

# New York Health Benefit Exchange

## Detailed Design Review Summary for Section 2.0 Consumer and Stakeholder Engagement and Support October 9-10, 2012

<u>Item Number</u>	<u>Topic</u>
2.4	Call Center

The New York Health Benefit Exchange Call Center function will be contracted out to Maximus. Details of the call center plans are described below.



ID	Subject Area and Question	Evidence for Addressing Compliance with Exchange Activity	Supporting Documents
<b>2.4</b>	<b>Call Center</b>		
2.4a	Toll-free telephone hotline (call center) that acts as central line to handle seamless application support	<p>New York intends to build on its existing Call Center - New York Health Options - supporting information and referral for all public health insurance programs and eligibility for Medicaid, Family Health Plus (FHP) and Family Planning Benefits Program (FPBP). This call center not only provides seamless application support and general program information support, it also handles telephone renewals for the Medicaid, FHP and FPBP populations that can self attest to income information. NY Health Options is currently in the process of expanding to handle new portions of the Medicaid population, including applications for FPBP, Medicare Savings Program (MSP) and support work for Third Party Health Insurance (TPHI) coverage.</p> <p>We are currently working with the NY Health Options vendor, Maximus, to plan the organization, location, staffing and other parameters of the expanded call center to support the Exchange individuals, navigators, brokers, health plans, employers, and employees, as well as the Medicaid and CHIP populations. Services to be provided by the call center include:</p> <ul style="list-style-type: none"> <li>• Application support including application completion, program shopping and enrollment</li> <li>• Caller support for anonymous screening and anonymous shopping</li> <li>• Applicant support for eligibility determination</li> <li>• Support for consumers reporting life event changes that may impact eligibility or plan enrollment</li> <li>• General program inquiries for Insurance Affordability Programs, including MAGI Medicaid, CHIP and Premium Tax Credit/Cost Sharing Reductions</li> <li>• Assistance in plan selection, provider location, and plan availability</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Support for mailing or faxing program materials in English and Spanish, as well as in audio and Braille formats</li> <li>• Assistance to users of the New York Health Benefit Exchange Self Service Web Portal, including on-line click to chat and co-browsing</li> <li>• Inquiries for application status, eligibility and enrollment status, and payment status</li> <li>• Premium assistance referrals</li> <li>• Support for employers wishing to join the SHOP exchange, including employer eligibility, employee roster registration, and choices about plan levels and contributions levels the employers is able to supply the employees</li> <li>• Support for health plans wishing to verify member enrollment</li> <li>• Tracking and resolution of complaints and grievances reported through the call center</li> </ul>	
2.4a	Call center that coordinates with other Insurance Affordability Programs, and with other State and Federal agencies	<p>New York envisions an integrated Health Benefit Exchange that serves the MAGI Medicaid, CHIP, and if a Basic Health Program (BHP) is offered, BHP population groups, as well as individuals and employers seeking subsidized or non-subsidized access to Qualified Health Plans (QHPs) through the Exchange. To support mixed families that may include members supported through the Exchange and members that qualify for non-MAGI Medicaid, the Exchange operations and systems will closely coordinate with agencies and systems currently used to process non-MAGI eligibility.</p> <p>The current NY Health Options for the Medicaid and CHIP programs already coordinates with other State agencies to support callers’ needs. When appropriate, callers are referred to centralized State staff or the health plans that currently manage CHIP eligibility in New York. Customer</p>	

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		<p>Service Representatives (CSRs) are trained to reference numerous state systems so that callers can be provided the most current information about their case or application status. In addition, NY Health Options staff currently work in partnership with State staff to resolve complaints and grievances and to handle Fair Hearings. The Complaints module of the NY Health Options system includes a workflow process that lets complaints be referred to appropriate state staff work queues for resolution by the State. When the Exchange Call Center is implemented this coordination will also be expanded to cover the appropriate Federal agencies. In particular:</p> <ul style="list-style-type: none"> <li>• The NY Health Benefit Exchange system will interface with the Federal Hub and State data sources to provide information needed for MAGI eligibility determinations and verifications, and Customer Service Representatives will access this information as needed to support callers</li> <li>• Callers requesting information on other programs, such as TANF and SNAP will be referred to the appropriate State/County call centers</li> <li>• New York plans to phase in the MAGI eligibility determinations for Medicaid, Family Health Plus and CHIP at the enrollees renewal. Until the eligibility information for those enrollees are brought into the exchange system, callers with questions or updates to their enrollment prior to renewal will be referred to CHIP health plans or Local Departments of Social Services. All other caller inquiries will be handled by NY Health Options.</li> </ul>	
2.4a	Call Center that responds to requests for assistance from the public, including individuals, employers, and employees, at no cost to the caller	<p>NY Health Options operates a toll free telephone line and TTY/TDY lines so that all calls are supported at no cost to the caller. The Exchange Call Center will provide similar services at no cost to the caller. Calls will be accepted from the public, including individuals wishing to apply for Insurance Affordability Programs, individuals wishing to purchase</p>	

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		<p>commercial insurance through the exchange, employers, employees, and navigators, brokers and other application assistors. Responses to caller requests will be modeled and built to current industry standards ensuring that callers receive the same response times for service currently operational in NY Health Options.</p>	
2.4b	<p>Translation and oral interpretation services and auxiliary aids and services to the public, including individuals, employers, and employees, at no cost to the caller</p>	<p>NY Health Options includes staff proficient in both English and Spanish, and provides materials to the public in both languages. Additional service details include:</p> <ul style="list-style-type: none"> <li> <p><b>Oral Translation Services:</b> When a caller speaks a language other than those spoken by the Customer Service Representatives (CSRs), the Call Center assists them through Language Line translation services. This service is available during all call center operating hours and all callers are provided this service free of charge. The process for using Language Line services is simple: the CSR stays on the line with the caller and conferences in the Language Line interpreter, so the caller never has to hang up and call another number for translation assistance. Language Line currently interprets more than 170 languages.</p> </li> <li> <p><b>TDD Capability:</b> Individuals with special communication needs must be provided an equal opportunity to interact with our CSRs. NY Health Options provides accessibility for hearing- and speech-impaired callers through the use of a software-based Teletype (TTY) system. A separate, dedicated toll-free number is maintained for TTY calls, which transfers these calls directly to the TTY system. Incoming TTY calls are announced with a screen-pop and audible ring alert to the CSR. Designated CSRs communicate with TTY callers through an intuitive, user-friendly on-screen "chat window" interface facilitating effective response to callers. CSRs are trained to follow appropriate TTY etiquette and use industry-standard abbreviations, such as <i>SK</i> for "stop</p> </li> </ul>	



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		<p>keying" used by both parties to end the call. With the exception of this and other abbreviations commonly used and accepted by the TTY community, all other conversational content is spelled out fully by the CSR to avoid introducing any confusion.</p> <ul style="list-style-type: none"> <li>• <b>Other Translation Services:</b> NY Health Options responds to requests for materials by mailing out program brochures and other materials in English, Spanish, and other languages required for New York population groups, such as Chinese, Haitian Creole, and Russian. As requested, materials are also distributed in the appropriate languages in audio format or Braille. The Call Center vendor offers the services of the Center for Health Literacy to provide culturally and linguistically appropriate translations of written materials as well as call center scripts.</li> </ul> <p>The Exchange Call Center will incorporate all the translation functions currently provided by NY Health Options, at no cost to the caller.</p>	
2.4c	Adequate training and resources to operate the call center, including an operating plan and procedures	<p>The New York Health Benefit Exchange will build upon the processes established for NY Health Options for Medicaid and CHIP to be sure staff receive the training they need to be able to respond to callers efficiently and accurately, and with appropriate linguistic and cultural sensitivity. Training includes:</p> <ul style="list-style-type: none"> <li>• Call Center Policies and Procedures</li> <li>• Program information</li> <li>• Application processes and requirements</li> <li>• Health plan information and enrollment processes</li> <li>• Managed health care patient rights and responsibilities</li> <li>• Use of Call Center and other State Systems to retrieve information and record calls</li> <li>• Consumer privacy rights, including HIPAA and relevant State</li> </ul>	



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		<p>privacy and security requirements</p> <ul style="list-style-type: none"> <li>• Call Center etiquette and techniques for providing compassionate responses to the various populations groups who will access the call center.</li> </ul> <p>Due to the expanded scope of the programs supported by the New York Health Benefit Exchange we plan to expand our current training program to encompass 6 weeks classroom training, role-playing, hands on training using the call center equipment and systems, and on-the-job mentoring with experienced staff.</p> <p>As is currently done in NY Health Options for Medicaid and CHIP, the New York Exchange Call Center will use Workflow Management software to monitor calls and queues and inform staffing plans. For our initial staffing plans, we are modeling staffing needs based on expected call length by types of calls/contacts, the expected population of exchange users, and the estimated proportion of the consumers who will contact the call center for different purposes. We perform our staff modeling based on process simulation which measures and evaluates potential choke points and incorporates seasonality to anticipate yearly renewal and open enrollment peaks. The simulation is based on the business process architecture designed for exchange operations. We forecast our staffing load on a month to month basis and continuously feed the models with actual data as work is performed. This allows us to measure variance and continuously increase our confidence intervals around staff forecasting for the duration of the project.</p> <p>The current NY Health Options Call Center answers an average of 101,000 calls per month with an average of 85,000 statewide Call Center calls and 16,000 Medicaid renewal calls. We use a variety of techniques to handle</p>	



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		<p>changes in call volumes, including:</p> <ul style="list-style-type: none"> <li>• Cross-training our staff so that additional staff may be assigned to respond to calls when volumes surge</li> <li>• Varying the schedules of staff, including full and part-time staff, to cover the full range of operating hours , and to be sure we have adequate staff available at peak times during the business day</li> <li>• As needed, training staff in other locations to serve NY Health Options callers, to provide for call rollover in periods of excess volumes.</li> </ul> <p>We expect the call volumes, and the necessary staffing, for the Exchange to be greater than those currently experienced in NY Health Options. Nonetheless we are confident the same techniques of modeling and simulating call volumes; monitoring call volume trends throughout each day, week, and over seasons; and adjusting staffing patterns accordingly; will let the New York Health Benefit Exchange operate smoothly. Additionally, we plan ahead for periods of known volume peaks, such as open enrollment, and make plans for additional temporary or part-time staff during those periods.</p>	