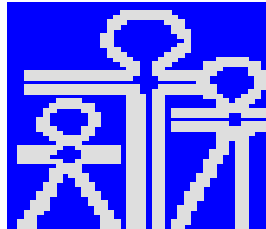


Washington State Quality Award

2007 Application



Region 4 Customer Service Center
Division of Employment and Assistance Programs
Economic Services Administration
Department of Social and Health Services

Region 4 Customer Service Center
400 Mercer Street, Suite 600
Seattle, WA 98109

Contact Person
Shawn A. Hartline, Administrator
Region 4 Customer Service Center
(206) 272-2149 or Hartlsa@dshs.wa.gov

Table of contents

Organizational Profile	i
Leadership	1
Strategic Planning	7
Customer and Market Focus	13
Measurement, Analysis, and Knowledge Management	19
Workforce Focus	22
Process Management	29
Results	34

Applicant Size and Site Locations

Percent of Employees Located in the State of Washington 100%

Total Number of Sites 3 sites

List a brief description and complete address for each site.

Region 4 CSC HQ- 400 Mercer Street, Suite 600, Seattle Washington 98109

Batch application processing- 1700 East Cherry Street, Seattle Washington 98122

Telephone center- 805 156th Avenue NE, Bellevue Washington 98007

Subsidiary Organizational Unit or Division

Indicate if the applicant is a unit, division, or other component of a larger parent organization. If the applicant is part of a larger parent organization, complete each of the additional items in this section.

- Yes, applicant is part of a larger parent organization
 No, applicant is not part of a larger parent organization

Parent Organization Name: Department of Social and Health Services

Address: 14th and Jefferson, OB-2, Fourth floor Olympia Washington 98504

Highest Ranking Official of Parent Organization: Robin Arnold-Williams

Title Secretary

Telephone Number 360-902-7800

Indicate if other units within the parent organization offer similar products or services. If other units do offer similar products or services, please provide a brief explanation.

- Yes No

DSHS Region 2 (Yakima area) provides similar medical application services.

Briefly describe any major business support functions that are provided to the applicant by the parent organization.

Staffing levels, funding for operations, general policies and procedures.

Highest Ranking Applicant Official in the State of Washington

Name Shawn A. Hartline

Title CSO Administrator

Address 400 Mercer Street, Suite 600, Seattle Washington 98109

Telephone Number 206-272-2149

Official Contact Person

Name Shawn A. Hartine Title CSO Administrator
Address 400 Mercer Street, Suite 600 Seattle Washington 98109
Telephone Number 206-272-2149 Fax Number 206-298-4443
E-mail hartisa@dshs.wa.gov

Address Feedback Report to: Highest Ranking Official Official Contact Person Other
(If Other, specify name, title, address) _____

Fee

Enclosed is the eligibility fee. Make the check or money order payable to:
Washington State Quality Award.

Ethics

Answering "yes" to any of the following questions requires further explanation; however, this does not imply that the applicant will be automatically disqualified. Provide supporting explanations on a separate page that is included with this Eligibility Determination Form. A member of the Panel of Judges may contact the applicant for additional information

Has the applicant been fined during the past five years for violating environmental laws?

Yes No

Have any of the applicant's senior executives/corporate officers been convicted of a felony during the past three years?

Yes No

Has the applicant been fined for income tax delinquency during the past three years?

Yes No

Is the applicant currently in the process of bankruptcy proceedings?

Yes No

Has your organization been convicted, settled or received sanctions or adverse actions under law (including malpractice, fraud, etc.) regulations, accreditation or contract in the past 3 years?

Yes No

Are you aware of anything about your organization that would bring embarrassment upon the Washington State Quality Award or the Governor if your organization was to be publicly recognized?

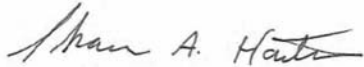
Yes No

Disclosure and Release Statement

I attest that the information provided in this Eligibility Determination Form and the Application to be provided is accurate and true to the best of my knowledge. Full disclosure of any circumstances that may negatively affect the Award has been made with the submission of the Eligibility Determination Form. I understand that the Award program may verify this information, and that untruthful or misleading information may result in forfeit of the Award. Furthermore, I certify that our organization is not engaged in any activity past or present that could be deemed embarrassing to the State of Washington, The Honorable Governor of the state of Washington or the WSQA. I understand that I must immediately notify WSQA if our status changes in any of these areas during the next 12 months and that I may be asked to revalidate this disclosure during the 12 months.

I also understand that members of the Washington State Quality Award Board of Examiners will review this application. I agree to host the Examiner team and facilitate open and unbiased evaluation of our organization if we are selected for a Site Visit. I understand that our organization will be responsible for paying all reasonable travel and related expenses for the site evaluation team.

I also understand that with the submission of our application, our organization commits to providing at least one individual from our organization as an Examiner in at least one of the following application cycles: the year prior to our application, this application year or the next application year.



Signature of Highest Level Organization Official

10/9/2007

Date

Printed Name : Shawn A. Hartline

Title : CSO Administrator

Address 400 Mercer Street, Suite 600 Seattle Washington 98109

Telephone Number 206-272-2149

Send these documents to:

Washington State Quality Award
P.O. Box 609
Keyport, WA 98345

Hartline, Shawn (DSHS)

From: Crisafulli, Joseph (DSHS)
Sent: Tuesday, October 09, 2007 2:57 PM
To: Hartline, Shawn (DSHS)
Subject: Fw: Sales Receipt from Washington State Quality Award

Attachments: Cash_Sale_1496_from_Washing.pdf



Cash_Sale_1496_fr
om_Washing.pd...

----- Original Message -----

From: Clarke, Dave (DSHS)
To: Crisafulli, Joseph (DSHS)
Sent: Tue Oct 09 08:24:22 2007
Subject: FW: Sales Receipt from Washington State Quality Award

-----Original Message-----

From: Washington State Quality Award [mailto:wsqa@wsqa.net]
Sent: Wednesday, June 27, 2007 1:37 AM
To: Clarke, Dave (DSHS)
Subject: Sales Receipt from Washington State Quality Award

Dear Customer :

Your sales receipt is attached

Thank you for your business - we appreciate it very much.

Washington State Quality Award

PO Box 609
Keyport, WA 98345

Receipt

Date	Sale No.
6/26/2007	1496

Sold To
DSHS - Region 4 Customer Service Center 400 Mercer St. , Suite 600 Seattle, WA 98109-4641

Check No.	Payment Method	Paid Through
400032H	Check	

Qty	Description	Rate	Amount
	Application fee for Full Examination Award 82 employees	1,650.00	1,650.00
Thank you for your business.		Total	\$1,650.00

Region 4 Customer Service Center (CSC) Organizational Profile

Organizational Description

Organizational Environment

The Region 4 Customer Service Center (CSC) enables low income individuals and families to access quality health care. The medical programs administered are largely geared to the aged, disabled, minor children and pregnant women. The medical programs administered by the CSC are funded by both the State of Washington and the federal government. The organization has an operational budget of \$4,568, 400 and a program budget of \$556,662,926. Our primary service is to determine customers' eligibility for Medicaid services. Authorization to receive medical benefits is delivered to customers by way of medical identification cards which are mailed directly to clients. When necessary, and the client so authorizes, these ID cards are faxed directly to medical providers and/or pharmacies to expedite service delivery.

Organizational Culture

The organizational culture of the Region 4 Customer Service Center (CSC) is one of continuous improvement in which all staff participates, not only to improve service delivery, but to build and maintain trust with each other and the people whom we serve. Our stated purpose is to assist people in accessing quality health care.

Our Vision Statement: **“We exceed our customer’s expectations every time”.**

Our Mission statement: **“People helping people live healthier lives”.**

The CSC’s key core values are trust, integrity, professionalism and innovation. We are a people business first and foremost.

Workforce Profile

Job Title	Total	Staffing %	Job Duties
Financial Service Specialists 1, 2, 3	43.5	82.9%	Process customer documents/answer phones
Financial Service Specialist 4	3	5.9%	FSS auditing/training/issue resolution
Social Worker 2	1	2.0%	Disability referrals
Supervisors	3	5.9%	Unit managers
Human Resource	1	1.9%	Attendance/Payroll
CSO Administrator	1	1.9%	Manages overall operation
Total	52.5	100%	

Of 52.5 staff in the CSC operation, staff ages range from 21 to 65 with a median age of 43. The staff is 34% male and 66% female. Based on self-reported ethnicity we have 6 Hispanic, 6 Black, 15 Asian, and 23 White, and 1 undeclared.

Educational backgrounds are as follows:

- PHD, LLD, JD 2
- MA 1
- Some Graduate Work 3
- Four Year Degree 17
- Some College w/o degree 8
- High School or GED 17
- Vocational school 5

All financial positions in the organization require a Bachelor’s degree or one to four years of relevant experience. The Washington Federation of State Employees union represents all employees, with the exception of the CSC

Administrator who is represented by Washington Management System. Formally defined employment conditions are established through state personnel policies, the union contract and WMS.

Key benefits for staff include:

- paid holidays
- one paid personal leave day per year
- sick leave
- optional life and disability insurance
- deferred compensation
- retirement system

Promotion within the organization is based on both talent and merit.

Key requirements and expectations of the CSC are shared with all staff when hired and at the annual performance review. These requirements and expectations focus on outstanding customer service, professionalism, reliability, teamwork, communication and ethics.

Facilities and Equipment

At the present time the CSC leases office space at four different physical locations within King County.

The CSC is highly dependent on Information Technology (IT) for its daily business activities as well as for ongoing data collection and analysis. Essential business functions employ a variety of network and mainframe applications. Most staff use dual monitors for viewing multiple programs simultaneously. Computers are continually upgraded to provide optimum processing speed.

The most important IT systems are the Automated Client Eligibility System (ACES), Barcode, CMS IP Agent program, CMS Supervisory program and Outlook Express. Management also makes extensive use of Excel for data reporting. Technology support is provided by a Region 4 IT staff pool from which IT staff is on site between 60-80% of the time. A significant number of IT issues are now capable of resolution from remote locations.

Regulatory Environment

The CSC operates within a highly complex regulatory environment. The laws, program eligibility requirements and public policies established for public medical assistance programs drive many of the business functions of the CSC.

The primary list of regulatory influences includes:

- United States Law, Federal Regulations (CFR)
- Washington State Law (RCW)
- Washington Administrative Codes (WAC)

Program managers at the state office level also write supplemental policies and operating procedures. Federal funding and attached program rules frequently influence the manner in which state laws and administrative codes are written.

Random program audits are conducted at the state level on various medical programs to ensure that program requirements are being met. Results of these audits are shared with the Region and the CSC and corrective action taken when appropriate.

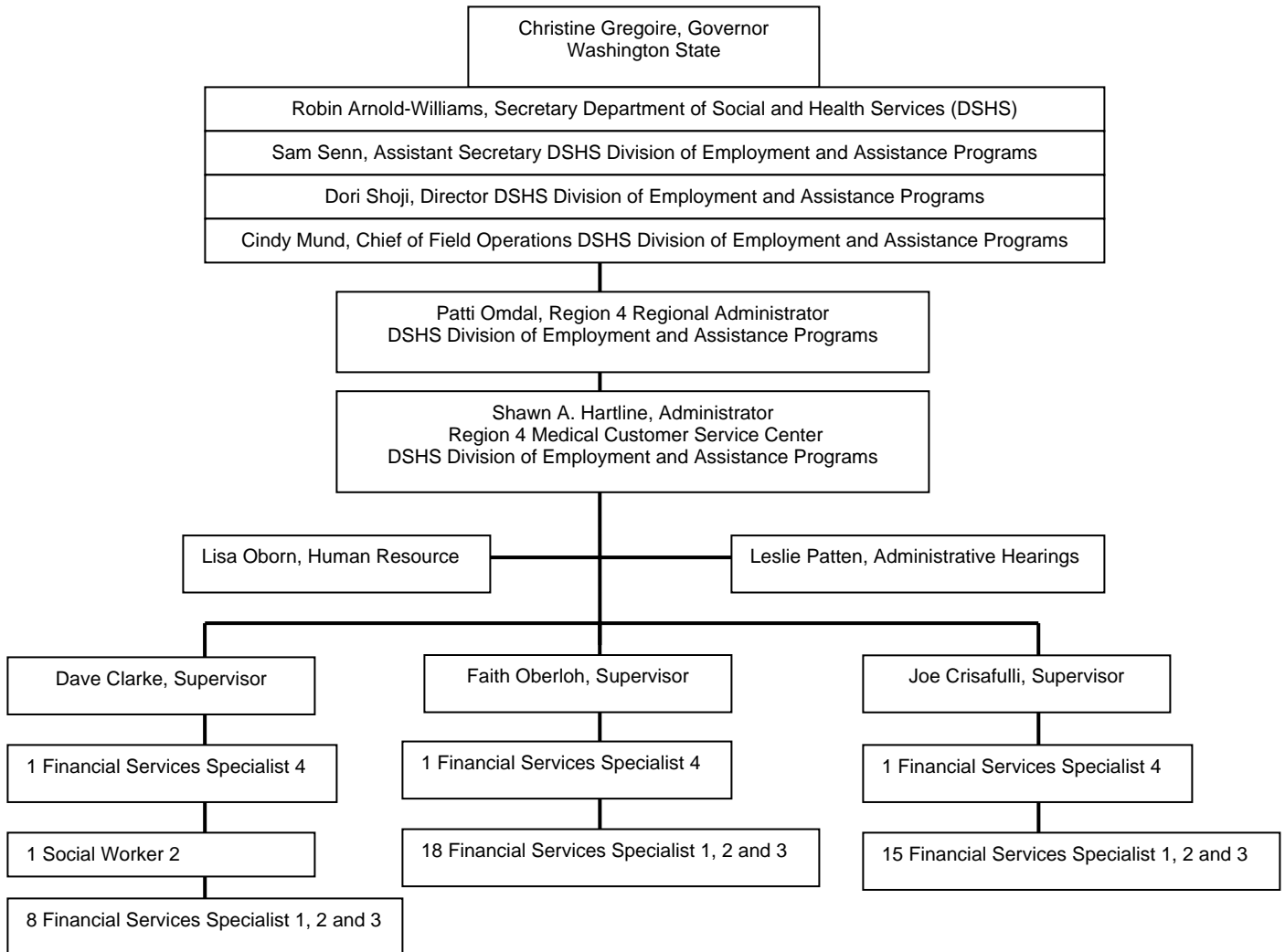
There are no special health and safety requirements attached to the CSC other than those that would apply to an office environment where in-person public contact is minimal.

Organizational Relationships

Organizational structure and governance system

The organizational chart below shows both the structure of the CSC and its reporting chain of command.

DSHS Organization Chart



Key Customer and stakeholder groups

The CSC provides access to Medicaid for all program eligible residents of King County who do not receive cash and/or food assistance plus it administers three specialized programs on a statewide basis – Health Care for Workers with Disabilities, Alien Emergent Medical and Hospice Care. Key customers of the CSC are public assistance applicants and recipients. These customers can, in some cases, have a combined household income level that is up to 250% of the federal poverty level (\$2,128 per month for a single person). Stakeholders include, but are not limited to, client advocacy groups, other public assistance offices, public health nurses, providers of medical services, tribal services, and the general public.

Key customer expectations include:

- Fast and easy access to CSC telephone staff
- Prompt resolution of issues
- Error free work
- Timely processing of applications and on-going case maintenance
- Receiving what is needed when they need it
- Effective referrals to other agencies and organizations when their needs lie beyond the scope of our charter.

Key stakeholder expectations include:

- Effective partnering with community agencies and service providers to achieve successful client outcomes
- Speedy resolution of client issues when problems occur
- Effective communication between stakeholders and the CSC

Partners and stakeholders are crucial to the successful administration of our Medicaid services. They not only monitor our performance but willingly assist us in resolving customer issues through referrals to other organizations as well as working with our shared clients to assist them in providing needed documentation necessary to determine eligibility, thereby reducing anxiety and frustration and speeding up their access to medical services when eligible.

Key customer partnering relationship and communication mechanisms

Financial staff processing client applications and changes of circumstance normally communicate with them by mail. However, in many cases where clarifications are needed, they frequently will telephone the client to secure information to expedite processing. E-mail is also used as appropriate to the circumstances.

Customers have multiple communication channels to the CSC. The CSC staffs a telephone call center from 8 am to 5 pm daily. Customers may speak to a financial worker directly during this time who will answer both general and specific questions. Clients also have access to a message line for the HWD program which will ask them to leave their name and what their issue is. This line is checked regularly and the customer called back. There is also a toll free "Answer Line" which customers can call to find out the status of their case. An additional communication channel available to customers is the use of client advocacy groups or other representatives to act on their behalf to clarify issues and generally speed up the eligibility determination process.

Key suppliers to the CSC are Central Stores (suppliers of office supplies), Department of Printing (forms and envelopes), and Correctional Industries (office modules and furniture). We communicate with these key groups via telephone and e-mail on an as needed basis to ensure that we have the necessary supplies and equipment to operate effectively.

Competitive Environment

Competitive Position

The CSC, as a governmental operation serving the public, does not operate in a traditional business competitive environment in which organizations strive to increase market share and improve profits and stockholder dividends. The CSC does, however, compete with other Washington governmental organizations and offices for allocation of funding for operations and staffing. This is mainly determined by program priorities defined by the legislature and caseload growth.

Another key factor that drives the allocation of resources for the CSC is the effectiveness and efficiency of our operation. Our operation has expanded, in short, due to the fact that we have demonstrated that we can do it better with less public monies than anyone else.

Within our governmental division, there are six regions that cover the state. Each region is permitted to administer "stand alone" medical in whatever way it deems appropriate. Only two regions, Regions 2 and 4, employ regional customer service centers where this type of medical is centralized. Other regions (1, 3, 5, and 6) assign this work to the individual CSO's (Local Community Service Offices) to administer.

Currently the CSC serves between 125,000 and 150,000 individuals residing in King County. In addition, the CSC serves 1,792 customers statewide in the Hospice, HWD and AEM programs. Based on prior data, the Region 4 CSC anticipates a caseload growth rate of 3 to 5% per year. The current market share of customers served is approximately one third of all people receiving assistance through the Economic Services Administration division within King County, Washington

Success Factors

There are a number of key factors that contribute to the ability of the CSC to outperform other regions and local offices in the administration of "stand alone" medical programs. Chief among these are:

- Establishment of staff led quality teams that mirror the seven WSQA chapters
- Use of Six Sigma and related quality principles at all levels within the CSC
- Support of senior leaders to innovate and create the future
- Use of data driven decision making

A key change that is taking place within the CSC is the growing ability to perform, i.e., to do the work better, faster, and with fewer resources than anyone else within the State. This has resulted in increased awareness and recognition within the parent organization of the value that quality processes have on positive outcomes. As more successes are achieved, more opportunities are granted to the CSC by the higher chain of command to innovate and collaborate with other offices and regions. An example of this efficiency, the HIU (Document Imaging Center) that was in the past run as a separate operation has now been included in the administration of CSC. The 2007 WSQA application is being submitted for the CSC as it was configured. We choose not to include the HIU because it is currently being integrated into our operation.

Comparative and Competitive Data

Key sources of comparative data for the processing of Medicaid cases comes from regional and state-wide data bases. The key source of data for measuring performance relative to established processing standards is DMS/Barcode. This not only allows us to evaluate our performance, but we can easily compare the performance of other offices to ours.

There is no national standard, either governmental or commercial, for service level or speed of answer for telephone call centers. The governor of the state of Washington has established a performance standard in this area and now requires call centers to target answering 80% of all incoming calls within one minute. Utilizing AVAYA CMS software (a system designed to generate reports on telephone activity) tied into the AVAYA IP Agent program, the two regional call centers and local offices can compare their performance against established standards. With newly acquired access to the IP Agent program in Region 2, the Region 4 CSC can compare its performance to its closest competitor. Comparative data from outside our industry is primarily available from the International Customer Management Institute, Center serve and the Call Center Learning Center.

Strategic Context

Strategic Challenges

Key business and operational challenges:

CSC to continue improving service delivery as measured by faster document processing and as well as improved service delivery for customer telephone access and to promote the growth of regional call centers since they are more cost effective and provide better customer service

The human resource challenge: To improve our ability to hire to the values of the organization, seeking, recognizing, and hiring people who have a talent and a passion for the work. The CSC has a number of advantages associated with these challenges. Staff within the organization understand and are committed to the goal of improving the operation and readily participate in moving the organization forward. The CSC encourages its staff to "think out of the box" to devise solutions to current and potential problems and to maximize opportunities that are presented.

As the efficiencies of the CSC develop, we set a standard for other offices in the region to emulate. We readily share our vision philosophies and techniques with other offices, in an effort to raise the collective level of quality and customer service in the region. During the past several years, a number of CSC staff has moved into higher positions within the parent organization which has assisted us in sharing quality values.

Performance Improvement System

Key Elements of Performance Improvement System

Key elements of the CSC's performance improvement system are:

- Annual employee evaluations with individual developmental goal setting
- Staff "Quality Team" meetings
- Annual staff and community partner surveys
- Quality focused training for Quality Team leaders
- Performance assessment (DMS/Barcode)
- GMAP

Leadership

1.1 Senior Leadership

a. *Vision and Values*

- (1) Organizational vision and values are established for the Region 4 Customer Service Center by the governor, the state legislature and DSHS headquarters. The DSHS mission statement is to “To provide the resources and support that help people build better lives.”

Senior leadership within the CSC, for the purposes of this application, is composed of the CSC administrator and the unit managers. This group has further defined our mission and values based on the unique character of our business and these have been heavily influenced by the expectations of our partners, customers and staff. Our CSC mission is to “help people live healthier lives”.

Agency headquarters and the state legislature define general visions and values for the operation of the department and its component divisions. It is permitted for an office or sub organization to further determine how the goals will be achieved, provided that they are not in conflict with departmental or legislative policy.

We have developed six key values that guide us in our quality journey: customer service, professionalism, reliability, teamwork, communication and integrity.

The CSC mission and its values are transmitted by the leadership team to the workforce in multiple ways. First, and foremost, is how senior leaders interact in person and via e-mail with staff on a daily basis. In addition, a thorough discussion of the mission and values is an integral component of the annual employee evaluation process. This information is also shared with staff in regular Quality Team meetings (in which all staff participate), individual unit meetings, at the quarterly all staff meetings, in the monthly CSC newsletter and the CSC website.

Our mission and values are shared with our community partners at regularly scheduled outreach meetings. A key partnership is the First Friday Forum where we participate with client advocates and health clinics for the benefit of customers who receive our Medicaid services. We also participate in the Second Friday Forum which is a leadership group composed of CSC management and community agency leadership. Additionally, we staff an outreach program with the Snoqualmie tribes with a mission of establishing liaison between this tribal group and the department.

The CSC’s mission and values are communicated to our internal stakeholders through participation in stated-wide committees and meetings that focus on strategic planning and implementation of state and federal rules and regulations.

Senior leader’s personal actions personify the values of the organization. This is exhibited in their behavior toward others; their verbal and written communications, their energy and enthusiasm as well as their ongoing commitment to empower staff to create the future.

- (2) Senior leadership personally promotes an organizational environment that promotes, requires and results in legal and ethical behavior by establishing clear expectations of what constitutes professional behavior, the need to adhere to established program procedures and ongoing training. These trainings provide not only what is expected of staff but “why” so that a better understanding can be achieved. Examples of this include, but are not limited to, trainings on rules regarding confidentiality, appropriate use of state resources, and procedures for reporting unethical behavior.
- (3) Senior leaders create a sustainable organization by linkage to and participation with Health and Recovery Services Administration and Division of Employment and Assistance Programs to become aware of and to assess the impact of changes emanating from new policies and programs. These changes originate in the Governor’s office, and from the state legislature and federal government. This participation enables the CSC to more effectively plan for change implementation so that when the changes take effect, a viable working system is already in place. In the realm of technological sustainability, the CSC annually

reviews its technology needs to ensure that the most advanced equipment we can purchase is available to support its mission and new policy and program changes coming from headquarters. For example, in 2007 new and faster computers as well as larger dual flat panel monitors were purchased to enable staff to process increased workload in a timely fashion. In 2007, SYMON, a telephone software system that analyzes the AVAYA database for the purpose of providing a customizable view to all telephone staff, is being considered. This would allow call agents to better manage their time based on current performance indicators and customer demand.

CSC Quality Teams, structured to mirror the seven sections of the Baldrige award, complete with team leaders, are assigned specific to review specific areas of the operation by senior leadership for procedural improvements. These teams, however, also have the authority to self-initiate reviews and to submit recommendations to the management team for operational improvement. Staff is encouraged by CSC management to “think out of the box” when formulating change. These teams, in addition to identifying areas for improvement, are also charged with analyzing the operational impact of their recommendations and making further suggestions when warranted. In short, “no fault risk taking” is deemed by CSC management to be an essential element for quality improvement in the organization.

Since any organization is only as effective as its leadership, the CSC is implementing succession planning to secure the future and to ensure that the quality values and vision of the organization are sustainable over time. To achieve this end, the CSC management team has established a succession plan in which the Quality Team leaders (FSS 3’s) will be given year long developmental job assignments as FSS 4’s to prepare them for advancement into management.

A key business result for the CSC is the process we have developed for the hiring of new staff. Our interview panels are composed of line staff, not managers, who use a prepared questionnaire that numerically rates applicants on their ability to meet the CSC profile established for success. The manager’s role in this process is to ensure that reference checks and personnel files for internal candidates have been reviewed. Thirty-three percent of current staff (17 people) has been hired through this process over the past two years. As a measure of our success, all staff hired through our new process is currently employed with the organization with the sole exception of one person who left to pursue additional formal education. Prior to the development of our quality process, we used a more traditional approach where managers would conduct the interviews and we would terminate approximately 13 % of all new hires within the first year.

b. *Communication and Organizational Performance*

- (1) CSC management communicates with and engages the entire CSC workforce in multiple ways. Of greatest importance and impact are the in-person verbal contacts they have with staff. Unit managers spend much of their time on the production floor talking to staff about the CSC vision, how we are doing as a team and as an organization and soliciting feedback. The CSC Administrator visits each office location on a weekly basis and meets with individual staff to share information about the organization’s vision and processes and to receive feedback. Other methods include CSC-wide e-mails that focus on recognition of individual, team and overall CSC performance as well as changes that are coming that will impact the organization’s operations. Another important element in the communication process is the CSC website. This tool includes the monthly CSC newsletter, a forum for staff suggestions and input, staff recognition and data on how well the CSC is performing in key business measures.

The CSC operates on a “no fault” problem solving basis. Management operates with an open door policy. Staff is encouraged to bring issues and concerns to the attention of senior leaders either in-person or by e-mail. This is also accomplished, in part, through the CSC website. Frequent section strategic planning meetings, regular team meetings, and all-staff meetings constitute additional forums for effective internal communication.

Senior leaders personally communicate key decisions during staff meetings. This affords staff the opportunity to ask questions and clarify issues which brings them “on board” more quickly, resulting in more effective implementation.

CSC managers take advantage of the annual employee review process to forth expectations for staff. Senior leaders in the CSC take an active role in staff recognition programs. Individual kudos is inserted regularly into both the CSC and Region 4 websites. Senior leaders plan quarterly recognition functions in

which individual, team and CSC-wide excellence is recognized. Employees are also nominated for annual individual recognition at the CSC and regional levels.

- (2) CSC managers, in conjunction with staff and community partners, create a focus on action to accomplish the organizations' objectives by conducting strategic planning meetings at the management, unit, and community partner level. These meetings focus on the reduction of cycle time for case processing, document scanning in the electronic document management system and providing faster and easier client access to the CSC. Cycle time for case processing is linked to a production schedule in ACES (statewide Automated Client Eligibility System) which allows staff to prioritize their work to minimize missed deadlines, reduce rework and subsequent client need to call the CSC to find out why benefits and communications were not received timely. As cycle time and rework reduce, the CSC vision moves closer to fulfillment.

The following performance measures are used by CSC managers to inform them of needed action:

- The number of unprocessed cases
- The average age of unprocessed cases
- The findings of case audits
- Staffing levels
- The average speed of answer for incoming customer calls
- The percentage of abandoned customer calls
- Telephone service level
- Documents scanned and indexed timely
- Meeting processing standards established by the state for specific medical programs.

CSC management focuses on creating and balancing value for customers, stakeholders and staff through participation in seven Quality Teams that parallel Baldrige Award criteria. This reinforces the values of the organization, its vision and mission statements to all staff. This process forms a fundamental element in the CSC's long term business plan. The values of the organization, together with the vision and mission statements, receive equal emphasis since each contributes to the CSC's successes.

a. Organizational Governance

- (1) The CSC reviews and achieves the key aspects of our governance system by:
- The CSC is responsible for approximately 125,000 to 150,000 customers for whom we fund approximately 556 million dollars in medical payments each year. We are charged with administering these assistance units to comply with strict federal and state laws surrounding processing timelines and eligibility criteria.
 - We have an annual operational budget of approximately \$4.5 million (operations and staffing). Within this operating budget we are held accountable to ensure that staff has the necessary training, tools and equipment to do their work and we are required to balance the budget to 0 by the end of each fiscal year. We assess the status of these budgets quarterly. We are also obligated to balance to a 0 FTE allotment which includes salaries and benefits of approximately \$3,500,000 (contained within the overall operations budget). We are expected to balance to 0 yearly and monthly reports are generated by Region 4 to ensure that this target is achieved by the end of the fiscal year.
 - The CSC generates daily reports to verify that federal and state processing deadlines are met and this is also subject to review by the general public. We generate weekly, monthly, quarterly and annual reports which we share with internal and external customers and are provided to them upon request.
 - We have a standard process to meet federal and state mandated outcomes. We employ key indicators that trigger when any category of cases or specific actions need to be subjected to our audit process. These indicators were developed from:

- Internal, state and federal audits,
- External partnerships, customer feedback, community advocate meetings
- We share quarterly reports with our partnerships, providing them with a detailed accounting of key measurements on budget, customer outcomes, internal processes, program accuracy and process efficiency.

- (2) The examination of the performance of departmental senior leadership and the chief executive (Governor) is based on ensuring that all federal and state mandated laws and regulations are executed timely and accurately. When changes and/or new programs are developed, we provide feedback to upper management around the process of implementation and provide crucial feedback on areas of success over the period of the change or new program implementation. Leadership is also evaluated based on feedback from customers, advocacy groups and the general public.

The performance of the governance boards, i.e., Health Recovery and Services Administration and Division of Employment and Assistance Programs, is evaluated multiple ways. Feedback is provided to the governance board by field offices, including the CSC, through participation in state level committees, requested clarifications of policy and upgrades in technology. This allows the CSC to be proactive in influencing service delivery changes in both policy and procedure as well as on how programs and changes are ultimately implemented and the impact they have on customers.

The Regional Administrator and the CSC Administrator work together with the governance board to ensure that all changes and new programs are implemented timely, accurately and effectively. This is accomplished through ongoing communication, focus groups, general meetings and feedback sessions.

b. *Legal and Ethical Behavior*

- (1) Potential adverse impacts on society resulting from our services and operations are addressed in several ways:

- Cases are audited at the individual, program, state and federal level to assess and address any potential negative impact stemming from incorrect eligibility determinations.
- Appropriate uses of state resources are addressed through staff training and monitoring.
- Feedback is elicited from community partners regarding our performance and its impact on others. This is accomplished through meetings, annual surveys, telephone calls, and e-mail contacts.
- Meeting with community advocate groups twice a month in which reviews are conducted regarding operations, policy, service delivery and upcoming changes and/or new programs.

The CSC has an Administrative Hearing Process in place in which customers may request to have their cases reviewed by an Administrative Law Judge if, in their opinion, they feel that the eligibility decision rendered by the department on their application was incorrect. A thorough review (audit) of the initial decision is made by the Fair Hearing Coordinator with the result being a withdrawal of the hearing request, a settlement or, in rare cases, an actual hearing before an Administrative Law Judge.

Public concerns, as well as current and future products, services and operations are anticipated in several ways:

- When the state legislature proposes legislation that impacts our organization, the CSC studies the proposed bill and estimates the impact that it will have on operations and customers.
- When the bill is signed into law, the CSC works with headquarters, the region, and community partners to plan for effective implementation of the new law, mitigating to the greatest extent possible any adverse impact this legislation will have on our customers, advocates, workforce and the general public.

Proactive preparation to address public concerns includes the following:

- The CSC reviews all program changes to determine what groups will be impacted by the change.
- We meet with or talk to any stakeholders we anticipate will be affected. We receive feedback from these groups and, if within our span of control and appropriate, we make changes to address their

concern. If the issues lie outside of our control, we provide feedback we have received to the appropriate group at a higher organizational level for their consideration.

Key compliance processes, measures and goals that surpass regulatory and legal requirements are fundamental to our success. The CSC uses twenty-seven data points that measures desired outcomes sought by federal and state governments. To achieve positive results for these twenty-seven measurements, we have developed Quality Teams that assure service delivery goals are met. Our goals also focus on complying with the requirements stipulated in the Washington Administrative Code. Quality Assurance is also based on WAC compliance. Performance review is the function of the auditing process and the Administrative Hearing Program. In the auditing arena CSC lead workers have two primary auditing guidelines. First, newer staff and selected medical programs are under 100% audit. Second, experienced staff is subject to random audits. We audit approximately 10% of all case actions, which is much higher than the statewide average. Over time, this has been proven to be a statistically valid sample.

Key processes, measures and goals for addressing risks associated with services and operations include the development of a specialized administrative team whose primary responsibilities are to monitor non-traditional day-to-day workload that helps to support senior leadership's desired outcomes. The Centralized Administrative Workload team also has primary responsibility for processing pregnancy medical applications (the highest priority caseload) as well as lists of cases from state office requiring updates. This results in a risk management model that effectively supports our service delivery goals.

- (2) The CSC promotes and ensures ethical behavior in all interactions by providing all levels within the organization with a position description form (job description or PDF) containing precise expectations surrounding customer service, professionalism, reliability, teamwork, communication and ethics. In addition, administrative policies, internet agreements, and professional development plans are reviewed with every employee within the organization annually, although they may reviewed more frequently if circumstances warrant. Leadership within the organization sets the example for appropriate behavior and is bound by the same legal and ethical expectations that apply to the general workforce. If anything, expectations placed upon management is higher.

Key processes, measures and indicators for enabling and monitoring ethical behavior include:

- External indicators - the general public, customers and community advocates. Feedback is received in the form of telephone calls, e-mails, written communications and in-person communication.
- Internal indicators - any state employee who lodges a complaint or participates in the Whistle Blower program.
- External key processes - state whistleblower program, contact through e-mail or phone, in writing or face to face contact. These processes can be initiated at any level within state government and can be made anonymously.
- We measure these areas through the processes outlined above and are required to respond whether conclusive or inconclusive and take appropriate action relative to any alleged breach of ethical behavior reported.

All alleged breaches of ethical behavior are subject to a formal investigative process which follows the chain of command and provides a detailed report of conclusive or inconclusive findings that may result in adverse action. In some cases, findings may also be subject to public disclosure. All elements of legal and ethical behavior can be initiated at any level by anyone within or without the organization at any time.

The CSC, as a component of the annual evaluation process, includes a review of staff expectations which touch on ethical behavior. Of greater significance, however, is the fact that the CSC hires to the values of the organization, therefore, if we hire staff that possesses a high ethical standard to begin with, the probability of ethical compliance is great. The primary measures of ethical compliance are an absence of internal and external complaints.

c. *Support of Key Communities*

The CSC supports and strengthens our key communities through multiple state-wide advocacy group meetings, including tribal outreach, that are held monthly. We also participate with advocacy groups in developing and implementing changes around our governance and social responsibilities.

Key communities are identified in several ways. An important element is partnering with key focus groups who determine what our community or other affected groups of customers need or who can assist the customer in accessing our services. We also pull demographic and program data to accurately identify groups of customers who, in our collective view, underutilize the services we offer.

Our key communities are the customers we serve, our community partners, advocacy groups and other state agencies that provide services to the customer.

The workforce and CSC management, in a joint effort with our partnerships, take a proactive approach to changes, new program designs, and outreach in order to benefit our communities as a whole.

For example, in the HWD program we have applied technology to identify and facilitate access to more comprehensive medical coverage program for customers who can work but who have a physical or mental disability. In 2004 we had approximately 60 customers participating in this program. By early 2007, through the combined efforts of focus groups, our workforce and improved technology, we were able to increase participation in this program by 433% to 260 customers. This allowed CSC senior leadership, in conjunction with community partners, to evaluate the effectiveness of the process we used to achieve this outcome. When we began this new program we were responsible for administering it only for King County residents; however, we enjoyed such success that we were given the added responsibility to administer HWD statewide. We now serve 974 customers statewide and the number is continuing to grow.

Strategic Planning

2.1 Strategy Development

a. *Strategy Development Process*

- (1) Strategic planning within the CSC is conducted by management team. This planning occurs through scheduled strategic planning meetings, e-mails, and in-person brainstorming sessions. A prime focus of this planning process centers around ensuring that the CSC has adequate funding for personnel and equipment to meet anticipated need. But strategic planning is more than this because we also look at new and better partnerships to better support our vision and mission. The CSC quality teams are also an integral part of this process because participate in translating the planning into effective processes and serve as a sounding board.

Key process steps in the CSC's strategic planning are:

- Awareness of new legislation that impacts the organization and its mission
- Analysis of HRSA and OFM caseload growth forecasts
- Systems using data to identify process outcomes
- Thorough discussion and planning around specific issues
- Feedback from Quality Teams
- Outside review of new operational systems and procedures prior to deployment of new programs or changes
- Implementation of changes and focused review to ensure that desired outcomes are achieved
- Maintain alignment with the CSC vision and mission statements

Key participants within our strategic planning are:

- Departmental and Regional headquarters
- CSC management
- CSC staff
- Community partners
- Advocacy groups
- Customers

Potential blind spots are detected, in part, by the inclusion of a wide range of participants within the strategic planning process, each of whom has a somewhat different primary focus. For instance, the First Friday Forum plays a significant role in our strategic planning process. This forum has over 300 members and includes representation from, among others:

- Community and county public health clinics
- Health Recovery and Services Administration
- Welfare rights
- The Region 4 Customer Service Center
- Local DSHS Community Services offices within Region 4
- Hospitals
- Solid Ground – a legal advocacy group

Key participants within the planning process also serve to identify scotomas or missing elements within the strategic planning process when plans are developed because they know that they will be impacted by these missing elements when plans are implemented.

In view of limited state budgets and the competition between state agencies for available funding, a major strategic challenge for the CSC is to secure adequate financial resources to meet and/or expand its services to better serve its customers. Another strategic challenge is to secure permission from higher leadership levels to expand our scope of operation. We have two distinct advantages. First, we are a state agency and consequently do not experience the same kind of competition from the private insurance sector. Second, with reference to expanding our scope of service, we have historically been

highly successful at what we do and we deliver better customer service for less money than any other comparable state operation or private organization.

Our short term planning time horizons range from six to twelve months and are focused on those elements that we anticipate can be accomplished within this time frame. We employ a daily report card that includes twenty-seven process measurements which feed into seven key dashboard outcomes used to identify changes that need to be addressed.

Our longer term time horizons focus on one to five years and are driven by anticipated legislative changes, future customer needs, workforce development, technology development and the time necessary to influence the political and social environment. Monthly, quarterly and annual report card data is used to anticipate and drive changes in long term planning. Health and Recovery Services Administration's Caseload Forecast Council has the task of projecting future medical caseload growth in Washington. The CSC uses this data as an element in its strategic planning process to lobby for necessary funding to meet anticipated caseload growth.

The management team also reviews staff skills and abilities on an ongoing basis to ensure that we have the right staff performing each job and that professional development is maximized and potential burnout is minimized.

(2) Strategic planning elements that support the governors GMAP requirements for the CSC are:

- Batch processing time
- Average speed of answer
- Telephone service level
- Auditing
- Service goal for administrative workload
- Percentage of Hotmail completed
- Days out for file only documents
- Grade point average of all areas

The measurements collected from these key areas identify strengths and weaknesses when compared to established standards of performance required by the GMAP program. For the CSC, strengths go beyond mere performance measures. We have acquired a reputation for fast service, high efficiency, excellent staff morale, a well developed technology base and an effective relationship with community partners and advocacy groups. These elements position the organization very well in our competitive environment. A threat to strategic planning occurs if the CSC is unable to meet established higher headquarters performance requirements. Failure to meet these standards over time risks the possibilities of outsourcing segments of our work or redesigning how services are delivered by us to the customer.

For the CSC, opportunities frequently occur that, based on our performance history, enable us to manage our operation in a proactive manner. This allows us to influence operations early on and provides us with the opportunity to participate in new and ongoing program redesign. A key outcome for us is that higher management echelons within the state frequently turn to us for input on new or redesigned programs. We assist them in designing the most efficient, effective way to implement change. This is another of our major strengths.

The CSC plans in four distinct phases;

- Requirements of upper management.
- Operations policy and technology
- Working with our community and customer.
- Staff input on the final design.

We employ a "plan, do, check, act" strategy to deliver these outcomes. We acknowledge that the requirements of upper management are strategic drivers but feel that we also have local strategic goals that are equally important.

The outcomes are set by upper management. We measure performance and revisit the outcomes if the desired performance is not achieved. We measure outcomes to influence efficiencies within the process. We also step outside of our business world throughout the year to look at private industry models that we feel possess the best available business practices. A recent example was our visit to Comcast's call center which has many operational similarities to our telephone call team. We also conducted a site visit to Snohomish County PUD which mirrors both our processing and telephone systems. Two key business outcomes for the CSC resulting from these visits were to review our training and telephone scheduling processes, enabling us to realign our processes to reflect private business best practices. The CSC also visited Countrywide Mortgage to look at their practices around paperwork processing. The mortgage industry has multiple documents that require signatures and verification which mirrors our business practice around determining customer eligibility. We adopted a number of their processes involving streamlining paperwork flow which enabled us to deploy a better quality assurance process (auditing). Site visits are an important part of our strategic planning process because we know that from experience that local government can lag five or more years behind the private sector.

b. Strategic Objectives

- (1) Key strategic objectives of the Region 4 Customer Service Center are to mirror the best practices of private industry whereby all customers receive the same quality of service regardless of the access medium, and to ensure that we have the most streamlined and efficient processes possible in place to be good stewards of the public trust and to meet or exceed customer expectations every time.

The next phase of our planning process is to accomplish our two year business plan that focuses on the key objectives outlined above. In the five year business plan we hope to find that the two year business plan goals were accomplished, including having upper management adopt this model on a statewide basis with the anticipated outcome of becoming one company rather than perpetuating the current model of sixty-four local service delivery models. Our focus areas will include expanding our advocate community statewide with our internal partnership, i.e., headquarters, to show the progress we have achieved during the past three years. We have better aligned ourselves with our internal partner agencies to ensure that necessary technology is in place to address our five year plan and that our systems are transparent statewide. We also sit on the statewide training committee and have successfully advocated for a standardized statewide training process. We also co-chair the statewide call center review team with a focus that mirrors the objectives previously outlined. This helps us in the achievement of our two year plan.

- (2) We address our strategic objectives, i.e., the implementation of best practices from private industry and consistent quality services, by site visits to industry leaders to evaluate their processes and see what elements can be incorporated into our system that will further our quality processes and enhance our ability to successfully move into the future. The CSC management team, together with the Quality Teams, continuously reviews where we have been historically, where we are now in our development and where we feel we ultimately need to be to operate at the highest level possible. We recognize that the short term goals of the organization are somewhat fluid but that allows us to take advantage of changing circumstances, funding, technology and legislative requirements.

We review our business plan on a quarterly, annual and as needed basis to ensure that we have the proper tools and resources to meet both long term and short term challenges and opportunities. When changes occur within the business plan cycle that has significant impact on our operation, we review the developments, taking a proactive position, and adjust our resources and processes to meet the challenge. We involve our workforce, community partners and upper level management in our planning and implementation processes.

2.2 Strategy Development

a. Action Plan Development and Deployment

- (1) We have developed action plans to achieve our key strategic objectives by creating a working profile using best business practices that we have gathered from site visits, research, working with the CSC quality teams, and employing the philosophy of working smarter, not harder. One example is the processing of electronic case actions before the ACES system intervenes. If a case is not worked in the system by a certain time of the month, the electronic system assumes that the customer did not take

appropriate action and will therefore automatically send termination notices to customer noting that they failed to act and close their case, even if the material needed had actually been sent in. Working the cases prior to computer driven deadlines prevents this action from taking place.

Key outcomes of the action plans are sustained by a daily review of our twenty-seven key measures so that any significant deviation from the norm will immediately come to the surface and can be researched and addressed.

We identify and articulate goals and objectives of the organization that are in alignment with the requirements of higher headquarters and the CSC's desire to excel. This focuses on rapid and accurate case processing, customer ease in accessing services and call agents, and an effective partnership between the CSC, community partners and the customer to achieve positive outcomes.

Our customers and their needs have been identified by legislative bodies based on perceived social need and cost considerations. Crucial success factors are determined to be public awareness of the programs available (marketing), sufficient staff and financial resources to administer the programs, and efficient processes to render accurate decisions in a timely manner.

We also continually reassess risks and obstacles to our operation. These encompass:

- Funding to meet need – program, staffing, equipment and facilities
- Lack of clarification regarding the eligibility determination process from headquarters
- Societal perceptions

Process measures for outcomes (the CSC report card) have been developed, in conjunction with customer surveys and other feedback, to measure the effectiveness of our operation. Critical elements include processing time and customer ease of access to call staff and application services.

A report process has been developed through the First and Second Friday forums to share this information.

- (2) We try to ensure that adequate financial and other necessary resources are available to the organization by employing a comprehensive dashboard system for our staffing model. For example, it requires more staff time to process an adult medical case than it does for a child's medical case. We utilize our staffing model to ensure that we have developed the correct staffing model for each general program area that we administer, within the staffing allotment received from region. We also use a daily staffing model whereby we assess each day's need and realign resources to meet anticipated or unexpected need. Because the overall operation focuses on the success of the whole and operates on the basis of trust, shifting assignments to meet unexpected need in particular occurs quickly.

We are given a budget each year for staffing and operating expenses and it is the expectation of upper management that we adhere to this budget. The CSC looks ahead at anticipated caseload growth, technology issues and staffing needs and establishes internal priorities for the expenditure of its funds so that those key areas centering on customer service are funded to the maximum extent possible. For instance, this year the Governor indicated that all children in the state of Washington should be provided with access to medical services. This goal will impact the CSC in terms of caseload growth which, in turn, will increase the need for staffing, technology and facilities for processing. The CSC has held funds back to help meet this additional workload through the future use of overtime and/or the need to hire additional staff. Staffing and budget allocations are reviewed by Region 4 headquarters each year with adjustments made based on office needs (caseload share) within the parameters of the funds that they have available to dispense.

- (3) The CSC is skilled at establishing and deploying modified action plans when circumstances warrant. Each morning the processing sections of the CSC assess their operational section needs and available resources for the day which revolve around workload and staffing. We have an operating agreement within the organization that each section needs to support the outcomes of the whole. An example of this strategy is that we review the daily staffing needs of the telephone team and make resources (staff) available if we feel that additional call agents are needed to provide required service levels and speed of

answer. Staff in the electronic case processing teams has access to the phone system and are cross-trained to the standards of the telephone team.

Through our linkages to higher headquarters, we receive advance notice of potential changes that are being considered by the legislature and/or the department. This provides us with up to six to eight months advance notice which allows action plans to be developed in advance of need. This enables the CSC to smoothly implement change without significant negative impact on our staff, our community partners or our customers.

- (4) Two key short term action plans for the CSC are the implementation of HB 5093 which is related to community outreach and HB 1088 which is a children's medical program for juveniles leaving correctional facilities. We begin the process by developing plans that address how we will deploy resources to meet anticipated workload (based on state forecasts), any organizational structural changes needed to administer these programs, community and advocate input, and how these changes can most effectively be implemented to achieve outcomes needed by state office.

For longer term action plans, the CSC focuses on what will be needed in the future to meet program and customer expectations. Chief among these are influencing the political and social environment, where possible, building new partner relationships for the future, acquiring new technology in advance of need, and devising alternate solutions to potential problems that may arise.

- (5) Key human resource plans necessary to accomplish both short and long term action plans center on consolidating the current four work locations into two. This will reduce cost and improve efficiencies within the organization. Another key action plan is the hiring process we use which enables us to consistently hire excellent staff that has talent for the work. A major part of both short and long term planning around staff is to hire the best of the best, train them in quality principles and values and make them available to other state offices and agencies as promotional or transfer opportunities, thereby spreading the quality vision.

We address potential impact on our workforce and potential changes to workforce capabilities and capacity by remaining focused on our successful hiring process, training processes, and program accuracy, bearing in mind that each staff member is unique in their makeup and requires an individual approach to achieve their best.

- (6) Key performance measures for tracking day to day progress on our action plans include:

- Daily report card with 27 measures
- GMAP reports

The five year business plan contains measures for both strategic goals and action plans. These are reviewed periodically to ensure that they remain valid and we measure ourselves against where we believe we need to be at any given point in time.

Our overall action plan measurements reinforce our organizational alignment by:

- Monitoring the twenty-seven daily measures and evaluating this data to ensure that what we have done supports the outcomes the organization seeks.
- Staffing model evaluated to ensure that we have the right percentage of staff assigned to each medical category.
- Ongoing interaction between managers and line staff to promote synergy and the CSC vision
- Staff skills and abilities deployed where they are most needed and where individual staff talent is best used.

The CSC management team ensures that our measurement system covers all key deployment areas and stakeholders by holding monthly meetings with our staff, community partners, internal quarterly reviews with the CSC management team, feedback from the general public and customers, monitoring the daily report card and identifying any issues that would impact desired outcomes and addressing these issues immediately, without delay.

b. Performance Projection

Performance projections for the CSC, based in part on our twenty-seven daily measures (see Chapter 7 for a detailed list), may suggest some significant changes that will aid us in meeting or exceeding the governor's GMAP requirements.

A major goal of the CSC is to participate in the restructuring of the Region 4 and Region 2 call centers to optimize customer telephone service. Initially, this would require each regional call center to provide back-up phone coverage for the other in order to cover for unit meetings, all-staff meetings and telephone system failures. This is expected to result in uninterrupted customer telephone access with little or no additional cost to the organization. A natural outgrowth of this plan would be, in the longer term, to share the phone queue for both regions to further improve customer service and satisfaction levels.

Our CSC telephone service goal is to answer 80% or more of all incoming customer calls within one minute or less. We also committed to processing all applications and changes of circumstance within 1.5 days of receipt and have correct eligibility determinations made on a minimum of 98% of all case actions. The telephone goals have been established by the governor's office and the maximum permissible processing times are set by state office. CSC staff, in conjunction with input from community partners and customers, has focused on achieving shorter paperwork processing timelines that would be applied to all medical programs.

We ensure progress towards achieving our projections by utilizing our standard processes which include data analysis, staff training and coaching, mentoring, quality monitoring and performance driven management.

If there are current or projected gaps in our performance when compared to best of class competitors, we address these gaps by analyzing their data, seeking out their best practices together with how and why the work. Then we review our technology needs, staffing model, processes, and consult with our community partners to effect change and achieve competitive status.

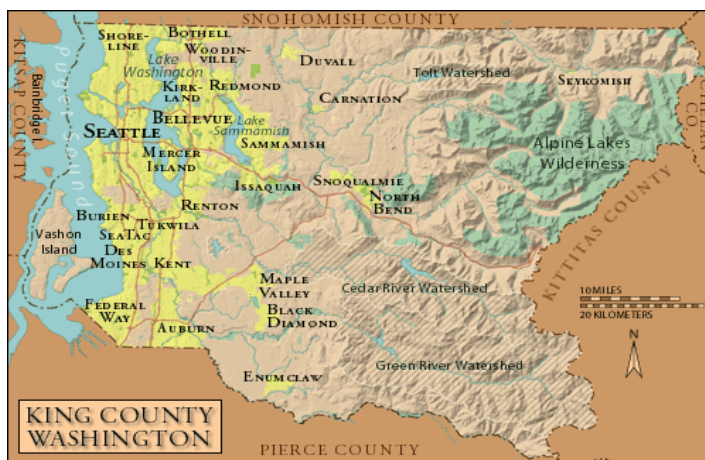
Customer and Market Focus

3.1 Customer and Market Knowledge

a. Customer and Market Knowledge

(1) The CSC identifies its customers, customer groups and market segments in several ways:

- Primary customers are Medicaid applicants and are identified for us by the federal government, the state legislature and higher headquarters based on legislation, policy and perceived social need. Community outreach and customer advocates assist in identifying customers for the CSC by networking with us. Market share for the majority of our programs is determined by higher headquarters together with referrals from community partners. With the exception of three programs (HWD, AEM and Hospice which we administer statewide) we are charged, at the present time, with administering Medicaid services only for customers residing in King County, Washington.



- Internal customers of the CSC, i.e., other state organizations, are identified by operational need and the chain of command.

The determination relative to which customers, customer groups and market segments are to be pursued by the CSC is largely determined by higher headquarters. Within these parameters, the CSC participates in community outreach partnerships to ensure that maximum levels of customer participation in our Medicaid programs are achieved.

In the traditional business sense, our primary competitor is the private medical insurance sector. We are, to some extent, in direct competition with these businesses. We are a supplemental insurance policy in cases where customers maintain private insurance coverage for themselves but need coverage for dependents and we are a direct competitor for insured's in others. This is also true of Medicare customers. We market our services to these groups by employing the same outreach programs that we use for uninsured customers.

(2) The voice of the customer is used to help determine our key customer requirements, customer needs and what changes will be most important to them. Because the vision of the CSC is to exceed our customer's expectations every time, we use their feedback (voice) to drive business processes that seek to secure results consistent with customer expectations and to further strengthen customer relationships.

For instance, a customer advocacy group came to us with a request to establish a more effective way to process emergency medical applications for customers who needed to have medical eligibility determined within forty-eight hours. To address this concern, the CSC implemented a new procedure whereby we assigned a contact person for advocates to call and provided them with a direct phone line and fax number for their use in emergency situations. This addressed their need and has proven, over time, to be not only highly effective but has further strengthened our relationship with advocacy groups.

While methods for customers are varied in terms of how they access us (in-person, phone, fax, e-mail, in writing), each customer receives the same level of attention and care. This is true regardless of whether the communication is in the form of a constituent concern, an administrative hearing request, a general question or the expression of appreciation for a job well done.

Relevant information and feedback from current and former customers is used at all levels of the CSC planning process. Information is evaluated for relevance and feasibility and, when appropriate, incorporated into our planning process. The CSC documents its policies, procedures and processes (CSC Playbook) so that we have historical information on and results from what has been implemented before. This enables us to maintain a positive progression in the quality growth of our operation.

- (3) Feedback from customers is vital to maintaining the CSC's focus on quality improvement. It is all too easy for even a well intentioned organization to feel that they somehow know what the customer really wants. Surveys completed in the business sector more, often than not, show that what management views as the customer's most important issues actually rank much lower than they assumed and that others management deem less critical are actually, from the customer's point of view, much more important (2007 Centerserve Best Practices Report). Feedback helps to overcome this trend. Feedback from customers, partners, other agencies as well as the CSC's own staff helps to refocus the organization's efforts that which are of the greatest importance. These issues are addressed through CSC management meetings, CSC Quality Team meetings, and section/unit meetings. All segments of the organization are charged with evaluating feedback and suggesting/implementing changes that address "real" concerns.

Feedback frequently presents new opportunities for the redesign and implementation of procedures which are far more effective than those currently in place. For example, feedback from the telephone team has indicated that when they have unit meetings and coverage is provided by the two processing teams that the service level provided is not as good because the processing teams, while cross-trained, are not as familiar with the nuisances of the telephone operation. Knowing the eligibility information is one thing but how to effectively and quickly handle incoming calls can be another matter altogether. This created a unique opportunity to work with the telephone team in Region 2 (Yakima) which provides the same kind of medical telephone service as the Region 4 CSC. Plans are currently underway to have Region 2 provide back-up phone coverage for our meetings. Our telephone team will, in turn, provide coverage for their meetings. The anticipated result is that when phone experts back up phone experts, the customer will reap the benefits of faster and better service. The development of caseloads staffed by certified translators to decrease processing times based on the ability to translate documents internally rather than having them sent out, is another example of taking customer feedback and improving internal processes to better satisfy customers.

- (4) The CSC polls its customer base, advocates, and staff (surveys) on a regular basis to determine their greatest needs and desires. This is done by eliciting feedback about what works well and what these groups feel needs to be changed to further improve service delivery and work environment. We also conduct site visits to business operations that best mirror our activities and evaluate information acquired from them, always looking for new ideas about how to do our work better and faster.

Information gathered from surveys, site visits, and other sources is forwarded to the appropriate Quality Team and/or the CSC management team for review and potential action. The information is also reviewed, in conjunction with the goals of the five year business plan, to validate that the business plan remains in alignment with the needs of the customer.

Also, where areas of technology are involved, joint meetings are held with technology managers to see what changes may be possible in the future to meet need generated by customer, community partner and workforce feedback.

These feedback mechanisms, in conjunction with forthcoming legislative changes, assist us in anticipating what customers want. This helps us to develop new procedures in advance of change.

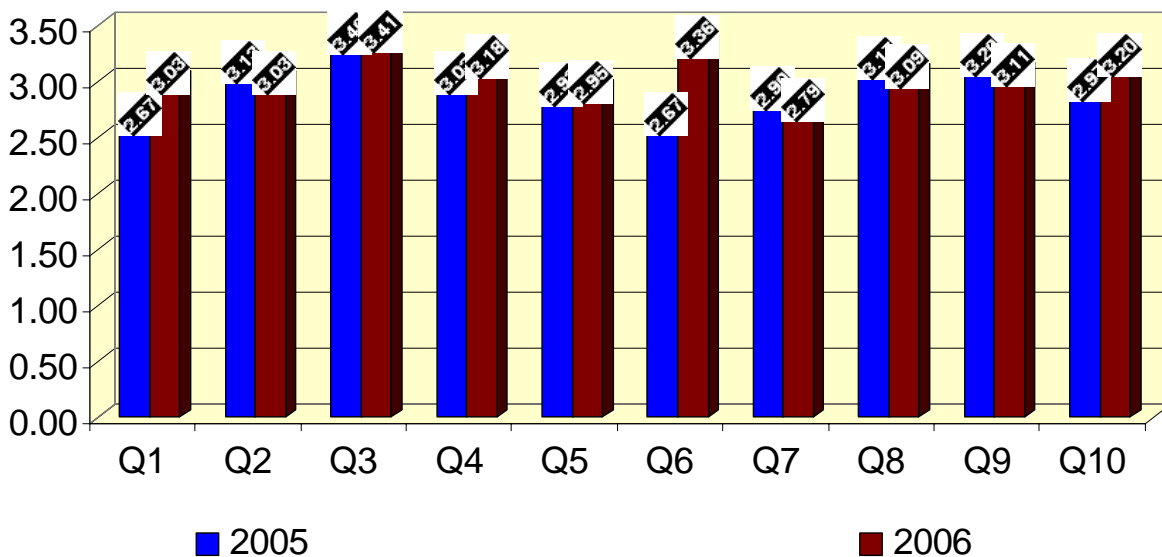
3.2 Customer Relationships and Satisfaction

a. Customer Relationship Building

- (1) We build relationships to acquire customers by participating in community outreach programs. We also provide medical application packets and focused training to advocacy groups and hospitals so that they can better assist customers in accessing our services. As a consequence of these interactions, application processing times have been reduced. An example of this process is the First Friday Forum.

This group meets regularly and is provided with program training whenever it is requested. This is, of course, a reciprocal arrangement because they share information with us about what is happening in their world together with how it will impact us. They also have ready access to the CSC by telephone, e-mail or in person in order to resolve any issues that arise in which they are involved. We have been successful, over the past three years, in building a high level of trust and communication between the CSC and the First Friday Forum general membership of 300 people. This has been validated by surveys sent to them in 2005 and 2006. Each person was asked ten questions and the answers were scored on a one to four scale, with four being the highest. The questions rated the CSC in providing customer satisfaction in areas ranging from telephone access to problem resolution. See chart below for average ratings for 2005 and 2006.

Question Wrap-Up by Rankings



Community partners ranked the CSC on a scale of 1 to 4, with 4 being high.

- Question 1 – Phone answered in 5 minutes or less?
- Question 2 – When I call, or my clients call, we get the help we need?
- Question 3 - How would you rate customer service?
- Question 4 – Staff answering the phones is courteous and wants to help?
- Question 5 – Staff are knowledgeable and well trained in medical eligibility
- Question 6 - When I have a problem case or think there has been an error; I am able to resolve it
- Question 7 – How fast are children’s medical cases processed?
- Question 8 – The call center sometimes asks for too much documentation of income or other information
- Question 9 - Asks about how fast applications are being processed.
- Question 10 – Is DSHS clear about requirements for medical programs and what is needed for applications

(2) Access mechanisms to the CSC are:

- E-mail
- Telephone
- Fax
- In person
- US mail
- Drop of mail
- On-line
- Advocacy groups
- Other agencies

Customer business and/or concerns can be addressed and resolved through any of the key mechanisms listed above. The CSC staffs a telephone call center forty-five hours each week (8 am to 5 pm, Monday through Friday) which facilitates direct customer contact with the CSC. In addition, we provide telephone translator services at the time of customer's call if the customer is unable to speak or fully understand English. Customers of the CSC are also able to access an interactive voice recognition system for basic inquiries regarding the status of their case. We also have an HWD message line that is checked throughout the day for customers applying for or participating in this specialized program. There is also a medical provider line which feeds into a separate phone queue that enables community partners with emergency needs to quickly contact the CSC.

Customer contact requirements include:

- Ease of access
- No financial cost
- Knowledgeable staff
- First contact resolution whenever possible
- Customer choice of method of access
- Being treated with respect and patience

(3) The goal of the CSC is to resolve all customer issues and concerns at the highest level of the organization – the first line financial worker – not at the lead worker or managerial level. In the CSC organization chart (how we view ourselves) the line workers are on top and management is at the bottom – a reflection of the value we place on staff and who management believes is the most important to achieve success. In most cases resolution occurs with the first contact that the customer has with the organization. Upon receipt of any customer concern and/or issue from any source, the financial worker initiates the following steps:

- Clarifies the concern or question
- Researches the issue
- Obtains any additional information needed
- Makes a determination based on law
- Notifies the customer of the decision and how it was reached
- Notifies any other party concerned

In some cases, complaints may go to advocacy groups or other offices. These are forwarded to the CSC lead workers or supervisors, normally via e-mail. They are assigned, in most instances, to the financial worker who will review the case and contact the customer, notifying the supervisor, lead worker, and other parties, if appropriate, of their findings.

In the event that the CSC is unable to resolve the issue to the customer's satisfaction, the customer has the option to file an administrative hearing request. An administrative hearing coordinator is employed to research the issue, determine if eligibility was correctly determined based on law and departmental procedures. If the case is correct, an explanation is provided to the customer. If the case is not correct, it is reworked and the customer notified.

If the customer is not satisfied with the outcome of the case review, they may, the customer may continue with the administrative hearing process whereby their case will be presented before an administrative law judge who will render a binding decision.

The CSC has found that customer dissatisfaction is minimized by processing their medical applications quickly and accurately, maintaining open lines of communication, being accessible and caring. This is consistent with our vision of working to exceed customer expectations every time.

Customer complaints are aggregated and analyzed and this information is used to improve the overall operation of the organization.

- (4) The CSC's approach to building relationships and to provide outstanding customer access centers around the use of Quality Teams and community partners to review customer input and thereby improve the organization's processes. Customer access to the organization is, in part, determined by the nature of the technology to which the customer has access. A recent example of the expanded use of technology is the ability of the customer to apply for medical services on-line, without the need to either come into the office or mailing us documents when they want to apply for services.

b. Customer Satisfaction Determination

- (1) External customer satisfaction and dissatisfaction is determined by customer feedback, usually in the form of a telephone call, an e-mail or a written document or from a formal survey (this includes training surveys when staff provides internal or external training). Internal customer satisfaction, i.e., workforce, is determined by the annual employee review process in which feedback figures as an important element. In addition to this, the CSC holds quarterly all staff meetings, monthly unit meetings, monitors the regional and CSC websites for staff input, and maintains an open door policy on the part of CSC management. Workforce loyalty has been demonstrated by extremely low staff turnover for any reason other than staff leaving to take advantage of promotional opportunities. During 2005, the turnover rate for the CSC was 30% for all causes. In 2006, as a consequence of our focus on quality and valuing staff, the turnover rate for all reasons was reduced to only 11%, including those who left for promotional opportunities or to reduce commute times.

We continually solicit information and gather data from our external customers regarding customer satisfaction. This feedback is objectively reviewed by CSC managers and the Quality Teams. Changes are instituted whenever possible to meet or exceed customer expectations. They are, however, subject to those changes that lie within our span of control. We cannot, for instance, change staffing levels, budget allotments, institute new medical programs or change eligibility rules; other areas such as where we assign staff, work shifts, which we hire and internal workflow processes do lie within our span of control.

For instance, data analysis has shown that approximately 40% of our customers are classified as having "Limited English Proficiency". These are customers who either do not speak English or have limited understanding of the language. The state requires that we have these cases flagged and that all documents are translated into their native language when actions are taken on their case. Of this universe of "LEP" customers, approximately 75% are Spanish speaking. Responding to feedback from community partners regarding delays in processing caused by the need to have all documents sent out for translation, the CSC created a specialized Spanish caseload that was designed to reduce processing time. The CSC acted swiftly and established a Spanish caseload staffed by state certified translators which met the needs of both the customer and our community partners. Another significant segment of the LEP population is our Vietnamese customers. A separate caseload staffed by certified Vietnamese translators was established to parallel the model employed for the Spanish speaking population. These two specialized caseloads have not only resulted in quicker processing times and earned praise from the community advocacy groups for our responsiveness to their needs, but has reduced overall translation costs (see Chapter 7).

Our overall level of customer satisfaction remains high. There are different determination methods for different groups. Customers, for instance, will register satisfaction levels via the telephone when calling the phone team. Advocates and financial staff in other offices will normally indicate satisfaction levels through e-mails.

- (2) Follow up with customers on the quality of our services is an important element in the pursuit of our mission statement. Before we implement a new service or process, the CSC solicits input from customers, the workforce and our community partners. After implementation, we seek feedback on the quality of service delivered. Feedback is also provided to the CSC at both the First and Second Friday Forums. The Quality Teams participates in evaluating the impact of these service or process changes and are authorized to recommend further enhancements in light of operational experience and/or feedback. Staff also receives real-time telephone and e-mail feedback from internal and external customers. This feedback is widely shared within the organization.

The CSC administers eligibility for medical insurance through multiple Medicaid programs offered by the State of Washington, in partnership with the federal government. As the "poverty level" is raised (the gross household income level below which people are potentially eligible for state funded medical insurance), more customers have a choice between paying for health insurance through private insurance carriers at a higher rate (premium) or of securing the same or better scope of care at a lesser rate. As long as the end use customer is satisfied with the state's medical programs and the manner in which they are delivered, they will, based on financial considerations alone, often elect to continue their coverage with state funded medical insurance which would otherwise be a market share of the private insurance industry. Customer satisfaction can be gauged by the growth of the medical caseload (percentage of caseload growth relative to normal population growth). Based on Federal Census data provided by the Washington State Office of Financial Management and OFM's own projections, the population growth of the state between 1990 and 2006 averaged 1.5% per year. OFM's 2005 Data Book and their April 1, 2007 Population Estimates, shows that the number of citizens receiving medical assistance increased at a rate that was nearly twice the percentage of population growth.

- (3) It is anticipated that as CSC customer satisfaction grows relative to the satisfaction levels experienced by private medical insurance customers, the private industry's market share will decrease (relative to gross revenue and numbers of insured) since insurance companies' may not be able to raise their premiums sufficiently to address the loss of revenue from this declining market. This may compel them to make changes in their business operations or to form a new partnership arrangement with the state. We changed the focus from a historical DSHS approach which stressed following established procedures to one that is performance driven, flexible and innovative that emulates the best business practices of private industry. Both management and staff seek examples of these best practices which are forwarded to the Quality Teams for review, development and implementation, if appropriate. A prime example of process in the automotive industry in an effort to improve productivity turned to workers on the assembly line for input on how to work more efficiently, empowering them to make many changes. Quality, efficiency and morale in the operation improved with no additional cost. This had been noted by the CSC and helped to drive the formation of Quality Teams.
- (4) The CSC strives to keep its approaches to the determination of customer satisfaction current with business needs and directions by reviewing what is done in best of class businesses within the private sector, new technological advancements, feedback from customers and through an on-going review of the CSC's five year business plan. These processes enable the CSC to maintain a proactive approach to effective determinations of customer satisfaction.

Measurement, Analysis, and Knowledge Management

4.1 Measurement, analysis and Improvement of Organizational Performance

a. *Performance Measurement*

(1) The data that is selected for tracking daily operations and overall performance of the organization comes chiefly from “Barcode” which is a rapid development database system that supports field operations. Currently the system supports twenty applications that relieve field staff from conducting labor intensive manual operations”. The main barcode applications we use are:

- The document management system
- Audit 99
- Barcode
- Electronic Case Record
- Fair Hearings Control System
- Inclusive Case Management System
- Random Moment Time Samples
- First Steps
- Family Planning

These applications, together with the mainframe Automated Client Eligibility System and CMS Supervisor/VAYA telephone software, form the core of our data sources which are used in our daily, weekly, monthly, quarterly and annual “report card”. The CSC employs 27 key “report card” measures gathered from these systems to measure the effectiveness of the operation. These key measurements focus on how many applications are received, how long it takes to get them into the electronic system, how long to process them, how accurate is the eligibility determination and, for customers calling in, we measure the average speed of answer, abandon rates and time and service level. These measures, because they are collected and analyzed daily, enable the CSC to quickly detect any anomalies that occur within the operation. If it is determined from analyzing this data that there is a trend in any performance measure data that is not consistent with the strategic objectives of the organization, CSC managers and the Quality Teams review the data and first determine if the measure itself remains valid. If it is valid, the group discusses the cause of the trend and implements change designed to bring the cause of the deviation back into alignment with the strategic objective, monitoring to ensure that the changes made were effective.

(2) The CSC selects data for its key measurements based on those elements that will impact customer service delivery and meet state and federal processing requirements. Within the context of service delivery, we consider the accuracy of our work, speed of processing, ease of customer access to our staff and programs as well as how customers are treated and what changes we can make to innovate for the future to be the most important elements of our operation. We try to place ourselves in the shoes of our customers. If we were them, what would we need from the CSC and how would we want to be treated.

Review of data, together with advance knowledge of forthcoming program changes, sparks innovation since we are always seeking better and more effective ways to do our work. Changes in programs emanating from state office or the federal government also provide fertile ground for innovation, particularly if something has not been tried before or has not previously been successful.

(3) The CSC has a written five year business plan that, in conjunction with its vision and mission statements, guides its future development and operations. Performance measures are continually reviewed to determine if additional data measures need to be added. For instance, as we develop and expand our outreach programs, additional measures will be added since ongoing or expanded funding from state and federal sources will be tied to performance. Our performance measurement system is highly sensitive to rapid or unexpected change because they are developed internally, do not require approval from higher levels of the department before implementation and are reviewed daily.

b. Performance Analysis, Review, and Improvement

- (1) The CSC uses a daily report card that addresses key production elements of our operation. We use this data to ensure that we have the correct staffing mix, appropriate processing times and phone times, and quality results. These report items are reviewed daily by the CSO administrator and they are also reviewed quarterly with mid-level management and front line service deliver staff to ensure that we are meeting or exceeding our service delivery goals. Two key pieces of this review process is that we identify are staff burnout and that we ensure that we have the right person placed in the right job at the right time.

We review all data points using a 30 to 60 day cycle. Our focus is centered on trends, stability and capabilities within our processes.

Employing the methods listed above enables us to communicate with our front line staff around “working smarter” concepts. We look at staff profiles to achieve the most streamlined and efficient processes to support our service delivery goals. This enables mid-level managers to balance staff leave requests on an individual hour, day or week of the month basis using a 30 to 60 day data pull. We also look at a month’s processing deadlines and how staff need to workload manage on a daily basis to accomplish required deadlines. This also addresses processing time and rework based off these deadlines and allows the organization to meet staff expectations surrounding around planned leave. Using the 30 to 60 day data pull, coupled with the methods above, also enables us to take a proactive approach in delivering changes or new program designs within the organization. We look at individual employees and match their skill levels to implement rapid change and to weave the change into our operational processes. This allows us to incorporate the change into the worker’s profile. During the past three years no change made has negatively impacted the organization’s ability to meet or exceed its customer service delivery outcomes.

- (2) The focus of the CSC is to continually review data outcomes so that we can reduce standard deviations at every available opportunity. Our experience has shown that if the deviation is small, less workload will come in. When dealing with laws, regulations, and policy, we endeavor to do it right the first time, eliminating wasteful rework activity. We participate at many different administrative levels of the parent organization and our primary focus is always to innovate and streamline policies, processes and technology applications.

When we are presented with an opportunity to participate in any of the workgroups outlined above, we turn to our Quality Team leaders to represent our organization. By doing so, the Quality Teams are able to incorporate recommendations surrounding issues critical to the CSC’s daily processes and work these changes into the worker profiles prior to implementation.

The CSC takes a strategic approach around priorities and opportunities by networking through focus groups and ongoing meetings, e-mails, phone calls and in-person contacts with our providers, headquarters, partner agencies and the CSC workforce to achieve consensus and organizational alignment with the mission and values of the organization.

- (3) The results of the organization’s performance reviews are incorporated into the daily report card of the CSC and new measurements are established whenever needed. We use these new measurements to re-evaluate our processes and workforce profiles to ensure that when implementing new changes to policy, procedures or programs, there is minimal adverse impact to any customer group.

4.2 Management of information, Information Technology and Organizational Knowledge

a. Management of Information Resources

- (1) Data that is needed by the workforce and our partners is made available in a number of ways:

- We use three statewide software systems (ACES mainframe, Barcode, ACES On-line) that supply data to all internal customers connected with our organization.
- We use the these data systems to deliver available data and information consisting of:

- Governor's GMAP reports
 - DEAP GMAP reports
 - Press Releases
 - On-line manuals
 - On-line administrative policy and procedures
 - On-line Washington Administrative Codes (governs programs)
 - Region 4 DEAP GMAP reports
 - Document Management System
 - CSC Website
 - CSC Newsletter
 - CSC Surveys
 - Daily, Monthly, Quarterly, and Annual report cards
 - Public disclosure
 - Client releases of information
- (2) At the CSC level we work to ensure that we have the most up-to-date hardware and software for our workforce and our partner agency, Operations Support Division of Information and Technology ensures that our systems are secured from unauthorized access. We participate in annual reviews to verify that our computer systems remain secure.
- (3) The Department of Social and Health Services conducts annual reviews of our disaster planning systems. Within these plans, our data systems are managed off-site with multiple back-up systems.
- (4) The CSC collaborates with the Operations Support Division to maintain and ensure that we have the most current technology available. This is generally done through quarterly, semi-annual or annual reviews. The CSC sets aside a portion its annual operating budget to offset the costs associated with are renewing/upgrading hardware and software based on a three year cycle.

b. Data, Information and Knowledge Management

- (1) The CSC ensures that the accuracy, integrity, reliability, timeliness, security and confidentiality of organizational data, information and knowledge are maintained by the methods below:
- On-line manuals
 - On-line administrative policy and procedures
 - On-line Washington Administrative Codes (governs programs)
 - Public disclosure
 - Client releases of information
 - Document management system

The CSC participates in many focus groups surrounding these key areas facilitate the secure and accurate delivery of these systems.

- (2) We employ a three stage approach to make sure that the delivery of workforce knowledge management has customer feedback processes in place. At stage 1, we strategically plan to have representation at the highest levels of the parent organization. At stage 2, when receiving the information from stage 1, we work with mid-level management to establish the business requirements for stage 3. This final stage empowers front line service delivery staff to utilize new knowledge, thereby permitting them to deliver quality services to the customer. This three stage process is a recurring cycle, like the Deming process of PDCA to arrive at the best customer service delivery possible.

Workforce Focus

5.1 Workforce Engagement

a. *Workforce Enrichment*

- (1) Key factors that affect workforce engagement for the CSC are determined by reviewing the daily report card to determine where staff skills best fit the needs of the organization. Primary factors that affect workforce satisfaction are determined using a two stage process. First, we monitor the daily report card with a special emphasis on outputs. At stage two, we review the employee's annual performance development plan (evaluation), specifically reviewing section 3 of the plan in which staff are asked about their career goals and pathways. We may elect to remove an individual from their current work activities and challenge them to undertake new skill building in more complex areas of eligibility determination. This approach allows us to address our number one performance issue - burnout. Past experience has shown that our employees sometimes become stuck in the same routine, resulting in workforce disengagement. This frequently yields decreased quality and quantity of production work. When we apply stage two, we place ourselves in a win-win situation, allowing management to put the employee's wants and needs, based on their expressed career goals, in front of everything. When correctly applied, our employees will always be challenged to grow, to learn and to develop new skills. In extreme cases, however, we have compelled our workforce to undertake challenges that they would never have considered doing, to continue their personal and career development. This is a key business focus of the organization and this same expectation and process may be applied to mid-level management. We address all employees on an individual basis; we do not segregate by work processing groups or individual skill sets. By doing this, we build personal business relationships with our workforce which results in staff investment, adding to the ability of the CSC and the workforce to excel. This is a fundamental approach that influences and changes the skills and abilities of the workforce which, in turn, alters the character of the larger organization as staff takes advantage of promotional or transfer opportunities to fulfill career goals.

- (2) The CSC fosters an organizational culture that is highly conducive to excellent staff performance and a motivated workforce. It all begins with the CSC's unique hiring process. Experience has demonstrated that when mid-level managers did the hiring, the CSC suffered a 30% attrition rate among new employees in their first year working for the organization. This was costing the CSC approximately \$4,700 every month for each employee whose job did not last a year. After reviewing historical data, the hiring process was radically changed so that it mirrored our vision statement. Because our employees have to work with the people we hire, why not let the employees drive the hiring process? We established a Quality Team whose primary job was to interview and to hire new staff for the organization. The net result of this non-traditional approach is that our attrition rate over the past twelve months has been reduced to from 30% to 11%, saving the organization, and ultimately the taxpayer, approximately \$84,000 per year.

The next step in the hiring process forced us to accept the fact that we were structured in small team approaches. We realized that we have to match skills, attitudes and abilities within these teams to achieve our desired production outcomes. This led us to establish developmental job assignments for staff career growth. We now pathway our exceptional senior employees into new sets of skills and abilities designed to achieve personal and professional growth. By participating in this job development, staff learned to lead a team of their peers to help achieve the organization's desired outcomes. This motivates all levels within the organization because pathways to further development and promotion are open to everyone. We do occasionally, of course, encounter employees who choose to remain in the same job for extended periods of time. We still encourage them, however, to further develop their skills and abilities within the scope of their current job.

What we have found with the small team approach is that we need a standard profile for our employees but, within that, retain the flexibility to empower our employees to use their skills and abilities to achieve the organizational vision and mission. Our organization does not deliver a production line process where all customers receive the same amount of time and consideration. Our staff has the flexibility to do what is necessary to deliver outcomes needed by individual low income households to ensure that they have proper healthcare available. The profile aligns with system generated deadlines that need to be addressed on a daily basis. This gives our employees the ability to look at every case on an individual

basis. The essential elements are to ensure that we do not duplicate work, we do the work correctly the first time, and that we meet all processing deadlines/timelines throughout the month.

Last year, two primary goals the CSC set were to have improved internal communication and workforce professional growth. As with any large organization, there are many strategies for effective communication. The CSC employs multiple methods to achieve effective two-way communication. We have an internal website that encourages peer on peer recognition and the sharing of information; a monthly newsletter written and produced by employees; and three deliverable topics which surround all areas of the operation. These deliverables can range from hot topics, general and specific information, up and coming changes, events or activities. All job announcements within state service are shared with all CSC staff by e-mail, the CSC website and in hard copy format.

Innovation and diversity are two additional elements that promote workforce enrichment. Job descriptions for all sections of the workforce are sufficiently detailed to identify what needs to be accomplished by each work classification but also broad enough to encourage risk taking and creative solutions. Employees feel valued not only because they participate in Quality Teams, where their input helps to shape the future, but because CSC management and fellow staff recognizes individual and team achievements through verbal recognition and electronic kudos at both the office and regional level.

Stress reduction and personal versus work balance is accomplished through several ways:

- Use of humor
- Celebration of birthdays and other workforce events
- Financial staff participate in small teams with collective responsibility for outcomes rather than individual responsibility
- Staff networking around taking planned leave – reach collective agreement based on workload.
- Management supports workforce taking leave when it is needed.
- Throttle theory shared with staff – slower times versus busier times.
- Flexible work schedules

The other element necessary for workforce enrichment is trust in management. Management has been very careful to support staff in their professional development and meeting personal needs. When agreements are reached between management and staff, they are kept.

The CSC is a transparent organization in that its productivity is evident to all members of the CSC who have access to this information through the barcode system. No production information is denied to staff; therefore, each member of the call center can review both collective and individual results of their efforts. This open environment creates and strengthens trust.

- (3) The CSC uses the workforce performance management system just noted to support high performance work and workforce engagement by utilizing both the employee feedback portion of our annual PDP's (evaluations) and our CSC report card system.

DSHS, as a whole, has no compensation plan based on individual performance excellence. We do, however, have a structured pay system that allows us to request an increase above the normal current salary. Each employee has step raises of 2.5% yearly, although we can request an additional 2.5% based on employee development. This is not a standard practice of the CSC; however, because of the relative short work experience of our employees. It can be a tool at the PDP cycle for employee retention purposes. We also have peer on peer, mid level management, senior management and community partner recognition for our employees. We participate in annual local and Region 4 staff recognition programs.

The workforce management system we use reinforces our customer and workforce system by using two fundamental goals to achieve desired outcomes. The first goal is our service level of 80-180 (80% of all incoming calls answered in three minutes or less) for our telephone call center and three day processing for the batch teams (when we receive requests from customers – applications or changes in situations, we respond to them within three working days of receipt). These two service goals were established by headquarters approximately five years ago as the key outcomes that local offices were to work towards. The CSC has exceeded these goals for the past three years.

b. Workforce and Leader Development

- (1) The learning and development that is identified by the workforce, including management, is addressed as a component of the annual evaluation process (PDP). Staff is asked to identify both short and long term professional goals. These goals are documented as part of the evaluation process and staff is enrolled in trainings aligned with those goals and is encouraged to take advantage of developmental opportunities (promotion, change in work assignment, and/or added responsibility) as they become available. At the next annual review, in addition to reviewing or establishing new goals, progress achieved towards the previous year's goals is evaluated.

Our core competencies are addressed by formal off-site trainings and informal on the job training that range from medical eligibility determination and how to process cases in the ACES computer system to HIPPA rules and regulations surrounding customer confidentiality. Our workforce is in continual communication with each other which supports information sharing as a standard practice. Any improvement developed by a group or team is rapidly shared with others in the organization and becomes the driver in a new and higher level of service delivery.

The CSC continually seeks out new technology to better support our vision and mission statements. For instance, the organization will soon be deploying a new data management system called SYMON that will enable telephone staff to have access to real time data that will tell them how many calls are waiting in the queue, how long they are waiting and what our current day's historical statistics are. This will allow the telephone workforce to be more responsive to customer needs and further engage the workforce in the goals and vision of the CSC. The open environment within the CSC encourages the workforce to make suggestions for improvement based on their individual experiences. This frequently results in new, innovative processes that are adopted by the organization. CSC "staff expectations" specifically encourages creative thinking coupled with the ability to take calculated risks in order to move the organization forward.

Throughout the year staff is provided with opportunities to further their development, both personal and professional. These opportunities include education and training, coaching and mentoring from Quality Team Leaders and mid-level managers. They are also afforded the opportunity for temporary developmental job assignments that prepare them for professional advancement.

The transfer of knowledge from senior to junior members of the organization occurs on an ongoing basis. For instance, in the financial processing sections, staff is formed into small teams, usually three to four members, one of whose members is the team leader, sharing their knowledge with the others. This has proven to be an excellent method of delivering training to newer staff or staff who is learning specific programs in which they do not have experience. New skills and knowledge also comes from trainings provided by headquarters, region and outside agencies such as INS. Senior CSC management also conducts exit interviews with staff who leave (regardless of reason) to learn their views of the operation and what they think we could do better.

New knowledge acquired from staff experience or program changes emanating from headquarters or region is rapidly incorporated into the daily operation of the CSC. The new knowledge is disseminated through formal and informal training by staff that is knowledgeable in the specific subject or process. When trainings are conducted internally, feedback on the quality and clarity of the training is solicited through a standardized evaluation process. We hire staff who have a talent for the work and who are self-driven. It has been our experience during the past three years, given our hiring philosophies, that the quest for knowledge and growth is internal, i.e., within staff itself.

- (2) The development and learning system for leaders mirrors the teachings of W. Edwards Deming, Walter A. Shewhart as well as the lessons imparted through Six Sigma and other quality teachings. Personal leadership styles are critical to our success. We develop these attributes through trial and error, seeing what works to motivate ourselves and others and continually refining them. This results in personal and professional growth for managers within the organization. Managers also participate in trainings that support professional growth and a better understanding of quality and how the organization and its customers benefit from its application. These trainings include Six Sigma, Investment in Excellence and trainings presented by the WSQA. As the organization has matured, quality teachings have become a central part of extended management meetings (CSC and the HIU) and also drive much of the discussion between unit managers in one-on-one meetings.

We encourage and receive feedback from the workforce about how well we perform our roles as leaders and what they think we should do differently to be more effective. In addition, managers within the organization participate in public speaking to the community, our partners and staff.

The development of organizational knowledge is enhanced through participation in statewide and local workgroups that focus on our medical programs and the processes by which they are delivered. We also participate in regularly scheduled meetings with community partners and advocacy groups where we not only disseminate information but receive feedback from them about their needs and the needs of the customers. We incorporate this new knowledge through a process improvement system, resulting in an improved service delivery model.

Organizational knowledge also revolves around our workforce, our flexibility in processes, and our adaptability to changing societal needs and political climates. Behind this is wisdom which guides the application of all organizational knowledge. Without wisdom guiding our organization, we would surely fail the quality process.

The ethical business practices of the CSC are determined by the federal government, the state legislature, state office and the region. Because we hire to the values of the organization – which includes a sincere desire to help others – it follows that our staff bring with them ethical personal values and business practices. Above all, it is understood and accepted within the CSC that we treat everyone as we would wish to be treated.

Our leadership core competencies are the ability to inspire, the ability to delegate, creativity and the ability to follow through. These are addressed by hiring leaders, not traditional supervisors or managers. Growth within the range of competencies noted above are enhanced by formal off-site trainings as well as by informal OJT that focus on how to communicate effectively with others, how to help others achieve their potential, and how to identify and resolve chronic and/or acute issues and problems. Our leadership is in constant communication with each other which encourages widespread information sharing as a standard operating practice. Any improvement developed by one manager is rapidly shared with the others.

The Region 4 Customer Service Center management team continually seeks new methods to improve the operation of the organization and to better align itself with the vision and mission statements. One way we achieve improvement is to view the results as you wish them to be at the end and then work backwards to determine what needs to be done to achieve them. For example, the CSC report card looks at end data. When data reflects performance that does not meet expectation, we review processes and staffing to determine the cause. We then make changes to the front end to produce the end results we need. The open environment within the management team encourages every leader to contribute suggestions for improvement based on their individual experiences and talents. This frequently results in new innovative processes that are adopted by the team. It is the expectation that the leadership team, as well as staff, “think out of the box”.

Throughout the year our leadership team is provided with opportunities to further their personal and professional development. These opportunities include off-site education and training as well as coaching and mentoring from senior leaders within the parent organization. This has included participation in the Administrator’s Academy, Supervisor Training, Six Sigma, and Investment in Excellence training. Managers are also afforded the opportunity for job assignments that, while they may lie outside of the traditional manager role, will further prepare them for professional advancement.

- (3) The effectiveness of our workforce and leadership development and learning systems is determined by reviewing our CSC standard report card, feedback from our workforce, partners, and the community as well as from higher headquarters. The annual PDP solicits feedback on individual performance and it asks the individual for an assessment as to how well their professional needs were met during the preceding year. We also have a region-wide assessment tool conducted by management at the regional level which solicits feedback from the workforce as to how well the managers of their operations have performed during the past year and it asks staff if the leadership team has provided them with the tools, direction and support necessary for them to do their jobs and to grow professionally.

- (4) Career progression within the CSC is, in part, an automatic process based on time on the job. We also consider the suitability of the employee for the work. This suitability has, with the success of the new hiring process, become a lesser issue. Advancement from FSS 1 to FSS 3 occurs automatically in fifteen months. For advancement to the FSS 4 level (Leadworker) the management team reviews personal and professional development as well as their talent for the work. The CSC has changed its focus so that we now hire talented people who are capable and interested in advancement to the managerial level. At all levels within the organization, we seek staff that share the vision of the organization and will add value to the organization and to our customer delivery system. At some point in staff career development it may become necessary for staff to move outside of the CSC to take advantage of those promotional opportunities that they have become capable of performing well. The CSC philosophy is to become the best you can be, even if this results in staff leaving the organization. Sharing talented staff with other offices helps spread quality principles, values and goals. Everyone benefits.

Succession planning is a key ingredient in the CSC's strategic plan. For example, the CSC has implemented a developmental job assignment program in which talented line staff participates for professional development and more rapid promotion. The promotion may occur within the CSC or within the larger organization.

Succession planning for unit managers is keyed, in part, to the developmental job assignments noted above. It is anticipated that new managers and lead workers will be developed internally and promoted as vacancies in these two positions become available, provided that staff in the developmental positions are ready for advancement. While managers and lead workers may also come from outside of the CSC, they will need to possess a basic understanding of and belief in quality concepts and the ability to practice them.

As the region as a whole learns more about the benefits of quality in strategic and operational planning, particularly how the application of quality principles improves operations and strengthens relationships with customers and the community, senior leadership at the regional level will be encouraged to replace a quality driven administrator with one sharing these same values. In the event that an administrator leaves, it is expected that the administrator leaving would provide input regarding their replacement and training on how the CSC operates. This would be important to maintain continuity during transition.

c. *Assessment of Workforce Engagement*

- (1) Assessment of workforce engagement is a vital element of any successful operation. Our operating premise is that there is a direct correlation between engagement and productivity. Each member of the workforce, from office assistant to manager, at the time of hiring, and at their annual performance review is asked if they understand and support the values and mission of the organization. They are evaluated through the CSC daily report card and the employee surveys that are completed during the employee's annual review. The report card is used to measure efficiency and thereby gain insights into the degree of workforce engagement. The employee survey is yet another formal method of assessing workforce satisfaction and engagement (see chapter 7). Results of the last survey show that engagement of CSC staff is significantly higher than DSHS as a whole, DEAP as a division, and Region 4. While we do not have sufficient data points for conclusive proof, the results we have are in alignment with our operating premise. In addition, the management team participates in frequent one-on-one employee meetings throughout the year to assess not only workforce engagement, but staff satisfaction. These methods are consistent within the organization and are not varied by team or type of work performed. Other measures of workforce engagement look at attendance, staff retention, safety issues, grievances and individual and team productivity. These areas are monitored on an ongoing basis so that management can detect any changes in workforce engagement should they occur.
- (2) The CSC is able to relate the assessment findings to our key business results. Data has shown that the CSC has achieved superior business results due to its highly engaged workforce. We continue to encourage our workforce to seek greater efficiencies in our operations. They rise to the challenge.

5.2 Workforce Environment

a. *Workforce Capability and Capacity*

- (1) Staffing levels within the CSC are determined by higher headquarters. The skills and competencies are determined by the CSC through the PDF (job description) based on what has historically been found necessary to perform the job with additions that focus on what is necessary to maintain a quality focused organization. Capacity needs of the CSC are based on historic caseload, adjusted annually based on our share of regional caseload growth.

Capability is determined by meeting or reducing processing timelines as indicated by the daily report card. We also assess workforce capability by creating daily and monthly production reports, comparing individual staff outputs with themselves and others in their groups, with adjustments for differing levels of experience. An additional element in measuring workforce capability is individual versus group audit findings.

- (2) New employees for the CSC are recruited through state job postings, electronic websites and referrals from current employees and community partners. Our hiring process utilizes front-line staff to interview and make recommendations for hiring and placement within the organization. The interview process is standardized, consistent and fair. Using this process we have reduced the new employee turnover by two thirds within the new staff member's first year of employment. We believe that it is critical that the right employee be hired for the right job. Correct placement within the CSC is facilitated by our hiring process since the interview panel is composed of staff members from all work units within the organization. Staff turnover, based on our hiring the right person, has been dramatically reduced over the last three years, with the exception of staff taking advantage of promotional opportunities outside of the organization. This hiring process has also increased workforce engagement since staff plays a significant role in deciding who is hired. DSHS has, for many years, focused on building diverse staffing, not only in terms of ethnicity, but also of ideas and thinking. While the search for cultural and ethnic diversity is an important element in the hiring process, the primary focus has always been to find the right talent. This has, over time, produced the diversity desired by the organization and higher headquarters. The CSC began with these precepts and has added to them since its formation. The composition of the interview panels, for instance, is diverse in all of the areas outlined above, thereby ensuring a continuation of this philosophy.
- (3) To accomplish the work of the organization, we hire the right person for each job. The CSC hires "talent and belief systems" instead of traditional job experience. Experience and job knowledge can be taught, talent cannot. The training and development process to become a successful financial or telephone call agent takes place over a number of years and consists of formalized job specific training, on the job training, and mentoring. Over time, based on individual production data and staff input, we further identify individual talent and skills and work towards placing staff in positions where their true talents lie. Because staff is properly assigned within the organization, we are able to maintain a customer and business focus while maximizing individual performance. This has enabled the workforce to achieve synergy and to display the flexibility and adaptability necessary to meet changing needs.
- (4) We have prepared our workforce for changing capability and capacity needs in a number of ways:
 - Formation of three to four person teams who specialize in certain types of case actions. These teams manage their workloads on an ongoing basis and structure their work unit to respond to increases in workload without the need to add additional staff.
 - Focused trainings on changes in program eligibility and procedure
 - Improved computer hardware and software
 - Training in processing and telephone monthly cycle times

b. *Workforce Climate*

- (1) The CSC safety and security needs are addressed by both a Quality Team (composed of members from each work unit) which is charged to continuously evaluate changes in safety and security needs identified by the workforce and the parent organization which establishes and monitors state-wide standards. The parent organization also provides ongoing health tips, ergonomic assessments, staff medical coverage,

and other safety related information. The CSC operates in a controlled access environment which restricts entry without a security badge.

The parent organization (DSHS) provides upgraded security and safety regulations as issues are identified or brought to their attention. Because this is an area of growing concern state-wide, upgrades regarding safety and security occur more quickly than at any time in the past.

The CSC is an office environment. All of our locations operate with the same level of security, health and safety consistent with this type of work environment.

- (2) The CSC supports the workforce by way of policies, services and benefits that are established by state office. The benefits provided to the workforce are equal for all – salary, medical, and each employee has the same options regarding additional benefits including deferred compensation, life insurance and disability insurance.

State office is interested in developing a diverse workforce that mirrors its customers. The support that is provided to the workforce is tailored to meet these needs. These include reasonable accommodations, flexible work schedules and overtime.

Process Management

6.1 Work Systems Design

a. Core Competencies

- (1) The core competencies for the CSC, that is things that we do well that provides customer benefits, is hard for competitors to imitate and can be applied in many areas, are determined by three key work areas (case processing, community outreach, and customer telephone access) together with the competencies associated with the management team enable the CSC to be highly successful.

The core competencies required for case processing are:

- Knowledge and understanding of eligibility rules and regulations
- The ability to correctly apply these rules and regulations
- The ability to process case actions timely

The core competencies associated with outreach are:

- Knowledge and understanding of the department's rules and regulations.
- The ability to correctly apply these rules and regulations
- The ability to effectively convey information to the customer
- The ability to network with others both inside and outside the agency
- The ability to be an effective communicator – both in writing and public speaking
- An understanding of people and how to work with them effectively

Core competencies associated with the telephone call center are:

- Knowledge and understanding of the rules and regulations of the department
- The ability to correctly apply these rules and regulations
- Effective communication skills including the ability to listen, to empathize, to defuse hostile clients and refocus them to achieve positive outcomes.

These core competencies have developed over time, in part through historical experience, trial and error, as well as knowledge gathered from the application of quality processes. Without these core competencies, the CSC would not be competitive because it would be unable to effectively implement action plans, achieve the CSC mission statement or work towards the CSC vision statement. In terms of competitive environment, the core competencies enable the CSC to capture a large percentage of customers, primarily children, who are either not insured or who are uninsurable by private insurance carriers.

- (2) The overall work systems of the CSC are designed at the legislative and state headquarters levels in terms of workforce allotment, general processing guidelines and the computer systems employed. There are no external resources used by the CSC outside of the department other than community partners who assist our customers in the medical application process. Within these general outlines, however, the CSC has local control of how staff allocated to it are deployed, resource allocation, and for establishing local systems that are more effective than those required by state office such as the CSC report card which provides more real time data measurements.

The CSC operates on a “working smarter” philosophy. For example, internally, the processing teams follow the ACES monthly production schedule (an external resource) which results in significant reduction in rework and helps to ensure the delivery of timely benefits to customers. Following the production schedule also allows staff to better organize and prioritize their workloads, thereby gaining greater efficiencies.

Other processes that are internal to our organization include:

- The goal of processing all pregnancy applications within five working days instead of the external requirement of fifteen working days.

- ACES production calendar
- Audit process to catch errors prior to case finalization and to determine when additional training needs to be done relative to specific programs or for individual members of the workforce. This also enables the CSC to avoid or limit any additional corrective action requirements emanating from state office.

Local process design is a core function of several of the Quality Teams. Staff within the organization is charged with ongoing evaluation of how the work gets done. An element of this process is to identify areas where improvements and efficiencies can be gained by changing our current work practices. Any member of our workforce can make a recommendation to the appropriate Quality Team. The team initiates a review of the issue and the proposed change. Recommendations, together with an evaluation process, are presented to management for review and action. This follows the plan, do, check, act sequence.

b. *Work Process Design*

- (1) The key work processes of the CSC are to correctly determine and/or redetermine customer eligibility for medical benefits, to expand the customer base through outreach and networking with the community and to provide customer access via the telephone and e-mail to the organization.

The key work processes we employ drive the core competencies we need. The work processes we use are imperative if we are to deliver customer value, achieve organizational success and sustainability. These documented policies and procedures standardize the methods of operation and they enhance the timely delivery of medical benefits. These procedures and policies are posted on the CSC website and, as living documents, are reviewed and revised as circumstances warrant. This generally occurs whenever a new medical program or procedure is implemented. It is our standard practice to review all policies and procedures annually, normally at the time of staff evaluations.

- (2) Key work process requirements are driven by policy, performance goals such as case backlog and operational conditions such as the ACES eligibility mainframe system. It is also, of course, determined by the nature of the business. While input from partners, customers and collaborators does not alter state and federal process requirements, it does influence processes surrounding how the work is done within the required regulations, together with ease of customer access to the CSC. Key requirements for these processes to operate effectively center around open and effective communication with partners and collaborators coupled with a shared vision. With respect to customers, patience, empathy and a sincere desire to help are vital elements.

- (3) Key work processes are designed by higher levels of the organization (state and region headquarters) to meet legislative and federally mandated program requirements. Processes within the span of control of the CSC are locally designed by management, in conjunction with input from and review by Quality Teams, to meet customer and partner needs. Frequently, work processes are designed in reverse, i.e., desired outcomes are agreed upon and the processes are worked backwards to determine what needs to occur at given points to gain the desired end result. This has the advantage of not beginning a process design with flawed assumptions about what, when and how specifics need to occur. In practice, the reverse method has proven much faster and has produced better results than other methods traditionally employed by DSHS. Built into this system is the Plan, Do, Check, Act formula. Quality Teams are charged with planning around specific issues. They then implement the changes (with management assent) and check on the effectiveness and impact of the changes. If the process yields less than anticipated results, they propose alternatives to remedy any shortcomings produced. They also monitor the change, beyond any formal review time, and reinitiate the PDCA process if better solutions become available.

New technology application is generally initiated and provided by higher levels within the organization. Within the scope of the CSC budget, some discretion is permitted for technology improvements. The management team, through site visits to both private and public institutions, continues to search for new and better technology that lends itself to our applications. One recent addition, for instance, was the recent purchase of 19" flat panel monitors and faster CPU's. Additional technology is sometimes available when requested by the CSC, after demonstrating a business need, and state office is willing to provide funding. An example of this is SIMON telephone technology. The CSO Administrator and the

Telephone Call Center manager wanted to improve telephone service delivery and their research of available technology indicated that SIMON would provide telephone call agents with better control over incoming telephone workload thereby enhancing the service level we provide to customers, including the ability of answering the phone more quickly.

The CSC has maintained the ability to respond quickly to needed changes that lie within its span of control. Ongoing visits to outside organizations have continually reminded CSC management and staff of the need to remain agile when creating new or modifying existing processes. Staff has been provided with clear expectations and an understanding of the goals of the organization. With this in mind, and because staff have been hired to the values of the organization, flexibility remains a viable and essential tool.

Cycle time, productivity and cost control, whether in terms of how fast the phone is answered, how quickly a case is processed, how many cases can be processed per worker per hour, together with associated cost, generally drives the initiation of process change. Other forces that initiate change are new or redesigned medical programs emanating from state headquarters. The goal of the CSC is to continually do more, and to do it better, with the same or reduced resource base, i.e., staffing, facilities, and program or operating dollars. Because the CSC has a base line for cycle time, costs and production outcomes, the effectiveness of changes can be readily measured against historic data – at the CSC, regional and statewide levels. These process changes often take the form of pilot programs in which there is little evident downside but a significant potential for upside results.

c. *Emergency Readiness*

At the headquarters level, the Office of Safety and Risk Management is charged with maintaining a safe and healthful environment for employees and customers of the department. They provide emergency management guidelines for the department.

The CSC has also made preparations for work system and workplace preparedness in the event of disasters or emergencies. In terms of the workplace, each staff member has an emergency preparedness kit. The CSC management team has been provided with cell phones.

In the event that an office in which CSC staff are located is unable to function due to building issues, restricted area access or lack of vehicle or public transportation access, staff can be temporarily relocated to another of the local offices with one phone call and can be able to continue operations since our application processing does not involve in-person customer contact. The same process applies to call staff that would be provided with the appropriate software and have telephone access to the appropriate queue in the other office by local IT support staff. Since we use a mainframe computer system located in Olympia which is provided with firewall protection to prevent unauthorized access, disruption to the systems should be minimal. In the event of mainframe failure, technicians in Olympia would immediately begin to resolve issues and bring the systems back on line.

CSC staff in all locations participates in annual earthquake and fire drills. Evacuation routes are posted in all offices.

6.2 Work Process Management and Improvement

a. *Work Process Management*

- (1) New processes are designed by the management team and appropriate Quality Teams to address specific issues. When these processes are designed, we determine who will be impacted and seek their input so that they become part of the process. We also examine cost, both financial and staff time, and, in conjunction with the interested Quality Team, design a process that we feel will best address the issue. We also seek buyoff from higher headquarters, if they are impacted. Once the process is designed, we communicate the information to the staff (and partners if appropriate) so that they will not only know what to do, but why the new process needs to be implemented, how it will work and what it is designed to achieve. Once initiated, a review process is set up to measure how the changes flow, the impact on others, and the results achieved. Many times these new processes are structured as a pilot program to minimize any disruption in the event the change does not mature as expected.

An example of process design was the management of the Spanish speaking caseload as a specialized function (the Spanish caseload was already formed, just not consolidated). The issues focused on how to better serve this customer base due to their limited ability to communicate with us in other than Spanish and the delays in processing caused by the need to send documents out for translation. As a pilot project, a specialized caseload was formed in the Barcode system and two Spanish speaking staff assigned to work Spanish applications. The result was a dramatic improvement in processing time because translations no longer had to be sent out to be converted into English and, once the case was processed, the need to send the documents out again to be translated into Spanish was eliminated. Since having documents translated is expensive, a substantial dollar savings occurred. An additional benefit was a change on the part of community advocates and Spanish speaking customers about how they felt about our organization. This pilot project was eminently successful and led to the establishment of a parallel Vietnamese caseload, operating on the same principles with the same excellent results.

The daily report card is the basis for our key measures and new performance measures are added to track process changes if they are not already a part of the report card. These key measurement data are available through the ACES eligibility system, ACES-Online, barcode and the AVAYA CMS software and include but not limited to such data points as:

- Average speed of answer
- Number of answered calls
- Abandoned calls
- Abandon time
- Service level
- Incoming DMS documents
- Documents over ten days old
- Cases over ten days old
- Number of audits
- Error rate
- Administrative hearing workload
- Grade point average of all areas

See Chapter 7 for the complete list.

Subjective measures are also provided by community partners and advocates. These include, but are not limited to, feedback on the quality of our service, ease of access, and our commitment to problem resolution. This commitment led to the establishment of the First and Second Friday Forum meetings.

- (2) Due to the high dollar volume of medical benefits issued by the Department, it is critical that programs be correctly administered to minimize inappropriate medical payments. The overall costs associated with process and performance audits have reduced over time. The primary function of the unit leadworkers is to audit case actions. The number of unit leadworkers over the past year has been reduced from seven to three. Despite this reduction, the number and quality of the audit process has improved.

Defects, service errors and rework are minimized by the following:

- Careful selection of new staff
- Staff complete formalized eligibility training in general medical
- On the job training is provided in the work area to which new staff are assigned.
- New staff are under 100% audit
- On-going trainings are provided for new medical programs and when changes occur in existing programs.
- As training needs arise as a consequence of the auditing process, staff receives individualized training in areas where improvement is needed.
- When processing case actions, staff are directed to complete as much of the case as possible the first time it is touched.
- When case errors are discovered, the case is returned to the staff member who made the error as a learning experience.
- Effective and efficient processes

- Appropriate goals and measures
- Timely and accurate data down to worker level
- Information sharing with staff

b. *Work Process Improvement*

The CSC improves its work processes to achieve better performance, reduce variability and to improve service delivery by doing the following:

- The CSC uses Malcolm Baldrige Quality Award criteria as a template for the operation of the organization.
- The CSC management team and Quality Team leaders participate in field visits to state of the art organizations that are not a part of the Department to learn new processes and best practices.
- For changes in programs or processes, planning groups composed of CSC staff, members of advocacy groups, and other impacted parties are established.
- Data is reviewed regularly to ensure that key processes work effectively.
- CSC policies and procedures are reviewed annually to ensure that goals remain valid. If no longer valid, the CSC either removes the goal or redefines it, as appropriate. Any changes that are initiated as a consequence are routed through the planning process outlined above.
- Individuals and the Quality Teams are encouraged and empowered to drive change, making suggestions for improvement in processes.
- Customer feedback through phone calls, e-mails, written correspondence and surveys is reviewed and changes in processes are implemented as appropriate.

Improvements and lessons learned are shared with other organizational units. Other offices within CSD (Community Services Division) have noted the progress of the CSC towards excellent performance. The CSC has been requested by other office administrators to share the lessons that they have learned. The information that has been shared has helped to make other CSO administrators aware that there are alternative (perhaps non-traditional) solutions available to achieve excellence. CSC staff is also motivated by seeing staff in other regional offices embrace suggestions for change. To complete the circle, we also learn from the success of others.

Staff has provided training and/or best practices to other offices in the following areas:

- DMS (Document Management System)
- AEM (Alien Emergent Medical)
- HWD (Healthcare for Workers with Disabilities)
- Citizenship requirements and identity verification
- First Step Referral Process (pregnancy applications)
- Management philosophy
- The Region 2 and Region 4 call centers have exchanged information with the intent of combining parts of the two operations to provide better customer service.

This information has been shared through formal in-person presentations, e-mails, handouts, and telephone calls to other managers and line staff when requested. At the semi-monthly Region 4 CSO Management meetings, the CSC regularly shares its best practices with other administrators.

Results

7.1 Product and Service Outcomes

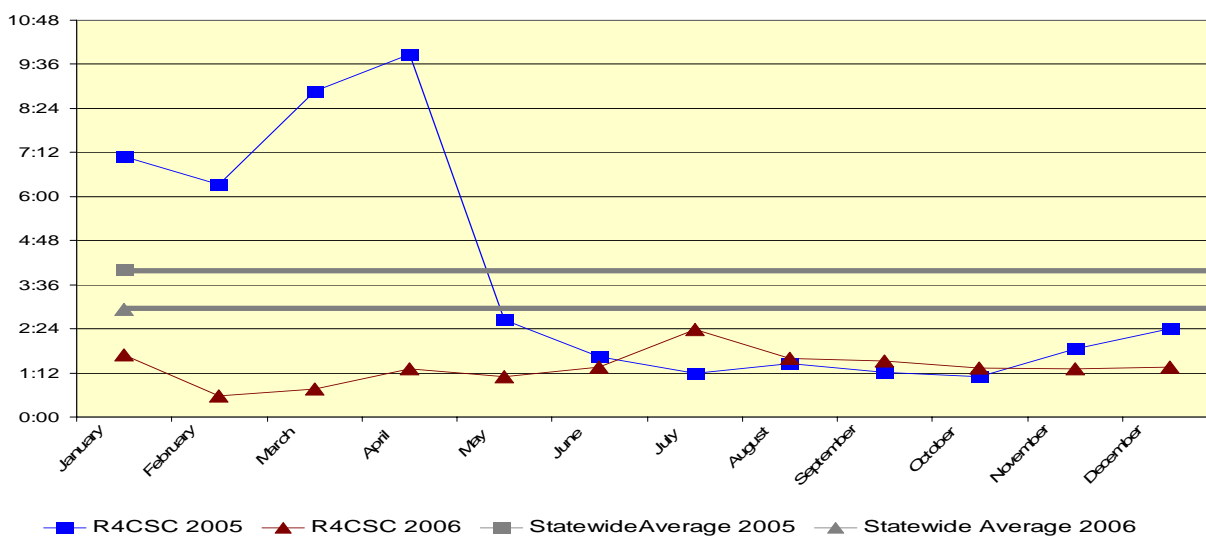
a. Product and Service Results

The key product of the CSC is a medical ID card delivered to a customer that entitles them to secure access to quality medical services. The two most important measures we use are timeliness and accuracy.

When the CSC was formed, the average age of a customer document in the system was approximately seven days. By employing best business practices and a quality approach we reduced the average age, as of August 2007, to less than two days, a 350% improvement. The trend in document age reduction is continuing within the CSC as the benefit of emulating best business practices continues to expand. As a consequence, a new goal where the average document age of 1.5 days is within reach. There is a direct relationship between the age of a document and timeliness of eligibility determination. The older the age of a document, the less likely it will meet processing timeline requirements.

In the area of customer access to the CSC, the telephone call center in 2005 had an average speed of answer was 3:48 while the statewide average was 4:01. In 2006, the CSC has improved its speed of answer to 1:21 while the statewide average has improved to 2:55. By employing the approaches noted above, we have achieved significant service improvement. This is important because it signifies easy access to CSC staff and facilitates the eligibility determination process by allowing the customer to provide information and to clarify any issues that may be holding up application completion. Ease of access also supports customer satisfaction.

Region 4 Medical Customer Service Center ASA with the State for 2005 to 2006

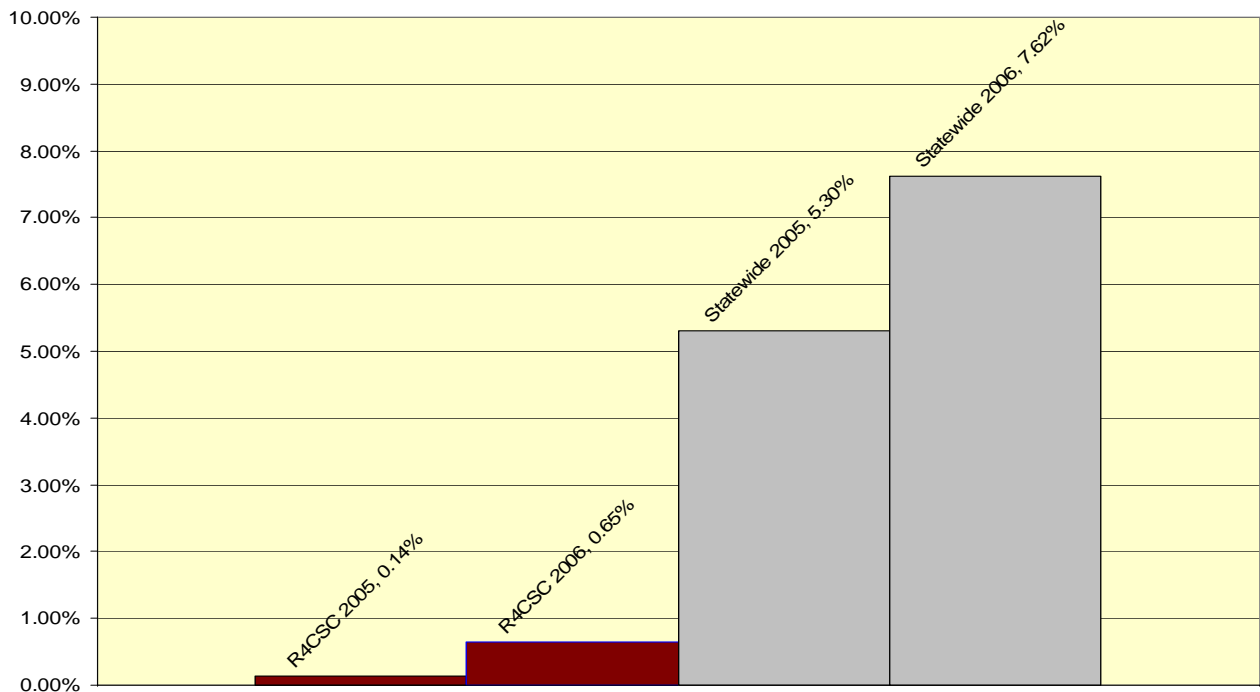


In 2007 the governor set a new standard of excellence for state operated call centers. We now face the challenge of answering at least 80% of all incoming calls in sixty seconds or less. Due to improvements in our operation, we feel that this goal is attainable.

CSC results have been impressive when compared to the performance of other regional organizations providing similar services.

We measure the accuracy of our key product through an internal electronic auditing process. When the organization was formed, auditing was, at best, infrequently done. Over time, however, this has improved. In 2005 the CSC was auditing approximately 5% of all cases with an accuracy rate of 99.86%. In 2006, the auditing expanded to nearly 10% of all cases with an accuracy rate of 99.35%. This is significantly better than the state average shown on the next page.

Region 4 Medical Customer Service Center Error Rate with the State for 2005 to 2006



7.2 Customer-Focused Outcomes

a. Customer-Focused Results

- (1) The current levels and trends in key measures of customer satisfaction for the CSC continue to improve.

Historically, the organization's primary sources of information relative to customer satisfaction/dissatisfaction in their dealings with the CSC stem from five main sources:

- Feedback from customer advocacy groups and community partners. This is shared with us in the First and Second Friday Forums,
- Annual surveys completed by the above groups and individual feedback from their membership.
- Information received directly from our customers in the form of a written communication, telephone call or e-mail.
- The Administrative Hearing process. Customers who are not satisfied with outcomes may file an Administrative Hearing to have their case reviewed by an Administrative Law Judge.
- Customers may also contact Constituent Services in Olympia if they are dissatisfied with CSC services or application outcomes.

As the CSC continues to evolve, other of indicators of customer satisfaction are in the planning stage including the establishment of a statistically valid customer telephone survey that will focus on the customer's satisfaction with the services they receive from the CSC.

Additionally, satisfaction with how the CSC conducts business and places value on customer satisfaction is measured by the growing caseload that the CSC administers. As indicated previously, while not all customers are financially able to secure private medical insurance, many who are capable of securing insurance from private industry nonetheless elect to participate with state programs, based in part on reduced costs but also based on the CSC's focus on customer care.

- (2) There is a growing customer perceived value in working with the CSC and the Medicaid programs it provides. This is evidenced, in part, by the growing number of customers participating in state Medicaid programs. As reported by the Office of Financial Management, this is occurring at double the rate of population growth in the State of Washington. It has been our experience when reviewing customer medical application histories that people tend to continually reapply when coverage periods end provided they believe that they remain medically, financially and/or age related to our programs.

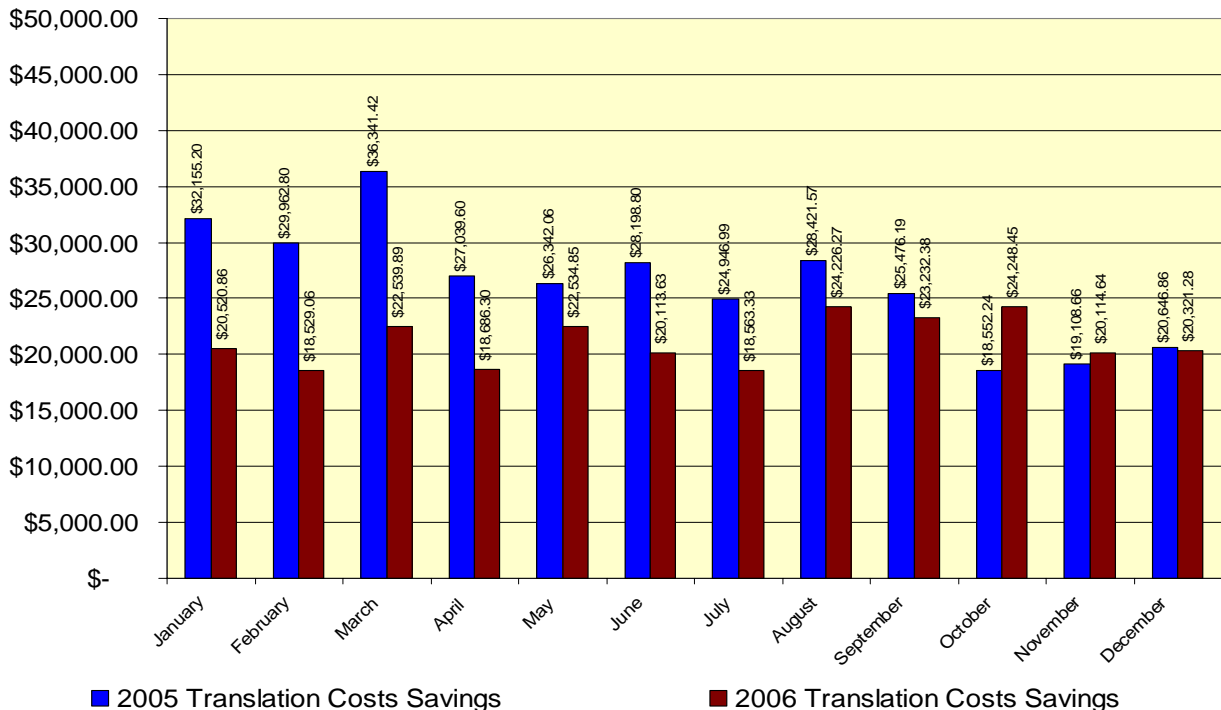
The CSC is in a unique position in that we administer programs developed and funded by state and federal government designed to provide medical coverage to the unemployable, unemployed and the working poor which is, to some extent, a non-competitive operation. These groups are not generally courted by private industry. However, there does appear to be significant levels of customer loyalty based on the scope of care, quality of the programs, and the interest we have in their well being.

Referrals to programs administered by the CSC come from our advocacy groups, community partners, outreach programs and by word of mouth.

7.3 Financial and Market Outcomes

a. Financial and Market Results

- (1) The CSC is provided with an annual operating budget by Region 4 and includes funding for both office operations and staffing. The CSC strictly adheres to this budget, reviewing expenditures quarterly, and does not incur cost overruns in either area. When we look outside of the regional budget to those areas funded directly by higher headquarters, we are significantly under budget without a consequent reduction in customer service. For example, we established caseloads for Spanish and Vietnamese speaking customers in which we employ certified staff to provide in-house translation services. The CSC pays certified staff an additional five percent over their base salary for these language services. In 2006, the CSC spent \$13,824 for the 5% pay increase for six certified CSC translators. Data has shown that the moving of Limited English Proficiency Vietnamese and Spanish speaking customers into specific language caseloads and performing the translation services in-house has produced enormous savings during the past two years. The chart below shows the monthly savings over the past two years to the department as a result of this project.



The reduced savings for 2006 represent increased efficiencies in managing the workload for these groups. These efficiencies include improved staff knowledge, not requesting information that is unneeded and certified staff placing telephone calls to customers requesting clarification of information provided to the department. An added bonus, of course, is that we are able to significantly shorten case processing time and this has resulted in much improved customer service.

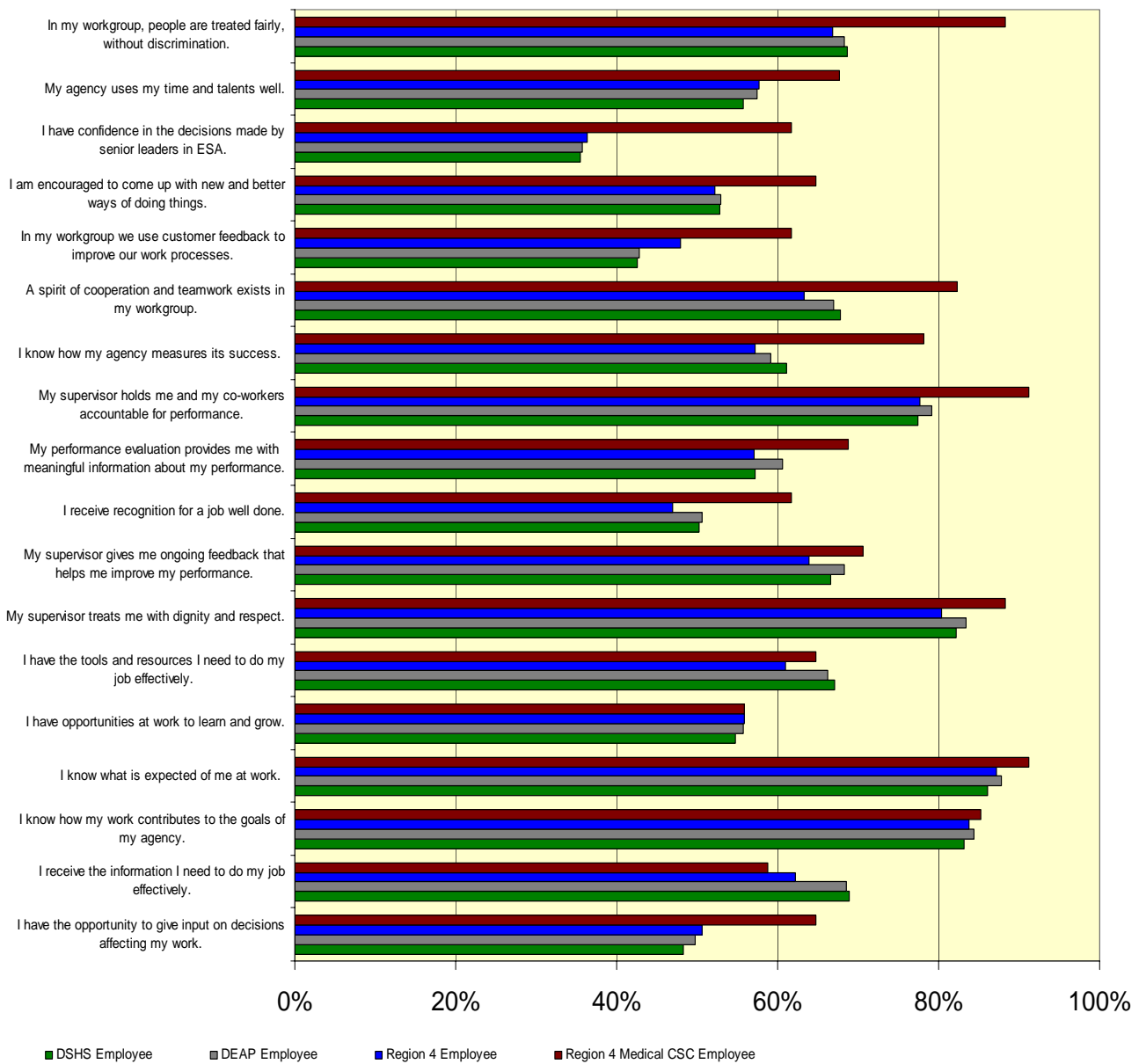
- (2) Based on the allocation of staffing levels to customers, last year the CSC was under staffed (and under budget) without degrading service either to customers calling the call center or the processing of customer applications. Being understaffed we were still able to deliver over \$554,000,000 in medical benefits without degrading service. This is not only a great financial and social responsibility, but it allows the CSC the opportunity to add significant value to our community.

7.4 Workforce-Focused Outcomes

a. Workforce Results

- (1) Based on a review of the CSC standard report card, we see major improvements in workforce engagement. Staff often work overtime, when available, but not so much for the additional monies, but surprisingly, for the timely processing of case actions through their own admission. Staff has also planned their leave around quieter times of the monthly cycle to minimize the impact on production as a consequence of being out of the office. We measure, in part, what they are self-driven to give as opposed to what they are required to do. We feel that there is a direct correlation between staff engagement (investment), satisfaction and performance. We are able to measure performance quite easily; staff satisfaction statistics and measures are more subjective.

The most current annual Regional staff survey has also shown that the engagement of the CSC workforce has made significant growth based on the results of the previous survey.



Workforce engagement in the CSC, including the leadership team, has developed beyond other Region 4 offices through a number of local initiatives:

- Staff participation in Quality Teams that mirror Baldrige award chapters and criteria
- Developmental Job Assignments for talented line staff to prepare for a possible move into future management positions
- Investment in Excellence training for line staff
- Seven Habits of Successful People training
- Senior leaders meet with individual production and telephone staff to mentor their career advancement together with imparting understanding of the quality process
- Management participation in team building “training retreats” and various team building exercises

(2) The trends within the CSC, based on the report card, show that staff productivity and engagement have continued to improve during the last year. Staff retention and appropriate skill growth are measured in many ways:

- Reduced use of unplanned leave

- High rate of staff retention – 70% in 2005 increased to 89% in 2006.
- Authorized staffing levels during the past year increased
- Staff training initiatives for case processing and career development

- (3) The workforce climate within the CSC is excellent as measured by the CSC report card, the employee satisfaction survey, community partner feedback and the reduced use of unplanned leave.

Workforce health, safety and security are the function of other elements within the parent organization who establish standards, in conjunction with appropriate departments of the federal government. There have been no issues within the CSC surrounding any of these topics.

Workforce service and benefits are also established by the parent organization. The only areas over which the CSC has some influence is the area of increased compensation for translator services and the ability to start new staff at a higher than normal pay range based on work experience or other pertinent qualifications.

7.5 Process Effectiveness Outcomes

a. Process Effectiveness Results

- (1) Key operational performances and outcomes of the CSC work system have resulted in significant changes for the organization. Due to the high level of success achieved in key process measurements, as well as workforce development, the CSC has been allocated additional responsibilities to include incorporating the Hub Imaging Unit into the CSC's area of operational control. Three important state-wide programs (Healthcare for Workers with Disabilities, Hospice and Alien Emergent Medical) which were administered by other local offices and regions have also been added to the CSC's responsibility. As with the HIU, this has occurred as a result of our operational success in these and other programs.

The CSC is well positioned to deal with emergencies and disaster. The CSC organization is located in three different sites which minimizes the disruption caused to customers in the event that a single location is, for any reason, immobilized. The office of Risk Management, at the state headquarters level, establishes standards for emergency preparedness and provides plans to ensure our ability to provide continued customer service should major disruptions occur.

- (2) The CSC report card measures key areas of the operation that attend productivity and customer service. These measures have been developed over time as the operation has evolved and its scope of operation expanded. It measures:

- | | |
|--|---|
| 1. Incoming DMS documents | 2. Documents completed daily by CSC |
| 3. Number of cases over ten days | 4. Documents over ten days |
| 5. Total number of cases | 6. Total number of documents |
| 7. Average processing time in days | 8. Average speed of answer (phones) |
| 9. Average call abandon time | 10. Number of calls answered |
| 11. Number of abandoned calls | 12. Total calls |
| 13. % of calls answered | 14. % of abandoned calls |
| 15. Service level (80/60) | 16. ACES Alerts |
| 17. A-46 report | 18. P-16 Report |
| 19. Audits | 20. Error rate |
| 21. Administrative hearing workload | 22. % AU's processed within 45 days |
| 23. Service Goal (Processing time-batch) | 24. Service Goal (80/60 phone team) |
| 25. Service Goal (%total workload CAWL) | 26. Service Goal (Audits to AU's) lead team |
| 27. Service Goal (Grade Point Avg.) | 28. % completed RMTS samples |

The HIU (Hub Imaging Unit) was recently added to the CSC's operational control and fifteen new data measures were developed to measure its operational outputs. They are:

- | | |
|---------------------------------|--|
| 1. Total of all documents | 2. Total of hotmail |
| 3. Timeliness of hotmail | 4. % of timely hotmail |
| 5. Total of file documents only | 6. Timeliness of rec'd documents to scanned docs |

- | | |
|---|---|
| 7. % timeliness Rec'd docs to scan docs | 8. Timeliness of scanned docs to indexed docs |
| 9. Total timely documents in HIU | 10. % timeliness in HIU |
| 11. % completed RMTS samples | 12. Service Goal (% hotmail completed) HIU |
| 13. Service Goal (days out file only) | 14. % timeliness of scanned to indexed docs |
| 15. Days out file only documents | |

During the forthcoming year, it is possible that the medical telephone queues of Region 4 and Region 2 will be merged to some extent in order to provide a higher level of service than is currently available to either. If this comes to pass, new daily report card measures will be developed.

New data measures were incorporated last year when the statewide HWD, AEM and Hospice caseloads became the sole responsibility of the CSC.

As a result of the CSC's three year quality journey and its focus on excellence, the ratio of support staff to front line staff, i.e., office managers, clerical staff, and leadworkers has been reduced. Individual unit managers have assumed many of these functions as a part of their normal job duties. This enables the CSC to deploy more front line staff to better serve customer needs.

The organizational structure and operating philosophies of the CSC enables the office to easily respond to any work relocation due to local emergencies or disasters. This is a reciprocal arrangement and can be quickly achieved by a simple phone call or e-mail to the appropriate local office.

7.6 Leadership Outcomes

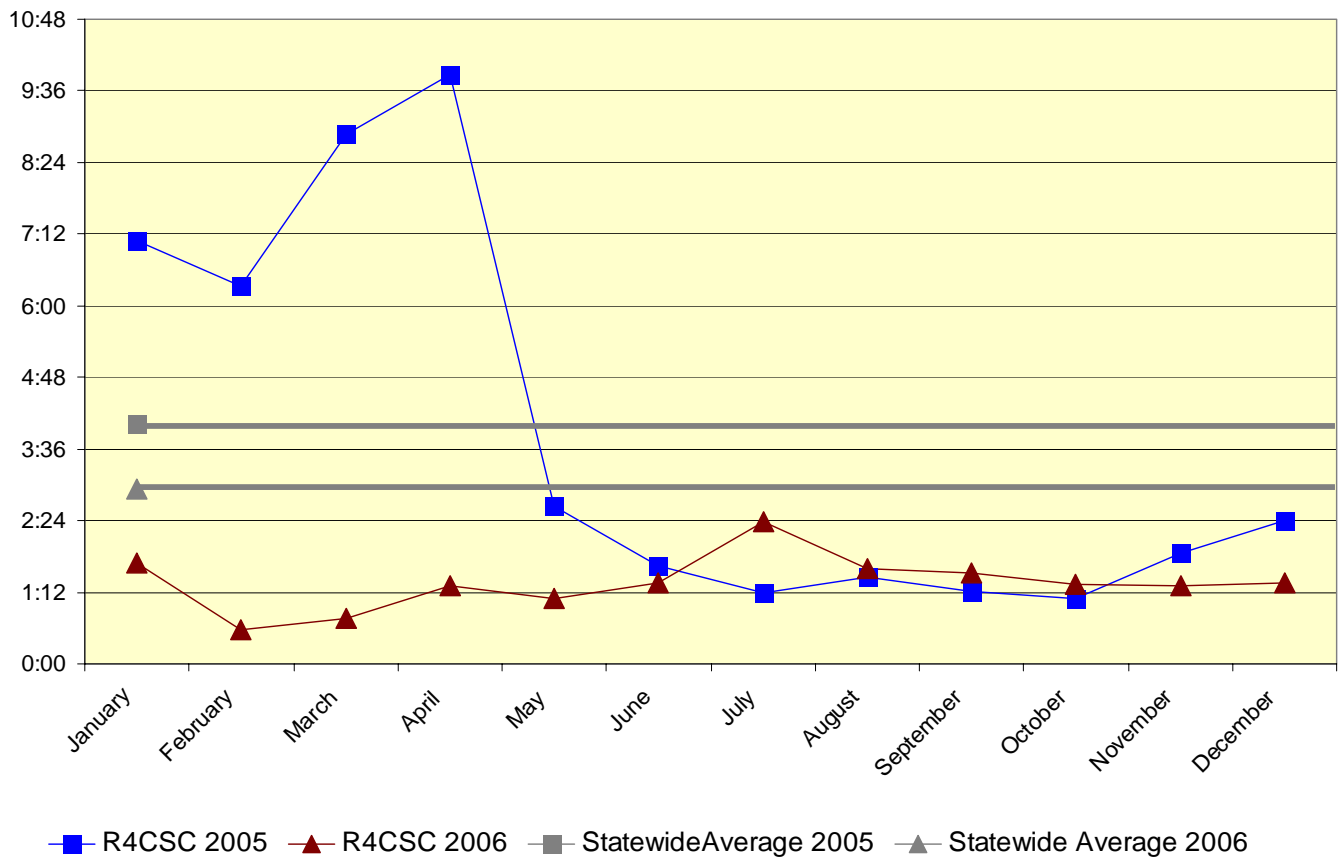
a. Leadership and Social Responsibility Results

- (1) The CSC results relative to our strategic objectives and goals has been positive. Our objectives were, in part, to incorporate the best practices of private industry into our operation with the goal of becoming a world class operation, with all that that implies. We have delivered high quality service to our customers in all mediums. We have streamlined our processes to enable us to be good financial and ethical stewards of the public trust. Our vision statement is to exceed the customer's expectations every time and we live by this credo.

Key measures of our success in the above areas are displayed below:

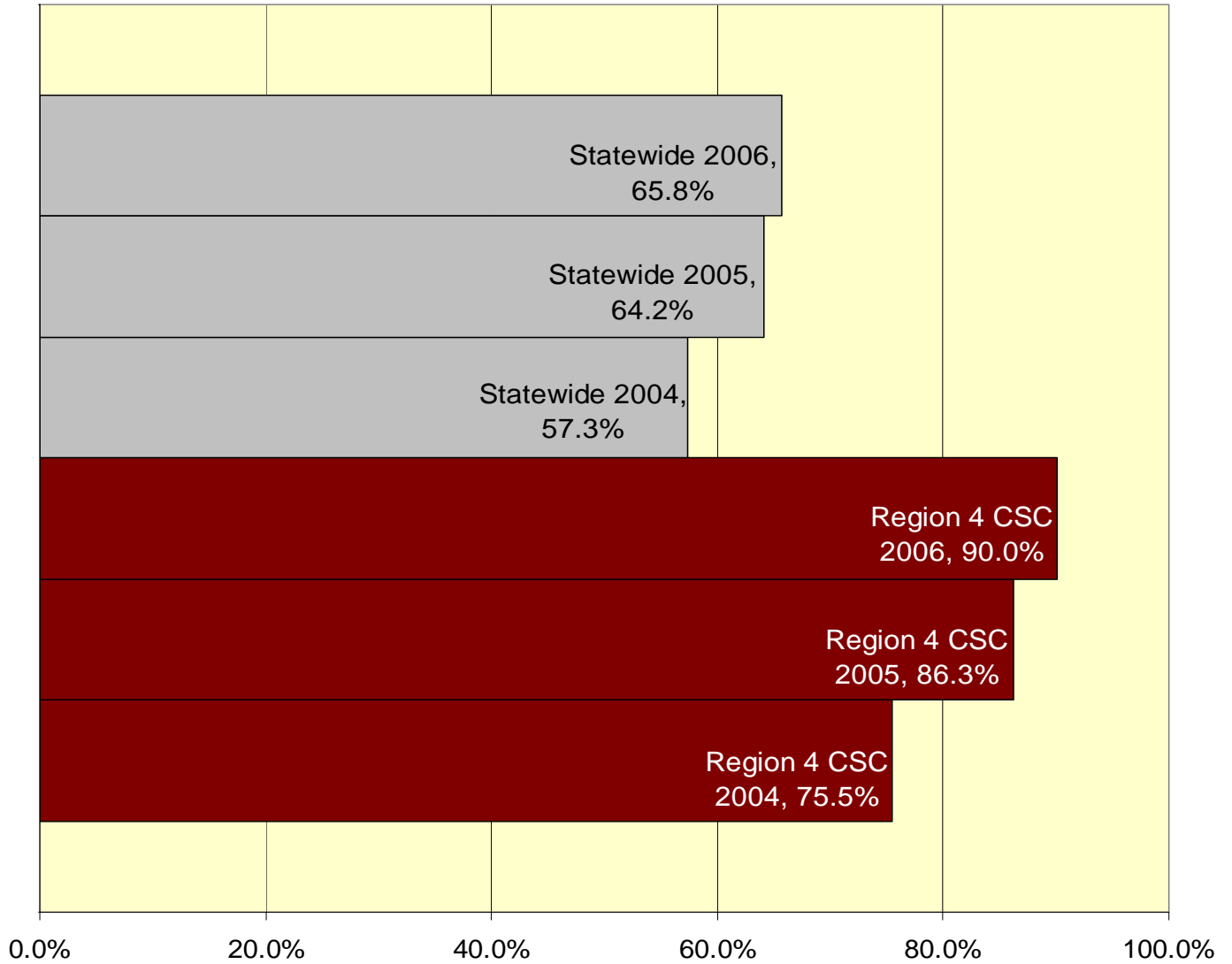
- Reduction in average speed of answer for the CSC has changed from 11:48 minutes in 2004 to 1:21 minutes in 2006. The statewide call center average ASA for 2004 was 5:03 minutes reducing to 2:55 minutes in 2006.

Region 4 Medical Customer Service Center ASA with the State for 2005 to 2006



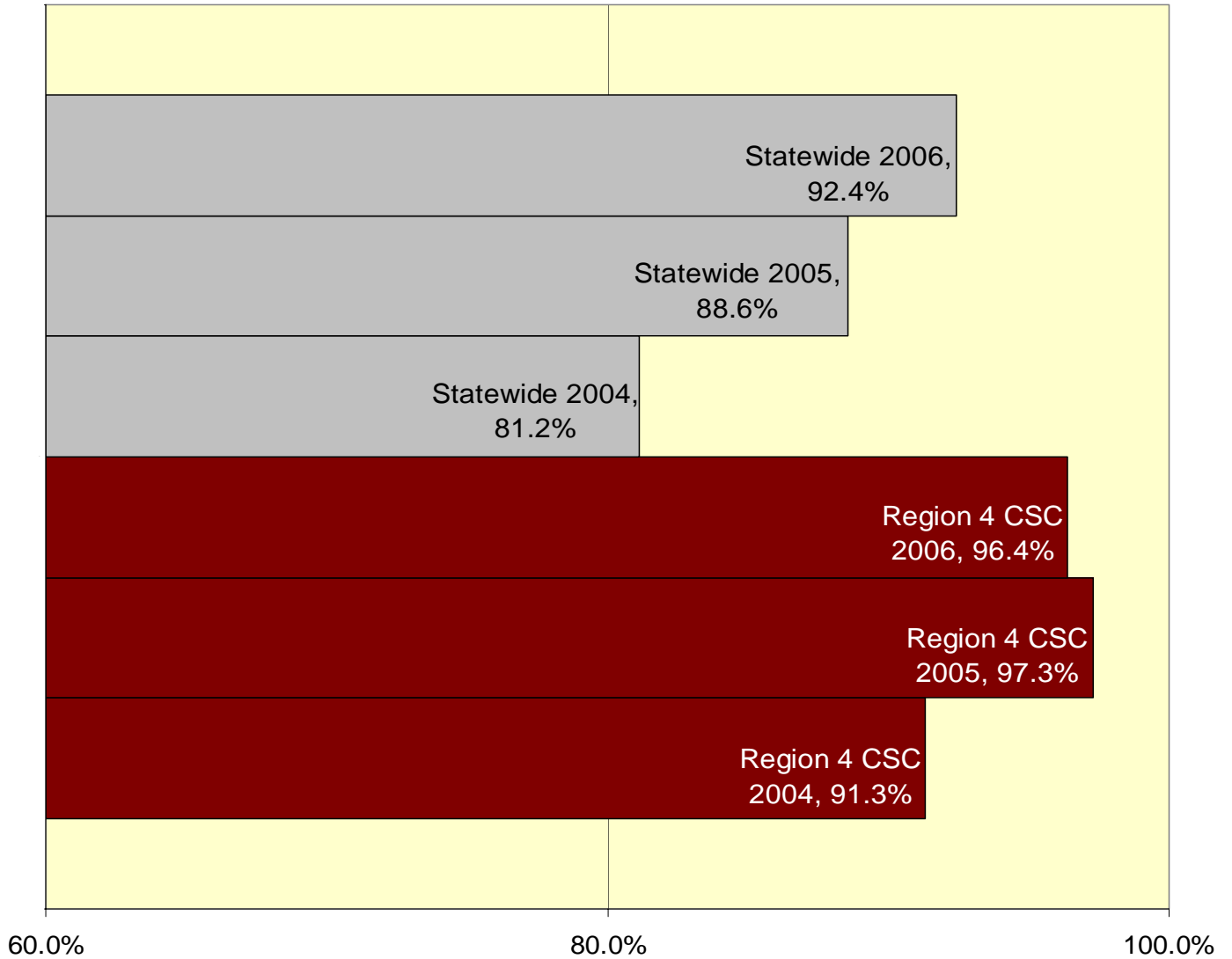
- The following graph shows the percentage of customer documents completed by the CSC, within ten days together with the statewide average for 2004 through 2006.

% of Documents Completed within 10 Days



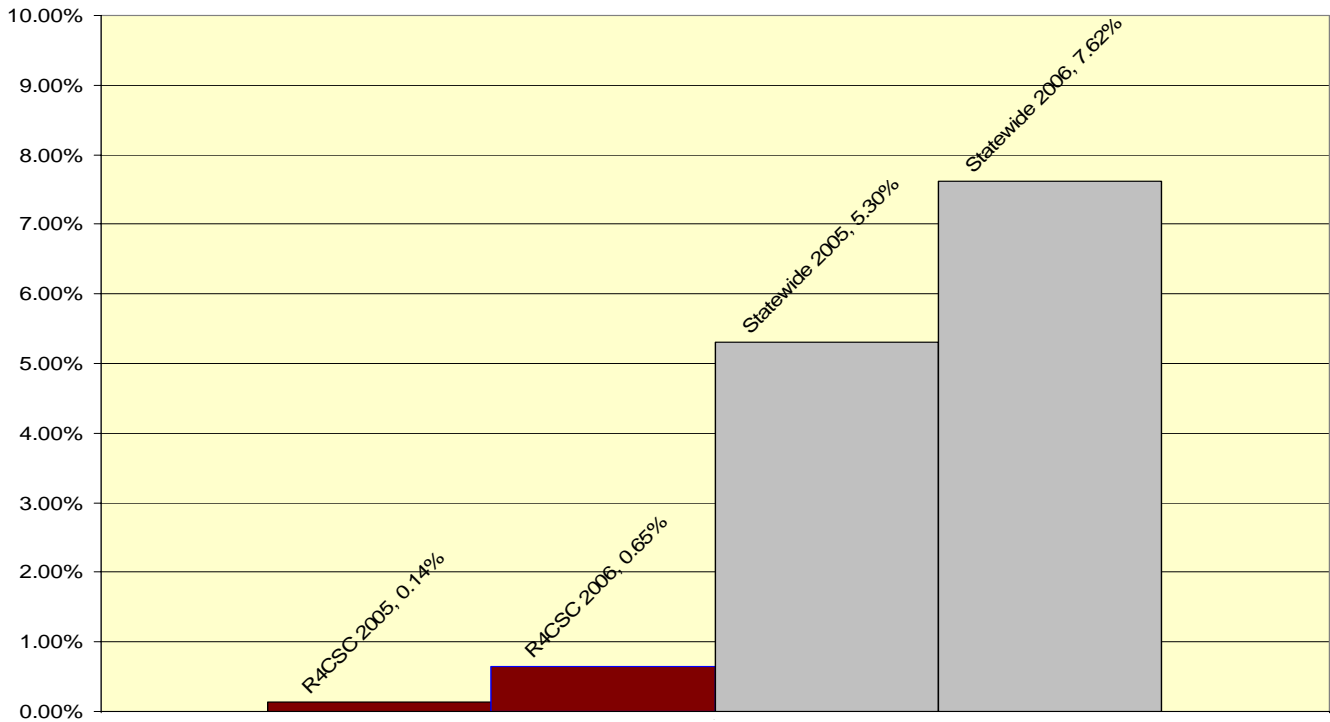
The following graph shows the percentage of customer documents completed by the CSC, within thirty days together with the statewide average for 2004 through 2006.

% of Documents Completed within 30 Days

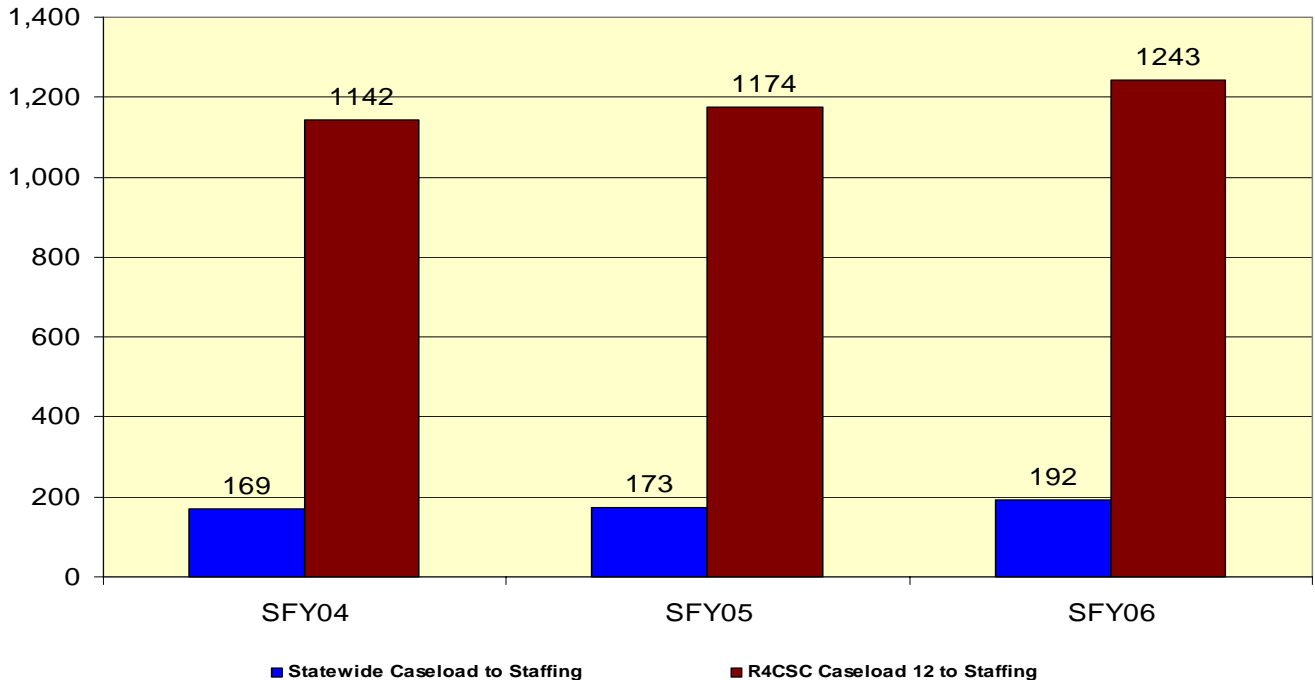


The audit results for CSO 132 for 2005 and 2006 show a much higher accuracy rate than the state average. Also during this period, the percentage of cases audited increased from 5% to 10%.

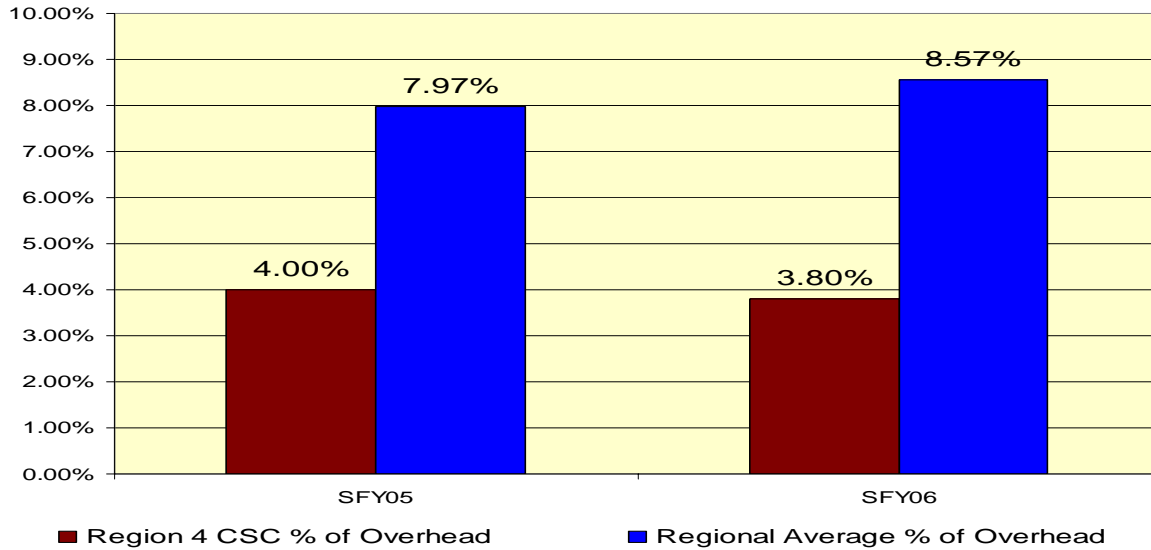
Region 4 Medical Customer Service Center Error Rate with the State for 2005 to 2006



The CSC operates with far fewer staff to caseload than the statewide average as portrayed in the graph below. While this is, in part, a consequence of specialization, it also reflects the operating efficiencies of the CSC and staff commitment to excellence.

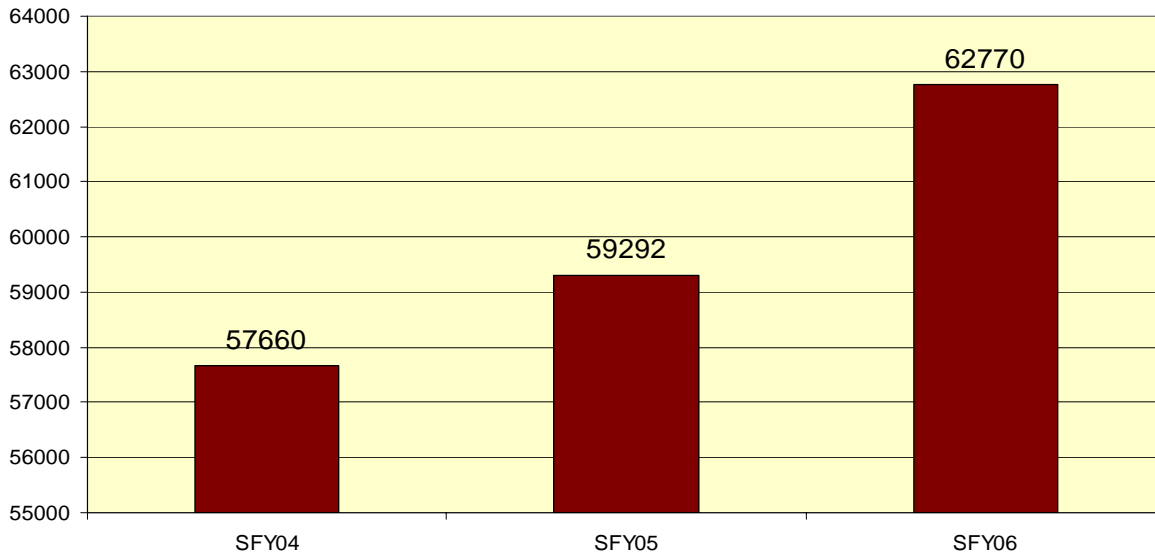


The average administrative overhead for CSO's in Region 4 is 8.57% in 2006. The CSC believes in deploying the greatest possible number of staff to front line customer service delivery. We have achieved a 3.80% administrative staffing overhead. This has allowed us to place 96.20% of our staff in direct customer service positions.



Caseload growth for the CSC has expanded significantly since 2005 as seen below.

R4CSC Caseload 12 Month Average



In 2006, 137 Administrative Hearings were filed by customers who disagreed with departmental decisions regarding their medical eligibility. This represents .2 % of the CSC caseload. Of the total hearings filed in 2006, 98 (71%) were withdrawn prior to the hearing. In 2007 to date, the number of hearings is up (154 as of August 31) and the number withdrawn is 84 (54% to August 31). What is of note is that in 2006, of the number not withdrawn, 10% were resolved before the hearing was held. In 2007 (as of August 31) after withdrawals, 22% were resolved prior to hearing. The increase in hearings in 2007 is a consequence of a growing organization with a smaller percentage of seasoned staff, increased caseload growth, many new specialized medical programs of considerable complexity and improved Administrative Hearing data tracking. The most significant element, however, is that the department has only lost one hearing since January 1, 2006 out of nearly 291 requests filed – a loss rate of less than .3%.

- (2) The results for key measures of ethical behavior and stakeholder trust in the governance of the CSC have been consistent with the vision and mission statements of the organization. Results from both the Regional staff survey and the community partner survey show a high level of trust in the CSC. See Chapter 7.4.a. for regional results and Chapter 3.2.a for community partner survey.

Breaches of ethical behavior on the part of the CSC can be measured by the number of complaints made by customers and advocates to Constituent Services and the governor's office, the number of Fair Hearings filed as a percentage of the customer base, the findings of case audits, and the monitoring of staff use of computer systems by technology staff.

- (3) Key results regarding fiscal accountability show that the CSC has operated within its allotted budget, with respect to both operations and staffing.

An additional financial area of financial accountability for the CSC is the correct determination of customer eligibility for our medical programs. This is to ensure that customers not entitled to benefits do not receive them. This is monitored by external and internal audits. Internal audit findings show that our case accuracy rate is approximately 12 times that of the statewide average.

- (4) The results of key measures of regulatory and legal compliance show that the CSC has operated within the scope of its charter. This has been measured by the following:

- The CSC has prevailed in an overwhelming percentage of Administrative Hearings in which the customer believed that their eligibility was incorrectly determined. In 2006, out of 137 hearing requests filed, only 1 was lost by the department. In 2007 (as of August 31) of the 154 hearings filed as of August 31, no hearings have been lost by the department.
- No legal action of any kind has been initiated against our operation since its inception.

- (5) The results for key measures of organizational citizenship in support of our local communities is evidenced by the feedback from our community partner annual surveys, monthly advocate meetings, and on-going community outreach. This is facilitated by open lines of communication and our participation in their meetings coupled with our desire to exceed their needs. See Community Partner survey results in section 3.2.

The CSC also participates in off-site presentations that focus on providing training to others, at their request, in general procedures and program eligibility that facilitates customer access to our services. This also allows the CSC to share its philosophies and vision statement.