3. Executive Summary

The Connecticut Health Insurance Exchange is at the start of a "12-month sprint to implementation," in the words of its Chief Executive Officer. With an underpinning of vision, courage, and resilience, the Exchange is moving forward to close the health insurance gap for the 10 percent of Connecticut residents who are uninsured. With our extensive experience providing modernized services to programs that are analogous to the Exchange in purpose and reach, we believe we are the best choice to deliver effective, relevant, and cost-effective consumer assistance in a "no wrong door" context.

RFP Section 4.2, page 20; Appendix B Reference #8

The Connecticut Health Insurance Exchange (the Exchange) is an innovative marketplace where competition and sound policy design will come together to give uninsured individuals and families new and better choices in how they receive and pay for their health care. This is a bold vision built upon a foundation of practical thinking.

To say that much must be done in very little time would be an understatement. Among many challenges, perhaps the most daunting is the Exchange Information Technology (IT) architectural design and interface to the new integrated eligibility system (IES), the latter being a major undertaking by itself. Almost four years of IT development and testing are being compressed into 12 months.

A disproportionate level of Exchange resources and attention are likely to be devoted to the IT implementation to properly manage its risks and allow for sufficient testing. Accordingly, the Exchange will benefit from a dedicated Exchange Call Center Vendor that can serve as your trusted partner and carry out all of the necessary implementation tasks on time, with little Exchange facilitation or redirection, and with the necessary commitment to quality and fidelity to the Board's Guiding Principles.

Through outsourcing engagements across the country, we have been the public face of programs that millions of Americans depend on every day for some of the most basic necessities of life. We treat the people we serve with respect, compassion, and an appreciation for their cultural and linguistic preferences and needs. We also respect the budgetary constraints public agencies face. We know how to deliver a high-quality product from the consumer side that also saves money through the efficiencies that are possible by applying standardized and modernized business processes to government programs.

Our projects continually evolve with fresh ideas, new technology, and creative ways in which we extend the value and reach of existing investments. Because we occupy such a dominant position in the health insurance consumer assistance arena, we are able to work with our public sector clients to expand and

the right CHOICE

- MAXIMUS is a national leader in providing low-risk, cost-effective and well-designed solutions for state-level Affordable Care Act initiatives, with projects already underway in Minnesota, Vermont, and New York
- CRM solution already has Exchange-specific implementations in Oregon and Vermont
- We offer the lowest risk to the Exchange because of our unblemished track record of new-program implementations with deadlines that were even tighter than those facing the Exchange
- Our key staff members are highly experienced in government health care programs and Exchange Call Center planning
- MAXIMUS successfully coordinated with State partners to run "no wrong door" consumer assistance programs in California, Texas, New York, Michigan, Iowa, Georgia, Tennessee, Kansas, and Colorado
- MAXIMUS serves one of every two Medicaid and CHIP beneficiaries in the United States
- We have taken more than 100 million calls in our health and human services call centers

improve the scope of our contracts by applying best practices we continually refine through millions of consumer interactions. This means our contracts are never stagnant. We do not rest on our laurels because the work we do is too important for complacency or self-satisfaction.

3.1 A New Vision Built Upon a Durable Foundation

The Exchange is different from longstanding health insurance affordability programs like Medicaid and CHIP because it is a marketplace rather than a program with relatively rigid rules. This gives it an identity and mission that is more inherently commercial than governmental.

However, for the Exchange to accomplish its mission of increasing the number of residents with health insurance, it must reach a large group of Connecticut consumers who will need help with their premiums and cost sharing. Of the almost 380,000 Connecticut residents who currently lack health insurance, more than four in five will be eligible for assistance, either through Exchange subsidies, the Medicaid expansion, traditional Medicaid, or CHIP.

The implications of this are clear and unavoidable. While the Exchange can be marketed and positioned as a commercial endeavor, most enrollees will go through an eligibility process based on their income (among other criteria). Their ability to afford coverage will be proportional to their need for a governmental helping-hand.

Some who enter the Exchange's "no wrong door" will eventually be found eligible for Medicaid. Most of these individuals will qualify for the Medicaid expansion but some will be people who are currently eligible but not enrolled. This was our experience in states such as Massachusetts and Vermont where we served as the Call Center contractor during the rollout of statewide health care reform. Once the Connecticut Exchange is operational, individuals who were previously unaware of Medicaid are likely to be motivated to apply by Exchange marketing and/or the federal requirement for most people to have health insurance.

When these people interact with the call center, it will be essential to apply the effective communication lessons learned from Medicaid and CHIP, because they are reasonably analogous to what the Exchange aspires to accomplish. That doesn't mean the Exchange Call Center will have training, scripts, and FAQs that parallel those programs. It does mean, however, that cultural competence, and a skillful ability to provide the right information, regardless of the questions that are asked, will be paramount. In other words, Exchange call center personnel must know how to walk a delicate line between relevant and meaningful customer service and an awareness of how the information they provide could be misconstrued by those who have an incomplete understanding of the Affordable Care Act (ACA) in general and the Exchange mission in particular.

Some, and perhaps many, of the more than150,000 people who qualify for the Medicaid expansion may prefer to enroll in the Exchange instead. The right blend of professionalism and sensitivity in these situations will be essential to gain the trust of the tens of thousands of Connecticut families who are likely to move in and out of Exchange coverage as their incomes, household sizes, and personal circumstances evolve. Not only will families move in and out of the Exchange, but also within individual families, Connecticut will likely see varying combinations of household compositions including some family members qualifying for Medicaid, others for CHIP, and others for some level of premium subsidy.

We believe the programmatic and population-based intersections between the Exchange and other government programs are an opportunity rather than a constraint. The opportunities arise in relation to the concept of "no wrong door," which is the opposite of traditional government silos, bureaucracy, and rigidity. By showing what exemplary customer service can mean within the context of government processes like eligibility determination and rules-based enrollment, the lines between what Connecticut residents think of as commercial compared to governmental can be blurred in a positive way.

Bringing the largest portfolio of relevant call center consumer assistance experience of any qualified vendor, MAXIMUS is pleased to offer our knowledge, assets, and best practices to the Exchange. We believe in your mission and can offer a comprehensive solution that is grounded in comparable experience and interactions with a population base that shares many of the same demographic, cultural, and linguistic characteristics of the Exchange constituencies.

Our experience in providing call center services to more than 20 million CHIP, Medicaid, state health care reform, and high-risk pool beneficiaries across the country gives us a strong head start in knowing how to effectively interact with Exchange consumers.

This foundation lowers the risk for the Exchange in two critical ways. First, because the operational design is based on proven and time-tested best practices rather than a leap into relatively unknown territory, it will succeed from the beginning rather than be cobbled together from thousands of less-than-optimal consumer interactions. Second, by applying what we have learned in other quick turnaround implementation environments of comparable risk, we minimize the demand on Exchange resources and provide the highest probability of success, given the Exchange's unforgiving deadlines. We have previously done this successfully for two other New England states under similar circumstances and aggressive timelines.

3.2 Commitment to Serving the Interests of the Exchange

As a publicly traded company with the transparency and accountability that goes with public ownership, MAXIMUS is in the business of working with and for public sector entities to help improve the lives of families and individuals. We take this mission very seriously and would have it no other way. We have unique partnerships with our government customers that share the common goal of improving the lives of people who qualify for government programs. Our company set a deliberate course 37 years ago to do this work and it remains our passionate commitment.

Backed by a management team that includes many former public agency officials, our capacity and "right size" (small enough to be adaptable and cooperative, big enough to have scalability and financial strength) give us the unique ability to prevent problems, and to detect and mitigate those that do arise before they impair program goals or endanger ambitious implementation plans.

If you select us as your vendor, our company's leadership, beginning with the CEO and flowing down to the functional project managers, will be committed to:

- A keen awareness of how our performance affects Exchange consumers and others who interact with the Call Center
- Meeting all implementation deadlines and performance standards
- Aligning our operational decisions with your judgment, discretion, and authority
- Creating a consumer experience that is faithful to the Board's Guiding Principles and that advances the Exchange's mission of "increasing the number of insured residents, promoting health, lowering costs, and eliminating health disparities"

Our record of accomplishment in comparable call center projects is strong, as our frequent contract renewals and consistently high client satisfaction survey results demonstrate. We have a corporate culture that not only understands the need for flexibility, but also embraces it because it is an essential characteristic of how public sector programs function, grow, and adapt to consumer needs.

Doing business with entities driven by a public mission requires a combination of skills and attributes that are not typically found or needed in business-to-business or business-to-consumer relationships. Backed by the evidence of our work across the country, MAXIMUS will serve the interest of the Exchange through a commitment to the following corporate values:

- **Quality above all else.** Although we have an obligation to our shareholders and partners to be financially responsible and self-sustaining, we do not sacrifice quality at the expense of profits and we are committed to ongoing investments in people and technology to drive innovation and more cost-effective service delivery.
- **Accountability.** The Exchange has been entrusted with a highly visible and extremely important mission. Our performance will reflect directly on you and our ability to successfully deliver on all of our responsibilities will affect the public's confidence and trust in the Exchange. We recognize and embrace this responsibility through a strong commitment to accountability at every level of our organization. From the highest management levels to the newest call center representatives, we recognize and reward exemplary performance, support those who are looking to improve their skills, mentor those who are struggling, and disengage with the few who are not producing the kinds of results the Exchange expects and deserves.
- **Integrity.** Every new project with a significant scope of work will periodically run into difficulties, regardless of its design, the capabilities of its people, or the power of its technology. When we encounter problems, we believe the Exchange will appreciate our commitment to integrity because it means we will not cut corners, search for quick fix solutions, or gloss over what needs to be done. We honestly evaluate the underlying sources of the problem and apply the necessary investments in people, training, and technology to mitigate them.
- **Outcome-based management.** In all of our public sector engagements, we seek to understand the most fundamental objectives and orient everything we do to achieving them. This means going beyond meeting the Exchange's performance standards and contractual obligations, although we will certainly do that. It means knowing how our work affects real people and measuring, analyzing, and applying everything we do to achieving the most meaningful and positive results.

- **Adaptability.** We avoid the urge to become comfortable with the status quo because we know it can change anytime the legislature is in session, the federal government has adopted a new policy, or a stakeholder has an idea worthy of serious consideration. By engaging with us, the Exchange will have a contractor that expects and embraces change and has the internal processes to document and carry out new initiatives and a technology foundation that is configurable to new policies and requirements.

3.3 Highlights of our Approach

While MAXIMUS has made a significant corporate investment in developing feasible and efficient business process models to implement the primary coverage opportunities of ACA, we recognize that each new Exchange is, at some level, a blank operational slate in which sound business practices must be combined with a willingness to try new ideas or make quick adjustments.

Exchange CEO Kevin Counihan made a similar point in his September message: "We have to embrace ambiguity. The compressed timelines make some policy decisions complicated without more [federal] guidance, but we and our Board work with the best information we have to assure key deadlines are met."

No Call Center Vendor can come to this opportunity with certainty about how things will turn out on a daily basis, particularly during the inaugural year. But we offer the next best thing to certainty: a high probability of success based on a combination of current state-based Exchange Call Center planning experience, Connecticut-specific consumer understanding, and a call center strategic approach that properly balances the Exchange's commercial and governmental imperatives and duties.

The Board's Guiding Principles are the context within which we present an executive-level outline of our approach. Our ability to turn this approach into a functional call center that meets or exceeds Exchange requirements is based on the bedrock of applicable experience.

As we describe in considerable detail in *Section 4: Organizational Capability*, no company comes close to the breadth of our call center experience with subsidized health insurance populations or the quality of our services as proven by our contract renewals and client satisfaction scores. Actions speak louder than words, and our public agency customers regularly validate our approach by extending it through another contract term.

3.3.1 Guiding Principle #1: An Exceptional Consumer Experience

The way in which we apply our experience and consumer assistance methodologies is never static. We adapt our standardized business processes and technology to the unique needs of each project and the consumers it serves. In designing our approach for the Exchange Call Center, we begin with two primary informational resources: demographics and analysis of similar Connecticut consumer assistance operations.

Among the key demographic factors that inform our proposal are the following:

- While Hispanics make up less than 14 percent of the State's population, they account for a quarter of the uninsured (in other words, they are almost 100 percent over-represented)
- Four in ten uninsured State residents are non-citizens and one in six has difficulty speaking English
- Nearly half of the uninsured are potentially eligible for the Medicaid expansion (depending on their citizenship or immigration status) and as many as 40 percent may qualify for an Exchange subsidy

- While Connecticut has among the highest national rates of Internet access and use, those that are uninsured are among those least likely to be online because this capability is highly correlated to income and educational level
- Health literacy and income are also highly correlated, meaning many of the lower-income uninsured will have difficulty understanding complicated health insurance concepts

The implications of these factors for the Call Center are almost self-evident: we will likely encounter tens of thousands of Connecticut residents who are unable or unwilling to seek coverage through the Exchange website, many of whom will require personalized service from a culturally competent bilingual Call Center Representative (CCR). These callers will benefit from our proactive approach in which our CCRs provide the right information, regardless of the questions or concerns a caller has.

The RFP functionally addresses some of the opportunities for consumer assistance improvement that have been identified by various experts advising the Exchange, most notably a modernized technology environment that balances self-help with a broad-based (non-silo) approach to helping all Connecticut consumers through a single, widely-marketed intake point.

These considerations, in combination with our experience-driven best practices, will produce an exceptional consumer experience through:

- **Tailored consumer assistance:** Through linkages between our IVR [redacted] system, we bring the best solutions to anticipate a consumer's needs based on previously gathered information, enabling our CCRs to begin a conversation from an informed position. For repeat callers, this will mean faster and more satisfying interactions.
- **Smart, consumer-driven telephony tools:** Forged and refined through more than 20 million consumer interactions, our complete telephony solution—IVR, CRM, call distribution, call tracking, reporting, online knowledge database, and workforce management software—come together in a way that expressly promotes optimal consumer results. At the most basic level, this integrated infrastructure means all callers—regardless of their language, desire for self-help, knowledge level, or past history with the Exchange—will get the help they need immediately or with the least amount of run-around possible.
- **Powerful commercial technology in service to consumers:** The [redacted] CRM has an industrial strength database with a significant installed base of commercial customers. We will take this powerful tool and put it in the service of empathetic and efficient consumer service. Our CRM will be the engine of consumer inquiries that build upon, and benefit from, previous interactions. As consumers call us multiple times, our service to them will be increasingly well informed and targeted to their individual situations because of this technology.
- **Connecticut-focused, highly experienced, trained, and compassionate staff:** Our extensive experience operating government health care program call centers and planning for Health Insurance Exchange Call Centers in the region solidify our best practices for consumer assistance. In addition to [redacted] in recruiting and retaining licensed Brokers in both pricing structures to assist consumers with QHP plan shopping.

- **Data-driven continuous improvement:** Our call center environments are a natural breeding ground for consumer-focused ideas to take root and thrive. Over time, we will create a significant database of consumer assistance historical information. By applying the most sophisticated modeling and data analysis tools available, we can identify and test out new approaches to staffing, call routing, IVR design, and interfaces with other consumer assistance resources.
- **Ongoing quality assurance:** By [redacted] of the calls we take and offering easy to complete post-call consumer satisfaction surveys, we can continually monitor call center performance and tailor training for our people and continuous improvement of our processes.

3.3.2 Guiding Principle #2: Sustainability

There are two key components to sustainability, both of which are related to the Exchange's financial underpinnings. The first is affordable coverage, which is a prerequisite to attracting the critical mass of enrollees that will enable the Exchange to pay its bills after the first year without outside assistance. The second is an operational model that produces administrative costs that are sufficiently low to reliably keep the Exchange books in the black.

These components are, of course, mutually reinforcing. Administrative costs will inevitably be borne by consumers, and if they are too high, the affordability goal will be undermined. Similarly, without a critical mass of enrollees, no Exchange can attain self-sufficiency, regardless of how lean it operates.

Our strategic approach directly and positively supports both of these goals. Our exemplary consumer assistance will encourage and facilitate higher rates of enrollment. An efficient and technologically sophisticated call center will keep administrative costs as low as is reasonably possible, given the Exchange's accessibility and integration objectives. A smooth and cost-effective implementation will set the stage for significant enrollment during the initial sign-up period.

These are the outcomes we had in mind when we decided to [redacted] Our senior management staff is also overseeing the expansion of our operations [redacted] Building on this foundation of success will be highly attractive during a period in which the Exchange's tolerance for delays or failures will be close to zero.

We lower cost and risk by leveraging existing, reliable, and scalable technology infrastructure, managers who have no learning curve, and a workforce who will be trained in basic Exchange consumer requirements such as cultural competence, first call resolution, and providing the right information, regardless of the questions that are asked.

Recognizing the Exchange's desire for a state-based operation, we offer a "best of both worlds" solution. [redacted] Recruiting these individuals, who will be equipped with the necessary security hardware and software, will be relatively easy, given the flexibility of this arrangement. [redacted]

Our ability to help the Exchange achieve its sustainability Guiding Principle is grounded in our track record and the durability of our relationships with other public entities that must also balance ambitious consumer assistance goals with highly-constrained budgets. To put it simply: we've done this before, and done it well, a fact that is easily corroborated.

3.3.3 Guiding Principle #3: Flexibility

The Exchange is more than a new way for affordable health insurance coverage to be assembled and offered. It is potentially a new paradigm for how means-tested government programs are brought together in a coordinated, efficient, and consumer-focused way.

In our view, the Call Center RFP is the starting point for a vision that will grow and expand over time in partnership with DSS. Nobody can say with certainty how the combination of new technology, coverage options, and eligibility standards will play out in the coming years from the consumer perspective. Change is the only thing that is certain.

We are prepared for, and excited about, this combination of ambiguity and opportunity. With our history of working with various health and human services agencies across the country, we know how to collaborate and work with people who come to the table with extensive consumer knowledge acquired through personal interactions in office environments where technology often lags behind. We look forward to helping the Exchange create a positive and longstanding relationship with DSS and other program stakeholders built upon equal measures of respect for tradition and enthusiasm for innovation and the possibilities of modernized technology.

Flexibility will be key to making this happen as the Exchange Call Center is woven into the fabric of Connecticut's consumer assistance services, and evolves in ways that cannot be foreseen at this time. Some of these changes will come from the Exchange; we will suggest others; and still others may come from DSS or other program partners. Regardless of their origin, we will employ a systematic approach to documenting and implementing the changes, including the following:

- Document the contemplated changes in writing to confirm and validate them
- Assess the impact of the changes on current operations, resources, training, quality assurance, and technology and formulate any necessary adjustments
- Develop a timeline and risk assessment in relation to ongoing operations while the changes are developed and put in place
- Take into account impacts on external entities and stakeholders
- Establish implementation-related communication protocols and mutual expectations

Among the operational modifications that may grow out of a particular material change are some or all of the following:

- Amendments or additions to business rules
- Modifications to training materials and quality assurance methods
- Reorganization of one or more functional units to align resources with the changes in operations
- New or amended key performance requirements, and the means to measure and track them
- Modifications to systems and reports

3.3.4 Guiding Principle #4: Transparency

Every public sector entity, regardless of mission or consumer base, operates on the principle of transparency. The expenditure of public dollars, and the exercise of public authority, necessitate a degree of openness and disclosure that typically goes much farther than what is required of private companies, even those that have public shareholders.

Because we provide services to public entities, we have adopted this value as well. For the Exchange, our open-book philosophy means a "no surprises" management environment in which we:

- Keep you fully informed of our progress and performance in relation to all implementation and operational deliverables
- Develop and disseminate reports that are strategically relevant and actionable
- Provide full disclosure whenever we are at risk of failing to deliver on any of our contractual obligations or performance expectations
- Communicate honestly and straightforwardly

3.4 Value-Add Capabilities

Our value-add capabilities are the natural consequence of our national leadership position in the Medicaid and CHIP arena and the time and resources we have invested as a company in thinking about how the Affordable Care Act can be implemented in the most cost-effective, transparent, efficient, and accessible way.

In addition to the RFP requirements, we are prepared to help you in the following ways:

- **Data-driven policymaking:** While some of the Exchange's policies will flow from stakeholders, legislators, and federally driven opportunities or constraints, we believe the Call Center is also an obvious and fertile source of ideas prompted by actual consumer interactions. By drawing on our powerful data analysis and scenario-building capabilities, we can help identify policies to improve efficiency, minimize redundancies, reduce costs, improve the consumer experience, and/or lighten the operational demands on DSS. Our ability to do that is evidenced by our quality and business process credentials: [redacted]
- **New media tools:** [redacted]
- **Back-up capacity for the DSS Benefits Center:** The DSS client service delivery modernization project (ConneCT) includes a centralized call center that will take "warm transfers" from the Exchange Call Center, among other duties. If implementation of this innovation lags for whatever reason, we can add significant additional capacity for however long these stopgap services are needed.

[redacted]**In-Person Assistance:** To reach all uninsured Connecticut consumers, the Exchange must provide a channel for consumers who prefer to get help from individuals or organizations they trust. The Exchange will benefit from a group of Navigators and licensed Brokers who understand the new coverage continuum and are motivated to help others learn about, apply for, and enroll in coverage offered through the Exchange and the other programs. [redacted]

3.5 Why Choose MAXIMUS

The Exchange's leadership has been forthright about the challenges it faces, particularly in the implementation of the self-service technology solution. In his September message, Mr. Counihan said: "We realize we cannot customize as much of the solution as we would like. We recognize that some parts of the consumer experience we envisioned for 2014 may need to be delayed until 2015 or later. We may need to use more generic shop-and-compare features than customized functions to get us operational by October 2013. It is more important to ensure that the system's interfaces with appropriate state and federal agencies are operational and that Connecticut residents and small businesses have a consistently functioning exchange."

We interpret this statement to mean that the Exchange is trimming its expectations in the short-term in the interests of practical problem-solving, risk management, and a realistic view of what is possible. This is sensible and prudent. It also signifies the need for a Call Center Vendor that can go about its business reliably and with little adverse impact on scarce Exchange time, resources, and energy.

Perhaps the most obvious alternative to MAXIMUS is the company that has provided application processing, eligibility determination, enrollment processing, and consumer assistance for the HUSKY A and B programs. Two independent reports provide some notes of caution regarding this option. In a 2010 report, Connecticut Voices for Children noted that HUSKY enrollees are at risk for coverage gaps in their initial year and at renewal. While this "churn" problem is always a potential problem in states with stand-alone CHIP programs, it can be contained and minimized through effective consumer assistance and communication. In a separate report presented to the Exchange's Consumer Assistance Advisory Committee assessing existing consumer assistance options, KPMG notes that call center technology is outdated and lacks automation. This includes the call center run by the company that has served the HUSKY program for 15 years.

We come to the table with a significant record of consumer assistance accomplishments and success in meeting some of the principal challenges of government-sponsored health insurance, including churn. Wakely Consulting Group recently did an assessment for the Vermont Health Benefit Exchange similar to the one KPMG did for the Exchange. Wakley recommended that MAXIMUS assume responsibilities in Vermont similar to those being procured by the Exchange because our technology is modernized, our business processes are sound, and our customer assistance "meets the test."

While our positive track record is an attractive benefit in light of the Exchange's mission and its Board's Guiding Principles, we believe the most compelling reason to choose MAXIMUS is our ability to apply our corporate capacity, institutional knowledge, technology, and best practices to the Exchange's "12-month sprint," as we have in similarly high-profile, high-risk, and time-compressed situations elsewhere.

We know what the Exchange faces because we have stood shoulder-to-shoulder with public agency officials in Texas, California, New York—in other words, the largest programs in the country—as they embarked on similarly ambitious and risky health insurance endeavors. With our help, they have succeeded. We can do the same for the Exchange and the people who will depend on it for their health care security. We will work with the Exchange Team as your partner to roll out this new paradigm for access to insurance affordability programs.