will integrate with in the future. The world where we have a universal booking engine will give us the tools to be more context-aware, meaning we can recommend our value providers, other providers in same group or enable other business related needs for which providers to recommend over others based on availability.

The entire CustomerConnect platform, including Provider Search is a multi-tenant application; meaning the single tool serves as the one stop shop for Florida Blue, Florida Blue Medicare, Truli for Health and FHCP entities.

Creating a modern search experience from the ground up, and delivering three major feature upgrades based on user feedback is why the Agile process works for small teams. The ability to be lean enough to adapt to change on the fly, and consume changing business processes while in development has made us successful in this endeavor.

## Advanced Provider Search

Dynamic dropdown that filter the Provider list in realtime. Only see what you need to.



Search by Provider Name, Condition or Specialty

Kne

Knee Problems

Knee Pain

Orthopedic Surgeon ( Orthopedist )

Dental

Jeffrey Knemoller  
Pediatrician

Mirko Knezovic  
Pediatrician

Jonathon Knee  
Pediatrician

## Faceted Filtering

Dynamic dropdown that filter the Provider list in realtime. Only see what you need to.

## CustomerConnect Customer Portal

Lead UX Designer  
June 2019

When I first came to Florida Blue, advocates were using 14 different legacy systems to do their jobs. CustomerConnect was created to replace the need for all of these systems, reduce training time and become the one-stop shop to meet all needs of the member.

The Contact Member Service Center is an operations machine and the member journey begins the second they pick up the phone, until they are connected with a callcenter phone advocate. Each phone call on average costs Florida Blue about nine dollars, it's our job in User Experience to make the tools as efficient as possible to keep administrative costs low.

Initially, the vision for CustomerConnect was to be a touch-screen interface where users in retail centers, agents in sales and member advocates in office would use this web application to quickly answer questions. As time went on and the application matured, it became apparent that the landing page had to be redesigned in order to reduce AHT and predict what a member may be calling about.

In order to bring value to this page, we went to our users and partnered with Medicare and Commercial businesses to deliver quantifiable results to drive lower operational cost, better quality scores and increased NPS indexes.





**RESEARCH**  
**GENERATING VALUE**

After spending hundreds of hours with our advocates on the phones, I can truly empathize with the amount of knowledge they need to retain in order to best serve our customers. We met weekly with both one-on-one and focus groups throughout this process to ensure we were hitting our mark.

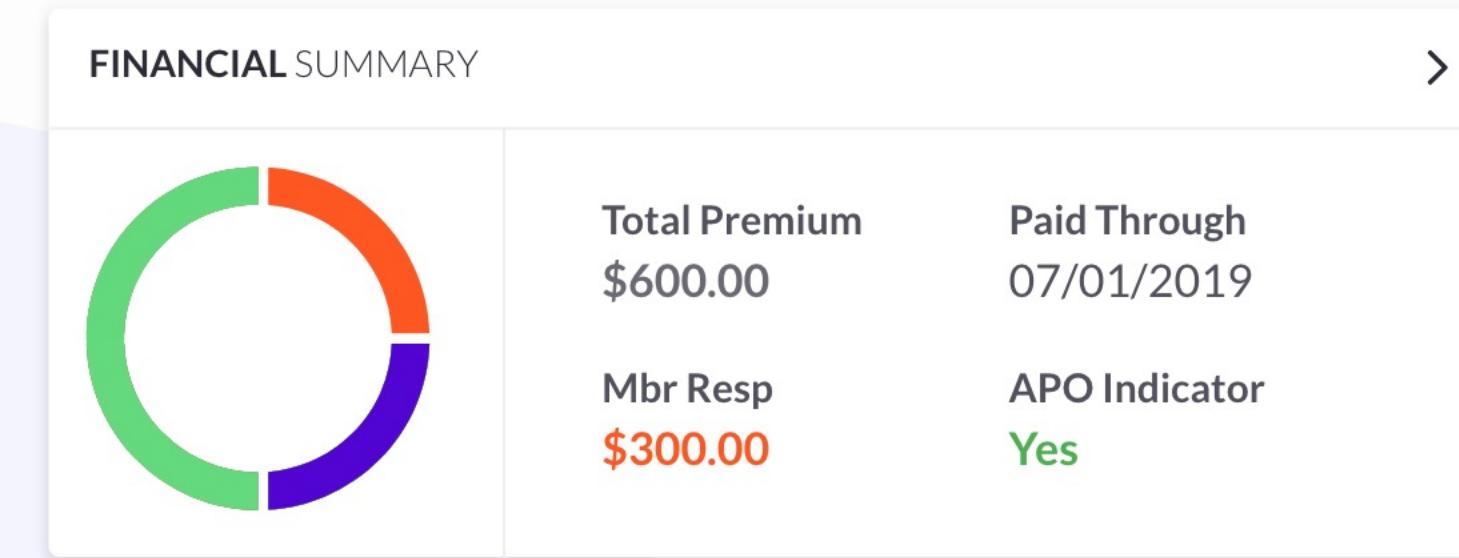
Throughout the call lifecycle, we identified authentication takes an average of 45 seconds. We did find that the number of fields had been growing over time and made a conscious decision to do some housekeeping and limit the information to just what is needed to authenticate, as well as some key indicators about the current state of the member's health journey.

Our users are predominately used to looking at not complex data, we aimed to simplify this by creating a visual timeline of the members's last six months of interactions, claims, care gaps and authorizations so a user could quickly dive into the detail of that record without having to navigate to the respective pages — a true dashboard experience. Even further, we wanted to predict which records a user would be looking for by surfacing the most recent calls, claims and authorizations within the last 90 days.

At a bird's eye view, we created a breakdown of a policy premium, whether the member had a PCP, or had one expiring soon and a list of digestible notifications with a purpose of redirecting the scope of a phone call quickly without the need for probing questions. This has been further worked into the "Alerts Center", which is a framework for the business to create actionable data-driven alerts on the fly, and ensure our support staff are engaging our members with these tasks.

## Financial Summary

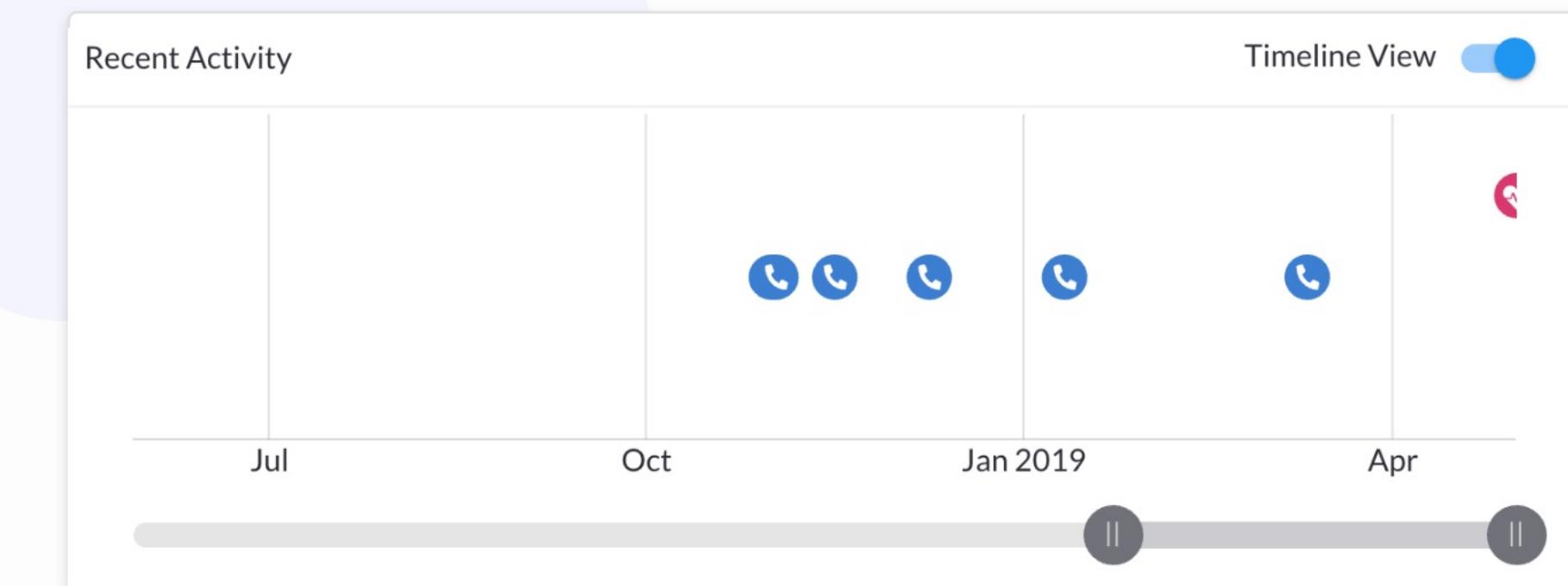
Quickly see a breakdown on a member's monthly bill, and hover to see LIS, LEP and subsidy amounts.



## Key Notifications

Dynamic notifications that are visible on the portal that quickly cue an advocate to intervene on the fly.

- Email Not Verified
- OPL Recently Updated
- LIFE-CHANGING EVENT  
New Child



## Customer Timeline

In order to visually identify trends, see the Customer Journey and quickly navigate to details of a record, we designed the Timeline to give the advocate a new way of viewing data.

## Predictive Sorting

### Open Touchpoints (2)

Date Created	SR Number	Area: Agent Sub-Area: Change PCP	Held due to special circumstances - See Dia... Held due to special circumstances - See Dia... Held due to special circumstances - See Dia... Held due to spec...
03/19/2019	1-1234567890		
03/12/2019	1-1234567890	Area: Agent Sub-Area: Change PCP	Held due to special circumstances - See Dia... Held due to special circumstances - See Dia... Held due to special circumstances - See Dia... Held due to spec...

We are sorting records or cases that have been recently interacted with, taking the guessing game out of the equation and making a more engaging experience for our member.

## RESULTS

**DRIVING IT HOME**

Throughout the CustomerConnect journey, it has been a guiding principle to measure impacts of large features and redesigns to prove to the business the value of design thinking and human centered design.

The original CustomerConnect release actually scored very low in surveys with user satisfaction score of 31%. Over time, we have made our users stakeholders in the continuous improvement of the tool and last survey scored a 92% satisfaction score. Keeping attrition low, and engaging our users have been instrumental in its success.

**More Success Measures:****CustomerConnect as a whole from 2017-2020**

- The Member Inquiry cost-per-call has decreased from \$8.69 to \$6.25, resulting in \$4.95 million in savings
- Average Handle Time has decreased by 117 seconds
- Net Promoter Score increased from 9 to 34
- Customer Satisfaction increased from 65% to 77%
- First Call Resolution increased from 69% to 77%

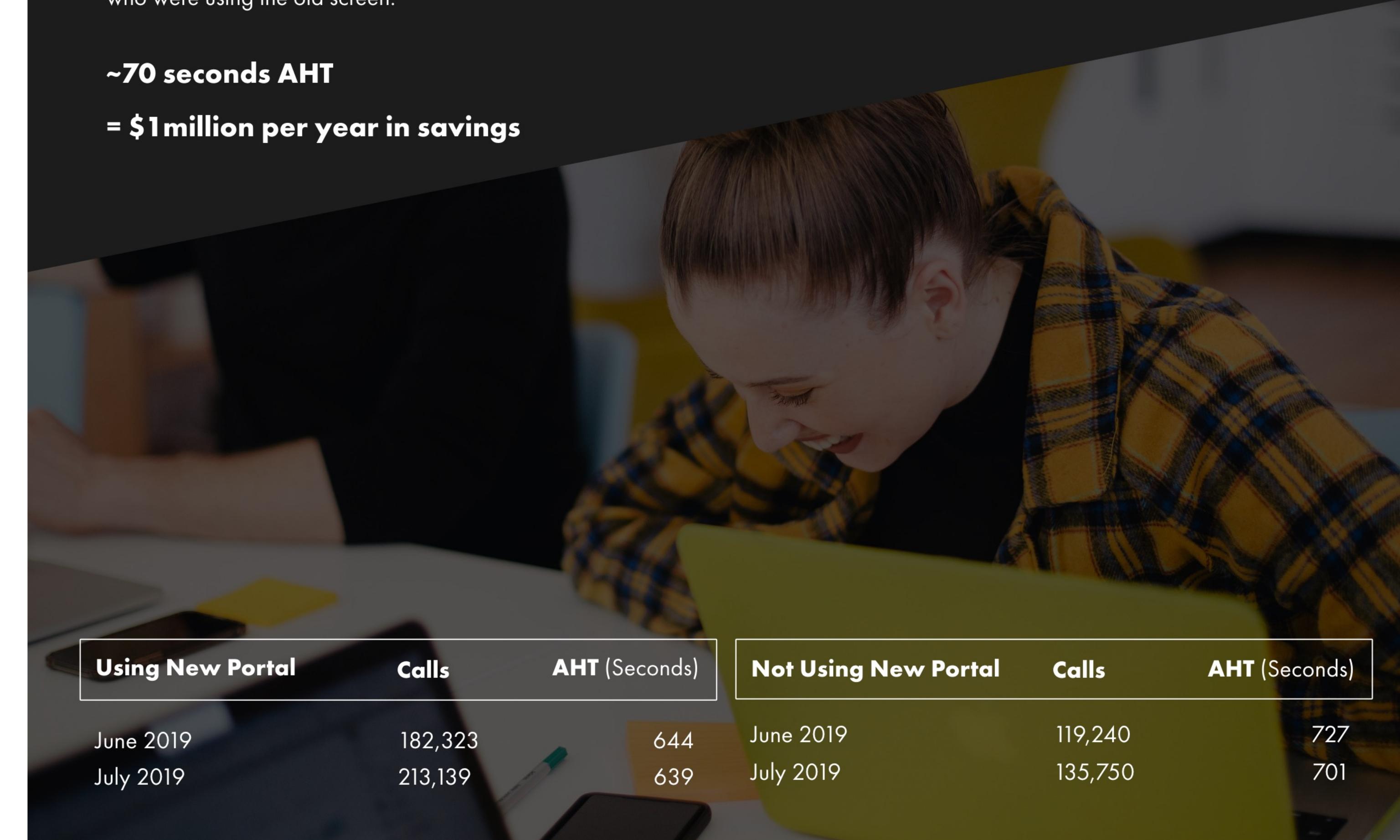
**CustomerPortal Improvement in Average Handle Time (AHT)**

When releasing this feature, we added this feature as a user preference, in order to troubleshoot and work out bugs while the users gained confidence in the new tool.

We conducted a test with a control and a sample group, where half were using the new feature, versus the users who were using the old screen.

**~70 seconds AHT**

**= \$1 million per year in savings**



Using New Portal	Calls	AHT (Seconds)	Not Using New Portal	Calls	AHT (Seconds)
June 2019	182,323	644	June 2019	119,240	727
July 2019	213,139	639	July 2019	135,750	701