

Nebraska Medicaid Managed Care Program

Nebraska Health Connection
Medicaid Enrollment Center:

Quality Management Report

HELPLINE ACTIVITY REPORT Quarter 4: 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 4th quarter. The Consumer Assessment of Healthcare Providers and Systems CAHPS®4.0H Adult and Child Medicaid Consumer Satisfaction Survey instrument was implemented for SFY2012.

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 4th 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 4th quarter SFY2012 represent call reasons and caller types for participants who were in MMC from March 28, 2011 to June 26, 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 April, May, and June 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.

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 (refer to page 16, "Problems and Issues") 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 SFY2012, 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 SFY2012, 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 SFY2012, 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 SFY2012, 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 SFY2012, an additional flyer was sent to all households in Service Area 2 advising that they needed to call by June 26 SFY2012 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, SFY2012, 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 SFY2012 that were drastically increased from previous months, as participants from the entire state were required to call into the MEC for enrollment purposes. The high number of callers given the county categorization of "other" in the 4th quarter SFY2012 report is due to the statewide expansion. The SFY 2013 Helpline and Enrollment and Transfer Activity Reports will be adjusted to reflect the statewide change in MMC.
- During the above timeline, all Service Area 1 mailings were sent as scheduled.

III. Results

Overview

Table 1 gives the call reasons, actions, and outcomes for the 3rd quarter SFY2012 and 4th 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 increased drastically in the 4th quarter SFY2012 due to the aforementioned statewide expansion of MMC.

Table 1. Helpline Activity

Helpline Activity	3 rd Quarter SFY2012			4 th Quarter SFY2012		
	Quarter Total	Monthly Average	Average Per Call Reason	Quarter Total	Monthly Average	Average Per Call Reason
Call Reasons	7,741	2,580	1.00	27,285	9,095	1.00
Actions	16,988	5,663	2.19	54,113	18,038	3.30
Outcomes	18,400	6,133	2.38	62,786	20,929	3.83

Call reasons are given by county in Table 2. The number of call reasons has remained fairly consistent across the 10 counties whose Medicaid Managed Care recipients call into the MEC, but calls from counties classified as other comprised 70% of all call reasons on the 4th quarter SFY2012 as participants from outside of the original 10 counties that participated in MMC called to complete enrollment.

Table 2. Call Reasons by County

County	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Lancaster	2,359	26.1%	1,906	24.6%	2,090	27.0%	2,151	7.9%
Douglas	4,651	51.4%	4,074	52.5%	3,875	50.1%	4,208	15.4%
Sarpy	914	10.1%	801	10.3%	791	10.2%	810	3.0%
Cass	145	1.6%	151	1.9%	126	1.6%	116	0.4%
Dodge	357	3.9%	327	4.2%	294	3.8%	320	1.2%
Gage	175	1.9%	132	1.7%	135	1.7%	157	0.6%
Otoe	125	1.4%	55	0.7%	113	1.5%	85	0.3%
Saunders	122	1.3%	91	1.2%	108	1.4%	109	0.4%
Seward	97	1.1%	93	1.2%	88	1.1%	76	0.3%
Washington	77	0.9%	89	1.1%	112	1.4%	45	0.2%
Other	30	0.3%	35	0.5%	9	0.1%	19,208	70.4%
All	9,052		7,754		7,741		27,285	

Call Reasons by Category

The reasons for the Medicaid participants' calls to the MEC for the 4th quarter SFY2012 are listed in Table 3 by county. 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 SFY2012, but the vast majority of new call reasons were not utilized in the 4th quarter SFY2012.

Table 4 gives the call reasons as a percentage of total participant calls. Calls for enrollment, disenrollment/transfer, and questions about Managed Care comprised 99% of all calls to the MEC in the 4th quarter SFY2012. Calls for enrollment consistently comprise the majority of all call reasons, and such calls comprised 92% of all calls in the 4th quarter SFY2012, the majority of which came from other counties outside of the 10 that originally took part in MMC.

Table 3. Call Reasons (4th Quarter SFY2012)

Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	*Other	All
Enrollment	1,643	3,194	648	89	250	129	67	95	70	31	18,949	25,165
Disenrollment/Transfer	84	111	27	1	2	5	2	1	0	2	175	412
Managed Care Questions	364	791	117	16	59	21	7	13	6	7	60	1,461
General Questions	33	66	10	5	2	2	0	0	0	0	14	132
Request/ Response	25	42	8	5	7	0	9	0	0	5	10	111
Grievances	2	4	0	0	0	0	0	0	0	0	0	6
Total	2,151	4,208	810	116	320	157	85	109	76	45	19,208	27,285

*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	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Enrollment	6,163	68.1%	5,551	71.6%	5,783	74.7%	25,165	92.2%
Disenrollment/Transfer	876	9.7%	335	4.3%	265	3.4%	410	1.5%
Managed Care Questions	1,769	19.5%	1,697	21.9%	1,509	19.5%	1,461	5.4%
General Questions	20	0.2%	14	0.2%	76	1.0%	132	0.5%
Request/ Response	223	2.5%	154	2.0%	108	1.4%	111	0.4%
Grievances	1	0.0%	3	0.0%	0	0.0%	6	0.0%
Total	9,052		7,754		7,741		27,285	

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 SFY2012. By far, the most common call reason was Request Enrollment (RENr), and the vast majority of callers for RENr were from other counties (Tables 5 and 6).

Table 5. Enrollment Call Reasons (4th Quarter SFY2012)

Enrollment Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	Other	All
Request Enrollment (RENr)	1,330	2,458	539	79	215	113	56	81	47	30	18,270	23,218
Response to Outreach (ROUT)	173	448	72	7	26	9	8	7	12	1	403	1,166
Questions - Enrollment (QENr)	140	288	37	3	9	7	3	7	11	0	276	781
Require Enrollment (RENE)	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,643	3,194	648	89	250	129	67	95	70	31	18,949	25,165

Table 6. Enrollment Call Reason Percentages

Enrollment Call Reasons	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Request Enrollment (RENr)	5,439	88.3%	4,609	83.0%	4,606	79.6%	23,218	92.3%
Response to Outreach (ROUT)	393	6.4%	678	12.2%	784	13.6%	1,166	4.6%
Questions - Enrollment (QENr)	331	5.4%	264	4.8%	392	6.8%	781	3.1%
Require Enrollment (RENE)	0	0.0%	0	0.0%	1	0.0%	0	0.0%
Total	6,163		5,551		5,783		25,165	

After a sharp increase in the 1st quarter SFY2012, the total number of disenrollment/transfer calls returned to its previous level in the 2nd and 3rd quarters SFY2012, with a slight increase in the 4th quarter SFY2012. This sharp increase in the 1st quarter is largely due to the number calls for plan transfer (RPLT) and PCP and plan transfer (RPPT) (Tables 7 and 8).

Table 7. Disenrollment/Transfer Call Reasons (4th Quarter SFY2012)

Disenrollment/Transfer Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	Other	All
PCP Transfer (RTRR)	29	52	9	1	1	1	0	1	0	0	27	121
Plan Transfer (RPLT)	38	42	12	0	0	3	0	0	0	2	104	201
PCP & Plan Transfer (RPPT)	14	13	5	0	0	1	0	0	0	0	44	77
Request PCP Transfer (RPIT)	3	4	1	0	1	0	2	0	0	0	0	11
Request Disenrollment/Waiver (RDWR)	0	0	0	0	0	0	0	0	0	0	0	0
Total	84	111	27	1	2	5	2	1	0	2	175	410

Table 8. Disenrollment/Transfer Call Reason Percentages

Disenrollment/Transfer Call Reasons	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
PCP Transfer (RTRR)	87	9.9%	131	34.8%	70	26.4%	121	29.5%
Plan Transfer (RPLT)	547	62.4%	108	28.7%	115	43.4%	201	49.0%
PCP and Plan Transfer (RPPT)	234	26.7%	129	34.3%	74	27.9%	77	18.8%
Request PCP Transfer (RPIT)	8	0.9%	3	0.8%	6	2.3%	11	2.7%
Request Disenrollment/Waiver (RDWR)	0	0.0%	5	1.3%	0	0.0%	0	0.0%
Total	876		336		265		410	

The vast majority of the calls for managed care questions are for outreach follow-up (QRFUP), comprising between 80% to 90% of all Managed Care call reasons over the past four quarters. The number of Managed Care Questions Calls (QMMC) has decreased each quarter since the 1st quarter SFY2012 (Tables 9 and 10).

Table 9. Managed Care Question Call Reasons (4th Quarter SFY2012)

Managed Care Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	Other	All
Outreach - Follow-Up (QRFUP)	278	673	103	15	54	16	6	10	5	7	47	1,214
Managed Care Question (QMMC)	57	88	8	1	4	3	1	3	0	0	11	176
Lock-In Information (QLKI)	6	13	0	0	1	0	0	0	0	0	2	22
Provider/ Plan (QPRP)	13	4	5	0	0	0	0	0	1	0	0	23
Transportation (QTRAN)	3	8	0	0	0	0	0	0	0	0	0	11
Claim Payment (QRCP)	5	5	1	0	0	0	0	0	0	0	0	11
Medical Access (QMDA)	2	0	0	0	0	2	0	0	0	0	0	4
Total	364	791	117	16	59	21	7	13	6	7	60	1,461

Table 10. Managed Care Question Call Reason Percentages

Managed Care Call Reasons	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Outreach - Follow-Up (QRFUP)	1,606	90.8%	1,543	90.9%	1,278	84.7%	1,214	83.1%
Managed Care Question (QMMC)	74	4.2%	110	6.5%	171	11.3%	176	12.0%
Lock-In Information (QLKI)	27	1.5%	16	0.9%	12	0.8%	22	1.5%
Provider/ Plan (QPRP)	42	2.4%	11	0.6%	18	1.2%	23	1.6%
Transportation (QTRAN)	16	0.9%	8	0.5%	10	0.7%	11	0.8%
Claim Payment (QRCP)	1	0.1%	3	0.2%	7	0.5%	11	0.8%
Medical Access (QMDA)	3	0.2%	6	0.4%	13	0.9%	4	0.3%
Total	1,769		1,697		1,509		1,461	

The number of general question call reasons increased in the 4th quarter SFY2012 compared to the previous three quarters. 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 (4th Quarter SFY2012)

General Question Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	Other	All
Health Related (QHRQ)	3	3	0	0	0	0	0	0	0	0	0	6
Mental Health/Substance (QMHS)	1	0	0	0	0	0	0	0	0	0	0	1
Other Questions (QOTR)	29	63	10	5	2	2	0	0	0	0	14	125
Total	33	66	10	5	2	2	0	0	0	0	14	132

Table 12. General Question Call Reason Percentages

General Question Call Reasons	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Health Related (QHRQ)	5	25.0%	4	28.6%	5	6.6%	6	4.5%
Mental Health/ Substance (QMHS)	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Other Questions (QOTR)	15	75.0%	10	71.4%	71	93.4%	125	94.7%
Total	20		14		76		132	

Calls for default/reenrollment comprise the majority of call reasons classified under Request/Response. Request/Response call reasons have decreased since the 1st quarter SFY2011 (Tables 13 and 14).

Table 13. Request/Response Call Reasons (4th Quarter SFY2012)

Request/Response Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	Other	All
Default/Reenrollment (RAUA)	20	32	6	5	5	0	9	0	0	5	0	82
Demographic Update (DEMUP)	5	10	2	0	2	0	0	0	0	0	10	29
Response to Mailings, General (RMLG)	0	0	0	0	0	0	0	0	0	0	0	0
Total	25	42	8	5	7	0	9	0	0	5	10	111

Table 14. Request/Response Call Reason Percentages

Request/Response Call Reasons	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Default/Reenrollment (RAUA)	178	79.8%	131	85.1%	88	81.5%	82	73.9%
Demographic Update (DEMUP)	36	16.1%	23	14.9%	20	18.5%	29	26.1%
Response to Mailings, General (RMLG)	9	4.0%	0	0.0%	0	0.0%	0	0.0%
Total	223		154		108		111	

Tables 15 and 16 show call reasons for grievances. Calls to make a grievance are consistently the lowest of all call reason categories. There were six grievance calls in the 4th quarter SFY2012, including two for Services, Network, of Providers/Specialists Inadequate (PLSRNI), a newly identified call reason.

Table 15. Grievance Call Reasons (4th Quarter SFY2012)

Grievance Call Reasons	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	Other	All
Personnel Provided Little Help (DSPLRH)	0	0	0	0	0	0	0	0	0	0	0	0
Other Complaints (DSOTHR)	0	0	0	0	0	0	0	0	0	0	0	0
Other PCP Complaints (PCPOTHR)	0	4	0	0	0	0	0	0	0	0	0	4
Other Plan Complaints (PLOTHR)	0	0	0	0	0	0	0	0	0	0	0	0
Services, Network of Providers/Specialists Inadequate (PLSRNI)	2	0	0	0	0	0	0	0	0	0	0	2
Total	2	4	0	0	6							

Table 16. Grievance Call Reason Percentages

Grievance Call Reasons	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Personnel Provided Little Help (DSPLRH)	0	0.0%	1	33.3%	0	0.0%	0	0.0%
Other Complaints (DSOTHR)	0	0.0%	1	33.3%	0	0.0%	0	0.0%
Other PCP Complaints (PCPOTHR)	1	100%	0	0.0%	0	0.0%	4	66.7%
Other Plan Complaints (PLOTHR)	0	0.0%	1	33.3%	0	0.0%	0	0.0%
Services, Network of Providers/Specialists Inadequate (PLSRNI)	0	0.0%	0	0.0%	0	0.0%	2	33.3%
Total	1		3		0		6	

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 4th quarter SFY2012. The MEC Counselors category includes all outgoing calls made by MEC staff on behalf of participants. Participants from other counties comprised a strong majority of all caller types in the 4th quarter SFY2012.

Table 17. Caller Type (4th Quarter SFY2012)

Caller Type	Lancaster	Douglas	Sarpy	Cass	Dodge	Gage	Otoe	Saunders	Seward	Washington	Other	All
Participants	1,576	3,041	629	94	244	124	72	93	50	37	17,688	23,648
MEC Counselors	501	1,076	171	21	74	28	10	14	21	8	1,026	2,950
DHHS Caseworkers	16	28	2	0	2	1	1	1	1	0	362	414
Foster Parent/ Guardian	12	15	1	1	0	0	0	0	2	0	80	111
Medical Providers	7	0	0	0	0	0	0	0	0	0	0	7
Community Agencies	0	0	0	0	0	0	0	0	0	0	0	0
Health Plans	0	0	0	0	0	0	0	0	0	0	1	1
Other Caller Types	39	48	7	0	0	4	2	1	2	0	51	154
Total	2,151	4,208	810	116	320	157	85	109	76	45	19,208	27,285

Table 18 shows trends in the percentage of calls by caller type. Calls made by participants and MEC counselors comprised 98% of all calls in the 4th quarter SFY2012. There was an increase in the percentage of participant callers in the 4th quarter SFY2012.

Table 18. Caller Type Percentages

Caller Type	1 st Quarter SFY2012		2 nd Quarter SFY2012		3 rd Quarter SFY2012		4 th Quarter SFY2012	
	n	%	n	%	n	%	n	%
Participants	6,775	74.8%	5,309	68.5%	5,632	72.8%	23,648	86.7%
MEC Counselors	2,182	24.1%	2,320	29.9%	1,964	25.4%	2,950	10.8%
DHHS Caseworkers	28	0.3%	21	0.3%	11	0.1%	414	1.5%
Foster Parent/ Guardian	13	0.1%	30	0.4%	28	0.4%	111	0.4%
Medical Providers	10	0.1%	2	0.0%	15	0.2%	7	0.0%
Community Agencies	0	0.0%	2	0.0%	2	0.0%	0	0.0%
Health Plans	6	0.1%	12	0.2%	0	0.0%	1	0.0%
Other Caller Types	38	0.4%	58	0.7%	89	1.1%	154	0.6%
Total	9,052		7,754		7,741		27,285	

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.

All participants were sent a notification letter in May SFY2012 requesting a response to *Open Enrollment*. The slightly higher call numbers in the 1st quarter as compared to 2nd and 3rd quarters was due to participants calling in to select a PCP and plan. The MEC received an increased number of calls towards the end of May SFY2012 and into June SFY2012 due to the statewide expansion of Managed Care (refer to "Factors Affecting Results" on pages 4 and 5 above).

Due to various phone and equipment problems (see the "Problems & Issues" section below) call center statistics for the month of June SFY2012 were unable to be determined (Tables 19 and 20).

Table 19. Call Center Statistics: Monthly

Calls	January SFY2012	February SFY2012	March SFY2012	April SFY2012	May SFY2012	June SFY2012*
Answered Calls	3,089	3,095	3,471	3,079	4,021	N/A
Calls Abandoned	299	482	460	192	472	N/A
<i>Calls Abandoned (Before Announcement)</i>	39	35	29	20	25	N/A
<i>Calls Abandoned (After Announcement)</i>	260	447	431	172	447	N/A
Night Service Calls	262	239	112	260	106	N/A
Deflected Calls	0	0	0	0	0	N/A
Total Offered Calls	3,650	3,816	4,043	3,531	4,599	N/A

*The number of answered calls, abandoned calls, night service calls, and deflected calls was unable to be determined for June SFY2012, due to various equipment issues.

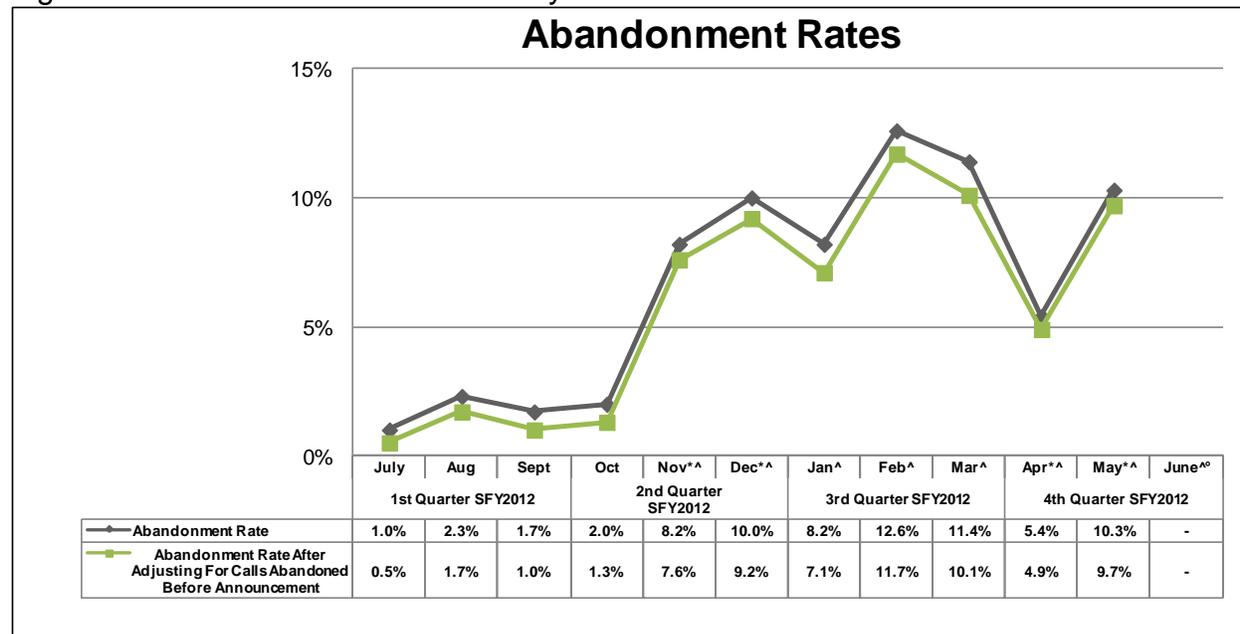
Table 20. Call Center Statistics: Quarterly

Calls	1 st Quarter SFY2012	2 nd Quarter SFY2012	3 rd Quarter SFY2012	4 th Quarter SFY2012*
Answered Calls	11,859	8,893	9,655	7,100
Calls Abandoned	203	646	1,241	664
<i>Calls Abandoned (Before Announcement)</i>	69	68	103	45
<i>Calls Abandoned (After Announcement)</i>	134	578	1,138	619
Night Service Calls	279	224	613	366
Deflected Calls	34	4	0	0
Total Offered Calls	12,375	9,767	11,509	8,130

*Does not include calls from June SFY2012, which were unable to be determined due to various phone and equipment issues.

Figure 1 and Table 21 show the abandonment rates monthly and quarterly. The abandonment rates were at historic lows during the 1st quarter SFY2012 before the sharp rises seen in November and December, which continued through the 4th Quarter SFY2012. Abandonment rates were unable to be calculated for June due to various phone and equipment issues (see the "Problems & Issues" section below). See the "Problems and Issues" section below.

Figure 1. Abandonment Rates: Monthly



* 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 June (with the exception of April) were abnormally elevated due to technical issues. The estimated abandonment rate was unable to be calculated for some months.

[°]A reasonable abandonment rate was unable to be calculated for June SFY2012 due to various equipment issues.

Table 21. Abandonment Rates: Quarterly

Abandonment Rates	1 st Quarter SFY2012	2 nd Quarter SFY2012*	3 rd Quarter SFY2012^	4 th Quarter SFY2012°
Abandonment Rate	1.65%	6.71%	10.73%	8.1%
Abandonment Rate (After Adjusting For Abandoned Calls Before Announcement)	1.09%	6.03%	9.63%	7.6%

*The estimated abandonment rate with adjustments for technical issues was 4.0% in the 2nd quarter SFY2012.

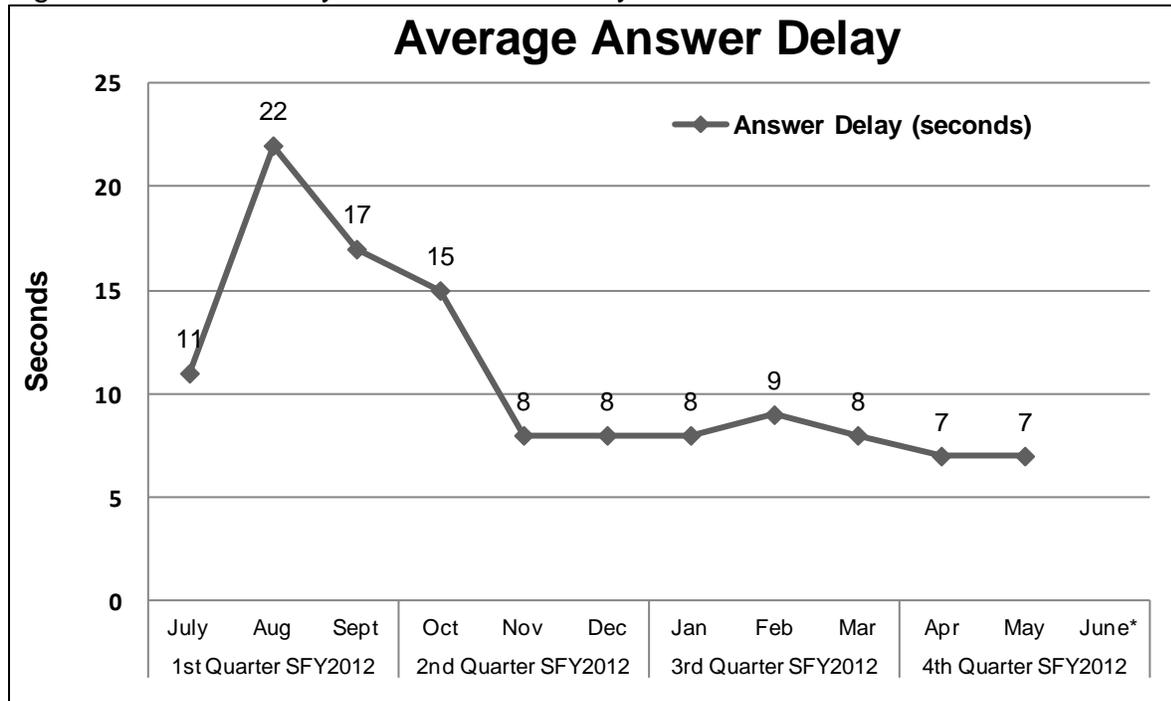
^The abandonment rates for the 3rd quarter SFY2012 were abnormally elevated due to technical issues. An estimated abandonment rate was unable to be calculated.

°The 4th quarter SFY2012 abandonment rate does not include the month of June due to various equipment issues.

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 SFY2012, 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, there appears to have been some impact on the average time to answer client's calls. An average answer delay was unable to be calculated for June SFY2012 due to various phone and equipment issues.

Figure 2. Answer Delay in Seconds: Monthly



*A reasonable answer delay was unable to be calculated for June SFY2012 due to various technical issues.

Table 22. Answer Delay in Seconds: Quarterly

	1 st Quarter SFY2012	2 nd Quarter SFY2012	3 rd Quarter SFY2012	4 th Quarter SFY2012*
Answer Delay	17 seconds	10 seconds	8 seconds	7 seconds

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

Problems & Issues

In the 4th Quarter of SFY2012, The Medicaid Enrollment Center experienced numerous issues affecting call time, answer delay, and abandonment rates. These issues are currently being addressed, but have not been resolved. Issues are as follows:

ACD Issues

- There were two days when the ACD monitor was down in April, one day in May, and three days in June. The MEC was not able to monitor the queue during this time.

Equipment Problems, Dropped Calls, and Ring Issues

- On May 16, multiple callers reported being dropped from lines and had to call back for assistance. The issue was reported and no trouble was found on the MEC lines.
- On June 8, incoming callers were being dropped when they pressed option 1 for customer service or they went into a ringing pattern and then eventually dropped from the line. Callers reported having to dial in as many as 10 times before getting through to the MEC recording. The issue was identified by Windstream on June 15 and equipment was ordered. MEC manager requested this issue be escalated due to the volume of calls for Open Enrollment.
- On June 18, one MEC phone line stopped working. The issue was reported to the state contact. Windstream was notified and the repair was completed on June 19. There was one full day of down time for this line.
- On June 18, callers reported that the line rang several times and then rerouted them to the main message, and that this happened several times before a Medicaid Choice Counselor answered. This issue was reported to the state contact for assistance and was sent to Windstream for repair.
- On June 22, the MEC reported to the state that no incoming calls are getting through. The state escalated this issue to Windstream. Outage lasted for over an hour (approximately 4:00 - 5:15 pm). The issue was identified as the auto-attendant for phone number 402-471-7715. All options were taken out of the system in error.
- Phone line problems were still ongoing as of June 26th (month end cut off). There is no way to determine the actual amount of incoming, answered, abandoned, or deflected calls for the month of June 2012 due to the equipment failure, down lines, and issues with auto-attendant. Also, the MEC toll free

number is set up as a Nebraska area only and thus limited clients from being able to call in if they had a non-Nebraska phone number.

- As of June 30, the Interlata Phone Equipment has not been repaired. Call data for the next quarter will be impacted due to this ongoing equipment issue.

Holidays

- There was one holiday in April and one in May.

Staff Issues

- Three new staff members, one of which is bi-lingual, were hired and trained on the C1 system in April.
- Four temporary staff were hired to assist with enrollment calls in May.
- Due to the ongoing equipment issues, 17 temporary staff, 4 of which were bi-lingual, were brought in to continuously maintain full phone coverage at the MEC, and to assist with extended evening and Saturday call backs until the equipment issue is resolved.

Other Issues

- On May 16 and 17, MEC staff attended three managed care health plan presentations. Temporary staff were brought in to assist with phones.

V. 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 for April and May (after adjusting for calls abandoned before the announcement was below 10%). The abandonment rate was unable to be calculated for June, due to numerous technical and equipment issues (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.

Two grievances were received by mail in the 4th quarter and were forwarded to the state on the day they were 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

- April 1, 2012 - file received: total=206 (completed within 5 business days/Goal Met)
- April 29, 2012 - file received: total=305 (completed within 5 business days/Goal Met)
- May 27, 2012 - file received: total=203 (completed within 5 business days/Goal Met)

Table 23. Day 16 Reports

4th Quarter SFY2012 Day 16 Reports			
Run Date	Count	Completion	Goal Met (Y/N)
4/3/12	20	4/3/12	Y
4/5/12	25	4/5/12	Y
4/9/12	39	4/9/12	Y
4/9/12	34	4/10/12	Y
4/9/12	32	4/10/12	Y
4/23/12	26	4/23/12	Y
4/23/12	26	4/23/12	Y
4/26/12	26	4/26/12	Y
4/30/12	30	4/30/12	Y
4/30/12	31	4/30/12	Y
4/30/12	34	5/1/12	Y
<i>April Total</i>	263		
5/1/12	30	5/1/12	Y
5/3/12	34	5/4/12	Y
5/4/12	24	5/7/12	Y
5/8/12	36	5/9/12	Y
5/7/12	30	5/8/12	Y
5/24/12	32	5/24/12	Y
5/24/12	26	5/25/12	Y
5/29/12	18	5/29/12	Y

5/29/12	29	5/30/12	Y
5/31/12	32	5/32/12	Y
<i>May Total</i>	317		
Q4 SFY2012 Total	580		

There were no Day 16 Reports in June.

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 Schmeeckle 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.