

CUSTOMER SERVICE

Operational KPIs

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Section I: Customer Service Staffing, Structure and Location(s)

A. Organizational Structure

1. Describe Oversight of Customer Service, Training and Quality departments operations, including organizational structure, supervision, etc....

Attachment 1 - Organization Chart(s) - (Call / Training / Quality)

See Attached Organization chart

2. Does your entity outsource or sub-delegate any administrative function that has member and/or provider impact? ☒ Yes ☐ No

a. If yes, identify vendor and function sub-delegated and/or outsourced below:

Function	Vendor Name	Outsourced	Sub-Delegated	Off-Shore	
				Yes	No
Customer Service:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audits:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	du telecom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- b. If yes, detail sub-delegated and/or outsourced function(s) below:

Customer satisfaction surveys are outsourced to a third party , du telecom in order to get confidential, unbiased results.

- c. If yes, detail oversight of sub-delegated and/or outsourced function(s):

du telecom provides us with monthly reports outlining customer feedback which in turn are used internally to better our processes.

3. Is the Call Center location(s) different than the entity address? ☐ Yes ☒ No

If yes, please list all call center locations, provide address(s) and phone number(s).

Address	Phone	Call Center - X	Contract Only - X

4. What are the days and hours of operation of the Call Center(s), including After-Hours coverage.

24-7, 365 days a year

B. Staffing

1. How many Customer Service Representatives (CSRs) do you employ?

Full Time CSR's:	7
Part Time CSR's:	0
Bilingual CSR's:	7

- a. Are any CSR's Work at Home (WAH)? ☐ Yes ☒ No

If yes, describe the Virtual Office Environment, Requirements and Standards.

Attachment 3 – Copy of WAH Agreement

n/a

- b. If applicable, describe the process for ensuring that your organization does not hire people barred from working on Medicare Products.

((i.e. OIG debarred list - <http://exclusions.oig.hhs.gov/>)

n/a

2. Describe the call center staffing standards.

The call center should be adequately staffed at all times to handle calls coming in to the call center.

- a. Ratio of staff to calls:

1:12 calls/hour

- b. Ratio of supervisors to CSR's:

1:10

- c. Describe how the staffing is adjusted based on volume - ramp-up/ramp-down:

Trends are reported based on volume of calls and response time. Scheduling is adjusted to add more Care Coordinators/Doctors as needed. An extra doctor is always available on call to handle an unexpected spike in volume of calls.

4. Describe the experience levels of the call center team.

All call center representatives have a background in customer service with at least 2-5 years experience in a customer facing role. All call center representatives are bilingual.

5. What is the Annual Turnover Rate within the call center team? Include the primary reasons for turnover.

We have been operational for 3 years and had 2 CSRs leave due to family commitments and distance from place of residence.

C. Call Center Membership / Volume

3. What is the average wait time for a call to be answered?

All calls should be answered within 30 seconds. If not, then the call goes to the overflow system with voicemail facility. The patient will be called back within 10 minutes.

4. What is the average length of time per call?

Varies between 10-30 minutes

D. Training Program

- Describe the Training Program the Customer Service Representatives receive to prepare them to answer calls.

On-Site Reference – Training Manual

Attachment 4 – Curriculum Outline

- Formality of Training Program

All Care coordinators and Doctors undergo induction and training for two weeks.

- Time-Frames / Frequency of Training

2 weeks under formal supervision and assessment. Calls recorded, discussed and formally evaluated.

- What sources of reference materials are available to the CSR's during and after training is completed?

All employees have access to the training manual as well as having their own hard copies.

- Are refresher courses offered? If so, how frequently?

Yes. Annual.

- # of Trainers

1

- How is ongoing training handled?

Training is handled by the Medical Director

- How are training updates handled and/or communicated?

Weekly in the staff meeting or by email/direct verbal communication.

- How are new regulatory requirements handled and/or communicated?

Weekly in the staff meeting or by email/direct verbal communication.

- How are general policy updates from Aetna handled and/or communicated?

Weekly in the staff meeting or by email/direct verbal communication.

- Describe how the staff is educated on HIPAA Compliance requirements.

Attachment 5 –HIPAA Compliance Policy and Procedure

Staff are introduced to HIPAA compliance as part of their training.

- Outline HIPAA caller validation requirements.

All Care Coordinators are appropriately trained to protect the confidentiality of patient's medical records. Caller verification is done by asking for his/her: Full name, Date of Birth, Insurance/employer number, phone number, nationality, City they're calling from.

- Describe Confidentiality Requirements.

Attachment 6 –Sample Confidentiality Signature Page

All members need to consent to Mobile Doctors' Privacy Policy verbally or online

E. Audit Program

- Describe your customer service audit program/processes.

Attachment 9 - Audit Program Policy & Procedure and all pertinent documents/tools used during the audit process.

Weekly meeting reviews

- a. Audit program standards, e.g., random daily call audit sample.
 A list of weekly call reports is pulled and a random daily call sample is taken and audited. One for the Care Coordinators and one for the Physicians. Each doctor and Care Coordinator will in turn be audited. Quality of note keeping, medical record completing, communication skills, follow up and referral procedures are all explored.
 - b. Is auditing performed live and/or off recorded calls? ☐ Live ☒ Recorded
 - c. Describe process:
 Medical Director audits recordings and notes. Issues discussed in the weekly meeting.
 - d. Auditor independence, i.e., reporting relationship within the organization.
 Medical Director reports to Chief Medical Officer
 - e. Auditor responsibilities including procedures uses:
 To monitor, audit , report, suggest amendments and reaudit
 - f. Performance Standards:
 If standards are not met as per attached, then further training is done.
 - g. How do you correct deficiencies detected during audits?
 If an issue is identified, individual or group training is done. Sometimes if it's a global issue then policies and procedures are updated
 - h. Do you perform re-audits?
 Yes
 - i. # of Auditors
 1
2. Describe any variable compensation/bonus programs which provide an incentive to the CSR to perform above standards.
 Employee of the month reward
 3. Describe your process for reporting internal audit results to clients.
 Following internal audits, any deficiencies that might have resulted in poor quality of care/incorrect handling of a member, will be documented and reported on a monthly basis.

Section II: Customer Service Workflows, Policies, and Procedures

A. Functions / Workflows

1. Describe the key performance measures that the Customer Service Department is expected to achieve, e.g., Average Speed of Answer, Overall/Total Service Level, Average Handle Time, and Abandonment Rate, etc....
 Average speed of Answer: 15 secs, Average Handle time : 3 minutes
2. Describe the core Customer Service functions performed within the Customer Service Department.
 Receive member calls, verify member's subscription , register members, answer any general enquiry questions members might have, transfer calls to the doctor in case of clinical calls.
3. Describe the First Call Resolution program and how it's monitored and reported.
 After assessing the patient's condition, the doctor endeavours to resolve the clinical issue, when appropriate, with temporising advice which includes patient education, home pharmacy and/or over the counter medication. The doctor then codes the clinical outcome accordingly. This is then reflected in the monthly reports.

4. Describe Call Documentation requirements.

Agents are required to document the following : Demographics, privacy policy consent, details of the encounter, referrals if any.

5. Are all calls recorded? ☒ Yes ☐ No

a. Describe the process followed to record calls.

All calls inbound/outbound are automatically recorded as soon as the call is answered.

6. Do you track, trend, log all calls? ☒ Yes ☐ No

a. Describe:

All call reports are generated and analyzed on a daily basis and trended on a monthly basis.

7. Describe the type of calls that would require a hand-off by the Customer Service Representative.

Attachment 11 - Hand-off Policy and Procedure

All calls that need a follow up are handed over to the next Care Coordinator to follow up.

a. What are the turn-around time requirements for hand-offs.

Depends on the clinical scenario

b. How are hand-offs tracked and controlled?

Using the EMR software

B. Policies and Procedures

6. Are the Customer Service Policies and Procedures formally documented? ☒ Yes ☐ No

On-Site Reference – Customer Service Manual

a. If yes, are the policies, procedures, and workflows available on line or paper?

Available as a hard copy in the office and accessible to all employees.

b. Describe how policy, procedure, and workflow changes are communicated across the organization.

Updates are communicated via secure emails and are documented as read in the employees personal file.

c. If no, how are policies, procedures, and workflows communicated across the organization?

7. Describe your policy and procedure for responding to member complaints and/or appeals?

Attachment 12 - Copy of Member Complaint and/or Appeal Policy and Procedure

See attached copy of complaints policy

a. How is Member Satisfaction measured?

Attachment 13 - Member Satisfaction measurement tool(s)

Through satisfaction surveys conducted by an appointed third party. (See attachment)

8. Describe your policy and procedure for responding to provider complaints and/or appeals?

Attachment 14 - Copy of Provider Complaint and/or Appeal Policy and Procedure

Not applicable as we do not deal with providers. Only members and corporate clients directly.

a. How is Provider Satisfaction measured?

Attachment 15 - Provider Satisfaction measurement tool(s)

See Customer Satisfaction Survey attachment

9. Describe the process for handling complaints against a team member.

See attached copy of complaints policy.

- a. Describe how the client is informed of any such activity.

if the complaint is made by a member, a formal response will be sent as per attached complaints policy

Section III: System / Reporting Capabilities / Business Contingency

A. System Capabilities

1. What Voice/CTI system application (include version) is currently in use?

Cisco CTIOS IS version 7.5

- a. Are there any planned upgrades and/or installations?

No

2. Describe the system capabilities, including the level of automation.

The Service provides the following attributes:

1. Automatic call distribution facility for incoming calls (i.e., the incoming calls get equitably distributed on the incoming extensions of the inbound call centre agents).
2. Facility to display the number of calls waiting to be serviced.
3. Manual mode option for the agent to take the calls only if the agent wants to take them. Auto answer mode facility for calls to land as soon as the extension is free is also available.
4. After call mode option if the agent is doing work related to the call taken and is not in a position to take a new incoming call, and after call work mode if the agent is taking a short break.
5. Skilled based routing facility of inbound calls to inbound agents.
6. IVR facility for inbound calls; ability to playback a recording and make call flow decisions based on collected caller digits. Advanced IVR functionality is available when required but will be charged separately from this proposal.

3. Describe the call experience:

- a. Are Members greeted by a live team member? ☒ Yes ☐ No

Describe:

- b. Are Providers greeted by a live team member? ☐ Yes ☐ No

Describe:

n/a

- c. Is there an IVR application that triages the calls? ☒ Yes ☐ No

Describe:

On calling the 800 number, the member is greeted by an IVR application that helps guide the member through the various available options. The IVR gives the option of three languages, English, Arabic and Hindi.

4. Describe your method and frequency of capturing and maintaining membership data, plan benefit data, and provider data.

☐ Magnetic tape/CD

☒ Electronic transfer

☐ Data entry of hard copies

☐ Real - time connectivity

Data will be provided by the client as an upload onto our secure FTP server. Frequency of

data upload will depend on agreed contractual terms and conditions.

5. Describe your method of verifying member eligibility, plan benefit data, and provider data by the CSR.

- ☒ Mechanical look-up in your system ☐ Look-up from source supplied CD
☐ Real-time look-up at source ☐ Other (Please explain)

B. System Security

1. Describe the customer service system security.

- a. Obtaining Access

Agents need individual login ID's and passwords

- b. Password Generation & Maintenance

An alphanumeric password is generated by the system administrator everytime a new agent joins the company. On the first login, the agent is directed to change his password. following that, the system prompts the user to change his/ her password every 30 days.

- c. Levels of Authority

Supervisor, agent.

- d. Periodic Management Reviews

Done on a monthly basis

- e. Can CSR's delete calls?

No

- f. If calls can be deleted, what tracking mechanism is in place, and describe the audit trail.

n/a

C. Reporting Capabilities

1. What type of reports are generated for tracking performance and type of calls services?

Attachment 16 - Sample Report(s)

Please see attachment

D. Record Retention

1. Describe the record retention requirements relative to call details:

All call records are retained for 5 years.

- a. Describe the format that call history is maintained, including data elements and gaining access to archived data.

All call records are documented and maintained in the EMR. All authorised users have access to these records.

- b. How long is call history retained?

For 5 years

2. Describe processes for supplying call data to the Health Plan for the audit oversight process –

Check All that apply.

Recorded	FTP	Live Calls
X		

As of now, audits have to be conducted on-site in Dubai Healthcare City.

E. Business Contingency / Emergency Procedures

1. Describe the business contingency/emergency procedures in place to deal with:
Attachment 17 - Disaster Recovery Plan
 - a. Temporary - 3 to 5 days – outages, e.g. telephone/electrical services, inability of staff to occupy the facility, etc.....

Please see attached business continuity and data recovery policy document
 - b. Permanent outages, e.g. telephone/electrical services, inability of staff to occupy the facility, etc.....

Please see attached business continuity and data recovery policy document.
2. Describe the process used and the frequency for testing the business contingency/ emergency plan, e.g., fire drills, updating of call lists and personal responsibilities, etc....

Please see attached business continuity and data recovery policy document