Consumer-Centric Exchange Customer Service Center

June 15, 2012

SUMMARY

Starting in 2014, the California Health Benefit Exchange will be offering a statewide health insurance exchange to make it easier for individuals and small businesses to compare plans and buy health insurance in the private market. Although the focus of the Exchange will be on individuals and small businesses who qualify for tax credits and subsidies under the Affordable Care Act, the Exchange's goal is to make insurance available to all qualified individuals and to all California businesses with less than 50 employees. The vision of the California Health Benefit Exchange is to improve the health of all Californians by assuring their access to affordable, high quality care.

The California Health Benefit Exchange will also serve as one of the main entry points for millions of Californians to obtain their health care coverage starting in 2014 beyond its offerings. The Exchange is required to screen individuals for eligibility for the coverage subsidies and cost-sharing reductions offered through the Exchange, as well as for public programs such as Medi-Cal and Healthy Families, and facilitate enrollment of these individuals. The Exchange will offer persons eligible for the Exchange a choice of qualified health plans consistent with state and federal laws and requirements, including coverage options for individuals not eligible for public programs or subsidies and for small employers and their employees.

This brief provides an overview of four alternative service center models intended to meet the needs of the Exchange customers and partners. These models are options for structuring a service center, the components of which can be combined in a number of ways to develop various hybrids models. We present these options to depict major structural features for consideration, assessment, and comparison, and to support a decision about the final design of the service center functions to meet the needs of the Exchange, DHCS and MRMIB.

ISSUE

The Exchange must develop a consumer-friendly and responsive customer service center to enroll individuals in Exchange programs and support enrollment in public coverage programs such as Medi-Cal and Healthy Families. The service center is a critical component in achieving the Exchange goal of maximizing enrollment of eligible individuals and small employers.

Description of Services

All service center models must provide toll-free phone access to knowledgeable and supportive customer service representatives. The Exchange, in partnership with DHCS and MRMIB, is implementing the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), the web based portal through which individuals can be determined eligible and enroll in their appropriate plan – whether in the Exchange, Medi-Cal or Healthy Families. The Exchange understands that many consumers, especially in the first year, will need more than the "self-service" of CalHEERS. The service center capacity will help those who need help. [Note that under any option counties will be handling applications from any client who presents in person at county offices.] In addition, the Exchange is developing, in concert with DHCS and MRMIB, an assisters program that will provide distributed in-person assistance for those needing more help. (See: Statewide Assisters Program Design options and recommendations, June 15, 2012.)

The service center model must meet the needs of a diverse customer base with a wide range of needs. The service center model must consider:

- Customer Community – those who need the services of the service center.
    - Individuals
    - Assisters / Navigators / Agents
    - Qualified Health Plan Providers
    - Qualified Health Plan
    - Small business owners and their employees (for the Small Employer Health Option Program (SHOP)
- Access Channels –customer will contact the service center.
    - Toll Free Phone
    - Web
    - Live Chat
    - E-Mail
    - Fax
    - Paper Mail
- Response Management –the service center will provide support, which will include:
    - Native language support
    - Live chat support
    - SHOP support
    - Qualified Health Plan support
    - Correspondence processing
    - Customer complaints
    - Follow up

The selected service center option must provide the capability to monitor and gather consistent metrics for the management and improvement of key performance standards. The metrics of key performance standards will be used to validate that the defined levels of performance are achieved.

Potential Service Center Principles

The service center option chosen will reflect the values adopted by the Exchange Board. What follow are proposed principles that, taken with programmatic assessment criteria, should give the evaluation and comparison of options considered. These draft principles reflect input from a range of stakeholders and do not currently have a "ranking" or weight to reflect any of their relative importance, which will be key to assessing options.

1. Provide a first-class consumer experience

a. Accessible, user-friendly web site and forms that are easy to use/navigate
b. Culturally and linguistically appropriate communication channels
c. Protect customer privacy and security of their data
d. Demonstrate public services at their best
e. One touch and done

2. Offer comprehensive, integrated and streamlined services

a. Provide full service, minimizing transferring customers to other services points
b. Coordinate services related to health coverage for families whose members are covered by different programs
c. Seamless across modalities (on-line, in-person, mail, phone)
d. Provide warm transfer of customer and real-time transfer of entered data to initiate application for programs handled exclusively by county welfare departments
e. Promote coordination and integration with non-health social services programs

3. Be responsive to consumers and stakeholders

a. Maximize the number of transactions that are immediate
b. Accurate and timely processing
c. Adapt as policies and populations served change
d. Transparent and accountable at all stages

4. Assure cost-effectiveness

a. Measurement of performance and costs
b. Transparency of results
c. Performance standards and accountability mechanisms
d. Financial Incentives

5. Optimize best-in-class staffing to support efficient eligibility and enrollment functions

a. Maximize use of public workers and build on existing county and state staffing and resources wherever possible
b. Use existing county eligibility workforce to support case management for Medi-Cal enrollees
c. Develop staffing/service plan that allows for staged implementation to meet urgent implementation needs

d. Optimize worker productivity and assure accountability for performance standards, with continuous quality improvement for IT systems and on-going work process analysis and training for staff

Criteria for Assessing Options: Evaluation Domains

The Exchange will assess options using criteria informed by industry standards and customized to reflect the needs of California's unique customer base and the demands of the service center. To do this, the Principles will be applied to each of the domains that will be assessed. These Evaluation Domains are as follows:

1. Technical
2. Implementation Complexity
3. Functional
4. Cost
5. Performance Management
6. Workforce Management

The Principles and Evaluation Domains will need to be weighted in order to reflect the prioritization that the Board places on some criteria relative to other criteria. Finally, a comprehensive set of Performance Metrics will be expected to be met by any of the service center options that is developed. A sample set of Performance Metrics are included in Appendix 1.

Service Center Models – 4 Options

The following Options present four alternative service center configuration options. The first three models reflect broad conceptual approaches to structuring service center functions prepared by Exchange staff. The fourth option – the "Statewide Service Center – Distributed Consortia Based option" was prepared by the County Welfare Directors Association (CWDA) in conjunction with local county health and social services offices.

As described in Next Steps, the Exchange is beginning to embark on the further development of these options, or potentially combinations of them, with the support of an expert service center consulting firm – Eventus– and will work with stakeholders to refine options and present recommendations at the July board meeting.

The four options are:

1) Statewide Service Center – State-Staffed Option
2) Statewide Service Center – Contracted Services Option
3) Statewide Service Center – State Central Distributed Branches Option
4) Statewide Service Center – Distributed Consortia-Based Option

1) Statewide Service Center – State-Staffed Option

The Statewide Call Center -- staffed by State of California workers -- will provide telephone services to customers who call the statewide phone number(s) with general inquiries, specific

program inquiries, and interest in applying for or purchasing health coverage. The range of services to be provided will include all general inquiries, application for subsidized coverage, and purchasing unsubsidized coverage. Inquiries from individuals already enrolled in health coverage programs will receive services or be transferred to the other program depending on the service protocols developed regarding the scope of duties of the integrated call center. The center will provide the full range of telephone support for those who are enrolled in Exchange products.

The statewide call center will also field calls from customers who have overlapping program needs with non-health programs. These calls will be distributed to the appropriate county or state agencies.

Other Customer Service Elements. The statewide service center will provide additional services for callers in other calling queues (either using an interactive voice response (IVR) to sort calls or advertising different call-in numbers) that support SHOP customers, assisters, and health plans. The service center will also support incoming and outgoing mail handling. These services will be provided by state-level personnel.

2) Statewide Service Center – Contracted Services Option

The Statewide Service Center – Contracted Services Option is similar to the Statewide Service Center – State Staffed Option providing the same level of support and services. However, the Contracted Services Option is staffed and managed by a professional Call / Service Center provider on behalf of the Exchange and with Exchange oversight.

The statewide call center will also field calls from customers who have overlapping program needs with non-health programs. These calls will be distributed to the appropriate county or state agencies.

Other Customer Service Elements. The statewide service center will provide additional services for callers in other calling queues (either using an interactive voice response (IVR) to sort calls or advertising different call-in numbers) that support SHOP customers, assisters, and health plans. The service center will also support incoming and outgoing mail handling. These services will be provided by contractor personnel.

3) Statewide Service Center – State Central Distributed Branches Option

The Statewide Service Center – State Central Distributed Branches Option is similar to the Statewide Service Center – State Staffed Option providing the same level of support and services. However, State Central Distributed Branches Option provides both a statewide and integrated, selected networks of established call centers. These could include specific counties, providers, or other established distributed call centers.

The technical architecture under this option would provide for the centralized distribution of calls out to each individual service agent who may be located at a central facility or located in county or other call centers and who logs on to the central system to accept calls. This direct

distribution of calls across all agents means that all callers will be handled through a single queue, and all callers would experience the same level of service.

The statewide call center will also field calls from customers who have overlapping program needs with non-health programs. These calls will be distributed to the appropriate county or state agencies.

Other Customer Service Elements. The statewide service center will provide additional services for callers in other calling queues (either using an interactive voice response (IVR) to sort calls or advertising different call-in numbers) that support SHOP customers, assisters, and health plans. The service center will also support incoming and outgoing mail handling. These services will be provided by a mix of state, county, or contractor personnel.

4) Statewide Service Center – Distributed Consortia-Based Option

The Statewide Service Center – Distributed Consortia-Based Call Center Option was proposed by CWDA and its member county departments. This option is a linked network of state and consortia-based county call center networks using state and county resources. It would have the capability to allocate calls to the caller's consortium of residence which would transfer the caller to an agents in the caller's county of residence or another county from the sampe consortium participating in the network. This linked set of resources would have the responsibility of handling calls coming in to statewide toll-free numbers.

This state/county integrated call center concept creates a framework for organizing some of the key customer service elements called for to meet the needs of new and existing enrollees who can benefit from health care service programs under the Affordable Care Act. It describes the structure of the key doorways through which customers may seek services and how the needs of existing cases will be met.

In this model, the State would seek partnerships with counties through the three SAWS Consortia. Participating counties would have demonstrated capacity and infrastructure to provide the networked call center services. Among other standards and terms yet to be developed, this subset of counties would be required to expand their existing call center operations, demonstrate the ability to support the centralized service center needs, and ensure the capacity to train and monitor call center services, particularly during the initial enrollment period. They would field incoming inquiries about obtaining health care coverage through Medi-Cal and Healthy Families and advance premium tax credit and unsubsidized coverage available through the Exchange.

The assumption is that an integrated County/State linked network of call centers would be potentially distributed among multiple counties, but not all counties would participate. The participating county call centers within each consortium will collectively commit to the concept and demonstrate their capacity to provide necessary customer services (See Appendix 2, Standards for Consortia Based Service Delivery).

The Option 4 call centers would be responsible for the following functions:

- Along with the integrated state resources, provide services for all callers seeking coverage through the central number, from a general inquiry through eligibility and plan enrollment without a hand-off.
- Operational responsibility to support eligibility determination functions for callers applying for:
    - MAGI Medi-Cal (per arrangements with DHCS).
    - Healthy Families (per arrangements with the Healthy Families Program).
    - Advance premium tax credit (for each of the following, per arrangements with the Exchange).
        - Cost sharing reductions.
        - Exchange coverage without subsidies.
    - CalFresh
    - CalWORKs
- Operational responsibility for enrollment of beneficiaries in health plans for applicants:
    - Individuals with unsubsidized coverage.
    - Individuals with subsidized coverage through tax credit.
    - Potential Medi-Cal beneficiaries.
    - Potential Healthy Families subscribers.
- Call center networks within each consortium must have the ability to:
    - Adjust to changes in call volumes.
    - Offer extended hours (e.g. nights and weekends).
    - Integrate and share information across consortia and state service center.
    - Provide standardized performance data and metrics on a monthly basis.
    - Transition data in a secure and reliable manner.
    - Serve clients in multiple languages.

This call center configuration will also field calls from customers who have overlapping program needs with non-health programs, which could be provided without transferring the caller.

Options 1 – 3

The first three options all include the following functions:

- Provide services for all callers seeking coverage through the central number, from a general inquiry through application to eligibility assessment and plan enrollment without a hand-off for health care related issues.

- Operational responsibility to support eligibility determination functions for callers applying for:
    - MAGI Medi-Cal (per arrangements with DHCS).
    - Healthy Families (per arrangements with the Healthy Families Program).
    - Advance premium tax credit
    - Cost sharing reductions

  - Exchange coverage without subsidies

- Operational responsibility for enrollment of beneficiaries in health plans for applicants:
  - Individuals with unsubsidized coverage
  - Individuals with subsidized coverage through tax credit
  - Potential Medi-Cal beneficiaries
  - Potential Healthy Families subscribers
- Call centers must have the ability to:
  - Adjust to changes in call volumes
  - Offer extended hours (e.g. nights and weekends)
  - Integrate and share information across consortia and state service center
  - Provide standardized performance data and metrics on a monthly basis
  - Transition data in a secure and reliable manner
  - Serve clients in multiple languages
  - Provide standardized training and business process support to achieve a common customer experience

Options 1 – 3 Functional Considerations

There are several functional considerations to be decided with any of Options 1 – 3. All models assume that insofar as all information needed to determine eligibility for health care program enrollment or subsidy is provide by the consumer in CalHEERS, the system can and will "determine" eligibility . Coordination, referral and/or policy decisions arise when information to determine eligibility for health care program or subsidy is incomplete. In these cases, issues include:

1. When a Medi-Cal eligibility determination needs to be made by a person (rather than by the CalHEERS system), does the decision require a State or County employee to make the decision?
2. When a current Medi-Cal consumer calls the Exchange, what would be the protocol for assisting them versus providing a transfer to another agency or their county of residence?
3. When an eligibility and enrollment relates to a family for whom members are eligible for different programs such as parents for subsidies in the Exchange and children in Healthy families – how is this best managed?

Beyond issues of health care eligibility, there are important issues related to the referral and integration with other social service programs. While this is primarily an issue for those eligible for Medi-Cal, there will even be some Exchange-subsidy eligible individuals also eligible for CalFRESH and CalWorks. Research is underway to determine the appropriate types of transfer of an eligibility determination for a non-health program needs to be made

NEXT STEPS

Over the next four weeks, the Exchange will work closely with its contracted expert firm, Eventus , its partners in the State, including DHCS, MRMIB, DSS and offices and other key stakeholders (such as counties, consumer advocates, unions, health plans and others). That

work will be targeted to bring to the Exchange Board on July 19th recommendations for an option or options that warrant either issuing a solicitation or further development among the major steps are:

- Developing Concepts of Operations for each of the 4 options
- Developing Criteria for Assessing the options
- Soliciting input and information from counties, providers, and other stakeholder in the data needed to develop the Concept of Operations and Criteria collection based on data from comparable service centers
- Exchange staff develops recommendations for the Board for discussion on July 19, 2012

APPENDIX 1

Service Center Performance Standards

The following is a list of examples of potential measures of performance. It is the expectation that Medi-Cal, the Exchange, and Healthy Families and Counties would agree on service metrics, but that specific standards may vary across the programs. Additional measures need to be considered and specific standards, rates, and benchmarks developed.

1. Phone service (for any call type):
    a. Call abandonment rate.
    b. Calls encountering busy signal.
    c. Seconds to live voice.
    d. Seconds waiting during transfers.
    e. Time to call back on inquiries.

2. Eligibility determination:
    a. Time to process application.
    b. Time to complete application.
    c. Time to register appeal.
    d. Time to forward data.
    e. Accuracy of eligibility determinations.
    f. Accuracy of tax credit calculations.

3. Redeterminations/renewals:
    a. Time to process application.
    b. Time to complete application.
    c. Time to register appeal.
    d. Time to forward data.
    e. Accuracy of eligibility determinations.
    f. Accuracy of tax credit calculations.

4. Verification of change of income from electronic data sources:
    a. Time to work case to verify income.
    b. Accuracy of the verification.

5. Quality of service (in person and phone based):
    a. Recording of sample of calls.
    b. Quality assurance monitoring by independent contractor.
    c. Customer satisfaction.
    d. Customer complaints.
    e. Accuracy of information provided.

6. Web based process
    a. Time to complete application from arrival date.

7. Centralized mail-in process
    a. Time to complete application from arrival date.

Standardized Reporting and Tracking

1. System automation to provide the following to county and state on a monthly basis:
    a. Standardized data sets.
    b. Performance metrics described above.
2. Ability to report at service center, consortia, county and regional levels as needed.
3. Assessment includes a comparison of customer service performance compared with Federal Facilitated Exchange and other large state Exchanges; making appropriate adjustments to assure comparability of populations served (e.g., demographics, language, education levels) and program complexity.

APPENDIX 2

Standards for Consortia Based Service Delivery

The consortia based call center network has proposed that it be developed to meet agreed upon standards that would include:

- Adequate staffing to meet the expected peak call volume within the prescribed performance levels.
- Adhere to performance statistics that meet the desired service levels established for phone response and processing times.
- Telephone and system infrastructure that is compatible with the state center infrastructure to allow for the pooling of county resources within the consortia. Assignment will be made to the next available operator within an applicant's county of residence (if participating) or another county within that consortium based on availability to meet specified performance levels.
- Develop a networked set of county service centers that can distribute incoming demands to other counties within the consortium when wait times in a participating county reach a specified level.
- Capacity to provide immediate display of client data if a client is identified or has an application in process.
- Transparency and statewide oversight of call center operations and services.

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