

Nebraska Medicaid Managed Care Program

Nebraska Health Connection
Medicaid Enrollment Center:

Quality Management Report

HELPLINE ACTIVITY REPORT Quarter 3: Fiscal Year 2011



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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 Customer 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 provider 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. The Consumer Assessment of Healthcare Providers and Systems CAHPS®4.0H Adult and Child Medicaid Consumer Satisfaction Survey instrument was implemented in January 2011 and the Customer Satisfaction Report will be completed on an annual basis in the 4th quarter.

Helpline Activity Report

I. Overview

The Helpline Activity Report reflects the work of the Nebraska Health Connection (NHC) Medicaid Enrollment Center (MEC). The primary purpose of this document is to provide a summary of Helpline activity for the reporting period December 28 to March 28 FY2011.

This report reflects all call reasons, action and outcome code data for participants who are enrolled and active on Medicaid Managed Care during the 3rd quarter FY2011. The State's fiscal year runs from July 1 to June 30. Data trends serve as quality indicators for this report. 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, actions, and outcomes acquired through the DHHS. 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 3rd quarter FY2011 represent call reasons, actions, and outcomes for participants who were in Managed Care from December 28 to March 28 FY2011. 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 NHC MEC for January, February, and March. 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 Managed Care 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 the call center 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 NHC MEC reporting periods and caller criteria, there are some variations in the number of calls when comparing data.

During the last week of May, approximately 54,000 notices were sent to households to inform them of the upcoming changes to managed care. During the last full week of June, approximately 54,000 Outreach 1 booklets were mailed to the same households instructing them to call the MEC to enroll with a plan and provider within 15 days. Due to the uniqueness of this enrollment, Outreach 2 was sent to households that had not enrolled within the defined outreach time frame. MEC had the limitation of the phone system handling only 15 calls at one time and after that callers received a messaging advising them to call back.

July 1, 2010 was the start date for the new "Open Enrollment" period for all 54,000 households in Managed Care. In August an erroneous letter was sent from Coventry to managed care clients, which led to increased call volumes for that month.

The events listed above created increases in call volumes for July and August (quarter 1) and as a result, when the phone queue reached the 15 caller capacity callers were dropped and asked to call back in. 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. Calls in the 2nd and 3rd quarters of 2011 returned to approximately average call volumes.

The Medicaid Enrollment Call Center continually sees an increased number of calls during the two weeks following state cutoff, primarily due to DHHS correspondence that is mailed out which has the MEC toll free number listed.

Events and explanations relating to changes and fluctuations in call numbers and call reasons were obtained from the MEC.

III. Results

Overview

Table 1 gives the call reasons, actions, and outcomes for the 2nd and 3rd quarters of FY2011, as well as the average call actions and outcomes per call reason. Call reasons, actions, and outcomes all declined notably in the 2nd and 3rd quarters of FY2011 due to the abnormally high call volume in the 1st quarter. Outcomes per call remained higher than actions per call, and increased slightly from the 2nd quarter.

Table 1. Helpline Activity

Helpline Activity	2 nd Quarter FY2011			3 rd Quarter FY2011		
	Quarter Total	Monthly Average	Average Per Call Reason	Quarter Total	Monthly Average	Average Per Call Reason
Call Reasons	9,767	3,256	1.00	7,981	2,660	1.00
Actions	20,387	6,796	2.09	16,713	5,571	2.09
Outcomes	22,220	7,407	2.29	19,062	6,354	2.39

Call reasons are divided by county in Table 2. A higher percentage of call reasons were from Douglas County during the 1st quarter of 2011 as a majority of managed care clients live in Douglas County, and all clients were asked to call the MEC to select a plan and provider. The percent of call reasons per county returned to previous levels in the 3rd quarter of FY2011, with the exception of the percent of call reasons from Sarpy county, which continued to increase.

Table 2. Call Reasons by County

County	4 th Quarter FY2010		1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%	n	%
Lancaster	2,032	29.8%	11,522	24.9%	2,675	27.4%	2,117	26.5%
Douglas	3,451	50.6%	25,909	56.1%	4,939	50.6%	4,199	52.6%
Sarpy	559	8.2%	3,546	7.7%	946	9.7%	785	9.8%
Cass	98	1.4%	863	1.9%	203	2.1%	110	1.4%
Dodge	227	3.3%	1,801	3.9%	324	3.3%	294	3.7%
Gage	134	2.0%	874	1.9%	225	2.3%	152	1.9%
Otoe	70	1.0%	413	0.9%	124	1.3%	60	0.8%
Saunders	112	1.6%	439	1.0%	128	1.3%	98	1.2%
Seward	44	0.6%	347	0.8%	83	0.8%	67	0.8%
Washington	78	1.1%	378	0.8%	107	1.1%	87	1.1%
*Other	16	0.4%	103	0.2%	12	0.1%	12	0.2%
All	6,821		46,195		9,766		7,981	

*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 call to the MEC are listed in Table 3 by county. The other call reason category includes demographic updates, services-other plan complaints, other PCP complaints, outreach follow-up, plan benefits complaint, response to mailing, and other complaints.

Table 4 gives the call reasons as a percentage of total participant calls. As expected, there was a large increase in the percentage of calls that were related to enrollment in the 1st quarter of FY2011. A majority of enrollees called in to select a provider and plan during the 1st quarter, so the percentage of call reasons related to enrollment dropped in the 2nd quarter, but rose again in the 3rd quarter. The percent of call reasons related to Managed Care questions remained high in the 3rd quarter.

Table 3. Call Reasons (3rdQ FY2011)

Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Enrollment	1,650	3,288	628	89	251	130	50	79	44	70	7	6,286
Disenrollment/Transfer	114	142	18	6	6	5	6	0	13	6	0	310
Managed Care Questions	247	532	110	13	24	12	7	14	10	10	2	981
General Questions	8	16	0	0	3	1	0	1	0	0	1	30
Request/ Response	52	160	20	0	10	5	0	4	0	0	1	252
Other	46	61	9	2	0	2	0	0	0	1	1	122
Total	2,117	4,199	785	110	294	155	63	98	67	87	12	7,981

*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	4 th Quarter FY2010		1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%	n	%
Enrollment	2,868	42.0%	41,438	89.7%	6,909	70.7%	6,286	79.7%
Disenrollment/Transfer	2,600	38.1%	2,789	6.0%	864	8.8%	310	3.9%
Managed Care Questions	789	11.6%	1,181	2.6%	1,636	16.8%	981	12.4%
General Questions	326	4.8%	667	1.4%	197	2.0%	30	0.4%
Request/ Response	181	2.7%	1	0.0%	95	1.0%	252	3.2%
Other	57	0.8%	119	0.3%	65	0.7%	122	1.5%
Total	6,821		46,195		9,766		7,891	

The call reason categories (i.e., Enrollment or Disenrollment/Transfer) are broken down into specific call reason codes and percentages in Tables 5 through 14. The data lists the number of specific call codes as well as the corresponding call code as a percentage of the call reason category (i.e., Enrollment and Disenrollment/Transfer).

The total number of enrollment call reasons has decreased since the 1st quarter. However, the percent of enrollment calls to request enrollments (RENr) has increased since the 1st quarter as the percent of response to outreach has decreased.

Table 5. Enrollment Call Reasons (3rdQ FY2011)

Enrollment Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Request Enrollment (RENr)	1,378	2,889	553	79	224	110	37	67	40	68	5	5,450
Questions - Enrollment (QENr)	170	177	44	1	14	14	7	6	0	2	2	437
Response to Outreach (ROUT)	102	222	31	9	13	6	6	6	4	0	0	399
Total	1,650	3,288	628	89	251	130	50	79	44	70	7	6,286

Table 6. Enrollment Call Reason Percentages

Enrollment Call Reasons	4 th Quarter FY2010		1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%	n	%
Request Enrollment (RENRR)	2,115	73.7%	33,700	81.3%	5,843	84.6%	5,450	86.7%
Questions - Enrollment (QENR)	447	15.6%	747	1.8%	361	5.2%	437	7.0%
Response to Outreach (ROUT)	306	10.7%	6,991	16.9%	705	10.2%	399	6.3%
Total	2,868		41,438		6,909		6,286	

The total number of disenrollment/transfer calls have decreased since the 1st quarter. In the 3rd quarter the percentage of disenrollment/transfer calls that were PCP transfers increased and the percent of plan transfers decreased.

Table 7. Disenrollment/Transfer Call Reasons (3rdQ FY2011)

Disenrollment/Transfer Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
PCP Transfer (RTRR)	35	57	10	4	5	3	6	0	6	5	0	125
Plan Transfer (RPLT)	59	73	5	2	1	0	0	0	7	1	0	148
PCP & Plan Transfer (RPPT)	14	12	3	0	0	2	0	0	0	0	0	31
Request PCP Transfer (RPIT)	6	0	0	0	0	0	0	0	0	0	0	6
Total	114	142	18	6	6	5	6	0	13	6	0	310

Table 8. Disenrollment/Transfer Call Reason Percentages

Disenrollment/Transfer Call Reasons	4 th Quarter FY2010		1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%	n	%
PCP Transfer (RTRR)	2,342	90.1%	781	28.0%	160	18.5%	125	40.3%
Plan Transfer (RPLT)	204	7.8%	1,877	67.3%	641	74.2%	148	47.7%
PCP and Plan Transfer (RPPT)	23	0.9%	126	4.5%	56	6.5%	31	10.0%
Request PCP Transfer (RPIT)	31	1.2%	5	0.2%	7	0.8%	6	1.9%
Total	2,600		2,789		864		310	

A majority of the calls for managed care questions are for outreach follow-up, which has represented an increasing percentage of total managed care call reasons since the 4th quarter of FY2010.

Table 9. Managed Care Question Call Reasons (3rdQ FY2011)

Managed Care Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Managed Care (QMMC)	9	11	4	0	0	0	0	0	0	0	0	24
Lock-In Information (QLKI)	14	11	4	0	0	0	0	0	0	0	0	29
Provider/ Plan (QPRP)	13	3	7	1	0	0	0	0	0	0	0	24
Transportation (QTRAN)	0	11	0	0	0	0	0	0	0	0	0	11
Claim Payment (QRCP)	2	6	6	0	0	0	0	0	0	0	0	14
Medical Access (QMDA)	3	7	0	0	0	0	0	0	4	0	1	15
Outreach - Follow-Up (QRFUP)	206	483	89	12	24	12	7	14	6	10	1	864
Total	247	532	110	13	24	12	7	14	10	10	2	981

Table 10. Managed Care Question Call Reason Percentages

Managed Care Call Reasons	4 th Quarter FY2010		1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%	n	%
Managed Care (QMMC)	329	41.7%	235	19.9%	348	21.3%	24	2.4%
Lock-In Information (QLKI)	143	18.1%	90	7.6%	61	3.7%	29	3.0%
Provider/ Plan (QPRP)	9	1.1%	18	1.5%	39	2.4%	24	2.4%
Transportation (QTRAN)	28	3.5%	22	1.9%	38	2.3%	11	1.1%
Claim Payment (QRCP)	21	2.7%	26	2.2%	21	1.3%	14	1.4%
Medical Access (QMDA)	0	0.0%	0	0.0%	1	0.1%	15	1.5%
Outreach - Follow-Up (QRFUP)	259	32.8%	790	66.9%	1,128	68.9%	864	88.1%
Total	789		1,181		1,636		981	

The MEC is working with DHHS to additional call reason categories that will more accurately reflect call reasons. These call reasons will be expanded for the 4th quarter FY2011 report.

Calls that were categorized in the “Managed Care (QMMC)” category include requests for health plan ID card, questioning why plan changed, and auto-assignment questions. Calls that were categorized in the “Other” category include questions about non-managed care services and eligibility. The number of general question call reasons decreased notably in the 2nd and 3rd quarters of FY2011.

Table 11. General Question Call Reasons (3rdQ FY2011)

General Question Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Mental Health/ Substance (QMHS)	0	4	0	0	1	0	0	0	0	0	0	5
Medicaid (QMED)	2	3	0	0	0	0	0	0	0	0	0	5
Health Related (QHRQ)	5	7	0	0	0	1	0	0	0	0	0	13
Other Questions (QOTR)	1	2	0	0	2	0	0	1	0	0	1	7
Total	8	16	0	0	3	1	0	1	0	0	1	30

Table 12. General Question Call Reason Percentages

General Question Call Reasons	4 th Quarter FY2010		1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%	n	%
Mental Health/ Substance (QMHS)	3	0.9%	1	0.1%	3	1.5%	5	16.7%
Medicaid (QMED)	0	0.0%	0	0.0%	3	1.5%	5	16.7%
Health Related (QHRQ)	0	0.0%	0	0.0%	2	1.0%	13	43.3%
Other Questions (QOTR)	323	99.1%	666	99.9%	189	95.9%	7	23.3%
Total	326		667		197		30	

The comparisons for Table 13 and Table 14 only include the 1st, 2nd, and 3rd quarters of FY2011 due to the redefining of the request/response call reason categories.

Table 13. Request/Response Call Reasons (3rdQ FY2011)

Request/Response Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Default/Reenrollment (RAUA)	52	160	20	0	10	5	0	4	0	0	1	252
ID Docs: Didn't Receive Cards (DSMCDR)	0	0	0	0	0	0	0	0	0	0	0	0
Total	52	160	20	0	10	5	0	4	0	0	1	252

Table 14. Request/Response Call Reason Percentages

Request/Response Call Reasons	1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%
Default/Reenrollment (RAUA)	1	100%	95	100%	252	100%
ID Docs: Didn't Receive Cards (DSMCDR)	0	0%	0	0%	0	0%
Total	1		95		252	

Caller Type

Total MEC calls are also categorized according to caller type. Table 15 below shows the number of calls by caller type for each county for the 3rd quarter of FY2011. The MEC Counselors category includes all outgoing calls made by MEC staff on behalf of participants.

Table 15. Caller Type (3rdQ FY2011)

Caller Type	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Participants	1,562	3,311	643	87	255	132	45	75	53	73	3	6,239
MEC Counselors	489	822	134	22	38	18	14	22	14	10	8	1,591
DHHS Caseworkers	14	11	2	0	0	0	1	0	0	1	0	29
Foster Parent/ Guardian	7	9	1	0	0	0	0	1	0	0	0	18
Medical Providers	14	4	0	0	0	0	0	0	0	0	1	19
Community Agencies	2	0	0	0	0	0	0	0	0	0	0	2
Health Plans	0	3	0	0	0	0	0	0	0	0	0	3
Other Caller Types	29	39	5	1	1	2	0	0	0	3	0	80
Total	2,117	4,199	785	110	294	152	60	98	67	87	12	7,981

*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 16 shows trends in the percentage of calls by caller type. The percentage of calls made by participants increased in the 1st quarter of 2011, then dropped in the 2nd and 3rd quarters of FY2011. The percentage of calls made by MEC counselors also increased in the 1st and 2nd quarters of 2011 before slightly falling in the 3rd quarter.

Table 16. Caller Type Percentages

Caller Type	4 th Quarter FY2010		1 st Quarter FY2011		2 nd Quarter FY2011		3 rd Quarter FY2011	
	n	%	n	%	n	%	n	%
Participants	5,526	81.0%	37,558	81.3%	7,493	76.7%	6,239	78.2%
MEC Counselors	1,042	15.3%	8,016	17.4%	2,108	21.6%	1,591	19.9%
DHHS Caseworkers	38	0.6%	65	0.1%	37	0.4%	29	0.4%
Foster Parent/ Guardian	27	0.4%	136	0.3%	25	0.3%	18	0.2%
Medical Providers	36	0.5%	14	0.0%	18	0.2%	19	0.2%
Community Agencies	14	0.2%	2	0.0%	5	0.1%	2	0.0%
Health Plans	16	0.2%	3	0.0%	0	0.0%	3	0.0%
Other Caller Types	122	1.8%	401	0.9%	80	0.8%	80	1.0%
Total	6,821		46,195		9,766		7,981	

IV. Call Center Statistics

Call center statistics provided by the MEC are located in Tables 17, 18, and 19 and in Figure 1. Tables 17 and 18 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.

All participants were sent a notification letter in June requesting a response to select a provider and plan. The large increase in call numbers for July and August was due to participants calling in to choose a provider and plan. Due to the large call volume and limited lines and personnel, there were a large number of deflected calls over these two months. Call volume in the 2nd and 3rd quarters of FY2011 returned to average levels.

Table 17. Call Center Statistics: Monthly

Calls	October FY2011	November FY2011	December FY2011	January FY2011	February FY2011	March FY2011
Answered Calls	3,826	3,952	4,022	4,207	4,039	4,903
<i>Calls Abandoned (Before Announcement)</i>	67	67	58	61	63	56
<i>Calls Abandoned (After Announcement)</i>	113	155	104	103	142	204
Calls Abandoned	180	222	162	164	205	260
Night Service Calls	455	410	289	315	596	207
Deflected Calls	26	32	30	31	38	68
Total Offered Calls	4,487	4,616	4,503	4,717	4,878	5,438

Table 18. Call Center Statistics: Quarterly

Calls	4 th Quarter FY2010	1 st Quarter FY2011	2 nd Quarter FY2011	3 rd Quarter FY2011
Answered Calls	11,579	29,611	11,800	13,149
<i>Calls Abandoned (Before Announcement)</i>	189	456	372	180
<i>Calls Abandoned (After Announcement)</i>	683	4,731	192	449
Calls Abandoned	872	5,187	564	629
Night Service Calls	1,440	2,694	1,154	1,118
Deflected Calls	5,425	38,603	88	137
Total Offered Calls	19,316	76,095	13,606	15,033

Figure 1 and Table 19 show the abandonment rates monthly and quarterly. The adjusted abandonment rate was not reported in Figure 1 because the rate could not be calculated for several of the months due to a variety of phone and line issues and the inability to calculate dropped/repeat callers. June, July, and August had a large number of deflected calls after the call queue reached 15. There was not a way to determine the number of deflected calls that would have been abandoned; therefore, June, July, and August abandonment rates may not be comparable to earlier months or to the 2nd and 3rd quarters of FY2011. The abandonment rate increased in June, July, and August due to high call volume then decreased and leveled out during the 2nd and 3rd quarters. The 3rd quarter abandonment rates remained relatively unchanged from the 2nd quarter.

Figure 1. Abandonment Rates: Monthly

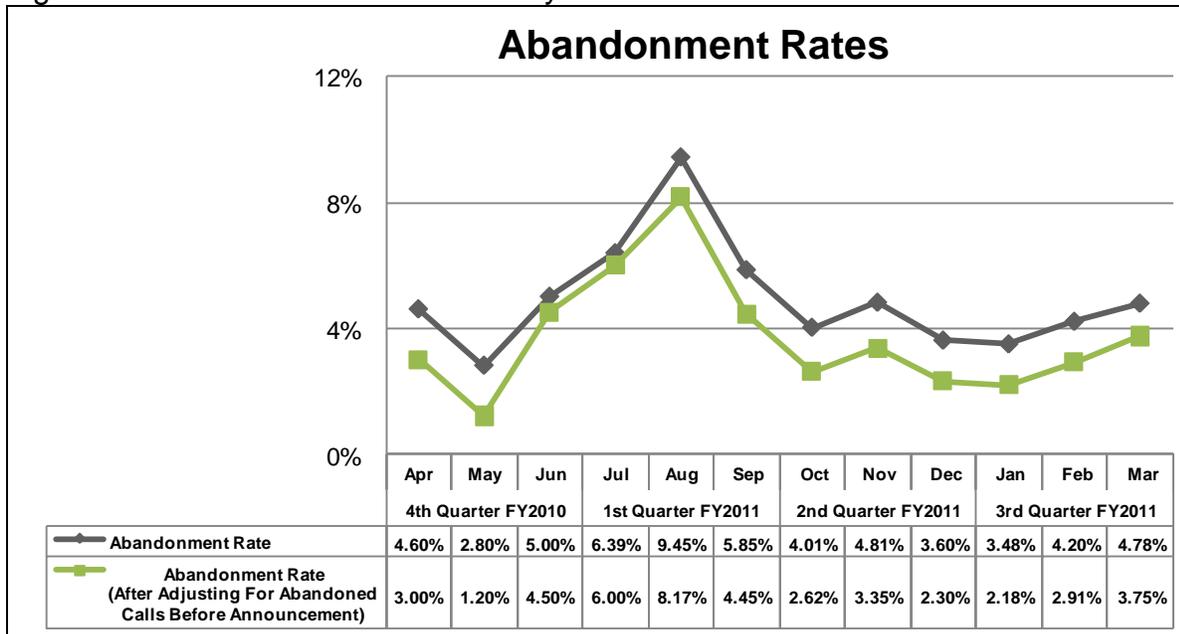


Table 19. Abandonment Rates: Quarterly

Abandonment Rates	4 th Quarter FY2010	1 st Quarter FY2011	2 nd Quarter FY2011	3 rd Quarter FY2011
Abandonment Rate	4.51%	6.82%	4.14%	4.15%
Abandonment Rate (After Adjustments)	N/A	N/A	3.84%	N/A
Abandonment Rate (After Adjusting For Abandoned Calls Before Announcement)	3.54%	6.22%	2.72%	2.95%

Response Time

As reported by the MEC, Figure 2 and Table 20 show the average answer delay in seconds by month and quarter, respectively.

As stated previously there was an abnormally large number of calls in June and July due to the notification letter and new provider/plan enrollments. The large number of calls in June led to an increased answer delay as MEC staff and phone lines remained constant from previous months where calls were a third of what they were in June. After the high enrollments in July, the average answer delay declined in August and September before leveling off in the 2nd and 3rd quarters of FY2011.

Figure 2. Answer Delay in Seconds: Monthly

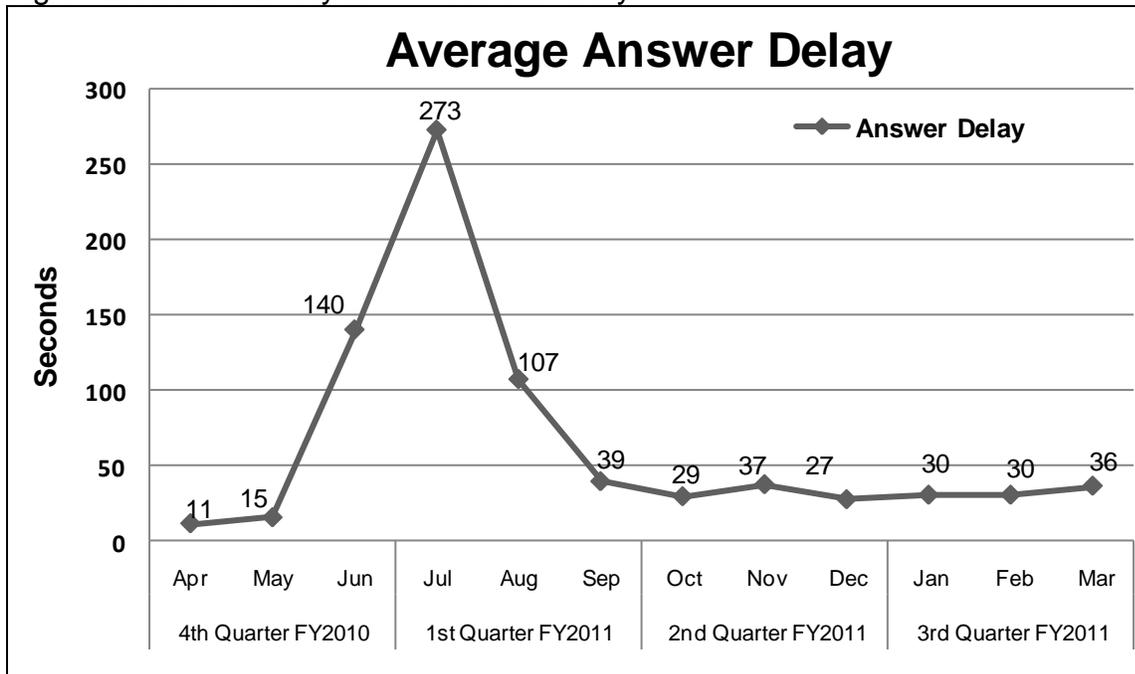


Table 20. Answer Delay in Seconds: Quarterly

	4 th Quarter FY2010	1 st Quarter FY2011	2 nd Quarter FY2011	3 rd Quarter FY2011
Answer Delay	68 seconds	191 seconds	31 seconds	32 seconds

Problems & Issues

In the 3rd Quarter of FY2011, 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:

Dropped Calls

- There were 3 days in January, 2 days in February, and 3 days in March when there were ACD troubles; the staff was not able to monitor the queue at that time and there were reports of dropped calls.
 - ACD problems in January were from system issues due to the changing of the year. The issue was reported to the state and the setting was updated in the system to reflect 2011.
 - ACD was not accessible in March due to new area code/local calling area changes. The issue was reported to the state and the settings were updated.

Equipment Problems, Busy Signal, and Ring Issues

- From February 7th to February 10th, there were problems with the toll free number. A change was made to the state voicemail server and the MEC toll free number was left off the change order and the recording was erased from the system. However, local calls were received during this time frame.

Holidays

- There were 2 holidays in January and 1 in February.

Other Issues

- In January one full time employee resigned.

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. (presentations by both health plans and presentation by Jacey Schmidt, DHHS Community Support Specialist in summer of 2010. We also had a meeting on HIPAA) **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. **The 2 grievances received in the 3rd quarter were forwarded to the state on the day received. Goal Met.**
6. Process "Reached Day 16 " and "Greater than 46 Day" reports within 5 business days of receipt. **Goal Met.**

Day 46 Reports

- January 2 - file received: total=184 (completed within 5 business days/Goal Met)
- January 30 - file received: total=228 (completed within 5 business days/Goal Met)

Day 16 Reports

3rd Quarter FY2011 Day 16 Report			
Run Date	Count	Completion	Goal Met (Y/N)
1/1/2011	31	1/4/2011	Y
1/2/2011	46	1/5/2011	Y
1/5/2011	35	1/7/2011	Y
1/6/2011	31	1/7/2011	Y
1/10/2011	31	1/10/2011	Y
1/27/2011	25	1/28/2011	Y
1/28/2011	31	1/31/2011	Y
1/29/2011	31	2/1/2011	Y
1/30/2011	36	2/1/2011	Y
1/31/2011	3	2/1/2011	Y
January Total	300		

Medicaid Enrollment Center Program
3rd Quarter Helpline Activity Report

2/2/2011	2	2/3/2011	Y
2/3/2011	33	2/7/2011	Y
2/4/2011	34	2/7/2011	Y
2/5/2011	30	2/8/2011	Y
2/6/2011	39	2/7/2011	Y
2/7/2011	35	2/8/2011	Y
2/9/2011	22	2/10/2011	Y
2/19/2011	26	2/23/2011	Y
2/20/2011	31	2/24/2011	Y
2/21/2011	2	2/23/2011	Y
2/23/2011	34	2/24/2011	Y
2/24/2011	41	2/28/2011	Y
2/25/2011	26	3/1/2011	Y
2/26/2011	23	3/3/2011	Y
2/28/2011	1	3/1/2011	Y
February Total	353		
3/2/2011	22	3/3/2011	Y
3/3/2011	33	3/7/2011	Y
3/5/2011	29	3/7/2011	Y
3/6/2011	29	3/8/2011	Y
3/25/2011	36	3/30/2011	Y
3/26/2011	16	3/28/2011	Y
3/27/2011	25	3/29/2011	Y
3/30/2011	30	3/31/2011	Y
March Total	220		
3rd Quarter Total	873		

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. **Goal Met.**