EXL partnered with a leading U.S. healthcare insurer to transform their utilization management telephonic intake contact center through digital innovations and technologies.

**Background**
Onshore nurses support the utilization management process by handling inbound calls related to pre-certification related inquiries from providers and members. As part of the process workflow, nurses:

- Provide status updates on existing pre-certification requests
- Document calls in the system for record and reference
- Create and setup cases within the system as required
- Advise callers on pre-certification requirements

Numerous steps involved in the existing process made it complicated and highly inefficient requiring contact center nurses to manage calls using multiple internal systems and screens, thereby affecting the case accuracy.

**Opportunity and solution**
EXL analyzed the current contact center Utilization Management process and identified significant opportunities to increase process efficiency by creating a process guidance workflow. The workflow was a new user interface tool designed to help nurses manage case workflows. It also featured automated documentation which replaced their free-hand documentation approach.

**Key accomplishments**
Through this, EXL:

- Reduced average handling time
- Improved effectiveness of process through automation and template creation of the documentation process
- Featured functionalities like mandatory checks to ensure completeness of case processing

- Reduced errors in documentation to drive improvements to call quality and enhance customer experience
- Created a single application for quick references of commonly used resources

**Outcome**

- **4%–6% UM AHT improvement**
- **$60k Annualized savings**