



Covered California and DHCS

Proposed Agreement with County Consortia to Perform Eligibility Assessments

David Maxwell-Jolly, Chief Deputy Executive Director | August 22, 2013 Board Meeting

SERVICE CENTER ASSESSMENT AND TRANSFER 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 MAGI 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 and state law.

ESTIMATED MONTHLY APPLICATION VOLUME OCTOBER TO DECEMBER, 2013

Total Application Volume	110,000
• Supported enrollment	55,000
○ Enrollment Counselors/Agents	
○ County Offices	
• On-line and Mail	22,000
• Telephone contact to call center	33,000
○ Quick Sort transfer to counties	9,800

QUICK SORT PROTOCOL

The Covered California Service Center Representative (SCR) determines that a Caller should be transferred to a County based on results of Quick Sort protocol.

PROTOCOL STEPS	ACTIONS TO BE TAKEN
Transfer to County of Residence	When Quick Sort indicates likely Medi-Cal eligibility, the SCR transfers the customer to a County representative in the customer's county of residence
Customer is Transferred to Consortia	<p>Principles:</p> <ol style="list-style-type: none"><li data-bbox="639 811 1773 933">1. If county of residence Call Center is not available, the Consortium network will immediately reroute the call to another county in that Consortium.<li data-bbox="639 943 1773 1066">2. Counties will use the single streamlined application questions to assess eligibility for health coverage first before processing other eligibility for the customer<li data-bbox="639 1076 1773 1158">3. Counties agree to provide transparent reporting of metrics and to engage in mutual problem resolution

QUICK SORT PROTOCOL

Metrics on call response times will be collected continuously and analyzed weekly and monthly. These data will provide information for setting service levels after a Baseline period.

PROTOCOL STEPS	ACTIONS TO BE TAKEN
Performance Review and Service Levels	<ol style="list-style-type: none">1. During the first 4 months (October 2013 – January 2014), counties will continuously monitor call volumes and adjust resources to ensure exceptional client service, and monthly reports of service levels for Covered California and Consortia/Counties will be reviewed publicly by the Covered California board.2. During this initial period, Covered California will conduct a continuous review, in collaboration with the Administration and Counties, to determine efficacy of processes and baseline for service levels.3. During this time, Service Levels will be established. Service Levels include such metrics as call response times (e.g. 80/30*), abandonment rates, and busy signals.4. Beginning February 2014, Service Level Agreements will apply. If Service Levels are not met, the Corrective Action Process will be initiated.

*SLA of 80% answered within 30 seconds (80/30) may be adjusted over time to match any changes in Covered California Service Center standards

MEMORANDUM OF UNDERSTANDING

The following are the key elements of the draft MOU:

- Terms and Conditions
 - All persons will receive essentially the same consumer experience regardless of whether calls are handled by Covered California or the Counties
 - Funding clause reflects W&I Code 14015.7 (g): The state shall be responsible for providing the administrative funding to the counties for the work associated with this section. Funding shall be subject to the annual state budget process.

- Exhibit A
 - Operational Readiness
 - Performance Review and Service Levels
 - Quality Improvement and Corrective Action

OPERATIONAL READINESS

Delegation of Covered California responsibilities to Counties/Consortia has passed critical stages of readiness preparation, including the allocation of significant staffing investments from the Administration and attainment of technology readiness at the county level.

MILESTONES ARE BEING TRACKED FOR THE FOLLOWING AREAS	COMPLETION DATES
Functioning and tested phone system and IT Infrastructure System Connectivity established to sites Consortia IVR tested and working Tracer reporting verified	August 20, 2013 August 28, 2013 August 28, 2013
Staffing capacity to meet anticipated demand Consortia staffed based on anticipated projections needed to meet anticipated volumes for Quicksort handoffs Schedules/Resources committed to Quick Sort Transfers	August 30, 2013 September 6, 2013
Completed staff training Allocated staff training completed	September 27, 2013
Pilot testing prior to launch	September 15, 2013

COUNTY STAFFING PLAN FOR HANDLING TRANSFERS

Call center staffing allocations were based on a volume of 24,400 calls transferred per month, with the expected call volumes distributed across consortia based on existing Medi-Cal caseloads. The additional capacity along with the ability to transfer to back-up centers will provided a contingency to manage the uncertainty about call volume.

CONSORTIUM	PARTICIPATING CENTERS	COUNTIES SERVED	PLANNED FTEs
Los Angeles	1	1	138
CalWIN	18	18	235
C-IV	13	39	221
Total	32	58	594

QUALITY IMPROVEMENT AND CORRECTIVE ACTIONS

The parties to the agreement agree to work together to promote the best possible service for consumers, which means that they will engage in mutual problem identification and problem solving before instituting formal Corrective Action Plan processes. If defined service levels are not met for the specified measurement period, corrective action plans would be required.

QUALITY IMPROVEMENT AND CORRECTIVE ACTION PROCESS

If failure to perform against Service Levels, Covered California works with Consortia/Counties to engage in problem-solving. If a Corrective Action Plan is needed, Covered California notifies Consortia.

Consortia submits CAP within 10 business days, including:

- Root Cause Analysis of Issue by responsible party
- Document and Actionable Plans
- Executable Timeline to Resolution

Failures must be cured within 30 days. Failures to meet the CAP may lead to termination by any party. Failures caused in whole or in part by any Party must be resolved timely. At all times during the CAP, Parties shall take all necessary and reasonable steps to mitigate any negative impacts on customer experience.

Some of the Corrective Actions contemplated include:

- Staffing adjustments
- Rerouting calls to another Consortium
- Rerouting calls to the Contra Costa County Service Center
- Increase in call response times

ATTACHMENTS

- Quick Sort Protocol
- Counties served by each call center

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 delegation of client application processing. If not transferred, appropriate cases will be handled by the Exchange.

- 1 } If consumer is not specifically calling for health care benefits, the Service Center will handle the call as a General Inquiry
- 2 } Smart Calculator determines if this an Exchange consumer or County of residence consumer
- 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. address, phone number, warm-transfer, assisters)
- 5 }
- 6 }

Smart Calculator

- Are you calling the Exchange to understand your healthcare benefit options?
- How many people are in your family?
- How many children are under the age of 19?
- Are any of your family members pregnant?
- Are any of your family members elderly?
- Are any of your family members disabled?
- What is your annual income?

Result: Refer to Medi-Cal Specialist

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

- What is your county of residence?

Result: Transfer To 877-123-4567

COUNTIES SERVED BY EACH CALL CENTER

Consortium	Call Center	Counties Served
Los Angeles	Los Angeles	Los Angeles
CalWIN	Alameda	Alameda
	Contra Costa	Contra Costa
	Fresno	Fresno
	Orange	Orange
	Placer	Placer
	Sacramento	Sacramento
	San Diego	San Diego
	San Francisco	San Francisco
	San Luis Obispo	San Luis Obispo
	San Mateo	San Mateo
	Santa Barbara	Santa Barbara
	Santa Clara	Santa Clara
	Santa Cruz	Santa Cruz
	Solano	Solano
	Sonoma	Sonoma
	Tulare	Tulare
Ventura	Ventura	
Yolo	Yolo	

Consortium	Call Center	Counties Served	Call Center	Counties Served
C-IV	Butte	Butte	Riverside	Riverside
	Humboldt	Humboldt		Imperial
		Colusa	San Bernardino	San Bernardino
		El Dorado	San Joaquin	San Joaquin
		Glenn	Shasta	Shasta
		Lake		Del Norte
		Mendocino		Lassen
		Nevada		Modoc
		Kern		Plumas
		Kings		Sierra
		Kern		Kern
	Alpine			Tehama
	Amador			Trinity
	Calaveras			Stanislaus
	Inyo		Marin	
	Madera		Napa	
	Mariposa		Sutter	Sutter
	Mono		Yuba	Yuba
	Tuolumne			
	Kings		Kings	
San Benito	San Benito			