



# Silver State Health Insurance Exchange

2310 S. Carson Street, Suite 2, Carson City, NV 89701 • T: 775-687-9939 F: 775-687-9932

exchange.nv.gov

For Possible Action

Information Only

**Date:** September 10, 2015  
**Item Number:** VI  
**Title:** Update on Exchange Consumer Assistance Center

## PURPOSE

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

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## 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.

Table 1 below illustrates CM System call statistics of all calls and all abandoned calls from April 16, 2015 through August 31, 2015. Data from August 4, 2015 has been excluded due to a power outage.

Table 1:

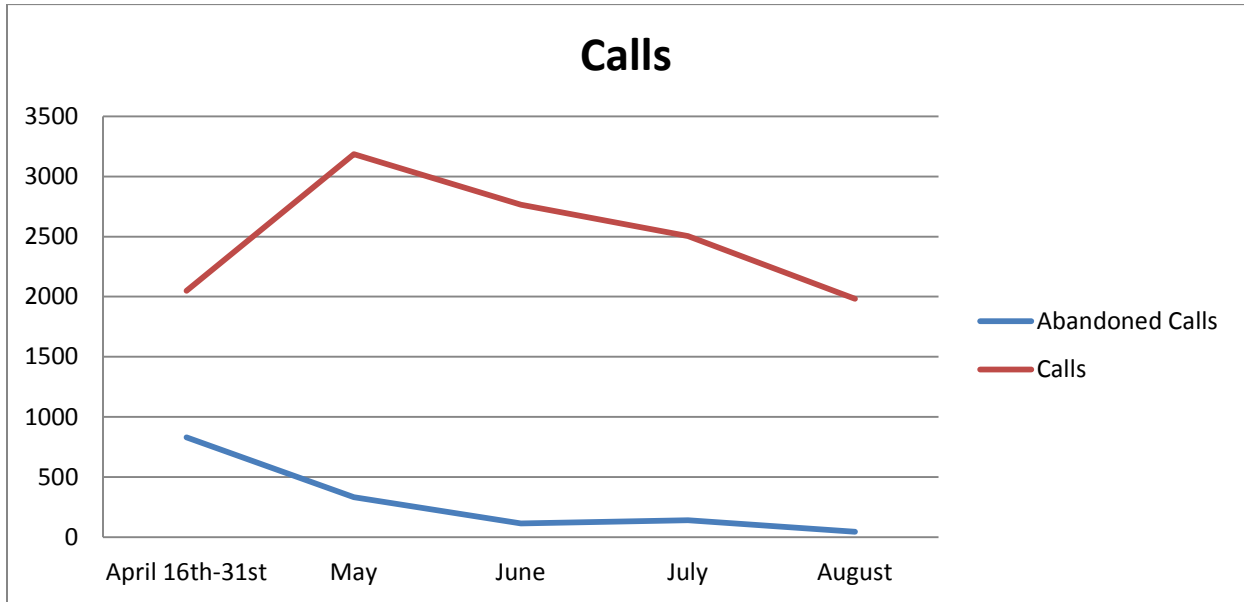


Table 2 illustrates CM System data and shows the percentage of abandoned calls and percentage of answered calls from April 16, 2015 through August 31, 2015. Data from August 4, 2015 has been excluded due to a power outage.

Table 2:

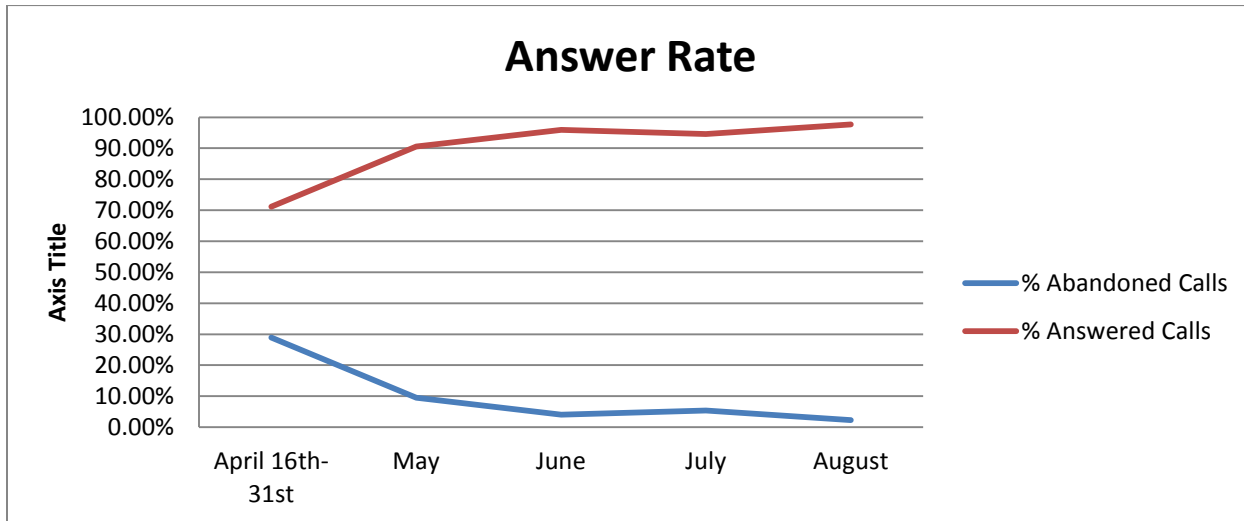


Table 3 illustrates CM System data and shows average abandoned call times, average hold times, and average time spent on calls from April 16, 2015 through August 31, 2015. Data from August 4, 2015 has been excluded due to a power outage. The Exchange tested the CM System in the month of July to determine why calls were being abandoned, thus the increase in abandoned calls in July. The testing was to replicate calls that were coming in before 5:00 pm that would then

stay on the line for long periods of time. New procedures were put into place to ensure that no consumer will be left on hold after hours.

Table 3:

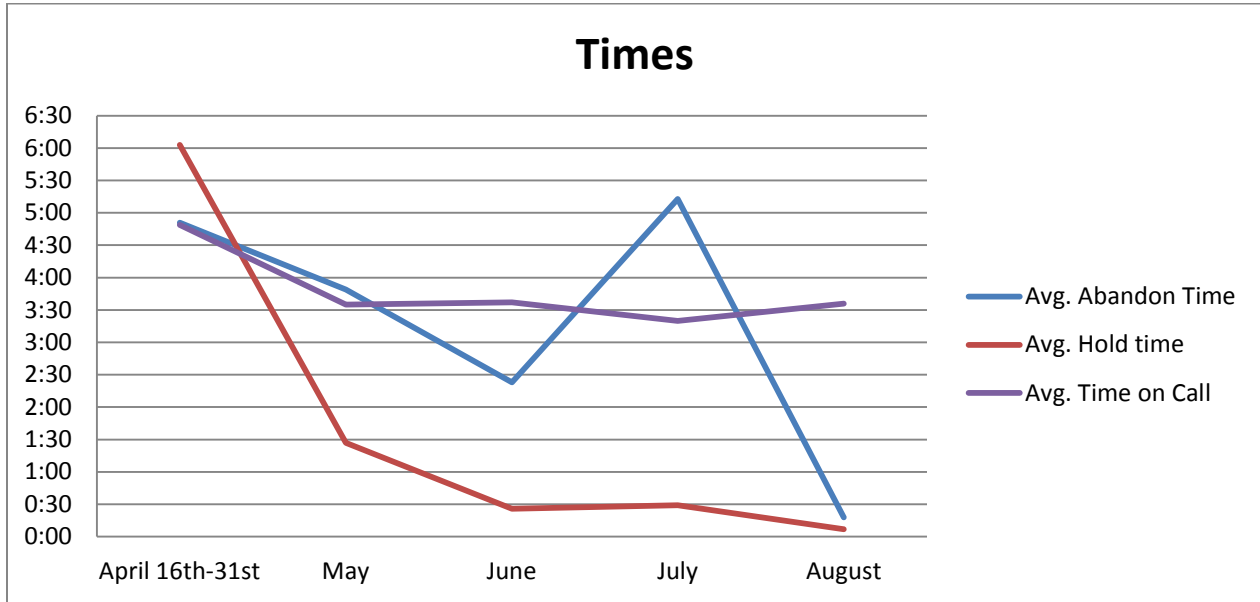


Table 4 is information gathered directly from the CRM. The data illustrates all of the consumer calls that the ECAC has received from inception on April 16th through August 2015. The majority of the calls that come into the center are either Medicaid or Healthcare.gov related. While Medicaid calls are 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 4:

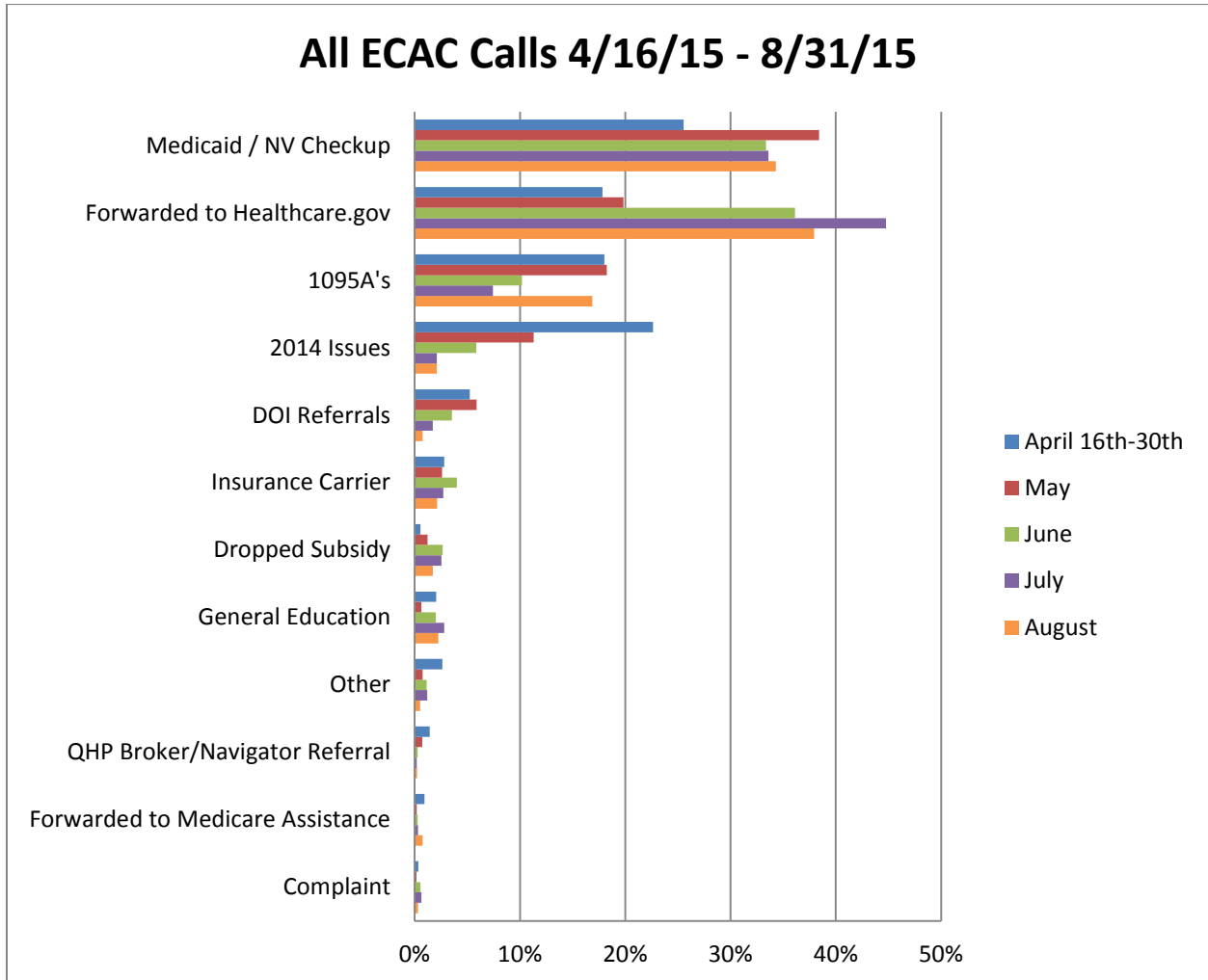
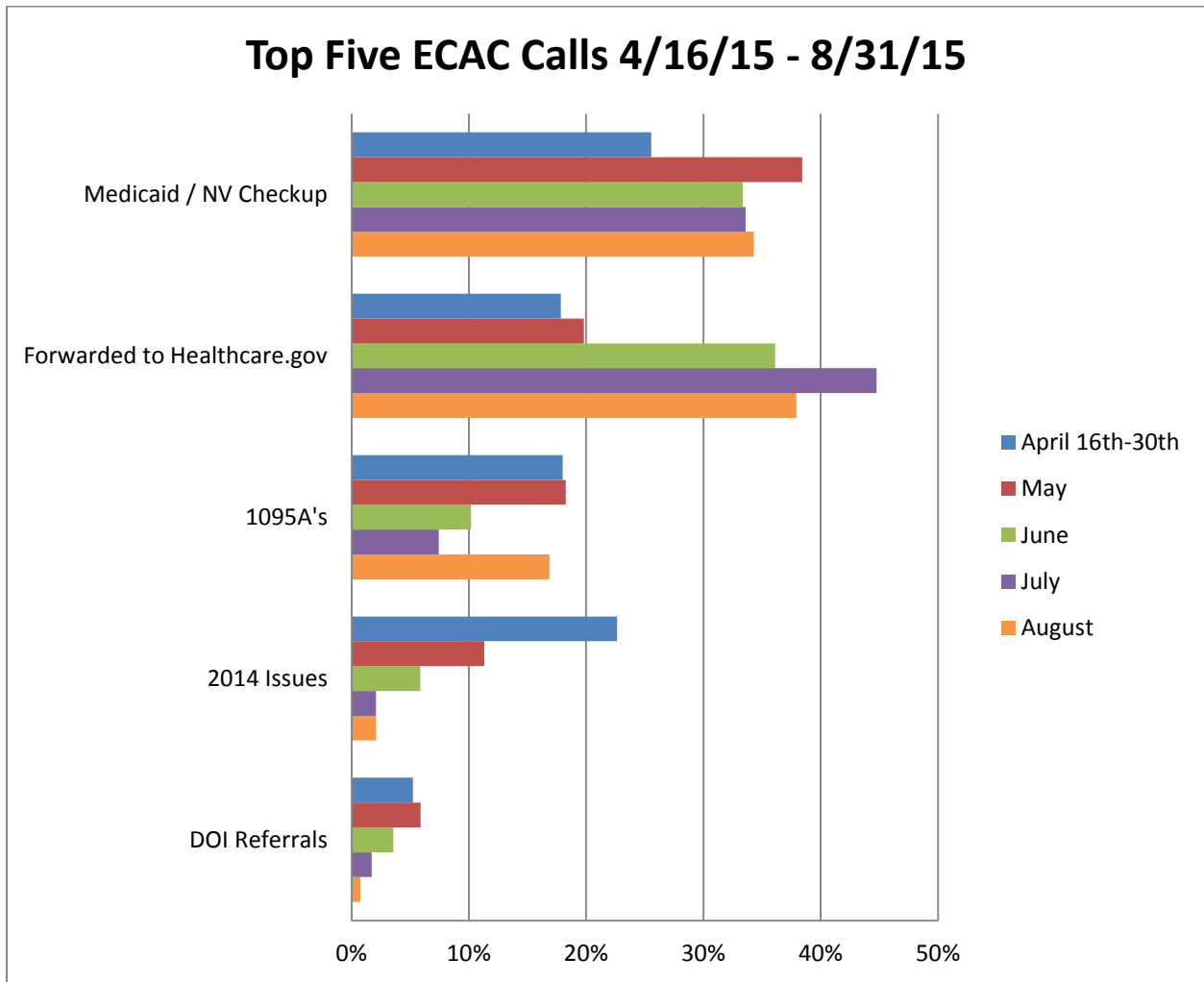


Table 5 illustrates data from the CRM and shows the top five (5) topics of calls received by ECAC staff from April 16, 2015 through August 31, 2015.

Table 5:



### **OTHER ITEMS**

The Exchange continues to work with the Division of Insurance (DOI) to resolve outstanding consumer complaints related to 2014 plans which were managed by Xerox.

The Exchange has resolved almost all of the 1095A corrections. Four (4) remain in process between The Exchange and IRS.

The Exchange continues to work closely with CMS regarding consumers who experienced documentation submission issues and thus lost their subsidies or who were disenrolled for non-payment.