California Health Benefit Exchange

Consolidated Stakeholder Input
Board Options Brief – Consumer-Centric Exchange Customer Service Center
Presented July 19, 2012

The California Health Benefit Exchange, the Department of Health Care Services, and the Managed Risk Medical Insurance Board (collectively, the Project Sponsors), solicited written stakeholder comments on the updated Board Options Brief (BOB) – Consumer-Centric Customer Service Center Potential Service Center Principles and Service Center Models which was presented to the public at the July 19th Exchange Board meeting. Feedback was solicited on five (5) Potential Principles proposed and two (2) Service Center Models as well as other general comments. Six organizations and one individual submitted comments using a stakeholder input form provided on the Exchange website. Comments received on the input forms have been compiled in the tables below. Stakeholder comments will be used for consideration in the development of a Service Center Model recommendation and Board Recommendation Brief. The Project Sponsors thank all stakeholders for their valuable comments that will assist in the planning and implementation of this program.

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Comment Forms Submitted

Covenant Industries Incorporated
California Pan-Ethnic Health Network
Kaiser Permanente
County Medi-Cal Eligibility Worker
San Mateo County Union Community Alliance
Health Access

Comments on Service Center Models Presented

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Principle 1: "Ensuring culturally and linguistically appropriate communication channels."		**Availability of information and services in multiple languages.** We are pleased to see that the Exchange Customer Service Center principles reflect the need to provide translation and interpretation services for consumers of the Exchange who are limited English proficient (LEP). The phrase "culturally and linguistically appropriate communication channels" under principle 1 is a good start to ensure that LEP consumers' needs will be addressed in the Service Center. We recently estimated that almost one million individuals who speak a language other than English will be eligible for subsidies in the Exchange; therefore, having information and services available in multiple languages will be critical to the success of the Exchange and its ability to maximize enrollment.
Strategies for providing translation and interpretation services.	Slides 3-4, 7	**CPEHN would urge the Exchange to develop a specified plan for providing translation and interpretation services through the Service Center**. While we applaud the inclusion of culturally and linguistic appropriate communication channels in the Service Center principles, there is no detailed information or proposed plan for how those services will be provided through the Service Center. On slide 7, there are a number of call center "best practices" but none address how translation or interpreter services will logistically be provided. There are a number of ways in which the Exchange could provide interpretation services for non-English speakers, one of which is to employ bilingual/bicultural staff who are trained and competent in the skill of providing

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		interpreter services for the languages most frequently encountered in the Exchange. CPEHN would urge the Exchange to adopt a plan that includes prioritizing the hiring of bilingual staff for those languages as a first option. California has long been a leader in setting standards for the provisions of government services in languages other than English. Current law requires state agencies to employ a sufficient number of qualified bilingual persons in public contact positions to provide information and services in the language of the non-English speaker. (Gov't. Code section 7292). Additionally, regulations promulgated pursuant to Senate Bill 853 (Escutia, Chapter 713, 2003), list as one of the top options for providing interpreter services, "arranging for the availability of bilingual plan or provider staffer who are trained and competent in the skill of interpreting." (CCR, Title 28, §1300.67.04(c)(2)(G)(vi)(aa). Therefore, a precedent exists for ensuring that government agency staff and the private entities it contracts with are able to address the needs of its non-English speaking consumers, and not just by way of telephone interpretation services, but also by hiring bilingual and bicultural staff. We strongly urge the Exchange to consider this as an option to provide interpretation services through the Service Center for as many languages as possible, especially those languages most frequently encountered. Additionally, the Exchange must provide interpreter services for those languages less frequently encountered by the Service Center. There are many best practices available for the provision of services and information through qualified interpreters. CPEHN recommends that the Exchange consider several options for providing these services as it is developing the Service Center model. Examples the Exchange should consider include

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		hiring staff interpreters; contracting with outside interpreter services; arranging for the services of voluntary community interpreters; or contracting for telephone, videoconferencing or other telecommunications supported interpretation services. All interpreters, whether staff or contractors, must be trained and competent in the skill of interpreting and fluent in the non-English language. (CCR, Title 28, §1300.67.04(c)(2)(G)(vi). In order to assess the language needs of the consumers accessing the Exchange, data collection and analysis will be critical. An evaluation of the languages and frequency with which LEP consumers contact the Service Center should be build into the evaluation process. Evaluation measures should also include tracking and assessing the time it takes to meet the language needs of LEP consumers and their level of satisfaction with the services provided. These measures will assist staff in determining appropriate staffing levels and resources to provide to translation and interpretation services.
Principles 1 and 5		**CPEHN recommends that all Service Center staff be properly trained to address the needs of limited English proficient callers.** To ensure that consumers receive a "first class consumer experience" it is critical that all Service Center staff be properly trained on language assistance protocols. This is especially critical for staff who will be primarily responsible for and will have more frequent contact with LEP consumers. At the same time, all staff should know how to address the needs of LEP consumers at any time. For example, staff should know how to access in-

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		house interpreters, external contractors, or telephone systems that provide interpretation services. This will ensure that the burden is not placed upon the LEP consumer to call back another time or wait an unreasonable amount of time to access an interpreter. Additionally, Service Center staff or consumer representatives should be trained on working with the diverse populations that the Exchange will serve, including but not limited to individuals and families that have had limited interaction with the private health insurance and mixed status families, or families with differing immigration status. The Service Center staff will be providing complex information to callers at times – including information about both the public and private health care systems, which are very different from each other. It is critical that all staff clearly understand the difference between the systems and the eligibility for each program or subsidy to ensure that consumers are enrolled in the most appropriate program and not at risk for tax penalties. Staff training will be critical at all levels of the Service Center, especially for those communities who face additional challenges due to language, immigration status, or complex eligibility issues.
Principles 1 and 5		**Wait times for limited English proficient speakers should not be excessive or unreasonable.** We are pleased to see that the Service Center principles also reflect an overall goal to ensure that customers are served quickly and efficiently. For example, the goals of “one touch and done” under principle 1 and “develop staffing/service plan that allows for staged

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		implementation to meet urgent implementation needs" under principle 5 both speak to a consumer driven process. As the Exchange continues to work out the details of these principles, CPEHN would encourage the Exchange to adopt protocols for the provision of interpretation services to ensure that non-English speakers are not subject to unduly long or unreasonable wait times. These standards or protocols should also be included in the evaluation of the Service Center system or design as well as Service Center staff performance measures. We look forward to working with the Exchange Board and staff to identify spell out the most appropriate protocols for the provision of interpretation services.
Quality Control for the Service Center model		**Quality control should be implemented at all locations of the Service Center.** Whether the Service Center is centralized, a hybrid, or is provided primarily at the regional or county level, it is essential that quality and performance measures are monitored and assessed at any and all locations. A critical component of quality and performance is training; therefore, we encourage the Exchange to establish training and evaluation protocols that can be effectively and efficiently implemented at any Service Center location. Additionally, we recommend that evaluations of Service Center staff and services include measures to determine the accuracy of information given, appropriateness of guidance on health plan options, benefits and eligibility, and level of satisfaction with customer service.
Questions about complaint process and	Slides 9-13	**Questions about processes and principles.** In addition to the suggestions above, we request clarification on a few questions about the overall process of the Service Center.

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proactive outreach		First, after our review of the proposed models for the Service Center, we were unable to identify the process by which a consumer would resolve an issue or complaint with the Service Center. Can the Exchange staff provide clarification as to where in the process a consumer would go to resolve an issue with the Service Center or file a complaint with the Service Center? Second, the Service Center models provide many positive suggestions for how the Service Center will be responsive to consumer inquiries. However, there is no plan or evaluation mechanism for proactive outreach that the Service Center might engage in. Will the Exchange engage in any proactive outreach? If so, what are the protocols for measuring performance and quality of that outreach or communication?
Proposed suggestions to Service Center principles		**Proposed suggestions to the Service Center Principles** CPEHN would like to suggest the following additions/revisions to the Service Center principles: 1. Consider adding as part of the principle to provide “first class customer service” that the Service Center will “strive to employ and train service representatives that provide helpful, reliable, and trustworthy information and services.”

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		2. Consider adding under the principle "be responsive to consumers and stakeholders" an element that measures the quality of the experience the consumer. For example, a measure of a consumer's satisfaction of the call could include a short telephonic survey of consumers or an internal review of the phone conversations. 3. Lastly, the principle entitled "assure cost-effectiveness" does not adequately state the goal it is intending to achieve. Is the purpose to assure cost effectiveness for the consumer or the state? If the intended purpose is to save costs for the state, consumers might not be able to trust the advice of the Service Center staff or feel that the programs are designed to meet their needs. Therefore, we would recommend re-wording principle 4, "assure cost-effectiveness," to better reflect the purpose of the principle.
Key Issues		▪ Demonstrated Ability. The chosen call center model must rely on demonstrated ability to meet core metrics, largely due to dramatic peak loads the center will experience on day one. There will be no opportunity for a "shake down" cruise; the call centers must be equipped to offer best-in-class service and manage their most demanding volumes on day one and during their first months in operation. ▪ Redundancy. The call center approach must build in redundancy to ensure it can deliver on high volumes, and to continue to perform during unanticipated problems. As part of its strategy to manage volumes, the exchange call center approach also should envision contracting for some portion of services during expected peak

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		volumes. For example, the centralized call centers might build its staffing to a normal volume throughout the year, and contract out for additional volume anticipated during the three-month open enrollment periods. The Kaiser Permanente labor/management agreements that govern our call center operations follows a similar approach, wherein peak, or high-volume staffing is managed with additional contracted resources, with an understanding that if the higher volumes become constant, they are no longer "peak," and internal staffing will be adjusted to reflect the change in volume. ▪ Common Technology, Uniform Management and Accountability, Performance Incentives. Call centers must operate under a common technology platform, and, an important issue not called out in the document, under a uniform management structure that ensures a performance-based culture through appropriate performance incentives. ▪ Efficiency and Expertise. The exchange call centers should assume a hub and spoke model where the "hub" manages the overwhelming majority of calls, and the "spokes" address calls requiring particular expertise and/or more in-depth interaction. Note that some spokes should appropriately reside within the central call center, with the ability to move more experienced and highly trained staff into different "expert" queues as volumes fluctuate. ▪ Planning for Partnerships. Finally, the technological and staffing capabilities of the call centers will need to reflect the Exchange's relationship with its contracting plans regarding their roles as assisters. If a capability for "warm hand-offs" is desired at a particular point in the enrollment process, or under certain circumstances, such as a request by the applicant to consider a variety of plan options, the call centers must have dedicated queues and staffing to accept such hand-offs quickly, and without losing information an applicant has already provided.

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		Similar support might be required for navigators, and the ability of the Exchange call center and its staff to hand off callers to county human service departments for other support services also must be built.
Which Option?		Of the two options, the strongly preferred option is the centralized multi site option. To ensure success, the exchange must build a single leadership infrastructure and limit the physical sites to a limited number of large-scale centralized sites with a single team under that leadership infrastructure responsible for the command center. This is to ensure the call distribution is monitored and managed real time and by one team for all sites. This was slightly stated in the document, however there needs to be an investment in a robust workforce management tool to ensure optimal staffing. Some additional notes that are important elements, based on our experience, and that are not discussed in the short overview document: 1. In a centralized site, there should be a first tier structure for general inquiries. 2. There should be a second tier structure to support those calls requiring an assister because these calls will take longer. 3. There should be a dedicated 800# for Spanish speaking callers and for other prevalent languages (i.e. Cantonese and Mandarin). Assistance in other languages should be supported by a third party (such as Language Line). Kaiser Permanente attempted for a number of years to operate a highly distributed call center network, and moved to centralize operations due to unacceptably inconsistent performance on a range of customer service metrics. Costs also were unacceptably high. Given the challenge confronting the Exchange call centers – specifically, extraordinary

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		volume and complex assistance demands, we cannot recommend a distributed approach.
Outsourcing Eligibility Work		Hello, My name is xxxxxxxxxx and I am an EW in xxxxxxxxx working with Medi-cal, Calfresh and CAPI. I was at the board meeting yesterday and was very impressed with all the work that you are doing to get the healthcare implemented in California. I believe that having one call center for all of California is a VERY BAD idea. When I was in training for Medi-cal it was for 3 months from 8-5 Monday through Friday in a class room, then on the job training for a year. I have been here almost 2 years and I'm still learning new things. I believe creating a call center to do eligibility will create a lot of problems. They will not understand the programs, not understand their clients and will be under different types of regulations. I fear that with a call center the clients will call, get the run around, get pushed through the phone line and never really get the help they need. I feel there will be a lot of issues in providing the benefits that the clients are calling for, which in turn will create a lot of opposition to the plan. I saw yesterday all the work that is going into this, to make it right, to work with insurance companies and to be very equal for the public and businesses. I feel that in one fail swoop, it can be taken out because the call center is incapable of doing it's job correctly. The people who are against health care will say, "We told you this wouldn't work, look at all the complaints and it's not working." not because the plan doesn't work, but because it is not being executed properly on the eligibility side. The call center is the front line and if it doesn't work, neither does anything else.

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		We have experience working with clients. We are not number driven, we don't get bonuses or overtime. We put a client on rush because we care, because we don't want them to suffer and believe they should be getting the benefits they deserve. We go out of our way, daily, to make sure we help our clients, even if it has nothing to do with Medi-cal. Numerous times I have had clients that have children who are going to college and I always refer them to the FAFSA website so they can apply for financial aid. If they don't know how to use the computer, I tell them to go to City College, they have an office there where staff can help you fill out the forms and have binders full of agencies who offer grants. That kind of referral won't come out of a call center, especially one that is located outside of our county. We not only know how to man the phones, perform great customer service and know how to perform eligibility, we offer our knowledge of local agencies. Our clientele has grown in the last few years. Since the economic downfall, we have seen more people with families, educated and professional people who have lost their jobs and students. It has been a hard time for many people and we have been here to provide them with anything they need. When I first got hired as an EW in 2009, I worked for a program called Jobs Now, which used stimulus money to create jobs in San Francisco. It was open to the public and in order to qualify you had to have children and be under 300% of the poverty level. I saw a lot of clients and many of them were people with Bachelors, Masters and PHD's. I had clients who were lawyers, graphic designers, business owners, all coming in to apply for

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		Jobs Now. I never once heard a complaint from any of our clients, but what I did hear were lots and lots of THANK YOU's! Being an employee of the city and county means that you help people. Before I became an employee of the city I always thought city workers were lazy, that is SO WRONG! I've never worked harder in my life, but it is utterly rewarding to know that you are helping people every day. We are constantly changing how we do things in order to make the process faster, more efficient, and to provide the customers with the benefits they deserve. It's a constant shuffle of, "how can we do it better". We are always making changes and adjusting. I used to work for a law firm that defended asbestos companies. I didn't really feel good about that. Now I come to work, work hard, go out of my way to help people, I may go home tired, but I know that what I'm doing is helping others. They say it's a calling, I guess, I kind of just fell into it, but it really is who I am now. I really do want to see the California Health Exchange flourish. I backed this plan when the president first proposed it. I believe everyone deserves health care, I just don't want it to fall through because some big companies with money are going to tell you what you want to hear. They will tell you they will give the best customer service, but will they really? Corporations are not always the best way to go, that is how this country got into an economic downfall in the first place....but that's a WHOLE other story.

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		Thank you for taking the time to read through this and thank you for all of your work! Sincerely, County Medi-Cal Eligibility Worker
State Model with County contractors		In San Mateo County, we have a robust County Service Center in our Human Services Agency that processes MediCal/Healthy Families applications and also provides information about a full range of County programs for low-income individuals including CalWorks, Food Stamps, County health coverage initiatives, Vocational Rehab and job training resources. We strongly recommend that you develop a service center model that will build on the successful service center that exists here. In San Mateo County, building on the existing County service center will meet your objectives of: • Providing a first-class consumer experience, • Offering comprehensive, integrated and streamlined services,

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		• Being responsive to consumers and stakeholders, • Assuring cost-effectiveness, and • Optimizing best-in-class staffing to support efficient eligibility and enrollment functions We recognize that in other counties, there may not be an existing service center that will meet your standards for service delivery, in those cases, a state-wide multi-site option may be more appropriate. For these reasons, we recommend that you adopt your strong standards for service delivery (outlined in the Appendices of your June 15th options brief) and then contract for these services with County-based service centers where they meet these criteria and develop an state site for those geographies that do not have the capacity to meet your criteria. In addition to establishing your standards for service delivery at the outset to determine whether a County service center is an appropriate contractor for the Exchange,, we also believe that it will be important to have ongoing monitoring of service delivery and the capacity to change the method of service delivery if the standards cannot be met on an ongoing basis.
211		We strongly advocate for the use of 211 as the first point of contact for the Exchange's Service Center. Community partners, local governments and statewide stakeholders have worked tirelessly to build a comprehensive 211 system. The key objective of offering

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		comprehensive, integrated and streamlined services will be met by using this existing 211 number rather than by publishing a new set of 800 numbers for different stakeholders in the Exchange.
Considerations for Early Decisions on Service Center Options		• Narrowing of Service Center Options. It is not clear what criteria were considered to narrow the service center options from four to two options, who made that decision, their decision-making process and their rationale. The impact would be that important differences among these models would be merged together. Since this decision is an important one, and at least one board member had similar questions, we would all benefit from a further explanation. • The Similarity of the Work Performed Should Determine the Placement of Work. The Exchange should select the Service Center Option based on what job functions most closely resemble the work that that entity currently performs. This is more difficult than it might appear. Presumably, every service center for every product wants to deliver excellent customer service. However, despite the best of intentions, sometimes there is too big of a stretch from the work the entity currently does to what they would be asked to do. For example, The Centers for Medicare and Medicaid Services (CMS) decided to replace their service center contractor because of the contractor's failure to meet some service center metrics. In evaluating bids for the work, CMS was intrigued by the reviews of the performance of a Midwestern contractor. Not only were their costs low, but the contractor had great customer service reviews. When I visited them to see first-hand how they performed prior to the contract award, the service center staff did provide an extraordinary level of customer service that I found impressive as well. However, when comparing their current "products and services" to what CMS would ask them to do, there was no similarity. This service center dealt with

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		responding to consumer complaints about Hoover vacuum cleaners. The staff could routinely expedite service calls, provide refunds, and promptly send replacement parts. However, there was no comparison to the level of complexity, the depth and breadth of knowledge required, or the volume of calls received. The most significant difference, however, was the importance of the transactions conducted at the service center. I recommended against their selection because the work they did had really no similarity to the work CMS was asking them to perform which was to provide customer service to Medicare and Medicaid applicants and beneficiaries. Ultimately, they were not selected as the replacement contractor. Organizations that want your business are going to maintain that even if they do not do similar work, they are capable of making that transition to provide a very high level of performance of your contracted work. You should make a clear-eyed, evidence-based decision about how their experience aligns with the projected work you want them to do. • Do Not Make Assumptions Regarding the Similarity of Work. You should not assume that work is identical nor should you believe that work that sounds related, is similar in reality. One of the most complex calculations and most difficult to explain are those concerning tax credits and premiums subsidies. They are not like work currently being performed to determine Medicaid and Supplemental Security Income (SSI) eligibility because they involve different definitions, evidence requirements, and calculations. They are a creation of the Affordable Care Act (ACA) with all of its complexities. They are probably closer to the type of work done online by TurboTax and similar tax preparation software or the H & R Block or similar organizations that provide that service in person. Often Medicare and Social Security (SSA) are referred to as “the gold standard” of public programs that people recognize and value. And they are often referred to in the same sentence as if they were virtually interchangeable. That is too simplistic. I worked for SSA for much of my federal career processing and managing retirement, survivor, and disability claims and for several years for CMS who administer the Medicare and Medicaid programs. Both of

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		those agencies have fine, capable staff, but they are by no means interchangeable. SSA staff clearly understand how one applies for Medicare and the entitlement rules. They know literally nothing about Medicare's coverage, payment, or appeals processes. Medicare staff who are also very knowledgeable, have not a clue about how people become entitled to Medicare which is a function that SSA performs. But they know the finest detail of payment mechanisms, contractor management, and nuances about benefits and coverage. If the federal government were to switch their SSA Service Center staff (all federal employees) with the Medicare Service Center staff (all contract employees), neither center would be able to perform the work of the other (even though the public sees their work as "similar.") Be cautious about conflating work functions that appear similar or interchangeable, but are not before you make decisions about the assignment of work. • Multiple Locations Multiply Challenges. Do not underestimate the difficulties of managing multiple organizational structures in different geographic locations. If you select existing entities, you will have to contend with the already established culture and practices and adapt them to your new workload, mission, and procedures, the results of which is always uneven. If you set up new or additional entities, there will be no infrastructure upon which to build and few already existing back-up mechanisms. This is especially true in times of excess demand, changes in policy or protocols, or other crises. Even relatively simple changes take a disproportionate amount of time to be effectuated in multiple locations. The presentation to the board on service center options highlighted how performance varied even in a fairly structured organizational model. Miscommunication and misunderstandings result regardless of whether the remote locations were set up as identical sites or based on a functional alignment (training run out of one location; quality assurance out of another, etc.) Just the sheer communication challenges of describing a simple change is magnified when the change has to be routed through multiple managers and staff in several locations. Also, communicating up through channels delays the length of time the Exchange staff

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		is informed of problems "in the field." You will have to weigh these difficulties against the benefit of some additional capacity found in multiple sites that can provide built-in capacity in the event of a disruption due to weather or power outages. The operation of the Service Center for the Exchange will not be operating in a static environment; you will want to minimize complexity whenever and wherever you can to prevent missteps. These concerns would apply regardless of whether this work would be assigned to multiple state locations, multiple contractor locations, or to several counties. • Be Wary of Insufficient Access to Data and Remedies in a "Proprietary Environment". During the procurement process, applicants for state contracted work, often have dazzling arrays of data that can be mined for trends, training, performance monitoring, and other management functions. However, once a contract has been awarded, it is common for contractors to insist that their data and processes are not available to the public, sister agencies, the media, or, in some cases, even to their contracting state agency for oversight purposes. Sometimes the data matrices presented are so complex and intricate as to be almost not understandable, such as those presented by your service center advising contractor at the last Exchange meeting. The public (and the federal agencies providing oversight and awarding grants well as your California critics) will make no distinction between problems that arise out of the complexity of the administration or the law, the breath-taking pace of change dictated by the ACA, or a performance problem resulting from a mistake by the Exchange staff or a contractor. Your ability to fix these problems, regardless of their origin, will be significantly hampered by your access (or lack thereof) to contractor data and processes. No one will exempt you from criticism or grant you an extension to fix the problem based on the fact that you have contracted out any portion of this work. You will have to know this stuff as if it were your own (because it is.) You should have immediate, iron-clad access to all data and processes for good times and bad. When things are going well, you will want to be able to highlight why things are succeeding so you can build on

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		them and replicate these processes to other aspects of your operation and to other locations. But, even more importantly, you will need to know what went wrong and why to make quick fixes and strategize to anticipate future vulnerabilities when there are problems. If you have to fix problems without access to data ("because it is proprietary") or full knowledge of processes ("because it is secure"), it will take longer and be less likely to be successful. These serious but recurring problems with contracting out work are a significant downside. • Even Smaller or Partial Contracting Requires Careful Specifications • Other Contracting Risks. Even if the Exchange elects one of the hybrid models involving public employees (state and/or counties), they may contract for smaller pieces of the work or discrete functions. Although these lesser contracting arrangements may be for smaller pieces of work, there can be challenges, even if this contracting is done with other public entities. There are risks inherent in contracting if there are not clear statements of standards and strong accountability. There may be a lack of integration into a seamless service experience when smaller portions of work are performed by multiple components.
Considerations for Achieving Operational Efficiency and Effectiveness		• Achieving the right balance between "quick calls" and accurate answers. As governmental agencies have embarked on service center protocols, they have not always assigned the right balance to answering questions quickly vs. answering them accurately. SSA in particular got off to a horrible start with their national service centers by emphasizing speedy answers. They were shocked to discover this emphasis on speec translated into lousy customer satisfaction ratings because of the over emphasis on quickness over responsiveness and accuracy. As they redressed that imbalance, they found that by taking a little extra time to make sure the questioner understood the answer, they have fewer call backs, and had to spend less time on unraveling problems. • The Exchange is "on our side." As the Exchange builds its reputation as a trusted

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		source of accurate information for consumers, we emphasize the much prized quality of having the Exchange be perceived as being "on our side." This concept goes beyond accurate information in response to the consumer's question that is concisely delivered with courtesy and professionalism. It conveys an investment in the resolution of the problem that demonstrates their commitment through language, attitude, and demeanor. • The Exchange should be operational on Day One. You cannot expect to incrementally increase your capacity at the service center because the users (and your critics) will be watching and evaluating your performance from the first day forward. You need to prepare for a high level of functionality almost immediately that is sustainable with built-in expandable capacity to account for surges, breakdowns, policy changes, and course corrections. You should have back-up capacities and plans for contingencies, no matter how remote you see them. It is important that you will be able to have a high level of consistently good performance that will begin to form a coherent narrative about whether you are up to the job. There will be little opportunity for "do-overs" to correct mistakes and erroneous impressions. • Training is a Process and not an Event. Training should not only be in preparation for the start of service center operations. It should be an ongoing integral part of the Service Center's operations. Some management are disappointed and surprised that staff training is not completely absorbed when it is delivered. The complexity of this material does not lend itself to simple memorization and repetition to callers. Based on the complexity of the policies that must be explained to the public and acted upon by service center personnel, training should be an on-going process with compete references and reinforcement to staff. Training should be multi-layered, reinforced, and accessible. One of the most effective tools to achieve this is a desk-top accessible by entry of key words or set questions, supported by access to mentors, follow-up training, data tracking, and frequent audits.

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		• The Role of Agents and Brokers vs. Navigators. The role of agents, brokers, and navigators is complex, nuanced, inter-dependent, and, in some, cases, contentious. I have included a July 30, 2012 letter sent to Secretary Sebelius, CCIIO, and the national insurance commissioners by the Consumer Representatives, advisors to the National Association of Insurance Commissioners (NAIC) on this issue as part of our advisory role on health care reform implementation.

Additional Comments on Service Center Models Presented

I was really impressed by the presentation by David Jolly, Craig Tobin (Event US) and Meg I must apologize I did not get her full name as she represented the 58 counties solution.

The presentation was very comprehensive an understandable. My comment is that the board might want to consider a Tier Approach to the Call Center. You might consider inclusion of the following to satisfy a strategic tier approach.

Tier 1 Private Contractor - This will ensure that calls are responded to within 30-45 seconds of wait time. A percentage of call will be answered and satisfied at tier 1.

Tier 2- 58 County representative - This will ensure that call requiring additional Medical, Healthy Families or Access enrollment support.

Tier 3- State oversight - Calls involving complaints at tier 1 or tier 2 to state for oversight.

This might help navigate through the concerns of the unions and existing staff within the counties allowing workers to pick-up additional work helping to address budget stress and furloughs without overburdening their existing work schedules resulting in a bottle neck of calls.

You might consider leveraging your statewide resources such as federal, state, county and cities to address unemployment in California. This could increase your tax base for the state's general fund, along with showing constituents that California is co-sourcing as oppose to outsourcing. In this economy terms such as socialized healthcare, Obama-care and outsourcing should not be associated with the historical event that make accessible affordable healthcare for uninsured citizens of the United States.

To respond to inquiries regarding the Affordable Healthcare Act in California, all calls should be answered in California. The employees who answer these calls should live in California. This will benefit the state by:

- Impacting the unemployment rate of 10.7% (Bureau of Labor Statistics, June 2012)
- Increasing the California tax base

- Creating a minimum of 1,200 new jobs (California Health Benefit Exchange Board, July 19, 2012: projection for 4 Customer Service Centers)

Note, the selected vendor does not have to be a California domicile company, but the calls should be responded to in California. Because of high diversity in culture and language, California is viable for a multiple call centers solution. Moreover, geographically, California can respond during critical emergency state. This ensures that disaster recovery and business continuity are not an issue.

Home agents may be a viable solution to answer calls regarding the Affordable Healthcare Act; however they may not consistently meet HIPPA compliance requirements. Additionally, home agents present a challenge with Workers Compensation and Risk Management conformity.

Affordable healthcare is an exciting venture for our state. As a stakeholder, I now look forward to the interactive process in future development. Thank you for this opportunity to comment.