

HEALTH INSURANCE TELECENTER: SERVICE WITH A SMILE IN SAN MATEO COUNTY

Valerie Chatman*

EXECUTIVE SUMMARY

INTRODUCTION

The opening of the Health Insurance TeleCenter (TeleCenter) in November 2003 in San Mateo County has changed the way supervisors, workers, and clerical staff do business. The supervisors now take a team approach to managing their workers, the workers no longer carry caseloads consisting of nearly 700 cases, and the clerical staff have more responsibility. Additionally, the problems of high caseloads and poor customer service were resolved with the opening of the TeleCenter. Since the primary goal of the Human Services Agency of San Mateo County was to provide good customer service in an efficient manner, the TeleCenter has been deemed a successful venture. I studied the TeleCenter in San Mateo County because I was curious about whether or not a similar design would benefit the Medi-Cal and Food Stamp recipients and staff of Contra Costa County.

FINDINGS

The division of labor is different in the TeleCenter setting for eligibility staff than it is in the traditional service delivery model. No longer is one person responsible for complete case management on any single case or caseload. The work is shared—much like a co-operative. The phone workers answer the phones and address questions, the case managers process the redeterminations, and the task masters handle verifications received in the office.

Managers and supervisors alike agreed that the success of the TeleCenter is attributable to information sharing, open communication amongst management and with staff, and a team approach to conducting business within the TeleCenter. In my inquiry, I discovered, too, that the managers and supervisors have a shared vision: to deliver services to clients in a manner that is professional, courteous, and efficient, while maintaining high morale and productivity amongst the benefit analysts.

RECOMMENDATIONS FOR CONTRA COSTA COUNTY

Because Contra Costa County is already in the planning stages for a TeleCenter, the Medi-Cal Service Center (MCSC), my recommendations are few:

- Do not hire new staff until we can identify where our need will be after the implementation of CalWIN.
- Make supervisors responsible for supervising a variety of workers in different job classifications.
- Postpone the opening of MCSC until February 2006, to allow for better understanding of the new CalWIN system before making additional major changes in our business processes.
- Assess the feasibility of postponing the opening of the MCSC.

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BASSC Executive Development Training Program

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INTRODUCTION

We have all called a company or an agency for assistance only to be placed on hold for several minutes or directed to leave a message that never results in a return phone call. How many times have we spoken to benefit recipients in our own agencies who file like complaints about our staff? Calling a public agency for assistance can be embarrassing and frustrating, and getting someone on the phone who does not want to answer questions and be of assistance makes that experience even more difficult for the caller. Although poor customer service is unacceptable, what is unknown to the caller is the probable cause of the poor service they receive.

In 2001, San Mateo County's Human Services Agency (HSA) Medi-Cal workers had continuing caseloads that had grown to over 600 cases. As a result of the large and nearly unmanageable caseloads, the decision was made that the Annual Redeterminations (RVs) on those cases would not be done. In July 2003, the California State Legislature adopted, and the State Department of Health Services (DHS) imposed, performance standards on all of the counties. These performance standards included the mandatory timely completion of RVs.¹

The increasingly large Medi-Cal caseloads and the need to comply with the state's performance standards, combined with the growing need to improve

service delivery to Medi-Cal recipients in San Mateo County, led HSA to explore a new way of doing business. The Health Insurance TeleCenter (TeleCenter) was that new business model, and it has been up and running since November 2003.

BACKGROUND

Contra Costa County is one of the 16 remaining counties in our 18-county consortium² in the State of California preparing for the launch of our new automated welfare system, CalWIN (CalWORKS Information Network). As a result of CalWIN, the way we do business will change. The system is designed to link public assistance program information at the county, state and federal levels, and is expected to help streamline the eligibility process. It is expected that there will be less paperwork and that eligibility determinations will be made more quickly. Some of the greatest changes will be in the way our eligibility workers manage and maintain caseloads and handle client applications and inquiries.

Currently, in Contra Costa County, our field³ Medi-Cal workers numbering 80 countywide, are carrying caseloads of approximately 500 cases, and the majority of those workers also carry ongoing Food Stamp cases ranging in number from 25-100, depending on their job classification. It is not uncommon for our field workers to have 40-50 RVs

1 ACWDL No.: 03-42 & 03-48

2 Placer and Sacramento counties have already begun use of the CalWIN system.

3 Field = ongoing; case maintenance

to complete each month. Additionally, those that carry Food Stamp cases also have a number of recertifications (RCs) to complete each month. The RCs, however, unlike the Medi-Cal RVs which can be completed through the mail, must be completed as face-to-face interviews, thus making caseload management more time consuming and demanding. Clearly the workload of our staff is great and it is increasing. I believe that as the caseloads continue to increase in number and our staff does not, and as we prepare to move into a new era of automation with CalWIN, we must keep sight of our county's values. Our new business model must enable us to provide the highest quality services to the public and to meet the performance standards established by the state's DHS.

As a result of these impending changes, I became curious about how the TeleCenter in San Mateo County operates and whether or not a similar design would benefit the Medi-Cal and Food Stamp recipients and staff of Contra Costa County. In San Mateo County, the clients are pleased with the service they receive from workers, the benefit analysts (BAs)⁴ are happier in their jobs than they previously were, the supervisors enjoy working in the setting as a team, and management is pleased that the backlog of RVs is nearly complete. Other California counties have studied the TeleCenter in San Mateo County and have either implemented a TeleCenter of their own or are contemplating doing so. The TeleCenter appears to have had a significant impact on the clients, the BAs, the management team, and other counties.

GOALS

The goals of San Mateo County when the Health Insurance TeleCenter idea was implemented were to:

- Provide good customer service to its clients.
- Meet increasing demands for services in the face of budget cuts.
- Improve efficiency in completing RVs.
- Eliminate the backlog of overdue RVs.
- Provide relief for its workers carrying caseloads of nearly 700 cases.

Although it was shared with me that the TeleCenter model would not have been implemented had it not been conducive to providing good customer service, in light of the performance standards set forth by the state in July 2003, it was clear that a change in San Mateo County's service delivery was needed.

As a result of not completing RVs for a period of approximately two years, San Mateo County was in jeopardy of having its allocation of county administrative funds reduced by two-percent. The TeleCenter service delivery model contained the components necessary for San Mateo County to meet its goals, which included providing good customer service.

The HSA Financial Director, John Joy, examined the cost effectiveness of the proposed TeleCenter model by conducting a cost avoidance analysis. It was estimated that over a period of five years, the department would recognize a savings of over \$22 million. The cost to launch the TeleCenter was high but included one-time expenses, which will not be incurred in the future.

⁴ Equivalent to Eligibility Workers

MANAGEMENT

In my discussions with the Central Regional Manager, Mary Ann Tse, and with the TeleCenter supervisors, it was evident that they had a shared vision: to deliver services to clients in a manner that is professional, courteous and efficient, while maintaining high morale and productivity among the BAs. Prior to their move to the TeleCenter, with the encouragement of their manager, the supervisors attended leadership team meetings to discuss roles and job functions in preparation for the TeleCenter implementation. Perhaps two of the most important outcomes of their meetings were their agreements to maintain open lines of communication with one another and to resolve conflicts at the lowest possible level. Their plan was to focus on information sharing with each other and with staff, and to emphasize the need to and benefit of operating as a team amongst themselves and with the BAs. In essence, they were moving toward an organizational model known as Matrix Management. It is a cross-functional team, or multidisciplinary approach to accomplishing work and it recognizes the ability or need to handle multiple assignments at once. It involves everyone—clerical staff, benefit analysts, supervisors and managers.

Moving to the TeleCenter model meant that HSA was moving away from a traditional model of organization wherein each supervisor oversaw a unit of workers, each of whom performed a variety of tasks on the caseload assigned to them. The way business was being done was changing, but so too were the roles of the supervisors, the BAs and the clerical staff.

CHANGING ROLES— THE SUPERVISORS

Each supervisor at the TeleCenter is responsible for supervising BAs in each of the three BA positions. This helps to avoid division amongst the BAs as a result of job function. It also allows the supervisors to see and learn more about each facet of the TeleCenter process, and about all of the BAs' job duties. Having to supervise BAs in various positions enables the supervisors to better troubleshoot as a team when there is a problem. Additionally, as a result of having first-hand knowledge of each of the BA's job duties, the supervisors are able to provide better coverage for one another, and ultimately, better service to the customers, both internal and external.

Previously, when the Medi-Cal continuing units were located in the regional offices, the worker to supervisor ratio was eight-to-one (8:1), but currently, at the TeleCenter, it is approximately eleven-to-one (11:1). The supervisors are able to manage their larger units by functioning as a supervisory team. For example, the monthly tasks of the TeleCenter are divided amongst the members of the leadership team. Each task is assigned to one supervisor. As the supervisors receive their monthly assignments, they delegate work to the BAs in their own units as well as to those in other units to ensure equity of work. The assigning supervisor is responsible for following up with the BAs on their progress, and as a result, BAs not assigned to that supervisor could receive, and are expected to follow, the supervisory direction they get from the person who assigned the work. Each month the assignment of tasks rotates and all of the members of the leadership team are expected to oversee their assignments from start to finish.

In the TeleCenter, the supervisors have a new responsibility—to monitor phone calls. The software they use to do this is called Symposium and it is easy to operate. The expectation is that the supervisors will monitor, or capture, three calls per worker per week. Although capturing calls is a simple process, it is time consuming. Every call monitored by a supervisor must be evaluated and scored by that supervisor. Within one week of capturing a worker's call, whether it was evaluated as good or bad, the supervisor must meet with the worker to discuss the evaluation.

THE BENEFIT ANALYSTS

In the TeleCenter model, the benefit analysts do not have caseloads assigned to them. At the TeleCenter there is one Medi-Cal caseload consisting of 23,000 cases. The responsibility of the ongoing Medi-Cal caseload is shared by all of the BAs, of which there are 33. There are three different BA positions each with different job duties. The Phone BA (TCBA) is responsible for taking calls from clients and for completing assignments that do not require changing or reconciling discrepancies in case budgets. The Case Management BA (CMBA) is responsible for completing RVs and for providing telephone back up. Task masters handle a variety of assignments that include, but are not limited to, processing verifications and information received that result in budget changes. Prior to the TeleCenter model, each BA was responsible for completing all of the aforementioned tasks on their own caseloads.

It is important to note that the BAs have the option to rotate to a different job within the TeleCenter each quarter. Interestingly, however, there is little movement. It appears that the BAs are satisfied in their current jobs. When I asked Sharon Davis, Human Services Supervisor, if the workers were

happier now than they were in the regional offices, she replied, "Yes. They're not carrying 700 cases anymore."

THE OFFICE ASSISTANTS

The duties of the office assistants (OAs), or clerical staff, have increased significantly with the new TeleCenter model. They include the following:

- Sorting and distributing incoming mail.
- Collecting and preparing outgoing mail.
- Sorting and filing Case Data System (CDS) documents.
- Filing incoming cases.
- Tracking cases.
- Delivering/retrieving cases to/from BAs.
- Case assignment when cases are requested by the BAs.
- Receiving the RV letters and ensuring that RV packets are mailed.
- Tracking incoming RV packets.

Prior to the TeleCenter, when the BAs had caseloads assigned to them, they were responsible for sending and receiving RV packets on their own cases, filing CDS documents in their cases and re-filing their cases once the work on them was complete. With the implementation of the TeleCenter, these tasks have become the responsibility of the clerical staff.

In light of the changes in job duties, I was curious about the unions' input. Mary Ann Tse said that the labor organizations, SEIU and AFSCME, were involved in the planning stages of the TeleCenter from the beginning. Originally, the plan was for the TeleCenter to be located in the northern region of the county. This location was not acceptable to the labor organizations that preferred a more central

location. The HIT is currently located in Belmont, which is the central part of San Mateo County.

According to Mary Ann Tse, there were no real disagreements with SEIU and AFSCME. The workers that moved to the TeleCenter did so voluntarily; there were no forced transfers. Additionally, workers were able to maintain their alternative work schedules and their flex schedules. The staff was made aware from the beginning that calls can be monitored at any time and that the phones require coverage during the core business hours of 8:00 am – 5:00 pm.

SUCCESSSES AND CHALLENGES

One of the big challenges was training staff to the new procedures and to the use of the new phone system that would be implemented upon the opening of the TeleCenter. The number of people that would staff the TeleCenter and required training was sixty, thirty-five benefit analysts, fourteen office assistants, four supervisors, two managers, two lead office assistants, one quality control specialist, one coach/trainer, and one secretary. Of the 60 staff members that required training for the new TeleCenter, approximately 20 were new staff members, some of whom were hired as BAs and some as OAs.

The decision to obtain the services of a call center vendor, InTelegy, to conduct the initial training of staff was made approximately 10 weeks before the scheduled opening of the TeleCenter. The staff spent 10-half days in training. In addition to the training provided by InTelegy, the San Mateo County Voice Project Manager, Penny Pavis, conducted 1-1/2 hour classes on how to use the new phone system.

Keeping morale up amongst the workers is another challenge in the TeleCenter. The supervisors boost morale amongst the workers by celebrating promotions, recognizing accomplishments, and by letting the workers know they are valued. Staff members are encouraged to branch out when opportunities for growth arise in the regional offices.

Mary Ann Tse said that the TeleCenter staff are expected to work hard and are fully aware of this expectation. Staff are held accountable for their work and disciplinary problems are dealt with promptly. Across-the-board fairness is evident to everyone. The leadership team makes these things possible by working closely with one another and sharing information. Overall, the success of the daily operations of the TeleCenter can be attributed to the team of workers and supervisors employed there.

LESSONS LEARNED

It was imperative that the TeleCenter project had a project lead who was detail-oriented. This person was responsible for putting various workgroups together to address needs or concerns in the areas of communication, IT, facilities, and policy and procedure. The same project lead chaired an oversight committee that met every two weeks to review the progress of the workgroups and to ensure that they were on schedule.

The TeleCenter is used as a training ground for new BAs, and as a result the productivity and accuracy of the work “ebbs and flows.” The new BAs receive classroom training over a 10 week period and report to the TeleCenter for on-the-job-training. Sometimes acclimation of the new workers to the TeleCenter environment is difficult, as it is a culture they are

unfamiliar with. It is not a best practice to use the TeleCenter as a training ground.

Anytime something new is introduced to the TeleCenter a new process plan is needed. It is best to have a plan in place prior to implementing a change, as it makes for a smoother transition, minimizes confusion and, theoretically, decreases the likelihood of errors.

The HSA is in the process of converting all of its paper income maintenance files to images through scanning. One manager is of the opinion that it would have been better to have completed this process prior to opening the TeleCenter, as it would have made for a more efficient system.

Prior to the TeleCenter opening, the supervisors kept the staff informed and made the idea of the TeleCenter appealing. As a result, workers want to work there and they are happy in their jobs. The team structure was helpful during the transition to the new way of doing business. Two of the most invaluable things have been maintaining open lines of communication and the sharing of information.

Traditionally, there has been a division between the continuing workers and the intake workers. With the geographical separation of the two, the continuing workers being located in the TeleCenter and the intake workers in the regional offices, the potential for increasing divisiveness is great. Keeping the relationship between the TeleCenter and the regional offices positive is important in the continued success of the TeleCenter and the success of its workers who aspire to go on to other positions.

To avoid division amongst the BAs within the TeleCenter as a result of job function, each supervisor at the TeleCenter oversees all three types of

BAs, TCBAAs, CMBAs, and task masters. This mixing of workers also allows the supervisors to see and learn more about each facet of the TeleCenter process, and enables them to better support one another.

FOOD STAMPS AT THE HEALTH INSURANCE TELECENTER

Approximately nine months after the opening of the TeleCenter, the continuing Food Stamp cases were moved into the TeleCenter. This move was driven by budget concerns. One goal was to simplify the Food Stamp evaluation process for continuing cases by moving the cases to a centralized location. Another goal was to save personnel costs.

All of the Food Stamp BAs are supervised by one person. There are seven Food Stamp BAs who are responsible for the 1300 active Food Stamp cases at the TeleCenter. There are three TCBAAs who answer Food Stamp-related questions and process QR-7s, three CMBAs who conduct recertifications, and one task master who works on all other tasks such as returned mail, EBT card requests, and suspending cases.

Prior to moving the Food Stamp cases to the TeleCenter, County Council was consulted regarding the program regulations, which require that face-to-face RCs be completed at the end of every Food Stamp certification period. There are exemptions to this regulation, however, which allow the workers to conduct phone interviews, thus making it more feasible to have the Food Stamp cases in the TeleCenter. If it is necessary for the TeleCenter Food Stamp BA to conduct a face-to-face interview, the worker will set up an appointment with the client in the regional office closest to the client's place of residence. RCs for homeless clients are

difficult, as there is no central location at which face-to-face interviews can be conducted and it is difficult to conduct phone interviews with this particular population.

It has become easier for Food Stamp clients to make contact with a worker and to have corrections and updates made to their cases since the move of the Food Stamp cases to the TeleCenter. Client contact is more intense than it was prior to the TeleCenter, but this allows the BAs to make appropriate referrals and it also allows for better tracking of potentially fraudulent cases.

RECOMMENDATIONS FOR CONTRA COSTA COUNTY

Contra Costa County's Employment and Human Services Department (EHSD) is already well on its way in planning for a TeleCenter which is being referred to as the Medi-Cal Service Center (MCSC). Like San Mateo County our goals are to:

- Provide good customer service to our clients.
- Meet increasing demands for services in the face of budget cuts and the threat of privatization.
- Improve efficiency in work, including RVs.
- Provide relief for our workers carrying caseloads of 500+ cases.

The facility that will house our new MCSC has already been identified and obtained by the county. A project lead from outside the agency has been hired as has the call center vendor, InTelegy. We have an oversight committee that meets regularly to review the progress of the committees formed and to ensure that they are on track and on schedule. Among the areas of concern is how we will do business in this new TeleCenter setting, and our Business Process and Operations (BP&O) commit-

tee is responsible for making recommendations regarding our workflow procedures. The BP&O committee is made up of representatives from Local 512, the supervisors' union, Local 535, the eligibility workers' union, and Local 1200, the clerical workers' union. I believe this is a step in the right direction when it comes to getting buy-in from staff as well as from the labor groups.

The year 2005 holds many changes for Contra Costa County's EHSD. The target date for the completion of the imaging and scanning of all paper cases is July. In August we 'go live' with CalWIN, and the target date for our new MCSC is November.

With the implementation of new systems, policies, and procedures, it is important to ensure that staff are not overwhelmed with multiple changes occurring at once. It is my recommendation that we not hire new staff until we know what changes will come with CalWIN, and we can identify where our need will be. It is also my recommendation that the opening of the MCSC be postponed until February 2006. Why wait until February 2006? Because February 2006 is six months after we fully implement CalWIN, and I believe that postponement of the MCSC for three months would be beneficial to the success of the center, as staff would have an opportunity to become familiar and comfortable with CalWIN, as well as with their new roles that will result from the implementation of CalWIN. Additionally, allowing six months between implementation of CalWIN and the MCSC gives us some time to work out glitches that may occur with the former before moving on to the latter. Finally, because it is statistically proven that productivity will decrease, at least initially, with the onset of a major change in the workplace, it makes sense to allow staff to adjust to one change before imple-

menting another, as doing so may stave off more complex problems.

Admittedly, postponing the opening of the MCSC may not be feasibly sound, as there may be additional costs to the county in doing so. There are a number of questions to consider:

- Is it necessary for our contract workers, the project lead and InTelegy, to be present through the opening of the MCSC?
 - If so, how much will it cost to extend their contracts through February 2006?
 - If not, is it possible to allow them to complete their tasks by their contracted dates and leave, and simply hold off on opening the center until February 2006?
- Will we incur additional equipment costs for waiting three additional months?
- What will the cost be, if any, to our clients?

Whether we open the MCSC in November 2005 or February 2006, there are benefits in moving to a TeleCenter service delivery model. It will create a centralization of work, it will allow our workers to work more efficiently, and it will improve customer service.

One final recommendation is that, like San Mateo County's Human Services supervisors, our Eligibility Work supervisors who will be moving to the MCSC should be responsible for supervising eligibility staff in various job functions. It will help stave off a division amongst workers based on job function. It will allow the supervisors to learn about

all of the operations at the worker level and will enable them to better troubleshoot as a team when there is a problem. Additionally, as a result of having first-hand knowledge of what each of the eligibility workers' job duties are, the supervisors will be able to provide better coverage for one another, and ultimately, better service to the customers, both internal and external.

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- The supervisorial staff for giving me an inside look at what their jobs entail and for setting up interviews with workers for me.
- The eligibility staff for allowing me to impose and observe them in their jobs, and for answering my many questions.

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