



Customer Experience Update

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Customer Experience Update

This presentation provides an overview of ongoing stabilization work being conducted regarding the Health Connector's Contact Center and Enrollment and Premium Billing (EPB) services vendors.

- Contact Center services: The top two immediate priorities with contact center are to support customer needs related to the new American Rescue Plan (ARP) and improve the Agent Assist Desk's (AAD) handling of escalated member cases.
- Enrollment and Premium Billing services: Stabilization has focused on solidifying processes around large, monthly operational events, release planning and financial integrity controls.



Contact Center

Contact Center Efforts to Support the American Rescue Plan (ARP)

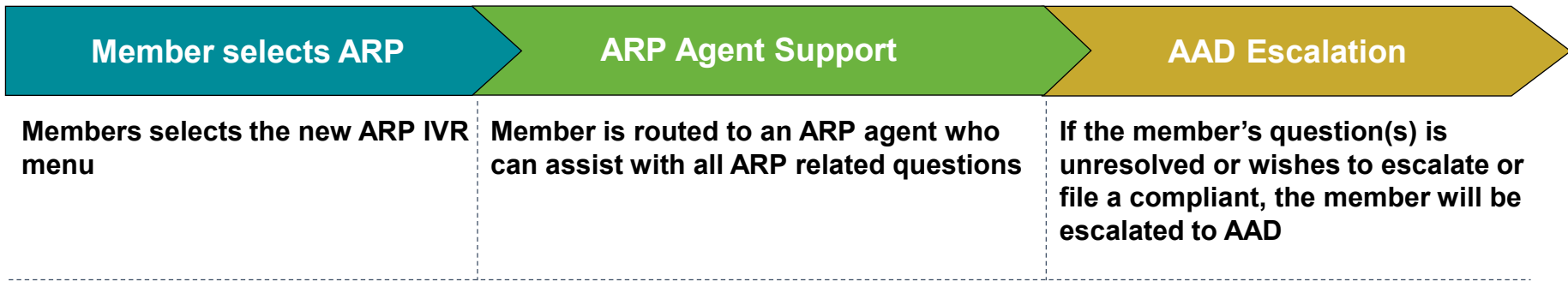
The Health Connector and the contact center vendor have been preparing to support existing members and new members who become eligible for additional subsidies as a result of ARP.

- Added a new menu option on the Interactive Voice response (IVR) and created a specialty queue for customers calling about ARP
- Conducted training for all staff and additional training to ARP queue agents related to handling of complex ARP scenarios
- Created new content in the guided workflow tool (Vistio) that agents use while handling calls
- Additional staff ramp up to support the expected increase in call volume related to ARP and the extended OE period

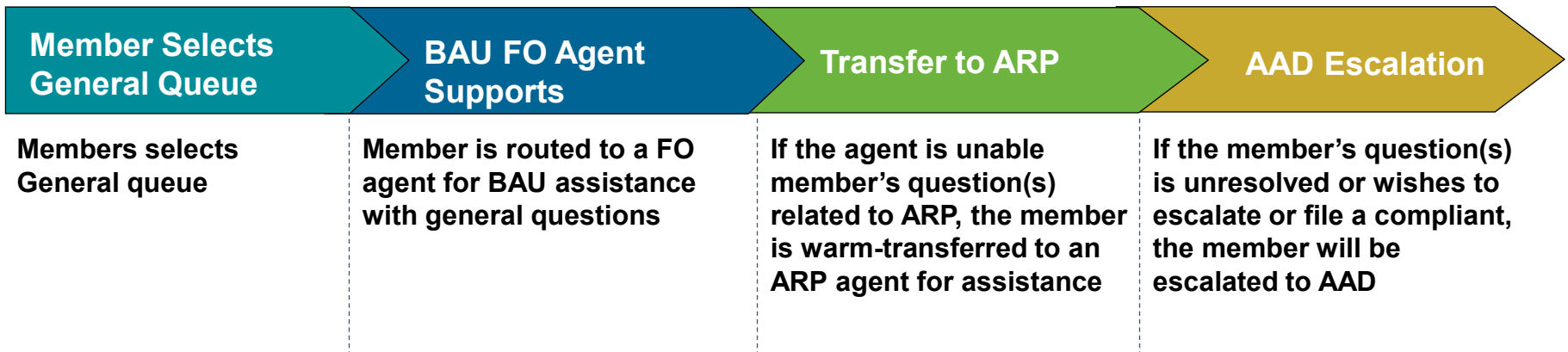
ARP Service Model

New IVR menu and queue for ARP launched on April 20th.

Scenario 1: Caller selects the new ARP Menu on the IVR



Scenario 2: Caller selects a Business As Usual (BAU) Menu option on the IVR



ARP Call Drivers

Commencing Tuesday, April 20th, the Contact Center has received **3,565** calls related to ARP.

Call Driver	Totals
Billing & Premium	882
COBRA	113
Eligibility	521
Enrolled through Carrier	20
General FAQs	1,783
IRS & Tax Questions	57
Loss of Subsidies	15
Refunds & Retrosubsidies	94
Unemployment	80
TOTAL	3,565

- Calls have been closely reviewed to determine additional training needs surrounding complex scenarios, including:
 - Why certain members have not seen a decrease in premiums
 - Concerns over impacts on tax reconciliation

Agent Assist Desk Scope and Expectations

The Health Connector is focused on improving the Agent Assist Desk (AAD) in order to meet the expectations of the Health Connector and its members.

GOAL

To improve the member experience by creating a team of SMEs to:

- a) proactively prevent member escalations and
- b) work to resolve the escalations of member complaints and complicated cases.

TARGET OUTCOMES*

- Fewer escalations to the Ombudsman and Health Connector
- Decrease in repeat callers
- Increase in First Call Resolution
- Decrease in aged cases
- Improve Customer Satisfaction
- Improve turnaround times.

ROLES & RESPONSIBILITIES

1. Resolve and address escalations from Front Office, Back Office and the Health Connector in a timely and accurate manner
 1. AAD agents own cases end to end
 2. Meet BO SLAs
 - 3 business days avg
 - 10 business days max target
 3. Members outreached at once least every 3 days
2. A SME role with expertise in Front Office and Back Office knowledge for quick resolution of complex cases
3. Identify agent knowledge gaps and provide recommendations for specific agent coaching and broader solutions type training
4. Proactively outreach to repeat callers to provide an avenue to resolve their situation and prevent escalated cases.

* Outcomes are Enterprise wide and not necessarily tied to AAD success



Enrollment and Premium Billing

Enrollment and Premium Billing

The enrollment and premium billing system has been in operation for over nine months and has supported significant volume since go-live.*

Month	Enrollment Transactions from HIX	Number of Payments Processed	Total Payments Processed
Jul-20	38,981	248,892	\$ 45,020,751.06
Aug-20	68,760	242,152	\$ 45,283,580.05
Sep-20	65,601	245,090	\$ 45,814,626.88
Oct-20	67,400	248,139	\$ 46,501,479.46
Nov-20	633,469**	242,862	\$ 45,335,406.16
Dec-20	151,150**	244,737	\$ 49,599,226.76
Jan-21	95,854	259,497	\$ 51,058,266.40
Feb-21	61,203	238,879	\$ 47,232,927.70
Mar-21	60,779	257,417	\$ 51,425,556.32
Apr-21	270,216***	259,082	\$ 46,060,252.80
Total	1,513,413	2,486,747	\$ 473,332,073.59

Enrollment and Premium Billing

Release Management

- A release delivering over 150 updates across enrollment, payments, finance, payload, communications and the member portal is targeted May 25, 2021

Warranty Milestones

- The warranty period for the implementations of enrollment and premium billing and the member portal ended on January 5, 2021, six months after go-live
- The Health Connector worked with the vendor to finalize agreement on next steps for defects subject to warranty
- This is the final set of milestones associated with the implementation, carrying 20% of the overall implementation cost

Enrollment and Premium Billing

Ongoing Process Improvements

- The Health Connector is working with the vendor to improve triage processes and turnaround times associated with new issues that are reported
- In April, the Health Connector set a 90-day goal to put in place enhanced end-to-end dashboards that monitor member-level and associated notice transactions for critical monthly business processes, including the bill run and the delinquency run
- Work is underway with the vendor to implement improvements that were suggested by KPMG earlier in the year regarding member payments
 - The Health Connector is entering a new work order with KPMG to review additional processes in preparation for an upcoming third-party Service Organization Controls (SOC) audit
- Work continues with the vendor to develop stronger operational and financial controls across regular business processes

Enrollment and Premium Billing

While further work is needed, significant improvements have been made to controls around key business processes.

- The Health Connector is working with the vendor to identify and implement comprehensive **preventative controls** to ensure that key processes perform as expected
- Control reports focus on key business areas to ensure processes are verifiable
 - Cross-referenced against other verifiable facts to ensure nothing is missed, and compare actual results vs. expectations
 - Establish baseline assessment for ongoing processes
 - Provides insights that are immediately actionable
 - Provides view of overall system health, integrity and compliance
- Implemented controls of key processes: **member payments, delinquency, annual 1095-A generation**
 - Control reports surface both expected and actual counts, amounts so discrepancies can be immediately identified and explained prior to proceeding or completing the process
- CCA is also implementing **detective controls** and other financial integrity measures to act as “guardrails” on the system
 - Health checks and other financial validations are effective tools for after-the-fact detection of issues and are used in conjunction with preventative controls