

Vermont Campaign for Health Care Security Education Fund

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Vermont-NEA
AARP Vermont
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for Health

MEMORANDUM

TO: Emily Yahr
Henry Huston

FROM: Donna Sutton Fay
Peter Sterling

DATE: November 1, 2012

RE: Comments on Call Center Assessment

The Wakely “Vermont Health Exchange: Assessment of Call Center Operations” dated August 24, 2012 provided context for our comments. Wakely’s report provides a thorough assessment of the capabilities of the state’s current call centers and it captures most of the important elements to consider in establishing a call center for the Exchange. We did not consider the Health Care Ombudsman Office to be a call center for purposes of our comments. We have also relied on our experience with the current Member Services call center.

The Call Center will be the human face of the Exchange. The success of the Exchange largely rests on the Call Center. DVHA should design the Call Center based on the needs of the people enrolling through the Exchange. It would be a mistake to try and retrofit the current call centers as the Call Center for the Exchange. The responsibilities and tasks of the Call Center will be very different than that of the current Member Services or Benefit Services Center.

Based on our work operating our helpline, our experience with the roll out of Catamount Health, and doing outreach and education for the past several years, we believe the state must pay special attention to making the Call Center user friendly for the uninsured, underinsured, and underserved in Vermont.

It will be very important that callers have a positive experience with the Call Center on their very first try. Many find calling a 800 number and going through a automated voice system with a number of choices very challenging, and will just give up if it is not easy to speak to a live person. Many people will not keep trying if the first try is frustrating.

Important Features of the Exchange Call Center:

- It would be far preferable to have a human answer the phone on the initial call and direct calls to the right person. If there is an automated system that answers the call, it must have a limited number of options for the caller to choose from and an easy opt-out to a live person.
- It must be adequately staffed so callers can get through to a live person quickly with very minimal wait times. The Call Center will receive a very high volume of calls. Community Partners will be driving calls to the Call Center as well as all the individuals and small businesses calling.
- The Call Center must be open beyond traditional business hours to effectively serve the public. The Benefit Service Center closes at 3:15 on Friday—which is a clear example of not being consumer oriented.

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- It cannot be underscored enough that Call Center staff must be properly trained, and training needs to be ongoing. The staff will be required to have a different skill set than current call center staff. They must have a deep knowledge base of the health care programs, qualified health plans, premium tax credits and cost-sharing subsidies, etc. They will be helping people enroll in plans. They must be trained in doing “intake” and know how to ask probing, open ended questions to elicit complete and accurate information from callers. They cannot just answer the question put in front of them without making sure the caller is asking the right questions. Repeating the model of the current Member Services will not work.
- Callers must be able to speak directly with their caseworker. It is very frustrating for enrollees using the current call center that they are not allowed to talk directly to their caseworker. They can only give information to the Member Services staff person, who then relays it to the caseworker. This often results in having to repeat the same information multiple times and phone tag.
- It must be significantly easier for a community partner, family member or friend to be on the line with the caller and the Call Center than it is now. Many callers rely on others to help them and need these people to be able to talk with the Call Center.
- Call Center staff must provide accurate, complete, and timely information. There can be significant consequences when the information is not accurate, complete or timely. For example, someone might miss open enrollment if not given the correct information. Or someone might say they want to enroll in a Bronze plan and not realize they will possibly forgo cost-sharing subsidies unless told so by the Call Center. And, nothing frustrates people more than getting different answers from the current MSRs at Member Services.
- Staff must be able to recognize when it is necessary to move a call up to a higher level for resolution.
- Call center staff must be able to talk with callers for as long as needed. Setting arbitrary time limits for the length of the call can result in incorrect information being provided and callers not receiving the assistance needed.
- Quality control must be built into the Call Center and it must be ongoing. It cannot be a catch-as catch can thing to make sure the information being provided is accurate. DVHA should consider creating an oversight-type group to help with developing and evaluating training, both initially and ongoing, and quality assurance. Community partners should be represented.
- Turnover must be addressed. Frequent turnover leads to uneven quality. DVHA must work to change the current climate at Member Services where turnover is frequent. This was an issue when Catamount Health started.
- Call Center staff will need to be proactive, not just reactive. For example, if someone is hedging about enrolling towards the end of the open enrollment period, the Call Center staff should affirmatively make sure the caller understands the consequences of missing the open enrollment period—even if the caller doesn’t ask about it directly.

The following are our additional comments specific to the Wakely Call Center Assessment. In general, we thought Wakely’s recommendations were appropriate and thorough.

We agree with Wakely’s recommendations in the following areas:

- Call Center Organization and Governance
- Service Delivery
- Program Eligibility Determination
- Staffing
- Issue Management
- Quality Assurance
- Call/Case Management

- Knowledge Management

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- Customer Satisfaction
- Contact/Case Management
- Self Service
- Telephony
- Service Levels-First Call Resolution
- Service Levels-Customer Satisfaction

Performance Management: We generally agree with Wakely's recommendations in this area. However, in addition, we believe that the Call Center must have procedures in place for addressing identified needs for additional or corrective training. When Catamount Health started we identified several areas where the information given by MSRs at Member Services needed correcting or made more complete. We found it to be frustrating and cumbersome to get corrective action. It will be critical for the success of the Call Center that there be procedures in place for easily and quickly ensuring corrective training/information happens smoothly and efficiently.

Hiring/Training: We believe that Call Center staff must have a minimum of 2 years post-high school education. Currently, Member Services only requires a high school diploma. The volume and complexity of information that staff will be required to have a solid understanding of will be so much greater in the Call Center that we think staff should have at a minimum 2 years post high school education.

Attrition: We are concerned with the very high level of turn over at Member Services. It will be very important to address this and put in place practices to drastically reduce turn over in the Call Center. Such high attrition affects quality of service.

The Leading Practice for hours of operation is 24/7. We are not sure this is necessary in Vermont, but do believe that the Call Center needs to be staffed early mornings and in to evenings and some hours on the weekend.

We do not have the expertise to evaluate the recommendations in these areas: Business Continuity, Utilization, Contract Management, Service Management, Change Management.

In addition, we have these general comments:

- We believe the state should consolidate the two call centers and have one single 800 number as the Exchange call center. Maintaining two numbers for the Exchange will lead to confusion.
- While the one 800 number can serve as the single point of entry to the Exchange, we agree that it will be important to have a sort of triage function built into the Exchange so that more complex questions and issues can be escalated up to levels of staff with advance training and authority.
- People will not always present their issue and information easily or accurately. This will be a factor in both the time necessary for staff to spend with callers and in the context of training. Staff will need to be trained to ask the right questions to elicit the necessary information to help callers.
- The automated voice system must be very easy to navigate. We hear often of how difficult it is for some to navigate the current system. There must be an easily identified default provision for callers to get to a live person.
- It appears that individuals will be able to complete an application over the phone using an IVR system. This is an important feature. However, it will likely be difficult for many to navigate. It will be very important that there be an easy opt-out feature so that callers can talk to a live person for assistance during the application process. It cannot be underestimated how systems like this can put people off.
- There must be a shared knowledge system for issue management so that all involved can view an issue and communications on a particular issue or client. This reduces redundancy and consumer frustration and increases efficiency.
- Consumer satisfaction is very important. The Exchange must have a system for formally assessing consumer satisfaction and identifying and resolving consumer areas of complaint. The state must respond to issues raised when doing consumer satisfaction surveys.

- Monitoring the functioning of the Call Center will be important from the outset. For example, data like call wait times, time staff spend on the phone with callers, abandoned call rate, and consumer

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- satisfaction will be critical information to gauge how well the Call Center is functioning and to immediately identify any problem areas.
- It will be important for both public confidence and effective use of community partners for the Exchange to provide data publicly on how the Call Center is functioning. Reports should be available on a regular basis. Data that should be tracked and made publicly available include: call wait times, time spent on calls, volume of calls that can be resolved on the first call and volume of calls that must be escalated for resolution, rate of abandoned calls.
- When the Benefit Service Center encountered significant delays, this type of data was made available on a weekly basis. It served several significant purposes. It helped community partners understand how the call center was operating and where there were issues. It showed improvement, or lack thereof, in areas of concern. It enabled the state and community organizations to have a work together to improve things. Fundamentally, it was a very important aspect of accountability. It will not serve the Exchange well for the state to shy away from providing accurate and timely information.
- It will be important for community partners to have a designated point person to contact for issues that arise in their contact with the public. Our experience is that this provides an efficient way to get questions answered and issues resolved.
- The state will need a system for communicating with all community partners' issues that have been identified and the status of resolution.
- The success of the Call Center will not be measured solely on whether it meets the terms of its contract. Maximus meets the terms of its contract currently, yet many of the issues we see are not addressed in the terms of their contract. For example, we heard last week about a MSR telling someone that Catamount Health was ending. We hear frequently from callers to our helpline that they could not get a clear answer to their question when they called Member Services. Individuals who call about Catamount Health are told by Member Services that they can't explain the plan. The Call Center will have to provide consistent, clear, and correct information to be successful.