

ADVANCING A CULTURE OF CUSTOMER SERVICE

Assessing the Early Implementation of the Affordable Care Act
By California County Human Service Agencies

Sponsored by the Child and Family Policy Institute of California (CFPIC)
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Representative County Conclusions

"The major underlying theme of this report is excellent customer service. That has always been the goal of all our counties. However, this survey and this report outline various means and methods to ensure that excellent customer service will not just be a 'flash in the pan' but will be the standard for all of our counties to strive for and to excel in."

"My conclusion after reading this report is that California counties are indeed working hard on a lot of fronts. I would want to close this report by acknowledging our hard-working eligibility staff who day in and day out (evenings and weekends too) answer hundreds of phone calls, each time like it is the first of their day. They see clients in the office and ensure that their needs are being met to the best of their abilities while not having all of the answers or tools to do their job. They care."

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EXECUTIVE SUMMARY

On October 1, 2013, early enrollment opened for health care insurance under the Affordable Care Act (ACA). In California, county human service agencies provide enrollment eligibility services for expanded Medicaid (known as Medi-Cal) and work with Covered California to provide information about and enrollment services for the health care insurance tax credits and products available through California's health care exchange.

To support counties in meeting this new mandate, the Customer Service and Culture Change Best Practices Project published *A Framework for Advancing a Culture of Customer Service in Health and Human Services* and is coordinating a state-wide evaluation of county activities. This report is the first phase of the evaluation.

This report articulates the difference between the process of delivering excellent customer service and the outcome of achieving excellent customer experience (known in business environments as CX). County implementation activities through December 2013 suggest that counties have engaged in 11 of the 17 steps articulated in *The Framework*, have established new and innovative structures to deliver excellent customer service, and are beginning to test ways to measure the customer experience.

Engage leadership and establish the urgency for change. ✓

County leadership appears to be deeply committed to achieving a culture of first class customer service and has actively engaged in leadership activities.

Form a powerful leadership team with a champion. ✓

Most counties have formed more than one new structure and have given these new structures a variety of responsibilities. These new structures usually include staff who are volunteers or assigned, who represent all sectors, and who are seasoned workers with good customer service skills. Often these new structures are professionally facilitated. Implementing the Affordable Care Act is a change on the scale of welfare reform in the 1990s. Most counties do not have one champion but rather a team of champions responsible for different aspects of implementation.

Set the vision. ✓

Vision is not monolithic. All counties have multiple visions related to different aspects of ACA, culture change, and customer service. These visions include goals for both the customer experience and the employee experience. These visions include full statements or mottos, slogans, and a wide range of individual words that describe first class customer service. Moreover, this expanded or new focus on customer service is generally applied to all agency services.

Communicate the vision energetically and frequently. ✓

Counties have employed a wide range of strategies to communicate the new vision. Four general goals drive these communication campaigns: highlighting the importance of customer service and the need to embrace a culture of coverage; starting a culture change conversation between executives, managers, supervisors and staff; providing information about coming changes; and ensuring consistency of information across the agency, with the public, and with partners. Often these communication activities are supported by external facilitators.

Identify the customer. ✓

Counties have gone beyond simply identifying their customers and have actively engaged their customers to share information and invite input.

Organize business around the customer's needs. ✓

Counties have initiated extensive changes to meet customer needs including built environment changes, lobby management improvements, and case management re-engineering. Some counties started by mapping current processes to more easily identify opportunities for change.

Empower staff. ✓

Counties have thoughtfully and purposefully defined staff empowerment and have fostered environments to provide support as staff exercise their newly empowered responsibilities and opportunities.

Set performance expectations. ✓

Counties have begun to articulate specific performance expectations but many counties acknowledge that this is very preliminary and that they will continue this work in 2014. So far, counties have published protocols and/or scripts for interviews, phone calls, voice mail, email, missed appointments, changes, handling difficult situations, horizontal integration, multiple notices received by customers, over/under payments, periodic reports, verification requests, NOAs, general customer service, and agency standards. They have also produced revised and/or new policies and procedures, Customer Service Handbooks, and Desk Guides. And, counties have begun to articulate measurable performance expectations.

Train staff and management. ✓

Counties have invested heavily in frequent and continuous culture change and customer service training for the whole organization, including all employee roles and all agency programs. They use a mix of internally and externally developed and delivered training. Counties have revised training plans and provided new training as the regulations have evolved. Counties use data to identify training and coaching needs.

Collect and monitor data that will drive performance. ✓

Some counties report that they are just developing their monitoring mechanisms. But many counties have already added monitoring to their current evaluation processes and/or have developed new monitoring approaches. One way that counties use their data is to identify best practices for recognition and for scaling across the agency.

Celebrate, reward and recognize excellence. ✓

Although most counties have identified initial ways to celebrate, reward, and recognize customer service excellence, most acknowledge that they are just starting with this step and are still identifying effective recognition mechanisms.

In collaboration with the counties that participated in developing this report, **four suggested next steps** are identified.

1. Disseminate this report widely to foster continued innovation and excellence in all counties.
2. Facilitate ongoing collaboration and learning between counties.
3. Establish an ongoing and standardized evaluation of California human service agencies efforts to achieve excellent customer experience (CX).
4. Develop a state-wide recognition for counties that achieve excellent customer experience.

INTRODUCTION AND METHODOLOGY

On October 1, 2013, early enrollment opened for health care insurance under the Affordable Care Act (ACA). In California, County human service agencies provide enrollment eligibility services for expanded Medicaid (known as Medi-Cal) and work with Covered California to provide information about and enrollment services for the health care insurance tax credits and products available through California's health care exchange.

To support counties in meeting their ACA mandates, the Child and Family Policy Institute of California and the County Welfare Director's Association of California, with a grant from The California Endowment, sponsored the Customer Service and Culture Change Best Practices Project. In April, 2013, this project published *A Framework for Advancing a Culture of Customer Service in Health and Human Services* to help counties plan for and achieve a collective vision of first class customer service.

California county human services agencies will provide first class customer service to individuals seeking help under the Affordable Care Act and will enhance local agency culture to effectively promote health care coverage and access to vital human services for all eligible persons.

In January 2014, the Customer Service and Culture Change Best Practices Project extended its work to include the development and implementation of a state-wide evaluation to measure county success in delivering first class customer service. This report is the first phase of this evaluation. For this first assessment, information was collected from three sources.

1. Documents providing information about implementing and evaluating the expanded Medicaid component of the Affordable Care Act were reviewed.¹
2. Minutes from the weekly ACA conference call² for June 10, 2013 through December 16, 2013 were reviewed for any information related to cross county information sharing, culture change, and customer service. Additionally, all documents posted on the ACA information sharing portal³ were also reviewed for the same three topics.
3. Counties were surveyed about their activities to date.⁴ Thirty seven counties responded (64% of all counties) including nine large counties (90%), 19 medium counties (68%), and 9 small counties (45%). Their responses are summarized here and represent the range of activities by these counties. Because counties responded to an open-ended invitation to provide information and were not expected to be exhaustive, this report cannot be interpreted as a definitive list of activities to date. And it may not represent activities by counties that did not respond. **However, this report does document a considerable investment by California counties to successfully launch the expanded Medicaid portion of the Affordable Care Act.**

Table 1 below illustrates the *Framework for Advancing a Culture of Customer Service* articulated in April 2013. *The Framework* includes four categories: GET READY. GET SET. GO! and LOCK IT IN. County implementation activities through December 2013 suggest that counties have engaged in 11 of the 17 steps articulated in *The Framework* including activities in all four categories. Activities reported in the categories GO! and LOCK IT IN. are preliminary

activities and counties report they are just starting in these areas. All counties are actively evolving and expanding their ACA implementation strategies with the goal of completing all 17 of the steps articulated in *The Framework*.

TABLE 1: Framework for Advancing a Culture of Customer Service⁵

ACHIEVING CULTURE CHANGE	THE FRAMEWORK	EXCELLENT CUSTOMER SERVICE
<ul style="list-style-type: none"> ✓ 1. Form a powerful leadership team with a champion. ✓ 2. Set the vision and establish the urgency for change. ✓ 3. Communicate the vision energetically and frequently. 	GET READY.	<ul style="list-style-type: none"> ✓ 8. Engage leadership.
	GET SET.	<ul style="list-style-type: none"> ✓ 9. Identify the customer. ✓ 10. Organize business around the customer's needs. ✓ 11. Empower staff. ✓ 12. Set performance expectations. ✓ 13. Train staff and management.
<ul style="list-style-type: none"> 4. Remove obstacles and erect support. 5. Deliver immediate results. 6. Do not stop building. 	GO!	<ul style="list-style-type: none"> ✓ 14. Collect and monitor data that will drive performance. 15. Continuously improve business processes. 16. Consistently exceed expectations.
<ul style="list-style-type: none"> 7. Embed the change. 	LOCK IT IN.	<ul style="list-style-type: none"> ✓ 17. Celebrate, reward and recognize excellence.

Each red check mark (✓) represents that counties have reported related activities which are included in this report. Counties did not report activities related to the items without a red check mark (✓).

The rest of this report catalogues the activities reported by counties related to GET READY, GET SET, GO!, and LOCK IT IN, and identifies four suggested next steps. But first, a note about the difference between customer service customer experience.

Delivering excellent **customer service** is a process with a desired outcome of achieving excellent **customer experience**, known in business environments as CX. County implementation activities through December 2013 suggest that so far counties have primarily focused on new and innovative structures to deliver excellent customer service. Counties are beginning to test ways to measure the customer's opinion of their experience. The suggested next steps at the end of this report address both the process of delivering excellent customer service and the outcome of achieving excellent customer experience (CX).

GET READY.

Engage leadership and establish the urgency for change.⁶

Enthusiastic, articulate and constant support for customer service enhancement must come from top management and exist throughout all levels of the agency. Motivate employees at all levels to desire and work for change by convincing them that enhanced customer service is better than the status quo.

County Activities to Date

County leadership appears to be deeply committed to achieving a culture of first class customer service and has actively engaged in leadership activities.

- a. Participated in conference calls with other counties
- b. Set performance expectations
- c. Hired an executive consultant or management coach to help manage the culture change and support staff
- d. Made first class customer service a primary topic of leadership meetings
- e. Established or strengthened management's open door policy
- f. Visited other counties to learn best practices
- g. Reviewed and revised policies and procedures, mission statements, goals, strategic initiatives, and action plans
- h. Set short term, medium term, and long term goals
- i. Empowered managers to make changes and identify quick wins
- j. Signed and posted a Management Commitment

Form a powerful leadership team with a champion.⁶

The leadership team should be composed of key people in the agency who share an emotional commitment to enhancing customer service and possess the power to influence others; the team champion should be the most passionate and committed member of the leadership team.

County Activities to Date

Most counties have formed more than one new structure and have given these new structures a variety of responsibilities. These new structures usually include staff who are volunteers or assigned, who represent all sectors, and who are seasoned workers with good customer service skills. Often these new structures are professionally facilitated. Implementing the Affordable Care Act is a change on the scale of welfare reform in the 1990s. Most counties do not have one champion but rather a team of champions responsible for different aspects of implementation.

- a. New structures
 - Executive Oversight Committee | Steering Committee
 - Service and Values Workgroup | Advancing the Culture Workgroup
 - Customer Service Team | Customer Service Workgroup | Customer Service Enhancement Committee | Quality Support Team
 - Redesign Committees | Policy and Procedure Workgroup
 - Eligibility Team | Technical Subcommittee | Workflow Committee
 - Training Team
 - Client Communications | Communications Team | Presentation Team | Outreach Advisory Group
 - Forming a new unit to manage organization-wide business process reengineering including client experience related to health care reform
 - Health Care Collaboratives that include county agencies, managed care, hospitals and clinics, providers, and community based organizations

- b. Responsibilities or deliverables for these new structures
 - Identify impacted programs and populations
 - Identify roles and responsibilities | Identify and form committees to disperse tasks
 - Plan and coordinate ACA activities
 - Lead change management efforts
 - Define customer service | Develop parameters to guide service standards
 - Provide insight on how to best engage and support staff
 - Streamline business processes
 - Develop a communication plan | Improve communication at all levels | Develop outreach and education materials | Develop coordinated messages with county and community partners
 - Identify internal and external service delivery variations
 - Develop new procedures and protocols
 - Develop training materials | Deliver training
 - Develop clear and concise measurements

Set the vision.⁶

The vision statement should be simple, brief, and easily understood; it should embody the values that are at the core of excellent customer service.

County Activities to Date

Vision is not monolithic. All counties have multiple visions related to different aspects of ACA, culture change, and customer service. These visions include goals for both the customer experience and the employee experience. These visions include full statements or mottos, slogans, and a wide range of individual words that describe first class customer service. Moreover, this expanded or new focus on customer service is generally applied to all agency services.

- a. Activities to develop the vision
 - Invited and accepted ideas for customer service from staff at all levels
 - Held a contest to set the theme for the client service/culture change campaign

- Hired an outside facilitator to work with staff to develop customer service standards and protocols (facilitators mentioned were Kouji Nakata, Wendi Pomerance Brick, Dan Witherell, UC Davis Training Center and Nancy Goodban, Regional Training Center, inTelegy)
 - Engaged staff in reviewing, modifying, and identifying agency values and priorities
 - Reviewed documents, training materials and ideas from other sources (sources mentioned were CWDA, Covered California, other counties, The Big Book of Customer Service Training Games, 8 Steps of Successful Change by John Kotter, QVC, Zappos, FISH!, Nordstrom)
 - Viewed the video of Frank Mecca’s speech about the importance of the county role in health care reform
 - Identified priority focus areas (change management, customer service, communication, training, knowledge transfer)
 - Conducted research
- b. Example mission statements and mottos
- All workers will do all they can to get the correct benefits to all clients in a timely manner, while treating all clients with respect.
 - Our agency will be a technologically advanced department that provides social services with a greatly reduced need for customers to go to one of our facilities or for staff to work from one of our facilities.
 - Taking excellent care of our customers and being recognized as the leader in our industry for superior customer service
- c. Slogans
- | | |
|--|---|
| <ul style="list-style-type: none"> • First Class Customer Service • No Wrong Door Every Door is the Right door • Horizontal Integration What programs are you eligible for? • Moving forward without all the answers • We are part of history • What is your role? • Customer Services Revolution • All Onboard with Health Care Reform • One-and-Done First Contact Resolution • Now We Can Say Yes • We’ll Hook You Up! • Warm Hand-Offs | <ul style="list-style-type: none"> • Make Their Day, Play/Have Fun, Be There • We’ve Got You Covered • We are health care READY (Responsive, Efficient, Accurate, Dedication, You Make the Difference) • Excellent Customer Service • Building on our past accomplishments • Providing service excellence with pride: WHAT would pride do? (Welcome, Hear, Accomplish, Thank) • “First Class” Customer Service (airline theme) |
|--|---|

d. Mindset changes:

- From case owner to team member responsible for case completion
- From supervisor as monitor of accuracy to supervisor as trainer, mentor, coach, and manager of processes
- From customers who rely on eligibly workers to customers who can do much for themselves
- From determining eligibility for health care coverage to identifying the appropriate health care coverage (universal coverage)

e. Words and concepts used to define an excellent customer experience (CX)

- Characteristics of employees
 - Positive attitude
 - Pleasant tone
 - Courteous
 - Responsible
 - Compassionate
 - Productive
 - Empowered
 - Knowledgeable
 - Professional
 - Respectful
 - Receptive
- Characteristics of the service delivered
 - Confidential
 - Timely
 - Accurate
- Characteristics of the environment
 - Attractive
 - Welcoming
 - Clean
 - Safe
- Vision for customers
 - Self service
 - Access to health care
 - Health care choice
 - Part of a health care home
 - Public trust
 - Empowered
 - Self-sufficient
 - Independent
 - Reaching life goals
 - Gaining personal success

f. Words and concepts used to define a desired work environment

- Teamwork
- Quality
- Customer-centric
- Standardized
- Managed
- Optimized technology
- Employee support
- Accountable
- Excellent
- Same day access
- Customer feedback
- Guaranteed call backs

Communicate the vision energetically and frequently.⁶

The vision and strategies must be communicated powerfully and energetically at every opportunity, incorporated in all aspects of the operation, and modeled by the leaders.

County Activities to Date

Counties have employed a wide range of strategies to communicate the new vision. Four general goals drive these communication campaigns: highlighting the importance of customer service and the need to embrace a culture of coverage; starting a culture change conversation between executives, managers, supervisors and staff; providing information about coming changes; and ensuring consistency of information across the agency, with the public, and with partners. Often these communication activities are supported by external facilitators.

- a. Kick off events to announce the vision and celebrate the agency history of customer service: rallies, meetings, ribbon cutting for new spaces, food, including internally or externally made inspirational videos
- b. Presentations to all staff including opportunities to ask questions: by agency Director, executive staff, managers, and ACA staff
- c. Various meetings: weekly staff meetings, 5 minute morning “Stand Up” meetings, attended by various combinations of Director, managers, supervisors, and staff
- d. Information sharing: Mobile sandwich-style boards with new information each day posted where employees enter the building, regular electronic/e-mail announcements, written communications, newsletters, ACA webpage with links to scripts, forms, program documents, ACA email account to receive and answer questions, video blasts, daily updates
- e. Visual reminders: agency mission statement on screensavers, banners, flyers with new terms and information, bulletin boards, laminated and posted customer service standards
- f. Fun: Wear Gold and Silver day, break room games, Healthy potlucks, appreciation grams, ACA quizzes with gift cards (provided by managers), customized dry erase boards, “Ask Me About HCR” buttons, “Together We Can” buttons, contests to encourage staff to wear buttons, pictures of staff wearing buttons posted on website
- g. Branding: Giving a name to the culture change and service excellence activities (Project Redesign)
- h. Discussions with labor representatives including inviting labor to participate in planning committees and business process redesign, and meet and confer

GET SET.

Identify the customer.⁶

Determining who the internal and external customers are, is the first step to understanding what it is they need from the agency and how best the agency can provide it.

County Activities to Date

Counties have gone beyond simply identifying their customers and have actively engaged their customers to share information and invite input.

a. Identified the customer

- Designated or defined a specific or new word for the people who access services: customer (people who have a choice where they will shop), buyer (someone who buys a service), client (someone who uses a professional service)
- Defined the “new client base” for employees as those who the agency has not served before
- Identified and communicated key interactions that customers have with the agency, customer priorities, customer motivations, and the challenges of the uninsured / underinsured
- Identified customers as both internal and external
- Made a video of customers talking about their experience and shared with staff
- Included an empty chair at all meetings to represent the customer perspective
- Developed policies and procedures for special populations (public guardian cases, long term care, homeless, limited English proficiency, unable to readily cooperate due to mental, emotional, physical reason)

b. Engaged with the customer

- Created a new FTE Community Liaison
- Developed printed informational materials and disseminated them throughout the community including to county partners and community based organizations
- Hosted community forums and trainings to educate the community and receive input
- Provided support to community organizations as they hold their own meetings (PowerPoint presentations, handouts, speaking points)
- Developed common messages with community partners, developed a common Speaker’s Bureau
- Partnered with community organizations to educate community members and to prioritize application assistance
- Launched a new public website
- Committed to including stakeholder voice in changes and to informing stakeholders of changes before they occur
- Media coverage
- Direct calls to Medi-Cal recipients with share of cost to provide information

Organize business around the customer’s needs.⁶

The agency should seek to design and refine business practice, within the agency’s mission, to provide customers what they need in the manner they prefer.

County Activities to Date

Counties have initiated extensive changes to meet customer needs including built environment changes, lobby management improvements, and case management re-engineering. Some counties started by mapping current processes to more easily identify opportunities for change.

- a. Built environment changes
 - Updated lobby configuration, flow, furnishings, décor
 - Increased lobby space
 - Added confidential, quick-interview booths in the lobby
 - Expanded the number of interview rooms/booths
 - Redesigned eligibility worker spaces from cubicles to open area pods
 - Moved intake operations to a larger facility
 - Upgraded telephony system

- b. Lobby management improvements
 - Staffing and staffing roles
 - Staffed information tables in October and November to answer questions
 - Located greeters, navigators, customer service representatives, CalHEERS assistants, lobby ambassadors in lobby
 - Stationed eligibility workers at reception windows
 - Stationed eligibility workers in lobby (with work station to conduct other tasks when lobby traffic is slow)
 - Scan documents for customers in lobby (using wireless bar code reader, printing receipt for customers)
 - Process follow-up paperwork
 - Assessed and ensured lobby safety

 - Self-service options in lobbies
 - Easy application drop-off
 - Computers to access Covered California and online Medi-Cal applications
 - Document Uploading Kiosks (DUKs) and Web Wand for client scanning of documents
 - Posters with bar codes to download mobile apps for online application

 - Flow management
 - Created a dedicated ACA reception window or ACA Triage desk
 - Installed a numbering or queuing system
 - Initiated a “Threes a Crowd” policy to assign additional staff whenever more than 3 people are waiting

 - Lobby information
 - Board with pictures, name, and position of all staff
 - Informational flyers

c. Case management reengineering

- Related to applications
 - Extended hours of operation
 - Call Center eligibility workers now take applications and provide information about covered California
 - Worker of the Day for walk-ins; more staff designated for walk-ins
 - Same-day intake appointments for walk-ins, calls, on-line applications (for some or all hours of the day)
 - Eligibility in a day
 - Revised daily schedule to be responsive to the ebb and flow of customers
 - On-site managed care advisors
 - Combined intake for multiple programs to foster horizontal integration
 - All programs accept applications, any services provided in any office
 - Dedicated eligibility worker(s) for newly eligible population, ACA specific unit
 - Used county option to reduce verification for CalFresh
 - Stopped requiring Medi-Cal and CMSP applicants to watch rights and responsibilities video, or read written notification of rights and responsibilities
 - No longer ask for “just in case” or “nice to have” items
 - Created teams for specific functions (Reception Team, Call Center Team, E-Application Team, Face-to-Face Application Team, CalWORKs Team, MediFresh Team, ABD Team)
 - First touch imaging, implemented scanning of documents upon receipt at all points of entry (lobby kiosk, mailroom, reception window, interview room, scanning stations, document processing unit) for real time access
- Related to case management
 - Task based case management (including task management technology)
 - Workforce management technology
 - Workarounds as necessary
 - Implemented a rotation process so workers rotate through different caseloads
 - Implemented or expanded service center to include all programs
- Related to phone calls
 - Assigned dedicated workers to answer ACA phone calls
 - Dedicated phone line for ACA, Health Care Hotline
 - Courtesy callback instead of waiting on hold
 - Guaranteed same-day call back
 - Updated phone tree structure and messages heard by customers

Empower staff.⁶

Empowering front line staff with decision-making authority so they can resolve problems, improves morale and engagement, speeds service delivery, and enhances customer satisfaction.

County Activities to Date

Counties have thoughtfully and purposefully defined staff empowerment and have fostered environments to provide support as staff exercise their newly empowered responsibilities and opportunities.

- a. Defined staff empowerment, discussed the concept of empowerment in trainings (what it is, what it is not)
 - Doing the right thing at the right time for the right reason
 - Offer to help anyone who is lost or waiting
 - Know the policies and regulations and make decisions to help customers
 - If not sure about policies or regulations, get more information from supervisor or manager
 - It is not making decisions outside of policies or regulation
 - Staff pay attention to their own experience of customer service and share their experiences to collectively evaluate what works and what does not work
 - Decision-making and problem resolution at the lowest level
 - Developing new business practices centered around customer needs
 - Independent autonomous decisions in most situations
 - Managers supporting staff so staff can support clients
 - Workers feel successful

- b. Developed methods to foster staff empowerment
 - During training helped staff to link their personal values to agency values
 - Helped staff cope with emotional reactions to changes, develop support teams, ensure sufficient time during rollouts so that staff feel competent
 - Provided one-on-one coaching (including but not limited to in response to complaints)
 - Mentoring
 - Provided parameters for making decisions for scenarios that are unsupported by clearly defined regulations (maximize customer benefit, journal decision logic and site references, share lessons learned with co-workers and management)
 - Provided guidelines for staff members roles
 - Ensured nurturing environments where staff can learn, grow, improve, function effectively, and believe they are working towards the same goals as executives; nurture trust, importance, capability
 - Promoted knowledge transfer between offices
 - Expanded the workforce by hiring more staff in existing classifications and/or adding new classifications including increasing number of call center positions and eligibility workers
 - Encouraged volunteer participation in StrengthsFinder to promote a strengths-based environment

Set performance expectations.⁶

Agencies should have clearly articulated customer service goals related to the speed with which services are delivered, the quality of the service, and satisfaction with the service. These goals provide the basis for developing specific measurable performance standards.

County Activities to Date

Counties have begun to articulate specific performance expectations but many counties acknowledge that this is very preliminary and that they will continue this work in 2014. So far, counties have published protocols and/or scripts for interviews, phone calls, voice mail, email, missed appointments, changes, handling difficult situations, horizontal integration, multiple notices received by customers, over/under payments, periodic reports, verification requests, NOAs, general customer service, and agency standards. They have also produced revised and/or new policies and procedures, Customer Service Handbooks, and Desk Guides. And, counties have begun to articulate measurable performance expectations.

- a. Overall expectations
 - Determine eligibility (not ineligibility)
 - Minimize number of denials due to missing documentation
 - Change language from “failure to provide” to “did not provide”
 - Read e-mail at least twice in the morning and afternoon

- b. Expectations related to calls
 - 80% calls answered in 30 seconds; 80% of all calls answered in 60 seconds
 - 5% or less call abandonment rate
 - Phone calls answered in 3 rings
 - Return calls in one day
 - Listen to voicemail at least twice in the morning and afternoon

- c. Expectations related to Medi-Cal applications
 - No more than 2 days to schedule Medi-Cal application interview
 - No more than 45 days to process Medi-Cal applications; Eligibility determinations within half the state maximum of 45 days
 - No more than 1-3 days for expedited services processing
 - 100% of Medi-Cal RRR complete 30 days (redetermination, recertification, renewal), 90% Medi-Cal renewals completed within 60 days of receipt
 - 100% periodic reports completed within 30 days
 - 90% accuracy on daily alerts
 - 95% accuracy on recon alerts
 - Completion of electronic tickets
 - Error rates within requirement
 - Finishing application in one contact

- d. Expectations related to CalFresh applications
 - No more than 2 days to schedule CalFresh application interview
 - No more than 3% CalFresh error rate
 - No more than 5 days to process CalFresh applications

- e. Expectations related to CalWORKs applications
 - All CalWORKs intake appointments are same day or next day
 - Our county customers will have the shortest average length of time on CalWORKS and the highest percent of customers exiting due to employment

Train staff and management.⁶

Train for both technical knowledge and people skills.

County Activities to Date

Counties have invested heavily in frequent and continuous culture change and customer service training for the whole organization, including all employee roles and all agency programs. They use a mix of internally and externally developed and delivered training. Counties have revised training plans and provided new training as the regulations have evolved. Counties use data to identify training and coaching needs.

- a. Sources of training materials
 - CWDA provided training modules
 - Covered California provided training modules (including about CalHEERS)
 - Information posted on the UC Davis webpage
 - Staff and/or management attended external conferences and training
 - Internally developed and delivered training (including heavy involvement of line staff)

- b. Methods of training delivery
 - Used external trainers
 - Use of Webinars to allow staff to complete training to fit their own schedule and pace
 - Developed for multiple learning styles
 - Mandated training for all staff, or just for impacted staff
 - Added customer service to existing training or revised existing customer service training (new employee, eligibility worker induction, regular journey-level training)
 - Offsite and framed as a “retreat”

- c. Types or names of training
 - ACA 101 (for all agency staff)
 - Covered California
 - Change Management | Leading Change for Supervisors and Managers
 - First Class Customer Service | Customer Service Boot Camp | Customer Service Excellence | Customer Service for Frontline Employees | Science of service | Customer Service Certification
 - Intensive Health Care Reform for existing eligibility staff | technical training (new or changed eligibility requirements, computer systems, equipment)
 - Cross-program eligibility
 - Introduction to Service Center Operations
 - New task management and workflow processes
 - Administrative Support Academy
 - First contact resolution
 - Behavioral health issues
 - Metrics Driven Management

- d. Specific customer service skills identified and trained
 - Listening
 - Handling tough situations
 - Interviewing skills
 - Motivating
 - Interpersonal skills
 - Writing skills

Go!

Collect and monitor data that will drive performance.⁶

Because people respond to what is tracked and measured, measure what is important to the customer and measure it regularly. This will drive employees to deliver excellent customer service.

County Activities to Date

Some counties report that they are just developing their monitoring mechanisms. But many counties have already added monitoring to their current evaluation processes and/or have developed new monitoring approaches. One way that counties use their data is to identify best practices for recognition and for scaling across the agency.

- a. Use data provided by the Federal Government, the State, and other sources to evaluate performance compared to other counties and states
- b. Created a separate database(s) to track ACA related information
- c. Hired an outside evaluator to evaluate the agency's overall success with ACA implementation action plan
- d. Added customer service expectations to employee performance evaluations (supervisor observation, pilot test with HR oversight)
- e. Obtained agreement with partners (county health department, clinics, etc.) to use common definitions of metrics, identified an organization that validates and produces each metric, and agreed that all partners will use the same data (for instance, so the health department and the human services department are communicating the same numbers to the board of supervisors)
- f. Assess customer experience of customer service
 - Surveys: for each point of information or access (in-person, online, phone, mail-in, social media); regarding satisfaction with whole service process; regarding lobby satisfaction; by using scantrons to process in real time; providing desktop procedures to explain methodology and uses for staff; recruiting an intern to develop customer survey
 - Monitoring of client complaints
 - Customer comment cards
 - Solicit and share customer success stories or exemplary customer service
 - Focus groups
 - Mystery shoppers
 - Included customer service in case reviews (Quality Assurance/Audit reviews, supervisor reviews)
- g. Assess staff satisfaction
 - Informally identify and respond to challenges being faced by staff

- Regular (twice a year) survey employees
 - Focus groups
- h. Collect weekly and monthly statistics (added to existing reports, identified new metrics, developed new reports)
- Calls
 - Lookup attempts
 - Transfers answered/abandoned
 - Total call duration
 - Calls answered <30 seconds
 - Call volume
 - Call wait time
 - Dropped calls
 - Average handle time
 - Number of calls rolled over to another county
 - Calls from other counties
 - Recorded call review scores
 - Lobby
 - Lobby wait times
 - Total service time (entrance to exit)
 - Lobby traffic
 - Applications
 - Days to appointment
 - Number of applications
 - Client language by source (online, phone, mail, in-person)
 - Number of applications received by source (online, phone, mail, in-person)
 - Pending < 45 days
 - Days to disposition
 - Number of cases
 - Inter-county transfers
 - Case processing
 - Case processing times
 - Case processing accuracy
 - Documents scanned post approval of application
 - Number/Percent of pended cases
 - Number/Percent of correctly pended cases
 - Errors
 - Application review scores

LOCK IT IN.

Celebrate, reward and recognize excellence.⁶

Recognizing staff who deliver excellent customer service helps to reinforce desired behaviors and reiterate the agency's commitment to customer service.

County activities to date

Although most counties have identified initial ways to celebrate, reward, and recognize customer service excellence, most acknowledge that they are just starting with this step and are still identifying effective recognition mechanisms.

- a. Department wide teamwork contests
- b. Customer service recognition events at all employee meetings
- c. Seek out and reward successful customer service
- d. Peer nominated customer service awards
- e. Spirit of Customer Service and Sensitivity to Culture and Language contest, winning entry displayed as poster and receives gift certificate to restaurant
- f. Success story banks, Story of the Week selected and employee recognized

SUGGESTED NEXT STEPS

In collaboration with the counties that participated in developing this report, four suggestions for next steps are identified. Before describing these suggestions, it is necessary to name the possible next steps that are not recommended.

Counties are heavily invested in developing excellent customer service. Their strategies to do so have been catalogued in this report and they include changing agency culture, remodeling built environments, re-engineering business practices, empowering employees, incorporating employee input, improving employee morale, and establishing performance expectations related to customer service. The strategies that counties select and the ways in which these strategies are executed reflect unique organizational cultures and leadership styles. And although counties learn from each other and adapt ideas from each other, the strategies to institutionalize excellent customer service are not, nor should they be, consistent across all counties. This report does not suggest engaging in statewide measurement of excellent customer service. It would be difficult, if not impossible, to develop standardized expectations for the delivery of excellent customer service that would be amenable to statewide measurement. This report does support an ongoing environment of county collaboration with two suggested next steps.

- 1. Disseminate this report widely to foster continued innovation and excellence in all counties.**
- 2. Facilitate ongoing collaboration and learning between counties.** One method could be to continue the online information sharing portal hosted by University of California Davis Training Center (or other similar format).

Counties are also heavily invested in achieving excellent customer experience (CX) which is the outcome of excellent customer service. This report does suggest engaging in statewide measurement of excellent customer experience. The three automated systems already include much information that reflects the customer experience and many mandated performance measures also reflect customer experience. This report supports a standardized definition, measurement, and recognition of excellent customer experience with two suggested next steps.

- 3. Establish an ongoing and standardized evaluation of California human service agencies efforts to achieve excellent customer experience (CX).** An ongoing evaluation will provide timely information for counties to continuously improve business processes. It will also provide current, state-wide information to describe and celebrate the successful implementation of the human services mandate related to the Affordable Care Act. Appendix A outlines a proposal for a state-wide evaluation.
- 4. Develop a state-wide recognition for counties that achieve excellent customer experience.** This recognition program could use the information produced by 3. above. Counties that meet pre-determined standards would receive something like a “Seal of Excellence.” Or perhaps there would be levels of customer excellence such as gold, silver, and bronze to recognize progress towards pre-determined standards.

These suggested next steps conclude this assessment of the early implementation of the ACA by California human service agencies.

APPENDIX A

A Proposal for an ongoing and standardized evaluation of California human service agencies efforts to achieve excellent customer experience (CX)

(This appendix accompanies *Advancing a Culture of Customer Service: Assessing the Early Implementation of the Affordable Care Act By California County Human Service Agencies*, DRAFT 2.13.14. See the full report for the context of this proposal.)

1. Convene a California CX Evaluation Workgroup of 8-12 members representing small, medium, and large counties to design, pilot test, and develop a full implementation plan for an ongoing statewide evaluation of California human service agencies efforts to achieve excellent customer experience (CX).
2. Identify a professional evaluator to facilitate the workgroup, provide technical expertise, and produce the products.
3. Commission the workgroup for one year. The workgroup will report to the CWDA Board of Directors and other CWDA committees as necessary. After one year, a decision can be made about implementing the full evaluation plan developed by the workgroup and the need for an ongoing CX Evaluation Workgroup.
4. Task the CX Evaluation Workgroup with 3 activities.
 - a. Achieve consensus on a California definition of excellent customer experience (CX) relying heavily on the progress already made with *A Framework for Advancing a Culture of Customer Service in Health and Human Services* and this report. This definition will be the basis for evaluation measurement. The definition would represent the concepts of excellent customer experience that all counties agree to achieve. Individual counties may additionally pursue other concepts important to their community and environment. The words and concepts that counties currently use as part of their definition of excellent customer experience (CX) are listed on page 9 and can provide a starting point.
 - b. Develop a regular (monthly) report that describes number of customers served, customer demographics, and customer experience (CX) using administrative data. Select data that is extractable from all three automated systems (CalWIN, C-IV, LEADER). This report should reflect the experiences of all customers (not a sample) including customers denied health care coverage. The statistics already reported by counties and listed on page 18 include many that reflect the customer experience and can serve as a starting point. Additionally, consider including in this monthly report the statistics required in Section 24 of ABX 1.⁷ Pilot test this report and develop an ongoing implementation plan.
 - c. Develop a regular method to understand the customer experience (CX) from the customer's perspective. This could include qualitative information that is difficult to capture in automated systems. It would require a careful sampling methodology to accurately generalize the findings to all customers in all counties. The ideas already in

testing by counties and listed on page 17 can serve as a starting point. Pilot test this approach and develop an ongoing implementation plan.

5. In conducting these three activities, the CX Evaluation Workgroup should consider audience and decision needs, measures of quantity and quality, data confidentiality and security, automation, realistic analyses and reporting procedures, and dissemination and use expectations.
6. The CX Evaluation Workgroup should ensure a broadly inclusive process which may include input from Counties, CWDA Self Sufficiency Committee, CWDA Board of Directors, regional county research and evaluation groups (such as BASSC), advocacy groups, California Department of Social Services (CDSS), Department of Health Care Services (DHCS), California State Association of Counties (CSAC), Covered California, and universities, and research organizations.
7. The State Health Access Data Assistance Center (SHADAC), in partnership with the Robert Wood Johnson Foundation, provides a variety of resources and recommendations related to evaluation of the Affordable Care Act (www.shadac.org).
8. The CX Evaluation Workgroup could develop the suggested statewide recognition of excellent customer experience using the information produced through this evaluation.

ENDNOTES

- 1 Fife, B (2013). *A framework for advancing a culture of customer service in health and human services*. Child and Family Policy Institute of California and County Welfare Directors Association of California.

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- 2 These weekly calls continue and are hosted and facilitated by the Child and Family Policy Institute of California and staffed by the County Welfare Director's Association of California
- 3 The web-based information portal is hosted by the University of California Davis Training Center
- 4 The text of the email survey was as follows:

On behalf of CWDA/CFPIC Staff:

Dear Directors,

As you know, we are embarking on a new initiative to measure our success with implementing the eligibility components of Health care Reform. Specifically, we hope to develop a mechanism to provide regular information that can help us answer the following question: How are we reflecting a first class customer service approach related to our health care reform implementation (eligibility determinations)?

To this end, we anticipate engaging all counties in a one to three year evaluation. Marla Stuart, formerly with Sonoma County Human Services and a current PhD. candidate at UC Berkeley, will be assisting us in developing an evaluation plan. We plan to develop evaluation activities that concurrently provide meaningful information for ongoing County implementation activities, and that are of minimum difficulty for Counties. We acknowledge that counties of different size have different capacity to engage in evaluation activities. We hope to use administrative data from the three consortia (CalWIN, C-IV, LEADER) and we

also expect to identify a reasonable method to collect information from clients and staff. As a first step, we'd like to know what you are already thinking. **By January 10, 2014, Please send Marla Stuart (syngesis@yahoo.com and copy Jo Weber - joaweber@comcast.net) any information you have related specifically to your implementation of client service/culture change components of health care reform.** The following list of activities suggests what we are looking for, and we'd like as much specificity as possible. For example, if you adopted a model of customer service and/or organizational change, what model is it; what policies, procedures, and training materials are you using or are planning to develop; if you have established performance expectations, what are they, etc.

- Adopting or adapting a model of customer service and/or organization change.
- Producing policies and procedures or training materials for staff in customer service expectations
- Identifying specific performance expectations for your organization related to customer service and/or organizational change
- Identifying performance measures that will help you track your success with customer service and/or organizational change
- Using any external documents that have been useful to your thinking (ie: books, articles, reports from other states, reports from other disciplines)
- Finally, have you assigned one or more staff to this issue who we can talk to about your current activities and plans? If so, please provide contact information.

We will synthesize this information you provide, as well as additional information we are locating, and we will work with all of you to develop a feasible evaluation plan informed by this initial information you are able to share. We'll keep you posted.

Thank you so very much for your help with this first step! Please let Marla or Jo know if you have any questions. Please send your information by January 10, 2014.

- 5 Table 1 is adapted from *A Framework for Advancing a Culture of Customer Service in Health and Human Services* (April 1, 2013). In the original framework, step 2 of achieving culture change (left column) was represented as two different steps. However, it is difficult to differentiate between setting a vision and establishing an urgency for change in the activities reported by counties. Therefore, these two steps have been combined here.
- 6 The brief description of each step is quoted from *A Framework for Advancing a Culture of Customer Service in Health and Human Services* (April 2013) where more information about each step is available.
- 7 Section 24 of ABX 1 includes the following: 14102.5. (a) The department shall, in collaboration with the Exchange, the counties, consumer advocates, and the Statewide Automated Welfare System consortia, develop and prepare one or more reports that shall be **issued on at least a quarterly basis** and shall be made publicly available within 30 days following the end of each quarter, for the purpose of informing the California Health and Human Services Agency, the Exchange, the Legislature, and the public about the enrollment process for all insurance affordability programs. The reports shall comply with federal reporting requirements and shall, at a minimum, include the following information, to be

derived from, as appropriate depending on the data element, CalHEERS, MEDS, or the Statewide Automated Welfare System. They shall include all of the following:

(1) For applications received for insurance affordability programs through any venue:

- (A) The number of applications received through each venue.
- (B) The number of applicants included on those applications.
- (C) Applicant demographics, including, but not limited to, gender, age, race, ethnicity, and primary language.
- (D) The disposition of applications, including all of the following:
 - (i) The number of eligibility determinations that resulted in an approval for coverage.
 - (ii) The program or programs for which the individuals in clause (i) were determined eligible.
 - (iii) The number of applications that were denied for any coverage and the reason or reasons for the denials.
- (E) The number of days for eligibility determinations *to be completed*.

(2) With regard to health plan selection:

- (A) The health plans that are selected by applicants enrolled in an insurance affordability program, reported by the program.
- (B) The number of Medi-Cal enrollees who do not select a health plan but are defaulted into a plan.

(3) For annual redeterminations conducted for beneficiaries:

- (A) The number of redeterminations processed.
- (B) The number of redeterminations that resulted in continued eligibility for the same *insurance affordability* program.
- (C) The number of redeterminations that resulted in a change in eligibility to a different *insurance affordability* program.
- (D) The number of redeterminations that resulted in a finding of ineligibility for any program and the reason or reasons for the findings of ineligibility.
- (E) The number of days for redeterminations to be completed.

(4) With regard to disenrollments not related to a redetermination of eligibility:

- (A) The number of beneficiary disenrollments.
- (B) The reasons for the disenrollments.
- (C) The number of disenrollments that are caused by an individual disenrolling from one insurance affordability program and enrolling into another.

(5) The number of applications for insurance affordability programs that were filed with the help of an assister or navigator.

(6) The total number of grievances and appeals filed by applicants and enrollees regarding eligibility for insurance affordability programs, the basis for the grievance, and the outcomes of the appeals.