

CONTACT CENTER

November 2012

Background

Minnesota's approach to the design, development, and eventual operation of the contact center and overall HIX customer service functionality is based on a Lean Six Sigma methodology called DMAIC, (Design, Measure, Analyze, Improve, Control), which provides a framework for creating and sustaining new business processes for organizational success. It is an iterative process that will allow for the creation of a customer service function that is ready to operate for Exchange open enrollment starting on October 1, 2013 and continues to improve as the Exchange operates and more information is collected about actual customer service needs and functional requirements.

The Call Center (Contact Center) for the Minnesota Health Insurance Exchange is envisioned to be a part of a comprehensive customer service solution with multiple modes of assistance including web, phone, in-person, mail, etc. focused on providing outstanding customer service to meet or exceed the expectations and requirements of those who interact with the Exchange. The ultimate design and organizational model of the overall customer service solution, including the Contact Center, will be determined based on governance, financing, and policy decisions made early in the 2013 Legislative Session including the roles of navigators, agents/brokers, counties, tribes, and others, overall HIX technology functionality and resource plans, and outreach and marketing activities.

At this point in Minnesota's Contact Center development, there have been no decisions made as to the Contact Center operating model, or the proposed processes, technologies or resources to be deployed. The next phase of our work will be a deep dive evaluation of a refined list of Contact Center and overall customer service options for consideration early in the 2013 Legislative Session, development starting on or before April 1, 2013, operations starting on or before October 1, 2013, with improvement and enhancement into 2014.

Key issues that will drive the decision regarding the Contact Center operating model and overall customer service solution will include who and how certain types of questions are answered, the timing of questions before or after enrollment, coverage type/status of customer, authority to assist with certain questions, mode of assistance (web, phone, in-person, mail, etc.), and funding.

- **Design (8/27-11/16/12) (COMPLETED)** Landscape analysis and assessment to facilitate initial design options. This phase 1 has included: 1) understanding of high level statutory, business, technical, and operational requirements for the HIX customer service function (including call center, consumer services and communications, and billing and payment), 2) high-level review and understanding of existing capabilities and capacities of customer service operations that serve Minnesota Health Care Program enrollees including Medical Assistance, 3) collection of health care industry specific best practices and case studies for benchmarking purposes, and 4) identification of possible customer service designs to meet the identified needs and high level business process requirements.

- **Measure and Analyze** (11/16/12-1/16/13) Measurement and analysis to support a refined list of detailed customer service solution options that can be operational within six months and allow for refinements and enhancements to occur over time.
- **Improve** - (4/1/13-9/30/13) Building and implementing the new HIX customer services solution and improving/enhancing services over time.
- **Control** – (10/01/13-and on) Operational customer service solution including business processes, service level agreements, performance metrics, and process improvement cycles.

Contact Center Guiding Principles

Minnesota's Contact Center and overall customer service development approach is based on a set of Guiding Principles that support the overall vision and goals of the Exchange. The Contact Center and overall customer service guiding principles include:

- Compliance with ACA Requirements (toll free, 1-800 number, language services, multi-channel access such as web, phone, in-person, mail, etc.).
- Simplify the consumer experience. Provide seamless customer service and handoffs. Directing people to find other sources of assistance on their own does not simplify the consumer experience.
- Leverage existing State Customer Service infrastructure/resources where possible and practical given that at least half of the customers projected to use the Exchange will be eligible for Medical Assistance, but ensure that all consumers have the same service experience regardless of coverage type. Service solutions should be consumer focused, not program focused.
- Be practical. Develop for October 2013 assuming a six month timeframe, then refine and improve.
- Create a feedback process to enable continuous improvement of services to exceed customer expectations.

Overall HIX Contact Center Requirements and Components

The Minnesota HIX Contact Center model must meet the needs of a diverse customer base with a wide range of needs. Many of these customers are currently being handled through the existing call centers and County Office staff resources (Eligibility Specialists, Financial Specialists, Case Workers, etc) that deliver and administer customer service for Minnesota Health Care Programs. Other customers, including the uninsured, currently insured individuals, those eligible for Advanced Premium Tax Credit, employers and employees, will be part of a new customer base. The Contact Center must also be able to address the needs of and coordinate with insurers and a wide range of assisters (navigators, brokers, counties, tribes, health care providers, etc.).

Minnesota Health Insurance Exchange Blueprint Application Documentation

Minnesota HIX Contact Center options that will be refined and evaluated over the next few months are derived from the information acquired during our Landscape Assessment, leveraging of industry best practices, review of other states' HIX Call Center approaches, and MN HIX contact center guiding principles. The goal is to deliver an effective and efficient Contact Center operation for the Exchange by October 1, 2013 that will serve the diverse needs described above, and improve into 2014 and 2015.

All of the Minnesota HIX Contact Center options will provide and/or enable all required call center services, including:

- The operation of a toll-free (1-800 number) telephone hotline ¹ providing seamless application support between various HIX functions
- Utilizing HIX knowledgeable designated resources and personnel to support ongoing operations
- Coordinating with other Insurance Affordability Program(s) and with other State and Federal agencies²
- Responding to requests for assistance from the public, including individuals, employers, and employees, at no cost to the caller²
- Responding to calls from individuals, employees, employers, brokers, navigators, assisters, insurers, and others who may call on behalf of individuals
- Providing bilingual, language translation and oral interpretation services²
- Providing fulfillment services to send notices and outreach and educational materials
- Providing answers (or referrals) for the typical question types described above to all who call
- Hours of Operation (IVR- 365x24x7), Live Support (Weekday and Weekend hours TBD)

All options will include some combination of Contact Center technologies that could be utilized on day one, October 1, 2013. Each model could utilize a variety of these technology options:

- Infrastructure (i.e. Interactive Voice Response (IVR), Automated Call Distribution (ACD), Digital Telephony, Kiosk)
- Operational tools (i.e. real time Call Center/Call Management tools, Call Recording, Call Monitoring, etc)
- CSR desktop solutions/applications

Typical Question Areas Under Consideration for Contact Center Options

There are a wide variety of questions that will be fielded by Contact Center representatives. Some of the questions related to enrollment, eligibility and account management are currently being handled by existing county and state call center operations. Other types of questions, such as those around the HIX overall, HIX eligibility rules, Advanced Premium Tax Credit and specific HIX Health Plan offerings, will

¹ 2.4 a *The Exchange provides for the operation of a toll free telephone hotline (call center) which acts as a central line to handle seamless application support, coordinates with other state and Federal agencies, and responds to requests from the public, including individuals, employees and employers, at no cost to the caller.*

² 2.4 b *The Exchange provides translation and oral interpretation services.*

require CSR's to acquire specific subject matter expertise in order to appropriately handle all types of calls that could come into the Contact Center. This is a representative, but not necessarily a complete list, of the types of calls that will need to be addressed by the HIX Contact Center in some manner and are under consideration regarding Contact Center operational options.

- **Application navigation:** these include assistance with eligibility applications and navigation through the online application process
- **Enrollment questions:** these include comparison shopping and requests to enroll in a health plans and calls to confirm enrollment
- **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, checking on receipt of payments
- **Appeals questions:** these may be part of the formal appeal process, or may begin as initial complaints or concerns about HIX policy or procedures
- **Status/Case updates:** these include calls to assist entering reported income changes, household changes, insurance status changes, address changes, etc.
- **General inquiries:** on health reform or related issues for state assistance
- **SHOP (Small Business) questions:** these can come from employees, employers, or brokers

Training Considerations

Specific training plans¹ for HIX Contact Center personnel will be developed once the above referenced policy and operational decisions have been made, but in general will consist of the following topics.

- HIX specific subject matter training will be based upon the plans to be developed and delivered to Assisters and could be based on and build on existing county training activities.³
- Training on any new technology tools that are deployed as part of the Contact Center – based upon the specific technology tools and processes that are selected. Some of the Items under consideration include Call Monitoring/Call Recording functionality, Online Chat and HIX Relationship Management Software.
- Specific application functionality training around all the modules of the Exchange IT application, which will be the primary source of HIX operational functionality. HIX CSR's must be able to provide initial direction and guidance to all those who call about the various components available to all via the web application.

³ 2.4c *The Exchange provides adequate training and resources to operate the call center, including an operating plan and procedures*

Call Volume Estimates

Estimated HIX call volumes will be based on enrollment models from the Gruber and Gorman Actuarial and Economic Modeling Analysis (prepared for the state earlier in 2012), and a variety of other factors. Call volume will likely be higher in the first year by new customers (both individual and SHOP) who will be purchasing/obtaining private insurance or Medical Assistance for the first time through the Exchange. However, additional factors listed below could have significant impact on the number/type of calls to be fielded during both the initial enrollment “spike”, as well as the ongoing operations of the Exchange. The factors include:

- Volume and type of health insurance product options offered through the Exchange
- Content, usability and navigability of the Exchange IT web application
- Outreach and marketing activities
 - Timing and targeting of specific segments
 - Specific marketing messages to be delivered
- Policy Decisions (examples) :
 - Roles and specific responsibilities of Navigators, In Person Assisters, Agents and Brokers
 - Roles and responsibilities of Counties in supporting current and future clients
- Use of Technology to enable customer Self Service (Web, IVR, etc.) (see IT Master Contract Appendix B, Page 13 – “contractors solution will have capabilities to expose data to the IVR system”)

As the decisions and operational impact of the above areas are determined, more accurate estimates of HIX Contact Center call volume at Day One, as well as for the entire “spike” period, will become available. Further analysis and refinement of these volumes will be a significant component of the next phase of Contact Center planning.

Minnesota HIX Contact Center Options

As mentioned previously, key issues that will drive the decision regarding the Contact Center operating model and overall customer service solution will include who and how certain types of questions are answered, the timing of questions before or after enrollment, coverage type/status of customer, authority to assist with certain questions, mode of assistance (web, phone, in-person, mail, etc.), and funding. Preliminary high level options currently under consideration include:

- A. Utilize existing resources and infrastructure** - Based upon capacities and capabilities of current call center operations serving Minnesota Health Care Programs enrollees, explore the option to expand and train existing State and county staff on new HIX coverage options, functions, and systems, and utilize the scalability of existing technology (hardware expandability and software licensing options) to allow state and county staff to handle increased projected HIX call volumes.

The Minnesota HIX Contact Center would have no dedicated HIX Customer Service Representatives (CSRs). However, a 1-800 number would be set up with an IVR system to route calls to existing State and county staff. The IVR system would also route/refer certain calls to insurers, such as questions about existing coverage (e.g., covered services, enrollment cards, providers, etc.).

- B. Utilize existing resources and infrastructure with help from assisters during open enrollment –** Same as option A, but questions from small employers and employees and from individuals regarding eligibility and enrollment for private insurance and tax credits could be routed to navigators, in-person assisters, and brokers.
- C. Utilize existing resources and infrastructure with help from assisters during open enrollment and designated HIX CSRs to address general questions and route to appropriate resource or expert –** Same as option B, but HIX CSRs (hired or via contracted vendor) would staff the 1-800 number and address general inquiries and help consumers navigate the Exchange website to reduce calls to State and county staff and assisters regarding general information and assistance. Under this option, additional CSRs could be brought on temporarily during peak call volume times during open enrollment.
- D. Create a Minnesota HIX hybrid Contact Center model utilizing existing technology and operations personnel from Option A, with the addition of HIX Contact Center CSR staff -** HIX CSRs (hired or via contracted vendor) would handle all call types and issue areas not currently addressed by State or county staff and calls that are not automatically routed (via IVR) to State or county staff or insurers, and then resolve or route (via warm transfer) to the appropriate subject matter expert or resource. Under this option, additional CSRs could be brought on temporarily during peak call volume times during open enrollment or assisters could be utilized during open enrollment as under option B. State, county, and HIX CSRs would all be trained on the new Exchange IT application and utilize the scalability of existing technology (hardware expandability and software licensing options).
- E. Utilize new technology infrastructure with options A, B, C, or D –** Same as options A, B, C, or D with new and enhanced technology infrastructure (such as call recording and monitoring, a Customer Relationship Management application, skills based routing, expanded automatic call distribution (ACD) functionality, web-chat etc.).
- F. HIX CSRs provide all Contact Center services –** All questions regarding the HIX, including general inquiries, website assistance, eligibility, enrollment, SHOP, billing, appeals, etc. would be performed by HIX CSRs (hired or via contracted vendor). IVR system would refer existing public program enrollees to appropriate State or county staff and would refer calls about existing private coverage as appropriate to insurers.