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# **Covered California and DHCS Proposed Agreement with County Consortia to Perform Eligibility Assessments**

August 16, 2013

# Service Center Assessment and Transfer Principles

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1. Conduct assessment, eligibility review and enrollment in a seamless manner for all consumers
2. Transfer consumers who are potentially MAGI Medi-Cal and non-MAGI Medi-Cal eligible to their County/Consortium as quickly and seamlessly as possible, after the minimal amount of inquiry and/or data collection
3. Maximize the accuracy of each call and enrollment handled by the Service Center in order to have the fewest possible Exchange eligible individuals referred to Counties, and the fewest possible MAGI Medi-Cal individuals served by Service Center
4. Minimize the duplication of work and effort
5. Continuous improvement of protocols based on metrics to determine timeliness, accuracy and precision of referrals and service
6. The Exchange, the Department of Health Care Services (DHCS), and other State partners will meet the obligations for which they are responsible under the Affordable Care Act, other federal and state eligibility requirements and state law.

# Estimated Monthly Application Volume

## October to December, 2013

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Total Application Volume	110,000
• Supported enrollment	55,000
– Enrollment Counselors/Agents	
– County Offices	
• On-line and Mail	22,000
• Telephone contact to call center	33,000
– Quick Sort transfer to counties	9,800

# Quick Sort Protocol

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The Covered California Service Center Representative (SCR) determines that a Caller should be transferred to a County based on results of Quick Sort protocol.

Protocol Steps	Actions to be Taken
<b>Transfer to County of Residence</b>	When Quick Sort indicates likely Medi-Cal eligibility, the SCR transfers the customer to a County representative in the customer's county of residence
<b>Customer is Transferred to Consortia</b>	Principles: <ol style="list-style-type: none"><li>1. If county of residence Call Center is not available, the Consortium network will immediately reroute the call to another county in that Consortium.</li><li>2. Counties will use the single streamlined application questions to assess eligibility for health coverage first before processing other eligibility for the customer</li><li>3. Counties agree to provide transparent reporting of metrics and to engage in mutual problem resolution</li></ol>

# Quick Sort Protocol

Metrics on call response times will be collected continuously and analyzed weekly and monthly. These data will provide information for setting service levels after a Baseline period.

Protocol Review	Actions to be Taken
<b>Performance Review and Service Levels</b>	<ol style="list-style-type: none"><li>1. During the first 4 months (October 2013 – January 2014), counties will continuously monitor call volumes and adjust resources to ensure exceptional client service, and monthly reports of service levels for Covered California and Consortia/Counties will be reviewed publicly by the Covered California board.</li><li>2. During this initial period, Covered California will conduct a continuous review, in collaboration with the Administration and Counties, to determine efficacy of processes and baseline for service levels.</li><li>3. During this time, Service Levels will be established. Service Levels include such metrics as call response times (e.g. 80/30*), abandonment rates, and busy signals.</li><li>4. Beginning February 2014, Service Level Agreements will apply. If Service Levels are not met, the Corrective Action Process will be initiated.</li></ol>

\*SLA of 80% answered within 30 seconds (80/30) may be adjusted over time to match any changes in Covered California Service Center standards



# Memorandum of Understanding

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The following are the key elements of the draft MOU:

## Terms and Conditions

- All persons will receive essentially the same consumer experience regardless of whether calls are handled by Covered California or the Counties
- Funding clause reflects W&I Code 14015.7 (g): The state shall be responsible for providing the administrative funding to the counties for the work associated with this section. Funding shall be subject to the annual state budget process.
- Exhibit A
  - Operational Readiness
  - Performance Review and Service Levels
  - Quality Improvement and Corrective Actions

# Operational Readiness

Delegation of Covered California responsibilities to Counties/Consortia has passed critical stages of readiness preparation, including the allocation of significant staffing investments from the Administration and attainment of technology readiness at the county level.

Milestones are being tracked for the following areas	Completion Dates
<p><b>Functioning and tested phone system and IT Infrastructure</b></p> <ul style="list-style-type: none"> <li>System Connectivity established to sites</li> <li>Consortia IVR tested and working</li> <li>Tracer reporting verified</li> </ul>	<ul style="list-style-type: none"> <li>August 20, 2013</li> <li>August 28, 2013</li> <li>August 28, 2013</li> </ul>
<p><b>Staffing capacity to meet anticipated demand</b></p> <ul style="list-style-type: none"> <li>Consortia staffed based on anticipated projections needed to meet anticipated volumes for Quicksort handoffs</li> <li>Schedules/Resources committed to Quick Sort Transfers</li> </ul>	<ul style="list-style-type: none"> <li>August 30, 2013</li> <li>September 6, 2013</li> </ul>
<p><b>Completed staff training</b></p> <ul style="list-style-type: none"> <li>Allocated staff training completed</li> </ul>	<ul style="list-style-type: none"> <li>September 27, 2013</li> </ul>
<p><b>Pilot testing prior to launch</b></p>	<ul style="list-style-type: none"> <li>September 15, 2013</li> </ul>

# County Staffing Plan for Handling Transfers

Call center staffing allocations were based on a volume of 24,400 calls transferred per month, with the expected call volumes distributed across consortia based on existing Medi-Cal caseloads. The additional capacity along with the ability to transfer to back-up centers will provide a contingency to manage the uncertainty about call volume.

Consortium	Participating Centers	Counties Served	Planned FTEs
Los Angeles	1	1	138
CalWIN	18	18	235
C-IV	13	39	221
Total	32	58	594

# Quality Improvement and Corrective Actions

The parties to the agreement agree to work together to promote the best possible service for consumers, which means that they will engage in mutual problem identification and problem solving before instituting formal Corrective Action Plan processes. If defined service levels are not met for the specified measurement period, correction action plans would be required.

## Quality Improvement and Corrective Action Process

If failure to perform against Service Levels, Covered California works with Consortia/Counties to engage in problem-solving. If a Corrective Action Plan is needed, Covered California notifies Consortia.

Consortia submits CAP within 10 business days, including:

- Root Cause Analysis of Issue by responsible party
- Document and Actionable Plans
- Executable Timeline to Resolution

Failures must be cured within 30 days. Failures to meet the CAP may lead to termination by any party. Failures caused in whole or in part by any Party must be resolved timely. At all times during the CAP, Parties shall take all necessary and reasonable steps to mitigate any negative impacts on customer experience.

Some of the Corrective Actions contemplated include:

- Staffing adjustments
- Rerouting calls to another Consortium
- Rerouting calls to the Contra Costa County Service Center
- Increase in call response times