California Health Benefit Exchange: Stakeholder Questions
Service Center Options

The California Health Benefit Exchange welcomes your input on service center potential principles and options under consideration. The principles and options are laid out in a Board options paper available on the Exchange website. Please use the table below to provide your input . Please submit your comments to the Exchange at info@hbex.ca.gov by close of business Wednesday, June 27, 2012.

Potential Principles

1. Provide a first-class consumer experience
2. Offer comprehensive, integrated and streamlined services
3. Be responsive to consumers and stakeholders
4. Assure cost-effectiveness
5. Optimize best-in-class staffing to support efficient eligibility and enrollment functions

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Comments on potential principles	We are pleased to note that a "first-class consumer experience" is the number one principle recommended. We would however like to highlight the need for additional language in the principles section: • While "one touch and done" connotes a "no wrong door" mission, we would like to see the "no wrong door" concept articulated in a service center mission statement. It will be important to view service centers not just as "phone answerers" but also as the gateway to customer satisfaction, and thereby to HBEX success. Each service center venue should have a Service Center Mission Statement prominently displayed. • Additionally, we believe the principles section should include a commitment to general consumer literacy, along with the commitment to culturally and linguistically appropriate communications. Service center communications ideally will minimize use of jargon and should reflect the fact that consumers are often unfamiliar with, or unsure of the meaning of, many health plan and policy terms.

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	• The expectation that the service center will retrieve and use available, relevant eligibility information to the greatest degree possible in making eligibility determinations should also be a clearly presented principle. Such data retrieval will ensure a streamlined, accurate customer experience, as well as contribute to cost-effectiveness. • In addition, we believe that the principles should clearly lay out the expectation that all callers receive the same initial front-end service center experience and the same level of service, regardless of where they enter the process, who answers the call, and which insurance affordability program is determined to be appropriate. Consistency in handling calls cannot be understated. • The principle referencing accuracy needs to be expanded. It will be critical for consumers to trust that they are receiving reliable, accurate information. A commitment to accuracy requires a focus on training that recognizes not only the breadth of new options and opportunities provided by the ACA, but also the expanded sphere of eligibility determining factors. For instance, current eligibility systems do not provide for verifying employer-sponsored insurance, nor do they include mechanisms for assessing and explaining tax credits and potential tax liabilities. • With regard to cost-effectiveness, we believe it is critical not to sacrifice quality consumer service in the interest of cost-savings. As Board member Dr. Ross has often commented, it is better to over-spend to achieve success, than to under-spend and meet failure. Specifically, as cost implications are assessed throughout service center operations, it will be important not to value speed or volume of enrollments over finding the most accurate and best option for every applicant. The goal should be to enroll EVERY eligible applicant in the right plan, not to beat the clock. As noted, adhering to federal requirements to maximize data-driven procedures should contribute to the cost-effectiveness of California's new system in a way that both enhances customer service and respects the bottom-line. By ensuring direct, electronic access to relevant data, requests for documentation from consumers will be minimized and the time needed to determine eligibility abbreviated. • Transparency should be highlighted as a core principle. This is a multi-level precept that merits elaboration. The process must be reasonably transparent to consumers – that is, the consumer experience should feel sensible, streamlined, and logically sequenced. Hand-offs need to be well-timed, explained, and productive. Additionally, transparency should be required of contracted entities. It will be important to ensure transparency of all vendor- and system-retained information and data, including enrollment numbers and trends, any backlogs in processing calls, eligibility assessments, and actual enrollments. Proprietary exemptions should be minimal, clearly spelled out, and made known to the public. Requests for proprietary exemptions from disclosure should be regarded as an indicator of a

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	potentially unaccountable call center. • The principles should be revised to add criteria to assess the service center's ability to adapt its functions and processes in response to actual consumer experience and need. While the Board Options Brief references responsiveness as "policies and populations" change, it does not appear to address the need for adaptability as a result of assessing actual customer experience and satisfaction. Accordingly, we would recommend adding a principle such as "Regularly assess customer satisfaction and adapt processes, policies and communications, as needed."
Strengths, weaknesses and opportunities of each of options (please compare against principles or other clearly articulated factors)	Each proposed Option has strengths and weaknesses. In our view, no single Option represents the best approach to ensure a successful Service Center. Because ultimate accountability for service centers and compliance with related federal rules and guidance must rest with the state, we believe the service center enterprise should be state-operated and state-centered. Authority to contract out certain functions (whether to public or private contractors), should be provided to the state, so that the best provider(s) to serve given functions can be retained. In the event that services, operations and/or functions are contracted out, the state must nonetheless assume and maintain a high-level of direct oversight and accountability for all service center operations, decision-making and performance. In some cases, it may be that contracting with private sector vendors offers the best state-of-the -art call center opportunity for success. It may also be that selective contracting with counties for certain services provides a cost-effective opportunity to leverage existing systems and personnel. In our view, the Board will be well-served by objectively identifying what it needs, and then determining how best to meet those needs, rather than locking itself into a fully private or fully public contracting model that does not allow it to assess all available service providers to deliver the best possible service to consumers. As noted in the Centers for Medicare and Medicaid Services *Guidance for Exchange and Medicaid Information Technology (IT) Systems*, version 2.0, May 2011, "Customers should experience this process as representing the highest level of service, support, and ease of use, similar to that experienced by customers of leading service and retail companies and organizations doing business in the United States." We presume that the call centers will be using CalHEERs with SAWS interoperability for non-MAGI and human service determinations. To ensure accuracy and consistency, especially if a multi-contracted call center approach is chosen, it will be essential that all call center entities use the same affordable health insurance program eligibility and enrollment rules engine. However, even where the back-end is consistent, a model that uses multiple call center contractors/sites will face additional challenges in ensuring consistent training and performance at all call centers. In fact, training, scripts, updated information, oversight and enforcement should be the same for all call centers in whatever approach is chosen.

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	Callers need not be connected to a call center in their particular county of residence. The notion of "no wrong door" and "seamless" enrollment means that every portal has the same information and capability to assess eligibility and administer enrollment procedures. It should make no difference if a consumer is interacting with their county (or a county that uses the same SAWs), with the state, or with an external professional – their experience and their level of service should be largely the same. We strongly recommend that state accountability be squarely addressed in the ultimate service center policy document. It is missing entirely in the Board Options Brief, and we find that to be a huge oversight. To meet the recommended principles, the service center model must be able to ensure that any call center, contracted or state-operated, is able to respond to any caller regardless of their geographic area or circumstance, particularly families with multiple program eligibility among the family members. The prospective call centers should be required to demonstrate experience in quality first class service, existing capacity, consistency and accuracy, the ability to modify practices quickly to reflect consumer feedback, and timeliness of response and minimal abandonment rates (based on state determined standards). Furthermore, as mentioned above, the state should not allow any prospective private contractors to assert proprietary "black box" exclusions from state accountability requirements and transparency of business practices, particularly as they relate to eligibility determinations.
Other Issues	We appreciate this opportunity to raise related questions and identify functions that are not addressed in this Options brief but that may relate to service center development. For instance, the brief identifies six access channels – but in-person access is not addressed here. Given the Board's prior commitment to providing in-person assistance, it will be important to link systems and training to in-person facilities as well as to call centers. Training demands are also not addressed here, but we want to take this opportunity to ask the Board to reaffirm its commitment to provide consumers with access to navigators when needed. Call center staff will need to be familiar with the navigator program, and be able to refer consumers to local navigators when appropriate. The inclusion of "customer complaints" is an important feature of the response management function. We are pleased to see it noted here, and encourage the Board to ensure that customer complaints are regularly tabulated and categorized. This can be an important tool for determining where system and policy changes should be made. We are unclear what is meant by "financial incentives" in the context of this brief. As previously mentioned, we believe it will be important to guard against practices that have the impact of reducing service quality. Enrollment is not addressed in this brief. Assuming that the intent is to have service centers go beyond

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	determining eligibility and actually assist consumers in enrolling in health plans, we suggest that functions such as providing plan comparison and selection tools be specifically identified as service center functions. Finally, we want to caution against an approach to service center development that is predicated on the assumption that all consumers who approach the Exchange for health coverage are low-income individuals, or individuals with experience interacting with public health coverage programs. In fact, a significant number of Exchange enrollees are expected to be subsidized and unsubsidized individuals who for many reasons have not been able to access affordable insurance, and who have not been eligible for public coverage programs. The UC study presented at the March 22, 2012 Exchange Board meeting reported that as many as 3.5 million such individuals would seek coverage through the Exchange. It will be important to craft service center policies, venues, and processes that are effective in attracting and securing these enrollments.