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## AGENDA ITEM

For Possible Action

Information Only

**Date:** August 13, 2015  
**Item Number:** VII  
**Title:** Update on Consumer Assistance Center

### PURPOSE

The purpose of this report is to provide information to the Board and public on updates to the Consumer Assistance Center metrics and activities.

### CONTENTS

<a href="#">PURPOSE</a> .....	1
<a href="#">CONTENTS</a> .....	1
<a href="#">METRICS</a> .....	1
<a href="#">ISSUES</a> .....	4

### METRICS

Metrics are tracked and logged using a compilation of data gathered from both the Call Management (CM) System and the Customer Relations Management (CRM) tool. The CM System provides the Exchange with information on call volume, wait times and specific staff activity while the CRM is a case management tool used by the ECAC staff to log detailed case and consumer information.

As shown below, the ECAC has experienced a significant drop in call volume since the beginning of its operations in late April and May. This can be attributed to a reduction in Xerox related matters that declined once many of the operations were fully transitioned from Xerox on

to the Exchange. Despite a reduction in ECAC staff, average hold times have remained steady and low by industry standards.

Table 1 below illustrates CM System call statistics received during the month of July 2015.

Table 1:

**July 2015**

Day	Calls	Avg. Hold Time
1-Jul	128	0:36
2-Jul	90	0:12
6-Jul	155	1:38
7-Jul	109	0:47
8-Jul	110	0:05
9-Jul	99	0:33
10-Jul	84	0:09
13-Jul	145	0:38
14-Jul	131	0:13
15-Jul	111	0:28
16-Jul	94	1:14
17-Jul	99	0:34
20-Jul	141	0:14
21-Jul	116	0:13
22-Jul	104	0:10
23-Jul	112	0:19
24-Jul	105	0:10
27-Jul	136	0:24
28-Jul	124	0:22
29-Jul	121	0:26
30-Jul	98	0:17
31-Jul	91	0:40

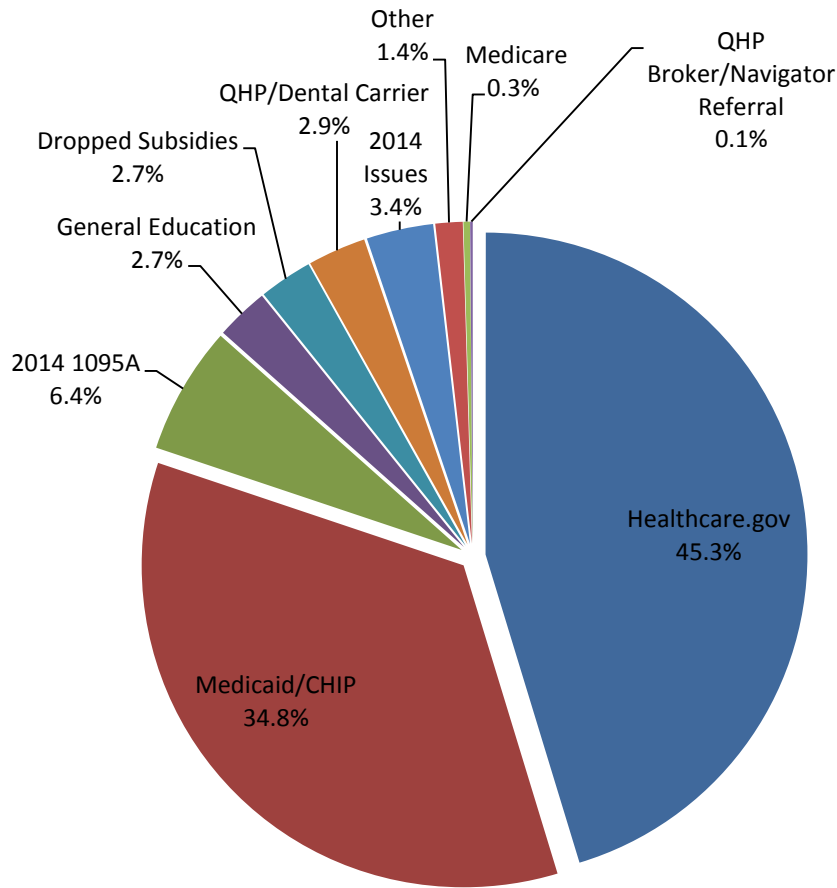
Table 2 below is information gathered directly from the CRM. The data is based on information that is collected from the ECAC staff on consumer issues. As illustrated below, the majority of the calls that come into our center are either Medicaid or Healthcare.gov related. While Medicaid calls are redirected (in many cases with assistance from ECAC staff) to the Division of

Welfare and Supportive Services (DWSS) call center, the majority of Healthcare.gov calls receive a Nevada centric layer of assistance from the ECAC staff. Due to Nevada's unique situation as an SSBM state, consumers have found it helpful to be assisted by the call staff in the expediting and resolution of issues in the marketplace. Additionally, it has enabled the Exchange staff to identify and analyze new or potential concerns that have affected or may affect Nevada consumers.

Table 2:

July 2015

### Exchange Consumer Assistance Center Incoming Call Categories



**ISSUES**

Unfortunately, consumer resolution related to 2014 plans managed by Xerox, continue to be a priority of the Exchange. As can be seen in table 2, approximately 10% of calls are related to 2014 issues in terms of tax documents, refunds or coverage date complications. The Division of Insurance (DOI), with assistance and support from the Exchange, has absorbed many of the complaints associated with QHP coverage or financial matters. Consumers have been contacted by the ECAC staff and are being directed to file complaints through the DOI. The Exchange and DOI meet regularly to discuss and move toward a final resolution for outstanding consumer complaints.

1095A corrections make up the remainder of the 2014 backlog. Following the successful transition of data that occurred in early July, the Exchange staff began to process approximately 130 known 1095A correction from cases that had been identified through our ECAC. All corrections are expected to be complete by the end of August.