

Operations Meeting Minutes
Connect for Health Colorado Meeting Room
East Tower, Suite 1025
3773 Cherry Creek N Dr., Denver, CO 80209
February 11, 2015
11:00 AM – 1:00 PM

Board Members Present: Nathan Wilkes.

Board Members Joining via Phone: Susan Birch and Eric Grossman.

Staff Present: Marcia Benshoof, Luke Clarke, Gary Drews, Proteus Duxbury, Alan Schmitz, Lisa Sevier and Adele Work.

I. Welcome and Introductions

- Operations Committee Chair Nathan Wilkes called the meeting to order at 11:00 am and welcomed those in attendance, both in-person and on the phone.

II. Call Center and Eligibility Process Update

Adele Work, Chief Product Officer, began her report by updating the Committee on the customer who had called into the February Board Meeting with an issue with SHOP. Laurie Hindman with EnergyLogic had called regarding a concern with their SHOP enrollment. There was an issue around making a change in their enrollment after submitting with a carrier. As a result of this real-life scenario, a glitch with the system was discovered. Connect for Health Colorado will work on fixing the glitch; in the meantime, the problem that EnergyLogic was having has been corrected and all employees are enrolled.

Ms. Work then presented the Service Center Operations Update, stating that the purpose of this presentation is to come up with some solutions for fiscal cost savings for 2015 and continue with streamlining costs for 2016. Ultimately to get a recommendation to bring to the Finance Committee to move some money from reserves to cover the ongoing unplanned expenses. Rather than continuing to come back to the Board asking for incremental increases, the hope is to make a decision as to where 2015 is going to be and put that amount into the budget. The options presented are:

Option 1: Staff to current forecast based on call volumes and ASA < 12-13 minutes

- Variation 1: Work with HCPF to determine appropriate allocation of costs due to eligibility issues; may require us to also look at paying for some Maximus and County customer support costs
- Variation 2: With above or separately, continue to closely monitor call volumes and costs and scale down FTEs earlier if opportunities arise, while working to maintain a SLA closer to 80/90
- Variation 3: with above or separately, reduce number of QA staff by 1 (could result in savings of \$35K)

- Variation 4: With above or separately, close our customer service center on weekends beginning 3/7 to eliminate utility and staff costs (could result in \$80K savings). May result in increased customer frustration due to inability to reach customer service center outside normal business hours.

NOTE: As we near the end of the Open Enrollment Period, we will not replace staff who terminate and we do not intend to replace attrition through 3Q2015.

Option 2: Reduce staff level to current 'committed level'

Not recommended due to projected poor customer service and potential increase in escalations

Option 3: (not represented in deck) Ramp up staff to meet 80/90 SLA (expected total cost for FY 2015 ~\$18.75M using forecasted call volumes)

Ms. Work explained that the Service Center was originally set up as a transactional service center with one call resolution. As it has evolved we are now seeing more customers with issues that can't be handled in a single call and an ask has been made to the vendors to set up a way for customers to get a status of their ongoing incident, without them having to call multiple times. However, at this point in time that capability is not available.

Additionally, the plan is to be able to drive the calls to specific resolution areas rather than having the Service Center try to be all things to all people. An example of this is the escalation teams that are now in place. This is not just about changing processes and people, but technology as well.

Sue Birch stated that the real-time eligibility features created by HCPF and Connect for Health Colorado have had huge successes but huge challenges as well and these should be factored in. Marcia Benshoof, Chief Strategy & Sales Officer, agreed, mentioning that part of that may be having a Medicaid Assistance (MA) site to have more of a centralized approach and an end-to-end view.

Eric Grossman asked for a target for first call resolutions as an option to reduce costs. Ms. Work agreed that gathering this information to use as a metric to drive towards with transactional calls is a good idea. However, not all calls are within the realm of possible one call resolution, particularly around non-real time eligibility.

Alan Schmitz, General Counsel, reminded everyone that the nature of a seasonal call center is not conducive to having the quality of experience for one call resolution. In that, other than a small core group, the center has to ramp-up staff for a short Open Enrollment period and then ramp back down once Open Enrollment is over.

Ms. Work agreed that some of the factors are cyclical and can't be controlled. The key is to figure out what factors are controllable and make steps to retain people on that level.

Gary Drews, Interim CEO, added that a huge driver and direct cost is the Medicaid volume coming through the center without any revenue.

The asked recommendation is to move \$2.8 mil from reserves to the Customer Service Center budget to cover planned Service Center costs. The Operations Department will continue to monitor cost and present updates monthly with the expectation of trending under budget. Additionally the department will begin the process of determining whether some of the Service Center costs can be shared with HCPF.

Eric Grossman requested tracking of SLA related targets with a 3 month add into the budget of \$1.7 mil to get through April and have the opportunity to assess targeted efficiencies for 2016, rather than setting the precedence of increasing the budget permanently.

Ms. Work agreed with the strategy but cautioned making the ask too low given that much of the request would go to a backlog of expenses. Instead she suggested providing a number that takes in mind the request, along with the financial position that the Service Center is currently in, and present a viable dollar amount to the Finance Committee.

The Committee made the recommendation of giving a range between \$2 and \$2.25 mil to bring to the Finance Committee and allow that Committee to determine the number.

Ms. Work then presented the Eligibility Alternatives Operations Update. As Open Enrollment is ramping down and input is being received from numerous sources, the Marketplace is taking actions with HCPF and other partner vendors to solve some of the issues and concerns. Some the suggested resolutions are:

- Add expedited income to direct to the appropriate part of the Single Streamlined Application Process (SSAP).
- Simplify the questions on the SES SSAP.
- Work with HCPF & CMS to find a way to bypass the Medicaid Denial Process.
- Simplify the eligibility and verification noticing.
- Look for a single end-to-end solution for eligibility and shopping

Ms. Birch stated there are components to this that has to be able to comply with Federal law before being considered.

Deb Judy, Policy Director for the Colorado Consumer Health Initiative, asked about consulting advisory groups about these possible changes. Mr. Drews reassured her that this will be included in the strategic planning.

III. Medical Assistant (MA) Site Participation Evaluation

Marcia Benshoof began a discussion on the Medical Assistance Site Options. Connect for Health Colorado would like to be able to provide more centralized and streamlined services to the customers who seek financial assistance. Currently, during the eligibility process, a large number of customers are going through a combination of the Marketplace Service Center, HCPF and County offices to get issues resolved.

If we were to become an MA Site we would have read and write access to CBMS, so the customer service representative would be able to make changes in CBMS. The timeline for this process would be to possibly have the site up and running prior to next Open Enrollment.

Mr. Schmitz added that there is a possibility that the Marketplace would be restricted from any access to CBMS if it does not create an MA site.

Mr. Drews wondered if having an MA site could create an opportunity for revenue. This also leads to a larger question as to who is the Marketplace serving and does this open up all involved entities to be all things or is there a delineation that needs to be made. If Connect for Health Colorado becomes an MA site it acknowledges that the Marketplace is now a Medicaid and CHP+ site. The concern is how to channel people to the right place for them to get the best service. This may mean training all call centers, counties and MA sites to handle tax credits.

Eileen Hunt, Health Coverage Guide, Stated that when the decision was made to have SES be a Medicaid owned system and have tax information go through CBMS, everyone who works on medical assistance in Colorado became involved in the tax credit process.

IV. Public Comment

Mr. Wilkes opened the meeting for public comment. There was no further public comment.

Meeting adjourned at 1:20 pm

Respectfully submitted,

Nathan Wilkes
Operations Committee Chair