



Community Health Councils, Inc.



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Peter Lee
Executive Director
California Health Benefit Exchange
2535 Capitol Oaks Drive, Suite 120
Sacramento, CA 95833

Re: Consumer-Centric Exchange Customer Service Center Options

Dear Mr. Lee:

Community Health Councils (CHC) would like to thank the Exchange Board and staff for soliciting input on the development of the Exchange Customer Service Center. The Consumer-Centric Exchange Customer Service Center (CSC) options brief provided for stakeholder input contains many elements that reflect a deep commitment to advancing access to quality, affordable coverage for all individuals without regard to race, ethnicity, language, and literacy level. CHC is a non-profit, community-based health promotion, advocacy and policy organization committed to improving health and increasing access to quality healthcare for uninsured, under-resourced and under-served populations in California. The following comments are structured and based upon the information provided to-date and grounded in CHC's mission and consumer orientation.

Description of Services

The description of services is fairly straight forward and addresses the customers, interfaces, and to some degree the scope of services. However, further clarification is recommended on the full continuum of functions and customer support. Should the scope and functional responsibilities include the tracking of documentation through the application process irrespective of program eligibility and "post enrollment issues" such as assisting enrollees in navigating the various health plan systems, questions regarding subsidies, etc.? The answer to these questions has implications for the options under consideration. Further clarification is recommended in this area.

Potential Service Center Principles

CHC supports the Exchange's effort to develop service center principles to guide its decision making and first and foremost, prioritizes the diverse and varying needs of California consumers. The principles outlined in the brief truly reflect a great deal of thought and attention to the needs of consumers across the state and a commitment to developing a transparent and accountable CSC system.

While the principles, as presented in the brief, do not reflect a "ranking" level of importance, we would recommend that the Exchange and staff prioritize and weight principle #1 "to provide a first-class consumer experience" in its consideration of all the customer service center options. We would also recommend that principle #1 be amended to explicitly state, "access will be ensured for all consumers irrespective of literacy level, language, culture, and/ or disability." Ensuring the Exchange's CSC offers inclusive and comprehensive support to all potential enrollees, particularly those who have traditionally gone without or been denied coverage, will be fundamental to helping individuals enroll into coverage easily and in a way that meets their unique needs.

We also recommend the addition of the following principles to guide the development of a consumer-centric customer service center:

The CSC should minimize fragmentation or any perceived differentiation in the quality of service center functions as much as possible. We are concerned that some of the options (two through four) outlined in the brief may lead to fragmentation of service center functions which could result in delays in assistance for consumers. We support language developed by staff under principle number two which advocates for a “comprehensive, integrated, and streamlined CSC system.” Expanding upon this concept, we recommend that principle number two explicitly state that only one CSC number be created to help individuals calling for assistance to make it easy for consumers to access help. Should the board elect to decentralize or create a network system – there must be no perceived distinction between the various branches or programs. Every effort must be made and safeguard put in place to protect against a two tier system.

The CSC should assure program integrity and cost-effectiveness through strong performance standards and accountability mechanisms. We recommend that principle number four be amended to emphasize the importance of performance standards and accountability measures. We recognize how critical it will be to achieve a cost-effective CSC given the Exchange’s potentially limited funding. However, we believe it is equally necessary to stress the value of ongoing assessment and evaluation to promote transparency, advance policy changes, and protect the Exchange against fraud and abuse. Thus, we recommend that principle number four either be reworded or that a separate principle be included focused on program integrity, performance, and accountability.

The CSC should be staffed by a well-trained, knowledgeable and stable workforce. We recommend that the Exchange expand principle five to state the CSC will strive to establish a stable workforce supported by comprehensive training and on-going in-service training in not only the eligibility policies, benefits, scope of the various healthcare coverage options and customer service – but also the broader social service options available to individuals and families. The use of temporary or payment of low wages will undermine the quality of the system and ultimately program enrollment. It is also critical that the Exchange develop and provide comprehensive ongoing training and clear communication protocols to ensure staff stay up to date on program and policy changes. Finally, we encourage the Exchange to ensure that the CSC is staffed by California workers to support local reinvestment and the state’s economic recovery.

The CSC should maximize the capacity of existing and new technology to eliminate redundancy while maintaining a personal/ “soft” touch public interface. Technology is changing daily. The Exchange must take advantage of the advancements to streamline the process, documentation requirements, facilitate information dissemination, expand access and maximize consumer satisfaction. The Exchange must also maintain these tools as well as monitor any technology issues that may arise for consumers and stakeholders. We recommend that the Exchange include a principle focused specifically on ensuring that CSC technology is as “state of the art” as financially feasible, up-to-date and operating at optimal levels to assure that the system is always available for consumers. This can be achieved through the creation of an IT department that is charged with making sure CSC systems and technology are fully functioning, that changes and updates are made as needed, and that technical issues are resolved quickly to avoid disruptions in service to consumers and other stakeholders. It is equally important to that the systems provide a seamless “hand-off” to the assistors program, consumer assistance programs and live operators to address individual consumer needs.

Criteria for Assessing Options: Evaluation Domains

In addition to the principles outlined in the brief, it is also important for the Exchange to provide a clear definition for each of the evaluation domains. The list appears to include a combination of ‘functional’ or structural responsibilities (e.g. Technical, Performance Management, Workforce Management), operational considerations (e.g. Implementation Complexity, Cost) which while expected, could benefit from further description. The board in its decision making must evaluate the “capacity” of each option to satisfy the critical functions. We therefore recommend the concept of “capacity” be included in the descriptive title. The use of the term, “Functional” is far less clear and necessitates further explanation and justification.

Finally, we encourage the Board to include the concepts of “sustainability’ and ‘adaptability’ as it evaluates each option. The Exchange at its core is a public utility. The infrastructure must be sustainable, strong and have the capacity to adapt quickly to changes in the policy and economic environment. An evaluation of the capacity of each of the options to meet this expectation is essential to the future viability of the system.

Service Center Models

While the brief provided a good introductory overview of CSC options being considered by the Board and staff, we find it difficult to effectively provide input regarding the pros and cons of the four options outlined in the brief absent further information regarding governance under each model. The Exchange should articulate how governance of the CSC will be structured and how it will differ based on each of the CSC options. More specifically, we recommend that the Exchange clarify the following aspects of governance as it relates to each option: a) who ultimately has decision making authority over the program; b) what are the channels for addressing grievances, performance measures, or other issues with the CSC; c) what is the Exchange’s role (i.e. staffing, oversight, accountability, etc.) as it relates to each option; and d) what and how do the processes for accountability and oversight vary based on each option.

That said – we are concerned with the potential implications to continuity under a contract model and fragmentation of the system through a decentralized or network model. While the contract model may prove more cost effective in the initial phase – there is substantial evidence and a history of disruption in services under the contract model (e.g. the transition from Electronic Data Systems to Maximus under the Healthy Families program). The Exchange essentially gives away its long term capacity and to some degree control – when it outsources such a critical function despite the best intended performance requirements. We are also somewhat concerned for any model that would potentially fragment the various functions and roles required to support consumers. This becomes more problematic after the first encounter or inquiry when the consumer needs additional assistance. The Exchange should provide further clarification on how the customer service center will operate in relation to and in coordination with other consumer assistance tools being developed by the Exchange. For example, how will the CSC interface with the assistors program? Will CSC staff refer individuals to local assistors for enrollment support or will CSC staff enroll individuals into qualified health plans and public programs? How will the CSC interface with CalHEERs? To offer thorough recommendations about the CSC options, we feel it is important to first understand how the Exchange, MRMIB, and DHCS envision the program working with other assistance pathways consumers may utilize to obtain information about and enroll into coverage.

Again, we would like to thank you, your staff, and the Board for consistently providing opportunities for input by stakeholders. CHC and our partners look forward to working with you and your staff to foster collaboration between the Exchange and community groups. Please feel free to contact Sonya Vasquez at svasquez@chc-inc.org or 323-295-9372 ext. 235 should you require any further assistance.

Sincerely,



Lark Galloway-Gilliam, MPA
Executive Director