

# Call Center Best Practices and Quality Measures

---

October 2012

Support for this presentation was provided through a grant from the Robert Wood Johnson Foundation's State Health Reform Assistance Network Program.

manatt

## Regulation § 155.205 Consumer Assistance Tools and Programs of an Exchange

The Exchange must provide for operation of a toll-free call center that addresses the needs of consumers requesting assistance and meet the following requirements:

### Accessibility Standards



Provide information in plain language and in a manner that is accessible and timely to inform individuals of the availability of the services

Individuals living with disabilities including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Individuals who are limited English proficient through the provision of language services at no cost to the individual, including oral interpretation; written translations; and taglines in non-English languages indicating the availability of language services.

The Exchange provides for the operation of a toll-free telephone hotline (call center) to respond to requests for assistance from the public, including individuals, employers, and employees, at no cost to the caller.

**State must provide: brief description of the call center’s strategy for managing call volume, plan for translation services, and toll-free telephone number.**

45 CFR 155.205(a)

2.4a

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 Insurance Affordability Program(s) and with other State and Federal agencies, and to respond to requests for assistance from the public, including individuals, employers, and employees, at no cost to the caller.



2.4b

The Exchange provides translation and oral interpretation services and auxiliary aids and services to the public, including individuals, employers, and employees, at no cost to the caller.



2.4c

The Exchange provides adequate training and resources to operate the call center, including an operating plan and procedures.



# Notable State Activity

<p><b>California</b></p> 	<ul style="list-style-type: none"><li>On August 23, 2012, the CAHBEX staff recommended that the Board pursue a Centralized Multi-Site Hybrid model because it “aligns with industry best practices, minimizes risk to achieve the aggressive launch dates, presents the most sustainable cost model and is responsive to the Administration’s commitment to state/county alignment on Medi-Cal and other social service programs.” The Board adopted the recommendation.</li><li>CAHBE issued an RFP for CalHEERS Development and Operations Services, Addendum 4, to focus on call centers. The RFP contains estimates for the volume of calls and other contacts by consumers.</li></ul>
<p><b>Colorado</b></p> 	<ul style="list-style-type: none"><li>On May 17, 2012, CGI was selected to develop comprehensive web portal solution and call center operation. The vendor partner team includes CGI, hCentive (provides the front-end user portal), Healthation (financial management), and Vangent (Call Center operations).</li></ul>
<p><b>Connecticut</b></p> 	<ul style="list-style-type: none"><li>On March 9, 2012, the Connecticut Health Insurance Exchange released an RFI for vendors capable of supporting the information technology and business processes of the Exchange, including call center capabilities and navigator/broker relationship management. Responses were due March 30, 2012. KPMG was selected as the Business Operations and IT vendor.</li></ul>
<p><b>Hawaii</b></p> 	<ul style="list-style-type: none"><li>On July 13, 2012 the Hawaii Health Connector (Connector) released an RFP for bidders to design, develop and implement a Health Insurance Exchange system, including consumer support functions to support and manage the Navigator and Broker programs. The RFP also includes requirements for the operation of call centers in both the Connector and the Department of Human Services (DHS). The RFP notes that the Connector and DHS may choose to share call center operations at a later date. Responses were due August 21, 2012 and the anticipated date of contract award is scheduled for October 1, 2012.</li></ul>

# Notable State Activity

<p><b>Illinois</b></p> 	<ul style="list-style-type: none"><li>On June 27, 2012, HMA submitted a report to the Illinois Department of Insurance on Navigator Program Design. The report reviews the State's existing consumer-assistance programs, including call centers, and proposes a Navigator program for Illinois that includes oversight and administration; compensation model; financing; and operations.</li><li>On October 31, 2011, HMA and Wakely published a report assessing the Exchange's strategic and operational needs, including call center needs. The suggests that "...contracting out a call center is the most feasible option for the Exchange" given the state's lack of available infrastructure on which to build.</li></ul>
<p><b>Maryland</b></p> 	<ul style="list-style-type: none"><li>On September 18, 2012, Maryland posted an RFP seeking a consultant to provide analysis and decision support regarding the development and implementation of the Exchange call center. Responsibilities include writing a call center RFP, to be released by December 2012.</li><li>Health Management Consultants issued three reports in May 2012 for the MD Exchange: Call Center Inventory Road Map, which profiles four consumer call centers in Maryland; Best Practices, which offers ideas for structuring call centers; and Summary of Options, which addresses how to establish a coordinated system for consumer assistance services and define the role of the call center regarding enrollment, access, and complaint resolution.</li></ul>
<p><b>Mass.</b></p> 	<ul style="list-style-type: none"><li>According to a September 2010 memo, Dell Perot provides the Connector with call center, enrollment, and premium billing capabilities. The contract is through July 2013 with the possibility of a 2 year extension</li></ul>
<p><b>Minnesota</b></p> 	<ul style="list-style-type: none"><li>On July 17, 2012, Maximus won a contract worth \$41 million to help implement Minnesota's statewide health insurance exchange and modernize its Medicaid program. One of their responsibilities is to establish a call center and a website.</li></ul>

# Notable State Activity

<b>Nebraska</b> 	<ul style="list-style-type: none"><li>On September 14, 2012 Nebraska issued an RFP for Services, Technical Solutions, and Operational Support for the State of Nebraska Health Insurance Exchange to be administered by the Nebraska Department of Insurance (NDOI). The five year contract is expected to be awarded after November 2012. Plans to establish a call center/consumer service center is a mandatory requirement of the proposal.</li><li>During an August 6, 2012 presentation, Nebraska's DOI said they are drafting the business model flows of Exchange functions to determine business and technical requirements for the consumer assistance/call center. According to their presentation, Brokers will have access to a web portal designed exclusively for them to use and brokers/producers will also have a distinct telephone number when contacting the Service/Call Center.</li></ul>
<b>Nevada</b> 	<ul style="list-style-type: none"><li>In July 2012, the Exchange awarded a contract for Business Operations Services that would provide end-to-end business needs for the Exchange through December 31, 2016. The subcontractor will be responsible for building the IT infrastructure necessary for the Exchange and for implementing a call center to provide assistance to individuals enrolling in coverage. The state expects development and implementation of the IT Solution and a Call Center by October 1, 2013, followed by three years of operations, maintenance, and enhancements.</li></ul>
<b>New York</b> 	<ul style="list-style-type: none"><li>On June 20, 2012, New York posted a report authored by Wakely Consulting entitled "Business Plan of Operations." It describes the processes and activities that must be completed in order for the Exchange to achieve certification by October 1, 2013. The report notes that the NYS Exchange may choose to hire and train customer service representatives that will be employed by the Exchange, or it may decide to outsource the Call Center.</li></ul>
<b>Oregon</b> 	<ul style="list-style-type: none"><li>Oregon purchased the Oracle Framework for IT implementation, and plans to utilize a call center within the Oracle Framework.</li></ul>

# Notable State Activity

<p><b>Tennessee</b></p> 	<ul style="list-style-type: none"><li>▪ In March 2012, Deltek reported that the Tennessee Department of Finance &amp; Administration is expected to develop and release an RFP for Health Insurance Exchange Call Center Services. Based on the state's grant application for federal funding to establish an exchange, Deltek estimates the opportunity may be worth between \$2 to \$3 million, with an RFP expected in the fall of 2012</li></ul>
<p><b>Vermont</b></p> 	<ul style="list-style-type: none"><li>▪ On September 10, 2012, The Medicaid and Exchange Advisory Board met to discuss Exchange updates. The Board discussed a range of upcoming milestones, including using their recently awarded \$104.4 million Level Two Exchange Establishment Grant to “continue development and implementation of consumer support: outreach, Navigator Program, call-center.”</li><li>▪ On August 24, 2012, Wakely Consulting presented the Vermont Health Exchange with an analysis of strategy and operational decisions the state faces around call center implementation. Wakely reviewed the State’s current call center contract and functions; reviewed federal requirements for a call center that will serve both the Exchange and other publicly-funded health care programs; identified modifications to the current call center necessary to assure full compliance with Exchange requirements; and supported the drafting of an amendment to the contract with the current call center vendor</li><li>▪ In June 2012 Pacific Health Policy Group completed a study identifying six over-arching functions of the Exchange that could be useful for non-Exchange coverage plans. This included call centers. According to the report, “DVHA currently has a contract with Maximus to operate a call center for all public health coverage programs, including Medicaid, CHIP, VHAP and premium assistance programs.”</li></ul>

## **Melinda Dutton**

Partner, Manatt Health Solutions

[mdutton@manatt.com](mailto:mdutton@manatt.com)

212.790.4522