



# Call Center Assessment for the Vermont Health Exchange

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## Assessment Objective

An important goal of the Affordable Care Act (ACA) is to facilitate an online, consumer friendly application and enrollment process, but many clients need or prefer human assistance navigating through the application, enrollment and ongoing maintenance processes of acquiring health insurance. This may be especially relevant for those who have never been insured. In the interests of administrative efficiency, and to provide the most seamless customer support for “no wrong door” health insurance acquisition, the State envisions a joint call center between the Exchange and Modified Adjusted Gross Income (MAGI) Medicaid. In order to be effective and provide a seamless world class consumer experience, three critical inter-related modalities need to be addressed in relation to a customer service center. These customer service modalities include an easy-to-use web portal, human interaction and an Interactive Voice Response (IVR) solution.

The ACA directs states to provide a toll-free number and the exchange customer service center to be operational mid-2013, in advance of open enrollment that begins October 1, 2013. The Exchange customer service center will need to offer the following services; facilitate application navigation questions, enrollment in health plans, and member data maintenance, support to small businesses and brokers, enrollment rules, adequate communication/explanation of QHP quality ratings, and the information technology to support health insurance acquisition

The customer service center will be the human face of the Exchange through the utilization of the core components that will be developed during the Exchange build and VIEWS implementation. Additionally, Call Center specific technology solutions that will need to be developed or enhanced to support the core functional areas of the Exchange. The customer service center provides assistance, education and outreach related to application assistance and enrollment functions of the Exchange.

Wakely has performed an assessment of the State’s existing call center operated by Maximus to understand the areas that must be enhanced to meet Affordable Care Act (ACA) requirements and industry best practices.

The content of this assessment included:

- Review current call center contract and inventory current call center functions
- Review federal requirements and best practices for a call center that will serve both the Exchange and other publicly-funded health care programs, such as Medicaid
- Identification of modifications to the current call center necessary to assure full compliance with Exchange requirements, including additional staff and technology resources
- Drafting language that could be used in an amendment to the Maximus contract.

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## Findings related to Call Center Support and the Affordable Care Act guidance

Although there has not been specific detailed federal guidance related to establishing a call center to support individuals and small employers acquiring health insurance, we have incorporated our experiences with managing outsourced call center vendors at the MA Health Connector, analysis of the federal requirements guidance on business functions of an Exchange, and best industry practices to support a call center environment.

Please note that a financial analysis was not in scope for this assessment and was not completed for Maximus or DCF-ESD. The assessment was based off interviews with key stakeholders as well as documentation provided. Observations as a result of those interviews and data were reviewed with each of the stakeholders to ensure that there were no misrepresentations or misunderstandings prior to drafting final observations, impacts and recommendations. Please note that the decisions made related to the technology solution and business process requirements to support the Exchange functions of Eligibility and Enrollment will drive the necessary modifications to the existing call center contract deliverables.

In addition to the detailed PowerPoint call center analysis and recommendation document, this brief narrative intends to call out specific Exchange functional areas of the ACA requirements and their impact on call center operations. The observations listed below are functions that could be managed by the existing Maximus call center but depending on State decisions related to skillset and new technology to be implemented may be managed by one or more State organizations.

### General:

- The ACA compliant call center will need to provide front line customer service support, technology integration with Exchange solution modules and back office support to individuals seeking Medicaid/CHIP, subsidized, unsubsidized and potentially small business health insurance (SHOP).
- The current call center vendor Maximus provides the baseline staffing skillset and technology to support the DVHA Exchange but will need to be enhanced in order to come into full compliance with the ACA vision and requirements for consumer assistance contact center.
- **Eligibility** – The Maximus call center currently performs educational and referring role in terms of determinations. Decisions will need to be made on their role in the Exchange. Based on the technology solution to be developed to facilitate and online automated

eligibility process, the Maximus call center staff could be trained to assist beneficiaries navigate the online process. For more complex scenarios and exception processing, the Maximus call center staff could triage these calls to a State ESD unit trained to manage these scenarios.

- **Enrollment** – The Maximus call center staff currently enroll beneficiaries using ACCESS system. They will need to be trained in the new shopping and enrollment modules to assist beneficiaries with the enrollment process.
- **Premium Billing** – The Maximus call center staff currently respond to inquiries related to premium payments but refer issues to be handle by other ESD units. The call center staff will need to be trained on the functionality of the new billing system in order to answer inquiries. Depending on future policies/procedures, assistance may be needed to view beneficiary account statements, mail/email copies of invoices, explain refund process, or possibly establish a premium payment plan to assist beneficiaries keep coverage yet spread out payments due during periods of financial hardship.
- **Self Service** – New channels of communication and opportunities for self-service are required under the ACA. Training to assist callers may be required for functions such as online e-payment, utilizing the IVR to check eligibility/enrollment/payment status, online chat, email, updating account information due to change in circumstances, applying for certificate of exemption and many others based on requirements to be developed.

#### **People:**

- Staff levels may need to be increased to manage the projected call/website volume assistance that will be required to support eligibility and enrollment. Pending technology solution and policy decisions, Maximus could facilitate eligibility application process as needed and triage exception/complex determinations to the Health Access Eligibility Unit (HAEU).
- New skillsets will be needed if the staff will be facilitating eligibility application in addition to online enrollment functions.
- Training needs will be impacted to educate staff on the new program eligibility, enrollment, premium billing, appeal, certification of exemption and other policy decisions that will arise during implementation of the exchange.
- SHOP will require a new skillset not traditionally supported by Maximus. Outstanding decisions could include outsourcing these activities to another vendor or creating a unit within Maximus to support the SHOP requirements.

## Process:

The role of the Exchange customer service center is to facilitate the process of acquiring health insurance, whether it is subsidized, unsubsidized, Medicaid/CHIP, or through a small employer. Consumer requests will come from email, phone, fax, online and in person. Customer service Center staff will provide education and assistance related to the eligibility and enrollment application process. Additional services/functions include, but are not limited to the following:

- Track all client encounters in a Customer Relationship Management (CRM) solution
- Eligibility application using VIEWS/website (phone, online, in person, mail)
- Enrollment using VIEWS/website (phone, online, in person, mail)
- Potential new support channels – email, chat, online
- Provide assistance navigating the web portal, compare QHPs, select primary care provider
- Provide assistance using online decision support tools
- Explaining Advanced Payment of Tax Credit and Cost Sharing Reduction
- Assist with QHP transfer requests based on Exchange policy
- Integration of an Interactive Voice Response system with the Exchange core components to offer self service capability to clients
- Educate clients on premium paying requirements for those required to contribute to health insurance premiums
- Accept payments by mail, walk in, and electronically
- Respond to inquiries related to eligibility status, enrollment status, change in circumstances
- Research and resolve client issues and account discrepancies
- Assist/educate clients on appeal, complaint, and certificate of exemption processes
- Provide language translation services whether through call center representatives or through a language line service
- Refer to other state agencies, QHPs, Navigators, Brokers as needed
- Fulfill client requests for mailed or electronically delivered correspondence

## Technology:

- Maximus will need to integrate their CRM/IVR/ACD/Knowledge Management solutions with the Exchange “To Be” technology solution. CRM will need to accept data in order to manage beneficiary encounters. IVR will need to provide additional functionality (examples include: make payment, eligibility and enrollment status).

- Define the core Exchange business services technology components and define how the call center will integrate or utilize these services (Website, Eligibility, Enrollment, Premium Billing, Appeals/Certificate of Exemption, Knowledge Management, Document Management)
- Establish a tool to track and process complaints, appeals, exemption from individual mandate and monitor trends. Determine the call centers role and responsibility to assist callers with these Exchange functions. Training would be needed if new technology and processes are developed.

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### **Potential Next Steps related to application for Establishment Grant II**

- Finalize details about where transitions between the call center and existing entities will occur (specifically related to Eligibility Determination and SHOP support)
- Establish back end IT infrastructure that connects customer service vendor with the exchange solution
- Develop business process flows for customer experiences
- Develop detailed requirements and scope to allow Maximus to provide a detailed quote for new services to support the Exchange
- Decide whether SHOP Exchange needs a separate call center or if they can be combined
- Develop call center customer service representative protocols and scripts to respond to likely requests
- Develop materials and train call center representatives on eligibility verification, enrollment processes and other Exchange processes and solution modules
- Support member self-service questions – updating beneficiary account information, making payments, viewing account statements online, address changes. Also includes self-service through an interactive voice response system to access eligibility and enrollment status, pay premiums and listen to account balances.
- SHOP specific - Employer account set-up and eligibility assistance, employee QHP selection support, manually entering employee census data, possible employer open enrollment support, dispute resolution, handling billing and payment issues, resolving systemic issues that are creating administrative hassles for the employer, and broker support.

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## Observations related 2013 Open Enrollment and Call Center Impact

The initial open enrollment period in 2013 will be a major milestone for the Exchange and a test of operational readiness. The customer service center will play a critical role in the overall success of open enrollment. The exchange will need to develop a coordinated plan with the customer service center vendor as they will be responsible for supporting the calls, mail, web traffic that will occur at the onset of open enrollment. Peak volume and confusion should be anticipated for October 2013 through February 2014, and then annually thereafter.

A few of the open enrollment areas that will require focus include:

- Training and coordination with QHPs and Navigators.
- Communication strategy/messaging
- Developing budgets (if specific open enrollment business functions are not included in existing contract)
- Coordination with QHP marketing effort
- Website modifications
- Developing and recording IVR scripts
- Staff augmentation (as needed)
- Call script development
- Mailings
- Developing reporting requirements
- Developing open enrollment customer service representative job aids
- Training and coordination with community outreach organization and health plan call centers to reduce duplication of effort

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## Typical Encounters with Clients in an Exchange Environment

Some of the typical call reasons an integrated customer service center will handle include:

**Application Navigation:** these include assistance with eligibility applications and navigation through the on-line application process.

**Enrollment questions:** these include comparison shopping and requests to enroll in a health plan and calls to confirm enrollment start date.

**Health Plan questions:** these include inquiries on the status of enrollment cards, questions about covered services, and provider network inquiries.

**Billing questions:** these include calls from clients questioning their invoices, premium amounts, or checking on payment receipts.

**Case Updates:** these include calls to assist entering reported income changes, insurance status changes, address changes, general health reform questions if the Exchange does not have a specific staff function to handle public questions or inquiries from state legislature, etc.

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**Potential Call Center Policies and Procedures to be developed or modified include:**

**Administration**

Program Overview  
HIPAA  
Document Retention  
Hours of Operation  
Greetings

**Eligibility**

Subsidized  
Non-Subsidized  
Language Line  
Call Monitoring  
Call Escalation  
Information for providers  
Member Encounter Support and Management  
Member Complaints and Grievances  
Member Self-Service  
Community Outreach  
Member Outreach  
Permission to Share Information Processing  
Document Management and Mail Responsibilities  
Publications  
Member Mailings  
Other Materials  
Member Surveys  
Citizenship and Immigration  
Using eligibility system  
Advanced Premium Tax Credit

Third Party Liability  
Exception Processing  
Referrals to other programs  
Change in Circumstances  
Disenrollment  
Certificates of Exemption  
Appeals

**Enrollment**

Enrollment Processing  
Overview of Program  
QHP Options and Contact Information  
Covered Services and Cost Sharing  
Enrollment Opt Out  
Health Plan Transfer  
Change of Address  
Disenrollment for Non Payment of Premium