

5. Approach and Methodology

The Connecticut Health Insurance Exchange will provide access to health care for Connecticut's citizens by creating a transparent, simplified marketplace of qualified health plans. The Exchange seeks a "no wrong door" approach enabling people to apply for health insurance online, in person through a Navigator or Broker, by mail, or by telephone. MAXIMUS assists the Exchange in accomplishing its mission to increase access, affordability, and choice with a skillful blend of IVR-based self-service and Call Center Representatives (CCRs) who are trained and mentored to provide exceptional consumer assistance.

RFP Section 4.4, page 22; Appendix B Reference #265

While a Health Insurance Exchange is new to Connecticut and most other states, there are several states where implementation of Affordable Care Act (ACA) requirements and opportunities is already well underway. [REDACTED]

[REDACTED] ACA because those states have been ahead of the national curve in their efforts to bring health insurance within reach of all their citizens.

The functional similarities between these projects and The Connecticut Health Insurance Exchange (the Exchange) enable us to create a solution for Connecticut that is grounded in comparable experience and successful interactions with a population base that shares many of the same demographic, cultural, and linguistic characteristics of the Exchange's constituencies. This foundation lowers the Exchange's risk because our operational design is based on proven and time-tested best practices rather than a leap into relatively unknown territory. The lessons we have learned through those engagements are invaluable in predicting and understanding the challenges the Connecticut Health Insurance Exchange is likely to face.

In the commercial arena, MAXIMUS has begun to work with commercial plans and the Broker community in our implementation of the Pre-Existing Condition Insurance Programs (the interim high-risk pool mandated by ACA) for the states of New York and California. [REDACTED]

Section 5: Approach and Methodology describes in detail how we turn the RFP requirements into a comprehensive call center operation that delivers an exceptional consumer experience through a transparent and financially sustainable model that:



the right CHOICE

- We achieve the Exchange objectives through a combination of proven technology, best practices, and a significant understanding of the Exchange target populations
- Our capabilities have been honed through our experience supporting statewide health reform initiatives in California, Massachusetts, New York, and Vermont as well as some of the largest Medicaid and CHIP programs in the country
- Our industry standard [REDACTED] technologies provide the ultimate comfort level for the Exchange.
- Our systematic and continuous quality management approach never wavers from its focus on the consumer
- We invest [REDACTED], supplemented by ongoing professional development and requisite annual training for all Exchange employees
- Our value-add capabilities extend the Call Center's reach and impact through social media, mobile technologies, and synergies with the other consumer support programs and call centers

- Educates and informs people about their health insurance program eligibility requirements and coverage options
- Offers self-service and highly assisted ways to access information, apply, shop for a health plan, enroll, make changes based on evolving family situations, re-enroll, and switch health plans during open enrollment and life events
- Reduces communication barriers arising from linguistic, literacy and cultural factors
- Mitigates process-related problems that could prevent people from getting covered, such as paperwork errors, missing information or missed deadlines
- Cultivates a reputation for the Exchange among individual consumers, employers, and employees as being "easy to do business with"
- Seamlessly integrates with the DSS Benefits Center, OHA, CID, and other resources targeted to complaints and appeals

While technology and proven business practices are the brain of our proposal, its heart is the people we hire and equip to turn the Exchange vision into reality, one successful consumer interaction at a time. We will recruit and hire people who bring a passion and commitment toward promoting the goals of the Exchange and providing exemplary service for consumers. Through their training and mentoring, our CCRs will appreciate the importance of the service they provide to Exchange consumers. As is the case with our other state health care program call centers, they will take pride in helping uninsured individuals and families understand what the Exchange can mean to them, learn about their coverage options, apply, enroll, and re-enroll. Because we know how frustrating it can be to be passed from one CCR to another, we focus our training and quality assurance on "getting it right" and first call resolution. We accomplish this goal through a combination of Tier 1 and Tier 2 training and cross-training, mentoring, call monitoring, and giving our CCRs the necessary authority and responsibility to fully resolve most caller issues.

As a company, MAXIMUS is relentlessly and singularly focused on how our work affects real people. With our public sector orientation, we occupy a unique place among the companies with the qualifications and capacity to become the Exchange Call Center. Our uniqueness comes from our ability to blend the private sector values of data-driven efficiency and strategic risk management with the public sector values of empathy, respect for individual needs, and unwavering fidelity to program goals. This "best of both worlds" combination is essential for the Exchange because it also straddles public and commercial worlds and aspires to serve a broad base of Connecticut consumers from all walks of life, with a majority of them on the lower end of the income and educational scale.

The way in which our work affects real people is the ultimate measure of how we hold ourselves accountable. To illustrate this, we present three examples—based on our understanding of Exchange requirements and vast experience serving similar consumers—of potential Connecticut families who will benefit from our approach and methodology.

[REDACTED]

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

5.1 Achievement of the Exchange/IE Objectives

RFP Section 4.4.1, page 22; Appendix B References #21, 34, and 36

As described throughout our proposal, and particularly in *Section 5.4: Processes and Methodologies*, MAXIMUS confirms that we will provide a solution that supports all of the business processes described in the RFP and its Appendices and that these services are included in our cost structure with the exception of the value-added capabilities which we offer for future consideration by the Exchange.

Our solution responds to the requirements as described in the RFP. Moreover, we have designed an operational and technology infrastructure that is scalable and flexible, meaning we can increase capacity, adjust business processes, or add new deliverables as the Exchange evolves in the coming years from an ambitious, laudable concept to a sustainable, well-regarded marketplace that is tightly integrated with other government-sponsored health insurance programs.

We begin, of course, with a solution that responds to the requirements in effect when the Exchange goes live in 2013. As we describe throughout our proposal, we substantially lower Exchange risk by offering technology, training, call center best practices, and consumer understanding that already serve millions of health insurance consumers in other states. This will enable us to meet the short timeframe with little demand using very limited Exchange resources and time.

But because we have invested considerable time thinking about ACA's challenges and opportunities, and because we are already working directly with health insurance exchange officials in other states, we are also able to respond to future requirements, adjusting our services accordingly. In some cases, the Exchange will bring these new requirements to us; in other cases, we expect to proactively make suggestions or recommendations to the Exchange based on success we are enjoying in other states. Regardless of their origin, we will implement these changes through the same rigorous and time-tested implementation processes that will produce a successful Exchange Call Center from Day One.

As noted in RFP Section 2.2.2: Future State, the Exchange Call Center mission is "to maximize value to customers by providing universal health coverage eligibility determinations and QHP enrollment assistance in one location." The mission is further described as providing Connecticut residents with an accessible means to get help while empowering them to make the best health coverage decisions for themselves and their families.

The Exchange Call Center is an integral part of an overall consumer assistance system that includes DSS and the DSS Benefits Center in particular. We will achieve the Exchange Call Center mission, and put the "no wrong door" concept into action, through a combination of call center personnel, technology, and transfers to other entities, that are expressly designed to minimize caller frustration and delay.

On one level, our Exchange Call Center functional design is built around several basic RFP requirements that guide how our IVR works and how our Call Center Representatives (CCRs) are trained and supervised. These include:

- An IVR design that is simple, welcoming, and targeted to the most common inquiries and questions
- Data collection and reporting that enables us to iteratively improve the IVR's effectiveness and attractiveness to a wide range of callers based on how people are actually using the system
- Multi-tiered support based on a call's complexity with an emphasis on first call resolution

- Warm transfers to the DSS Benefits Center when we are contacted by a Medicaid client or potential enrollee
- Hand-offs to other consumer assistance programs, such as CID and OHA, as well as to QHPs when we receive premium billing and collection inquiries
- Logging and tracking all IVR- and CCR-based interactions and communications
- Connecting licensed insurance Brokers with consumers who need help selecting a plan

On another level, our functional design is a reflection of the people we expect to serve. By matching the RFP's operational requirements with our understanding of Exchange target populations, we achieve the Exchange/IE objectives at the individual level, one satisfying and productive interaction at a time.

5.1.1 The Impact of Demographics

In creating an Exchange Call Center that maximizes self-help options while providing multi-tiered assistance to callers with varying levels of assistance needs, it is essential to understand who will be calling us and what type of cultural, educational, and linguistic attributes they bring.

Our approach is strategically informed by the demographics of Connecticut's uninsured population as reported by the U.S. Census Bureau, the Pew Research Center, and the U.S. Department of Education. The correlation between these data and our implementation of the Exchange's Future State is outlined in *Exhibit 5.1-1: Key Demographic Considerations*. Many of these demographic categories overlap and reinforce one another.

Category	Demographic Consideration	Relevant Features of our Solution
[REDACTED]	[REDACTED]	[REDACTED]

Category	Demographic Consideration	Relevant Features of our Solution
[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Upon coming on-board, we will seek access to any consumer demographic, channel analysis, or related studies commissioned by the Exchange to better understand the people we serve.

5.1.2 Key Exchange Call Center Constituencies

Because the Exchange is new, and targeted to a critical social and health care need, we expect it will receive calls from a variety of individuals and organizations beyond the uninsured. We will implement business processes and train our CCRs to handle the types of calls typical of each consumer and stakeholder group.

The United Way of Connecticut's 2-1-1 network is similarly situated as a prominent resource where people may turn out of habit or because the organization has a positive reputation as a helpful resource for people who need help with their personal needs. [REDACTED]

[REDACTED]

We interpret the "no wrong door" concept to be inclusive and expansive. While some people who reach the Call Center may have other informational avenues that are more suitable for their questions or situation, we will try to help everyone who contacts us, including those who should have initially reached out to a different call center or resource. *Exhibit 5.1-2: A Welcoming Call Center* shows the types of interactions we expect to handle from a variety of consumer and stakeholder groups.

Type of Inquiry	Individuals and Families	Employers and Employees	Navigators	Providers and clinics	Licensed Brokers
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

On a practical level, this welcoming approach means two things. First, we will train our CCRs broadly and expect them to appropriately respond to a variety of caller types. Even if certain calls are not strictly within the scope of the Call Center's responsibilities, treating each caller as we would like to be treated will give the Exchange a positive reputation, a key ingredient in long-term sustainability. Second, when a call must be transferred, we will first explain why the transfer is necessary and give the caller one last opportunity to ask any final questions before the transfer is made.

All calls will be received centrally through the IVR, which will direct calls to user-specific queues based on the information a caller provides in the IVR or that we already have stored in our CRM from past interactions. The IVR and call distribution software allocate calls to CCRs according to their skill sets and knowledge.

- **Individuals and Families:** Our most direct target for service delivery will be individuals and families inquiring about, and participating in, the Exchange. This group is likely to need the most personalized assistance and will make up the largest cohort of Call Center consumers. We will respond to questions, initiate applications, explain the health plan selection process (taking care to transfer the call to a licensed Broker when a consumer needs help selecting a plan), and facilitate initial enrollment and annual re-enrollment. We will help consumers understand the advanced premium tax credit and cost sharing available through the Exchange on a sliding scale, depending on family income. Particularly in the Exchange's first year, we will also work to clear up misunderstandings about health reform in general and the Exchange's role in the overall health insurance marketplace in particular.
- **Employers:** Although there will be a separate SHOP consumer assistance resource, we anticipate that small business owners will reach out to the Exchange Call Center because the toll-free number will be widely disseminated through marketing and outreach. While the SHOP vendor should rightly handle detailed questions, we will briefly explain to employers how the SHOP works and what it could mean to small companies that want to offer health insurance as a benefit. At that point, if they are interested in learning more, we can initiate a cold or warm transfer, depending on Exchange policy. Because eligibility for SHOP participation is related to the number of full-time employees a company

has, the IVR can play a role in handling some of these inquiries. For those that are clearly outside the eligibility parameters, the IVR outlines why the SHOP may not be available to that company. By providing this information at the beginning of the call, we avoid wasting the time of ineligible employers or unfairly raising their expectations. [REDACTED]

- **Employees:** Just as we expect to receive calls from small business owners or managers, we also anticipate calls from their employees. While this would obviously include employees of companies that have enrolled in the SHOP, it could also include workers whose employers have decided not to offer a health insurance benefit. [REDACTED]

[REDACTED] As with employers, our responses to employees will be relatively high level with a warm or cold transfer to the SHOP when more detailed information is sought.

- **Navigators/Community-Based Outreach Organizations:** Local organizations – such as churches, community centers, schools and social service providers – have long-standing trusted relationships with families that cannot be matched. If the scope includes this functionality [REDACTED]

- **Health Care Providers:** It is very likely that providers will be faced with questions from their patients about the Exchange. In the rollout of health programs in other states, lack of provider education is a frequent gap in stakeholder and strategic communication efforts. While we cannot address service delivery questions like billing or utilization management, we will proactively respond to providers who want to know more about the Exchange on behalf of themselves and/or their patients. [REDACTED]

- **Community Centers and Clinics:** Federally Qualified Health Centers (FQHCs), Community Mental Health Centers, Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics, and other community clinics are focal points for the uninsured and lower income families. The people who rely on these entities may have questions about the Exchange that the entities cannot answer, at least during the initial enrollment period. We will welcome calls from these entities in the same way we will positively respond to health care providers.

- **Brokers:** Since most group insurance in today's market is sold through a Broker/Agent, it will be critical for the Exchange to equip these individuals with tools to effectively market the Exchange to consumers that are not ready to shop directly on the Exchange or who need more information before they decide which QHP to select. The Call Center will need to effectively respond to Brokers who have general questions about Exchange programs and more specific ones about how they can leverage their existing customer base to create interest in the Exchange.

5.1.3 Effective Communication and Messaging

Based on our interactions with millions of uninsured Americans over the years, as well as millions of enrollees in Medicaid and CHIP programs across the country, we know that success in a call center is driven as much by knowledge of the people we serve as it is by sophisticated technology, well-designed and accommodating IVRs, and rigorous quality assurance methodologies.

The Exchange's Phase I Consumer Report includes a set of findings that correlate well with what we have learned through our experience with Medicaid, CHIP, and most recently the high-risk pools mandated by ACA. The following are some of the most important assumptions we will bring to the table about the knowledge and mindset of Exchange Call Center consumers as we develop our IVR, create our CCR training, and produce our call center scripts and Knowledge Database content:

[REDACTED]

[REDACTED]

5.1.4 Awareness of Complex and Diverse Family Situations

Even if the Exchange target population was relatively monolithic in its circumstances and needs, the Call Center would still face significant challenges in the early stages, given the lack of knowledge most consumers will have about what an Exchange is and does.

Rather than being monolithic, however, the people who will turn to the Exchange Call Center for information, assistance, or referral will collectively represent a vast array of individual and family situations. In the simplest scenario (which still won't be "simple" because health insurance is a complex product), all of the people in a family will qualify for Exchange coverage. On the other end of the spectrum will be families where four separate coverage situations result initially or over time.

[REDACTED]



While this may seem like an extreme example, it is the natural outgrowth of the intersection of the various programs according to income, disability status, and employment status. While these intersections combine in a cohesive coverage web, they also mean that the Exchange mission will quickly flounder if the system's complexity overwhelms the tens of thousands of Connecticut families it aspires to help. We come to this opportunity fully aware of these risks and what we can do to mitigate them.

The specific ways in which we do this are described in *Section 5.4: Processes and Methodologies*, *Section 5.5: Dedication to Quality*, *Section 5.8: Training Plan*, and *Section 5.11: Exchange Call Center Responder's Value-Add Capabilities*. What these various tactical approaches have in common, however, is the knowledge and sensitivity that can only be gained through interactions with millions of people in similar circumstances to those we will encounter in the Exchange Call Center. In that regard, MAXIMUS stands alone.

A complex web of health insurance programs is nothing new to low- and middle-income Americans. One of our core strengths as the nation's leader in providing administrative support and consumer assistance for these programs is our appreciation for how complex rules affect diverse families. We will know how to turn this barrier into an opportunity for the Connecticut Health Insurance Exchange and the IES because we do it everyday in many other projects across the country, including those in the nation's most populous and diverse states.

5.2 Integration with Connecticut Call Centers

RFP Section 4.4.2, page 22; Section 4.4.4, page 23; Appendix B References #22 and 28

Under the Exchange's vision, the Exchange Call Center will seamlessly integrate into the existing network of consumer assistance services for insurance affordability programs available in the State of Connecticut to further the Exchange's guiding principle of an exceptional consumer experience and "no wrong door." Our solution has been developed with this critical goal in mind.

Today, managed care consumers are able to contact the statutory Office of the Healthcare Advocate (OHA) to learn about their rights and how to exercise them effectively. Likewise, the Consumer Affairs Division at the Connecticut Insurance Department (CID) is a resource and point of resolution for Connecticut residents who have a complaint regarding their insurance claims, would like to request an external review, or have concerns about the information they've received. Both of these operations are widely recognized by different consumer populations and are utilized broadly.

The responsibilities of these organizations will not go away as a result of the Connecticut Health Insurance Exchange, nor should the trusted consumer relationships and the recognition these organizations have built. The Exchange Call Center, as operated by MAXIMUS, will support their respective missions by routing inquiries and issues to the entity best suited to address consumers' needs, concerns, and complaints.

The new initiative, ConneCT, is an exciting opportunity to modernize the service delivery framework for insurance affordability programs and promote automation, efficiencies, and effective consumer assistance. As the DSS Benefit Center transitions to its modernized framework, we look forward to collaborating with the Exchange and DSS to determine how best to integrate with the DSS Benefits Center both from an IT and consumer service perspective.

There are several other relevant information lines and resources available to Connecticut residents, such as the HUSKY Infoline operated by United Way of Connecticut in 15 counties throughout the State and

Connecticut Experience

Connecticut Children's Health Project

MAXIMUS administered the Connecticut Children's Health Project with our client, the Children's Health Council from 1996 to 2003. We were responsible for providing HUSKY A and B community outreach, education and training, and marketing and public relations, as well as conducting performance monitoring, data analysis, and reporting on HUSKY health care encounters.

Connecticut Children's Health Infoline

Serving as the precursor to the current HUSKY Infoline, MAXIMUS, in partnership with the Children's Health Council and the United Way of Connecticut Infoline, operated the Children's Health Infoline for the State of Connecticut from 1996 to 2003. This toll-free help line provided telephone advocacy, referrals, and care coordination for the HUSKY program, as well as assistance in accessing services and learning about managed care programs. The Infoline was the only independent source of information on the "real life" experiences of families in the program and had a unique "finger on the pulse" of Connecticut programs.

Connecticut Health Analysis and Reporting

As part of our ongoing contract with Connecticut Voices for Children, MAXIMUS continues to handle data management and analysis for efforts to monitor and report on HUSKY enrollment trends, access to care issues, and utilization of health care services. We regularly analyze HUSKY program eligibility and encounter data to inform the development of routine and special reports to support quality improvements and increase access to care.

the United Way 2-1-1 network. The MAXIMUS operation acknowledges these community resources and commits to working with them in a seamless fashion under the direction and facilitation of the Exchange.

The concept of integrating within an established network of consumer assistance services is not foreign to MAXIMUS. In all of our 60 call centers, we integrate with other call centers and government services for referrals and warm transfers, and we work within an integrated environment where our systems interface with state systems as well as those of other vendors. In the neighboring states of New York and Vermont, we take pride in working together, side by side, with organizations that share our programmatic and consumer assistance objectives. In truth, we learn from each other and help each other in times of policy and programmatic changes. Collaborating and working together with sister call centers to provide assistance results in greater consumer satisfaction and first call resolution rates because consumers get the information they need from the entity most qualified to provide it.

5.2.1 Methods of Integration

There are several important methods of integration that will enable our Exchange Call Center to integrate with the three State Call Centers – OHA, CID, and the DSS Benefits Center. We describe our integration methods in the following subsections.

5.2.1.1 Call Triage and Intelligent IVR

Call triage is one of the most effective methods we use to route calls to specially trained Exchange Call Center Representatives (CCRs) for resolution. We know there are very specialized reasons for calling OHA, CID, as well as the DSS Benefits Center. We will direct callers to the OHA through a "cold transfer" if they:

[REDACTED]

[REDACTED]

5.2.1.2 Data Sharing

[REDACTED]

5.2.1.3 Mutual Staff Training and Knowledge Management

We will reach out to OHA and CID as well as the DSS Benefit Center for input on staff training modules to calibrate the training we provide to our CCRs about the roles and responsibilities of each organization and the specific reasons for call transfer. By incorporating representatives from OHA and CID into our training program, our CCRs are able to put a face to a name and recognize the value of the other State Call Centers. [REDACTED]

[REDACTED] We will work with OHA, CID, and Exchange staff to review and approve these scenarios so that we are consistent in our messaging to consumers and making appropriate transfers.

Our Green Mountain Care project in Vermont serves as an example of our commitment to maintaining a Knowledge Database of community-based services and resources so that we can help resolve the inquiries and issues of all callers. Although not required by our contract, the project maintains a directory of roughly 25 community resources separated into categories such as clinics, dental services, medication assistance, food pantries, HIV/AIDS supports, and family resources. We regularly assign call center staff to a special

"I appreciate you being here to answer my questions. Although I am not currently eligible for your programs, I appreciate you referring me to community resources and being so helpful."

- Quote from Green Mountain Care member

project that verifies the accuracy of community resource information and adds any additional supports that may have become available. Many of these resources have been given to us by callers, researched by our call center staff, or identified by our field personnel. Through the project's commitment to this level of customer service, callers in Vermont know that someone on the other end of the phone cares about their needs and issues.

In addition to trainings on State Call Centers and updated knowledge and resources, our staff will be provided training on other local consumer assistance resources such as the United Way 2-1-1 Call Center and HUSKY Infoline. Like us, United Way of Connecticut recognizes the value of collaborating to ensure an optimal consumer experience. We routinely engage local organizations providing similar services and seek their guidance on what has worked and what has not worked with the consumers that we jointly serve. Ongoing dialogue means that our staff is educated, up-to-date, and immersed in the Connecticut consumer assistance culture.

5.2.2 Coordination and Communication with Key Stakeholders

We will engage program managers and other designated staff from OHA, CID, and the DSS Benefits Center on a regular basis to address issues, risks, identify opportunities for further collaboration, train staff, and meet challenges together. [REDACTED]

5.2.3 Hours of Operation

RFP Appendix B Reference #88

The business hours of the OHA are 8:30 a.m. to 5:00 p.m. Monday through Friday. The business hours of the CID Consumer Affairs Division are 8:00 a.m. to 4:30 p.m. Monday through Friday. The business hours of the DSS Benefit Center, when the centralization of the regional offices is complete, will be identified. [REDACTED]

5.3 Off-site Services

RFP Section 4.4.3, page 22; Appendix B Reference #23

The Connecticut Health Insurance Exchange Board has done an extraordinary job of identifying the key steps to plan for the operations and systems implementation of the Health Insurance Exchange. A number of well-respected consultants are working as a team to produce the roadmap to implementation. Exchange staff members are productively and efficiently engaged, a fact that is borne out by the submission of the Blueprint for the Exchange a month prior to its deadline. However, the most challenging and intense work lies ahead as the 12-month clock to implementation ticks louder and the scope dramatically expands.

We are uniquely qualified to stand alongside the Exchange during this period as a vendor that knows what to do in a high-pressure, high-visibility implementation environment. We have performed more than 18 Medicaid managed care enrollment broker implementations and 9 CHIP program implementations in the last 15 years, many of which were either new or being dramatically reshaped.

In developing our approach for Connecticut, we sought the greatest reliability and sustainability. [REDACTED]

[REDACTED]

5.3.1 Delivery Model

RFP Section 4.4.3, page 22

Our delivery model is intended to be best suited for the Exchange Call Center to meet the dual needs of a timely, efficient transition and a localized, Connecticut-centric consumer experience. We spent

considerable effort in analyzing the options to locate operations in Connecticut and maximize existing investments in nearby locations that can be leveraged for Connecticut. We believe we have found the best combination to serve the Exchange needs for excellent customer service and the most economical arrangements. We discuss our delivery model from three perspectives: staffing, systems, and other functions, including the geographic location for each. In addition we discuss other aspects of the model such as communication protocols, team experience levels, travel requirements, and data security and integration.

5.3.1.1 Touchpoints and Resources Pyramid

RFP Section 4.4.3, page 22

The accountability model we propose is based on proven approaches throughout our health services projects. [REDACTED]

[REDACTED]

[REDACTED] Additional information about our staffing plan and organizational structure was presented in *Section 4.4: Staffing Plan*.

[REDACTED]

[REDACTED] all of which meet or exceed the Exchange's needs based on expected consumer volumes.

[REDACTED]

Section 4.4: Staffing Plan describes the range of positions we are proposing to staff the Exchange Call Center project, along with the numbers of personnel allocated to those positions and the percentage of time committed to the project. [REDACTED]

[REDACTED]

5.3.1.2 Systems

RFP Section 4.4.3, page 22

[Redacted]

5.3.1.3 Other functions

RFP Section 4.4.3, page 22

[Redacted]

5.3.1.4 Communication Protocols

RFP Section 4.4.3, page 22

Ongoing, routine and ad hoc communication with the Exchange is a critical component of our success.

[Redacted]

5.3.1.5 Team Experience Levels

RFP Section 4.4.3, page 22

We bring highly experienced Transition and Operations Teams [REDACTED]

[REDACTED]

We have extensive expertise in standing up call center operations for insurance affordability programs. This results in our knowing the right qualifications and characteristics for each type of job, as further described in *Section 4.4: Staffing Plan*.

[REDACTED]

5.3.1.6 Travel Requirements

RFP Section 4.4.3, page 22

We carefully monitor and approve the travel of our transition and project teams. [REDACTED]

[REDACTED] will be required to oversee all travel plans for the Exchange Call Center and have discretion to determine when travel is in the best interest of the project operations, including [REDACTED]

[REDACTED]

5.3.1.7 Data Security and Integration

RFP Section 4.4.3, page 22

The visibility and sensitivity of the Exchange Call Center requires the strictest adherence to data security and privacy. Integration between the Exchange Call Center and various Exchange and DSS systems must be approached with expertise from all affected parties. Please refer to *Section 5.6: Information Security, Data Privacy, and Sarbanes-Oxley (SOX) Compliance* for more information on our information security, data privacy, and SOX compliance plan for the Exchange Call Center project.

5.3.2 Measuring Consumer Experience and Performance Improvement

RFP Section 4.4.3, page 22

An exceptional consumer experience is at the heart of all MAXIMUS operations. We employ a number of methodologies to measure the quality of the consumer experience. Please refer to *Section 5.5: Dedication to Quality* for a discussion of how we measure consumer experience, how performance is evaluated, and how effective processes and outcomes are continually improved and sustained.

5.4 Processes and Methodologies

RFP Section 4.4.4, page 23; Appendix B Reference #24

Throughout MAXIMUS history, we have maintained a focus on helping state and local government, as well as the private sector, deliver high quality services to both the commercial and underserved populations by utilizing a combination of "high-touch and high-tech" approaches. From a long history working with these government programs and commercial businesses, we understand how critical it is that implementations proceed efficiently and according to schedule. Therefore, we have established a quick and low-risk implementation approach that has proven successful time and again. When unanticipated events occur, we initiate contingency plans developed as part of our implementation planning.

Our experience with high-visibility projects that have short implementation timeframes will significantly lower the Exchange's risk in its 12 month "sprint," as CEO Kevin Counihan has described it.

In *Section 5.2.1: Methods of Integration*, we provide detailed information regarding how we will integrate our processes and tools with the various state benefit program call centers as described throughout the RFP. In this section, we go into significant detail about how our call center technology and business processes will combine to create an exceptional consumer experience within a sustainable financial model. We start with a brief summary of our relevant experience because it is the foundation of our proposal's credibility. By briefly highlighting this experience, our goal is to frame our solution as a natural extension of many years of successful service to uninsured Americans rather than as a marketing document:

- **Unsurpassed Experience Relevant to the Exchange:** Our market share of public sector health insurance eligibility and enrollment contracts overwhelmingly demonstrates our dominance. Since 1995 when states first began implementing Medicaid managed care, followed in 1998 with CHIP eligibility and enrollment projects, MAXIMUS has worked side by side with our state partners to design, test, and roll out these initiatives, which are directly analogous to most of the uninsured who will reach out to the Exchange. MAXIMUS also works with commercial insurance programs, as well as brokers and other assisters. In the Pre-Existing Condition Insurance Plan (PCIP), the Federal high-risk pool that MAXIMUS has implemented for California and New York, MAXIMUS provides outreach, communication, and training for Brokers about the PCIP program.
- **Experience Reduces the Exchange's Risk:** The various components of the Exchange require a diverse set of experiences and capabilities. This comes from operating many different types of projects in the United States, British Columbia, Canada, the United Kingdom, Australia, and other countries. Through operating more than 60 health and human service call centers, our team has gained a deep understanding of programs, policies, and state and federal rules, coupled with a demonstrated ability to provide the best customer service, including the ones most applicable to the Exchange, as summarized in *Exhibit 5.4-1: Relevant Experience*.

Project/Experience	Statewide Toll-Free Call Center	Eligibility Assessment for Health Insurance Programs	Health Plan Liaison, and Enrollment Services	Client Education and Outreach
California Health Care Options	✓		✓	✓
California Healthy Families	✓	✓	✓	✓
District of Columbia Medicaid Managed Care Enrollment	✓	✓	✓	✓
HealthColorado	✓		✓	✓
Colorado EEMAP	✓	✓	✓	✓
Georgia Families	✓		✓	✓
Health Insurance BC	✓	✓		✓
Indiana Enrollment Broker Services	✓		✓	✓
Iowa hawk-i	✓	✓	✓	
Iowa Member Services	✓		✓	✓
Kansas HealthWave	✓	✓	✓	✓
(Massachusetts) MassHealth Customer Services	✓		✓	✓
Michigan ENROLLS	✓		✓	✓
MICHild	✓	✓	✓	✓
Montana Passport to Health	✓		✓	✓
New Hampshire Managed Care	✓		✓	
New Jersey Health Benefits	✓	✓	✓	✓
New York Medicaid CHOICE			✓	✓
South Carolina Healthy Connections CHOICES	✓		✓	✓
Tennessee CHIP	✓	✓	✓	
Texas Enrollment Broker Services and Health Steps	✓		✓	✓
Texas CHIP and Eligibility Support	✓	✓	✓	✓
Vermont Health Access and Member Services	✓		✓	✓
Virginia Enrollment Broker Services	✓		✓	✓

Exhibit 5.4-1: Relevant Experience. Our relevant experience ensures that we can successfully address challenges, reducing the likelihood of program disruptions.

Best Practice Methodologies and Processes to Enhance Consumer Assistance

The Exchange needs a partner with a broad range of skills directed to encouraging the use of the Exchange and promoting its value for user populations. To augment our customer service strategies, MAXIMUS incorporates the following best practice methodologies and processes to continuously improve operations and grow Exchange enrollment as follows:

- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]

"MAXIMUS has historically been exceptional in recommending potential improvements to our processes and carrying out recommendations with our approval. MAXIMUS project team has also demonstrated a highly effective ability to be prepared for potential change, and manage change efficiently and effectively. MAXIMUS project team is extremely sensitive to the needs of their client."

- Michigan Department of
Community Health

- [Redacted]

- [Redacted]

- [Redacted]

- [Redacted]

[REDACTED]

MAXIMUS recognizes the Exchange's need to ensure success by contracting with a vendor that understands and has experience with public and private sector health insurance; has successfully provided customer service for the CHIP and Medicaid programs, as well as commercial insurance customers; and provides responsive and courteous customer service. MAXIMUS is that vendor, as shown in our responses to the RFP requirements in the sections below.

5.4.1 General Call Center Requirements

RFP Appendix B References #41 - 46

The Exchange is seeking to build a responsive and simplified consumer experience with the Exchange Call Center. With MAXIMUS, consumers can expect a responsive Call Center that combines people and technology designed to optimize service for our consumers and overall business processes. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] In every consumer interaction, whether through the IVR, written materials, or a telephone conversation, MAXIMUS ensures support is provided in clear, consistent, and plain language through collaboration with the MAXIMUS Center for Health Literacy. And for inquiries that are best answered by another Tier or through a referral, MAXIMUS will seamlessly integrate our consumer support with the greater Exchange Consumer Support. [REDACTED]

[REDACTED]

[REDACTED] The following subsections describe our approach to the general call center requirements.

5.4.1.1 Supporting Exchange Consumers

RFP Appendix B References #41 - 42

MAXIMUS operates more than 60 call centers on behalf of government health and human services agencies. Our experience has provided a depth of understanding of how to support all Exchange consumers, whether our support is reactive or proactive. Consumer support begins by making available preferred communication channels such as phone and web portal. From these channels, MAXIMUS supports consumers on a reactive basis through a series of tools and processes including:

- Answers to a variety of frequently asked questions through the IVR
- Support for self-service transactions such as account status, application status, and current enrollment through interfaces to third-party systems. [REDACTED]
- Call routing to specific queues based on consumer activity in the IVR
- Answers provided by call center representatives (CCRs) for general inquiries with support tools including a knowledge database and CRM system
- Transferring existing Medicaid consumers to the DSS Benefits Center in the IVR or by a warm transfer
- Transferring complaint and appeals requests to CID and OHA through a cold transfer

[REDACTED]

By having a greater understanding of consumer needs before the initial interaction, our CCRs are able to address consumer inquiries more efficiently. Ultimately, our approach reduces overall call length, increases both first call resolution and consumer satisfaction, and maintains the high level of quality Connecticut expects.

The backbone of our reactive and proactive Call Center support approach is the telephony and information technology infrastructure that efficiently manages incoming requests and outgoing follow up related to all manner of support. [REDACTED]

[REDACTED]

When the Connecticut Health Insurance Exchange has implemented the required functionality to support web chat, MAXIMUS will be able to seamlessly integrate Exchange Call Center support for web users.

[REDACTED]

With proven telephony and information technology infrastructure supporting our policy and procedures based on our depth of consumer understanding, MAXIMUS will plan, execute, and monitor the most efficient and flexible way to provide support to all Exchange consumers in all manner of support required.

5.4.1.2 Communicating Clearly and Consistently

RFP Appendix B Reference #43

When responding to consumer requests, the Exchange knows that clear and consistent communication leads to information transparency and a better consumer experience. The MAXIMUS Center for Health Literacy (Center) has extensive experience developing clearly written program materials including call scripts and knowledge management content.

The Center also provides expert adaptive translation services to support communication to consumers in threshold languages. We have studied, written for, and communicated with almost every type of low

literacy reader in English, Spanish, and many other threshold languages across our national portfolio of call centers.

While the Center engages in studies to understand what communicating in layman language means in Connecticut and other states, [REDACTED]

[REDACTED] In some of our other projects, we extend our knowledge of consumer's layman language through population segmentation, which breaks down a population into categories and recommends messaging based on the population's characteristics. We will combine the comprehensive Connecticut research with our own experience to design the most responsive customer service.

With a deep base of knowledge about who the Exchange consumers are and how best to communicate clearly and consistently with them, we will develop call scripts and any Exchange communications in layman language, [REDACTED]

[REDACTED] In all communication, the message content will be consistent with that used by the Exchange so that all Call Center consumer support is easily understood. [REDACTED]

5.4.1.3 Connecting Seamlessly with Exchange Consumer Support

RFP Appendix B References #44 - 45

In supporting Exchange consumers in all manner of requests with clear and consistent communication, each support tier must seamlessly coordinate service delivery through integration of Call Center tools and technology with Exchange IT core system components. By understanding the purpose of each tier we offer integration with Tier 0 self-service solutions and Tier 3 consumer support, while supporting all Tier 1 and Tier 2 components.

[REDACTED]

[REDACTED] We will then be able to maintain integrity between Exchange Call Center support and the larger Exchange Consumer Support system.

In addition to technical integration, MAXIMUS will coordinate our Call Center solution with the other Exchange Consumer Support channels and activities available to consumers. We will accomplish process integration through proven policies and procedures based on the Connecticut Health Insurance Exchange process models and best practices refined across our organization. In development of policies and procedures, each handoff between support tiers and other agencies or entities including CID, OHA, qualified health plans, and Brokers will be identified. We will develop standards for coordinating the handoffs and document them in the policies and procedures manual. The policies and procedures manual is a set of living documents that reflect project maturation and capture process improvement over time. As process integration points change, we will update the manual through a structured change control process that tracks why and when the changes were made.

5.4.1.4 Managing with Standard Methodology

RFP Appendix B Reference #46

[REDACTED]

Function	Supporting Equipment / System
[REDACTED]	[REDACTED]

[REDACTED]

Throughout the duration of the contract term, systems equipment is well maintained, supported, and upgraded as needed to accommodate changes in program scale, design, or scope. In addition to our on-site technical staff, the project is supported by the MAXIMUS Office of Information Services (OIS), which includes a full staff of corporate technical resources responsible for installing, maintaining, and supporting the computer and telecommunications resources of the project.

We purchase service agreements from our vendors for all equipment that we deploy to ensure prompt response and resolution for any equipment failures. OIS representatives coordinate any necessary service calls to our equipment and service vendors to ensure prompt response time and follow through to complete problem resolution. This preventative approach significantly minimizes the risk of degraded customer service caused by systems that are temporarily down or malfunctioning desktop units. [REDACTED]

[REDACTED]

[REDACTED] Our corporate telecommunications department is the initial point of contact for all phone system issues to ensure prompt and complete resolution and proper escalation to the vendor for any on-site dispatch that may be required to repair failed components.

[REDACTED]

MAXIMUS has established relationships with all of our equipment vendors. Our vendors understand the criticality of our project operations, and they are diligent in providing the level of support required to ensure minimal interruptions to the services we provide our clients.

Call Tracking

RFP Appendix B Reference #53

[REDACTED]

5.4.3 Core Functionality/Operations

RFP Appendix B References #55 - 73

By selecting MAXIMUS as the Connecticut Health Insurance Exchange Call Center, the Exchange can be assured of a partner with the necessary experience to effectively meet all call center needs. This is true both from a technology and staffing perspective. We discuss our approach to addressing all of Connecticut's core functionality and operational considerations to reinforce this assurance.

5.4.3.1 Consumer Assistance Hotline

RFP Appendix B Reference #55

MAXIMUS will maintain a single toll-free hotline for the Connecticut Health Insurance Exchange to provide individuals, employees, employers, Navigators, and program stakeholders ready access to information, assistance and support for a variety of Exchange-related issues. Building on our extensive experience providing call center assistance for insurance affordability programs, the Exchange Call Center will provide callers the ability to obtain basic information on the Exchange and related programs, begin an application, be educated about the Exchange enrollment process, and re-enroll annually. Our comprehensive Call Center solution includes flexible self-service options available around the clock to consumers as well as personal assistance from knowledgeable Call Center Representatives (CCRs).

5.4.3.2 Interactive Voice Response Technology

RFP Appendix B Reference #58

All calls to the Connecticut Health Insurance Exchange Call Center toll-free number will be initially answered by our IVR, which provides menu options to callers and functions as the initial point of caller triage. Callers have various self-service options in the IVR or they can choose to be directed to a CCR.

[REDACTED]

We design our IVR menus with a focus on directing each caller to a positive outcome. We develop our IVR scripts so that all callers can navigate their way through self-service information and options with ease and get to the information they seek without becoming frustrated.



[REDACTED]

We understand that not all callers wish to take advantage of self-service options, so we always make it easy for a caller to transfer to a CCR for personal assistance.

[REDACTED]

Our proposed IVR design for the Connecticut Health Insurance Exchange Call Center allows callers the ability to:

[REDACTED]

[REDACTED]

MAXIMUS has invested considerable time and effort in understanding how automation can improve the caller experience and, at the same time, improve efficiency. We use a continuous quality improvement cycle, based on data we collect through day-to-day interactions with consumers, to enhance and fine-tune our IVR menu options and navigation. [REDACTED]

[REDACTED]

[REDACTED] Our IVR is dynamic, enabling us to make revisions with ease.

5.4.3.3 Outbound IVR Campaigns

RFP Appendix B References #59 - 60

We use our IVR platform to streamline our outreach efforts with automated outbound calling to consumers to gather missing information, communicate reminders to submit re-enrollment information, and clear up any discrepancies [REDACTED]

[REDACTED]

We can configure our outbound IVR application in a number of different ways to achieve the desired outcome. We customize the rules for any given campaign to deliver a message and/or direct consumers to self-service options or a CCR depending on the purpose of the campaign. [REDACTED]

[REDACTED]

5.4.3.4 Automated Call Distribution

RFP Appendix B References #61, 62, 67, and 69

[REDACTED]

Skills-Based Call Routing

Since consumers will seek Tier 1 and Tier 2 assistance in many functional areas – such as information on consumer support programs, eligibility requirements, Cost-Sharing Reductions, Advance Premium Tax Credits, Qualified Health Plans, and how to apply – it is important to have a mechanism for quickly routing each caller to a CCR who can best meet the caller's needs. [REDACTED]

[REDACTED]

Call Prompts in English and Spanish

All of our IVR menu prompts and recordings are offered in both English and Spanish. Likewise, our ACD plays a pre-recorded greeting message as well as informative messages to callers in queue or on hold. These messages are provided in both English and Spanish. If a caller chooses to hear menus and prompts in Spanish in the IVR, that caller will automatically be transferred to our Spanish ACD queue if he or she elects to be transferred to a live operator for assistance.

Estimated Wait Time and Virtual Hold Callback

[REDACTED]

[REDACTED]

5.4.3.5 Call Monitoring and Recording

RFP Appendix B Reference #56

Call recording and monitoring are essential to the continued improvement of the caller experience. Our overall approach to quality assurance (QA) in the Call Center encompasses this important aspect of constantly finding ways to better serve callers. By regularly monitoring, documenting, and evaluating calls, our Supervisors and QA staff are able to provide direction and guidance to CCRs on an ongoing basis for improvement in customer service skills, listening skills, program knowledge and accuracy of responses, and sensitivity to the special cultural and linguistic needs of the consumers served by the Connecticut Health Insurance Exchange Call Center. The results of call monitoring evaluations are also used to determine any additional training, coaching, or corrective action that may be required.

[REDACTED]

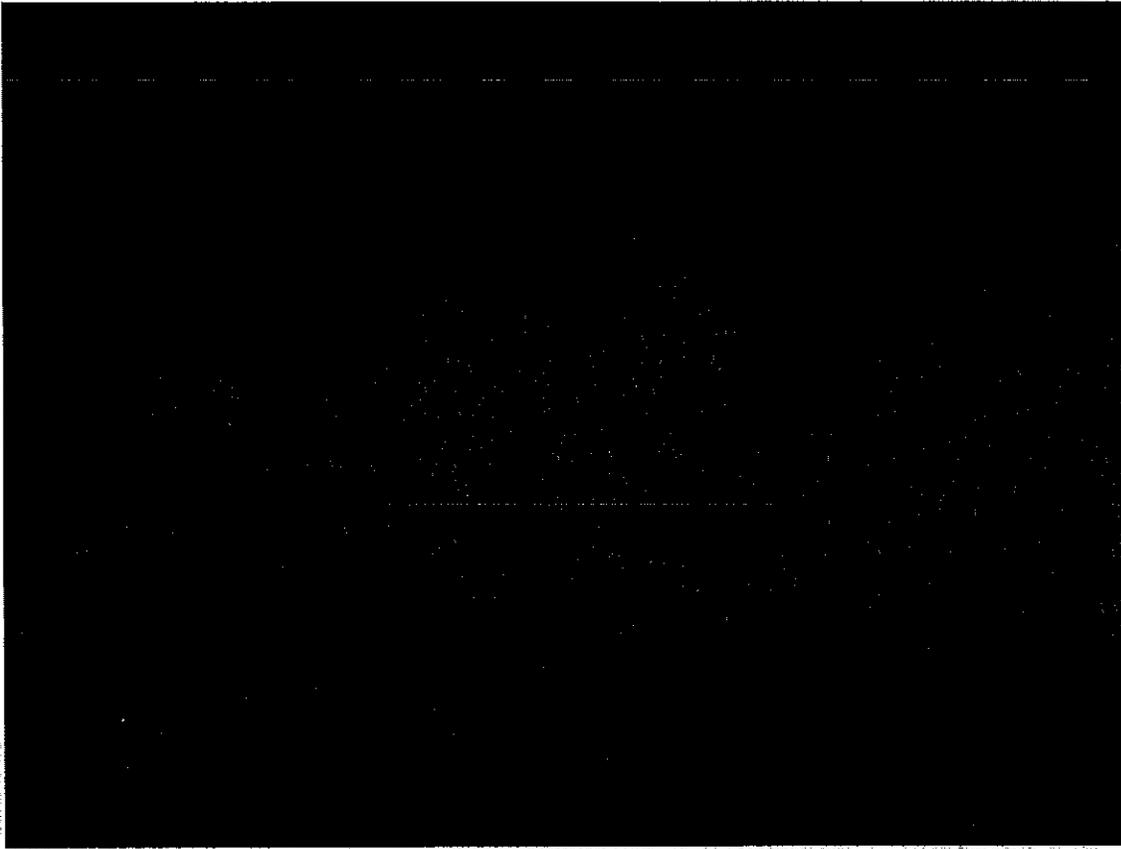
[REDACTED]

[REDACTED] We recognize this is not a requirement per the answers to questions.

[REDACTED]

Call Center Supervisors, QA staff, and designated Exchange staff access a user-friendly web-based application to view, sort, and retrieve recorded calls for playback and monitoring directly from their desktop. Only authorized users have access to recorded calls, which are stored in an encrypted format on the call recording server or other network-based storage device. Recorded calls can be sorted by a number of criteria, including inbound numbers dialed, telephone extension number, date/time range, and call duration. We retain recordings based on contractually defined retention periods and can also archive recordings to DVD for long-term storage at an off-site data storage facility, as necessary.

[REDACTED]



5.4.3.6 Customer Service/Call Reporting

RFP Appendix B Reference #63

Analyzing Call Center metrics is part of our overall approach to QA and contract compliance. Through continuous assessment of quantitative data, we keep our infrastructure and staffing proportional to expected call volumes at various times of the day and week based on historical patterns. This not only provides a foundation for meeting Call Center performance standards, it also creates a work environment in which our CCRs are able to handle their workloads efficiently and productively.

Our ACD system generates performance-based real-time metrics, such as the number of calls answered, average time in queue, average talk time, and number of calls abandoned. Our Supervisors use this data to quickly respond to changes in call activity.

MAXIMUS uses quantifiable metrics to benchmark, monitor, and continuously improve our performance, resulting in high customer satisfaction.



[REDACTED]

[REDACTED]

[REDACTED]

We use our ACD to compile performance data for internal analysis as well as reporting to the Exchange. By conducting routine analysis of historical data, we gain insight into trends, activities, and performance. We use a variety of reports to evaluate individual CCR performance as well as overall call center performance, and respond accordingly with staffing levels, additional training, or other corrective action, as needed. [REDACTED]

[REDACTED]

We also regularly review telecommunications carrier reports that show voice circuit and telephone line utilization and activity to confirm that we have adequate capacity to handle call volumes. This facilitates our approach to proactive decision-making if we notice call volume trends that warrant capacity expansion.

5.4.3.7 IVR and CRM Data Export Capability

RFP Appendix B Reference #64 and 65

We capture information for every call processed in the IVR and use this information to monitor the effectiveness of IVR routing and self-service applications. We store IVR data into a centralized database, and then feed this data into standard and custom reports detailing volume metrics, performance measurement, and call center transfer statistics for general script tuning. We collect IVR reporting

information on a regular basis - daily, weekly, monthly - via e-mail or in near real-time through a secure, password controlled web portal. [REDACTED]

5.4.3.8 Language Translation Service

RFP Appendix B Reference #66

MAXIMUS operates some of the largest and most diverse health and human services call centers in the nation including projects in California, Texas, New York, Massachusetts, Vermont, Virginia, Pennsylvania, and Michigan, and this experience informs our approach to meeting the language requirements of the Connecticut Health Insurance Exchange Call Center. With the rich ethnic mix of the consumers we serve, it is important to reflect that mix in our staffing, mirroring the demographics and languages spoken in order to more easily meet consumer needs in a culturally and linguistically sensitive way. [REDACTED]

5.4.3.9 TTY Capability

RFP Appendix B Reference #66

In all of our call centers, we provide individuals with special communication needs an equal opportunity to obtain the information and assistance they seek. Because we have extensive experience assisting special needs populations in our many health services projects, we know how to tailor our training to meet the more complex care, specialized service, and care coordination needs of these individuals. We have specific training modules, staff reference materials, and in-house communication tools allowing us to assist individuals and their personal advocates with their special needs.

We provide accessibility for hearing- and speech-impaired callers through the use of a software-based Teletype (TTY) system. Designated CCRs communicate with TTY callers through an intuitive, user-friendly interface on their computer. We maintain a separate, dedicated toll-free number for TTY calls, which transfers these calls directly to our TTY system. Incoming TTY calls are announced with a screen-pop and audible ring alert to the CCR. Our TTY system uses an on-screen "chat window" interface facilitating effective response to callers in order to better communicate with families who have disabilities.

5.4.3.10 Managing Consumer Contacts and Information

RFP Appendix B References #57, 68, 70, and 71

We provide a brief description of the capabilities of our Customer Relationship Management (CRM) system for each of the requirements in this section that pertain to CRM functionality. Please refer to *Section 5.4.7: Customer Relationship Management* for a comprehensive description of our CRM system.

[REDACTED]

5.4.3.11 Consumer Assistance

RFP Appendix B References # 72 and 73

Our qualified, knowledgeable CCRs educate and assist consumers so that they can make informed choices about their health care. The delivery of accurate, consistent, and unbiased information is essential. We design our Call Center training program to promote effective communication with the public and encourage exceptional customer service. Our curriculum and scripts provide guidance to staff on how to offer relevant and meaningful information and assistance to consumers and to draw the appropriate limits on our scope of work. Our CCRs will understand when it is appropriate to transfer the caller to a licensed Broker for QHP shopping and enrollment.

[REDACTED]

[REDACTED]

5.4.4 Forecasting, Staffing, Scheduling

RFP Appendix B References #89 - 91

To help ensure the success of the Exchange, the Call Center solution must provide sufficient technical and staffing capacity to operate within service level agreements while at the same time maintaining flexibility to respond to program changes or volume fluctuations. [REDACTED]

5.4.4.1 Call Center Technical Capacity

RFP Appendix B References #89 - 90

Our experience designing, implementing, and managing call centers enables us to determine and deploy the appropriate underlying infrastructure of the call center. [REDACTED]

[REDACTED] This provides flexibility in accommodating the initial call surge that we expect to occur, the surge associated with open enrollment, and any unexpected surges throughout the contract term. Our telephone infrastructure is engineered to easily configure additional circuits as needed should call volumes increase over time.

[REDACTED] For more information, please refer to *Section 5.4.6: Call Center Performance*.

5.4.4.2 Call Center Staffing Capacity

RFP Appendix B References #89, 91

To successfully operate 60 call centers, MAXIMUS has perfected our expertise to appropriately staff during conversions, roll-outs, peaks and steady state. We plan for fluctuations in demand, a trait that is particularly relevant for the Exchange Call Center.

[REDACTED]
forecasting capability using two proven perspectives: strategic and tactical staff forecasting processes. First, from a strategic perspective, we have made a corporate commitment over the last two years to assess what a health insurance exchange call center would look like and what elements of an exchange call center would impact traditional call center staffing models. We first build our staff forecast on this foundation as well as the Connecticut Health Insurance Exchange's unique needs. Following quality

assurance/quality control principles and leveraging our operations research capabilities, we then develop and initiate an integrated staff forecasting process, which is discussed further in *Section 4.4: Staffing Plan*.

[REDACTED]

On an as-needed basis on holidays, weekends, and after hours, MAXIMUS will make sufficient technical staff available for emergency help desk and technical support. Our staffing approach will be modeled after the escalation process that we employ for disaster recovery and business continuity.

[REDACTED]

This approach helps to ensure sufficient staffing capacity for emergency help desk and technical support.

Our proven strategic and tactical staff forecasting processes provide the necessary insight into actual staffing needs to provide the level of support required as well as the flexibility to adjust to actual Call Center staffing and activities on a day-to-day basis. Our approach helps to ensure that all calls are answered within service level agreements, and subsequently that the Exchange Call Center is a successful component of the Exchange Consumer Support system. Our proven track record in the more than 60 call centers we operate provides testimony to our ability to successfully employ the necessary tools to meet and exceed call center performance standards.

5.4.5 Expedited Calls

RFP Appendix B References #126 – 127

To promote a seamless consumer experience between support tiers, the Exchange Call Center must provide all context and information for calls expedited to the Tier 3 Exchange Consumer Support. MAXIMUS will achieve a seamless consumer experience when prioritizing and escalating appropriate requests to the Tier 3 Exchange Consumer Support by assessing consumer inquiries or requests up front in the IVR, and then quickly routing requests based on initial information gleaned from the IVR and a further inquiry assessment in Tier 1. For consumer inquiries and requests of a technical nature, the Exchange Call Center will log the contact information, inquiry or request information, and the reason for escalation. [REDACTED]

[REDACTED]

MAXIMUS will provide reports that reflect the status and number of all expedited calls and tickets on a monthly basis to the Tier 3 Exchange Consumer Support.

5.4.6 Call Center Performance

RFP Appendix B References #129 - 130

We present our approach to incorporating concurrent inbound and outbound call volumes into our solution as well as our capability to manage efficient call transfers.

Call Volume Capacity

RFP Appendix B Reference #129

Our extensive experience designing, implementing, and managing call centers enables us to determine and deploy the appropriate underlying infrastructure for the Exchange Call Center. Based on projected call volumes and call lengths, and factoring in contractual requirements for performance levels, we are able to accurately ascertain the infrastructure and capacity needed for the Exchange Call Center to operate efficiently and cost-effectively.

[REDACTED]

[REDACTED] These circuits will provide sufficient capacity for both inbound and outbound call traffic. Additionally, we have separate lines for administrative (non-call center) use. These administrative lines provide the ability to have direct inward dialing to specific MAXIMUS staff, thus enabling the Call Center Manager and other managerial staff to have a dedicated line that Exchange representatives can call directly.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We design our telephone system, including Private Branch Exchange (PBX) and Automated Call Distribution (ACD) system, to support fluctuating call volumes associated with the programs it supports, and generally include excess capacity to accommodate growth. We can scale all aspects of the phone system to support growth in call volume and staff size. Should call volumes for the Exchange Call Center increase substantially, we are able to quickly add capacity to the system by purchasing additional circuits, cards, and software licenses.

[REDACTED]

Call Transfer Capability

RFP Appendix B References #130

Our call center infrastructure is designed to promote efficient call routing and transfer, seamlessly directing callers to the resources they need. A single toll-free number points to our hosted IVR application, which serves as the initial point of triage for all inbound calls. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Our telephone system supports the capability to conduct person-to-person transfers, an important requirement for the Exchange Call Center. In situations that require our CCRs to transfer a caller to an Exchange representative or other outside entity, we initiate a warm transfer. To make sure that the caller is properly referred, we do not hang up until he or she is speaking with the right person, and we confirm with both parties that it is okay for us to disconnect from the call. We also make sure that the caller has the telephone number of the office or agency we are calling in case there is a problem when transferring the call or for future reference.

5.4.7 Customer Relationship Management

RFP Appendix B References #138 - 180

The MAXIMUS Customer Relationship Management (CRM) solution is core to the Health Insurance Exchange Call Center.

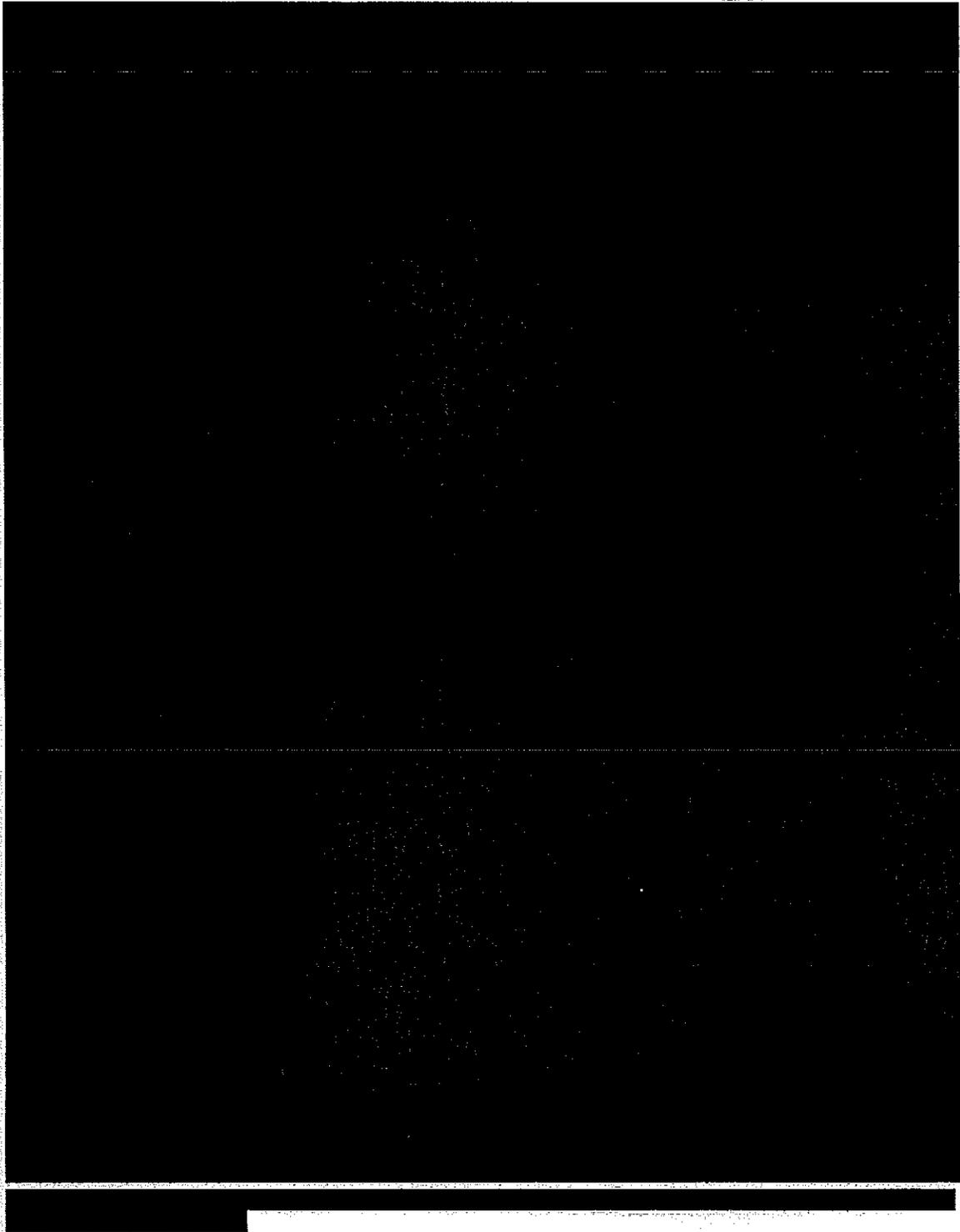
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



[Redacted]

[Redacted]

[Redacted]

5.4.7.1 CRM Functionality

RFP Appendix B References #138 - 142, 145 - 146, 164, and 167 - 169

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5.4.7.2 Escalation of Requests

RFP Appendix B References #178 - 179

The MAXIMUS service delivery approach is to provide exactly the information consumers seek, in the way and time they need. To achieve this, we have combined three skill areas – people, process, and technology – to deliver a meaningful customer experience. It begins with recruiting and training our CCRs to handle Tier 1 and Tier 2 questions. It extends to documented processes based on years of best practices operating health and human services contact centers. [REDACTED]

[REDACTED]

MAXIMUS always performs our duties according to clearly defined policies and procedures. For processes regarding interfaces, interaction, and responsibilities between tiers and any other internal or external persons that may submit or receive a request, we will follow our best practice described in *Section 5.4.8: Request Escalation*.

5.4.7.3 Consumer Instructions

RFP Appendix B References #143 - 144

[REDACTED]

5.4.7.4 CRM Security

RFP Appendix B References #147 - 149

[REDACTED]

[REDACTED]

5.4.7.5 Receiving, Routing, Tracking and Resolving Requests

RFP Appendix B References #150 - 151, 153 - 163, 165 - 166, and 170 - 177

Calls are received in the Exchange Call Center through the IVR. We work closely with our IVR and ACD vendors to carefully define and document the skill sets and call routing required for each of our call centers. This skills definition may include languages spoken, specialized program or transaction type knowledge (Medicaid, CHIP, Advanced Premium Tax Credits, Reduced Cost Sharing, QHP enrollment), and specific understanding of the type of consumer (small business, individual, health plan), among others. These definitions are then applied to our IVR and ACD call routing designs and scripts to facilitate the highest level of customer service to callers and to identify call types designated by the Exchange for expedited service.

We design our IVR menus with a focus on directing callers as quickly as possible to the information they seek. We develop our IVR scripts so that all callers can navigate their way through self-service information and options with ease and get to the information they need without becoming frustrated. In many cases, the IVR is able to generate a response to the request automatically.

Not all callers will take advantage of self-service options, so we always make it easy for a caller to transfer to a CCR for personal assistance. [REDACTED]

[REDACTED]

When calls are routed through the ACD, the CCR receiving the call enters call tracking information into the CRM. The same process is used for e-mail and web contact. [REDACTED]

[REDACTED]

[REDACTED]

MAXIMUS staff tracks the request throughout the resolution process, providing information at each stage from making an initial determination of a potential resolution to final resolution in the CRM. This approach allows us to report on the progress of resolution efforts and provide to callers the status of all requests when they call. As requests are escalated to different levels of personnel, staff members enter the individual actions taken and document the progress of the request. When requests, including service requests, are resolved as confirmed by the affected consumer, regardless of the level to which they have been escalated, our CCRs close the request and fully document the resolution in the CRM tool. Throughout the request process, we will retain overall responsibility and ownership.

[REDACTED]

Finally, MAXIMUS implements standardized quality assurance (QA) procedures and processes to monitor Service Level Agreement (SLA) metrics, measure response times, and improve service delivery. As a part of our monitoring, we leverage our CRM solution's robust reporting capabilities to help ensure that the system responds promptly and within specified time limits to requests in line with Service Levels. We also employ quality measurements via scored assessments of sample calls to help ensure our response included accurate and appropriate information supplied by the CRM and delivered by the CCR. These QA processes help us to ensure quick resolution, appropriate decision-making, communications, and debriefs through consistent and persistent oversight. They also set up a framework to assess ways to facilitate problem avoidance or process inefficiencies in the future.

First Call Resolution

RFP Appendix B Reference #162

To determine our ability to meet customer service performance standards and goals, we place particular emphasis on the objective of First Call Resolution. Resolving an issue during the first call involves knowing the key processes associated with policies, and having access to information systems that can deliver a complete view of caller data. Resolution also involves having trained staff with the necessary authority and responsibility to fully resolve caller issues. [REDACTED]

[REDACTED]

First Call Resolution is evaluated by a number of quantitative and qualitative metrics. [REDACTED]

[REDACTED]

5.4.7.6 Reporting

RFP Appendix B References #152 and 180

[REDACTED]

These reports can be provided at both the aggregate level or by target audiences. We can assess and view this data in multiple ways to provide the trending and business intelligence the Exchange needs to adjust the Call Center operations to be most effective.

[REDACTED]

[REDACTED] Our reporting and analytics platform enables us to build and access different views for different users according to their needs, on a single interface. Data visualizations can provide visual cues to identify call center and process trends, track call center and related process performance against defined business metrics, and target improvement efforts. This is integrated with our staff planning tools.

5.4.8 Request Escalation

RFP Appendix B References #182 - 188

To support the Exchange's goal to provide responsive customer service, the Exchange Call Center must be able to escalate unresolved problems and dissatisfied consumers with complete context and information to the appropriate resources promptly. [REDACTED]

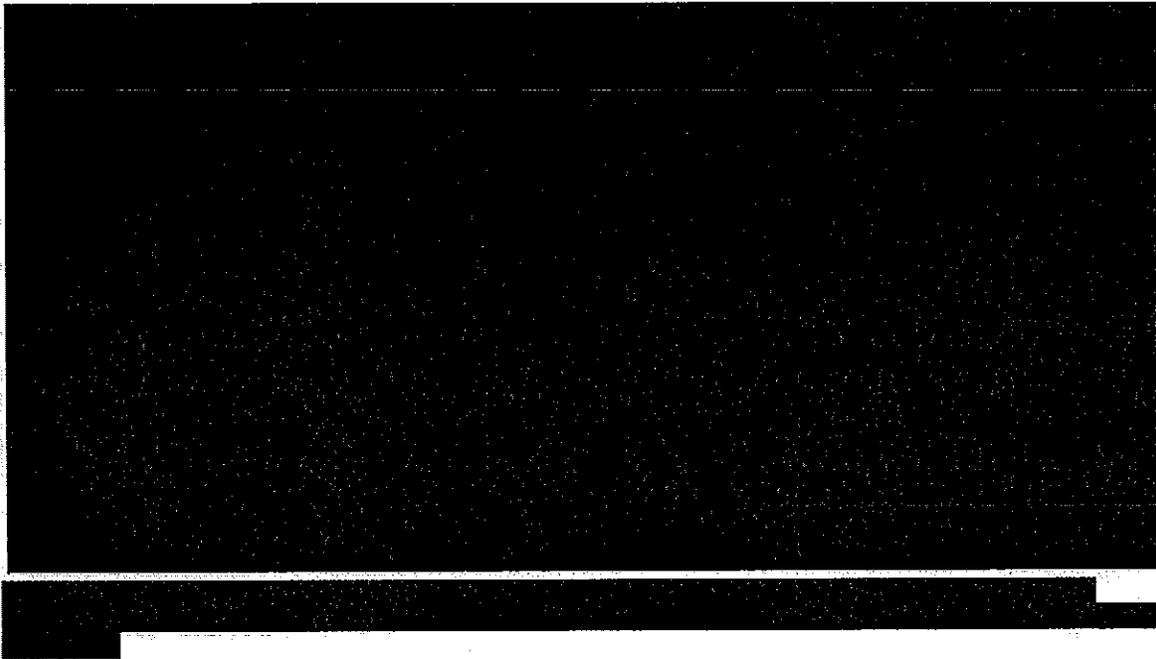
[REDACTED]

[REDACTED]

[REDACTED] We will work collaboratively with Exchange staff to resolve all requests.

The backbone of any robust technology is a combination of skilled people and proven processes. To help ensure that only appropriate requests are escalated to Tier 3 or dissatisfied consumers are referred to other agencies, MAXIMUS employs a rigorous policies and procedures process. As we move through the project from its earliest implementation stages through ongoing operations, the policies and procedures follow a structured path, as illustrated in *Exhibit 5.4.8-1: Policies and Procedures Life Cycle*. Through each phase, the request escalation policies and procedures will be subject to Exchange review and approval. As depicted in the exhibit below, MAXIMUS has periodic built-in review and update processes so that all policies and procedures are up-to-date. [REDACTED]

[REDACTED]



5.4.9 Knowledge Management

RFP Appendix B References #190 - 206

[REDACTED]

KMS is a very innovative system. It is a concise quick reference tool that allows a quick resolution of 'NEED TO KNOW NOW' information. Because of the complexity of our jobs, and the ever changing environment of programs and rules, KMS allows us to stay up-to-date, in a matter that is well organized, easy to read, easy to find, easy to reference. When on the phone, and there is a situation that I need to reference to KMS, within seconds I can get my answer. It is great!"

- Sherry Dallas-Holt
Helpline Representative,
Indiana Enrollment Broker Project

[REDACTED]

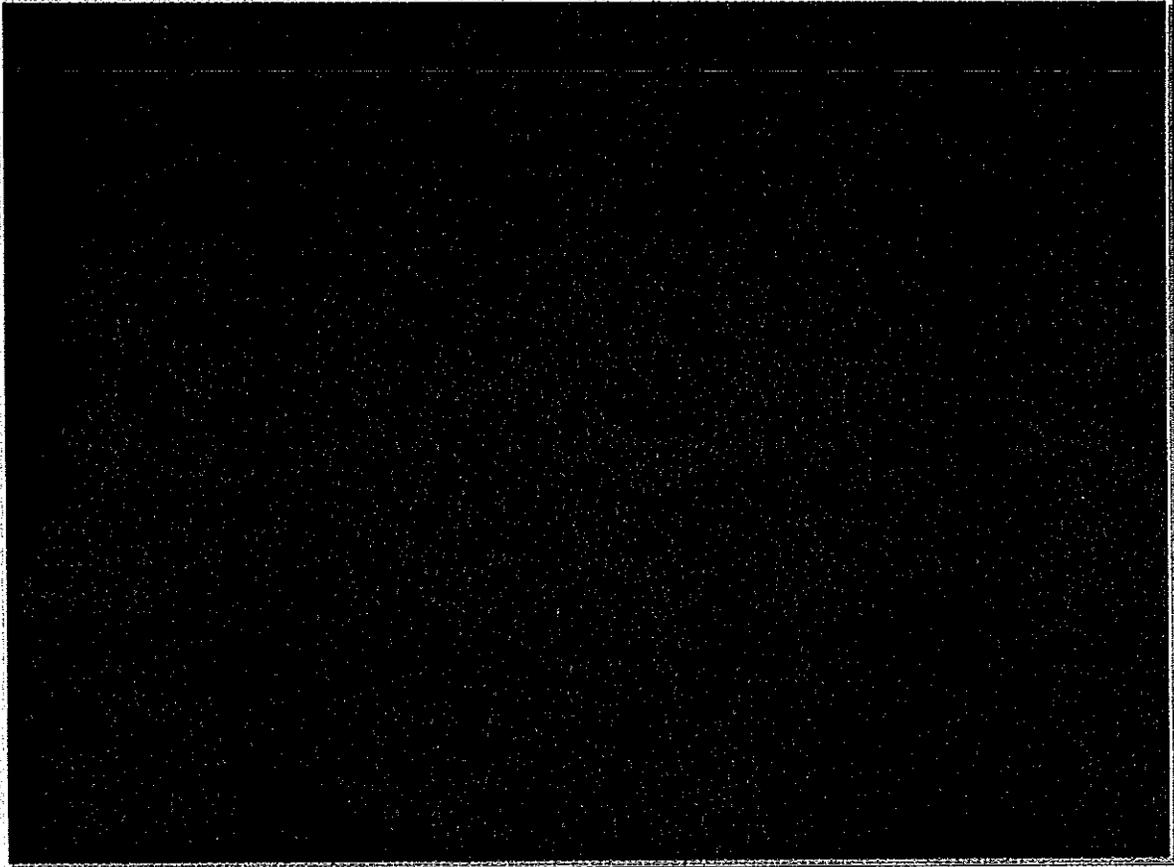
[REDACTED]

[REDACTED]

5.4.9.1 Development of the Knowledge Database

Appendix B References #190 – 194

MAXIMUS brings to the Connecticut Health Insurance Exchange Call Center extensive experience in implementing and maintaining the knowledge databases our staff use to support the health and human services customers we serve. Our approach ensures that the online knowledge database will provide resources to help with inquiries, procedures, and referrals and assistance with the resolution of requests and processing of service requests. [REDACTED]



[Redacted text block consisting of several horizontal black bars of varying lengths.]

5.4.9.2 Maintenance of the Knowledge Database

Appendix B References #195 – 198, 200

After the KMS is established and implemented, reference materials are continually updated based on internal requests from the Call Center management, training, quality control or quality assurance teams, and external requests from Exchange stakeholders. For example, internal requests may be directed from quality control in response to questions about instructions or errors made by staff. External requests may come from the Exchange as a result of a change in policy or process. Having used KMS tools extensively in our projects, MAXIMUS has refined the use of these valuable tools as a mechanism for capturing and disseminating best practices as they are developed.

[Redacted text block consisting of several horizontal black bars of varying lengths.]

[REDACTED]

Content in the knowledge database can be maintained in user-specified templates. If desired, the template for request resolutions can include a field for flagging request types that could/should be resolved at Tier 1. Users of the system can then search for all requests that can be resolved at Tier 1.

[REDACTED]



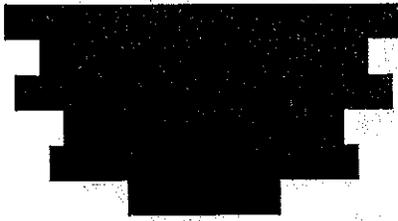
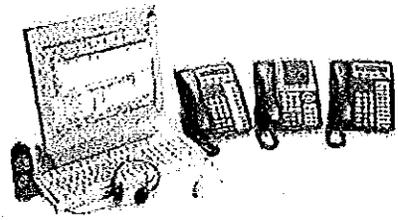
The content in the KMS is generally maintained as PDFs, thereby allowing portability. The PDFs, which can be downloaded to a PC or external storage device, will contain all knowledge elements pertaining to the management of the Exchange requests, including but not limited to data, request resolutions, classifications, and content.

5.4.9.3 Web Chat

Appendix B Reference #199

While MAXIMUS understands that a chat feature is not a near-term solution aspect of the Exchange Call Center, we believe that web chat is a valuable tool to enhance the consumer experience. In the remainder of this section, we describe our approach to supplying a chat feature for when this channel becomes available to the Exchange Call Center.

[REDACTED]



Our CCRs assigned to handle chat interactions would undergo extensive CCR and customer service training. In addition, they would receive specialized training on the type of skills needed for effective chat communications, including use of "canned" or pre-populated responses for general program questions that may be asked frequently by many web chat users, how to handle more personalized questions, especially as they may relate to protected communications of personal information, how to respond in clear and simple language that will meet the needs of the customer, how to determine what the customer is *really* asking, and how to quickly access information to provide consistent responses.

CCRs are often required to multi-task, and handling more than one chat session to maximize efficiencies is a skill that is also taught and practiced. This practice is in keeping with the industry standard that agents handle more than one chat session at a time given the delays while the agent is waiting for the person they are working with to type.

5.4.9.4 Frequently Asked Questions

Appendix B References #201 - 206

[REDACTED]

[REDACTED] MAXIMUS will work with the Exchange to provide approved formats that are efficient, easy to use, and easily accessible for consumers.

5.4.10 Operations Documentation

RFP Appendix B References #260 – 264

It is one of our best practices to maintain project documentation—for hardware systems, software applications, policies and procedures, training materials, safety procedures, business continuity and disaster recovery plan, security plan and procedures, quality plan, performance requirements, telephone call recordings, and other related operational information—in our web-based knowledge database. This allows authorized staff to quickly and easily locate information essential to their successful performance of Exchange Call Center activities, as well as have access to system documentation to support disaster recovery efforts.

Access to our knowledge database document repository will be provided to designated Exchange personnel and third-party vendors. Access may include requests for paper or electronic copies—such as a manual or a CD—as well as a secure login to the documentation area of our repository. Version control and tracking of updates are functions that are built in to our document repository.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Our document repository also helps us maintain a record of system, procedure, and policy changes for the Exchange Call Center. As part of our documentation maintenance strategy, we draw upon our best practices to inform change management and update procedures for the repository.

Our formal process for system changes and updates to corresponding documentation adheres to the change control process we describe in *Section 5.7.4: Change Management*. This process is intended to be consistent with any Exchange change management processes and policies. Once a systems change is successfully completed, we follow a standard process to revise the documentation:

- **Determine Requirements:** The assigned staff member works with the appropriate project staff and Exchange representatives to determine the requirements for the document change.
- **Update Documentation:** Working with the appropriate project staff, the assigned staff member determines the specific changes that he/she needs to make to the document and then makes those changes. This includes eliminating obsolete documentation.
- **Obtain Exchange Approval, as Appropriate:** For project-specific changes, MAXIMUS will submit a draft document revision to the Exchange for approval. We typically conduct a meeting in which we walk through revised documentation. If the Exchange does not approve the document revision but instead makes recommendations for alteration, the staff makes the requested changes and resubmits the document for approval. Upon approval, we will finalize the document and release it in a new version.
- **Perform Configuration Management Procedures:** We assign the revised document an updated revision number, based upon the level of revision, and update our configuration management tool with the revised number. We also update the revision history in the beginning of the document.
- **Post-Revised Document In Repository:** We will then post the revised document to the repository and alert authorized KMS users of the update.

Our operational approach for the Call Center is informed by best practices and standard operating procedures developed for similar MAXIMUS health services projects across the country. We present details on our service delivery at Comparable Call Center Operations in *Section 4.1: Responder Qualifications*.