

Minnesota Department of Human Services Phone Line Report

Health Care Eligibility and Access Division

Disability Services Division

February, 2013



Minnesota Statutes, Chapter 3.197 requires that the cost of preparing a report to the Legislature be reported at its beginning. Approximately \$350.00 in staff salaries, printing and distribution was spent to produce the MinnesotaCare Help Line Report; while \$310.00 was spent to prepare the Disability Linkage Line® Report.

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Minnesota DHS Phone Lines Report

Introduction

This report is prepared pursuant to Minnesota Statutes, Section 256.01, Subdivision 31, reporting on the consumer experience in the use of helplines. This report contains information about both the Department of Human Services(DHS)' MinnesotaCare Program Helpline and the DHS Disability Linkage Line® including background on methods used to evaluate the phone service provided, recently implemented initiatives to improve customer service, and plans for future initiatives to enhance the effectiveness of the phone lines.

MinnesotaCare Program Helpline; Data and Evaluation

The MinnesotaCare Program Helpline utilizes a 24/7 Interactive Voice Response (IVR) system for all its incoming calls. Customers are able to navigate through the IVR system for general program information as well as information specific to their case. The IVR menu includes an option for customers to speak to an agent. If customers opt to speak to an agent, the call is routed to the MinnesotaCare Automatic Call Distribution (ACD) line where agents are available to assist them.

In calendar year 2012, the MinnesotaCare Program Helpline received an average of 83,553 IVR calls per month, an increase of 49.8% from calendar year 2011, with an average of 27,132 calls routed to the ACD line. Of those ACD calls, an average of 72% connected to an agent, while 28% disconnected their call prior to reaching an agent. The average time a customer waited before connecting to an agent was 10:39 minutes.

Beginning September 12, 2012, the MinnesotaCare ACD line temporarily shortened its hours of operation from 8:30 a.m. – 4:00 p.m. to 12:00 p.m. – 4:00 p.m. This action was taken to assign additional staff to processing applications and renewals; MinnesotaCare applications increased by 13% and Minnesota Family Planning (MFPP) applications by 10% in calendar year 2012 — equating to monthly applications increases of over 10,000. In order to meet the statutorily required application processing timeline of 30 days for MinnesotaCare and 45 days for the MFPP, Helpline phone agents were temporarily re-assigned to processing applications and renewals between the hours of 8:00 a.m. to 11:00 a.m. daily. Effective January 24, 2013, Helpline agents hours were partially restored to 10:00 a.m. – 4:00 p.m. Monday through Friday excluding holidays as application processing was within required timelines. The partially restored hours will provide improved customer access to Helpline agents while maintaining statutory application processing requirements.

To ensure optimum services for customers calling the MinnesotaCare Program Helpline, several factors are considered and monitored daily:

- The number of agents needed daily to handle the potential incoming ACD calls—ensuring the availability of an adequate number of agents ensures that the calls are answered promptly.
- The scheduled time an agent must log-in and out of the ACD line. This ensures the appropriate numbers of agents that are required to be logged in are ready to answer the incoming calls.
- The scheduled time an agent is to take lunch and breaks to adequately provide phone coverage during the lunch hours and busy times during the day.

- Each agent's performance to ensure availability and that calls are being answered and handled appropriately.

Note: In addition to calling the MinnesotaCare Program Helpline, customers may visit the MinnesotaCare office in person to make program premium payments and/or meet with an agent between 8:30 a.m. – 4:30 p.m. each working day.

Recent Improvements

The contact center recently improved the process of tracking calls from customers. The manual process of agents creating a ticket for each call is now automated. When a call routes to the agent, the ticket automatically pops up for the agent to complete. If the caller entered his/her case number and/or personal identification information into the MinnesotaCare IVR system, the client's information will be pre-populated on the ticket. This automation process provides efficiencies and ensures all calls received are tracked and documented.

In addition, the ability for supervisors to perform call monitoring was implemented on December 26, 2012. The call monitoring function allows supervisors to coach the phone agents on areas that need improvement and provide positive feedback on calls well handled, ensures that correct program policy information is being related to the caller, in addition to identifying future training needs.

Future Improvements

The initiatives below are efforts to enhance efficiencies and effectiveness of the MinnesotaCare program helpline to better serve customers:

- Continue to explore methods to measure customer satisfaction.
 - This may be in the form of real time or call back surveys to customers.
 - The recent implementation of the call monitoring capabilities will provide valuable information on identifying phone agent training needs for policy, communication and customer service skills.
- Develop and assess First Call Resolution (FCR) performance.
 - We currently use the call tracking technology to assess the number of times a customer needs to contact us regarding the same issue. We hope to develop time saving ways of analyzing this data to enable us to improve communication with our customers.
- Explore new IVR and call center technology and trends that can increase efficiency and improve the consistency and accuracy of information provided to customers.
 - Work on this initiative is ongoing and dependent on Department wide priorities.
- Develop an online Knowledgebase and Customer Contact Center Procedure Manual for agents.
 - Data is being collected via the call tracking database. This information will be compiled and used in the online Knowledgebase program.
 - Information to be included in the Contact Center Procedure Manual is being compiled on an ongoing basis and then shared with staff via an internal SharePoint (web) site.

- Provide ongoing customer service training for agents including in-person training, workshops, and presentations.

Disability Linkage Line®

Disability Linkage Line® is a free, statewide information and referral source for disability-related questions available through 1-866-333-2466. Formed as part of the federal Medicaid Infrastructure Grant, Disability Linkage Line® makes up one partner in the MinnesotaHelp Network with the Senior LinkAge Line® and Veterans Linkage Line™.

Disability Linkage Line® operates during regular business hours, Monday through Friday 8:30 a.m. to 5:00 p.m. Voicemails are accepted 24/7. Calls are answered by trained options counselors who receive a Certification in Information and Referral Services (CIRS) by the Alliance of Information & Referral Systems (AIRS), the non-profit organization that oversees information and referral services.

Data and Evaluation

The Disability Linkage Line® and the other partners in the MinnesotaHelp Network utilize a 24/7 integrated call distribution and messaging system (ACD) called Revation for all its incoming calls. The system provides triage to send callers to appropriate subject matter experts or options counselors during special initiatives or other requests for information. All callers speak with an options counselor either by waiting in queue or leaving a voicemail message that is returned. Each call is automatically routed to available options counselors located at four regional sites throughout the state.

In calendar year 2012, the Disability Linkage Line® received 66,640 calls, an increase of 50% from calendar year 2011. In 2012 the Disability Linkage Line® system received increases in calls as a result of the roll out of Special Needs Basic Care. These surges caused a higher than average hold time of 12:18 minutes.

Callers participate in customer satisfaction surveys. Of those who responded, 100% said they would recommend Disability Linkage Line® to a friend; 98% reported that the information they received was helpful; 69% of respondents noted they connected directly to an options counselor; and 28% left a voicemail message returned within one business day.

Customer Needs and Inquiries

In 2012, Callers asked most frequently about health insurance coverage (n=45,594). The next most common question regarded public benefits (n=4,280). Other cited problems and needs included financial assistance (n=2,606), legal/advocacy (n=2,508), housing/shelter (2,244), individual and family supports (1,757), and employment/volunteering (n=1,401).

In 2012, people with disabilities were automatically enrolled into a SNBC plan or had the choice to opt out. Disability Linkage Line® served as the point of contact for questions in either opting out or choosing a plan. Of the 45,594 health insurance counseling topics discussed with callers, 18,005 (39%) were related to SNBC. Disability Linkage Line® also provides support for Medicare Part D enrollment. 4,531 (9%) of the health insurance problems/needs were associated with Medicare Part D in 2012.

Disability Linkage Line® provides support to people interested in exploring work to increase income or access to health care. In 2012, work was discussed 2,001 times with callers. Of those, the top five topics included Disability Benefits 101 (n=600), Vocational Rehabilitation (n=203), Work Incentives (n=179),

general employment questions (n=170), and job searching (n=167)). There were also 3,538 topics related to Medical Assistance for Employed Persons with Disabilities (MA-EPD).

Disability Linkage Line® provides *Talk to an Expert* services through Disability Benefits 101 (DB101 is available at www.db101.org). Live chat is available during Disability Linkage Line® operating hours. Support Specialists are able to help customers with questions about the site. In 2012, Support Specialists responded to 976 live chat requests.

Quality Improvement and Evaluation

To ensure high level of services for customers calling the Disability Linkage Line®, several factors are watched at a statewide or regional call center level:

- Call center data available through a “real time” dashboard - agent availability, average hold time, calls handled, hang ups, call time, and voicemails.
- Individual call reviews to ensure calls are being answered and handled well.
- Detailed contact tracking through a client tracking system (Resource House) which works with MinnesotaHelp.info giving access to information on over 16,000 programs.
- The number of people needed daily and call center availability to answer calls promptly.
- The scheduled time an options counselor takes lunch and breaks to provide phone coverage during the lunch hours and busy times during the day.

Future Improvements

The initiatives below are efforts to better serve customers:

- Continue to support integration among technology.
 - Through funding from the United States Department of Health and Human Services, the online tools utilized by the Disability Linkage Line® will be integrated so that an options counselor can go directly from the client tracking tool (Referral) into other important tools such as Disability Benefits 101.
- Access important benefit information about callers.
 - Disability Linkage Line® Options Counselors will have access to information in Minnesota’s public health and human service programs through the state MMIS system.
- Provide ongoing customer service training including in-person training, workshops, and presentations and continue to expand and implement pre-service training.
 - Prior to live assistance with callers, options counselors undergo rigorous training in call center services as well as the wide range of disability-related topics. The pre-service training will continue to expand as Disability Linkage Line® continues to serve as a point of first contact for disability services.