

**MNsure
Health Industry
Advisory Committee (HIAC)**

MNsure Board Reporting Metrics

The Health Insurance Advisory Committee (HIAC) and Consumer was established by the MNsure Board under authority of Minn. Stat. § 62V.04, subd. 13(a).

The HIAC “will provide appropriate and relevant advice and counsel on MNsure’s duties and operations and other related issues for the benefit of the Board.”

October 30, 2017

Table of Contents

Executive Summary	4
Issue Statement	4
Background	4
Recommendations	8

HIAC Members

Jonathan Watson is the committee chair. He resides in the Twin Cities and is public policy director at the Minnesota Association of Community Health Centers.

Ghita Worcester is the committee vice chair. She resides in the Twin Cities and is the senior vice president for public affairs and the chief marketing officer at UCare.

Kenneth Bence resides in the Twin Cities and brings over 25 years of experience working in public and community health in Minnesota.

Kyle Bozentko resides in the Twin Cities and is the executive director of the Jefferson Center.

David Dziuk resides in the Twin Cities and is senior vice president and chief financial officer at HealthPartners, Inc.

Forrest Flint resides in the Twin Cities and is vice president of strategy and innovation at Delta Dental of Minnesota.

Carl Floren resides in the Twin Cities and is a retired software professional.

Thomas Hoffman resides in the Twin Cities and is a General Manager for Prime Therapeutics, a pharmacy benefit manager for Blue Cross Blue Shield Minnesota and other health plans across the country.

Hillary Hume resides in the Twin Cities and is a clinical operations director with KEPRO.

Harlan Johnson resides in Greater Minnesota and is an insurance broker at Harlan V. Johnson Agency, Inc. He is a small business owner and an employer. Harlan serves on the board of directors for the Minnesota Association of Health Underwriters.

Andy McCoy resides in the Twin Cities and is the vice president of revenue management for Fairview Health Services.

Heidi Michaels Mathson resides in the Twin Cities and is a health insurance broker at Dyste Williams.

Daniel Miesle resides in rural Minnesota and works as a health care facility consultant.

Reuben Moore resides in Greater Minnesota and is the vice chair of global solutions at Mayo Clinic.

Chris Rofidal resides in the Twin Cities and is a regional sales director with Health Information Designs.

Charles Sawyer resides in the Twin Cities and is a chiropractor as well as senior vice president at Northwestern Health Sciences University.

Bette Zerwas resides in rural Minnesota and is a policy consultant with MS Strategies. She is affiliated with the Minnesota Health Care Safety Net Coalition.

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Executive Summary

The HIAC discussed MNSure reporting metrics for the “Customer Service Dashboard” at its September 28th meeting. The HIAC finalized this recommendation at the October 30, 2017 meeting. The recommendation consists of four areas to give the MNSure Board greater insight into the performance of MNSure for both consumers and assisters.

The MNSure Health Industry Advisory Committee (HIAC) recommends that ***MNSure add the following metrics to the “Customer Service” Dashboard:***

- Average wait time seconds and compared to a goal of 120 seconds or less;
- Percent of first call resolved compared to a goal of 90%;
- Average duration of calls;
- Overall “cost-per-call;” and
- Interactive voice response (IVR) metrics

The MNSure HIAC recommends that ***MNSure modify the existing metrics on the “Customer Service” Dashboard.***

- Continue to report the percent of calls abandoned and measure it against the industry standard¹ of 5%.
- Continue to report average speed of answer and measure it against the industry standard² of 30 seconds.
- Continue to report service level, but lower the measurement from 5 minutes to 30 seconds and measure it against the industry standard³ of 90% of calls answered in 30 seconds or less.

The MNSure HIAC recommends that ***MNSure metrics should be reported separately for Consumers and Assisters.*** Currently, the reported metrics combine these two groups.

The MNSure HIAC ***recommends that MNSure report metrics on a weekly basis during open enrollment periods.***

The vote XXXXXXXXXXXX.

¹ Corporate Standards of a URAC Accredited UM/CM/DM national medical management organization.

² Ibid

³ Ibid

Issue Statement

The MNSure Board receives information related to MNSure’s customer service through a dashboard presented at each Board meeting. The “Customer Service Dashboard” provides insight to the performance of MNSure’s call center. While the information can identify areas for improvement, refining the metrics and adding metrics will give the MNSure Board greater insight as to the customer service performance of MNSure.

Background

As part of every MNSure Board meeting, a “Customer Service Dashboard” presents the eight-specific metrics for a set period (typically the previous month prior to the MNSure Board meeting). The metrics are summarized on Table 1.

Table 1 | MNSure Reporting Metrics, Customer Service Dashboard

Area	Metrics
Contact Center	<ol style="list-style-type: none">1. Call Volume2. Services Level (% of call answered in 5 minutes or less)3. Average Speed of Answer4. Calls Abandoned while in the Queue
Top Contact Center Inquires	<ol style="list-style-type: none">5. All Callers6. Assister Resource Center (ARC)
Trend (From Beginning of Open Enrollment)	<ol style="list-style-type: none">7. Call Volume8. Service Level

The HIAC evaluated the customer service metrics publicly available for the 16 state-based marketplaces (SBM). The purpose of this evaluation is to assess what metrics are reported in other states that MNSure does not report.

Below are various customer services dashboards from California, Colorado and Washington.

California⁴

SERVICE CENTER PERFORMANCE UPDATE*

September 2017 Call Statistics

	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
Totals	260,563	146,711	2.13%	136,440	0:00:21	0:16:22	83.33%

Does not include outbound, SHOP, or internal consults

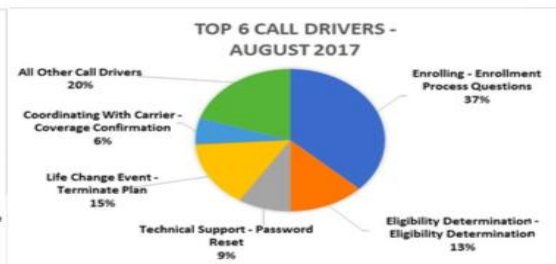
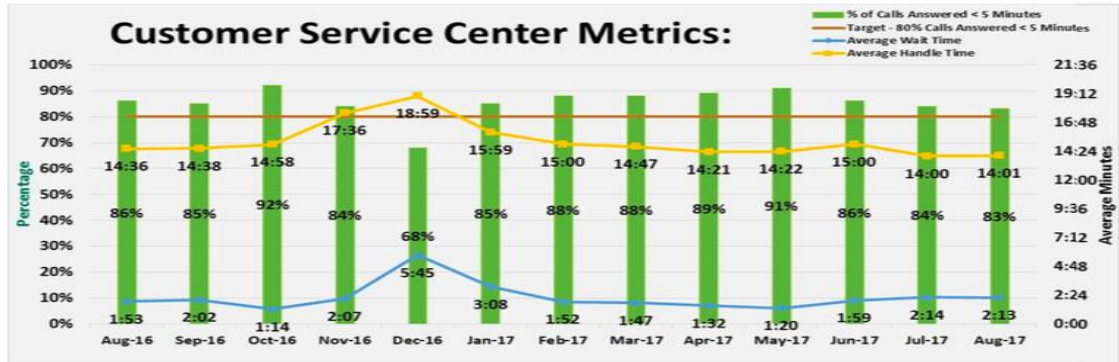
Top 5 Call Dispositions
1. Individual · Current Customer · Application/Case Status · Inquiry/Assistance
2. Individual · New Enrollment · Inquiry/Assistance — New Enrollment
3. Individual · Current Customer · Disenrollment/Termination · Requesting to be Terminated
4. Individual · Medi-Cal · Provided County/Contact Number Information
5. Individual · Medi-Cal · Medi-Cal/Enrollment Inquiries

*Performance metrics are measured monthly.



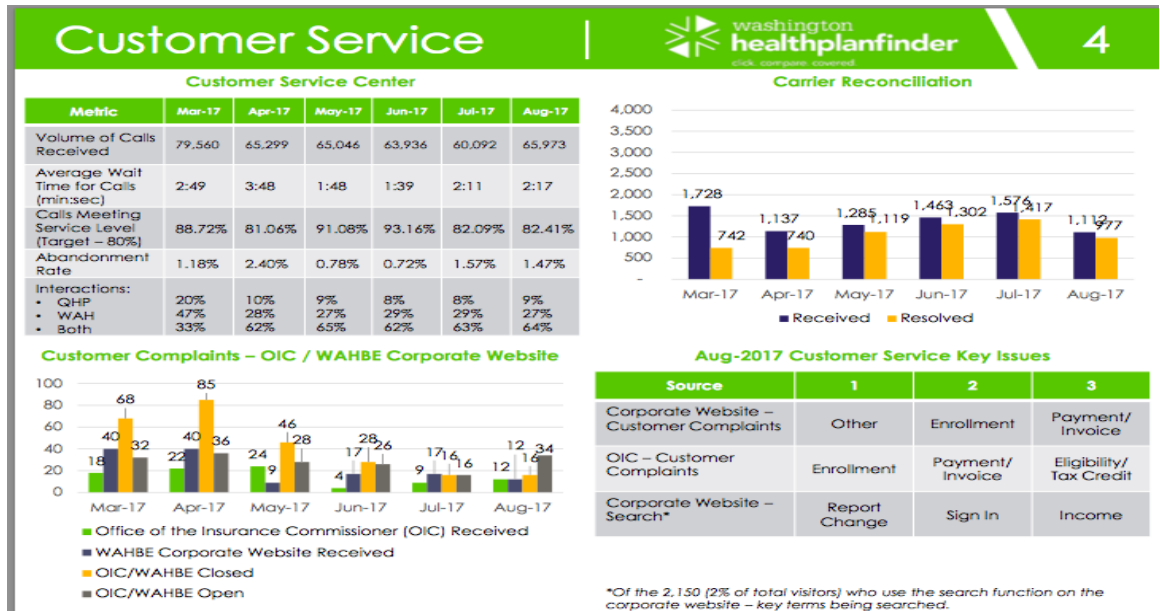
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Colorado⁵



⁴ Covered California, October 5, 2017 Board Meeting, Executive Director’s Report, http://board.coveredca.com/meetings/2017/10-05/PPT-Board_ED_Report-Oct_2017-7.pdf

⁵ Connect for Health Colorado, Marketplace Dashboard, August, 2017, <https://www.dropbox.com/s/iygbv1e5utxjvxx/Screenshot%202017-10-05%2013.55.43.png?dl=0>



A summary of the common data elements for each state’s Customer Service Dashboard and MNsure’s reporting elements are on Table 2.

Table 2 | Comparison of Customer Service Dashboard Metrics

	Volume	% Abandoned	Avg. Speed of Answer	Avg. Hold Time	Service Level Measure	Average Handle Time
CA	✓	✓	✓	✓	✓	
CO				✓	✓	✓
WA	✓	✓		✓	✓	
MN	✓	✓	✓		✓	

Based on a review of the publicly-available information in three other state-based marketplaces, it appears that MNsure is providing comparable data elements.

⁶ Washington healthplanfinder, Executive Dashboard, September 2017, https://www.wahbexchange.org/wp-content/uploads/2017/09/HBE_EB_Executive-Dashboard_170915-1.pdf

Options

The HIAC developed a list of metrics for the MNsure Customer Dashboard. The metrics can be divided into three categories: 1] modifications of existing metrics (including benchmarking to “industry standards;” and 2] addition of new metrics.

Modifications of Existing Metrics

Current Measure	Proposed Measures
Calls Abandoned while in Queue	1. Benchmark measure against industry standard of 5%
Average Speed of Answer	2. Benchmark measure of an average speed of answer of 30 seconds or less.
Service Level (% of calls answered in 5 minutes or less)	3. Percentage of calls answered in 30 seconds or less with a benchmark of 90%.

New Metrics

4. Average wait time in seconds.
5. Benchmark of wait time with goal of 120 seconds or less
6. First call resolution percent
7. First call resolution percent with a goal of 90%
8. Average duration of call
9. Overall “cost-per-call”
10. Interactive Voice Response (IVR) metrics

In addition to modifications to existing metrics and establishing new metrics, the HIAC considered two additional options:

11. Reporting the metrics on a weekly basis during open enrollment; and
12. Providing a separate report on the above metrics for both consumers and assisters.

Recommendation

- **The HIAC recommends to the MNsire Board that the Customer Service Dashboard: 1] modify existing metrics to compare to existing industry standards; 2] create additional metrics; and 3] provide separate reports on all metrics for consumers and assisters.**
- **The HIAC recommends maintaining the existing metrics that are reported to the Board such as Top Inquiries, Call Volume and Service Level trends.**

The following table provides an example of the proposed MNsire Dashboard.

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Time Period Week of November 1-8		Consumer Service	Assister Service
<u>CALL VOLUME</u>		XX,XXX	XX,XXX
<u>SERVICE LEVEL</u>			
	Percent of Calls Answered in 5 minutes or less	X.XX%	X.XX%
	Percent of Calls Answered in 30 seconds or less (INDUSTRY STANDARD)	X.XX%	X.XX%
<u>AVERAGE SPEED OF ANSWER</u>			
	Time	H:MM:SS	H:MM:SS
	Percent of Calls Answered in 30 seconds or less (INDUSTRY STANDARD)	XX.X%	XX.X%
<u>CALLS ABANDONED WHILE IN QUEUE</u>			
	% Percent Abandoned	XX.X%	XX.X%
	Compared to Industry Standard of 5%	-XX.X%	+XX.X%
<u>AVERAGE WAIT TIME</u>			
	Time	H:MM:SS	H:MM:SS
	Compared to Industry Standard of 120 seconds	-XX.X%	+XX.X%
<u>FIRST CALL RESOLUTION TIME</u>			
	Percent	XX.X%	XX.X%
	Compared to Industry Standard of 90%	+XX.X	+XX.X
<u>AVERAGE DURATION OF CALL</u>			
	Time	H:MM:SS	H:MM:SS
<u>OVERALL COST-PER-CALL</u>			
	Cost	\$X.XX / call	\$X.XX / call
<u>INTERACTIVE VOICE RESPONSE METRICS</u>			
	????		

- HIAC Members voting for the recommendations (XXXXX)
- HIAC Member Not Present XXXXXX

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