



California Health Benefit Exchange

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Board Options Brief – Consumer-Centric Service Center Summary of Stakeholder Input and Updated Staff Recommendations from the July 19, 2012 Exchange Board presentation

Introduction

The California Health Benefit Exchange, the Department of Health Care Services (the “Project Sponsors”) presented an updated Board Options Brief (BoB) – Consumer-Centric Service Center during the July 19, 2012 Exchange Board Meeting. The Exchange solicited public comment on the updated Principles and Service Center models presented. The deadline for comments was July 25, 2012. The Exchange received comments from three (5) organizations and one (1) individual. (see full comments [here](#)). The following is a summary of the comments we received from the request for comments.

The State asked stakeholder groups to comment on five principles and two options below:

Potential Service Center Principles

1. Provide first-class customer service
 - 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

Service Center Models – 2 Models

- 1. Centralized Multi-Site Service Center Model
- 2. Integrated State/Consortia Model

Potential Service Center Principle Comments

Only one organization commented on the Service Center Principles. The comments were supportive of the recognition that the service center must be culturally and linguistically appropriate. However, the commenter stated that the State should develop a plan to provide interpreter services for limited English proficient consumers. The recommendations were made to include in the plan the hiring of bilingual/bicultural staff, training to address the needs of LEP consumers, and the measurement of languages used and frequencies of contact by LEP consumers.

Specific comments and recommendation of principles listed below:

Principle 1 – Provide first-class customer service

Suggested changes were as follows:

Consider adding the following as a sub-principle: “Employ and train service representatives that provide helpful, reliable, and trustworthy information and services.”

Recommendation: The intent of this suggestion is already covered in Principle 5d., so no change recommended.

Principle 3 – Be responsive to consumers and stakeholders

Suggested an element that measures quality of the consumer experience such as a short telephonic survey or an internal review of the phone conversation.

Recommendation: The intent of this suggestion is already included in item 5d – continuous quality improvement – where the intent is to have a number of methods to measure quality.

Principle 4 – Assure cost-effectiveness

Rewording of principle 4 to better reflect the intended purpose of cost effectiveness.

Recommendation: No changes at this time.

Service Center Models – 2 Models Comments

Stakeholders commented on the 2 models presented at the July 19th Exchange Board meeting stating questions, recommendations and key issues that the Exchange should consider as a single service center model is being developed. A commenter asked if the service center would have a process by which a consumer could report an issue or complaint and how would that be resolved. Another question asked was if the service center will have a plan for proactive outreach to consumers. A commenter recommended a tiered staffing approach that included varying contract/private, county and state staff to accommodate high volumes of calls during peak enrollment periods.

Several commenters provided evaluation criteria and key issues for the Exchange to use when evaluating the different Service Center Models. Some of the criteria and key issues described include demonstrated ability to meet core metrics, redundancy to ensure delivery on high call volumes, common technology and uniform management and accountability, efficiency and expertise, and planning for partnerships.

Recommendation:

Service Center Options are under evaluation; no recommendation at this time.

The Exchange would like to thank all that submitted comments to the Service Center Board Options Brief and look forward to continued cooperation in working through the planning and implementation of the Service Center.