

Covered California Service Center

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Surge Vendor

200 - 600

Call Center

13 - 40 Teams (200 - 600)

Training

Workforce Management

Quality Assurance

Covered California Service Center

The Service Center provides comprehensive pre and post enrollment education and support to Covered California consumers by responding to consumer inquiries, enrolling them in Quality Health Plans (QHP) and promptly resolving challenges preventing them from receiving covered health and dental benefits. Our efforts ensure our consumers receive the right care at the right time at an affordable price, and that they retain Covered California coverage because they are satisfied with our products and services. The Service Center Branches and subsidiary Units are as follows:

Service Center Call/Contact Center Operations

Provides Tier 1 support for consumer assistance with application enrollment. Primary work completed is inbound calls via the Interactive Voice Response (IVR) and processing of manual verifications.

Rancho Call/Contact Center Operations

- Inbound Calls
- Manual Workstream
- Health Plan/County Helpline – Specialty Team

Fresno Call/Contact Center Operations

- Inbound Calls
- Manual Workstream
- Pinnacle Surge Assistance – Specialty Team

Surge Vendor Call/Contact Center Operations

The Surge Vendor provides between 200 – 600 staff depending upon call/chat volumes and time of year. Similar to Service Center, the Surge Vendor provides Tier 1 support for consumer assistance in application enrollment. Primary work completed is inbound calls via the Interactive Voice Response (IVR), Chat and processing of manual verifications. The vendor provides the majority of our bilingual resources.

- Inbound Calls
- Manual Workstream
- Chat – Specialty Team
- Bilingual Teams

Service Center Support Services

Provides Tier 2 support for consumer assistance and support of Service Center Operations.

Internal Compliance & Support

Priority Support Unit

- Escalated assistance for Service Center Staff
- Social Media Support
- 1095-A dispute resolution
- Qualified Health Plan (QHP) contact
- CalHEERS/ESS ticket tracking and submission for the Service Center

Quality Assurance Unit

- Monitoring and evaluating Incoming phone calls
- Monitoring and evaluating outgoing phone calls
- Monitoring and evaluating paper application keying
- Processes development to evaluate additional work areas throughout the Service Centers.

Consumer Relations & Resolution

Appeals

- Researching and working appeals to try to informally resolve.
- Create statement of positions and ensure all documentation is provided to the consumer and CDSS prior to scheduled hearing.
- Attend formal hearings with an Administrative Law Judge(ALJ) from CDSS
- Implement the ALJ decisions.
- Transfer of cases to the Department of Managed Health Care(DMHC) when it is determined appropriate.
- Works closely with the Office of Legal Affairs on Second Level Appeals submitted to CMS.
- Manage the CDSS contract for appeals related activities.

Program Assistance Unit

- Resolves appeals and complaints received in the Service Center
- Create statement of positions and ensure all documentation is provided to the consumer and CDSS prior to scheduled hearing
- Attend formal hearings with an Administrative Law Judge(ALJ) from CDSS
- Implement the ALJ decisions
- Resolves urgent and non-urgent access to care issues
- Works closely with all Health Plans, to ensure they resolve access to care issue
- Responds to written complaints filed by Covered California's consumers
- Resolves complex consumer cases working with CalHEERS to submit help desk tickets requesting data fixes for these complex case.

Escalations Unit

- Resolves urgent and non-urgent access to care issues.
- Works closely with all Health Plans, to ensure they resolve access to care issue.
- Responds to formal written complaints filed by Covered California's consumers.
- Resolves complex consumer cases working with CalHEERS to submit help desk tickets requesting data fixes for these complex cases.
- Primary program liaison for DMHC and Health Care Alliance(HCA).
- Resolves complex system error cases working with Program Integrity Division and Plan Management.
- Single point of contact for the Privacy Office.
- Works closely with Plan Management Division on concerns related to the QHP/ QDP.
- Manage the Medi-Cal Eligibility Database System (MEDS) contract and licensing distribution for the Department.

Resource Planning & Management

Administrative Support Unit

- HR liaison for the Service Centers
- Timekeeping and payroll processing
- Contract management and procurement
- Business Services Branch(BSB) liaison
- Manages the budget and the budget process
- IT liaison for onboarding and off boarding
- Reception

Workforce Management Unit

- Forecasting and scheduling Service Center Operation staff
- Communication of Service Center data
- Identify trends that impact performance and make recommendations
- Coordinate the various workstreams to maintain a balanced workload and optimize productivity