

Service Center Status Update

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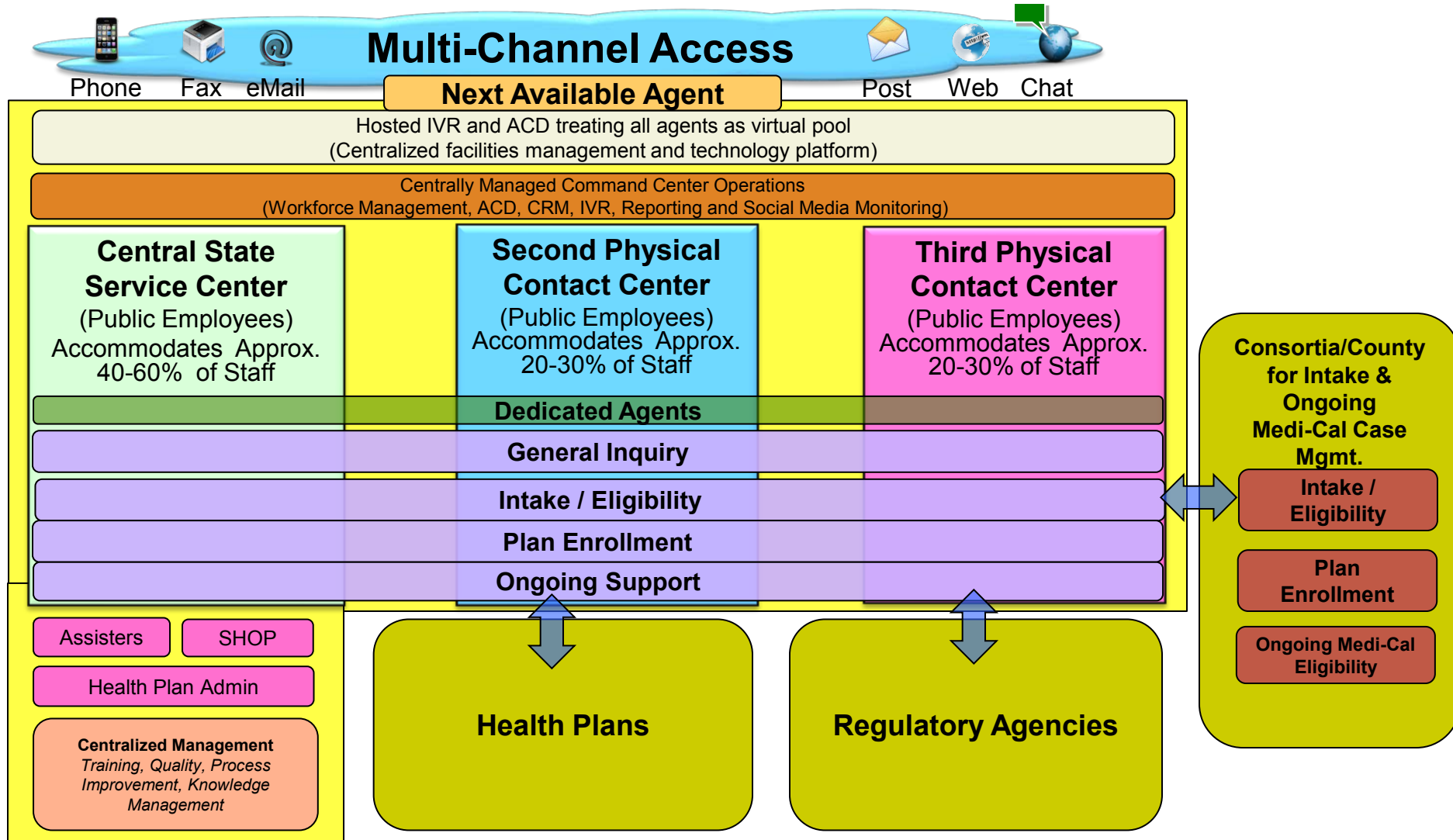
September 18, 2012

California Health Benefit Exchange Board Meeting

Provide a first-class consumer experience

- Accessible, user-friendly web-site and forms that are easy to use/navigate
- Culturally and linguistically appropriate communication channels
- Protect customer privacy and security of their data
- Demonstrate public services at their best
- One touch and done
- Provide clear, accurate, responsive information tailored to the consumers needs

Centralized Multi-Site Service Center Model Medi-Cal County Determination Hybrid



Issues to be Clarified as Presented at August 23, 2012 Board Meeting

1. Defining the screening and referral protocols for transferring potentially Medi-Cal eligible individuals to their County of residence
2. Exploration of potential County Service site that agrees to term sheet
3. Contingencies for upward or downward volume adjustments impacting staffing and other costs
4. Policy and referral protocols for management of multi-program households
5. Design & payment of counties conducting assistance for Exchange eligibility & enrollment of individuals
6. Refinement of estimated call volumes related to general inquiry, enrollment and ongoing support
7. Design and structure of pilot program for testing capacity demands
8. Explore cost allocation implications of this approach

Service Center Assessment and Referral Principles

1. Conduct assessment, eligibility review and enrollment in a seamless manner for all consumers
2. Transfer consumers who are potentially MAGI Medi-Cal and non-MAGI Medi-Cal eligible to their County/Consortium as quickly and seamlessly as possible, after the minimal amount of inquiry and/or data collection
3. Maximize the accuracy of each call and enrollment handled by the Service Center in order to have the fewest possible Exchange eligible individuals referred to Counties, and the fewest possible Medi-Cal individuals served by Service Center
4. Minimize the duplication of work and effort
5. Continuous improvement of protocols based on metrics to determine timeliness, accuracy and precision of referrals and service
6. The Exchange, the Department of Health Care Services (DHCS), and other State partners will meet the obligations for which they are responsible under the Affordable Care Act, other federal and state eligibility requirements.

Summary of Three Approaches to Effective Screening & Referral Protocols

Approach 1: Quick Sort – The Customer Service Agent will ask the consumer for the minimum information necessary to use the Smart Calculator. Service Center Agent will execute a “warm hand-off” of potential Medi-Cal cases to a county eligibility worker along with transfer of Smart Calculator data, delegation of client application data collection and processing. If not transferred, appropriate cases will be handled by the Exchange.

Approach 2: Partial Assessment – The Customer Service Agent will ask consumer for limited information to perform a more accurate referral of Medi-Cal cases to the County of residence. Data is collected and entered into CalHEERS. Service Center Agent will execute a “warm hand-off” of potential Medi-Cal cases to a county eligibility worker along with data and a delegation of client application processing. If not transferred, appropriate cases will be handled by the Exchange.

Approach 3: Full Assessment Completed – The Customer Service Agent uses the single streamlined CalHEERS application by entering data required to assess whether consumer is Exchange or MAGI Medi-Cal and/or potentially non-MAGI Medi-Cal eligible. Potential MAGI Medi-Cal cases are transferred to the County with the appropriate data to an eligibility worker’s work queue. May or may not have warm hand off.

Potential Transfer Protocols for Exchange Delegation to Counties Service Performance Metrics

The first two approaches delegate to counties some Exchange required functions; both provide for live transfer (“warm hand-off”) and immediate service to individuals. A transfer protocol would be developed for all Consortia/Counties accepting phone transfers, which will have the technology infrastructure to accept transferred calls and the ability to meet the service level objectives to ensure a seamless customer experience.

Potential Service Level Objectives

- 80% of transferred calls answered within 20 or 30 seconds
- Abandonment rate of $\leq 3\%$
- Call Prioritization
- No busy signals
- Trained workforce to process Exchange eligible individuals without referral back to Exchange

Standardized Reporting and Tracking

- Integration of reporting into centralized command center for real-time monitoring to ensure service level adherence
- Call transfer reporting metrics for Service Center and Consortia/County
- Processes for assessing timeliness and accuracy of service

Approach 1: Quick Sort

- The Customer Service Agent will use a short Smart Calculator as a sorting tool for customers who call in and request assistance with obtaining health insurance
- Provides immediate live transfer (warm hand-off)
 - Transferred calls will be given a unique identifier that remains with the case through enrollment so the outcome of calls can be tracked
 - Smart Calculator data will be transferred to the County to minimize duplication of data collection
 - If one or more individuals in the family turns out to be Exchange eligible, the County will find eligibility via delegation of authority from Exchange, as provided for in federal regulations
- The sorting tool would:
 - Not record applicant data in CalHEERS
 - Use Smart Calculator, a web-based tool accessible to Service Center Agents and coordinated into the script used by agents

Approach 1: Quick Sort Sample

The Customer Service Agent will ask the consumer for the minimum information necessary to use the Smart Calculator. Any appropriate cases will be immediately live transferred to the County along with data and delegation of client application processing in case one or more individuals turns out to be Exchange eligible. If not transferred, appropriate cases will be handled by the Exchange.

- 1 Determine the purpose of the call.
- 2 } Smart Calculator identifies if this an individual / family for the Exchange or County
- 3 }
- 4 } If Smart Calculator identifies referral to Medi-Cal Specialist, then County of Residence selected and system auto-populates an agreed upon transfer protocol (e.g. sending of data entered into Smart Calculator, address, phone number, warm-transfer details, assisters)
- 5 }
- 6 }

Smart Calculator

1. Are you calling the Exchange to understand your healthcare benefit options?	Yes
2. How many people are in your family?	5
3. Is anyone you are seeking coverage for a child under age 19 or pregnant?	Yes
4. Is anyone you are seeking coverage for elderly or disabled?	No
5. What is your annual income?	\$24,000

Submit **2** **Result:** Refer to Medi-Cal Specialist **3**

If the Smart Calculator indicates the consumer should be referred to a Medi-Cal or Medi-Cal specialist we ask:

1. What is your county of residence?	Yuba
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Submit **5** **Result:** Transfer To 877-123-4567 **6**

Approach 2: Partial Assessment

The Customer Service Agent will ask consumer for additional information to perform a more accurate referral of potential Medi-Cal cases to the County of residence. Data is collected and entered into CalHEERS. Any appropriate cases will be immediately live transferred to the County along with data and delegation of client application processing. If not transferred, appropriate cases will be handled by the Exchange.

Follows a similar approach as the Smart Calculator, but captures data in CalHEERS that can be transferred to the County and appropriate SAWS system to complete the application process.

CalHEERS Calculator

1. Are you calling the Exchange to understand your healthcare benefit options?	Yes
a. If so, for whom are you seeking coverage today?	Names of Family Members
2. First & Last Name?	First, Last
3. How many individuals are within the household?	5
a. Number of tax dependents	3
4. How many individuals needing coverage within the household are pregnant?	0
5. How many individuals needing coverage within the household are elderly?	0
6. How many individuals needing coverage within the household are disabled?	0
7. What is your Family's annual income?	\$24,000
8. What is your residence address?	123 Main Street, Yuba, CA 95901

If the CalHEERS Calculator indicates the consumer should be referred to a Medi-Cal or Medi-Cal specialist we ask:

Submit

Result: Transfer To
877-123-4567

Approach 3: Full Assessment Completed

The Customer Service Agent uses the single streamlined CalHEERS application by entering data required to assess if consumer is Exchange or MAGI Medi-Cal and Medi-Cal eligible. Individuals who are assessed very likely Medi-Cal are referred to the County with the appropriate data.

- Record consumer eligibility screening data in CalHEERS
- Of all data elements necessary for an application approximately 50% of the total application questions are needed to do full assessment of Medicaid eligibility (as part of screening out Exchange eligible)
- Run business rules engine to assess eligibility
 - Continue with full application and plan enrollment if Exchange eligible
 - If not, transfer to County/Consortia
 - Collected data transferred to appropriate SAWS system
 - CalHEERS to display appropriate transfer protocol to customer service agent for seamless experience

Evaluation of Approaches

Principles	Quick Sort	Partial Assessment	Full Assessment & Data Transfer Completed
1. Conduct assessment, eligibility review and enrollment in a seamless manner for all consumers	Partially Meets	Partially Meets	Partially Meets
2. Transfer consumers who are potentially MAGI Medi-Cal and non-MAGI Medi-Cal eligible to their County/Consortium as quickly and seamlessly as possible, after the minimal amount of inquiry and/or data collection	Meets	Meets	Partially Meets
3. Maximize the accuracy of each call and enrollment handled by the Service Center in order to have the fewest possible Exchange eligible individuals referred to Counties, and the fewest possible Medi-Cal individuals served by Service Center	Partially Meets	Partially Meets	Meets
4. Minimize the duplication of work and effort.	Partially Meets	Meets	Meets
5. Continuous improvement of protocols will be based on metrics to determine accuracy and precision of referrals.	Meets	Meets	Meets
6. The Exchange, the Department of Health Care Services (DHCS), and other State partners will meet the obligations for which they are responsible under the Affordable Care Act, other federal and state eligibility requirements.	Under Review (see page 12)		

Relevant Authorities

The Exchange, DHCS and other State partners are currently reviewing the following statutes and regulations to consider the legalities of the options presented

AB 1296

Welfare & Institutions Code §§ 14005.26(i), 14016

Government Code § 100502(f)

45 C.F.R. §§ 155.110(a), 155.200, 155.210, 155.302, 155.315(i)

Next Steps

Comments are welcome on the three approaches described within this presentation:

- Please send comments by COB, Tuesday, September 25
- See the Stakeholder section of the Exchange Website for response form

Work continues on all the issues below with expected updates at future board meetings

1. Defining the screening and referral protocols for transferring potentially Medi-Cal eligible individuals to their County of residence
2. Exploration of potential County Service site that agrees to term sheet
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