Customer Service Center Updates

January 31, 2013

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Agenda

1. Customer Service Center Principles
2. Assessment and Transfer Principles
3. General Operating Parameters
4. Federal Rules that Frame Covered California's Approach
5. Service Center Timelines for Implementation
6. Hiring Timeline
7. Multi-Site Customer Service Center Model and County Network
8. Protocols Under Consideration
9. Potential County Site as 3rd Site in Statewide Customer Service Center
10. Refinement of Estimated Call Volumes
11. Potential Payments to Counties for Covered California Work
12. Design and Structure of Pilot Program for Testing Capacity
13. Customer Service Center Next Steps

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Customer Service Center Principles for the Consumer Experience

1. Provide a first-class consumer experience
2. Accessible, user-friendly web-site and forms that are easy to use/navigate
3. Culturally and linguistically appropriate communication channels
4. Protect customer privacy and security of their data
5. Demonstrate public services at their best
6. One touch and done
7. Provide clear, accurate, responsive information tailored to the consumers needs

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Service Center Assessment and Transfer Principles

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

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General Operating Parameters

- CalHEERS will determine eligibility and facilitate plan enrollment for consumers (Medi-Cal and Exchange)
- Counties handle walk-in customers, including Exchange and County programs
- Drive to completion of enrollment from any point of entry into the system
- Minimize “bouncing” the customer back an forth – use one warm handoff at most
- Ongoing cases handled at the “agency of record” (e.g., Medi-Cal handled by counties; Exchange by Central Service Center)

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Federal Rules that Frame Covered California's Approach

45 CFR 155.302

- The Exchange must ***either*** conduct an eligibility determination for Medicaid and CHIP OR conduct an assessment of potential eligibility rather than an eligibility determination based on applicable eligibility standards. The Exchange and the State Medicaid agency must enter into an agreement specifying their respective responsibilities in connection with eligibility determinations for Medicaid and CHIP.

45 CFR 155.405

- Single streamlined application for enrollment in a QHP, advance payments of the premium tax credit, cost-sharing reductions, Medicaid, and CHIP.

45 CFR 155.110

- The Exchange may enter into an agreement with an eligible entity to carry out one or more responsibilities of the Exchange. … The Exchange remains responsible that all federal requirements related to contracted functions are met.

45 CFR 155.345

The Agreement must clearly delineate each program's responsibilities to:

- Follow a streamlined process for eligibility determinations;
- Minimize the burden on individuals;
- Ensure prompt determinations of eligibility and enrollment in the appropriate program without undue delay;
- Not require submission of another application;
- Not duplicate any eligibility and verification findings; and
- Not request information or documentation from the individual already provided.

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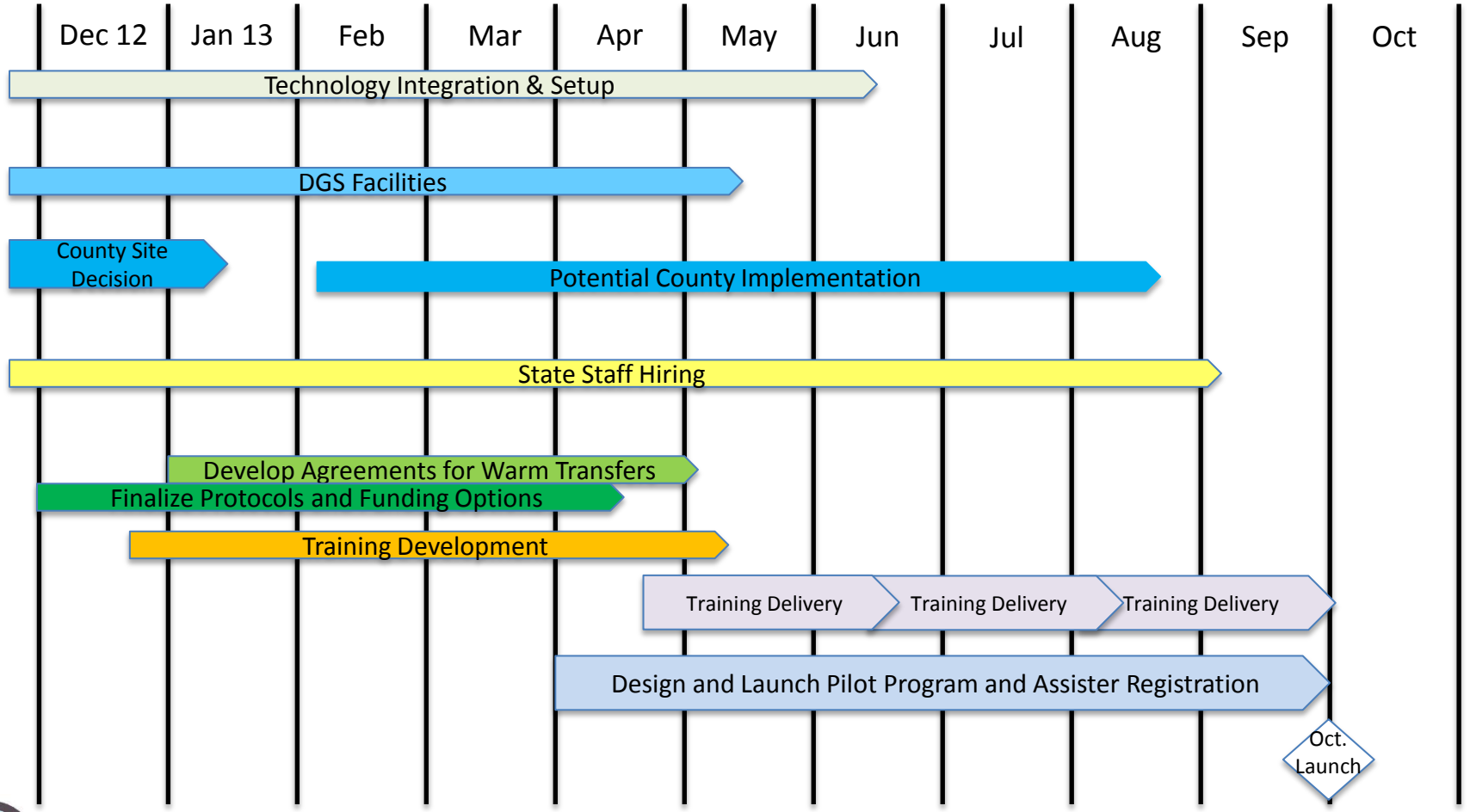
Service Center Timeline for Implementation



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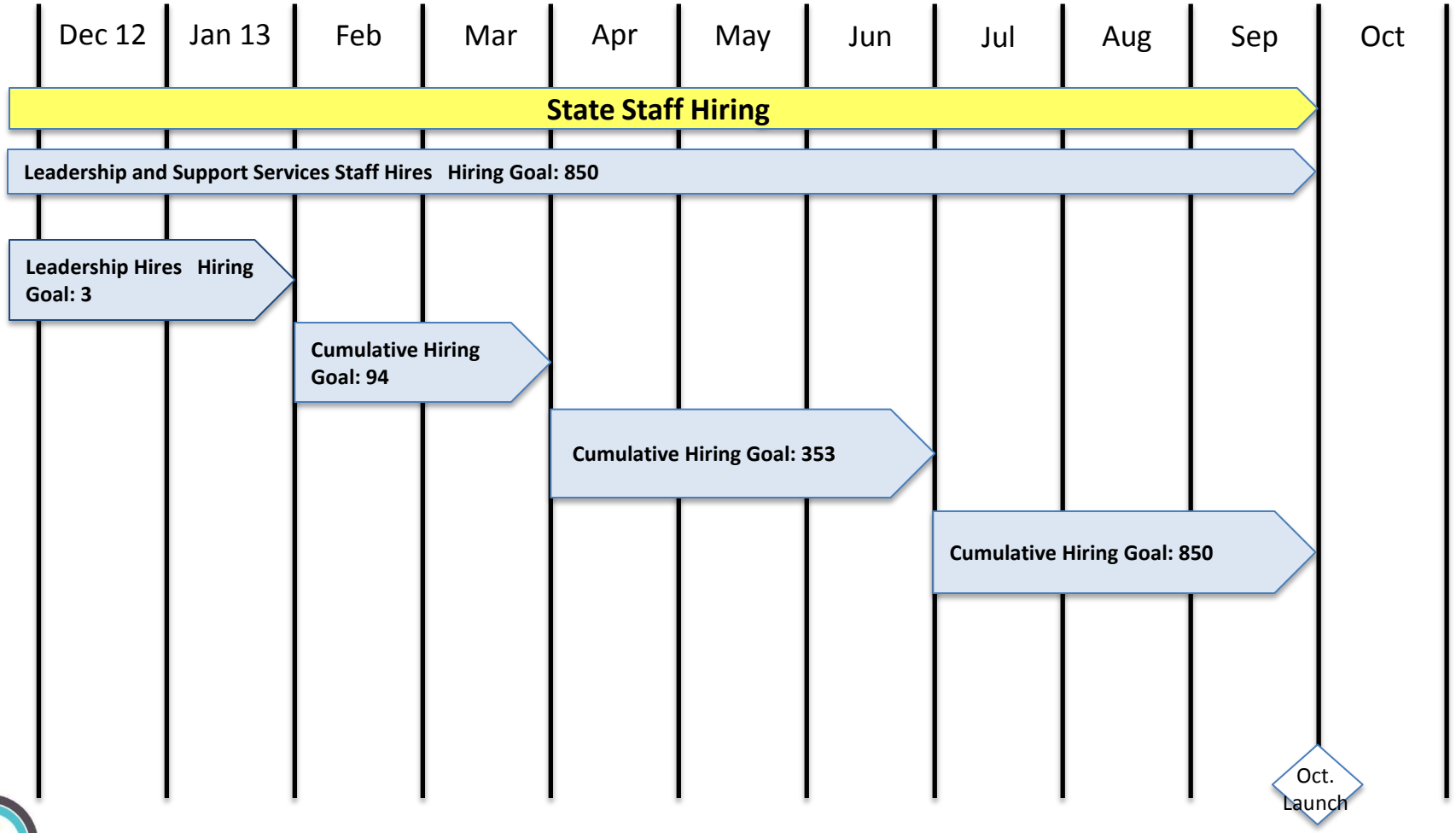
Hiring Timeline



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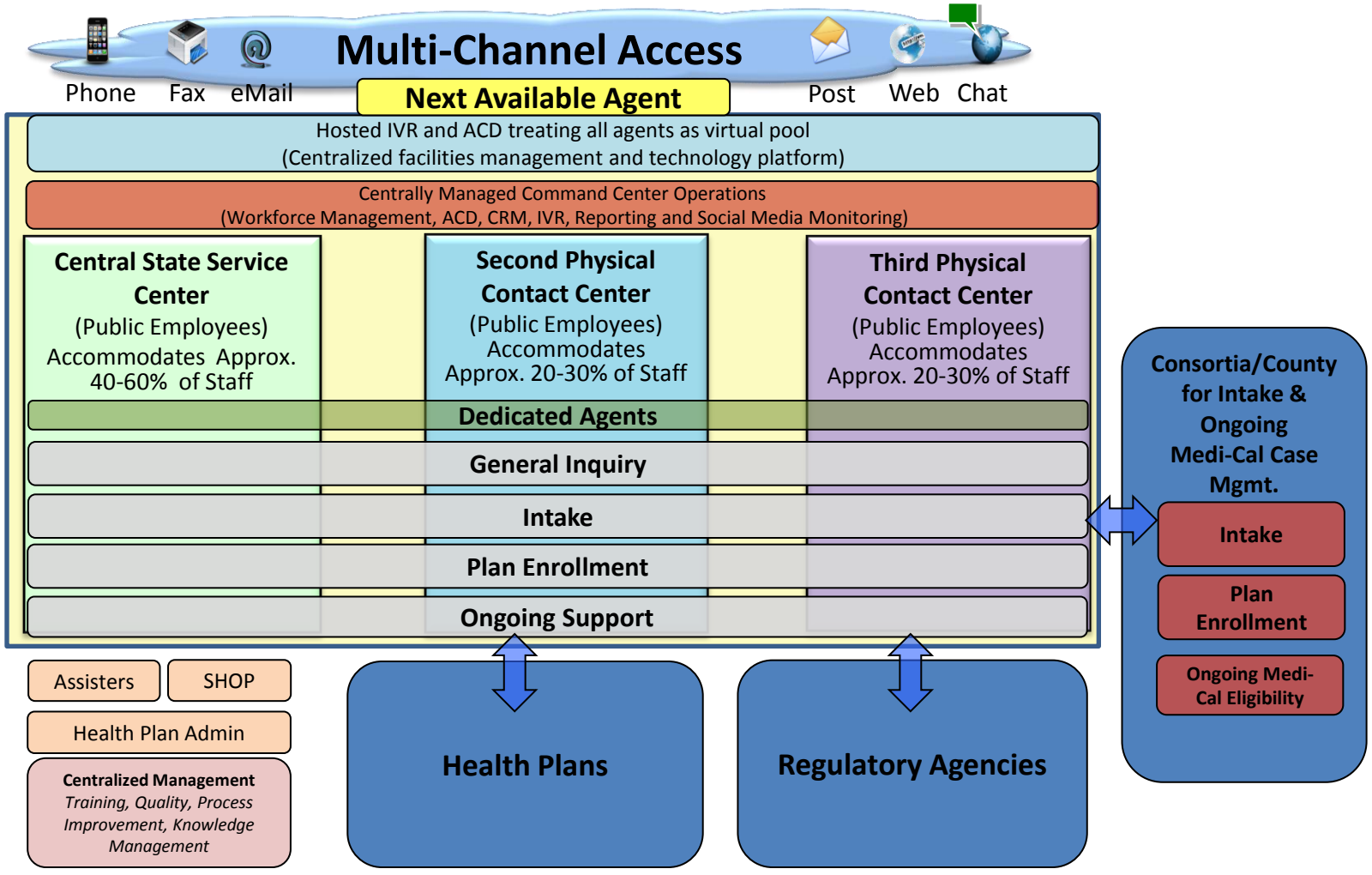
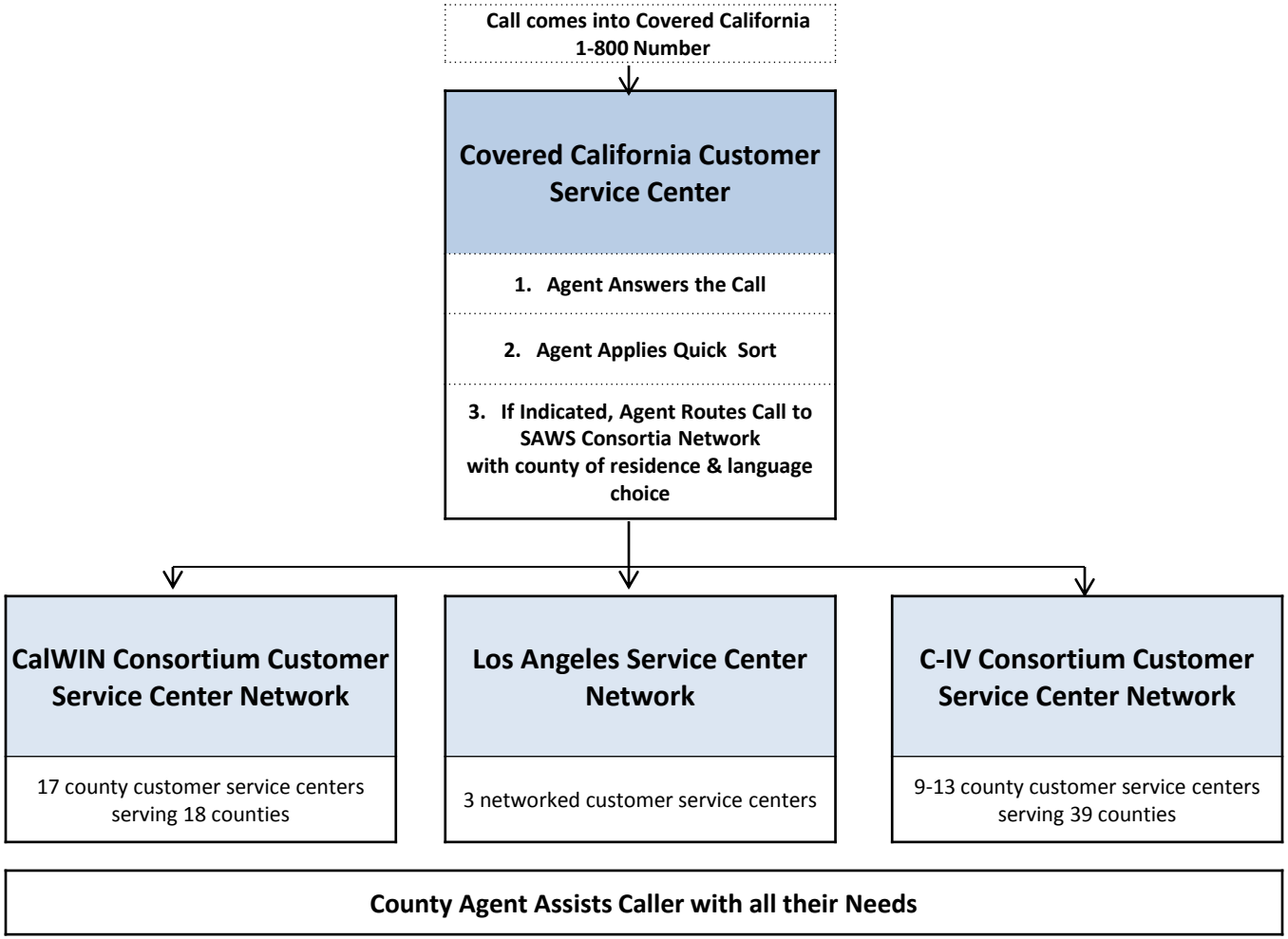
Centralized Multi-Site Service Center Model
Medi-Cal Determination Hybrid



Consortia-Based Network



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Consortia-Based County Customer Service Center Network

- Each SAWS Consortium ties participating county customer service centers into a network
- Covered California Customer Service Center routes callers to Consortia network based on the caller's county of residence
- Consortia routes calls automatically, invisibly, and instantaneously to participating county customer service centers for a warm hand-off
- Calls go to county of residence, if agent is available, or another available agent in that network
- Counties answer calls in 30 seconds and complete eligibility determination and plan enrollment
- Consortia provide performance metrics to both Covered California and DHCS

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Implementation Changes for Counties

Components of the implementation of changes due to the Affordable Care Act are being planned by a new County Eligibility and Enrollment Workgroup

- Implementation of the new single streamlined application
- Business Process changes
- Interactions with Customer Service Center
- Training on new Business processes
- County Readiness and contingency plans
- Performance Standards, metrics, and reporting

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Protocols Under Consideration

Protocol
1. Quick Sort Process for Workload Management 1.A : Quick Sort Process for Workload Management 1.B: "Quick Sort" Sample 1.C: Transfer Protocols for Exchange Delegation to Counties 1.D: Interagency Agreements Necessary for Service Center Warm Handoffs to Counties 1.E: Warm Handoff Protocol 1.F: Full Assessment and Data Transfer
2. Multi-Program Families
3. Completing Paper Applications with Missing Information
4. Completing Applications Needing Further Verifications
5. Process to Serve Limited English Proficient Consumers
6. Process to Serve Hearing Impaired Customers

Note: Review of recently proposed Federal Regulations to assess impacts of MAGI-Med-Cal pre-enrollment during October 2013 through December 2013.

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Protocol 1.A:
Quick Sort Process for Workload Management

Quick Sort of Service Center phone calls for eligibility:

- Minimal sample questions to sort: (pending Federal review)
  1. Number of people in your family
  2. Anyone seeking coverage under age 19 or pregnant?
  3. Anyone seeking coverage elderly or disabled?
  4. Annual income?

  The questions will be refined during design and ongoing based on experience
- Initial cut off points for sort to County:
  1. Single, childless adult 138% Federal Poverty Level (FPL) (final level to be set based on Medi-Cal eligibility with potential for small "margin" to best reflect MAGI)
  2. Pregnant women 200% FPL
  3. Child of a adult not applying for coverage 250% FPL
  4. Persons who are elderly or have a disability
- Continuous review, on a weekly basis, of referral metrics to determine the need for adjustments
- All process for first year then full review and revise as appropriate
- Pending Federal Review

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Protocol 1.B: "Quick Sort" Sample

The Customer Service Agent will ask the consumer for the minimum information necessary to use the Smart Calculator. Any appropriate cases will be immediately live transferred to the County along with delegation of client application processing. If not transferred, appropriate cases will be handled by the Exchange.

1. If consumer is not specifically calling for health care benefits, the Service Center will handle the call as a General Inquiry

2. Smart Calculator determines if this an Exchange consumer or County of residence consumer

3. Smart Calculator determines if this an Exchange consumer or County of residence consumer

4. If Smart Calculator identifies referral to Medi-Cal Specialist, then County of Residence selected and system auto-populates an agreed upon transfer protocol (e.g. address, phone number, warm-transfer, assisters)

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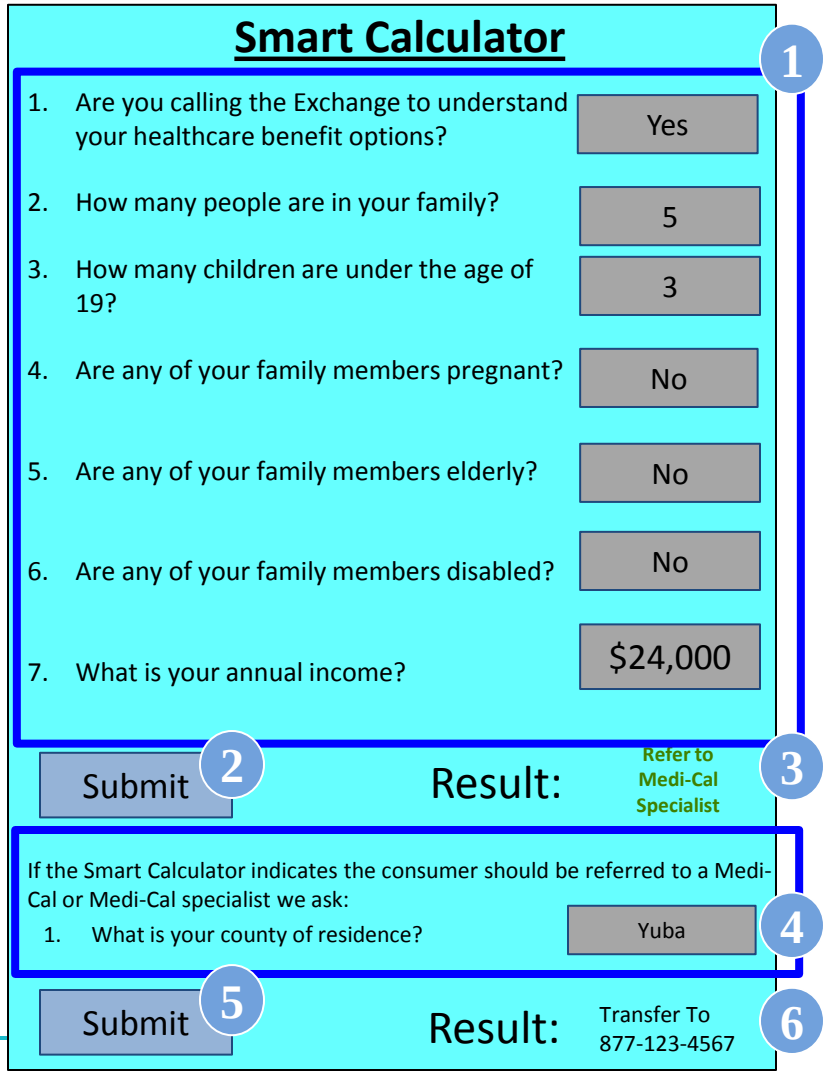

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Protocol 1.C: Transfer Protocols for Exchange Delegation to Counties

Quick Sort requires the use of a Smart Calculator as a workload sorting tool at the Service Center for customers who call in and request assistance with obtaining health insurance. This includes immediate warm transfer and delegation of application processing of the client for continued handling by the Counties.

The assessment would be:

- Conducted by Customer Service Center Representatives (CSRs)
- No data recorded in CalHEERS
- Smart Calculator is a web-based tool accessible to CSRs

The Quick Sort protocol requires delegation to counties of Exchange required functions. This requires a transfer protocol for any Consortia/Counties accepting phone transfers and the technology infrastructure to accept transferred calls with the ability to meet the service level objectives to ensure a seamless customer experience.

Service Level Objectives

- Calls answered in 30 seconds (same answer time as Covered California)
- Call Prioritization
- No busy signals
- Trained workforce to process Exchange eligible individuals without referral back to Exchange

Standardized Reporting and Tracking

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

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Protocol 1.D: Interagency Agreements Necessary for Service Center Warm Handoffs to Counties

Demonstrated County readiness prior to launch (timeline to assess readiness to be determined):

- Functioning and tested phone system and IT Infrastructure
- Staffing capacity to meet anticipated demand
- Completed staff training

Operational parameters to be included in Agreements:

- Answer calls in 30 seconds (same answer time as Covered California)
- Calls sorted to the county will be traced by a unique identifier for reporting to the Exchange as to disposition of the call (abandoned, determined eligible, enrolled, etc.)
- Calls sorted to the Counties are handled by County Workers trained to do eligibility and enrollment of both Medi-Cal and Exchange eligible individuals

Develop Interagency Agreements or Contracts

- Covered California with Department of Health Care Services (DHCS)
- Covered California with DHCS and Consortia participating in Warm Handoff (with separate elements detailing payment terms, if any, for handling of Exchange eligibility and enrollment – see Slide on “Potential Payment Terms)

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Protocol 1.E: Warm Handoff Protocol

Customer Service Representative determines that Caller should be transferred to a County based on results of Quick Sort. Monitoring/review Models:

Model 1 – Periodic Review/Assessment: Customer Service Representative remains on the line with customer for 30 seconds to wait for a live County CSR, or transfers the caller.

If after 30 seconds there is no response, the CSR will let the customer know they are on hold, or the phone system will provide options, which can include offering to arrange a call-back from County, give customer the County phone number, or allow the customer to remain on hold to speak to the County representative when the call is picked up by the County.

Tracer on the line collects metrics for weekly evaluation of compliance with Service Level Agreement (SLA). If the SLA is not met after XX amount of time, protocol defaults to CSR conducting Full Assessment (see next slide).

Model 2 – Individualized Service Standard: Customer Service Representative either transfers or remains on the line for 30 seconds for a County CSR to answer.

If after 30 seconds there is no response, the CSR will ask the customer if they would prefer to proceed with completing an assessment by phone or call the County themselves. If the customer wants to proceed, the CSR will complete the Full Assessment and trigger an information push to the County of residence, for case management. (see next slide).

Covered California Recommendation: Start implementation under Model 1 (specifics of review, standards and ability address deficiencies – if any – to be developed), then review process , and if necessary, shift to Model 2.

Notes:

Each of these models need to be further assessed in the context of the new, single streamlined application and allocation methodology.

Additional assessment needed to determine system capabilities.

SLA of 30 seconds may be adjusted over time to match any changes in Exchange Service Center standards.

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Protocol 1.F: Full Assessment and Data Transfer

If a Warm Handoff is not possible, the Customer Service Representative ("CSR") takes Customer through the single streamlined CalHEERS application. Customer Service Representative enters data required to assess if Customer is Exchange or MAGI Medi-Cal and Medi-Cal eligible.

- CSR records consumer data in CalHEERS
- CSR runs business rules engine to assess eligibility for Exchange subsidy or Med-Cal
  1. Continue with full application and enrollment in Plans if Exchange eligible
  2. Continue to process as if person has applied online or by an Assister (forward to counties for any additional verifications required)

- If not Exchange-subsidy eligible: individuals who are assessed likely non-MAGI Medi-Cal are referred to the County with the appropriate data
  - Collected data transferred to appropriate SAWS system
  - CalHEERS displays appropriate transfer protocol to CSR for seamless experience

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Protocol 2: Multiple Program Families

1. Standard CalHEERS Process (self-service)

   CalHEERS automatically determines eligibility for all individuals and families, facilitating plan selection.

2. Family that is potentially eligible for multiple programs calls and requests phone enrollment:

   a. Initial Open Enrollment Period: Exchange Service Center conducts "quick sort" based on parent's eligibility. Parent appears to be Exchange eligible (child might be Medi-Cal eligible)
      - Service Center collects single application material; eligibility determined and plan enrollment completed in CalHEERS for the entire family (triggers Notice of Action for Exchange customers)
      - For family members who are MAGI Medi-Cal, coverage starts; for MAGI Medi-Cal or potential non-MAGI eligibles, data that was collected is transferred to Counties for final review of eligibility; counties issue Notice of Action (subject to Federal rules which are under review) and are responsible for ongoing case management

   b. Special Enrollment (April-September): Exchange Service Center conducts "quick sort" based on children's eligibility. Parent appears to be Exchange eligible and some family members might be MAGI-Medi-Cal eligible
      - Family is handled by County (warm handoff); County collects single application material; eligibility determined and plan enrollment completed in CalHEERS for parents (Exchange) and children (Medi-Cal)

Notes:

Process for first open enrollment period only. Exchange conducts quick sort to counties thereafter to determine eligibility for MAGI Medi-Cal. Assessment of the initial open enrollment period will be conducted prior to October 2014, in collaboration with the Administration and Counties, to determine efficacy of process.

During Special Enrollment, enrollment into Exchange programs is allowed based on change in qualified life events.

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Protocol 3: Completing Paper Applications with Missing Information
Protocol 4: Completing Applications Needing Further Verifications

Protocol 3: Paper applications that come into the Service Center:

1. Run Optical scanning which converts paper application to electronic data and run application through CalHEERS rules engine (treat as on-line application). Proceed to complete process.

Protocol 4: When paper applications need more information after the optical scan OR when on-line applications need more information/verification:

1. Incomplete paper application data – Customer Service Representative follows up with the consumer to collect the data by any channel (paper, phone, email, fax) to make the application complete.
   - If consumer appears Exchange eligible, complete processing.
   - If consumer appears Medi-Cal eligible, refer the customer to the County (based on County of residence) using the information contained on the application.
   - If multi-program family, follow phone protocol (Protocol # 2).

2. Verification problems (against Hub or other data sources) – If, based on data provided on the application, the individual/family is not Exchange eligible, move the customer to the County (County of residence).

Notes:

Paper applications that come to County are handled by County. Enter into SAWS; use CalHEERS for plan enrollment as needed. Complete the application process.

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Protocol 5: Process to Serve Limited English Proficient Customers

Interactive Voice Response (IVR) offers choice to callers for English, Spanish, or branch to Other Languages. Caller is routed to first agent with their language skill, or to an agent who accesses translation services.

If a warm transfer is needed, the receiving county is alerted to language need by Customer Service Representative (CSR) conducting the transfer

When Spanish or English are not the preferred language:

1. Exchange handles the entire call with a multi-lingual CSR or interpreter , OR
2. Warm transfer with to County multi-lingual CSR or interpreter

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Protocol 6: Process to Serve Hearing Impaired Customers

Hearing impaired customers

- Customer Service Center serves hearing impaired with TeleType (TTY) by phone, and also with Chat option online.

- Protocol: To the extent that Counties can take a warm transfer for a TTY call, Exchange will transfer the call. Otherwise, Exchange Service Center will process the call to completion.

Note: For vision impaired customers CalHEERS can be used with screen reader tools to interpret for the visually impaired user online.

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Potential County Site as 3rd Node in Statewide Service Center

- Intent to Award was announced January 18, 2013

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Refinement of Estimated Call Volumes

- Covered California has estimated volumes based on CalSIM 1.8
- Working with Counties and DHCS to review estimates of potential volume of quick sort calls
- Continually assess volumes and communicate changes
- Revisions, if necessary, will be communicated in mid February
- To be reported at the next Board Meeting

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Potential Payments to Counties for Exchange Work

Work done by counties that relates to the eligibility and enrollment of Medi-Cal eligible individuals continues to be subject to existing or revised payment/allocation between DHCS and the Counties.

Work done by counties that relates to Exchange-subsidized Customers will be considered for compensation by Covered California. Customers may walk or call in directly to the County, or reach County via Warm Handoff after the Quick Sort. In cases where County Workers conduct Exchange-related assessments and the Customer is **not** MAGI-MC or non-MAGI eligible then:

- In order to conduct this work that is delegated by the Exchange, Counties must agree to oversight and training standards and any County Worker that is handling the assessment must be trained and certified to meet Covered California standards.
- Covered California will compensate counties based on the formula used for the Assister plan (regardless of the source of the Customer):
    1. $58 per successful application to Covered California
    2. $25 per successful renewal
- The Exchange will explore advanced payments based on estimated potential volumes to Counties; to be adjusted based on actual volumes. Exchange will continue to work with Counties to discuss any mechanisms for funding and the implication of exchange payments to Counties' approaches to program cost allocations.

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Design and Structure of Pilot Programs for Testing Capacity

Pilot Design to test capacity and performance of all Service Center components

Initial planning is underway for:

- Training
- Customer Service protocols
- Hardware and Software performance and connectivity
- Command Center connectivity and functions

Completed plans are due by April 1st for August 2013 launch

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Customer Service Center Next Steps

Task	Date Due
CalHEERS & CRM Protocol Finalization	February 1, 2013
Finalize Service Center Protocols	February 15, 2013
Interagency Agreements for Warm-Handoffs	January – April 2013
Implementation Funding for Counties	TBD
Contingency Planning and Volume Estimate Refinements	Continuous
Pilot Design	April 1, 2013
Service Center Operational Protocol Finalization	April 15, 2013

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