

California Health Benefit Exchange Service Center Options and Information for Discussion

Board Presentation

July 19, 2012

California Health Benefit Exchange

Service Center Principles*

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. Supporting this vision we have identified five Service Center Principles to guide us.

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

* See Appendix for additional details

Stakeholder Input to Service Center Board Options Brief Principles Presented June 19, 2012

Stakeholders were invited to participate by providing feedback on the Service Center Principles and Options. More than 25 organizations provided in excess of 80 comments*. In general the feedback on the principles and options is positive and provided suggestions for enhancement.

Major Themes for Comments on Principles

- Staff and Exchange Accountability
- Culturally and Linguistically Appropriate
- Quality Skill Based Training & Call Distribution
- Streamlined and Simplified Application Process
- Security and Privacy of Data
- Program Accuracy/Knowledge
- Standards and Performance Metrics with Continuous Improvement
- Access to Live Service Center staff

Quotes from Comments on Service Center Principles

“We support this principle focused on “best-in-class staffing” and ask that “accurate” be included after efficient to ensure the Center is focused not just on timely and efficient determinations but also accurate determinations.”

The CSC should “assure program integrity and cost-effectiveness through strong performance standards and accountability mechanisms.”

“Provide fast, simplified service to reflect the consumer’s understanding and effectuate their choices.”

“...access will be ensured for all consumers irrespective of literacy level, language, culture, and/ or disability.”

“Seek out continuous improvement opportunities to meet stakeholders’ needs,”

Stakeholder Input to Service Center

Board Options Brief Options Presented June 19, 2012

Stakeholders were invited to participate by providing feedback on the Service Center Options.

Major Themes for Comments on Options

- Leverage Existing Call Center Operations
- Time and Cost Constraints
- Multi Lingual/Interpreter Services
- Staffed by Public Workers
- Inclusion of Horizontal Integration
- Service Continuity
- Seamless Integration
- Skill-Based Call Routing Distribution
- Call Volume/Capacity Handling

Quotes from Comments on Service Center Options

“In order to ensure a first-class customer experience, we feel the Exchange must have control over the system so it can deliver on these five principals (sic). If a distributive model is put in place, it may be difficult to actually ensure that a first-class experience occurs and more importantly, if it doesn’t, that the issue can be rectified”

“... Since ongoing casework will be done at the county level, once initial eligibility for no cost Medi-Cal is determined, there should be a handoff so that casework can be done by the counties.”

“... Further, for those callers found eligible for subsidized coverage through the Exchange, county staff will be able to hand off to staff at the state call center, who will then be able to help consumers with plan selection and understanding the tax credit system”

Stakeholder Input to Service Center

Board Options Brief Principles/Options, Continued

“Follow-up process- For LEP (Limited English Proficient) customers, it is critical that situations be assessed at the moment of initial intake with limited transfers to multiple agents; multiple transfers, particular if a LEP client must retell their situation over and over again, will ultimately discourage them from using the Service Center.”

“... provide for the integration of enrollment into other safety-net social services provided by counties which is encouraged by the Affordable Care Act. Termed “horizontal integration” this allows for the whole client to be served and provides comprehensive, integrated, and streamlined services... “

“... Those who pay a premium should receive service from the Exchange from the moment an application is taken, for as long as the person is eligible for exchange product... that ongoing relationship should begin at first contact and follow the person through the process”

Estimated Annual Applications and Enrollment Volume Projections

The Exchange has estimated the volumes for annual applications and enrollments for programs included in the Affordable Care Act. These projections are used as input into the service center workload estimates.

Application Projections	2013	2014	2015	2016
Exchange (Portal/Service Center)	315,120	985,200	847,560	878,880
Healthy Families	300,000	225,000	225,000	225,000
County Processed	1,800,000	2,100,000	2,200,000	2,200,000

Enrollment Projections	2013	2014	2015	2016
Exchange Subsidized	0	900,000	1,170,000	1,440,000
Exchange Un-Subsidized	0	253,500	427,500	672,000
Small Business Health Options	0	122,000	244,000	378,200

MediCaid Projections	2013	2014	2015	2016
Existing M/C moving to MAGI/MC	3,100,000	3,100,000	3,100,000	3,100,000
New MAGI	0	860,000	980,000	1,090,000
Healthy Families	800,000	580,000	590,000	600,000

Forecasted Call and Back Office Volume Projections⁽¹⁾

The Exchange has forecasted the workload estimates based on the estimated volumes for annual applications and enrollments for programs included in the Affordable Care Act.

Contact Volume Projections	2013	2014	2015	2016
General Inquiry Pre-Enrollment	585,000	967,500	866,250	900,000
Application and Enrollment	234,000	645,000	462,000	480,000
Ongoing Enrollee Support	0	3,155,976	4,291,560	5,341,680
Provider/Plan	TBD	TBD	TBD	TBD
SHOP (Employee/Employer/Agent)	TBD	TBD	TBD	TBD
Assisters Calls	TBD	TBD	TBD	TBD
Other Work Load Projections	2013	2014	2015	2016
Paper Applications	78,000	225,750	173,250	150,000

- Projections based upon CalSIM baseline estimates
- Multi-Channel Support (Chat, Email, Fax and Correspondence will be included in the projections)

Notes:
 1 – Workload projections do not include County workload related to ongoing Medi-Cal cases, including MAGI Medi-Cal and Non MAGI Medi-Cal

Service Center Industry Best Practices

There are a number of industry best practices which the Exchange applied to incorporate the Service Center principles.

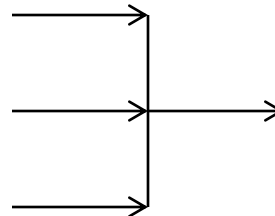
1. Centralized technology infrastructure and management
 - Lower costs to operate and avoid duplication of hardware/software
 - Increase speed to market for new functionality
2. Adoption of Cloud based technology solutions
 - Centrally managed, quickly deployable, geographically neutral ability to scale up and down based on volumes
3. Centralized Command Center Operations
 - Management of technologies (ACD, CRM, IVR & other technology channels) *
 - Centralized responsibility key performance metric, one view of enterprise performance
 - Traffic management and real time resource deployment across enterprise
4. Contact centers sized and number locations to meet business strategy
 - Take advantage of scale when possible
5. Design operations for disaster recovery and redundancy across the exchange enterprise
6. Simplified IVR design to maximize consumer ease of access
 - Skill-based routing to drive quality and productivity
 - Use of toll free numbers for marketing outreach and tracking enabling ROI analysis
7. Use Advanced Analytics Capabilities for Process and Experience Improvement
 - Voice and Data Analytics (email, online applications & chat)
 - Campaign based ROI analysis, e.g. understanding the impact of a targeted media campaign
8. Use an Agent@Home operating model to manage scalability and quality driven from the ability to source from a larger talent pool for mature programs

Refinement of Exchange Service Center Options

The Exchange engaged a consultant to review the initial four Service Center options leveraging their knowledge of industry best practices and contact center operations expertise. This effort has resulted in a new option, combining the best components of the original options 1, 2 and 3. This option “Centralized Multi-Site Service Center Model” will be further investigated with the “Integrated State/Consortia Model” to understand the best overall solution for the Exchange.

Options Presented at the June 19th Board Meeting

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*

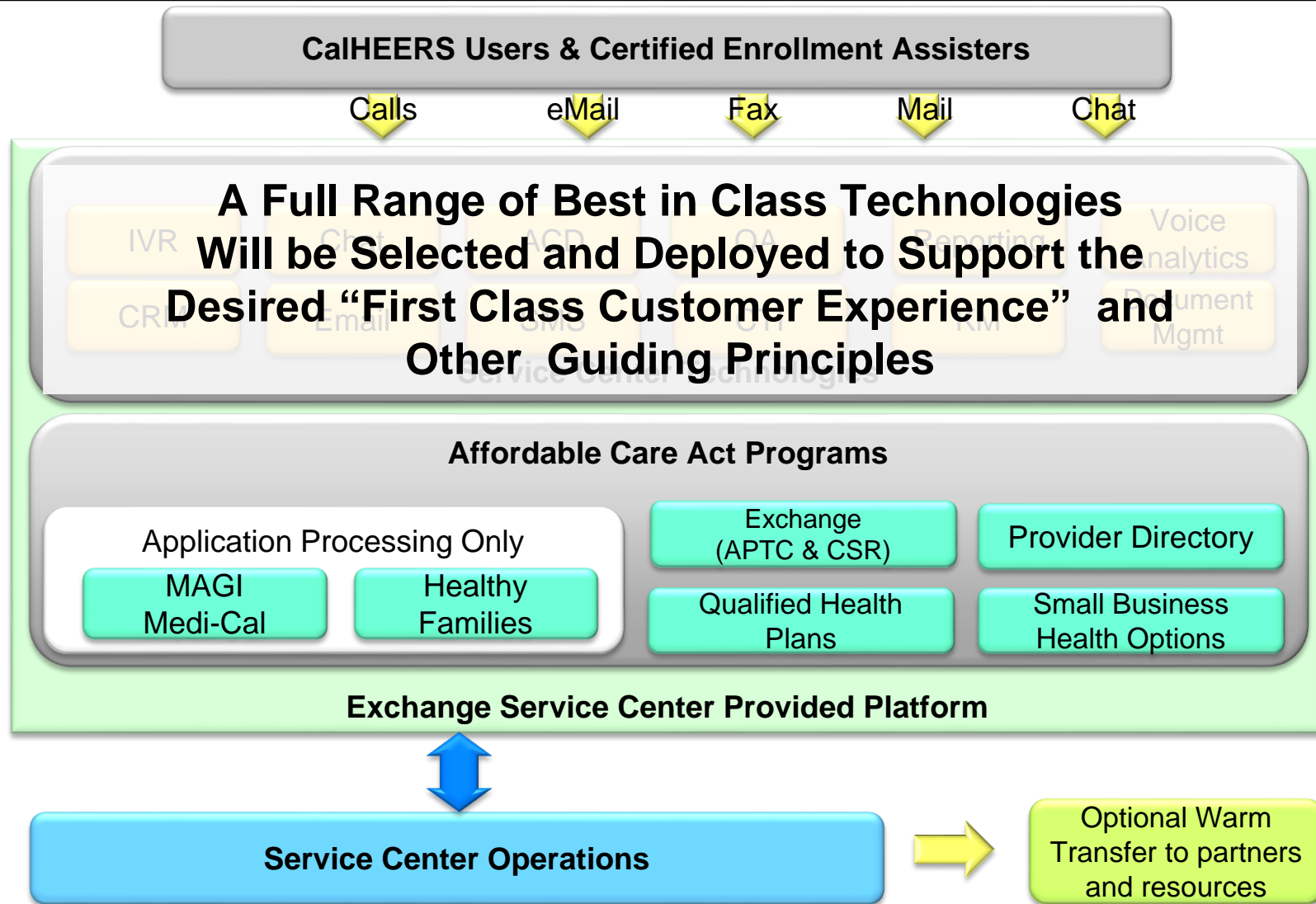


Refined Models

“Centralized Multi-Site Service Center Model”

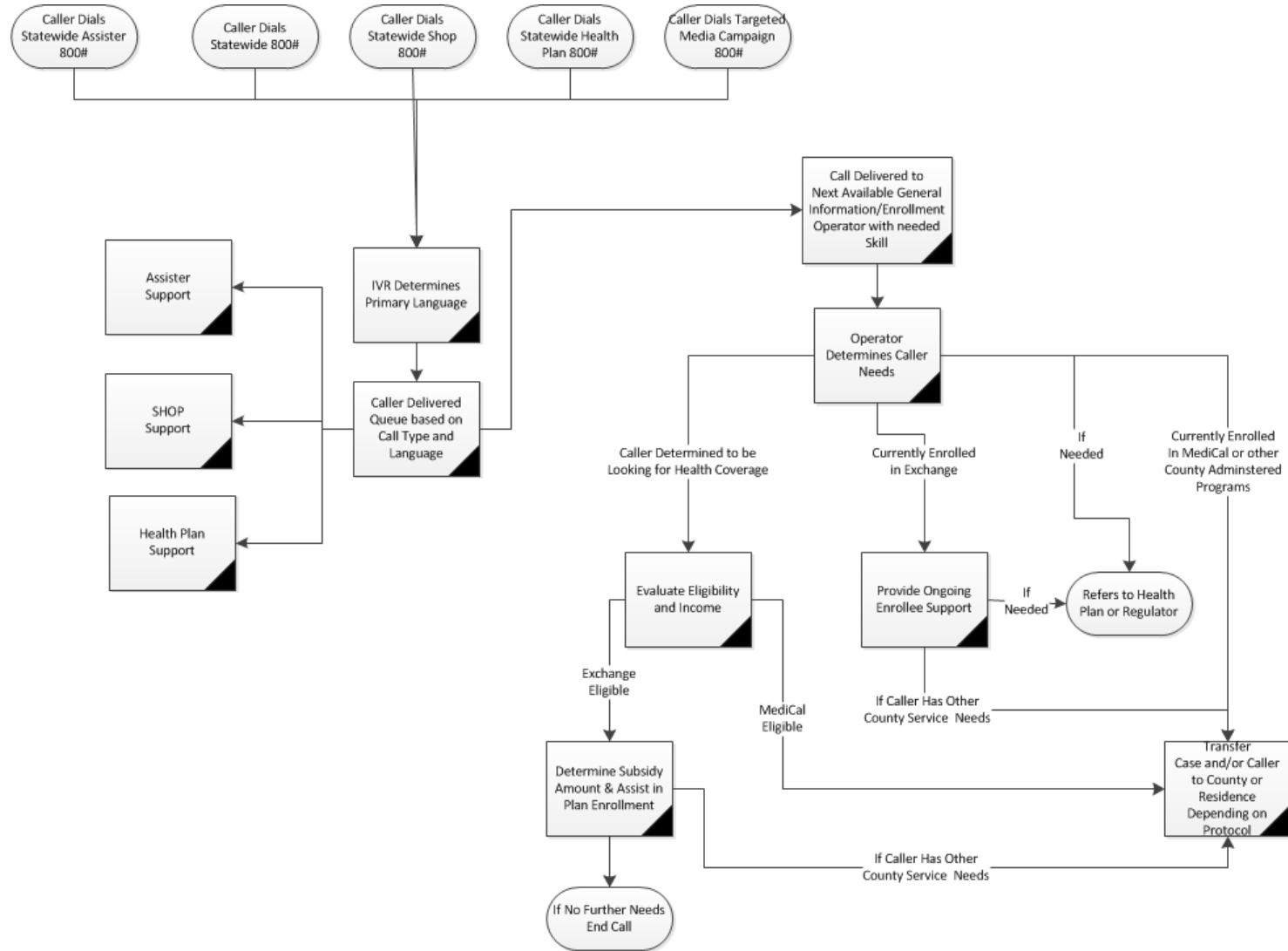
“Integrated State/Consortia Service Center Model”

Exchange Service Center Technology* & Programs

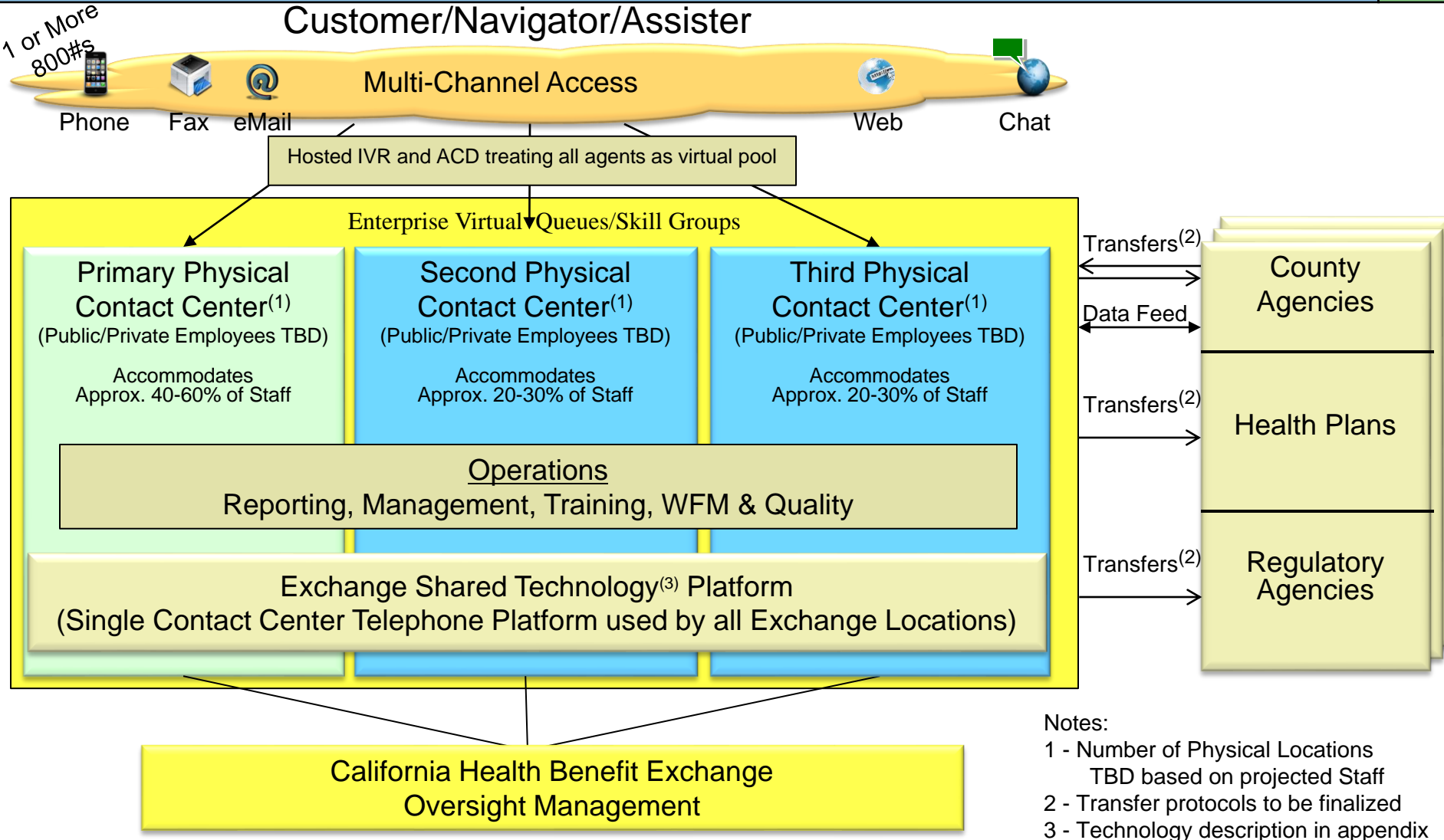


Preliminary Call Flow

Centralized Multi-Site Service Center Model



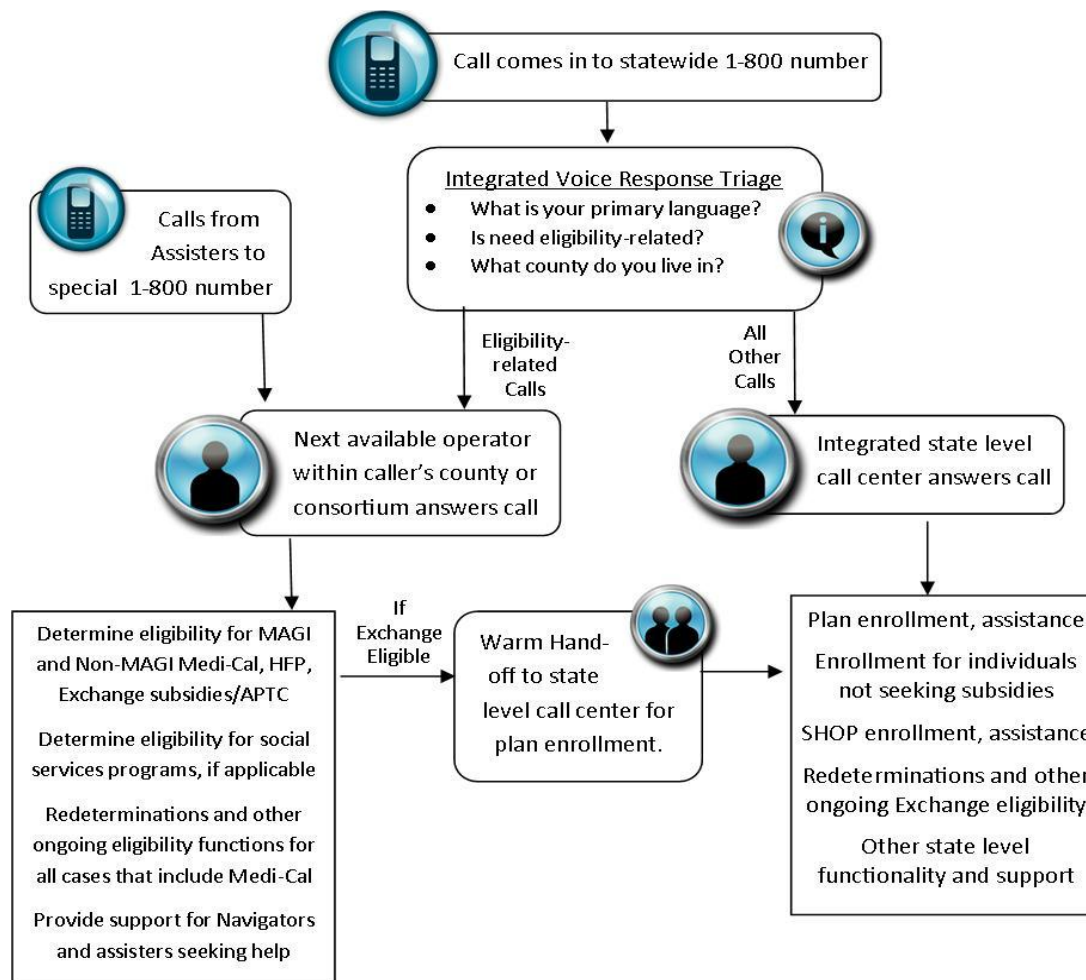
Centralized Multi-Site Service Center Model



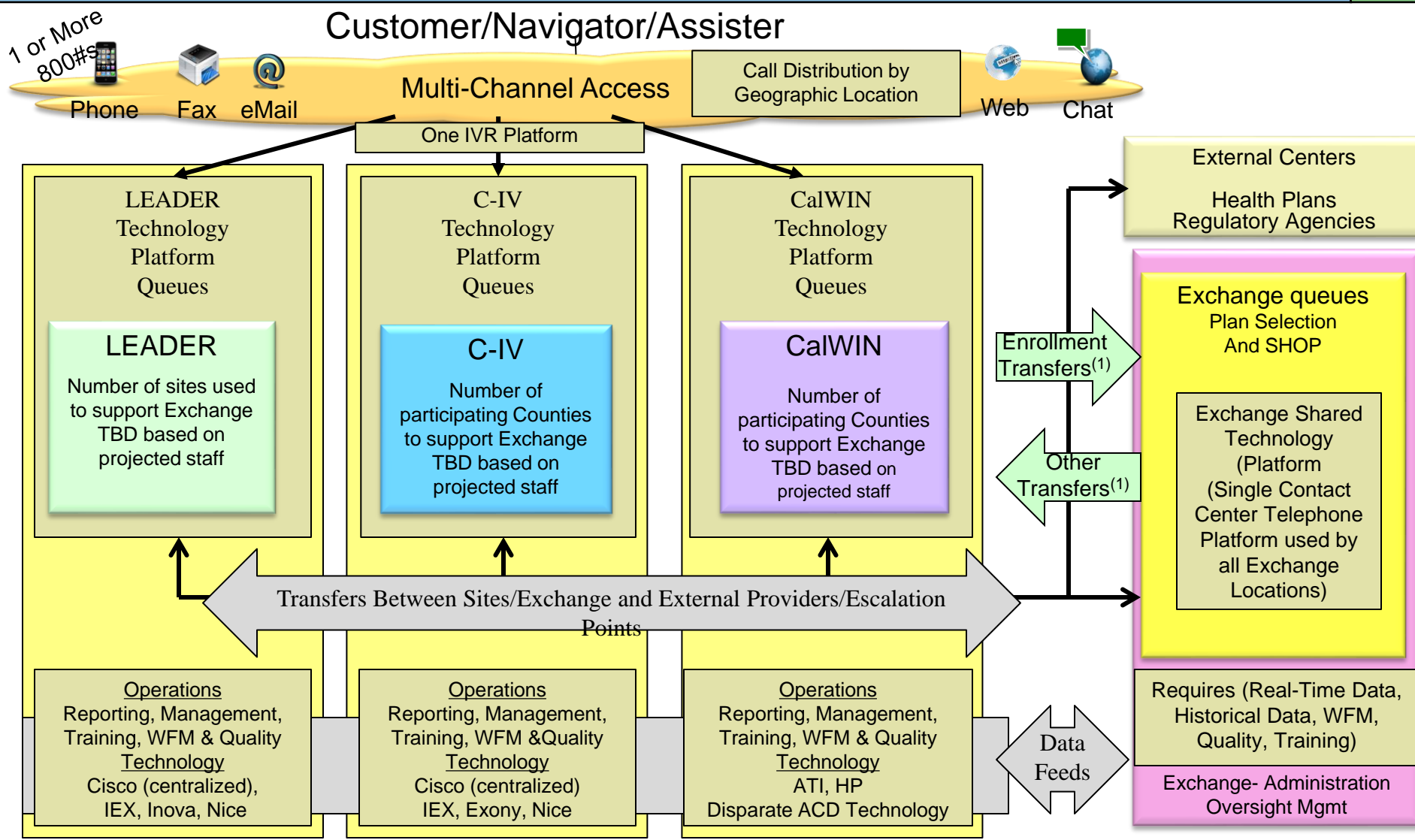
- Notes:
- 1 - Number of Physical Locations
 TBD based on projected Staff
 - 2 - Transfer protocols to be finalized
 - 3 - Technology description in appendix

Preliminary Call Flow

Integrated State/Consortia Model



Statewide Service Center Integrated State/Consortia Model



Concept of Operations Elements

Description of Element		Centralized Multi-Site Service Center Model	Integrated State/Consortia Model
1	Completion of applications for MAGI Medi-Cal	TBD	TBD
2	Applications for non MAGI Medi-Cal to be transferred to the county of residence	X	X
3	Online applications for Exchange program requiring follow-up completed by Exchange. County would complete a transfer for on-going case work to Exchange	X	X
4	Eligibility determination by Counties for all subsidized health care coverage along with an option to apply for other human services		X
5	Eligibility determination by HBEX Staff for all subsidized health care coverage along with a transfer to County to apply for other human services	X	
6	Applications for non-subsidized health programs handled by the Exchange	X	X
7	Exchange to handle all SHOP inquires and enrollment	X	X
8	Plan enrollment could be handled at the county level		X
9	Plan enrollment to be centralized within the Exchange	X	
10	Customer served by county of residence when possible within performance standards. If not possible to handle within performance standard transferred or handled by another County within the Consortium		X
11	A few large Service Centers with a Primary site	X	
12	Uses management resources and experienced staff	X	X
13	Dedicated support for Assisters/Navigators	X	X
14	Statewide training program to be administered	X	X
15	Statewide call center protocols and scripts	X	X
16	Statewide performance standards for all staff	X	X
17	Standard statewide quality assurance and customer satisfaction monitoring	X	X
18	Centralized workforce management process and call center technology	X	
19	Centralized IVR with decentralized workforce management process and call center technology		X
20	Decentralized Automated Call Distributor within each of the three consortia		X
21	Single Centralized Automated Call Distributor	X	

Concept of Operations Elements, Continued

Description of Element		Centralized Multi-Site Service Center Model	Integrated State/ Consortia Model
22	Single statewide IVR and CalHEERS rules engine with decentralized management & call center technology		X
23	Single statewide IVR and CalHEERS rules engine with centralized management & call center technology	X	
24	Statewide phone number with Interactive Voice Response System	X	X
25	Skill based call routing to telephone system of consortium of residence		X
26	Skill based call routing to a single virtual telephone system	X	
27	Mail received at central location, converted to data, transmitted to county of residence for processing.		X
28	Model builds on existing call center operations and infrastructure in 22 counties		X
29	Pooled standard reporting from consortia to centralize state reporting systems to measure key performance indicators, e.g., average handle time, abandonment rate, and customer satisfaction		X
30	Reporting and performance management process to measure key performance indicators administered with one platform e.g. average handle time, abandonment rate and customer satisfaction	X	
31	Mail received at central location, converted to data, transmitted to single virtual workflow queue	X	
32	Ongoing case management of Exchange or County programs transferred from County to Exchange or Vice Versa	X	X
33	Relies on County for local service locations for walk-in	X	
34	Business continuity risk addressed by multiple service center locations	X	X
35	Load balancing of calls within a Consortium's Counties with option to load balance across consortia if expected call volume warrant		X
36	Load balancing of calls across Exchange contact centers	X	
37	Primary site provides centralized support functions including management and technology oversight	X	
38	Consortia provide centralized support functions		X

Centralized Multi-Site Service Center Model

Advantages and Challenges

During the preliminary evaluation of the Service Center Models some initial advantages and challenges have been noted. These will be discussed and refined as the selection process continues over the next several weeks.

Advantages

- Centralized management & technology infrastructure
- Multi-market hiring pool and quality of resources from accessing selected labor markets in California
- Establish consistent work rules, staffing models and hours of operations to meet the demands of health reform
- Flexibility to increase and decrease staffing across multiple locations to meet volume fluctuations and disaster response
- Centralized support and trained staff to provide assistance for Assisters and Navigators
- Standardized training and quality programs administered in a few large locations
- Ability to drive high utilization with large, skill based service teams
- Standard performance management program administered across a small number of locations

Challenges

- Implementation complexities based on multiple locations
- Initial development of building and launching new physical locations
- Initial investment to launch centralized technology infrastructure
- Significant effort to hire and train new staff in short timeframe
- Potential customer experience variability due to multiple physical site locations

Statewide Service Center – Integrated State/Consortia Model

During the preliminary evaluation of the Service Center Models some initial advantages and challenges have been noted. These will be discussed and refined as the selection process continues over the next several weeks.

Advantages

- Builds on current infrastructure, staffing and management expertise
- Multi-market hiring pool and quality of resources from multiple California labor markets
- Experienced County eligibility staff and customer service staff to provide a core base
- Flexibility to increase and decrease staffing across multiple locations to meet volume fluctuations and disaster response
- Standardized training and quality programs administered in an undetermined number of locations
- Horizontal program integration for both intake and ongoing eligibility determination
- Scalable technology in place to support increased volumes

Challenges

- Competing service demands from an array of County programs
- Implementation complexity and costs to integrate multiple existing and new service center technologies
- Potential customer experience and service delivery variability due to different technologies, management and operational approaches across multiple consortia physical site locations
- Significant effort to hire and train new staff in short timeframe
- Managing different hours of operations and work rules in the same facility with County programs

Outstanding Issues and Unknowns

Outstanding Issues and Unknowns for Both Models

- Number of physical service center locations
- Transfer protocols from Exchange to Counties to service existing Medi-Cal cases
- To what extent counties will perform plan enrollment for the Exchange
- What resources will be required

Outstanding Issues and Unknowns for Centralized Multi-Site Service Center Model

- Who will be hired to staff the service centers e.g. State, County or Private
- Will Medi-Cal eligibility determination be delegated by the Administration to the Exchange

Outstanding Issues and Unknowns for Integrated State/Consortia Model

- Undetermined number of County service sites to be involved in the support of the Exchange
- How many existing staff and management resources can be redeployed from current programs to support the Exchange
- What changes are required for Counties to meet performance standards, hours of operations and other business needs

Potential Decision Criteria

Selecting the Right Service Center Model

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. In support of this vision Service Center options are being evaluated across potential criteria.

Summary Decision Criteria

Service Center Principles*	<i>Technical Infrastructure</i>	<i>Implementation Complexity</i>	<i>Functionality</i>	<i>Cost</i>	<i>Performance Management</i>	<i>Workforce Management</i>	<i>Customer Service</i>	<i>Ability to Meet Implementation Timeframe</i>
	1 Provide a first-class customer 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								

TO BE COMPLETED AS PART OF EVALUATION (ILLUSTRATIVE)

	Does not Meet Needs
	Partially Meets Needs
	Meets Needs

Timeline of Key Events

June/July	Exchange staff/consulting team visited county Contact Centers in each Consortium, Health Care Options, MRMIB
July 11	Meeting of Integrated Service Workgroup to review Concept of Operations
July 16	Webinar to present Concepts of Operations
July 19	Exchange Board Meeting presentation of 2 Concepts of Operations and Revised Service Center Volumes
July 23	Meeting with County Technical Workgroup to review Concepts of Operations
July 31	Begin to Review Cost Models for both Options
August	Conduct evaluations of Service Center Options and prepare recommendation for August 23 rd Board meeting
August 23	Provide recommendation to Exchange Board

Appendix

- **Service Center Principles – Board Options Brief June 19, 2012**
- **Industry Service Center Models**
- **Service Center Range of Support Activities**
- **Service Center Technologies and Tools**
- **Decision Category and Criteria**
- **Stakeholder Input to Service Center
Board Options Brief Commenters June 19, 2012**

Service Center Principles

Board Options Brief June 19, 2012

The service center option chosen will reflect the values adopted by the Exchange Board. The Exchange, with input from stakeholders, will need to develop a relative weighting methodology for the various principles when applied to the evaluation criteria.

Services to Californians enrolling in or retaining affordable coverage should:

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
 - f. Provide clear, accurate, responsive information tailored to the consumers needs

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

Service Center Principles

Board Options Brief June 19, 2012

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
 - e. Ensure access for consumers of varied languages, cultures, and literacy levels and offer services in a way that accommodates disabilities that customers may have
 - f. Seek continuous improvement opportunities to effectively meet customers' needs
4. Assure cost-effectiveness in the achieving customer service excellence through:
 - a. Measurement
 - b. Transparency of results
 - c. Performance standards
 - d. 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
 - 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
 - e. Support top-notch training and career growth and cultivate a commitment to the Exchange's mission

Industry Service Center Models

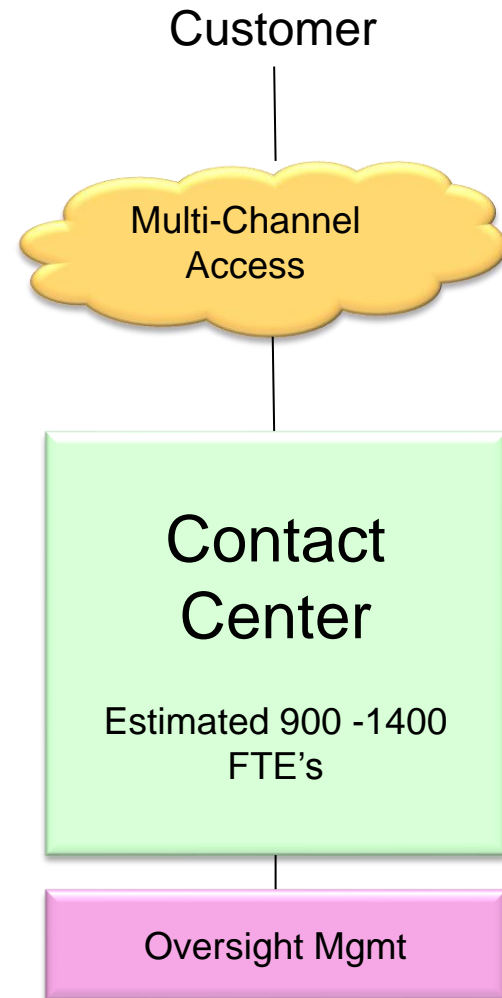
There are several service center operational models that bring advantages and challenges into play depending on the business being served and the business model being executed.

The following three slides describe the characteristics and advantages and challenges of three Service Center Models that could be used in support of business processes and business models similar to the Exchange:

1. Single Centralized Physical Location
2. Main Centralized Operation with Satellite Centers
3. Agent@Home

Single Centralized Physical Location

- **Advantages**
 - *Lowest overall TCO (Total Cost of Operations) with fewest required resources*
 - *Management*
 - *Support Staffing (HR, Training, WFM, QA)*
 - *Technology infrastructure*
 - *Simplified administration of communication, operational and technology processes*
 - *Training & Performance management*
 - *IT Support*
- **Disadvantages**
 - *No true disaster recovery solution*
 - *Restricted to the qualified labor resources within the proximity the physical location which can be difficult >600 seats.*
 - *Increased difficulty to ramp up and down during peak periods*
 - *Larger centers tend to run higher attrition due to multiple factors.*



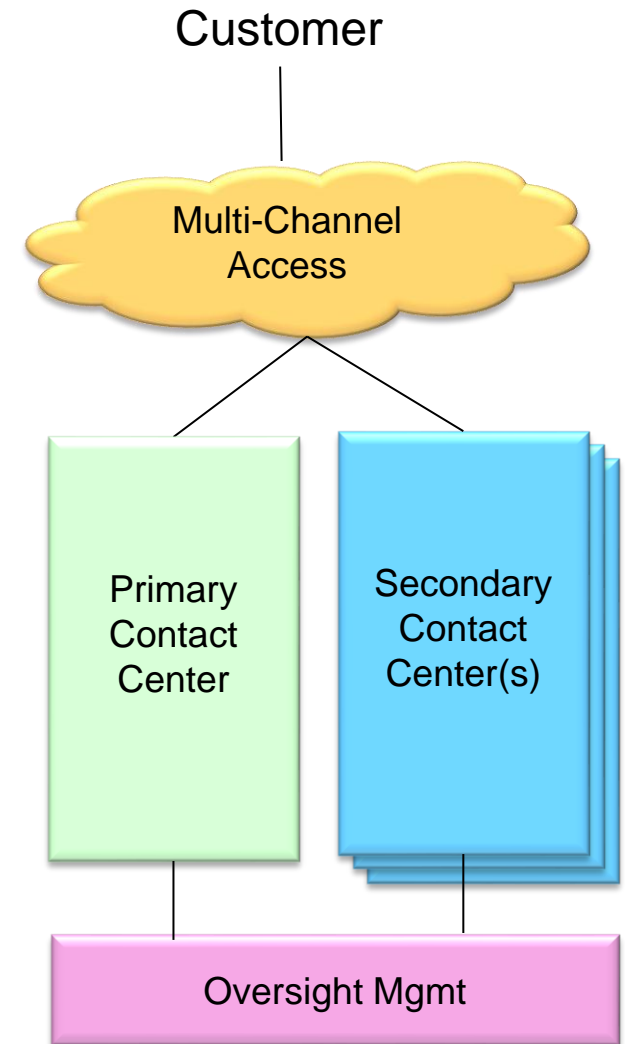
Main Centralized Operations with Satellite Centers

- **Advantages**

- *Increased hiring pool and talent quality from leveraging multiple locations*
- *Easier to increase and decrease resources across multiple locations to forecasted volume fluctuations.*
- *Improved disaster recovery options minimizing ongoing interruptions to the consumer experience*
- *Reduced attrition with smaller centers that can be located in lower cost geographies*

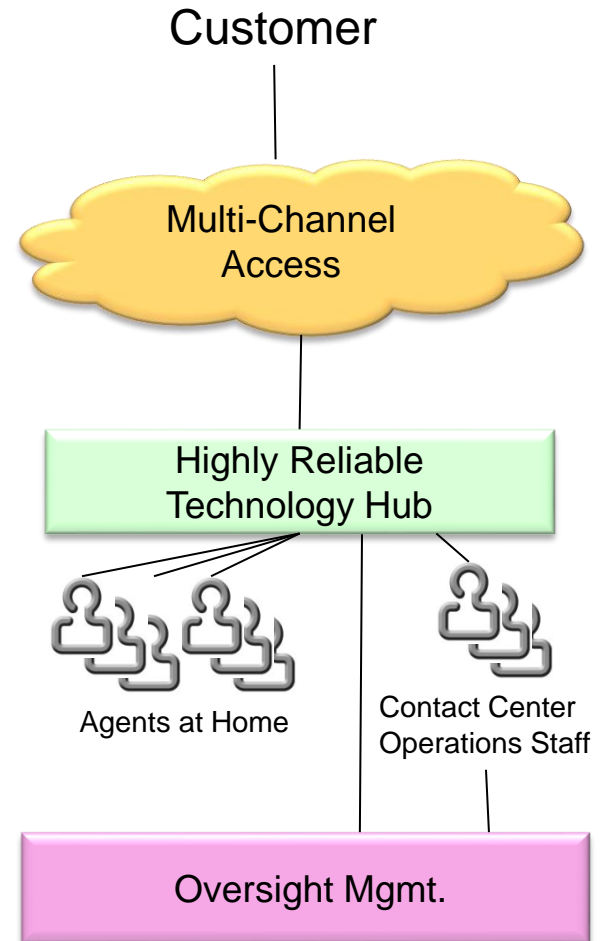
- **Disadvantages**

- *Increased TCO with duplicate management and support functions*
- *Implementation complexities based on multiple locations*
- *Potential for small locations with fewer resources that do not take advantage of economies of scale*



Agent@Home Model

- **Advantages**
 - *Increased resource pool across diverse population – ability to hire multiple languages*
 - *Agent@Home model has been effectively utilized for established programs to reduce costs and increase customer service quality*
 - *Optimal ability to increase and decrease resources tied to volumes real time.*
 - *Distributed and inherent disaster recovery model*
 - *Lowest TCO due to labor cost and physical location reductions*
- **Disadvantages**
 - *Agent@Home model rarely leveraged for greenfield operations*
 - *Increased operational and technical complexities associated with new program roll-out*
 - *Working remotely is a challenging opportunity for some resources to adapt resulting in higher turn-over the first 12 months*



Service Center Range of Support Activities

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

- Customer Community
 - Individuals
 - Assisters / Navigators / Agents
 - Qualified Health Plan Providers
 - SHOP
- Multi-Channel Support
 - Toll Free, Web, Chat, E-Mail, Fax & White Mail
- Response Management
 - Native language support
 - Live chat support
 - SHOP support
 - Qualified Health Plan support
 - Correspondence processing
 - Customer complaints
 - Follow up

Service Center Technologies and Tools

Interactive Voice Response (IVR)

Definition: Technology that allows a computer to interact with humans through voice or number tones
Key that the first interaction point when calling the Exchange, sets the tone for the customer experience
Common vendors: Voxify, Contact Solutions, West

Automatic Call Distributor (ACD)

Definition: Technology that distributes incoming calls to specific group of agents
Key to efficiently delivering calls across a multiple vendor contact center model and managing real-time call volumes
Common vendors: Aspect, Avaya, Cisco, InContact, Echopass, VoltDelta

Customer Relationship Management (CRM)

Definition: Technology that enables care agents to capture, research and update consumer information related to the contact
Key to maintaining record of customer interactions and providing consistency in interactions
Common Vendors: RightNow, Salesforce, Microsoft, SAP, Siebel, NetSuite

Workforce Management Software

Definition: System that enables the forecasting of call volumes and scheduling of resources
Necessary tool to manage multi-center environment
Key to meet Service Level Performance Metrics and maximize agents productivity
Common Vendors: IEX, Verint, eWFM

Service Center Technologies and Tools

Voice Analytics

Definition: Technology that enables the gathering of customer experience information by converting recorded voice calls into text for analytics.

Key to measuring voice of the customer through increased calls analyzed compared to your typical quality assurance which analyzed <2% of the total call volume

Common vendors: Nexidia, Utopy, Call Miner

Document Management & Workflow (DM)

Definition: Technology that distributes incoming calls to specific group of agents

Key to efficiently delivering correspondence to appropriate resources for processing.

Common vendors: IBM Filenet, EMC Documentum, Mentis Technology Solutions

Dashboard Reporting

Definition: Ability to present relevant key performance metrics to various stakeholders.

Key to have a consolidated view of key metrics across multiple centers both real time and historical

Common vendors: Oracle, Cognos, Nice, Verint, Inova, VPI

Knowledge Management

Definition: Centralized repository of consistently updated information that is readily accessible to agents and potentially consumers. Agents should be trained to find the information not memorize due to changing content

Key to driving consistency of information in a changing environment

Common Platforms: Conveo, RightNow, Consona

Service Center Technologies and Tools

Email

Definition: Interactions handled through electronic mail interactions initiated by the consumer and responded to via agent or auto-response answers

Common Platforms: RightNow, Kana, Salesforce

Chat

Definition: Real-time chat interactions initiated via a webpage and responded to via agent often handling multiple consumer interactions simultaneously

Common Platforms: LiveChat, RightNow, Salesforce

SMS

Definition: Text Messaging to mobile phones to inform and update consumers in real-time

Common Platforms: RightNow, Salesforce, InContact

Quality Management

Definition: Remote monitoring and call recording capabilities to assist with the measurement of program efficiency and consumer satisfaction

Common Platforms: Nice, Verint, VPI

Decision Category & Criteria

Category	Decision Criteria
Functional	<p>Ability to develop, implement and manage a centralized operations environment that includes:</p> <ul style="list-style-type: none">• Handling all exchange programs• Multiple program access for customers• Ease of access to exchange components (e.g. Plan enrollment, Eligibility)• Capacity to operate all channels

Decision Category & Criteria

Category	Decision Criteria
Technical Infrastructure	<p>Ability to develop, implement and manage centralized technology solutions to include:</p> <ul style="list-style-type: none">• Automatic Call Distributor (ACD)• Interactive Voice Response (IVR)• Customer Relationship Management (CRM)• Workforce Management Software• Email Platform• Chat platform• Text Messaging (SMS)• Voice Analytics• Dashboard Reporting Tool• Document Management Platform• Knowledgebase• Training system• Quality Assurance Monitoring and Screen Capture• Reporting System• Ability to implement a disaster recover plan

Decision Category & Criteria

Category	Decision Criteria
Workforce Management	<ul style="list-style-type: none">• Ability to support and manage special campaigns• Real time monitoring and ability to allocate volumes across multiple locations• Integration of real time performance into web base dashboard reporting tools• Recruiting Program to select best candidates with the ability to scale up and down during peak periods• Training development and delivery for front line staff, supervisors and management• Centralized workforce management operational capability

Decision Category & Criteria

Category	Decision Criteria
Implementation Complexity	<ul style="list-style-type: none">• Program management office• Ability to scale up for launch and planned peaks• Investment of time and effort to meet the technical and operational functional requirements• New functionality that will have to be developed versus existing capabilities• Demonstrated track record in launching new programs under tight deadlines• Ability to Forecast resources to support incoming call volumes and back office work (email, chat, correspondence)• Scheduling accuracy of resources by skill set to support incoming forecasted call volumes and back office activity

Decision Category & Criteria

Category	Decision Criteria
Performance Management	<p>Proven ability to effectively implement , manage performance management program to include all key metrics not limited to:</p> <ul style="list-style-type: none"> • Productivity Analysis • Quality Assurance • Schedule Adherence • Absenteeism • Customer Satisfaction • First call resolution • Quality Assurance Program w/ process improvement program • Formalize performance management program • Knowledge Management development and maintenance • Reporting of key performance metrics
Cost	<p>Total Cost of Operations</p> <ul style="list-style-type: none"> • Initial launch cost • Post Launch: Fully loaded cost to support the operational and technology functional requirements

Stakeholder Input to Service Center Board Options Brief Commenters June 19 - 27, 2012

Organization	Organization
2-1-1 California	Insure the Uninsured Project
2-1-1 San Diego	Laborers' Locals 777 & 792
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	March of Dimes
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	MICHELMAN & ROBINSON, LLP
CAHP	San Diegans for Healthcare Coverage
California Association of Health Underwriters	SEIU Local 1000
California State Association of Counties	SEIU Locals 1021
Community Health Councils, Inc.	SEIU Locals 221
Consumers Union	SEIU Locals 521
Consumers Union	SEIU Locals 721
County Welfare Directors Association of California	Small Business Majority
Give for a Smile	The Greenlining Institute
Health Access	The National Association of Insurance and Financial Advisors - California
Insurance Brokers and Agents for the West	Western Center on Law & Poverty

Link to Stakeholder Input Summary can be Found at:

<http://www.healthexchange.ca.gov/BoardMeetings/Pages/Default.aspx>