



Landon State Office Building  
900 SW Jackson Street, Room 900-N  
Topeka, KS 66612

Department of Health  
and Environment  
*Division of Health Care Finance*

Phone: 785-296-3981  
Fax: 785-296-4813  
[www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)

Robert Moser, MD, Secretary  
Kari Bruffett, Director

Sam Brownback, Governor

**KanCare Implementation Activity:** Call Center Coordination

**Date updated:** Nov. 30, 2012

### **Overview**

The state and its contractors understand that good customer service and good customer experiences drive overall satisfaction and are critical elements to a successful program implementation. Every effort has been made to ensure that beneficiaries have access to the information they need in a timely manner and that the information provided is accurate. Multiple call centers are available to beneficiaries to access information by phone. All call centers are involved in coordinating access to information, and all call centers are toll-free to the beneficiaries. The State serves as the main point of coordination, to promote exchange of information and inform all calls of emerging trends, issues experienced and reported by the various centers. All together, a total of two hundred and twenty six (226) customer representatives and other resources ready to step in as needed are available to augment the planned staffing. Each of the center capacity and staffing levels are described below.

### **State's enrollment broker:**

The enrollment broker function is performed by the State fiscal agent. Prior to KanCare 24 lines were available to providers and beneficiaries. The call center capacity has been enhanced by the addition of twenty four (24) more lines for a total of forty eight (48) lines for the KanCare implementation. These lines are in place today and operational. Additionally, the other existing seventy two (72) phone lines within the fiscal agent have been moved from dedicated to leveraged circuits resulting in a total of ninety six (96) lines being available during implementation if needed.

Staffing consists of thirty nine (39) enrollment broker agents who assist callers with enrollment questions and facilitate enrollment transactions. Fifteen of these staff are temporary contractors who have been on board since September 2012 and trained to assist beneficiaries with enrollment questions. Fourteen of these staff are experienced fiscal agent staff who will temporarily support the enrollment center during the enrollment period. Ten of these staff are permanent enrollment broker staff. An additional twenty one (21) staff are prepared to step in to handle voice mails, and return calls as needed (10 of the staff are state staff and 11 enrollment broker staff). The additional staff is scheduled to provide support as long as necessary through the 90-day enrollment period that ends 3/30/2013.

### **Forecasted Call Volumes**

Based on our experience with the multiple MCO implementations for KMAP, we have forecasted increased call volumes to support beneficiary questions and enrollment. We have utilized our experience in Kansas with the multiple-MCO implementation from 2007.

Health Policy Oversight Committee  
Date: 12-6-12  
Attachment: 6

During the multiple MCO project, the enrollment broker experienced an overall 186% increase in call volumes above monthly averages in response to 90,000 packets mailed. The overall increased call volume of 46,496 calls between 11/2006 and 3/2007 equates to 52% of 90,000 packets mailed.

The following chart profiles the volume and percentage of increase beyond normal monthly call volumes during the 2006-2007 enrollment period for multiple MCOs.

	Normal Call Volume	Net Increase in Calls	Actual Call Volume	Increase Over Normal	% of Net Increase
Nov-2006	5,000	9,812	14,812	196%	21%
Dec-2006	5,000	18,953	23,953	379%	41%
Jan-2007	5,000	10,773	15,773	215%	23%
Feb-2007	5,000	3,691	8,691	74%	8%
Mar-2007	5,000	3,267	8,267	65%	7%
	25,000	46,496	71,496		

We have applied the historical trends displayed in the chart above to the populations to receive KanCare enrollment packets. This has allowed us to forecast an expected minimum call volume assuming the same response rate as previously experienced.

The following chart forecasts a call volume increase of 111,074 between 11/2012 and 3/2013 based on 52% of calls resulting from 215,000 packets mailed.

	Current Operations		Forecasted Increase		Total Projected		Increase %	% of Total Projected
	Call Volume	FTEs	Call Volume	FTEs	Call Volume	FTEs		
Nov-2012	10,000	10	23,440	23	33,440	33	234%	21%
Dec-2012	10,000	10	45,277	45	55,277	55	453%	41%
Jan-2013	10,000	10	25,736	26	35,736	36	257%	23%
Feb-2013	10,000	10	8,817	15	18,817	25	88%	8%
Mar-2013	10,000	10	7,805	10	17,805	20	78%	7%
	50,000		111,074		161,074			

The overall average of Total Projected FTEs is 33.8 for five months. The highest concentration of effort is between 11/1/2012 and 2/28/2013. Fewer FTEs will be needed as we get closer to the end of the choice period.

Call stats are monitored real-time using Avaya CentreVu as well as trend volumes daily, weekly and monthly to allocate staffing resources. Reduction in staffing resources will not occur until volumes have trended downward and the state is confident that service levels will not be jeopardized. Additionally, the State and the enrollment broker have the ability to listen to recorded calls real-time or by requesting a particular call be pulled from the archives. The phone system provides performance statistics and those are reviewed daily, weekly and monthly. As is standard during any implementation, the state will receive more frequent snapshots of call performance (daily) during the earliest days/weeks of the enrollment period.

### ***Aging and Disability Resource Center (ADRC):***

The ADRC call center is a toll free, 1-800 number that is answered "Aging and Disability Resource Center" and has the capacity to transfer calls internally within the ADRC network and is able to connect callers directly to other agencies, emergency services, and hard-to-reach organizations without requiring the caller to place a separate call (warm transfer). This call center is able to link consumers with needed services and supports, both public and private through appropriate referrals to other agencies and through a service called Options Counseling. There ADRC call center has five (5) staff. Each agent can take calls and the system allows for 10 additional calls to be in the queue (which is waiting status) until the next agent is available. This allows for 15 calls at any one time. In addition to this each local ADRC is available for walk-ins and calls at the local level.

Hewlett Packard is running the Benefit Enrollment Center for KanCare questions. HP is collaborating with KDADS and the ADRC call center to provide a resource to callers who need further assistance over the phone, or face to face, with choosing their KanCare plan or decision making support with the caller's long term services and supports. HP and the ADRC call center are working directly together to make sure that the ADRC will call the member back if the member does not have the ability to call the ADRC on their own, or do not want to be referred to another 1-800 number.

In regards to monitoring the call center, KDADS created a standard Information, Referral and Assistance form which is utilized in an electronic web application by the ADRC call center. This web application is filled out by the call center staff, but can be easily passed on to the caller's local ADRC so that the local ADRC already has important information on the caller's needs without the caller having to explain their story twice. KDADS will monitor the contacts on the web application and implement a quality assurance program to ensure that the caller's needs were met in the method that best fits the caller.

### ***MCOs:***

#### **► UnitedHealthcare:**

To ensure that United Healthcare has adequate staffing levels during the first six months, staffing level exceeding the operational staffing requirements have been put in place. The table below details call volume forecasts as well as required and actual planned staffing levels:

Location	Data	01/01/2013	02/01/2013	03/01/2013	04/01/2013	05/01/2013	06/01/2013
<b>Kansas Member Services</b>	ASA Goal	14	14	14	15	14	13
	Forecast Calls	18,009	13,882	13,631	14,314	13,522	12,416
	Forecast Average Handle Time	338	338	335	338	338	338
	Forecast Occupancy	64.34%	61.36%	59.05%	58.64%	58.45%	58.17%
	Forecast Availability	70.00%	69.00%	69.00%	69.00%	69.00%	69.00%
	Forecasted Required FTEs	22	19	19	19	18	18
	Planned Actual FTEs	27	26	26	25	24	24
	Planned Monthly Net Staff	4	7	7	6	6	6
<b>KS Contact Rate</b>							
Member		210.03	148.15	124.14	121.58	110.46	110.23
<b>KS Membership</b>							
Member		111,722	111,726	111,723	111,731	111,735	111,740

- Total estimated calls during January: 18,009
- FTEs required to support total call volume while answering member calls in 14 seconds or less: 22
- Total FTEs within the United Healthcare Member Services team: 27

United Healthcare will also have available a team of 11 additional member services agents available to take member calls if the call volumes exceed the forecasted levels.

United Healthcare's staffing model is based upon factors such as anticipated call volumes, average handle times and performance requirements. To plan appropriate staffing levels, United Healthcare compares actual and forecasted performance. United Healthcare does not impose maximum call duration limits but rather allow call length to meet the KanCare members' needs. United Healthcare is committed to meet the performance standards set by the State of Kansas.

To forecast call volume for new customers, UnitedHealthcare's National Operations Center (NOC) identifies similarities with other markets that it serves. Then, the forecasted volume is adjusted based upon the KanCare unique product and market requirements. Once the local health plan goes live, United Healthcare continues to monitor call volume and adjust staffing levels to address member needs and to meet or exceed contractual performance requirements.

Staffing levels are also based upon the product type for KanCare including delegated services like dental and vision. United Healthcare has a process in place that uses the membership numbers to help adjust the staffing based upon the unique needs of the population. Staffing levels determined specifically for KanCare are based upon:

- Expected membership
- Product types
- Benefits offered
- KanCare contractual requirements
- Data input within staffing model, which has evolved from experience in numerous types of markets to determine staffing levels
- After go-live staffing model is adjusted based upon real data (versus estimates) to determine any adjustments needed to maintain compliance metrics
- UnitedHealthcare uses the information above relating specifically to KanCare as well as experience in similar markets to estimate:
  - Contact rate (expected volume of calls)
  - Average handle time (average length of calls)

Sophisticated forecasting tools allow for planning of peaks and valleys in call volume. Real-time reports on call queues are maintained to shift resources as needed to ensure optimal customer experiences. United Healthcare utilizes IEX call center technology to manage the flow of all incoming calls to the call center. Additionally, the Services Center Management system facilitates the routing of incoming calls to ensure timely and accurate response to member and

constituent inquiries. Utilizing automatic call distribution (ACD), interactive voice response (IVR) skill-based and priority routing, incoming calls are directed to the most appropriate member services representatives. The system also allows management staff to balance workload among member services representatives on a real-time basis and facilitate transfer of callers to other health plan staff to address a specific issue or concern, as appropriate. Finally, the work force management team tracks call volume by 15-minute intervals and reports on key metrics daily, weekly and monthly, to ensure a positive experience for the members.

The below table outlines at what capacity the United Healthcare Kansas Member Services team will leverage additional resources to continue to meet the Kansas's compliance metric requirements.

Thresholds	Cross Utilization Tier Definitions	Playbook Tactics Prior to Cross Utilization	Decision Contact
Tier 1	Run rate is now between 83% and 85.99%	Cancellation of Offline Activity	1. Work Force Management 2. Call Center Operations
		Overtime/Extra Hours	1. Work Force Management 2. Call Center Operations
Tier 2	Run rate is now between 86% and 89.99%	SME Support	1. Work Force Management 2. Call Center Operations
		CRG Support	1. Work Force Management 2. Call Center Operations
		Supervisor Support	1. Work Force Management 2. Call Center Operations
		Training Support	1. Work Force Management 2. Call Center Operations 3. Training and Development
		Quality Support	1. Work Force Management 2. Call Center Operations 3. Quality

**Service Level Goal:** The service level goal for the Kansas Member Inbound Call Center is to answer 80% of member calls within 30 seconds or less while maintaining an abandonment rate less than 5%.

**Service Level:** The percent of calls answered in 30 seconds or less while maintaining an abandonment rate less than 5%.

**Run Rate:** The Service Level adjustment required to meet the Service Level Goal.

**Example:** At 10:00 AM, the Member Inbound Call Center is running a 75% Service Level and Community Plan is not meeting the Service Level Goal. A Tier 1 adjustment will be applied to the Member Inbound Call Center requiring Call Center Professionals to meet an 83% Service Level, allowing them to meet the overall Service Level Goal of 80%. (Run rate is the service level we would have to hit to pull us back up to the Service Level Goal)

► **Amerigroup:**

The call management reporting platform in place utilizes Avaya's High Availability CMS r15 platform. All call management data is mirrored on two separate servers that are geographically distanced. This centralized platform can be used for reporting of the following:

- Agent performance metrics
- Skill (Line-of-business) performance metrics
- Trunking metrics
- Contact Center performance metrics

**IVR**

Amerigroup utilizes an Avaya custom application, and Nuance speech recognition technology to support calls directed to our Member and Provider toll free numbers. The application supports self service functions in English and Spanish for Members and English for Providers 24/7. Calls are also routed based upon choices made within the application. CTI technology is enabled in the environment allowing the customer's information to "pop" up on the associates desktop if the Member or Provider fully authenticates themselves within the IVR application. Amerigroup has systems in its Virginia Beach and Tampa Florida locations to load balance calls as well as to provide redundancy for disaster recovery purposes. Upgrades for the application, speech recognition services, and hardware have all been completed in the last 9 months.

**Member self service functions:**

- Find a Doctor or PCP
- Member Status
- Get an ID Card
- Get a Provider Directory
- Change Address or Phone
- OTC
- Assisted Devices

**Provider self service functions:**

- Member Status
- Pre-certifications
- Claims

**Virtual Hold:**

This technology allows the business to offer members and providers the option to be called back if the expected wait time to speak to a live agent exceeds a threshold set by the business. The customers are in essence "in line" in the call queue until an associate becomes available, unless they choose to set the call back for a particular time. Both options are left up to the customer if they decide to utilize this option. Thresholds can be set at the call queue level.

**Call Recording:**

Amerigroup currently utilizes two different call recording solutions. One, CSCM (Contact Store for Communication Manager) is a Verint application designed to work specifically in the Avaya environment to provide compliance level (100%) recording and storage. The second solution used to record calls is on the Verint Impact 360 platform. These calls are utilized by the Contact Centers to perform quality monitoring and evaluation.

**Telephony System Architecture Summary:**

The Telephony system in place at Amerigroup provides best-in-class performance and redundancy. The primary voice system is based on the Avaya Communication Manager 5.x design. To prevent platform issues, Amerigroup routinely reviews manufacturer updates, and applies them as necessary. Each location is designed with high-redundancy in mind and each site can function in a stand-alone mode if needed. Additionally, trunking capacities and PSTN redirection methods are employed.

For example, Amerigroup employs some of the following redundancy/failover methods:

**System wide**

- There are 11 backup Telephony-control servers geographically dispersed throughout the Enterprise
- The primary Telephony control is shadowed by two servers for smooth failover in the event of primary control server failure
- All voice traffic is prioritized for travel across the network to prevent voice quality issues
- Extensive monitoring in place for voice quality, as well as system health

**Local Resources**

- Each gateway device has redundant control interfaces
- DSP (voice processing) capacity is designed to allow for multiple card failures to occur and still maintain full capacity for each gateway
- Every location has the ability to operate in stand-alone mode should connectivity be lost
- Trunking methods in place to mitigate bandwidth exhaustion
- Bandwidth for each site is carefully designed, with consideration on future growth

**Trunking**

- Each site has local trunking
- Toll-free trunking has redundant system entrances
- Toll-free numbers automatically re-route based on trunk failures

Amerigroup understands that good customer service and good customer experiences drive overall satisfaction. Therefore, Amerigroup creates very extensive and detailed staffing models to ensure that we have enough trained resources to handle projected call volumes. The table below details the monthly projected member call volume, average handle time, and forecasted staffing requirements.

Kansas Membership	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
	122,507	122,507	122,507	122,507	122,507	122,507

**Calls Per Member Per Month (CPMPM):**

English CPMPM	0.2781	0.2575	0.2113	0.2219	0.2007	0.2113
Spanish CPMPM	0.0051	0.0048	0.0037	0.0034	0.0039	0.0037

**Projected Call Volume**

English Volume	24,794	27,078	22,295	23,492	21,316	22,518
Spanish Volume	457	499	387	365	412	390
TOTAL	25,251	27,577	22,681	23,857	21,728	22,909

**Forecasted Average Handle Time (AHT)**

English AHT	394	394	394	387	387	409
Spanish AHT	535	535	535	527	465	613

**Service Level Goal**

80/30	80/30	80/30	80/30	80/30	80/30
-------	-------	-------	-------	-------	-------

**Projected Member Services Staff Need**

English Reps	34.08	39.08	30.64	30.27	27.47	33.74
Spanish Reps	6.44	7.38	5.44	4.83	4.81	6.61
TOTAL	40.52	46.46	36.08	35.10	32.28	40.35

**Planned FTEs Supporting Kansas Member**

90	90	90	90	90	74
----	----	----	----	----	----

Amerigroup has learned that members new to managed care and/or Amerigroup typically call more often in the first 60 days than normal. In order to accommodate that expected increase in call volume, Amerigroup has increased the projected calls per member per month for January and February. Experience shows that call volume begins to normalize in approximately 60 days.

In addition to the 60 Customer Care Representatives who will work in the Kansas location, Amerigroup will also have 30 member representatives in other locations designated for Kansas overflow. Amerigroup also has over 600 representatives trained on member services in its other 6 locations that can be leveraged if it has a business continuity threat.

Amerigroup technology allows it to flow calls among all of its call centers as necessary, creating one virtual call center. This capability allows Amerigroup to be nimble in responding to unexpected call volumes, such as during implementation phases or during service interruption at any call center due to natural disasters or other business continuity events.

Amerigroup's staffing model is based upon factors such as:

- Expected Membership
- Product type/Mix
- Historical experience with similar product contact rates (Calls Per Member Per Month)
- Abandon Rates
- Hours of Operation (8-5p central)
- Average Handle Time
- Call Arrival Patterns
- Seasonality
- Shrinkage (Time for meetings, refresher training, time off, etc.)
- Kansas Specific Contractual Obligations

However, a forecast is just that, a projected call volume. There are many factors that could increase or decrease the actual volume received. Therefore, Amerigroup has a centralized Workforce Management Team that serves as its call center "air traffic controller". This team monitors call volumes, length of time to answer, abandonment rates, and is 100% committed to ensuring Amerigroup meets all performance guarantees detailed in the KanCare RFP. This team will recognize if call volumes received are over or under planned and will make real time adjustments to accommodate as needed.

#### ► Sunflower Health Plan:

##### Call Center Operations – Location and Staffing

Sunflower State's Call Center operations will be located in Lenexa, KS. Our Member and Provider Service Representatives will be available from 8 a.m. – 5 p.m. Central Standard Time, Monday-Friday, with after-hours support provided by NurseWise, our 24/7 nurse advice line. Based on current membership projections, our local Call Center is staffed with:

- Director, Member and Provider Services
- Management Team Members - Call Center Manager & Work Force Analyst
- Customer Service Trainer and Dedicated Quality Coach
- Member Service Representatives
- Provider Service Representatives



Sunflower State Health Plan	Monthly Variable	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
	Projected Monthly Call Volume	21,120	18,520	15,120	15,600	12,600	12,600
	Projected Average Handle Time (Seconds)	360	360	330	330	300	300
	Forecasted FTE Requirement	20	17	15	15	13	13
	Primary Staffing	24	22	17	17	16	16
	Secondary Dedicated Staffing	9	9	9	9	9	9
	Total Staffing	33	31	26	26	25	25
	Overage/Additional Capacity	13	14	11	11	12	12

In addition to the local team in Kansas, Sunflower will leverage the technology outlined below for both call volume overflow as well as disaster recovery/redundancy capabilities. The company's Georgia and Missouri Service Centers have been designated as primary support sites should the capacity exceed anticipated volumes in Kansas, such as during the initial go-live period and/or if we would need to enact our disaster recovery plan.

Sunflower's Call Center team serves as a critical link between our Customers and timely, accurate information about health services. Its team will manage operations in accordance the following contractual requirements:

- 100% of incoming and outgoing calls must be documented
- 99% of calls will be answered by an individual or an electronic device without receiving a busy signal
- 95% of all calls, whether incoming or outgoing will be placed on hold for no more than one minute
- 90% of calls answered will be resolved during the initial contact
- 100% of calls left on voice mail during or after working hours will be retrieved and returned within one (1) business day
- 80% of calls will be answered in equal or less than 30 seconds
- Average speed for answering calls will be equal or less than 30 seconds
- Call abandonment rate equal or less than <4%

*Telecommunications Layer - Architecture Designed for 24 by 7 by 365 Operations.*

Centene's telecommunications hardware is the Avaya IP Telephony platform with Dual S8800 Media Servers in an enterprise data center. These servers are capable of failing over to a redundant pair of Avaya S8800 Enterprise Survivable Servers (ESS). ESS servers are active, redundant systems, installed at our Secondary Datacenter for back up and disaster recovery. One or more Avaya G450 Media Gateways provide local connectivity at remote offices for analog, digital, and IP endpoints. The G450 Media Gateway also provides ISDN-PRI trunk modules for local access to the Public Switched Telephone Network (PSTN). Avaya Communication Manager (CM) delivers world-class call routing and feature rich applications. Automatic call distribution (ACD) and advanced vectoring technology support our health plans. Avaya CM provides the ability to support remote IP agents, allowing maximum flexibility for distributing call agent workload as well as supporting disaster contingencies. The company's managed private IP Multiprotocol Layer Switching (MPLS) backbone is deployed in a fully meshed topology with vendor diversity, connecting our field offices and specialty company telephone systems using Voice Over IP (VOIP) technology, and providing multiple routing paths for high volume and emergency conditions. The voice network consists of dedicated local Primary Rate Interfaces (PRIs) and analog lines provided by the Local Exchange Carriers (LECs) and long distance PRIs that carry outbound toll and incoming

toll free calls provided by Verizon Business. Call center prompts on the toll-free numbers for member, provider, and medical management services will be designed using the Avaya Voice Portal IVR platform.

Continuity of Call Center Services to Providers, Members and state partners. In the event of a natural disaster or pandemic, all business functions that rely on the telecommunications system have *top priority*, specifically member and provider call centers. The company has engineered several levels of *redundancy* in phone system hardware, software, and networking, with automated rerouting of inbound calls to other Centene call centers in the event of a communications failure for any one of its call centers. If an emergency event were to disable any of the offices, the Business Continuity Plans (BCP) call for phone lines to be transferred to an alternate call center, or to NurseWise, the after-hours call center, to ensure continuity of service. Staffing needs at the alternate call center are reviewed at the time of the emergency and, if needed, additional staff is called in to address any increase in call volumes. In 2012, Centene addressed all incidents that threatened our telephone-based functions without any material impact on operations. This includes severe winter weather that took down telephone lines and transformers in the Southeastern and Eastern regions; rolling power outages that impacted our Texas locations; potential tornados and flooding affecting our offices in Mississippi; and several other less dramatic events.

Interactive Voice Response (IVR). Our Avaya Voice Portal IVR platform with voice recognition capabilities and Avaya Communication Manager (CM) Version 6, will allow callers (strictly at their option should they choose to not talk with a live operator) to use an automated and secure self-service telephonic features and to select or speak menu choices and identification information, to receive information over the phone via IVR in automated fashion, and/or to direct their call accordingly to the appropriate live person or queue to be answered by qualified staff. In addition to options to directly speak to a staff representative, our IVR has systematic options for such services as eligibility and claims status. In this way the company blends the speed of automation for those who prefer that to immediate access to a live person.

**Figure: Enterprise Telephony Network.**

