

Nebraska Medicaid Managed Care Program

Nebraska Health Connection
Medicaid Enrollment Center:

Quality Management Report

HELPLINE ACTIVITY REPORT 1st Quarter State Fiscal Year 2013



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Table of Contents

Medicaid Enrollment Program Report..... 1

Helpline Activity Report..... 1

 I. Overview..... 1

 II. Factors Affecting Results..... 1

 III. Service Areas..... 3

 IV. Results..... 4

 Overview..... 4

 Call Reasons by Category..... 5

 Caller Type..... 10

 V. Call Center Statistics..... 12

 Response Time..... 14

 Problems & Issues..... 15

 VI. Medicaid Enrollment Center Goals..... 16

Medicaid Enrollment Program Report

The Nebraska Health Connection (NHC) Medicaid Enrollment Center (MEC) Program Report is comprised of three separate reports:

- **The Helpline Activity Report (Quarterly)**
- The Enrollment and Transfer Activity Report (Quarterly)
- The Consumer Satisfaction Report (Annually)

The Helpline Activity Report summarizes the MEC helpline activity, which includes call reasons, actions, and outcomes. The Enrollment and Transfer Activity Report covers participants' plan and PCP enrollment as well as disenrollment and transfer activity. The Helpline Activity Report and Enrollment and Transfer Activity Report are prepared quarterly. Survey data from consumers is collected every 6 months with the report of the results prepared annually in the 4th quarter. The Consumer Assessment of Healthcare Providers and Systems CAHPS®4.0H Adult and Child Medicaid Consumer Satisfaction Survey instrument was implemented for SFY 2012.

Helpline Activity Report

I. Overview

The Helpline Activity Report reflects the work of the Medicaid Enrollment Center (MEC). The primary purpose of this document is to provide a summary of Helpline activity for the reporting period of 1st quarter State Fiscal Year (SFY) 2013. The State's fiscal year runs from July 1 to June 30. Twelve and six month data trends are provided for comparison and also serve as quality indicators for this report. The data is collected and provided by the State of Nebraska Department of Health and Human Services (DHHS).

The Helpline Activity Report consists of two sections. The first section represents call reasons and types of callers to the MEC for participants enrolled and active in Medicaid Managed Care (MMC). The second section represents data obtained from the MEC reflecting calls made to the center throughout each month.

II. Factors Affecting Results

The helpline activity results for the 1st quarter SFY 2013 represent call reasons and caller types for participants who were in MMC from June 27, 2012 to September 25, 2012. Only those participants who were enrolled and active are included in the data.

Selected help-line information (calls, abandonment rates, and answer delay) was also obtained from the MEC for July, August, and September. These statistics are compared to the previous three quarters. This data is presented in the call center statistics section

at the end of the helpline activity report. The call center statistics represent participants who were in MMC and also participants who lost eligibility before they became active. Therefore, the fraction of calls made by participants who lost eligibility were not reported in the helpline activity results below, but were included in the call center statistics section.

In addition, the MEC receives calls unrelated to Medicaid Managed Care and from individuals who are not Medicaid clients. These calls are recorded in the call center statistics, but not in the helpline activity results. DHHS helpline activity data may have several call reason entries (e.g., one for each family member) for each call, where the MEC call center data records only one reason when the call impacts several family members. Due to the variations in DHHS and the MEC reporting periods and caller criteria, there are variations in the number of calls when comparing data.

The events listed below created significant increases in call volumes for the 4th quarter SFY 2012. As a result, if the phone queue reached caller capacity, callers were asked to call back later. This has been brought to the state's attention and other options are being looked into. The number and percent of "repeat" callers who had to call back for assistance is unknown. This and equipment failure added to the discrepancy between the call reasons reported by the DHHS and the number of help-line calls reported by the MEC.

The events creating an increase in call volumes include:

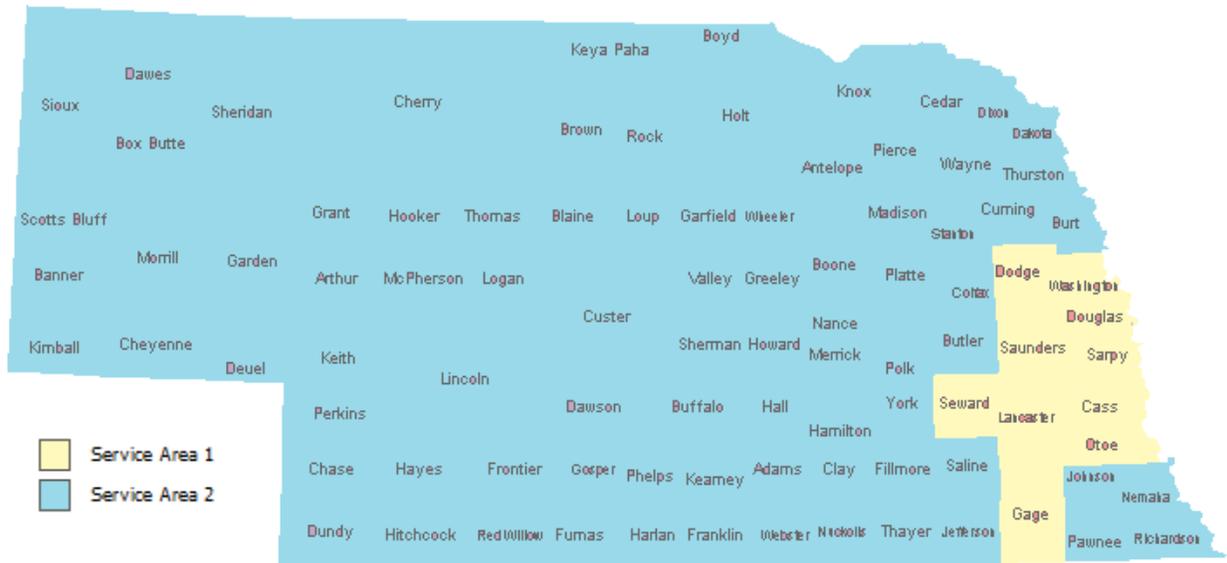
- At the end of April SFY 2012, there were 31,211 60 Day notices sent to clients in Service Area 2 advising them of the upcoming Open Enrollment - Managed Care Expansion.
- Also at the end of April SFY 2012, an additional 13,000 informational flyers were sent to ADC and AABD clients as an additional reminder about the upcoming Open Enrollment /Managed Care expansion.
- In June SFY 2012, 30,704 Outreach 1 mailings were sent to Service Area 2 Clients. This letter advised clients they had until June 26th to call to enroll into a Health Plan and PCP.
- On June 4th SFY 2012, MEC received the Outreach 2 label file and it contained 63,702 labels. MEC staff went through labels to remove duplicated records. No count was done at the time to determine how many Outreach 2 mailings were sent out or how many duplicated records were removed.
- During the first part of June SFY 2012, MEC staff notified 159 DHHS Caseworkers by phone and email to advise them they needed to enroll 1,200 State Wards into Managed Care.

- On June 13th SFY 2012, an Outreach 3 mailing was sent by DHHS to all households in Service Area 2 to inform them updates have been made to both Arbor and Coventry provider networks. It advised callers to "Call the Medicaid Enrollment Center Today". This generated calls from clients who had previously enrolled. The increase of calls impacted hold times, deflected calls, and abandoned calls.
- On June 20th SFY 2012, an additional flyer was sent to all households in Service Area 2 advising that they needed to call by June 26 SFY 2012 to complete their enrollment. This DHHS flyer had the wrong toll free number on it. As a result, the MEC handled an increased number of complaints due to this error.
- The Medicaid Enrollment Call Center continually sees an increased number of calls and returned mail during the two weeks following state cutoff, primarily due to DHHS correspondence that is mailed with the MEC toll free number and address listed on the correspondences. This results in many callers needing to be redirected to Access Nebraska.
- Effective July 1, SFY 2012, enrollment began for the expansion of Medicaid Managed Care (MMC) from the previous 10 counties in Eastern Nebraska to include all 93 counties in the state. This led to call volumes in June of the 4th quarter SFY 2012 that were drastically increased from previous months, as participants from the entire state were required to call into the MEC for enrollment purposes.
- During the above timeline, all Service Area 1 mailings were sent as scheduled.
- There were a high number of callers categorized as "other" in the 4th quarter SFY 2012. This is due to individuals from Service Area 2 calling for enrollment purposes. These callers are categorized as "other" because Service Area 2 did not officially become part of MMC until the 1st quarter SFY 2013.

III. Service Areas

Medicaid Managed Care (MMC) in the State of Nebraska is divided into two Service Areas. Service Area 1 includes 10 counties in Eastern Nebraska and Service Area 2 is comprised by the remainder of the state (see Figure 1 below). Those receiving care through MMC in Service Area 1 have the choice of either CoventryCares of Nebraska or UnitedHealthcare Community Plan as plan providers. Those in Service Area 2 have CoventryCares of Nebraska and Arbor Health Plan to choose from as plan providers. Formerly, MMC was comprised solely of Service Area 1. Service Area 2 was newly added in the 1st quarter SFY 2013.

Figure 1. Medicaid Managed Care Service Area Map



IV. Results

Overview

Call reasons, actions, and outcomes for the 4th quarter SFY 2012 and 1st quarter of SFY 2013, as well as the average call actions and outcomes per call reason are contained in Table 1. Call reasons are defined as any call to the MEC pertaining to Medicaid Managed Care. The number of call reasons increased drastically in the 4th quarter SFY 2012 due to the aforementioned statewide expansion of MMC and then declined by half in the 1st quarter SFY 2013.

Table 1. Helpline Activity

Helpline Activity	4 th Quarter SFY 2012			1 st Quarter SFY 2013		
	Quarter Total	Monthly Average	Average Per Call Reason	Quarter Total	Monthly Average	Average Per Call Reason
Call Reasons	27,285	9,095	1.00	14,236	4,745	1.00
Actions	54,113	18,038	3.30	27,466	9,155	1.93
Outcomes	62,786	20,929	3.83	34,936	11,645	2.45

Call reasons by Service Area are displayed in Table 2. As mentioned above, the high number of callers categorized as "other" in the 4th quarter SFY 2012 is due to callers from Service Area 2 calling the MEC for enrollment purposes. These callers are not categorized as Service Area 2 callers as Service Area 2 did not officially come into MMC until the 1st quarter SFY 2013. In the 1st quarter SFY 2013, there were more calls from Service Area 2 than Service Area 1.

Table 2. Call Reasons by Service Area

Service Area	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Service Area 1	7,719	99.5%	7,732	99.9%	8,077	29.6%	6,303	44.3%	6,303	44.3%
Service Area 2	-	-	-	-	-	-	7,930	55.7%	7,930	55.7%
Other	35	0.5%	9	0.1%	19,208*	70.4%	3	0.0%	3	0.0%
All	7,754		7,741		27,285		14,236		14,236	

*Almost all participants categorized as "Other" in the 4th quarter SFY 2012 were new enrollees from Service Area 2.

Call Reasons by Category

The reasons for the Medicaid participants' calls to the MEC for the 1st quarter SFY 2013 are listed in Table 3 by Service Area. MEC and DHHS have identified additional call reason categories that will more accurately reflect call reasons. These call reasons became active in the 4th quarter SFY 2012, but the vast majority of these new call reasons have not been utilized.

Table 4 gives the call reasons as a percentage of total participant calls. Calls for enrollment, disenrollment/transfer, and questions about Managed Care consistently comprise over 95% of all calls to the MEC. Calls for enrollment consistently comprise the majority of all call reasons, and such calls comprised 75% of all calls in the 1st quarter SFY 2013. The 1st quarter SFY 2013 also saw a spike in disenrollment/transfer call reasons, while the number of Managed Care questions decreased from previous quarters.

Table 3. Call Reasons (1st Quarter SFY 2013)

Call Reasons	Service Area 1	Service Area 2	Other	All
Enrollment	5,318	5,384	0	10,702
Disenrollment/Transfer	565	2,265	3	2,833
Managed Care Questions	206	131	0	337
General Questions	90	95	0	185
Request/ Response	124	54	0	178
Grievances	0	1	0	1
Total	6,303	7,930	3	14,236

Table 4. Call Reason Percentages

Medicaid Enrollment Center Program
Helpline Activity Report

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Enrollment	5,551	71.6%	5,783	74.7%	25,165	92.2%	10,702	75.2%	10,702	75.2%
Disenrollment/Transfer	335	4.3%	265	3.4%	410	1.5%	2,833	19.9%	2,833	19.9%
Managed Care Questions	1,697	21.9%	1,509	19.5%	1,461	5.4%	337	2.4%	337	2.4%
General Questions	14	0.2%	76	1.0%	132	0.5%	185	1.3%	185	1.3%
Request/ Response	154	2.0%	108	1.4%	111	0.4%	178	1.3%	178	1.3%
Grievances	3	0.0%	0	0.0%	6	0.0%	1	0.0%	1	0.0%
Total	7,754		7,741		27,285		14,236		14,236	

The call reason categories (i.e., Enrollment, Disenrollment/Transfer, Managed Care Questions, etc.) are broken down into specific call reason codes and percentages in Tables 5 through 16. The data includes the number of specific call codes as well as the corresponding call code as a percentage of the call reason category.

The total number of enrollment call reasons increased drastically in the 4th quarter SFY 2012 and then declined in the 1st quarter SFY 2013 to a level that was still almost double that of the 2nd and 3rd quarters SFY 2012. By far, the most common call reason was Request Enrollment (RENr), comprising over 90% of all enrollment call reasons in the past two quarters (Tables 5 and 6).

Table 5. Enrollment Call Reasons (1st Quarter SFY 2013)

Enrollment Call Reasons	Service Area 1	Service Area 2	Other	All
Request Enrollment (RENr)	4,862	4,791	0	9,653
Response to Outreach (ROUT)	146	151	0	297
Questions - Enrollment (QENr)	310	442	0	752
Require Enrollment (RENE)	0	0	0	0
Total	5,318	5,384	0	10,702

Table 6. Enrollment Call Reason Percentages

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Request Enrollment (RENr)	4,609	83.0%	4,606	79.6%	23,218	92.3%	9,653	90.2%	9,653	90.2%
Response to Outreach (ROUT)	678	12.2%	784	13.6%	1,166	4.6%	297	2.8%	297	2.8%
Questions - Enrollment (QENr)	264	4.8%	392	6.8%	781	3.1%	752	7.0%	752	7.0%
Require Enrollment (RENE)	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	5,551		5,783		25,165		10,702		10,702	

The number of calls for disenrollment/transfer increased sharply from previous quarters in the 1st quarter SFY 2013. Over 80% of disenrollment/transfer calls were categorized as Plan Transfer (RPLT) in the 1st quarter SFY 2013, the majority of which came from Service Area 2. There was also an increase in call reasons categorized as PCP & Plan Transfer (RPPT) in the 1st quarter SFY 2013. Again, the majority of these calls came from Service Area 2 (Tables 7 and 8).

Table 7. Disenrollment/Transfer Call Reasons (1st Quarter SFY 2013)

Disenrollment/Transfer Call Reasons	Service Area 1	Service Area 2	Other	All
PCP Transfer (RTRR)	23	24	0	47
Plan Transfer (RPLT)	426	1,881	3	2,310
PCP & Plan Transfer (RPPT)	108	359	0	467
Request PCP Transfer (RPIT)	7	1	0	8
Request Disenrollment/Waiver (RDWR)	1	0	0	1
Total	565	2,265	3	2,833

Table 8. Disenrollment/Transfer Call Reason Percentages

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
PCP Transfer (RTRR)	131	34.8%	70	26.4%	121	29.5%	47	1.7%	47	1.7%
Plan Transfer (RPLT)	108	28.7%	115	43.4%	201	49.0%	2,310	81.5%	2,310	81.5%
PCP and Plan Transfer (RPPT)	129	34.3%	74	27.9%	77	18.8%	467	16.5%	467	16.5%
Request PCP Transfer (RPIT)	3	0.8%	6	2.3%	11	2.7%	8	0.3%	8	0.3%
Request Disenrollment/Waiver (RDWR)	5	1.3%	0	0.0%	0	0.0%	1	0.0%	1	0.0%
Total	336		265		410		2,833		2,833	

The number of calls for outreach follow-up was consistently over 1,000 in the three quarters previous to the 1st quarter SFY 2013. But, in the 1st quarter SFY 2013, there were only 100 calls for outreach follow-up. The remaining call reasons categorized under the Managed Care Question category have remained at consistent levels across the past four quarters (Tables 9 and 10).

Table 9. Managed Care Question Call Reasons (1st Quarter SFY 2013)

Managed Care Call Reasons	Service Area 1	Service Area 2	Other	All
Outreach Follow-Up (QRFUP)	66	34	0	100
Managed Care Question (QMMC)	100	78	0	178
Lock-In Information (QLKI)	16	6	0	22
Provider/ Plan (QPRP)	12	12	0	24
Transportation (QTRAN)	4	0	0	4
Claim Payment (QRCP)	6	0	0	6
Medical Access (QMDA)	2	1	0	3
Total	206	131	0	337

Table 10. Managed Care Question Call Reason Percentages

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Outreach Follow-Up (QRFUP)	1,543	90.9%	1,278	84.7%	1,214	83.1%	100	29.7%	100	29.7%
Managed Care Question (QMMC)	110	6.5%	171	11.3%	176	12.0%	178	52.8%	178	52.8%
Lock-In Information (QLKI)	16	0.9%	12	0.8%	22	1.5%	22	6.5%	22	6.5%
Provider/ Plan (QPRP)	11	0.6%	18	1.2%	23	1.6%	24	7.1%	24	7.1%
Transportation (QTRAN)	8	0.5%	10	0.7%	11	0.8%	4	1.2%	4	1.2%
Claim Payment (QRCP)	3	0.2%	7	0.5%	11	0.8%	6	1.8%	6	1.8%
Medical Access (QMDA)	6	0.4%	13	0.9%	4	0.3%	3	0.9%	3	0.9%
Total	1,697		1,509		1,461		337		337	

The number of general question call reasons has increased each quarter over the past year. Calls that were categorized in the other questions (QOTR) category comprise the vast majority of general call questions (Tables 11 and 12).

Table 11. General Question Call Reasons (1st Quarter SFY 2013)

General Question Call Reasons	Service Area 1	Service Area 2	Other	All
Health Related (QHRQ)	1	1	0	2
Mental Health/Substance (QMHS)	0	0	0	0
Other Questions (QOTR)	89	94	0	183
Total	90	95	0	185

Table 12. General Question Call Reason Percentages

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Health Related (QHRQ)	4	28.6%	5	6.6%	6	4.5%	2	1.1%	2	1.1%
Mental Health/ Substance (QMHS)	0	0.0%	0	0.0%	1	0.8%	0	0.0%	0	0.0%
Other Questions (QOTR)	10	71.4%	71	93.4%	125	94.7%	183	98.9%	183	98.9%
Total	14		76		132		185		185	

Calls for default/reenrollment comprise the majority of call reasons classified under Request/Response. Request/Response call reasons increased slightly from previous quarters in the 1st quarter SFY 2013 (Tables 13 and 14).

Table 13. Request/Response Call Reasons (1st Quarter SFY 2013)

Request/Response Call Reasons	Service Area 1	Service Area 2	Other	All
Default/Reenrollment (RAUA)	102	24	0	126
Demographic Update (DEMUP)	21	29	0	50
Response to Mailings, General (RMLG)	1	1	0	2
Total	124	54	0	178

Table 14. Request/Response Call Reason Percentages

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Default/Reenrollment (RAUA)	131	85.1%	88	81.5%	82	73.9%	126	70.8%	126	70.8%
Demographic Update (DEMUP)	23	14.9%	20	18.5%	29	26.1%	50	28.1%	50	28.1%
Response to Mailings, General (RMLG)	0	0.0%	0	0.0%	0	0.0%	2	1.1%	2	1.1%
Total	154		108		111		178		178	

Tables 15 and 16 show call reasons for grievances. Calls to make a grievance are consistently the lowest of all call reason categories. There was one grievance call in the 1st quarter SFY 2013

Table 15. Grievance Call Reasons (1st Quarter SFY 2013)

Grievance Call Reasons	Service Area 1	Service Area 2	Other	All
Personnel Provided Little Help (DSPLRH)	0	1	0	1
Other Complaints (DSOTHR)	0	0	0	0
Other PCP Complaints (PCPOTHR)	0	0	0	0
Other Plan Complaints (PLOTHR)	0	0	0	0
Services, Network of Providers/Specialists Inadequate (PLSRNI)	0	0	0	0
Total	0	1	0	1

Table 16. Grievance Call Reason Percentages

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Personnel Provided Little Help (DSPLRH)	1	33.3%	0	0.0%	0	0.0%	1	100%	1	100%
Other Complaints (DSOTHR)	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other PCP Complaints (PCPOTHR)	0	0.0%	0	0.0%	4	66.7%	0	0.0%	0	0.0%
Other Plan Complaints (PLOTHR)	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Services, Network of Providers/Specialists Inadequate (PLSRNI)	0	0.0%	0	0.0%	2	33.3%	0	0.0%	0	0.0%
Total	3		0		6		1		1	

Caller Type

Total MEC calls are also categorized according to caller type. Table 17 below shows the number of calls by caller type for each Service Area for the 1st quarter SFY 2013. The MEC Counselors category includes all outgoing calls made by MEC staff on behalf of participants. There were more calls from participants in Service Area 2 in the 1st quarter SFY 2013.

Table 17. Caller Type (1st Quarter SFY 2013)

Caller Type	Service Area 1	Service Area 2	Other	All
Participants	5,955	7,625	2	13,582
MEC Counselors	218	131	0	349
DHHS Caseworkers	26	32	0	58
Foster Parent/ Guardian	28	59	1	88
Medical Providers	5	1	0	6
Community Agencies	0	0	0	0
Health Plans	3	0	0	3
Other Caller Types	68	82	0	150
Total	6,303	7,930	3	14,236

Table 18 shows trends in the percentage of calls by caller type. Calls made by participants and MEC counselors consistently make up over 95% of all calls to the MEC. There was an increase in the percentage of participant callers, while the percentage of calls made by MEC Counselors decreased from previous quarters in the 1st quarter SFY 2013.

Table 18. Caller Type Percentages

Call Reasons	2 nd Quarter SFY 2012		3 rd Quarter SFY 2012		4 th Quarter SFY 2012		1 st Quarter SFY 2013		State Fiscal Year-to-Date (2013)	
	n	%	n	%	n	%	n	%	n	%
Participants	5,309	68.5%	5,632	72.8%	23,648	86.7%	13,582	95.4%	13,582	95.4%
MEC Counselors	2,320	29.9%	1,964	25.4%	2,950	10.8%	349	2.5%	349	2.5%
DHHS Caseworkers	21	0.3%	11	0.1%	414	1.5%	58	0.4%	58	0.4%
Foster Parent/ Guardian	30	0.4%	28	0.4%	111	0.4%	88	0.6%	88	0.6%
Medical Providers	2	0.0%	15	0.2%	7	0.0%	6	0.0%	6	0.0%
Community Agencies	2	0.0%	2	0.0%	0	0.0%	0	0.0%	0	0.0%
Health Plans	12	0.2%	0	0.0%	1	0.0%	3	0.0%	3	0.0%
Other Caller Types	58	0.7%	89	1.1%	154	0.6%	150	1.1%	150	1.1%
Total	7,754		7,741		27,285		14,236		14,236	

V. Call Center Statistics

Call center statistics provided by the MEC are located in Tables 19, 20, and 21 and in Figure 1. Tables 19 and 20 includes the number and classification of calls, by month and quarter, respectively. Variable definitions are as follows:

- **Offered Calls:** Combination of answered calls, abandoned calls, and night service calls.
- **Calls Abandoned:** Combination of calls abandoned before the announcement and calls abandoned after the announcement.
- **Abandonment Rate:** Total number of abandoned calls divided by the total number of calls offered.
- **Abandonment Rate: (After Adjustments)** The abandonment rate after adjusting for the incidents listed in the problems & issues section below.
- **Abandonment Rate: (After Abandoned Calls Before Announcement)** The abandonment rate after excluding the calls that were abandoned before the announcement.

Table 19 shows quarterly call center statistics for the most recent four quarters. Due to the statewide expansion of MMC, the number of calls received by the MEC has increased. Due to various phone and equipment problems, call center statistics for the month of June SFY 2012 were unable to be determined and are not included in the 4th quarter SFY 2012. Consequently, the numbers for the 4th quarter SFY 2012 are significantly underrepresented. The number of deflected calls for the 1st quarter SFY 2013 is substantially higher than normal due to various equipment problems (see the "Problems & Issues" section below).

Table 19. Call Center Statistics: Quarterly

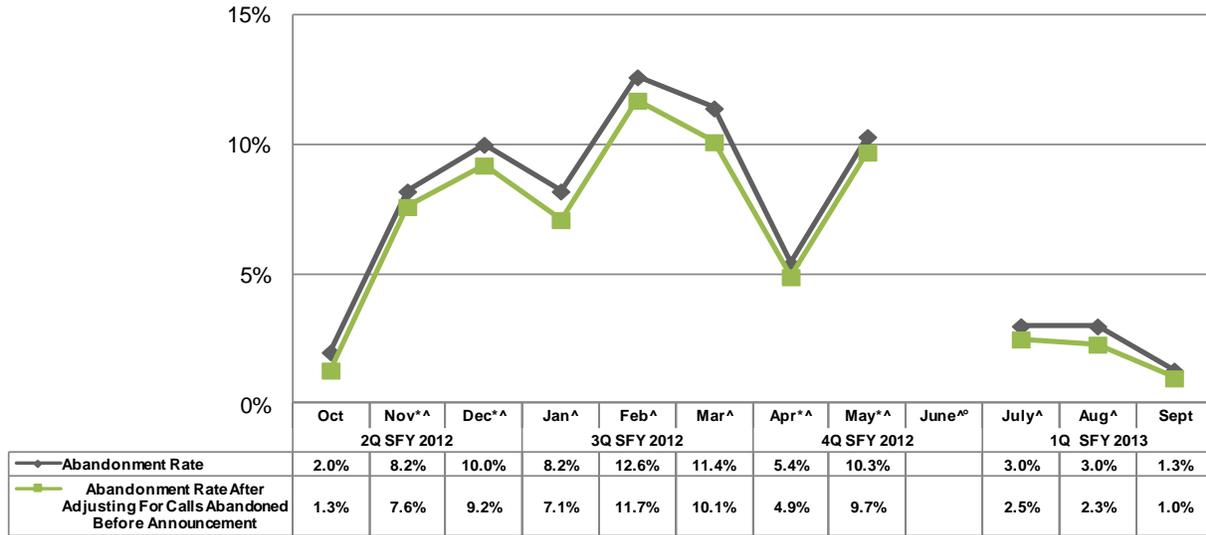
Calls	2nd Quarter SFY 2012	3rd Quarter SFY 2012	4th Quarter SFY 2012*	1st Quarter SFY 2013	State Fiscal Year-to-Date (2013)
Answered Calls	8,893	9,655	7,100	17,978	17,978
Calls Abandoned	646	1,241	664	493	493
<i>Calls Abandoned (Before Announcement)</i>	<i>68</i>	<i>103</i>	<i>45</i>	<i>106</i>	<i>106</i>
<i>Calls Abandoned (After Announcement)</i>	<i>578</i>	<i>1,138</i>	<i>619</i>	<i>387</i>	<i>387</i>
Night Service Calls	224	613	366	210	210
Deflected Calls	4	0	0	113°	113
Total Offered Calls	9,767	11,509	8,130	18,794	18,794

*Does not include calls from June SFY 2012, which were unable to be determined due to various phone and equipment issues.

°The number of deflected calls for the 1st quarter SFY 2013 is elevated due to various technical issues.

Figure 1 and Table 20 show the abandonment rates monthly and quarterly. The abandonment rates dropped substantially in the 1st quarter SFY 2013 compared to previous quarters. Abandonment rates were unable to be calculated for June 2012 due to various phone and equipment issues.

Figure 2. Abandonment Rates



* The estimated abandonment rate with adjustments for technical issues was 2.6% in November, 7.2% in December, 4.8% in April, and 3.7% in May.

[^]The abandonment rates for November through August were higher than expected due to technical issues. The estimated abandonment rate was unable to be calculated for some months.

^oA reasonable abandonment rate was unable to be calculated for June SFY 2012 due to various equipment issues.

Table 20. Abandonment Rates: Quarterly

Abandonment Rates	2 nd Quarter SFY 2012 [*]	3 rd Quarter SFY 2012 [^]	4 th Quarter SFY 2012 ^o	1 st Quarter SFY 2013	State Fiscal Year-to-Date (2013) [*]
Abandonment Rate	6.6%	10.7%	8.2%	2.5%	2.5%
Abandonment Rate (After Adjusting For Abandoned Calls Before Announcement)	5.9%	9.9%	7.6%	3.7%	3.7%

^{*}The estimated abandonment rate with adjustments for technical issues was 4.0% in the 2nd quarter SFY 2012.

[^]The abandonment rates for the 3rd quarter SFY 2012 were abnormally elevated due to technical issues. An estimated abandonment rate was unable to be calculated.

^oThe 4th quarter SFY 2012 abandonment rate does not include the month of June due to various equipment issues.

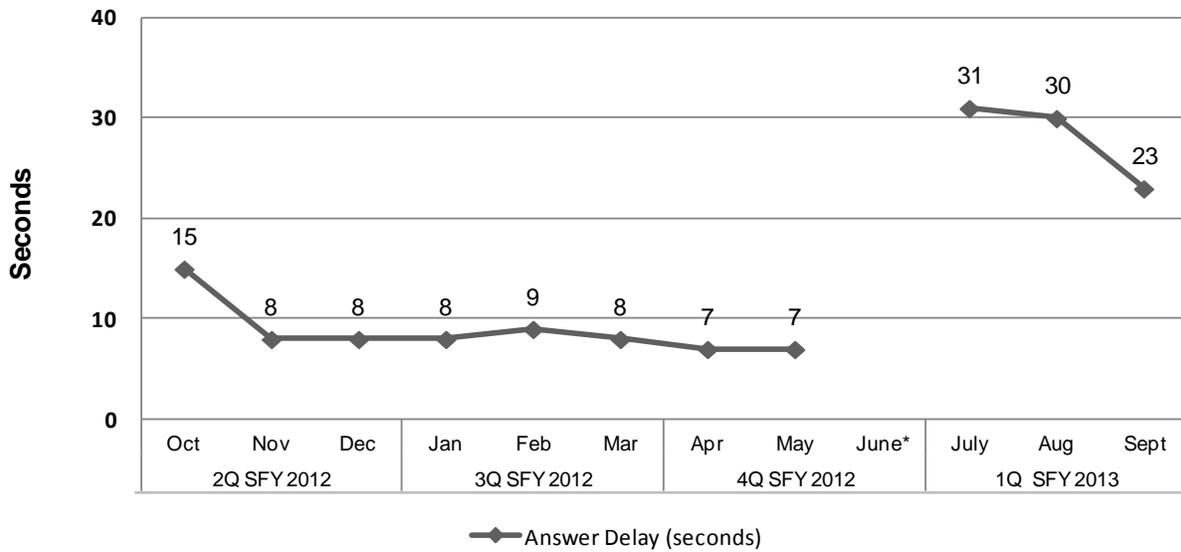
^{*}A weighted average of the abandonment rate based upon the number of call per quarter.

Response Time

Figure 2 and Table 21 show the average answer delay in seconds by month and quarter, respectively. During the months of July and August SFY 2013, 60 Day Anniversary Notices and Open Enrollment Mailings were sent out to approximately 35,000 households to inform them of the upcoming *Open Enrollment Period* and to explain the options available to them. With the large amount of notices that were mailed out and subsequent high number of calls, there appears to have been a notable impact on the average time taken by the MEC to answer clients' calls. Additionally, phone and equipment issues likely impacted the average answer delay throughout the 1st quarter SFY 2013.

An average answer delay was unable to be calculated for June SFY 2012 due to various phone and equipment issues.

Figure 3. Average Answer Delay



*A reasonable answer delay was unable to be calculated for June SFY 2012 due to various technical issues.

Table 21. Answer Delay in Seconds: Quarterly

	2 nd Quarter SFY 2012	3 rd Quarter SFY 2012	4 th Quarter SFY 2012*	1 st Quarter SFY 2013	State Fiscal Year-to-Date (2013) ^o
Answer Delay	10 seconds	8 seconds	7 seconds	29 seconds	29 seconds

*Excludes calls from June (see Figure 2 above).

^oA weighted average of the answer delay based upon the number of call per quarter.

Problems & Issues

In the 1st Quarter of SFY 2013, The Medicaid Enrollment Center experienced numerous issues affecting call time, answer delay, and abandonment rates. These issues appear to have been largely resolved as of August 15th with the installation of the new Interalia System. Issues are as follows:

ACD Issues

- There were three days when the ACD monitor was down in July, two partial days in August, and a half day in September. The MEC was not able to monitor the queue during this time.
- On July 3rd, multiple MEC staff reported calls ringing on their station through the ACD line, but when they answered, no one was there.

Equipment Problems, Dropped Calls, and Ring Issues

- The prior issues with the MEC phone equipment, which were originally reported on June 8, 2012 carried over into July and August. During this time period, the MEC was in continual contact with DHHS on the status of equipment: multiple e-mails were sent to the DHHS contact regarding the issue, and the MEC was advised that they would be contacted once the equipment arrived and was ready to be installed on site. The Interalia System was installed on August 15th. When clients call the MEC now, they hear the MEC recording (in English and Spanish) and can select the option they need for assistance.
- Due to continued equipment problems, reports of dropped calls, as well as the Toll Free # being a "Nebraska Only" number which limits clients from being able to call in if they have a non -Nebraska phone number, the MEC was not able to determine the true abandonment rate for the months of July and August.
- On July 2nd, callers reported that their call was dropped after holding in the queue and they had to call back in. The MEC is unable to determine the number of repeat callers.

Holidays

- There was one in July, and one in September.

VI. Medicaid Enrollment Center Goals

1. Staff the Enrollment Center to keep the call abandonment rate at 10% or below every month.

Goal Met. The abandonment rate was 3% or lower in July, August, and September (See Figure 1)

2. Send out Outreach 2 within 1 business day of receipt of report.

Goal Met every day of Quarter. (See Table 1 and Table 2 of the Enrollment and Transfer Activity Report)

3. Conduct a minimum of 2 staff development offerings per year.

In August 2011, MEC staff received a review on Transfer Request Process. On February 14, 2012 MEC staff received a HIPAA Privacy Review Training. On May 16, 2012 MEC staff received an in-service training on "Identifying and Handling Stress."

Goal Met.

4. Work with State Pharmacy to complete monthly "Lock -In Recipient Mismatch Report".

Goal Met.

5. Forward all grievances received to DHHS within 24 hours of receiving all necessary information.

One grievance was received by mail in the 1st quarter and was forwarded to the state on the day it was received.

Goal Met.

6. Process "Reached Day 16 " and "Greater than 46 Day" reports within 5 business days of receipt.

Day 16 and Day 46 reports are no longer generated by the state. The reporting parameters were changed effective 7/1/12. A new report was created and the MEC is awaiting further instruction.

In progress.

7. Perform QA audits on a minimum of 3 calls per month for each full time counselor and 2 calls per month on each part time counselor.

A monthly file list is sent from Schmeckle Research to the Medicaid Enrollment Center, providing the client id #, the date of call and the MEC user ID who entered the note from the prior month. MEC QA staff reviews case notes to see if call reason, action and outcome represent the call and meet the requirements that staff have been instructed to document. One-on-one education sessions are conducted if needed to address specific issues.

Mary Goracke, Supervisor of the MEC randomly listens in on live calls throughout the month to spot check the staff for quality assurance. The MEC Supervisor also conducts QA checks Outreach 2 reports to verify accuracy of process and documentation. Again, one-on-one education sessions are conducted if needed to address specific issues.

Goal Met.