



California Health Benefit Exchange

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Stakeholder Input: Consumer-Centric Exchange Customer Service Center July 11, 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 potential Service Center principles and Service Center models which were presented to the public at the June 19th Exchange Board meeting. The proposal is detailed in a BOB available on the Exchange [website](#) entitled *Board Options Brief – Consumer-Centric Customer Service Center*. Feedback was solicited on five (5) Potential Principles proposed and four (4) Service Center Models as well as other general comments. Twenty-two organizations submitted comments using a stakeholder input form provided on the Exchange website and seven organizations submitted comments in separate letters. Comments received on the input forms have been compiled in the tables below. Letters will be posted separately on the Exchange stakeholder [webpage](#). Stakeholder comments will be used for consideration of revisions to Board Options Brief. The Project Sponsors thank all stakeholders for their valuable comments that will assist in the planning and implementation of this program.

Table of Contents

General Comments on Principles.....	3
Comments on Principle 1	10
Comments on Principle 2	13
Comments on Principle 3	15
Comments on Principle 4	16
Comments on Principle 5	20
Comments on Evaluation Domains.....	22
Comments on Performance Metrics.....	23
General Comments on Service Center Model Options.....	24
Comments on Service Center Model Option 1	27
Comments on Service Center Model Option 2.....	30
Comments on Service Center Model Option 3.....	33
Comments on Service Center Model Option 4.....	37

Comment Letters Submitted

California Association of Health Underwriters
The National Association of Insurance and Financial Advisors - California
Insurance Brokers and Agents for the West
SEIU Local 1000
California Coalition for Whole Health
Community Health Councils
MICHELMAN & ROBINSON, LLP

Comment Forms Submitted

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

General Comments on Principles

General Comments on Principles	
Organization	Comments
2-1-1 California	2-1-1 California is the statewide network of local 2-1-1 information and referral providers, and is a collaboration of United Ways of California and the California Alliance of Information & Referral Services (CAIRS). As the local repository of community resources, and public programs and benefits, 2-1-1 helps people to quickly and effectively connect to existing health and human service programs. 2-1-1 is primarily accessed via phone through highly trained, certified information & referral specialists, supported by comprehensive resource databases and web-based information tools. 2-1-1s screen and identify individuals eligible for community services and public programs; They inform the public about community resources and public services on the phone or via the web; Connect individuals to resources and provide follow-up assistance to assess quality in the referral and connection.
2-1-1 San Diego	Potential principles are exceptional.
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	While we support the five general principles, we recommend that certain “values” be identified or specific bullet points are included in the main heading to reflect its “ranking.” “weight” and importance, specifically the need to provide “culturally and linguistically appropriate communication channels.” This is especially important given the large communities of color (74% of those eligible) and limited-English proficient (36% of those eligible for Medi-Cal and 40% of those eligible in the Exchange) populations that need to be targeted and enrolled. According to a UCLA/CPEHN study, up to 110,000 LEP eligible enrollees in the Exchange could be lost due to language barriers). Moreover, the level of health literacy should be included among the factors when considering responsiveness to consumers and stakeholders
CAHP	CAHP and our member plans appreciate the opportunity to provide input on the service center options that will be considered by the Exchange. We believe it is important to have a system that is efficient, effective, and accountable. This is not only important for operational issues, it is also important for ensuring that the service center customer experience reinforces all efforts to prevent adverse selection. The more difficult it is to access coverage makes it more likely that healthy applicants will forgo the process. CAHP believes that the way to achieve an efficient, effective, and accountable service center is to develop a set of standards and performance measures that will meet the needs of the Exchange, and then evaluate the proposals to determine which option has the demonstrated capacity to meet these standards and performance measures and be accountable to the Exchange. A good customer experience is essential. As it relates to accountability the Board Brief outlines different sets of standards for the Service Center and the Consortia Based Service Delivery models. We believe that the Exchange should carefully examine which set of performance measures will meet the goals of the Exchange and would recommend that the standards in Appendix 1 are more detailed and should be applied to

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

General Comments on Principles	
Organization	Comments
	<p>any proposal for a service center. CAHP also suggests that any proposal for a service center should include strict performance metrics and standards that reflect what is currently being done in the private sector and has been shown to be successful. An example of such standards for items such as call wait times can be found in the documents that were provided to the Board by Kaiser and Maximus. It is not uncommon for such service agreements to contain a liquidated damages clause for failure to substantially conform to standards, and the Exchange may wish to consider including a liquidated damages clause in its service center contract. In evaluating these proposals the Exchange should develop a set of goals that:</p> <ol style="list-style-type: none"> 1. Establish performance standards to measure successful enrollment into QHPs 2. Have a management structure that is accountable to the Exchange for meeting or failing to meet the high performance measures and standards set by the Exchange, including the ability effectively manage their workforce and adjust staffing as necessary. 3. Requires the service center to demonstrate capability to carry out the requirements of the Exchange 4. Provide estimates of the cost of operating the service center <p>CAHP encourages the Board to consider taking these goals, and others, and developing a regular procurement process where all interested entities can bid and the Exchange can evaluate and compare the proposals based on meeting your goals.</p>
Community Health Councils, Inc.	<p>We also recommend the addition of the following principles to guide the development of a consumer-centric customer service center:</p> <p>The CSC should minimize fragmentation or any perceived differentiation in the quality of service center functions as much as possible. We are concerned that some of the options (two through four) outlined in the brief may lead to fragmentation of service center functions which could result in delays in assistance for consumers. We support language developed by staff under principle number two which advocates for a “comprehensive, integrated, and streamlined CSC system.” Expanding upon this concept, we recommend that principle number two explicitly state that only one CSC number be created to help individuals calling for assistance to make it easy for consumers to access help. Should the board elect to decentralize or create a network system – there must be no perceived distinction between the various branches or programs. Every effort must be made and safeguard put in place to protect against a two tier system.</p> <p>The CSC should assure program integrity and cost-effectiveness through strong performance standards and accountability mechanisms. We recommend that principle number four be amended to emphasize the importance of performance standards and accountability measures. We recognize how critical it will be to achieve a cost-effective CSC given the Exchange’s potentially limited funding. However, we believe it is equally necessary to stress the value of ongoing assessment and evaluation to promote transparency, advance policy changes, and</p>

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

General Comments on Principles	
Organization	Comments
	<p>protect the Exchange against fraud and abuse. Thus, we recommend that principle number four either be reworded or that a separate principle be included focused on program integrity, performance, and accountability.</p> <p>The CSC should be staffed by a well- trained, knowledgeable and stable workforce. We recommend that the Exchange expand principle five to state the CSC will strive to establish a stable workforce supported by comprehensive training and on-going in-service training in not only the eligibility policies, benefits, scope of the various healthcare coverage options and customer service – but also the broader social service options available to individuals and families. The use of temporary or payment of low wages will undermine the quality of the system and ultimately program enrollment. It is also critical that the Exchange develop and provide comprehensive ongoing training and clear communication protocols to ensure staff stay up to date on program and policy changes. Finally, we encourage the Exchange to ensure that the CSC is staffed by California workers to support local reinvestment and the state’s economic recovery.</p> <p>The CSC should maximize the capacity of existing and new technology to eliminate redundancy while maintaining a personal/ “soft’ touch public interface. Technology is changing daily. The Exchange must take advantage of the advancements to streamline the process, documentation requirements, facilitate information dissemination, expand access and maximize consumer satisfaction. The Exchange must also maintain these tools as well as monitor any technology issues that may arise for consumers and stakeholders. We recommend that the Exchange include a principle focused specifically on ensuring that CSC technology is as “state of the art” as financially feasible, up-to-date and operating at optimal levels to assure that the system is always available for consumers. This can be achieved through the creation of an IT department that is charged with making sure CSC systems and technology are fully functioning, that changes and updates are made as needed, and that technical issues are resolved quickly to avoid disruptions in service to consumers and other stakeholders. It is equally important to that the systems provide a seamless ‘hand-off’ to the assistors program, consumer assistance programs and live operators to address individual consumer needs.</p>
Consumers Union	<p>We address some of the proposed principles below, but as a foundation for assessing the Service Center functions we urge you to sharply articulate the Exchange's overall vision for its customer service role. We are pleased that the title on this is “Customer Service Center,” since that conveys a broader philosophy and function beyond “answering calls” and implies a broader mission of delivering service to members of the public who choose to come to interact with the Exchange. We envision the “Service Center” as the Exchange’s primary interface with the public. Making the relationship with consumers strong and direct will build good will and trust in the Exchange. Because of the Exchange’s unique role as a gateway to both commercial and public program coverage, you can learn from the positive, as well as problematic, experiences with public programs, private call centers, and broader customer services.</p>

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

General Comments on Principles	
Organization	Comments
	<p>Consumer Reports recently conducted a nationally representative survey of consumer experiences (not limited to CR subscribers) regarding customer service at commercial enterprises. “What’s Wrong With Customer Service?” Consumer Reports, July 2011, pp. 16-19. Online at http://www.consumerreports.org/cro/customer-service/buying-guide.htm Some of these findings are instructive for the Exchange. Top consumer annoyances: 71% of respondents were tremendously annoyed when they couldn’t reach a real person on the phone; 65% felt annoyed about rude salespeople; and 56% hated having to take multiple phone steps to reach the right place. Women— the primary shoppers for health care for their families—were particularly annoyed about challenges reaching a human being on the phone. And 67% of all respondents said they had hung up on customer service without having had their problem addressed.</p> <p>We envision the Service Center staff as a “sales force” that will interface with the public, both for applying/enrolling and for ongoing assistance—complemented and supplemented by Navigators and other Assisters. We recognize that might be an evolving Exchange role, and we urge that it be part of the conversation about long-term organizational planning. The Exchange’s direct relationship with the public would likely help bind your customers to the Exchange, build in-house expertise, minimize conflict of interest issues that bedevil us all in thinking through structuring the Assister program, and, in the long run, save precious health system dollars. The draft proposal says the Exchange will “build[] on and coordinate[] with existing state consumer assistance programs and CBOs engaged in providing consumer assistance services.” (p. 30) Consumers Union strongly supports the goal of a well integrated statewide and local system serving consumer needs. The vision for the Service Center needs an equally clear, strong articulation of the Exchange’s expectation of its direct customer service for applying, enrolling and resolving questions and problems as they crop up.</p> <p>In addition, the draft proposal does not articulate whether the website functionally will be deemed part of the Service Center (although we see it on p. 3 under “first class consumer experience”) and where the capacity to apply in person, required by the ACA, will be provided. The functional interplay between the website and the Service Center, and a description of where/how consumers may apply in person need to be addressed in the next iteration of the proposal.</p>
Give for a Smile	Excellent quality services to customers. Prompt turn around service. Perform courtesy follow up calls to costumers.
Health Access	The principles provide the Exchange leadership, the federal government, your allies, partners, and contractors a set of written expectations that embodies your mission and values and how you are supposed to go about accomplishing the work that you do. The principles should serve as part of a recurring message in several public

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

General Comments on Principles	
Organization	Comments
	<p>venues to multiple audiences. One of the most important of these audiences is your staff to set out and reinforce what your specific definitions of excellence mean. In addition, they should have a prominence on the Exchange’s website, outreach materials, contract language, and performance standards in order to advertise and formally guarantee to the public the commitment you are making. In order to be used in these settings for these purposes, they have to be understandable and precise. Because of the importance of these principles in guiding the work of the Exchange, the principles should be restated to expand on the policy concept and to clearly state the intent of the principles, in as precise terms as are possible, the methods you will go about achieving them, and how they are defined and measured. As a result, in some cases, we recommend that you refine the language that we see as somewhat unclear, imprecise, or missing altogether.</p> <p>Missing Principle on Accurate Information to Consumers. We see the most glaring omission is that the list of Potential Service Center Principles does not include a principle that requires a high standard for the accuracy of the information given to consumers. With a new set of benefits, choices, protections, and appeal rights provided by The Affordable Care Act (ACA), the importance of being able to deliver clear and accurate information to consumers about complex new provisions is essential. The closest statement is Principle 3(b) that calls for “accurate and timely processing.” We believe that it is defined too narrowly. It could be construed that service center personnel could meet that principle by making the correct computer input to effectuate a consumer choice. However, it does not describe the importance of the customer service representative giving the right information and explanations to the caller. Some callers will ask for fairly simple or straightforward information. However, some of the questions asked will require complex information to make an important financial and health decision. Those decisions will involve confusing terms, definitions, and choices that will be very unfamiliar for people who have not recently (or ever) had insurance coverage as well as to those consumers who have relied on employment-based coverage and who have never shopped for coverage on their own. There should be a recognition that with the amount of misinformation about provisions of ACA, callers may be unsure about what questions to even ask, much less for them to be able to understand and evaluate the answers given to them to make appropriate choices. For example, people may not know to ask about how to apply for subsidies because they may not know that subsidies even exist or that they may be eligible for them. The service center staff should be primed to relay information and provide assistance, even for questions that the consumer does not know to ask. This task will be made significantly more complicated by the difference in policy premises and eligibility rules between Exchange subsidies and Medicaid. If a consumer receives wrong information about Exchange subsidies, they could easily owe money on their federal income taxes—or discover that they could have had a more generous subsidy during a time when they really needed financial help, such as after a job loss or divorce. The Exchange subsidies differ from Medicaid eligibility rules in terms of definition of</p>

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

General Comments on Principles	
Organization	Comments
	<p>household, counting of income, and income fluctuations over the course of year (important in industries such as entertainment, construction, retail and agriculture, all of which are major California industries). This is not merely a question of “plan selection”: this directly affects the level of subsidy for both premium and cost sharing. Also, Medicaid traditionally does not verify whether an individual has access to affordable, employment-based coverage: if a consumer of a large employer who has access to affordable, employment-based coverage accepts Exchange subsidies, then their employer will be exposed to a penalty. We are not certain at this writing whether the individual will face costs in terms of their income taxes but they might. All of this will complicate the task of assuring that individuals have accurate information. This principle should clearly go beyond the technical input to correctly implement a consumer’s decision. There should be a specific statement that enshrines the principle of the accuracy and completeness of the information given to consumers. We recommend something like: “Provide clear, accurate, responsive information tailored to the consumer’s needs.”</p> <p>The Exchange is “On Our Side.” However, even beyond the accuracy of the information given to the consumer, the principles should capture the high level of trust that should be earned by the service center staff. In the recent Health Access assessment of the state’s consumer assistance provided by four state health agencies, we found even in the relatively simple scenarios of our study, we felt the most confidence in the customer service representative we talked to and the greatest reliance on the information furnished when we believed the customer service representative was “on our side.” We found that was demonstrated in the knowledge exhibited by the customer service representative, the specific language they used, their approach, their courtesy and professionalism, and their attitude.</p> <p>This meant something as simple as they confirmed our understanding of the problem (“Yes, you have a right to expect that information.”) It might be when they offered an apology and were not defensive about resolution of the problem. It also could be demonstrated when they offered to intercede on behalf of the consumer, such as calling another agency or a health plan to ensure the consumer got the right information or a better explanation or were able to exercise their rights. In some cases, it might mean helping the caller to file a reconsideration of a decision. We found it went way beyond providing the technically correct information, but by actively listening to the caller, approaching problems with empathy, making appropriate referrals to more experienced staff or another source that could provide additional support and information. This level of assistance is directly at odds with completely calls quickly but it should result in higher consumer satisfaction and fewer repeat calls.</p>
Laborers' Locals 777 &	Laborers' Locals 777 & 792, representing County human services workers supports the list of potential principles outlined by the Exchange, and believes that Option 4 is the only option which will ensure that all of the potential

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

General Comments on Principles	
Organization	Comments
792	principles are met. This is particularly true due to the continued reliance inherent to Option 4 on County employees, who are best situated to be responsive to consumers, providing them with a first-class experience, while optimizing efficient eligibility and enrollment functions
San Diegans for Healthcare Coverage	Potential principles are excellent
SEIU Local 1000	<p>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. 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. We would advocate for one service/call center with separate statewide telephone numbers, depending on who the caller is as described further in our comments below</p> <p>The system should be built on the core competencies of those who are handling the consumer interaction. For example, an experienced staffer that handles eligibility and enrollment for Medi-Cal will also have the resources and capability to help callers with other programs that they might be eligible for. Thus the system needs the ability to form a triage system at the state level where calls coming in will be centralized, then distributed based upon the eligibility of the caller for specific services. Those who are Exchange eligible should be handled by those who can help them through the whole Exchange process from enrollment to plan selection and payment options. Those who are eligible for fully subsidized services i.e. Medi-Cal or other services currently provided as a social service or family support service should be handled by counties who employ workers with these core competencies.</p> <p>A separate statewide number should link into the state service center and should provide assistance for navigators and assistors. Those assigned to work with assistors and navigators should have a more expansive skill set, and should be able to provide high level service and trouble shoot for what is in essence, the field staff of the Exchange</p> <p>Regarding the SHOP, again, there should be a separate number that is differentiated from the main call in number. This should be staffed by a group that can offer business services to the employer and be able to articulate options and so forth.</p> <p>A separate number might also be advertised for the online application so when an applicant calls from this number, service center representatives can pull up the online application and help an applicant complete the form online</p>
SEIU Locals	We support the potential principles as outlined by the Health Benefit Exchange and believe they represent the

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

General Comments on Principles	
Organization	Comments
221, 521, 721, & 1021	best way to achieve the goals of the Affordable Care Act (ACA), if met. It is our position that the only way to achieve the 5 potential principles outlined by the Health Benefit Exchange Board is to adopt option 4 which builds on existing county infrastructure and resources, including public sector eligibility workers. Counties already perform the functions for Medi-Cal and other social service eligibility that HBEX is seeking in its exchange call center. By building on the existing county systems, HBEX can hit the ground running to start enrolling people on time and maximize enrollment in 2014.

Comments on Principle 1

Comments on Principle 1 – Provide a first-class consumer experience	
Organization	Comments
2-1-1 California	<p>We applaud making a first-class consumer experience as a primary principle and recognize the importance of that component in the overall success of ACA implementation. We believe that the consumer experience will be measured by (1) how fast an inquirer gets access to a live person, (2) how “barrier-free” that access is for all inquirers and especially individuals with special needs, including the hearing impaired and non-English speakers, and (3) access to live assistance available 24 hours a day; 365 days a year; We understand the metrics required to provide a first-class experience and grapple with the resource and capacity challenges of providing service at such levels. We encourage the Exchange to look at timely access metrics like “80% calls answered in 60 seconds,” a standard utilized throughout the 2-1-1 community nationwide. As a system that prides itself on being able to have inquirers access a live person quickly, we often use this metric as a standard to work towards and maintain. In terms of access, we also encourage the Exchange to think about abandonment metrics as key to success. As a network, we recognize that how “abandonment” of a call is measured varies among centers and programs for different reasons. Developing an expectation around call “abandonment” levels will be important early on, because it is not only a measure of capacity, but a measure of how effective, or not, the central Service Center Integrated Voice Response (IVR) system is.</p> <p>The inquirers experience during the call is naturally critical, and we believe that through training, supervision and quality assurance call monitoring this can be achieved. A first-class consumer experience will require attention and investment in a Quality Assurance process. As such, we encourage the Exchange to outline the following type of metrics, as requirements of any Service Center model (%s are based on 2-1-1 experience and standards; where there is no percentage indicated is to allow for Exchange service and enrollment goals):</p> <ul style="list-style-type: none"> • Completed QA follow-up calls for x% of calls handled

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Principle 1 – Provide a first-class consumer experience	
Organization	Comments
	<ul style="list-style-type: none"> o 90% satisfied with service received o 90% would refer friends or family to the service center o 80% found the process useful o x% were successfully enrolled
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	Provide a first-class, culturally and linguistically appropriate consumer experience- We support this principle and would stress the importance that first-class consumer experience entails comprehensive culturally and linguistically appropriate training for service agents. While it is important these service agents speak the native language of customers, it is even more critical that they be adequately trained in the proper health terminology that is used when describing QHPs and program benefits. This will result in the correct oral interpretation of plans. One way to achieve this is to include a section on communicating with LEP consumers, medical and health plan terminology with a glossary of commonly used terms in a written training manual, which service representatives could reference so that there is continuity across service centers.
Community Health Councils, Inc.	While the principles, as presented in the brief, do not reflect a “ranking” level of importance, we would recommend that the Exchange and staff prioritize and weight principle #1 “to provide a first-class consumer experience” in its consideration of all the customer service center options. We would also recommend that principle #1 be amended to explicitly state, “access will be ensured for all consumers irrespective of literacy level, language, culture, and/ or disability.” Ensuring the Exchange’s CSC offers inclusive and comprehensive support to all potential enrollees, particularly those who have traditionally gone without or been denied coverage, will be fundamental to helping individuals enroll into coverage easily and in a way that meets their unique needs.
County Welfare Directors Association of California California State Association of Counties	CSAC and CWDA support the delivery of a first-class customer experience for all individuals seeking health coverage as well as human services programs in an integrated fashion that leverages existing staffing and information technology infrastructure. The sub-principles set forth in the larger options memo contain some important structural principles, including maximizing the use of public workers and building on existing county and state resources wherever possible. Our comments and analysis on the four options before the board draw from these principles
Health Access	Elevate the Privacy/Security Protection to an Additional Principle Rather Than a Subpoint. We believe that Principle 1(c) (“Protect customer privacy and security of their data.”) deserves to be principle all on its own. It should be a foundational guarantee for consumers that the information they furnish and the choices they make, cannot be carelessly or inadvertently disclosed for commercial purposes, “with trading partners,” or be placed in

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Principle 1 – Provide a first-class consumer experience	
Organization	Comments
	<p>jeopardy due to loss or misuse. This should be a clearly defined promise upon which consumers can rely. Any violation of that protection would destroy trust in the Exchange that you believe is so important to build. It also appears to be not particularly aligned with the other sub-points that reflect ease in navigation, language facility, and efficient processing under Principle 1.</p> <p>Some of the Principles Should Be Reworded for Clarity and Consistency. Some of the Service Center Principles should be rephrased to better explain the policy underlying the principle and make the language of the principle clearer. On a technical level, all of the principles and/or sub-points should be reviewed and rephrased to ensure that all have parallel language construction, use active verbs, describe clear, specific performance measures, define who the actor is, and the sub-points were logically aligned with and amplified the principle itself. We particularly like the language and clarity of the wording of the statement of Principle 1(c) (“Protect customer privacy and security of their data.”) However, as noted above, we would elevate that statement to a separate and distinct principle for emphasis.</p> <p>Principle 1(e) (“One touch and done”) is too slick and is phrased from the vantage point of the service center, not the consumer. Although we understand the concept of fast and simplified processing, the consumer is not going to be the individual making one keystroke to effectuate their selection or confirm enrollment. This should be reworded to contain less jargon and instead reflect the end result for the consumer and not the internal service center processing. An example might be: “Provide fast, simplified service to reflect the consumer’s understanding and effectuate their choices.”</p>
Small Business Majority	<p>A first-class customer experience is essential in order for the Exchange to be successful. Unlike public programs and other government agencies, the Exchange is operating in a competitive marketplace and consumers, particularly small business owners, will have other options when purchasing health insurance. One negative experience with the Exchange service center could cause customers to shop elsewhere indefinitely. The principles should reflect the uniqueness of the Exchange and its need to have quality service unparalleled by other public programs.</p>
The Greenlining Institute	<p>Provide a first-class consumer experience:</p> <p>a: We are supportive of the emphasis of ensuring an accessible, user-friendly web site but also encourage the adoption of language that would ensure accessibility via all potential points of access for the consumer, including mail in applications.</p> <p>b: Culturally and linguistically appropriate communication channels should also include the use of warm</p>

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Principle 1 – Provide a first-class consumer experience	
Organization	Comments
	<p>transfers of clients due to a language access need.</p> <p>f: We would encourage the adoption of a principle to: ensure accuracy that people are enrolled into the appropriate program.</p>
Western Center on Law & Poverty	<p>We agree strongly with the principle of providing a first class customer experience. That should be the top priority of the Service Center and we agree with the subcomponents listed. We urge that you add an additional component:</p> <ul style="list-style-type: none"> Highly trained customer service staff

Comments on Principle 2

Comments on Principle 2 – Offer comprehensive, integrated and streamlined services	
Organization	Comments
2-1-1 California	<p>2-1-1 California strongly supports the principle of comprehensive streamlined services, as it supports a firstclass consumer experience. As important component of streamlined services is how the Service Center relates to the Navigator/Assisters program being developed to support the implementation of the ACA. Ensuring that the Service Center and the Navigator/Assisters program complement and support each other will be critical to the many Californians that will probably encounter both on their path to enrollment. In order to assess the models presented it will be important to know:</p> <ul style="list-style-type: none"> • In additional to the web-portal, will the Service Center be the other main entry-point into the Exchange in the marketing and outreach plan? <ul style="list-style-type: none"> o If yes, will the Service Center refer individuals to local navigators as appropriate? How will those referrals be made and to which navigating entities? • Will the Service Center be compensated for enrollment like a Navigator? <ul style="list-style-type: none"> o If yes, how will compensation be distributed in cases where the Navigator supports education and enrollment up to a certain point, but must refer an individual to the Service Center for final enrollment, which may happen because of a need for technical assistance or case management. <p>Streamlined services within the Service Center are clearly important, but we would also encourage seamless services between the Service Center and Navigator/Assister.</p>
Asian Pacific	<p>. Offer comprehensive, integrated, streamlined culturally and linguistically competent services- This principle is</p>

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Principle 2 – Offer comprehensive, integrated and streamlined services	
Organization	Comments
American Legal Center (APALC), member of the Asian American Center for Advancing Justice	very important and should also include the phrase “culturally and linguistically appropriate” services
March of Dimes	The March of Dimes supports the principle of offering comprehensive, integrated and streamlined services through a “no wrong door” policy. This “no wrong door” policy will facilitate maximal and timely coverage for pregnant women, infants, and children. Furthermore, the use of a short and simple application that determines eligibility will ease the paperwork burden and confusion for families and provide for administrative simplicity. It is also crucial that the Service Center provide families a variety of enrollment options available to them, including online, by mail, by telephone, in person at Exchange offices, and in locations already relied upon by intended audiences. In seeking to reach pregnant women and new mothers, Exchanges should partner with and utilize local WIC offices, schools, and the offices of obstetrician-gynecologists and pediatricians.
The Greenlining Institute	Offer comprehensive, integrated and streamlined services: e: While we appreciate the acknowledgment that the service center can promote coordination and integration with non-health social services programs, we would encourage the Exchange to take this a step further by adding in the adoption of seamless and horizontal integration of eligibility determination and enrollment into all public assistance programs.
Western Center on Law & Poverty	We also agree with the goal of comprehensive, integrated and streamlined services – providing consumers with as much of what they need as possible in one contact with the Center. We appreciate and support the inclusion of coordination with human service as well as health programs. However, we are very concerned that the Board Options Brief does not mention determination of non-MAGI Medi-Cal eligibility. This should be factored in as well as non-health coverage programs. In addition to the subpoints included we urge that the following be added: · “Build a Service Center IT system that centralizes functionality including scripts, referral protocols, data collection and storage, standards, and online realtime monitoring for a consistent customer experience.” It is important to have a centralized call center system easily accessible by all call center representatives to deliver as uniform customer service.

Comments on Principle 2 – Offer comprehensive, integrated and streamlined services	
Organization	Comments
	While we agree that it is beneficial to minimize transferring customers, there is also value in having staff specially trained to focus on particular areas of expertise. For example, to have some staff focused on program eligibility rules and procedures and some focused on health plan choice may provide better ultimate customer service if the transfers are done with true “warm handoffs.” This would mean, for example, one representative determines program eligibility and calls a health plan choice specialist representative, waits on the line with the customer until they are connected and makes sure the second representative has the relevant information about the consumer so they don’t have to repeat it. The Service Center system also needs to be built with this functionality in mind so that the second representative can pull up the information entered by the first representative real-time.

Comments on Principle 3

Comments on Principle 3 – Be responsive to consumer and stakeholders	
Organization	Comments
2-1-1 California	In terms of responsiveness to consumers/stakeholders, we believe that requiring a follow-up process is important and ensuring that follow-up calls are conducted with a set percentage of callers within 7-14 days will ensure greater responsiveness to consumers/stakeholders. Often times, telephone systems have the capacity to do optional, automated customer satisfaction surveys immediately following the call. This is a great system and we encourage its use, but we also think that hearing from a live-person is important in ensuring satisfaction and success, as it provides the Service Center with greater, detailed information about the consumer experience.
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	Be responsive to consumers and stakeholders- We strongly support this principle; especially for potential limited English proficient (LEP) customers, responsive service is key to engaging the LEP population into enrolling into the HBEX. We understand that any non-responsive service, particularly if it is the initial contact for LEP consumers, does discourage LEP customers from attempting to inquire about services in the future.
Consumers Union	rather than simply being “responsive to consumers and stakeholders,” this could be strengthened by conveying a more dynamic, pro-active stance. For example, the literature on customer service suggests not waiting for

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Principle 3 – Be responsive to consumer and stakeholders	
Organization	Comments
	complaints to come in, but anticipating customer needs as quickly as possible and providing proactive solutions, both for individual consumers and systemic improvements. The literature also suggests it's wise to scan the social media, blogs etc. to learn what's being said about your "business," rather than waiting for complaints to come in. A possible re-write would be, "Seek out continuous improvement opportunities to meet stakeholders' needs," which would complement the sub-principle on adaptability. We note that the outreach and marketing proposal has a "continuous improvement" principle like the one we suggest here: "Continue to learn and adjust strategies and tactics based on input from our national partners, California stakeholders, on-going research, evaluation and measurement of programs' impact on awareness and enrollment." In addition, Colorado's Exchange embodies the "continuous improvement" idea, specifically around positive trends in enrollment and customer experience.
March of Dimes	To ensure that families are well served, Service Centers should be equipped with expertise in a variety of fields (including maternal and child health) and include consumer and community-based nonprofit organizations. In particular, Service Centers staff should have the knowledge and relationships useful to work with women of child-bearing age and families with infants and children, including culturally appropriate staff.
Western Center on Law & Poverty	<p>We appreciate the principle of being responsive to consumers and stakeholders and have some suggestions for the specific subpoints as follows:</p> <ul style="list-style-type: none"> · We urge that this be revised to read "Make eligibility determinations and enrollments as quickly as possible." · We support the focus on accurate processing here. · We urge that a subpoint be added regarding providing night and weekend hours. This is critical to making sure that working families can get the help from the Service Center when they need it.

Comments on Principle 4

Comments on Principle 4 – Assure cost-effectiveness	
Organization	Comments
2-1-1 California	Cost effectiveness is important to success and as we look at some of the more complex options outlined by the Exchange, we believe interoperability will be key. The 2-1-1 system has learned nationally and locally that the ability to share capacity as needed, statewide, is key to maximizing efficiencies, especially in an uncertain roll out, where the call volume may be unpredictable; interoperability between Centers will be critical, especially in models

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Principle 4 – Assure cost-effectiveness	
Organization	Comments
	where there are multiple partners. A particular challenge of a multiple partner or decentralized system will be how coordination occurs and agreements around service level that impact costs; different partners may have different costs associated with service level components, and clear agreements and understandings will be important to ensuring seamless, quality services throughout the state.
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	. Assure cost-effectiveness- Although we support the need to assure cost-effectiveness, this should not trump the more important need to ensure that the Exchange Service Center provides accurate and quality assistance to consumers as well as being cost-effective.
Consumers Union	While we want the Exchange to achieve efficiencies and have useful, valid performance standards and metrics, we suggest “cost-effectiveness” not be the title of the principle. A risk in over-emphasizing cost-effectiveness is that it could undermine the “first class consumer experience” and long-term consumer satisfaction“ with the Exchange by elevating the importance of speed and handling a greater number of calls. “Cost-effective” often carries an aura of “cheapest possible.” Service Center staff will need to handle some complex questions and to provide oral translation for limited English proficient callers. These calls will require longer call times and create a tension between the principle that supports accessibility and the principle emphasizing cost-effectiveness. The Exchange wants to ensure that quality assurance metrics consider the quality of the information, not just the speed at which it is provided. The principle could be re-framed as a broader point of accountability, with quantified performance measures as sub-parts, e.g. “Assure accountability to the public.” While accountability is imbedded in a sub-point, we think that is really the overarching point to emphasize in this principle.
Health Access	<p>One example of a very confusing sub-point is Principle 4(d) (“Financial Incentives.”) It is not clear whether you are stating that financial incentives should be aligned with rewarding good performance or whether you mean the Exchange should be wary of any adverse financial incentives for shortcuts sometimes taken by commercial contractors or vendors. Since the meaning is unclear, we have offered no alternative language.</p> <p>We recommend the renaming of Principle 4 (“Assure Cost- Effectiveness”) because it reflects an undue emphasis on cost savings. We believe instead that the principle should incorporate the requisite balance between excellence and efficiency. Cost effectiveness is a false</p>

Comments on Principle 4 – Assure cost-effectiveness	
Organization	Comments
	<p>economy. It does not capture the true cost of repeat calls, consumer dissatisfaction, or revising/ redoing what should be completed work. It also does not contribute to the stated value of the Exchange that they want to be considered a trusted source of information. It is clearly not “cost-effective” if work must be redone because the caller did not understand their alternatives, or the consequences of their choices were not explained fully, or the consumer called back because they felt the information was incomplete. We believe a more proper description of the Principle 4 should be stated as something like: “Assure Cost-Effectiveness in the Achievement of Customer Service Excellence.”</p> <p>We recommend the addition of a sub-point 4(e) under Principle 4 (currently “Assure cost-effectiveness” with a recommendation for renaming it [see previous bullet above]) that reflects measurement of consumer focused metrics that are met at all times. Some contractors, vendors, or other entities admit to tabulating data that measures performance over a monthly or even quarterly time span. That enables poor performing contractors to average their reported data over longer periods of time to camouflage bad performance by averaging peak periods results with slower times where they have lower call volume or more staff to catch-up on backlogs. This distorts performance and enables them to appear to be meeting consumer performance standards when they are not for some times or by as high scores. The new sub-point 4(e) should be worded something like: “Provide data reflective of performance within short time increments for analysis.”</p> <p>We do not understand what is intended by the sub-point of Principle 4(b) (“Transparency of results”). In addition, we question the placement of such a transparency requirement as a sub-point that contributes to Principle 4 (“Assure Cost Effectiveness.”) [See previous renaming recommendation for Principle 4.] One interpretation of Principle 4(b) that you intended is that the service center’s performance must be easy and transparent to the consumer (for example, they should not have to undergo lengthy, repetitive questioning or awkward “work-arounds.” The consumer should expect streamlined processes, not be subjected to unnecessary recontacts, and typically receive fast, accurate, responsive results. The consumers should not be subject to processes that appear cumbersome, incur unreasonable delays, or appear clunky from their perspective, however well-intentioned. This concept may already be included in sub-point 1(e) for Principle 1 (and suggested new language.)</p> <p>In our view, however, the more important reason for insistence on transparency is in the</p>

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

Comments on Principle 4 – Assure cost-effectiveness	
Organization	Comments
	<p>realm of partnership, contracting, oversight, compliance, and disaster management. Our concern lies in the fact that regardless of which option or hybrid option you select, the Exchange staff will not be answering each call themselves. There will be another entity that performs this service wholly or partially for the Exchange (a state or distributed service center, the counties, and/or contractors) and they must be accountable to you. Consequently, there must be full transparency of your partners', allies', and contractors' processes and access to their data. Your allies, partners, and contractors must be required to furnish sufficient information to enable you to perform your normal and regular oversight responsibilities and ensure their compliance under the usual and customary operational mode.</p> <p>In addition, you should know in much more detail how they do their work in the event of a major disruption of service. You do not want to have to decipher their “black box” (encrypted information to which only they have access) in the face of an emergency because of the delay in the time it would take to restore full service. Specifically, you should not have to try to obtain this information at the last minute to ameliorate a crisis when you face workload disruptions, systems failures, weather calamities, unexpected call surges or in direct response to policy changes and other communication or coordination challenges.</p> <p>You should entertain no assertions that this information is proprietary when it concerns essential information regarding workflows, data, metrics, performance, contingency planning, and the like. The Exchange will be held responsible for every part of their work whether performed by their staff or another component, agency, governmental entity, or contractor. In light of that responsibility (and to ensure good management of the work performed in “normal times”), you must insist on “the transparency of information according to specification, format, timeliness, and frequency of information to ensure the highest level of performance of the core functions of the Exchange.” The sub-point of Principle 4(b) should reflect similar or congruent language.</p>
Small Business Majority	<p>We appreciate the proposed goal of assuring cost-effectiveness. Ultimately, the costs of running the service center will be passed on directly to the customers. With small business owners and individuals already being squeezed by skyrocketing healthcare costs, we should ensure that the service center is spending every dollar wisely. The Exchange should have the flexibility to make changes as needed to maintain high efficiency.</p>

Comments on Principle 5

Comments on Principle 5 –Optimize best-in-class staffing to support efficient eligibility and enrollment functions	
Organization	Comments
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	Optimize best-in-class staffing to support efficient eligibility and enrollment functions- We support this principle, and believe it is critical that “best-in-class” staff should include a diverse group who not only speak multiple languages but are racially and culturally diverse to reflect the eligible population of the state, They must also be trained in all of the programs to correctly articulate the different programs as well as the proper terminology, especially if they are bilingual or multi-lingual staff..
Consumers Union	we encourage stepping back to frame the important point about best-in-class staffing to reflect support for staff dedicated to the best customer service. As currently written, the title reflects an emphasis on efficiency. As noted above, we want the Exchange to be efficient and cost-effective, but also want highest quality customer service to be the top of mind goal. Thus, we suggest the following alternative: “Build best-in-class, mission-driven staffing to support eligibility and enrollment functions.” We suggest you also add bullets to convey the quality and team spirit that the Exchange hopes to build such as: “support top notch training, career growth and dedication of service center staff to our mission. “
Small Business Majority	Best-in class staffing is also vital. The Exchange should be able to incentivize employees for high performance and be given the flexibility to make staffing changes as needed. As mentioned above, all it takes is one negative experience from one customer service agent to lose a customer for life.
The Greenlining Institute	<p>Optimize best-in-class staffing to support efficient eligibility and enrollment functions:</p> <p>We support the use of current public workers and building on existing systems where possible, however, we strongly encourage the adoption of the following principles:</p> <ul style="list-style-type: none"> a: Keep our service center(s) in California; b: Hire locally as a means to create jobs meaningful jobs for local, and often disadvantaged, residents c: Hire a diverse workforce that is reflective of the diversity and language needs of the customers the service center will serve; and d: Encourage optimum employee performance by creating a welcoming and encouraging work environment that emphasizes quality and accuracy over quantity <p>We applaud the focus on evaluating the effectiveness of the service center and its representatives. In developing</p>

Comments on Principle 5 –Optimize best-in-class staffing to support efficient eligibility and enrollment functions	
Organization	Comments
	<p>potential measures of performance, we encourage the Exchange to focus on quality and accuracy measures for service center representatives, rather than focusing on speed of calls. We also encourage the addition of the following measures:</p> <ul style="list-style-type: none"> a: Wait times for those needing a transfer due to a language barrier; b: Call abandonment rate based on language access need; and c: Has the consumer already attempted to seek help from another entity, such as an assister, navigator, or agent and why the consumer is needing further assistance. <p>Hire locally and with customer demographics in mind: We encourage the Exchange to adopt a “best value” hiring and contracting approach for the service center. Best value hiring and contracting provides preferences for employees and contractors that meet, but not limited to, the following criteria:</p> <p>Hiring of employees-</p> <ul style="list-style-type: none"> a: Recognize the value of quality training for employees; b: Hire at least 80% of their employees within the service center’s metropolitan area; c: Demonstrate efforts to strive to provide employment opportunities to formerly incarcerated who are seeking self-sufficient career pathways; and d: Workforce reflects the diversity (culturally and linguistically) of the demographics the service center will serve, which can be established by providing preferences for hiring and retaining such employees from historically disadvantaged or underrepresented classes, including people of color, women, and disabled veterans. <p>Requirements of sub-contractors-</p> <ul style="list-style-type: none"> a: Have a well described plan for establishing sub-contracting relationships with businesses owned by historically disadvantaged or underrepresented people, including people of color and women-owned businesses who have been in business for a minimum of 6 months; b: Have a successful track record in hiring and retaining historically disadvantaged or underrepresented people, including people of color, disabled veterans, and women. (Newer contractors can receive preference by providing a detailed plan for how they will hire, maintain, and welcome diversity in their workforce in the immediate future.); and c: Provide health insurance to employees.
Western Center on Law & Poverty	<p>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. We support the subpoints around maximizing use of the existing county and state staffing and resources. With so much to accomplish in a short amount of time it is critical to build on existing resources and to build on what works. County eligibility workers are trained on the current complex myriad Medi-Cal rules and programs as well</p>

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Principle 5 –Optimize best-in-class staffing to support efficient eligibility and enrollment functions	
Organization	Comments
	<p>as in customer service and will have to be trained on the new MAGI and other ACA rules anyway, so we should leverage that experience, training and infrastructure.</p> <ul style="list-style-type: none"> • We urge that a new principle be added, “Provide accurate information and achieve accurate results.” Since the Service Center will be making eligibility and enrollment determinations, it is critical that these determinations be accurate and that consumers are enrolled in the most beneficial program for which they are eligible – meaning the program with the most comprehensive benefits and least cost sharing. Given the complexity of the tax credit rules, the MAGI income and household composition rules, etc. we must ensure that the Service Center staff has the expertise to provide accurate determinations. • The Service Center should have an IVR System (Integrated Voice Response) which has at least all the 13 Medi-Cal threshold language in order of most common to least common to maximize the ability to directly link a caller to a representative who speaks their own language. This is critical given the many languages spoken in California. • Another criteria which should be used in evaluating the Service Center options is the likelihood it can be fully functional by the fall of 2013. • We note that this proposal does not include a discussion of in-person assistance and that urge that this be addressed given that consumers must be able to apply in person and that many people will need in –person assistance – by Service Center staff in addition to assisters.

Comments on Evaluation Domains

Comments on Evaluation Domains	
Organization	Comments
Asian Pacific American Legal Center (APALC), member of the Asian American Center for	The categories listed to assess the options are very vague and there is not explanation regarding what would be included in the six domains. It is difficult to determine where the issue of ensuring that low literacy, low-income, immigrants, LEP consumers, and other targeted populations would fall within the categories listed. We would appreciate additional information about these evaluation domains.

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Evaluation Domains	
Organization	Comments
Advancing Justice	
Community Health Councils, Inc.	<p>In addition to the principles outlined in the brief, it is also important for the Exchange to provide a clear definition for each of the evaluation domains. The list appears to include a combination of 'functional' or structural responsibilities (e.g. Technical, Performance Management, Workforce Management), operational considerations (e.g. Implementation Complexity, Cost) which while expected, could benefit from further description. The board in its decision making must evaluate the "capacity" of each option to satisfy the critical functions. We therefore recommend the concept of "capacity" be included in the descriptive title. The use of the term, "Functional" is far less clear and necessitates further explanation and justification.</p> <p>Finally, we encourage the Board to include the concepts of "sustainability" and 'adaptability' as it evaluates each option. The Exchange at its core is a public utility. The infrastructure must be sustainable, strong and have the capacity to adapt quickly to changes in the policy and economic environment. An evaluation of the capacity of each of the options to meet this expectation is essential to the future viability of the system.</p>
Consumers Union	we do not see where customer service quality history and explainability for easy consumer understanding by the public at large and specific populations, would fit. This would be an important aspect that should be considered when evaluating options.

Comments on Performance Metrics

Comments on Performance Metrics	
Organization	Comments
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	Again, it is unclear where certain measures would be included, such as assessment of language skills in both English and the target language, familiarity with programs and health plans and changes in them, resolution of problems/complaints; categories of problems, etc. We would also appreciate additional information about these metrics so we could provide additional input.

General Comments on Service Center Model Options

General Comments on Service Center Model Options	
Organization	Comments
2-1-1 California	<p>2-1-1 California believes that regardless of the option chosen, the most important thing is to ensure that the central number is very accessible. We encourage the Exchange to think about using 2-1-1 as a toll-free, easy to remember number, which at a minimum can route calls to the appropriate State or local entities. The 2-1-1 dialing code was developed by the FCC in its 2000 release N11 Third Report and Order where it set aside the 2-1-1 dialing code for health and human services information and referral; this is a perfect example of how that dialing code can be used.</p> <p>We also encourage the Exchange to require that all models have a technical and seamless connection to statewide and local call center systems that support other human services programs, so that warm technical transfers can be made into the Health Exchange central queue.</p> <p>At this point in time, 2-1-1 California is unable to comment on the strengths and weaknesses of any of the options because we'd like to have more information about how the Service Center services would work in conjunction with the Navigator/Assisters program. We would like to highlight the importance of further developing the service delivery model of the Service Center as it relates to the Navigator program and the Consumer assistance component. Additionally, we think that regardless of who delivers the service, the more important first step is to develop service delivery requirements based off of which we can determine the best model to support those requirements. Key to the service delivery would be the refinement of how the initial "triage" would occur, whether through IVR or live-assistance. If the Service Center is a primary connection into the Exchange, then it will be important to develop a hassle-free, consumer-friendly "triage" that properly guides the inquirer into either</p> <ol style="list-style-type: none"> (1) public health programs, (2) qualified health plan selection, (3) SHOP, or (4) technical assistance. We would encourage the <p>Exchange to explore service delivery along these distinctions. This gives you flexibility in determining the provider or model that best meets the requirements of those individual services. How individuals are "triaged" will be an important and critical success milestone when it comes to customer satisfaction.</p>
Asian Pacific American Legal Center (APALC), member of the	<p>We thank the HBEX board for their work and research on the four Exchange Service Center (Service Center) options and appreciate the opportunity to provide comments to the proposed options.</p> <p>As background, APALC has experience with serving its clients with a multi-lingual legal intake hotline that operates from 9:00 a.m.-3:00 p.m. Monday through Friday through its Asian Language Legal Intake Project</p>

General Comments on Service Center Model Options	
Organization	Comments
Asian American Center for Advancing Justice	<p>(ALLIP). It provides toll-free hotlines in Cambodian (Khmer), Chinese (Mandarin and Cantonese), Korean, Thai and Vietnamese and our intake team also provides help in English, Japanese, Tagalog and other languages. Callers receive resources, counseling or referral to an APALC attorney or another legal aid organization, on issues such as housing, domestic violence, family law, immigration, citizenship, consumer fraud or discrimination. ALLIP was launched in 2002 to provide direct contact between limited English speaking immigrants and legal advocates and receives more than 4,000 calls each year. As the only Asian language legal intake program in Southern California with trained bilingual staff, it is a critical resource for indigent monolingual or limited English speaking immigrants in need of legal assistance. APALC's hotlines prioritize assistance to low-income persons in the following areas of law: family, immigration, consumer, public benefits, employment, housing, and civil rights.</p> <p>Based on our experience and review of the four service center models, we recommend Option 3- A State Central Distributed Branches Option if the "selected networks of established call centers" would include independent consumer assistance centers, such as the Health Consumer Alliance. We agree that the established call centers could include specific counties, such as the Consortia proposed by CWDA and its member county departments. This allows for the most flexibility and inclusion of experienced consumer call centers while maintaining quality control and oversight by the Exchange. It would be the most effective model to meet the needs of a diverse, multi-lingual population.</p> <p>We have pointed out in previous comments the need to distinguish between oral or interpreter services and translation or written language services. The Service Center will primarily be providing interpreter services through its staff and contracted interpreter services, which may be a telephone language line. [Note: The Language Line that was referred to in the 6/19/12 meeting is no longer associated with AT&T and is only one among many telephone interpreter companies.] Moreover, the threshold languages that are oftentimes referred to (since there are legislative mandates associated with them), only apply to translation requirements and that all LEP individuals must be provided interpreter services. See Exhibit A, Attachment 9, Linguistic Services, Section 13(B)(1) & 13(C), Model Medi-Cal Managed Care Contract at 8-9 (2003); see also National Council on Interpreting in Health Care, American Translators Association, and National Health Law Program, What's In a Word (2010)(discussion of the difference between interpreting and translation).</p> <p>Therefore, the Service Center must provide interpreter services in any language for which the LEP consumer speaks. Since the Service Center can contract with community-based agencies or other telephone interpreter agencies, there should only be rare times when a consumer could not be provided an interpreter. However, the Service Center representative must be trained to work with the interpreter so this topic must be included in any</p>

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

General Comments on Service Center Model Options	
Organization	Comments
	training provided to the Service Center staff.
Community Health Councils, Inc.	<p>While the brief provided a good introductory overview of CSC options being considered by the Board and staff, we find it difficult to effectively provide input regarding the pros and cons of the four options outlined in the brief absent further information regarding governance under each model. The Exchange should articulate how governance of the CSC will be structured and how it will differ based on each of the CSC options. More specifically,</p> <p>we recommend that the Exchange clarify the following aspects of governance as it relates to each option: a) who ultimately has decision making authority over the program; b) what are the channels for addressing grievances, performance measures, or other issues with the CSC; c) what is the Exchange’s role (i.e. staffing, oversight, accountability, etc.) as it relates to each option; and d) what and how do the processes for accountability and oversight vary based on each option.</p>
Consumers Union	<p>Full information is lacking for us to fully assess the strengths and weaknesses of each option at this stage. Rather we suggest the following criteria for selecting among the proposed models or creating a hybrid:</p> <ul style="list-style-type: none"> • Does the model maximize the likelihood of “quality control” to ensure the first class customer experience— assuring accurate, consistent, and timely information? A more centralized model may make it more feasible to ensure appropriate and effective quality control, with a central call center supported by regional and local assistance achieved through the Assister Program. There may be ways to achieve this quality control in a distributed Service Center model and we encourage you to research whether there is a body of evidence about this, e.g. Kaiser’s experience when it had a more distributed model. • Does the model make uniform training of staff, managing and ongoing oversight easily achievable both at the system and staff level? We urge imbuing the Service Center staff with mission-driven goals, and a strong sense of public purpose, even as it offers commercial products. A strong, clear spirit and direction from the top needs to be uniformly conveyed, and the various options need to be assessed according to how likely that is to be achieved. A centralized model may be more conducive to accountability and oversight, but the Exchange should explore whether there are ways to achieve that in a distributed model. • How easily achievable and sustainable would it be to carry out standardized, comprehensive data tracking and reporting under each model? This will be important for assessing Service Center performance, consumer experience (e.g. through surveys), transparency, and public confidence. No matter which model you choose, this could be challenging to achieve because of varying identifiers among programs, diverse computer systems, etc. • Does the model ensure a smooth hand-off to Medicaid (for non-MAGI populations) and other related health (and other) programs? Does the model provide for smooth transitions to higher level consumer assistance when necessary (e.g., grievances, appeals, and complaints)? • Does the model allow for extended hours beyond usual business hours?

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

General Comments on Service Center Model Options	
Organization	Comments
	<ul style="list-style-type: none"> • Does the model ensure meaningful access, including multi-lingual access, capacity for oral translation, and disability access (with adaptive devices, when necessary)? If so, how extensively, effectively, and timely will the model be able to achieve these outcomes? • Does the model provide an easily explainable system to the public, ensuring ease of public understanding and useability? • Does the model minimize the risk of technological glitches regarding integration with other agencies? Even with a centralized model, this could be challenging with different vendors and computer systems. • Does the model lend itself to taking into consideration consumer perspectives and experiences as it develops its system and strategies? Does the model allow the Exchange to undertake user acceptance testing, focus groups, etc. to ensure that the system is smooth and easily accessible to consumers prior to opening up the doors to the public? • Does the model have the capacity to make transparent to the public performance and data reports that are regular and ongoing? Lack of public access to this sort of data has been a problem in other states with some private vendors; if this could not be resolved it would argue against a private vendor model.
Give for a Smile	<p>Direct contact with the community with extensive outreach efforts utilizing all avenues such schools, knock door to door, health fairs, churches, community clinics, Family resource centers, sports clubs, colleges, day cares, etc. Lack of funding resources is our greatest weakness, which prevent us from reaching more customers. Thus we are currently focusing our efforts in servicing the low income segments of our communities.</p>
Health Access	<p>In preparing our comments, we have drawn on Health Access' recent "mystery shopper" study of the four California health agencies' customer service. In addition, we have incorporated our staff's experience in overseeing a regional customer service center operation in Sacramento for the Social Security Administration (SSA) staffed by federal employees, and managing the national 1-800 Medicare toll free telephone service staffed by contracted commercial entities for The Centers for Medicare and Medicaid Services (CMS). Some of what we recommend may seem obvious:</p> <p>accomplishing what we recommend is very difficult and requires very effective management and oversight over a period of years. Being ready in less than a year to begin to accept inquiries would be a challenge for any organization. (see CHBE_ServiceCenterOptionResponseForm_Health Access California 062712.PDF)</p>

Comments on Service Center Model Option 1

Comments on Service Center Model Option 1 – Statewide Service Center – State-Staffed	
Organization	Comments

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Service Center Model Option 1 – Statewide Service Center – State-Staffed	
Organization	Comments
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	<p>Comments on Option 1: State Staffed Center</p> <p>1. While this option would be ideal because the Exchange would have complete control over the development of the Service Center, the major drawbacks are budgetary and time constraints in building a Service Center from scratch within the timeline approved.</p>
County Welfare Directors Association of California California State Association of Counties	<p>• Option One: State Staffed Option: While this option would use public workers, it would not meet other criteria set forth in the options memo. Horizontal eligibility is not included in this model, meaning that individuals interested in CalFresh and CalWORKs will need to apply separately for those services. It would be very difficult to issue an RFP, select a vendor, stand up a call center and then hire and train all the necessary state staff within the available timeframe. Legislation would be required to move Medi-Cal eligibility operations from the counties to the state, and doing so would trigger a potentially significant cost shift to the General Fund.</p>
Laborers' Locals 777 & 792	<p>Option one fails to provide an avenue for Horizontal eligibility, as consumers interested and eligible for CalFresh and CalWORKS would need to apply separately for those services. Further, Option one could result in increased costs due to the hiring and training of new state staff, as well as moving Medi-Cal eligibility operations from the counties to the State.</p>
SEIU Local 1000	<p>1. We think this option offers the most centralized approach, would be extremely efficient and would be our preference. Besides providing eligibility review, the centralized staff would need to provide perhaps too broad a range of services. Further, it does not recognize the core competencies of those who service the Medi-Cal population. Given the historic role of counties with Medi-Cal eligibility, a bridge would need to be built to the counties from a statewide center. Since on-going casework will be done at the county level, once initial eligibility for no-cost Medi-Cal is determined, there should be a hand off so that casework can be done by the counties.</p>
SEIU Locals 221, 521, 721, & 1021	<p>State-Staffed Option Comments:</p> <p>Ø It is the goal of SEIU “21 Locals” that the new call center will be run and staffed by public employees. While this option would meet our expectations by keeping all work administered by public employees, it is not feasible and does not assure cost effectiveness given the limited amount of time, resources and infrastructure allowed to startup the service center.</p> <p>Ø If Medi-Cal eligibility were pulled out of the current county-based eligibility structure, it would shift as much as</p>

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Service Center Model Option 1 – Statewide Service Center – State-Staffed	
Organization	Comments
	<p>\$300 million in costs to the remaining programs (such as CalFresh, CalWORKs, child welfare, IHSS and other programs operated by counties), costing the state additional General Fund monies to maintain those other programs, calling into question the overall cost effectiveness of this option.</p> <p>∅ This option violates various State codes which require counties to administer eligibility.</p> <p>∅ This option does not 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, as well as a first class consumer experience by minimizing “hand offs.”</p> <p>∅ In addition, taking Medi-Cal out of counties may erode local and state political support for remaining social safety-net programs and jeopardize the ability of clients to receive comprehensive, integrated and streamlined services.</p>
Small Business Majority	<p>Option 1 – Statewide Service Center – State Staffed: We would like to see more information about this option. In particular, we would like to know the cost of this option including estimated employee costs (salaries, benefits, pension), securing and maintaining office space, etc. Given the short timeframe and other pending deadlines of the Exchange, it is difficult for us to see how a first-class service center could be built from scratch is just over one year. We would like to see more details to better understand how quickly a complete service center could be built from the ground up and if this can be complete by Fall 2013, and what one-time costs might be involved to get the service center up and running.</p>
The Greenlining Institute	<p>Would encourage the adoption of option 1, a State-Staffed option because it will ensure the greatest amount of oversight and ability to lead and guide the operations of the service center... However, understanding the timeline and restraints in which the Exchange needs to develop not just the service center but other integral systems for the customer service experience, including CalHEERS, would recommend, Option 4, a Distributed Consortia-Based Option. It has the potential to:</p> <ul style="list-style-type: none"> a: Build on existing effective and efficient systems; b: Utilize a trained workforce that already has training mechanisms in place; c: utilize existing technology; d: provide local jobs through county based integration
Western Center on Law & Poverty	<p>1. Statewide Service Center – State Staffed</p> <ul style="list-style-type: none"> • We agree eligibility determinations of public programs should be done by public employees, but are concerned about having all of the Service Center functions being provided by an entirely new state entity in terms of the set-

Comments on Service Center Model Option 1 – Statewide Service Center – State-Staffed	
Organization	Comments
	<p>up and training required and the time this will take. This option does not leverage the existing resources of county service centers and workers.</p> <ul style="list-style-type: none"> • We are unclear from this option how and where Medi-Cal eligibility determinations and case management would be handled – both for MAGI and non-MAGI Medi-Cal populations. The brief simply says that calls from those already in health coverage “will receive services or be transferred to the other program depending on the service protocols developed.” It is hard to analyze this option without additional details. We support having counties do case management of Medi-Cal cases because of their existing experience with Medi-Cal, their expertise in particular with the non-MAGI Medi-Cal program rules and populations and the ability to manage an individual or families’ CalWORKS and CalFresh benefits along with their health coverage benefits. We also think counties are best served to process MAGI eligibility determinations. Many of the rules are similar to those under Medi-Cal today, e.g. citizenship and immigration status verification, and basic data collection.

Comments on Service Center Model Option 2

Comments on Service Center Model Option 2 – Statewide Service Center – Contracted Services	
Organization	Comments
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	<p>Comments on Option 2- Contracted Services</p> <ol style="list-style-type: none"> 1. We strongly discourage this option, and would not recommend contracting out Service Center responsibilities to an outside provider. This option would greatly reduce the Exchange's ability to provide quality control of its offered services. We have heard of complaints over the years from private, third-party contractors, such as Maximus, who handles the Healthy Families Program. At times, consumer complaints are not handled in a timely manner and consumers have not always been provided adequate support or assistance. 2. Instead we would recommend the utilization and partnering with trusted CBOs and local consumer centers because of the inherent trust already established between these groups and potential customers.
Community Health Councils, Inc.	<p>we are concerned with the potential implications to continuity under a contract model and fragmentation of the system through a decentralized or network model. While the contract model may prove more cost effective in the initial phase – there is substantial evidence and a history of disruption in services under the contract model (e.g. the transition from Electronic Data Systems to Maximus under the Healthy Families program). The Exchange essentially gives away its long term capacity and to some degree control – when it</p>

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

Comments on Service Center Model Option 2 – Statewide Service Center – Contracted Services	
Organization	Comments
	outsources such a critical function despite the best intended performance requirements. We are also somewhat concerned for any model that would potentially fragment the various functions and roles required to support consumers. This becomes more problematic after the first encounter or inquiry when the consumer needs additional assistance. The Exchange should provide further clarification on how the customer service center will operate in relation to and in coordination with other consumer assistance tools being developed by the Exchange. For example, how will the CSC interface with the assistors program? Will CSC staff refer individuals to local assistors for enrollment support or will CSC staff enroll individuals into qualified health plans and public programs? How will the CSC interface with CalHEERs? To offer thorough recommendations about the CSC options, we feel it is important to first understand how the Exchange, MRMIB, and DHCS envision the program working with other assistance pathways consumers may utilize to obtain information about and enroll into coverage.
County Welfare Directors Association of California California State Association of Counties	<ul style="list-style-type: none"> • Option Two: Contracted Services Option: This option scores poorly on the criteria set forth in the service center options memo. The option would not utilize public workers to accomplish public work, and would eliminate the ability of the Administration to oversee Medi-Cal. Horizontal eligibility is not included in this model, meaning that individuals interested in CalFresh and CalWORKs will need to apply separately for those services. It would be challenging to issue an RFP, select a vendor, stand up a call center and then hire and train all the necessary staff within the available timeframe. Legislation would be required to privatize Medi-Cal eligibility operations, and doing so would trigger a potentially significant cost shift to the General Fund.
Laborers' Locals 777 & 792	Option two is also inferior to Option 4 because, in addition to the problems associated with Option one, Option two does not use public workers for public work.
SEIU Local 1000	2. The Exchange, to be successful, should absolutely be part of the public sector. As such, the employees should be public employees answerable to a public board. Contracting out means a profit is made by the contracting group and these funds are not available to meet needs and offset other costs. Public employees already are involved in a number of call centers within state departments such as Insurance, Managed Care, EDD and PERS. The state and counties already employ workers who can be trained to take on these tasks or can be cross trained to work with the Exchange. We oppose contracting out.
SEIU Locals 221, 521, 721, & 1021	<p>Contracted Services Option</p> <p>Comments:</p> <p>∅ This option is inconsistent with HBEX stated principle to “optimize best in-class staffing” as it would result in the loss of existing county jobs and potential state jobs, including tens of thousands of trained and experienced county eligibility workers.</p> <p>∅ Contracting these services out violates various State codes which require counties to administer eligibility.</p>

Comments on Service Center Model Option 2 – Statewide Service Center – Contracted Services	
Organization	Comments
	<p>Ø If Medi-Cal eligibility were pulled out of the current county-based eligibility structure, it would shift as much as \$300 million in costs to the remaining programs (such as CalFresh, CalWORKs, child welfare, IHSS and other programs operated by counties), costing the state additional General Fund monies to maintain those other programs, calling into question the overall cost effectiveness of this option.</p> <p>Ø This option does not 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, as well as a first class consumer experience by minimizing “hand offs.”</p> <p>Ø In addition, taking Medi-Cal out of counties may erode local and state political support for remaining social safety-net programs and jeopardize the ability of clients to receive comprehensive, integrated and streamlined services.</p> <p>Ø This option also violates both the Administration’s and the SEIU “21 Locals” position that public work be performed by public workers.</p> <p>Ø Privatization of major state services has repeatedly resulted in lower quality services in other states.</p>
Small Business Majority	<p>Option 2- Statewide Service Center – Contracted Services: This option is appealing in that contracting with existing services has the potential to better assist the Exchange’s goal of launching a fully operational service center by Fall 2013. We would like to know how quickly a service center could be built using contracted services in comparison to Option 1. We would also like to see the same comparison in regards to cost.</p>
Western Center on Law & Poverty	<p>2. Statewide Service Center – Contracted Services Option</p> <ul style="list-style-type: none"> • We are concerned about contracting out service center functions to a private vendor. As stated above, we think eligibility for public programs are best done by public employees. Though the ACA simplifies the eligibility rules in important respects, the eligibility rules for the MAGI programs are still complicated as are the Advanced Premium Tax Credits and the health plan choice process. • We have had serious concerns with the private vendor for Health Care Options. Most recently, with the mandatory enrollment of Seniors and Persons with Disabilities (SPDs) into Medi-Cal managed care plans, the private vendor gave inaccurate information about which populations had to be enrolled and about the exemption process for example. Consumers and their advocates also experienced serious problems when the current

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Service Center Model Option 2 – Statewide Service Center – Contracted Services	
Organization	Comments
	Healthy Families vendor first got the Healthy Families contract – again with their representatives giving out misinformation and consumers having a very difficult time resolving problems. During the first several months of operation in particular, enrollment was slowed significantly and families who were waiting for their annual eligibility reviews to be approved were also left in limbo, resulting in families not knowing if their children were insured or not. Leaving determinations this important such as these to private vendors when existing resources are available that are inculcated in eligibility and enrollment is not the best option.

Comments on Service Center Model Option 3

Comments on Service Center Model Option 3 – Statewide Service Center – State Central Distributed Branches Option	
Organization	Comments
2-1-1 San Diego	<p>• Option Three: State Central Distributed Branches Option: As this option is the least fleshed out in the options memo, it is the most difficult to analyze, but generally scores poorly on the criteria. It is unclear what portion of the staff will be public employees under this model, and it is likely that the oversight of Medi-Cal would be even more difficult given the numerous potential staff spread out across plans, private contractors, the state and counties. To the extent that counties were included in the center network, and a call was answered by a county staff person, horizontal integration could potentially occur to some degree. However, assuming that participating counties would have their staff required to use CalHEERS rather than interfacing their SAWS consortium system to CalHEERS, county staff would need to log out of CalHEERS and into SAWS to assist with non-MAGI Medi Cal and other human services, requiring duplicative data entry. Horizontal integration is not otherwise present in this option. As with the other models, legislation would be required to privatize Medi-Cal eligibility operations and/or shift them to the state, and doing so would trigger a potentially significant cost shift to the General Fund.</p> <p>From a timing and risk perspective, this is an overly complex approach potentially involving multiple public and private entities in new relationships doing new work, resulting in multiple high-risk points of potential failure.</p>
Asian Pacific American Legal Center (APALC), member of the Asian American Center for	The goals of the Exchange should be “no-wrong door”, immediate and accurate customer responsiveness, breaking down the eligibility silos and barriers constructed to discourage public program enrollment. Medicare has over 95% program participation and a reputation for excellent customer service and responsiveness that could serve as a model for the Exchange’s service centers. The new service centers should emphasize seamless access to coverage among existing public programs and the Exchange, between the public and private sectors, for small businesses and individuals. It should be a distributive system, one that requires state leadership, complete dedication and accountability of the centers to the consumer, and extensive and reinforced local

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Service Center Model Option 3 – Statewide Service Center – State Central Distributed Branches Option	
Organization	Comments
Advancing Justice	assistance. While Option 1 would provide the most integrated, accountable and streamlined process, there are very real limitations to building it from the ground up in the time frames available, and it lacks crucial local support functions. For that reason, we would urge the Board to pursue Option 3, which would provide the Exchange with the best opportunity to develop responsive, accountable, coordinated and flexible state and local customer service centers to tackle these challenges.
County Welfare Directors Association of California California State Association of Counties	Option three is also inferior to Option 4, for the reasons that options one, and two are inferior, as well as the fact that as drafted, Option three is unclear on many levels, and accordingly may lack clarity in implementation.
Insure the Uninsured Project	We support a hybrid of the option for a State Distributed Service Center with callers automatically directed (by area code or zip) to local community call centers like 211 San Diego if available. Community call centers are better able to coordinate with local outreach, education and assistance programs and should be utilized wherever they exist. Even with a Statewide call center, local consumers will reach out or be referred to local resources to assist clients.
Laborers' Locals 777 & 792	3. The statewide distributed branch option is a compromise approach and one that is also achievable. An annotated draft is attached, which makes proposed changes to the original document. Our model differs in that the initial call should determine if a client is eligible for a program where premiums are not paid and transferred to a consortium of county run call centers or some other arrangement determined by the counties, or whether the caller wants to buy subsidized or unsubsidized insurance. In either case, the caller would receive a warm hand off to a person with the best core competencies to assist them. The guiding principle should be whether a person pays a premium or not. 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 products. The same is true for Medi-Cal. That on-going relationship should begin at first contact and follow the person through the process. The other change we would suggest is allowing for expanded capacity at peak usage times through distributing calls to other state call centers that already have call center equipment in place and might be used for back up. This could build on existing state resources and could be handled through a system of MOUs with other state departments. (see Local 1000 Service Center Proposal June8.doc)

Comments on Service Center Model Option 3 – Statewide Service Center – State Central Distributed Branches Option	
Organization	Comments
San Diegans for Healthcare Coverage	<p>State Central Distributed Branches Option</p> <p>Comments:</p> <ul style="list-style-type: none"> Ø As we understand this option, it is difficult to see how this option provides for a “first class customer experience” or comprehensive and integrated services given that it does not serve the “whole” person or family. Ø In addition, it appears overly and unnecessarily complicated to assign calls based on next available operator and spread calls across multiple entities with different levels of expertise and different levels of training without regard to caller’s needs. The inconsistency of skills and knowledge of the staff across various entities has the potential to cause confusion, frustration, and a decreased level of responsiveness to the consumer. Ø Under this option it is unclear how there is a consistent level of transparency, accountability, efficiency, flexibility, etc. across the entire system which is counter to HBEX’s stated principle to provide “integrated and streamlined” services to the consumer. Ø This option violates various State codes which require counties to administer eligibility. Ø This option also violates both the Administration’s and the SEIU “21 Locals” position that public work be performed by public workers. Ø This option does not 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, as well as a first class consumer experience by minimizing “hand offs.” Ø If Medi-Cal eligibility were pulled out of the current county-based eligibility structure, it would shift as much as \$300 million in costs to the remaining programs (such as CalFresh, CalWORKs, child welfare, IHSS and other programs operated by counties), costing the state additional General Fund monies to maintain those other programs, calling into question the overall cost effectiveness of this option. Ø In addition, taking Medi-Cal out of counties may erode local and state political support for remaining social safety-net programs and jeopardize the ability of clients to receive comprehensive, integrated and streamlined services.
SEIU Local 1000	<p>Option 3 – Statewide Service Center – State Central Distributed Branches Option: It would be helpful to better understand any noticeable differences in quality of service that a customer might experience under this option</p>

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Service Center Model Option 3 – Statewide Service Center – State Central Distributed Branches Option	
Organization	Comments
	<p>compared to the others. Again, we would also like more information on cost and how quickly this model could be built.</p>
<p>SEIU Locals 221, 521, 721, & 1021</p>	<p>3. Statewide Service Center – State Central Distributed Branches Option</p> <ul style="list-style-type: none"> • This option is difficult to evaluate given how open ended it is. It calls for a statewide center and “integrated, selected networks of established call centers [which] could include specific counties, providers or other established call centers.” • We oppose Service Center functions being provided by provider or health plan call centers. While it is appropriate for providers to be trained as Assistors with sufficient safeguards against improper steering, having provider or plan call centers be part of the state CalHEERS Call Center is another thing altogether. We have serious concerns about the conflicts of interest involved in plans and providers assisting with health plan choice in particular. Providers such as clinics and hospitals assisting uninsured patients sitting in their offices with applying for coverage is an important way to reach these consumers but there is no need and considerable risk involved with them serving other parties who could just as easily and more appropriately be served by a service center with the specific mission of assisting consumers with public health coverage and without a stake in which plan or provider they choose. • While it is important to have adequate staffing capacity and flexibility, we do not see the advantage of contracting with a range of disparate call centers as suggested by the description, for example one run by a plan, one by a provider group, one by a private contractor and one by a county. We have considerable concerns with this approach which would make consistent service and consumer experience more difficult to achieve.
<p>Small Business Majority</p>	<ul style="list-style-type: none"> • Option Three: State Central Distributed Branches Option: As this option is the least fleshed out in the options memo, it is the most difficult to analyze, but generally scores poorly on the criteria. It is unclear what portion of the staff will be public employees under this model, and it is likely that the oversight of Medi-Cal would be even more difficult given the numerous potential staff spread out across plans, private contractors, the state and counties. To the extent that counties were included in the center network, and a call was answered by a county staff person, horizontal integration could potentially occur to some degree. However, assuming that participating counties would have their staff required to use CalHEERS rather than interfacing their SAWS consortium system to CalHEERS, county staff would need to log out of CalHEERS and into SAWS to assist with non-MAGI Medi Cal and other human services, requiring duplicative data entry. Horizontal integration is not otherwise present in this option. As with the other models, legislation would be required to privatize Medi-Cal eligibility operations and/or shift them to the state, and doing so would trigger a potentially significant cost shift to the General Fund.

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Service Center Model Option 3 – Statewide Service Center – State Central Distributed Branches Option	
Organization	Comments
	From a timing and risk perspective, this is an overly complex approach potentially involving multiple public and private entities in new relationships doing new work, resulting in multiple high-risk points of potential failure.
Western Center on Law & Poverty	The goals of the Exchange should be “no-wrong door”, immediate and accurate customer responsiveness, breaking down the eligibility silos and barriers constructed to discourage public program enrollment. Medicare has over 95% program participation and a reputation for excellent customer service and responsiveness that could serve as a model for the Exchange’s service centers. The new service centers should emphasize seamless access to coverage among existing public programs and the Exchange, between the public and private sectors, for small businesses and individuals. It should be a distributive system, one that requires state leadership, complete dedication and accountability of the centers to the consumer, and extensive and reinforced local assistance. While Option 1 would provide the most integrated, accountable and streamlined process, there are very real limitations to building it from the ground up in the time frames available, and it lacks crucial local support functions. For that reason, we would urge the Board to pursue Option 3, which would provide the Exchange with the best opportunity to develop responsive, accountable, coordinated and flexible state and local customer service centers to tackle these challenges.

Comments on Service Center Model Option 4

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
Asian Pacific American Legal Center (APALC), member of the Asian American Center for Advancing Justice	<p>Comments on Option 4- Distributed Consortia-Based Option</p> <ol style="list-style-type: none"> 1. While we commend the county for their model, we are hesitant about their model’s ability to support the expected volume of potential customers. Similarly to Options 1 and 2, quality control over offered services would also be a major concern. 2. There are not call centers in every county so it is unclear what would happen in the other counties where there is no county call center.
County Welfare Directors Association of California	We recommend the board select Option 4, the Integrated Consortia/State Service Center model. This option is superior to the other three for several reasons. It is the quickest to bring up in a short time frame, leverages existing proven resources and minimizes handoffs from one call center to the other. Importantly, it is the only proposed option that allows customers to be evaluated for traditional Medi-Cal as well as human services

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
California State Association of Counties	<p>programs in a horizontally integrated fashion, as required by the Affordable Care Act, with a single phone call.</p> <p>Understanding the Integrated Consortia / State Model (Option 4) The Integrated Consortia/State Option, presented as Option 4 in the June 19 memo to the Exchange board, has the following key components:</p> <ul style="list-style-type: none"> • Quick and smart call routing. A simple, targeted integrated voice response (IVR) to sort calls into the appropriate state or county queue based on the caller’s needs. The IVR will determine: (1) if the call is eligibility related; (2) the caller’s primary language; and (3) the caller’s county. • Expert help based on customer needs. Based on the answers given, the call will be routed to either the county or consortium where the individual lives (for eligibility-related calls) or to the state call center (for all other calls). Call center staff will be expertly trained on their respective areas of focus (i.e., county staff in initial and ongoing eligibility operations; state staff in functions like the small-business SHOP functions, plan enrollment, plan and provider quality issues, premium payment issues and so forth) in order to provide the quickest and most responsive service based on the customer’s needs. • Specialized help with plan selection. For those callers found eligible for subsidized coverage through the Exchange, county staff will conduct a warm hand-off to a specially trained unit of staff at the state call center who will help the customer with plan selection and understanding the intricacies of the tax credit system. • Fully integrated service for more than just MAGI. For callers who may be eligible for non-MAGI-based Medi-Cal or for one or more social services programs, no hand-off would be needed for those eligibility determinations to be started (and for many, completed on the same call), since county human services agencies also administer those programs on the state’s behalf. • Real-time support for assisters. County eligibility staff will provide real-time support to the network of assisters who will be providing enrollment support to customers. A dedicated toll-free number for these individuals will route calls to their county or consortium, for assistance with eligibility questions that arise during their work. • Performance standards and measurement. As would occur with any of the selected options, counties would work with the Exchange and the Administration to develop performance standards that would be measured and reported on regularly.

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	<p>Advantages of Option 4 – For Customers</p> <p>Having calls handled by either the county where the caller lives or the computer consortium that county belongs to increases the ability to provide integrated customer service.</p> <ul style="list-style-type: none"> • Eligibility calls quickly routed to trained local experts. Under option 4, a caller seeking to be evaluated for eligibility for a health subsidy program is identified up front, so their call can be properly routed right away and they are much more likely to have that call handled by knowledgeable staff in their county of residence. This is superior to the other options, where calls could be routed all over the state without regard to the caller’s locale. • Callers potentially eligible for non-MAGI Medi-Cal can immediately start process. While callers will first be evaluated for MAGI-based coverage, Option 4 allows for the non-MAGI eligibility process to be started right away if needed. It also allows for determination of CalFresh and potentially CalWORKs if the family appears eligible – all in the same call without having any hand off or requiring the person to hang up and call back to the county where they live. • The only option that provides horizontal integration. Unlike the other options, Option 4 allows for seamless horizontal integration with social services programs from the start of health care reform implementation, and not delayed until a later date. The county systems – both workforce and information technology – offer an existing, horizontally integrated structure that can be leveraged to provide the first-class service required for healthcare subsidy programs, while also ensuring horizontal integration is part of the initial roll-out. • Most efficient for callers. Option 4 sorts out who is seeking eligibility determinations on the front end. This lets the state call center handle non-eligibility-related calls, such as help with plan selection and SHOP, and leverages the county based centers to handle the eligibility work. It eliminates handoffs for non-MAGI eligibility determination, as well as the back-end handoff to county human services departments for ongoing eligibility work that would occur in options 1, 2 and 3. It also provides responsive service for customers with limited English proficiency given the upfront determination of the speaker’s primary language. • Most consistent customer service. When callers are asked up-front why they are calling, their calls can be routed to experts who are trained on that service need – whether it be eligibility, plan selection, SHOP, or help with access post-enrollment. Spreading calls across multiple entities with different expertise and different levels of training without regard to a caller’s needs, as Option 3 would do, would result in inconsistent service depending on whether the “next available operator” works for a county, a contractor, a health plan or the state.

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	<p>Advantages of Option 4 – For Exchange/Administration Option 4 is advantageous for the Exchange Board and the Administration on a number of measures.</p> <ul style="list-style-type: none"> • Most efficient leveraging of existing scalable resources. Currently, 21 counties have operational service centers, with three more planned during 2012. By year's end, these centers will field an estimate 1 million calls per month statewide and cover approximately 85% of the caseload. These centers are staffed with 1,700 eligibility staff, drawn from counties' 15,000 Medi-Cal and 10,000 CalFresh and CalWORKs eligibility staff statewide. All counties have the capacity to expand their customer service centers to meet increased demand, such as Exchange operations, and 13 are currently planning expansions to address increasing caseloads and/or offer additional services. • Allows for efficient ramp up/ramp down and peak/non-peak volume management. Leveraging county resources is the fastest way to bring a fully functioning service center online and ramp up to meet anticipated demand. It also is the best way to allow for ramp-down after the steady state is reached. Because these staff are drawn from counties' overall eligibility workforce, they are able to conduct more than just service-center business. Counties organize their workforce to address peak call volumes by assigning more staff to the centers at peak times and then to on-going work at other times (such as processing on-line applications, completing eligibility recertification, and following up on other eligibility tasks). <p>This unique flexibility offered by the county workforce allows them to cover peak call volumes without having staff sit idle during non-peak times. It also will enable counties to provide rapid deployment of staff for the ramp-up phase, followed by a simpler ramp-down as staff are shifted to other functions once a steady state is reached.</p> <ul style="list-style-type: none"> • Meets key principles for the Administration. Two key stated principles for the Administration have been that public work should be accomplished by public workers, and that the Administration must retain oversight for Medi-Cal. Option 4 meets both of these principles, retaining the eligibility determination function at the county level to ensure that this work continues to be done by public workers with Administration oversight. Option 1 would use state staff for eligibility determinations but would shift the function out of counties, where current trained workforce is, and to a state-level staff overseen by the Exchange rather than the Administration. Options 2 and 3 are not consistent with either principle. This is a critical consideration given the fiscal exposure to the state General Fund if Medi-Cal eligibility are incorrectly applied, or individuals are found eligible for one program who rightly belong in another, with a lower state share of cost. • Option is technically viable. All consortia have presented their technical specifications to the Exchange's

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	<p>contractor, Eventus. The contractor has stated that the consortium technology is “robust,” “high-level,” and uses components that are considered “Gold Standard.”</p> <ul style="list-style-type: none"> • Option ensures horizontal integration from the start, without additional work to bring it on line. While counties certainly understand that the primary focus is on getting the health exchange up and running by the deadlines in federal law, the ACA does require integration with human services programs for which individuals could be eligible. <p>Conclusion: Choose Option 4: Integrated Consortia/State Model Overall, Option 4 is the most consistent with the principles set forth and scores the highest on the criteria included in the options memo. It ensures that public work is done by public workers and that Medi-Cal oversight is retained by the Administration. It also includes horizontal integration from the start, building on the existing horizontally integrated structure already employed by counties. Finally, from a timing and risk perspective, Option 4 builds on current foundation, taking advantage of significant cadre of trained staff, existing technology and infrastructure, and current business practices, which significantly reduce the required timeline and enhance the likelihood of successful implementation.</p>
Insure the Uninsured Project	<p>The Exchange has an opportunity to design and build a service center to meet the needs of a population with diverse backgrounds and diverse incomes that includes the quite different needs of individuals and small employers. The existing 58 county welfare systems’ shortcomings will be magnified when exposed to a greater service volume and extensive requests for assistance in understanding new ACA eligibility and programs. The image and reputation of the county welfare office will conflict with the branding of the new Exchange programs for small employers and middle and moderate-income individuals. While the county welfare offices are excellent resources in explaining Medi-Cal; they have no familiarity, track record or experience in explaining the commercial insurance products offered through the Exchange. For these reasons, we do not encourage Option 4.</p>
Laborers' Locals 777 & 792	<p>We believe Option 4, the Integrated Consortia/State Option, which uses the existing county based eligibility operations structure, as well as service centers already developed by a number of counties, to determine eligibility for potential subsidy coverage, coupled with a state-level call center for other non-eligibility-related functions, is superior to the other three options for several reasons. First, it is the quickest option to get up and running within a short time frame, additionally, it utilizes existing proven resources and minimizes handoffs from one call center to another. Further it is the only option that allows customers to be evaluated for traditional Medi-Cal, as well as human services programs in an integrated manner, with a single phone call.</p> <p>It is of particular importance Option 4 is the most customer friendly of the options. Option 4 provides quick and</p>

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	<p>smart call routing, to sort calls into the appropriate queue based on an individual caller's needs. Because call center staff will be expertly trained on their respective areas of focus they will be able to provide quick and responsive service to a customer's needs.</p> <p>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. Or, for those callers who may be eligible for non-MAGI-based Medi-Cal, or for one or more social services programs, no hand off would be needed, as County human services agencies also administer those programs on the state's behalf. Additionally, Option 4 allows for determination of CalFresh and CalWORKs if the family appears eligible--all in the same call without requiring hand off or worse yet, requiring the consumer to hang up and call another number.</p> <p>Having calls routed to knowledgeable staff in consumers counties of residence is vastly superior to the other options, in which calls could be routed all over the state.</p> <p>The other options simply do not meet the goals of the Exchange, and the needs of consumers like Option 4 does.</p> <p>Accordingly, for the above stated reasons, on behalf of Laborers' Locals 777 & 792, I respectfully urge the Exchange to adopt Option 4.</p>
San Diegans for Healthcare Coverage	<p>We cannot support the use of County call centers for the Exchange. We do not believe that these public sector centers represent the appropriate image or face to the Exchange. There is documented evidence that consumers are reluctant to apply for programs they perceive as welfare related; no amount of marketing has or will change that perception. Many consumers (those we are trying to reach) are already very reluctant to pursue public coverage unless and until they have a need for healthcare. We believe it will be important to distance the Exchange from any perception as a "public" program.</p> <p>Further, County call centers have many responsibilities independent of the Exchange; many are challenged to adequately meet the demand and needs of callers now. Studies on this issue can be provided upon request. We believe that the county focus should be on improving services to meet already under-met needs and the significant expansion anticipated.</p>
SEIU Local 1000	<p>4. This county run model built on three separate computer systems has the advantage of building on something that is already in place. A disadvantage is that the Health Benefit Exchange looks much different than Medi-Cal. Using this model would put the Exchange at a disadvantage in that it would build in the inability for central control and accountability. It would also fail to recognize, given the core competencies of those who operate the system,</p>

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	that selling health insurance is a different skill set than providing social services to a client base. Counties may currently have call centers, but from the proposal, it appears that several centralized call centers would be placed on top of existing county call centers. It would build another structure on top of what already exists and would not be under the direct control of the Exchange. For this reason, accountability would be difficult and we think this is not the most efficient approach.
SEIU Locals 221, 521, 721, & 1021	<p>Distributed Consortia-Based Option Comments:</p> <ul style="list-style-type: none"> Ø This is the only option that meets all of the HBEX's stated principles. Ø Counties are the only entity able to ensure a “first class consumer experience” for Medi-Cal clients because they serve “the whole” client and their families. <ul style="list-style-type: none"> o Counties will be able to enroll “mixed households” (families with both MAGI and non-MAGI members such as SPD's) at the same time. Ø This option allows eligibility determination to be done up front and ensures county eligibility workers will direct non-eligibility calls directly to state workers providing an efficient and cost efficient solution while maintaining a “first class consumer experience.” Ø This option also ensures the most consistent customer service with calls taken by knowledgeable staff in their county or a county employee in the same SAWS system as the consumer's county of residence. This level of service and knowledge is not present in any of the other 3 options. Ø Counties are best able to provide integrated services by assisting a substantial number of clients that move across programs. The client/family should not have to talk to two different entities to report changes and determine eligibility. If program eligibility is not done by properly trained county Medi-Cal workers, programs will likely be delayed and rules could be incorrectly applied or applied differently from one entity to the other. This runs the risk of improper placement of cases into programs, negatively affecting consumers, counties, the state, and the federal government. Ø This is the only option that provides for the integration of enrollment into other safety-net social services provided by counties which is encouraged by the Affordable Care Act. By allowing for “horizontal integration” the whole client is able to be served, meeting the goal of comprehensive, integrated, and streamlined services, as well as a first class consumer experience by minimizing “hand offs”.

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	<p>Ø This is the only option that ensures a “no wrong door” approach by utilizing existing County resources.</p> <p>Ø This option also achieves the HBEX principle of cost effectiveness by building upon the established county structure. In doing so, resources can be allocated towards expansion of an already robust system and implementation of the program, rather than setting the HBEX back by having to reinvent the system.</p> <p>o Counties have the resources and infrastructure needed to quickly and efficiently establish a state-wide call center capacity.</p> <p>§ Counties have the existing physical infrastructure of offices across the state, and can build off of and expand on established networks with many public and community health and social service providers.</p> <p>§ Counties are currently upgrading and expanding their intake systems including building or expanding call centers.</p> <p>§ Counties are establishing the capacity to operate a state-wide call center by networking existing county call centers together.</p> <p>Ø This option achieves the principal of the HBEX to “optimize best in-class staffing to support eligibility and enrollment functions” by utilizing existing county workers who are already trained to perform all aspects of the Medi-Cal program.</p> <p>§ Currently, over 25,000 county workers perform intake, eligibility determination, and the enrollment function for over 8.5 million Medi-Cal clients and for another 5 million enrolled in other safety-net social service programs such as CalFresh and CalWORKS.</p> <p>§ In addition, the county system has already been stress-tested. County workers have enrolled an additional 2 million new clients in Medi-Cal and other programs since the beginning of the recession with significant reductions in staffing.</p> <p>§ Both county workers and state workers will be set up to succeed by being expertly trained on their respective areas of focus.</p> <p>Ø This option is in line with Administration’s position, as well as that of the SEIU “21 Locals,” to ensure public work is performed by public workers by securing county jobs, while having state workers perform new services that counties currently do not.</p> <p>o New work that could be done by state workers includes: plan enrollment, SHOP (small businesses employees and employers), plan and provider quality issues, premium payment issues, etc.</p>
Small Business Majority	<p>Option 4 – Statewide Service Center – Distributed Consortia-Based Option: We are concerned that Option 4 does not mention assistance for SHOP employers and employees or insurance agents. Any successful service center must include assistance for these groups. If SHOP customers and agents were to be included under Option 4, we</p>

California Health Benefit Exchange: Stakeholder Input
BOB Consumer-Centric Service Center

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	would like additional information about the experience and expertise that county offices have in serving the needs of small business owners and their workers. While these workers no doubt have expertise with public programs, service center agents must be comfortable dealing the majority of customers who will be purchasing commercial insurance products through the Exchange. Additionally, this option is based in part on the assumption that not all counties would participate so we would like to see additional information about the interest and capacity for California’s 58 counties to operate under this scenario.
The Greenlining Institute	If the Exchange goes with Option 4, we recommend the Exchange sets standards as suggested in Appendix 2, but that also include, though not limited to, the following: a: Review all current systems in place and evaluate their true effectiveness and/or how the systems need to be improved to ensure optimal customer service from the start; b: Ensure that participating county service centers are adequately staffed, including diverse staffing reflective of the customers served; and c: Go beyond just servicing clients in multiple languages but also establishing a culture of providing culturally competent service.
Western Center on Law & Poverty	4. Statewide Service Center – Distributed Consortia-Based Option • This option has several important advantages including: ü Leveraging existing trained staff and resources. While county staff will have to be trained on the new MAGI rules in order to staff the Service Center, they will have to know these rules anyway in order to assist Medi-Cal consumers and anyone who walks through their doors who wants to apply for public health coverage. Moreover they are already trained on existing rules – some of which remain, e.g. non-MAGI. This option capitalizes on a known and existing resource. Many counties already have call centers today and could build on that existing infrastructure for the Service Center work. ü Similarly, less work will need to be done to set up this option since it relies on an existing network of call centers and county workers. Only the smaller state function would need to be established. This is an important consideration given the short timeframe under which the state is working. ü Providing a seamless consumer experience for those who are eligible for non-MAGI Medi-Cal. Eligibility for non-MAGI Medi-Cal will have to be determined by county eligibility workers so if they are already making eligibility determinations for health coverage programs they can do the non-MAGI Medi-Cal cases. ü Providing a seamless consumer experience for those who are eligible for CalWORKS and/or CalFresh in

California Health Benefit Exchange: Stakeholder Input
 BOB Consumer-Centric Service Center

Comments on Service Center Model Option 4 – Statewide Service Center – Distributed Consortia-Based	
Organization	Comments
	<p>addition to health coverage. Since county workers also determine eligibility for CalWORKs and CalFresh, they can determine eligibility for all three if they are performing this function.</p> <p>ü This option spells out important components for a high-quality consumer experience including offering extended hours, service for clients in multiple languages, and specially trained staff to assist with health plan choice and tax credits.</p> <ul style="list-style-type: none"> • Consistent consumer experience across consortia could be achieved through the use of common standards, scripts, training materials, quality monitoring, and desktop and call center technology.