

# Nebraska Medicaid Managed Care Program

Nebraska Health Connection  
Medicaid Enrollment Center:

*Quality Management Report*

## HELPLINE ACTIVITY REPORT Quarter 2: State Fiscal Year 2012



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# 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 4<sup>th</sup> quarter. The Consumer Assessment of Healthcare Providers and Systems CAHPS®4.0H Adult and Child Medicaid Consumer Satisfaction Survey instrument was implemented for SFY2011.

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## *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 2<sup>nd</sup> quarter State Fiscal Year (SFY) 2012. 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 2<sup>nd</sup> quarter SFY2012 represent call reasons and caller types for participants who were in MMC from September 28 to December 27, 2011. 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 October, November, and December, and is 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.

During the last week of May 2011, approximately 28,000 60 Day Anniversary Notices were sent to households to inform them of the upcoming *Open Enrollment Period*. During the last full week of June 2011 approximately 28,000 Open Enrollment Mailings were sent to the same households instructing them to call the MEC if they chose to select a different health plan during their open enrollment period.

July 1, 2011 was the start date for the *Open Enrollment Period* for those who received the Managed Care Open Enrollment Information Notice mentioned above.

During the last week of June 2011 over 7,700 60 Day Anniversary Notices were sent to households to inform them of the *Open Enrollment Period* for August. During the last week in July, the same households received the Open Enrollment Mailing.

The events listed above created slight increases in call volumes for July and August (quarter 1, SFY 2012) and as a result, if the phone queue reached the 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 added to the discrepancy between the call reasons reported by the DHHS and the number of help-line calls reported by the MEC.

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 out which has the MEC toll free number and address listed on the correspondences.

### III. Results

#### Overview

Table 1 gives the call reasons, actions, and outcomes for the 1<sup>st</sup> quarter SFY 2012 and 2<sup>nd</sup> quarter of SFY2012, as well as the average call actions and outcomes per call reason. Call reasons are defined as any call to the MEC pertaining to Medicaid Managed Care. The number of call reasons, actions, and outcomes all decreased from the 1<sup>st</sup> quarter to the 2<sup>nd</sup> quarter SFY2012. The average number of actions and outcomes per call was also slightly lower in the 2<sup>nd</sup> quarter of SFY2012 as compared to the 1<sup>st</sup> quarter of SFY2012.

Table 1. Helpline Activity

Helpline Activity	1 <sup>st</sup> Quarter SFY2012			2 <sup>nd</sup> Quarter SFY2012		
	Quarter Total	Monthly Average	Average Per Call Reason	Quarter Total	Monthly Average	Average Per Call Reason
Call Reasons	9,052	3,017	1.00	7,754	6,222	1.00
Actions	19,028	6,343	2.10	16,087	5,362	2.07
Outcomes	21,715	7,238	2.39	17,317	5,772	2.23

Call reasons are given by county in Table 2. The distribution of call reasons has remained consistent across the 10 counties whose Medicaid Managed Care recipients call into the MEC, with higher proportions of calls coming from the larger counties.

Table 2. Call Reasons by County

County	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Lancaster	2,117	26.5%	2,148	25.2%	2,359	26.1%	1,906	24.6%
Douglas	4,199	52.6%	4,545	53.2%	4,651	51.4%	4,074	52.5%
Sarpy	785	9.8%	899	10.5%	914	10.1%	801	10.3%
Cass	110	1.4%	156	1.8%	145	1.6%	151	1.9%
Dodge	294	3.7%	304	3.6%	357	3.9%	327	4.2%
Gage	152	1.9%	152	1.8%	175	1.9%	132	1.7%
Otoe	60	0.8%	71	0.8%	125	1.4%	55	0.7%
Saunders	98	1.2%	100	1.2%	122	1.3%	91	1.2%
Seward	67	0.8%	88	1.0%	97	1.1%	93	1.2%
Washington	87	1.1%	62	0.7%	77	0.9%	89	1.1%
*Other	12	0.2%	13	0.2%	30	0.3%	35	0.5%
<b>All</b>	<b>7,981</b>		<b>8,538</b>		<b>9,052</b>		<b>7,754</b>	

\*The other county category includes individuals who once lived in a managed care county (Lancaster, Douglas, Sarpy, Cass, Dodge, Saunders, Gage, Seward, Washington, and Otoe), but moved outside these 10 counties.

**Call Reasons by Category**

The reasons for the Medicaid participants' calls to the MEC for the 2<sup>nd</sup> quarter SFY 2012 are listed in Table 3 by county. The MEC is working with DHHS to identify additional call reason categories that will more accurately reflect call reasons. These call reasons are expected to expand in the upcoming SFY 2012 reports.

Table 4 gives the call reasons as a percentage of total participant calls. Calls for enrollment, disenrollment/transfer, and questions about Managed Care comprised 97% of all calls to the MEC in the 2<sup>nd</sup> quarter SFY2012. Calls for enrollment consistently comprise the majority of all call reasons.

Table 3. Call Reasons (2<sup>nd</sup> Quarter SFY2012)

Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Enrollment	1,333	2,896	628	106	209	101	40	70	70	82	16	<b>5,551</b>
Disenrollment/Transfer	106	149	26	16	14	3	4	5	7	0	5	<b>336</b>
Managed Care Questions	429	924	140	28	92	25	11	16	16	3	13	<b>1,697</b>
General Questions	2	9	2	0	0	0	0	0	0	0	1	<b>14</b>
Request/ Response	34	95	5	1	12	3	0	0	0	4	0	<b>154</b>
Grievances	2	1	0	0	0	0	0	0	0	0	0	<b>3</b>
<b>Total</b>	<b>1,906</b>	<b>4,074</b>	<b>801</b>	<b>151</b>	<b>327</b>	<b>132</b>	<b>55</b>	<b>91</b>	<b>93</b>	<b>89</b>	<b>35</b>	<b>7,754</b>

\*The other county category includes individuals who once lived in a managed care county (Lancaster, Douglas, Sarpy, Cass, Dodge, Saunders, Gage, Seward, Washington, and Otoe), but moved outside these 10 counties.

Table 4. Call Reason Percentages

Call Reasons	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Enrollment	6,286	79.7%	6,489	76.0%	6,163	68.1%	5,551	71.6%
Disenrollment/Transfer	310	3.9%	249	2.9%	876	9.7%	335	4.3%
Managed Care Questions	981	12.4%	1,199	14.0%	1,769	19.5%	1,697	21.9%
General Questions	30	0.4%	22	0.3%	20	0.2%	14	0.2%
Request/ Response	370	4.7%	569	6.7%	223	2.5%	154	2.0%
Grievances	4	0.5%	10	0.1%	1	0.0%	3	0.0%
<b>Total</b>	<b>7,891</b>		<b>8,538</b>		<b>9,052</b>		<b>7,754</b>	

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 has decreased each month over the past three quarters from the 4<sup>th</sup> quarter SFY 2011 to present. The most common enrollment

call reason is request enrollment (RENRR), consistently comprising over 80% of all enrollment call reasons.

Table 5. Enrollment Call Reasons (2<sup>nd</sup> Quarter SFY2012)

Enrollment Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Request Enrollment (RENRR)	1,089	2,387	520	94	191	86	32	63	61	75	11	<b>4,609</b>
Questions - Enrollment (QENR)	75	133	32	5	3	6	0	1	4	4	1	<b>264</b>
Response to Outreach (ROUT)	169	376	76	7	15	9	8	6	5	3	4	<b>678</b>
<b>Total</b>	<b>1,333</b>	<b>2,896</b>	<b>628</b>	<b>106</b>	<b>209</b>	<b>101</b>	<b>40</b>	<b>70</b>	<b>70</b>	<b>82</b>	<b>16</b>	<b>5,551</b>

Table 6. Enrollment Call Reason Percentages

Enrollment Call Reasons	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Request Enrollment (RENRR)	5,450	86.7%	5,546	85.5%	5,439	88.3%	4,609	83.0%
Questions - Enrollment (QENR)	437	7.0%	334	5.1%	331	5.4%	264	4.8%
Response to Outreach (ROUT)	399	6.3%	609	9.4%	393	6.4%	678	12.2%
<b>Total</b>	<b>6,286</b>		<b>6,489</b>		<b>6,163</b>		<b>5,551</b>	

After a sharp increase in the 1<sup>st</sup> quarter SFY2012, the total number of disenrollment/transfer calls returned to its previous level in the 2<sup>nd</sup> quarter SFY2012. This sharp increase is largely due to the number calls for plan transfer (RPLT) and PCP and plan transfer (RPPT) increasing in the 1st quarter of SFY2012 before decreasing in the 2<sup>nd</sup> quarter SFY2012. However, the number of PCP and plan transfer (RPPT) call reasons was still at an elevated level in the 2<sup>nd</sup> quarter SFY2012 when compared to the 3<sup>rd</sup> and 4<sup>th</sup> quarters SFY2011.

Table 7. Disenrollment/Transfer Call Reasons (2<sup>nd</sup> Quarter SFY2012)

Disenrollment/Transfer Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
PCP Transfer (RTRR)	26	50	5	7	0	1	1	0	0	0	0	<b>90</b>
Plan Transfer (RPLT)	38	44	4	6	7	0	2	5	2	0	0	<b>108</b>
PCP & Plan Transfer (RPPT)	42	47	17	3	7	2	1	0	5	0	5	<b>129</b>
Request PCP Transfer (RPIT)	0	3	0	0	0	0	0	0	0	0	0	<b>3</b>
Request Disenrollment/Waiver (RDWR)	0	5	0	0	0	0	0	0	0	0	0	<b>5</b>
<b>Total</b>	<b>106</b>	<b>149</b>	<b>26</b>	<b>16</b>	<b>14</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>0</b>	<b>5</b>	<b>336</b>

Table 8. Disenrollment/Transfer Call Reason Percentages

Disenrollment/Transfer Call Reasons	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
PCP Transfer (RTRR)	125	40.3%	100	40.2%	87	9.9%	131	34.8%
Plan Transfer (RPLT)	148	47.7%	115	46.1%	547	62.4%	108	28.7%
PCP and Plan Transfer (RPPT)	31	10.0%	32	12.9%	234	26.7%	129	34.3%
Request PCP Transfer (RPIT)	6	1.9%	2	0.8%	8	0.9%	3	0.8%
Request Disenrollment/Waiver (RDWR)	0	0.0%	0	0.0%	0	0.0%	5	1.3%
<b>Total</b>	<b>310</b>		<b>249</b>		<b>876</b>		<b>336</b>	

The vast majority of the calls for managed care questions are for outreach follow-up (QRFUP), comprising around 90% of all Managed Care call reasons over the past four quarters. The number of managed care question call reasons has been elevated in the 1<sup>st</sup> and 2<sup>nd</sup> quarters of SFY2012 as compared to the previous two quarters due to increases in calls for outreach follow up (QRFUP).

Table 9. Managed Care Question Call Reasons (2<sup>nd</sup> Quarter SFY2012)

Managed Care Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Outreach - Follow-Up (QRFUP)	369	856	133	28	89	16	8	13	16	3	12	<b>1,543</b>
Managed Care Question (QMMC)	45	46	7	0	1	6	3	1	0	0	1	<b>110</b>
Lock-In Information (QLKI)	8	6	0	0	0	2	0	0	0	0	0	<b>16</b>
Provider/ Plan (QPRP)	4	5	0	0	1	0	0	1	0	0	0	<b>11</b>
Transportation (QTRAN)	0	8	0	0	0	0	0	0	0	0	0	<b>8</b>
Claim Payment (QRCP)	0	1	0	0	1	0	0	1	0	0	0	<b>3</b>
Medical Access (QMDA)	3	2	0	0	0	1	0	0	0	0	0	<b>6</b>
<b>Total</b>	<b>429</b>	<b>924</b>	<b>140</b>	<b>28</b>	<b>92</b>	<b>25</b>	<b>11</b>	<b>16</b>	<b>16</b>	<b>3</b>	<b>13</b>	<b>1,697</b>

Table 10. Managed Care Question Call Reason Percentages

Managed Care Call Reasons	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Outreach - Follow-Up (QRFUP)	864	88.1%	1,088	90.7%	1,606	90.8%	1,543	90.9%
Managed Care Question (QMMC)	24	2.4%	46	3.8%	74	4.2%	110	6.5%
Lock-In Information (QLKI)	29	3.0%	20	1.7%	27	1.5%	16	0.9%
Provider/ Plan (QPRP)	24	2.4%	34	2.8%	42	2.4%	11	0.6%
Transportation (QTRAN)	11	1.1%	9	0.8%	16	0.9%	8	0.5%
Claim Payment (QRCP)	14	1.4%	0	0.0%	1	0.1%	3	0.2%
Medical Access (QMDA)	15	1.5%	2	0.2%	3	0.2%	6	0.4%
<b>Total</b>	<b>981</b>		<b>1,199</b>		<b>1,769</b>		<b>1,697</b>	

The number of general question call reasons has decreased slightly in each of the past four quarters. Calls that were categorized in the other questions (QOTR) category comprise the majority of general call questions, followed by health related questions (QHRQ).

Table 11. General Question Call Reasons (2<sup>nd</sup> Quarter SFY2012)

General Question Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Mental Health/ Substance (QMHS)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid (QMED)	0	0	0	0	0	0	0	0	0	0	0	0
Health Related (QHRQ)	0	2	2	0	0	0	0	0	0	0	0	4
Other Questions (QOTR)	2	7	0	0	0	0	0	0	0	0	1	10
<b>Total</b>	<b>2</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>14</b>						

Table 12. General Question Call Reason Percentages

General Question Call Reasons	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Mental Health/ Substance (QMHS)	5	16.7%	1	4.5%	0	0.0%	0	0.0%
Medicaid (QMED)	5	16.7%	0	0%	0	0.0%	0	0.0%
Health Related (QHRQ)	13	43.3%	2	9.1%	5	25.0%	4	28.6%
Other Questions (QOTR)	7	23.3%	19	86.4%	15	75.0%	10	71.4%
<b>Total</b>	<b>30</b>		<b>22</b>		<b>20</b>		<b>14</b>	

Calls for default/reenrollment comprise the majority of call reasons classified under Request/Response. Tables 13 and 14 show that default/reenrollment (RAUA) call reasons increased in the 3<sup>rd</sup> and 4<sup>th</sup> quarters SFY, and then decreased by half in the 1<sup>st</sup> quarter SFY2012 with a further decrease in the 2<sup>nd</sup> quarter SFY2012. The request/response call reasons category was redefined for SFY 2011.

Table 13. Request/Response Call Reasons (2<sup>nd</sup> Quarter SFY2012)

Request/Response Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Default/Reenrollment (RAUA)	31	81	5	0	7	3	0	0	0	4	0	131
Demographic Update (DEMUP)	3	14	0	1	5	0	0	0	0	0	0	23
Response to Mailings, General (RMLG)	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>34</b>	<b>95</b>	<b>5</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>154</b>

Table 14. Request/Response Call Reason Percentages

Request/Response Call Reasons	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Default/Reenrollment (RAUA)	252	68.1%	379	65.0%	178	79.8%	131	85.1%
Demographic Update (DEMUP)	118	31.9%	189	32.2%	36	16.1%	23	14.9%
Response to Mailings, General (RMLG)	0	0.0%	1	0.2%	9	4.0%	0	0.0%
<b>Total</b>	<b>370</b>		<b>569</b>		<b>223</b>		<b>154</b>	

Tables 15 and 16 show call reasons for grievances. Calls to make a grievance are consistently the lowest of all call reason categories.

Table 15. Grievance Call Reasons (2<sup>nd</sup> Quarter SFY 2012)

Grievance Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Default Enrollment - Wrong PCP (DSDEPP)	0	0	0	0	0	0	0	0	0	0	0	0
Personnel Provided Little Help (DSPLRH)	0	1	0	0	0	0	0	0	0	0	0	1
General Complaint Regarding NMC (DSOTGN)	0	0	0	0	0	0	0	0	0	0	0	0
Other Complaints (DSOTHR)	1	0	0	0	0	0	0	0	0	0	0	1
PCP Won't Accept as Patient, Has Slots (PCPCWA)	0	0	0	0	0	0	0	0	0	0	0	0
Other PCP Complaints (PCPOTHR)	0	0	0	0	0	0	0	0	0	0	0	0
Other Plan Complaints (PLOTHR)	1	0	0	0	0	0	0	0	0	0	0	1
Personnel Provided Little Help (PLPRNH)	0	0	0	0	0	0	0	0	0	0	0	0
Services-Plan Refused to Pay Bill (PLSRRB)	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>							

Table 16. Grievance Call Reason Percentages

Grievance Call Reasons	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Default Enrollment - Wrong PCP (DSDEPP)	1	25.0%	0	0.0%	0	0.0%	0	0.0%
Personnel Provided Little Help (DSPLRH)	0	0.0%	0	0.0%	0	0.0%	1	33.3%
General Complaint Regarding NMC (DSOTGN)	0	0.0%	1	10.0%	0	0.0%	0	0.0%
Other Complaints (DSOTHR)	1	25.0%	2	20.0%	0	0.0%	1	33.3%
PCP Won't Accept as Patient, Has Slots (PCPCWA)	0	0.0%	1	10.0%	0	0.0%	0	0.0%
Other PCP Complaints (PCPOTHR)	0	0.0%	1	10.0%	1	100%	0	0.0%
Other Plan Complaints (PLOTHR)	1	25.0%	1	10.0%	0	0.0%	1	33.3%
Personnel Provided Little Help (PLPRNH)	1	25.0%	3	30.0%	0	0.0%	0	0.0%
Services-Plan Refused to Pay Bill (PLSRRB)	0	0.0%	1	10.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>4</b>		<b>10</b>		<b>1</b>		<b>3</b>	

**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 county for the 2<sup>nd</sup> quarter of SFY2012. The MEC Counselors category includes all outgoing calls made by MEC staff on behalf of participants.

Table 17. Caller Type (2<sup>nd</sup> Quarter SFY2012)

Caller Type	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Participants	1,262	2,768	579	105	219	97	33	75	69	82	20	<b>5,309</b>
MEC Counselors	615	1,252	203	36	105	30	21	16	21	6	15	<b>2,320</b>
DHHS Caseworkers	7	9	2	0	1	1	0	0	0	1	0	<b>21</b>
Foster Parent/ Guardian	8	11	6	0	0	3	0	0	2	0	0	<b>30</b>
Medical Providers	1	0	1	0	0	0	0	0	0	0	0	<b>2</b>
Community Agencies	2	0	0	0	0	0	0	0	0	0	0	<b>2</b>
Health Plans	0	6	0	6	0	0	0	0	0	0	0	<b>12</b>
Other Caller Types	11	28	10	4	2	1	1	0	1	0	0	<b>58</b>
<b>Total</b>	<b>1,906</b>	<b>4,074</b>	<b>801</b>	<b>151</b>	<b>327</b>	<b>132</b>	<b>55</b>	<b>91</b>	<b>93</b>	<b>89</b>	<b>35</b>	<b>7,754</b>

\*The other county category includes individuals who once lived in a managed care county (Lancaster, Douglas, Sarpy, Cass, Dodge, Saunders, Gage, Seward, Washington, and Otoe), but moved outside these 10 counties.

Table 18 shows trends in the percentage of calls by caller type. Calls made by participants and MEC counselors comprised 99% of all calls in the 1<sup>st</sup> quarter SFY2012. This is a typical distribution of caller types.

Table 18. Caller Type Percentages

Caller Type	3 <sup>rd</sup> Quarter SFY2011		4 <sup>th</sup> Quarter SFY2011		1 <sup>st</sup> Quarter SFY2012		2 <sup>nd</sup> Quarter SFY2012	
	n	%	n	%	n	%	n	%
Participants	6,239	78.2%	6,422	75.2%	6,775	74.8%	5,309	68.5%
MEC Counselors	1,591	19.9%	2,018	23.6%	2,182	24.1%	2,320	29.9%
DHHS Caseworkers	29	0.4%	29	0.3%	28	0.3%	21	0.3%
Foster Parent/ Guardian	18	0.2%	15	0.2%	13	0.1%	30	0.4%
Medical Providers	19	0.2%	11	0.1%	10	0.1%	2	0.0%
Community Agencies	2	0.0%	1	0.0%	0	0.0%	2	0.0%
Health Plans	3	0.0%	3	0.0%	6	0.1%	12	0.2%
Other Caller Types	80	1.0%	39	0.5%	38	0.4%	58	0.7%
<b>Total</b>	<b>7,981</b>		<b>8,538</b>		<b>9,052</b>		<b>7,754</b>	

#### IV. 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.

Abandoned calls are calculated by adding the calls abandoned before the announcement with those abandoned after the announcement. Total offered calls are calculated by adding answered, abandoned, deflected, and night service calls.

As previously stated, all participants were sent a notification letter in May SFY2011 requesting a response to *Open Enrollment*. The slightly higher call numbers for July and August as compared to the following months was due to participants calling in to select a different PCP and plan.

The number of abandoned calls was particularly high in the months of November and December SFY2012, largely due to various technical issues, for which see the "Problems and Issues" section below.

Table 19. Call Center Statistics: Monthly

<b>Calls</b>	<b>July SFY2012</b>	<b>August SFY2012</b>	<b>September SFY2012</b>	<b>October SFY2012</b>	<b>November SFY2012</b>	<b>December SFY2012</b>
Answered Calls	<b>4,261</b>	<b>4,097</b>	<b>3,501</b>	<b>3,226</b>	<b>3,265</b>	<b>3,127</b>
Calls Abandoned	<b>43</b>	<b>98</b>	<b>62</b>	<b>69</b>	<b>266</b>	<b>311</b>
<i>Calls Abandoned (Before Announcement)</i>	20	23	26	26	19	23
<i>Calls Abandoned (After Announcement)</i>	23	75	36	43	247	288
Night Service Calls	<b>72</b>	<b>64</b>	<b>143</b>	<b>76</b>	<b>78</b>	<b>70</b>
Deflected Calls	<b>4</b>	<b>29</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Total Offered Calls</b>	<b>4,380</b>	<b>4,288</b>	<b>3,707</b>	<b>3,375</b>	<b>3,265</b>	<b>3,127</b>

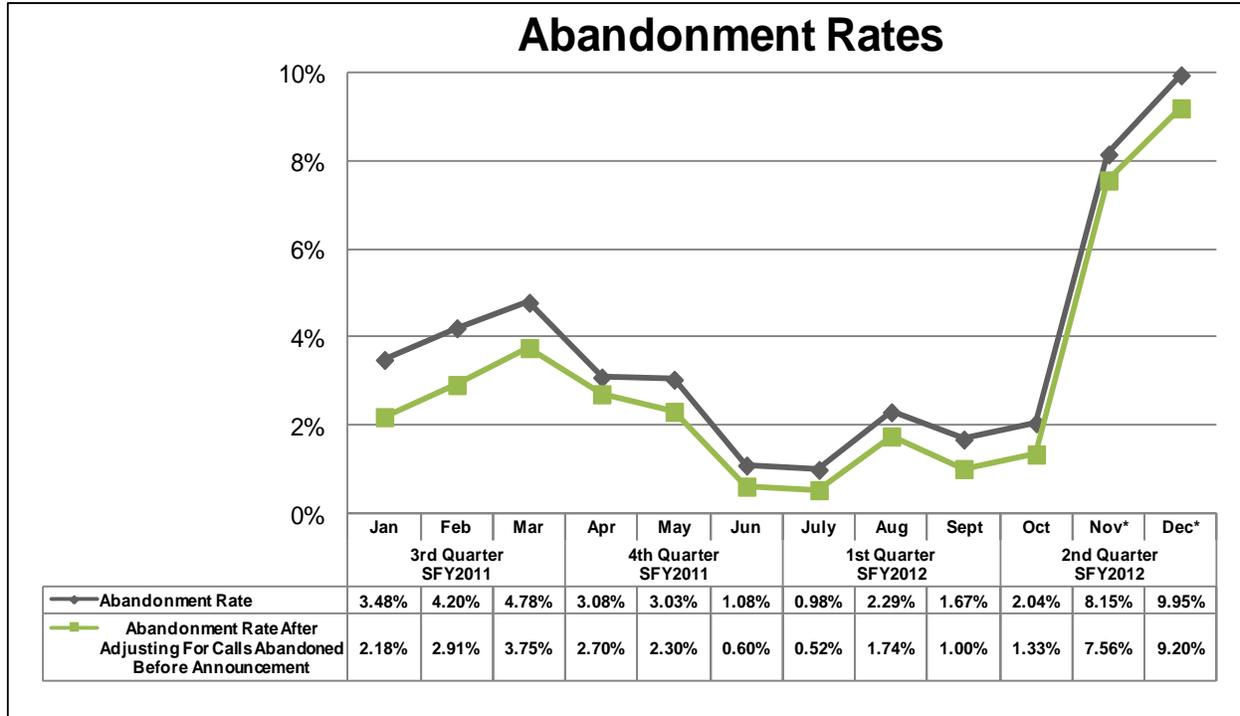
The number of answered calls in the 2<sup>nd</sup> quarter SFY2012 was notably lower compared to previous quarters, which continues the decline seen in every month over the past four quarters.

Table 20. Call Center Statistics: Quarterly

Calls	3 <sup>rd</sup> Quarter SFY2011	4 <sup>th</sup> Quarter SFY2011	1 <sup>st</sup> Quarter SFY2012	2 <sup>nd</sup> Quarter SFY2012
Answered Calls	13,149	13,013	11,859	8,893
Calls Abandoned	629	337	203	646
<i>Calls Abandoned (Before Announcement)</i>	180	74	69	68
<i>Calls Abandoned (After Announcement)</i>	449	263	134	578
Night Service Calls	1,118	580	279	224
Deflected Calls	137	17	34	4
<b>Total Offered Calls</b>	<b>15,033</b>	<b>13,947</b>	<b>12,375</b>	<b>9,767</b>

Figure 1 and Table 21 show the abandonment rates monthly and quarterly. The abandonment rates were at historical lows during the 1st quarter SFY 2012 before the sharp rises seen in November and December due to the aforementioned technical problems (see the "Problems and Issues" section below).

Figure 1. Abandonment Rates: Monthly



\* The estimated abandonment rate with adjustments for technical issues was 2.60% in November and 7.22% in December SFY2012.

Table 21. Abandonment Rates: Quarterly

Abandonment Rates	3 <sup>rd</sup> Quarter SFY2011	4 <sup>th</sup> Quarter SFY2011	1 <sup>st</sup> Quarter SFY2012	2 <sup>nd</sup> Quarter SFY2012*
Abandonment Rate	4.15%	2.40%	1.65%	6.71%
Abandonment Rate (After Adjusting For Abandoned Calls Before Announcement)	2.95%	1.87%	1.09%	6.03%

\*The estimated abandonment rate with adjustments for technical issues was 3.95% in the 2nd quarter SFY2012.

### Response Time

As reported by the MEC, Figure 2 and Table 22 show the average answer delay in seconds by month and quarter, respectively.

During the months of July and August 2011, 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. Even with the large amount of notices that were mailed out, there appears to have been no impact on the average time to answer client's calls. The answer delay in the 2<sup>nd</sup> quarter SFY2012 reached year lows in November and December.

Figure 2. Answer Delay in Seconds: Monthly

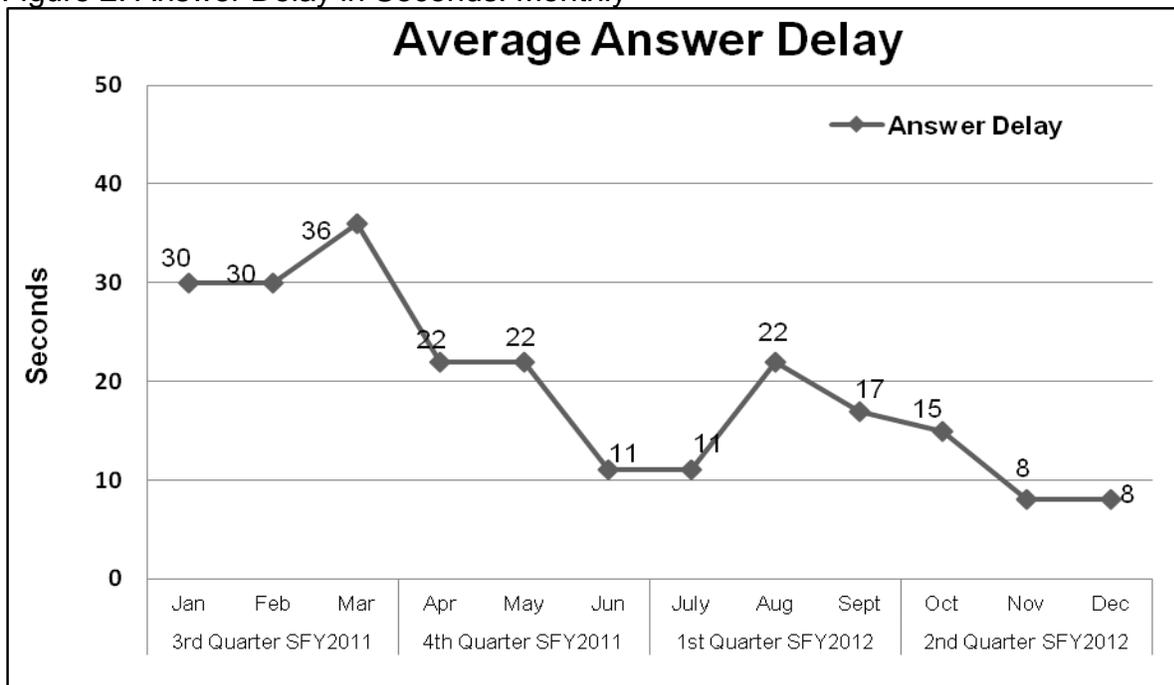


Table 22. Answer Delay in Seconds: Quarterly

	3 <sup>rd</sup> Quarter SFY2011	4 <sup>th</sup> Quarter SFY2011	1 <sup>st</sup> Quarter SFY2012	2 <sup>nd</sup> Quarter SFY2012
Answer Delay	32 seconds	18 Seconds	17 seconds	10 seconds

## **Problems & Issues**

In the 2<sup>nd</sup> Quarter of SFY2012, The Medicaid Enrollment Center identified issues with the phone system and other events that affected call volume, hold time, and abandonment rate. Issues are as follows:

### **ACD Issues**

- There were two days of ACD monitor trouble in October 2011, one afternoon and one morning in November 2011, and one day in December 2011. The staff was not able to monitor the queue at that time and there were reports of dropped calls.

### **Equipment Problems, Dropped Calls, and Ring Issues**

- On November 1, 2, and 14, 2011, the MEC received multiple reports from clients in La Vista, Bellevue, and Papillion, NE stating that their calls were dropped while holding for assistance and they had to call back in. These calls fell into the abandoned call category. The total abandoned calls for the three days were 90. These issues were reported and determined not to be an issue with local lines.
- The mornings of November 7 and 16, 2011, the MEC staff could not connect with the Citrix System. The issue was reported to the state and callers were advised to call back later in the day. The number of duplicated calls of the impact on abandoned calls was unable to be determined for those two days. The total number of abandoned calls for the two days was 42.
- On December 1, 2011, the PCOMM system was down. The issue was reported to the state. The MEC staff was unable to access client records from 8:00 to 9:50 AM. Callers were advised to call back later in the day. The number of duplicated calls of the impact on abandoned calls was unable to be determined for the day. There were a total of 29 abandoned calls for that day.
- On December 13 and 14, 2011, the night ring did not stay on. Calls from these evenings fell into the abandoned category. The total abandoned calls for these two days was 50.

### **Holidays**

- There was one holiday in October 2011, and three in November 2011, and one in December 2011.

### **Staff Issues**

- One full-time staff member resigned from the MEC in December.
- On December 20, 2011, three staff members were unavailable for calls between 10:00 AM and 12:30 PM due to a training session for pilot project.

### **Other Issues**

- On November 1, 2011, the MEC had to evacuate the building due to a fire alarm. The phones were unattended from approximately 2:30 to 3:00 PM that day. The

number of duplicated calls of the impact on abandoned calls was unable to be determined for the day. There were a total of 49 abandoned calls for that day.

## V. Medicaid Enrollment Center Goals and Comments

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

**Goal Met.** (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. A second training, originally scheduled for December 2011 on HIPAA, been rescheduled for 3<sup>rd</sup> quarter SFY2012, as the MEC took on a pilot program and selected MEC staff received training in December.

**In progress.**

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.

The 1 grievance received by mail in the 1st quarter 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.

**Goal Met.** (see data and Table 23 below)

**Day 46 Reports**

- October 4, 2011 - file received: total=242 (completed within 5 business days/Goal Met)
- October 30, 2011 - file received: total=249 (completed within 5 business days/Goal Met)
- November 28, 2011 - file received: total=246 (completed within 5 business days/Goal Met)

**Table 23. Day 16 Reports**

<b>1st Quarter SFY2012 Day 16 Reports</b>			
<b>Run Date</b>	<b>Count</b>	<b>Completion</b>	<b>Goal Met (Y/N)</b>
10/4/11	39	10/4/11	Y
10/4/11	32	10/5/11	Y
10/7/11	20	10/7/11	Y
10/11/11	27	10/11/11	Y
10/27/11	1	10/27/11	Y
10/28/11	42	10/28/11	Y
10/31/11	28	10/31/11	Y
10/31/11	23	10/31/11	Y
10/31/11	30	11/1/11	Y
<b>October Total</b>	<b>242</b>		
11/3/11	32	11/3/11	Y
11/4/11	33	11/7/11	Y
11/8/11	31	11/8/11	Y
11/8/11	34	11/9/11	Y
11/28/11	44	11/29/11	Y
11/28/11	22	11/28/11	Y
11/28/11	21	11/28/11	Y
11/28/11	32	11/28/11	Y
<b>November Total</b>	<b>249</b>		
12/2/11	30	12/5/11	Y
12/5/11	28	12/6/11	Y
12/8/11	29	12/8/11	Y
12/23/11	19	12/23/11	Y
12/26/11	22	12/27/11	Y
12/27/11	39	12/28/11	Y
12/27/11	24	12/27/11	Y
12/27/11	33	12/27/11	Y
12/28/11	22	12/28/11	Y
<b>December Total</b>	<b>246</b>		
<b>1st Quarter Total</b>	<b>737</b>		

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.

MEC Supervisor conducts QA checks on Day 16, Day 46 and 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.**