

**U.S. Department of
Health & Human Services (HHS)**



Customer Service Plan

October 24, 2011

Executive Summary

The Department of Health and Human Services (HHS) serves millions of customers as the principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS's programs are administered by 11 operating divisions, including eight agencies in the U.S. Public Health Service (e.g., Health Resources and Services Administration (HRSA)) and three human services agencies (e.g., Centers for Medicare & Medicaid Services (CMS), Administration for Children and Families (ACF)). The Department includes more than 300 programs, covering a wide spectrum of activities.

As required by Executive Order 13571, [Streamlining Service Delivery and Improving Customer Service](#), HHS has developed this Customer Service Plan (Plan), which focuses on one technology-driven signature initiative and three HHS program services. The Plan identifies specific actions that further advance HHS's customer service, including initiatives to identify and survey customers, establish service standards and track performance against those standards, use technology to service customers in a manner that lowers costs, decreases service delivery times, and improves customer experiences, and benchmark performance against the best in business. The following initiatives were chosen to highlight the broad scope of the Department's mission and the wide range of key customer groups (including public, private, federal, state, local and community-based program partners, stakeholders, and end-users) that HHS helps and/or with which it collaborates.

Program success often hinges on successful collaboration with key customer groups, so HHS continues to work to better understand its customers' needs and measure its success in meeting those needs. Emerging communication technologies, including social media and computer and mobile applications, provide HHS with new opportunities to interact with and disseminate information to these key customer groups.

Signature Initiative

Overview: Enhancements to the Insurance Plan Finder portion of the HealthCare.gov website, which adds a new Small Group Service that gives small business owners greater access to relevant healthcare data to make informed decisions about their and their employees' health.

Timing: Initiative already in progress (as of July 2010); Additional data collection beginning October 2011; Expected completion by February 2012.

Service 1: National Medicare & You Education Program Online Improvements

Centers for Medicare & Medicaid Services

Overview: CMS has several web-based service projects to address the changing needs of Medicare beneficiaries and to achieve efficiencies and cost savings for the National Medicare & You Education Program.

These projects range from developing online projects that improve on well-known print resources (Medicare & You Web) to developing mobile-friendly websites and tools to improved use of customer data to enhance the online Medicare experience. These projects support increased online usage as baby boomers age into the Medicare program over the upcoming decade.

Key Customer Groups:

- Medicare beneficiaries
- caregivers
- community-based organizations
- researchers
- policymakers
- states
- health professionals

Challenges:

- Medicare beneficiaries' strong, historic preference for traditional communication channels
- creating awareness of value of online channels (e.g., ability to update information more rapidly online than in print)
- converting beneficiaries already comfortable with and accustomed to using traditional, more expensive channels into online users

Featured Actions:

- Performance metrics for various service channels to collect feedback from users (e.g., web analytics, focus groups)

- mobile applications and web strategies
- web chat pilot program
- user-centered online alternative to print materials
- MyMedicare.gov website redesign

Service 2: National Child Support Enforcement Program

Administration for Children and Families

Overview: The national child support program, overseen by the federal Office of Child Support Enforcement (OCSE) touches the lives of approximately 17.5 million children nationwide. In fact, 60% of all single parent families participate in the child support program. Next to the custodial parents' earnings, child support is the second largest income source for poor families receiving child support.

Nationwide the child support program collected over \$26.6 billion in FY2010. Technology, in the form of the Federal Parent Locator Service (FPLS), has been critical to the success of the child support program. In FY 2010, the FPLS was instrumental in collecting nearly \$4 billion in financial support for American's children. OCSE's goal is to leverage federal resources, especially the FPLS, to support its stakeholders' goals by providing high quality, relevant information using minimal stakeholder resource investment.

To achieve this, OCSE implemented the Federal Parent Locator Service Enterprise Services Portal, which provides a variety of services to users in an easy, intuitive format, including tools that give program partners and stakeholders access to accurate and current information, resources, and data in cost-effective, efficient ways, thereby improving efficiency and cost-effectiveness of child support services and reducing administrative burden on program partners and stakeholders.

In addition to the Portal, OCSE continues working to develop and implement ever more useful and efficient mechanisms, such as Electronic Document Exchange (EDE), which provides a secure and cost-effective solution for child support enforcement agencies (CSEAs) to electronically transfer imaged documents between intergovernmental jurisdictions.

All of these efforts assist states in effectively and efficiently achieving the ultimate mission of the child support program – providing child support to millions of our nation's children. These tools also assist critical program partners – employers, financial institutions, insurers, and other federal agencies – to provide data in cost-effective, efficient ways.

Key Customer Groups:

- parents, families, and children
- state child support enforcement and other federal agencies (e.g., SSA, DoD)
- employers
- insurance companies

- financial institutions
- general public

Challenges: Because of its nationwide breadth and scope, the child support program is characterized by a unique, comprehensive partnership of federal, state and local government agencies, thousands of employers, financial institutions, insurers and millions of citizens.

OCSE provides leadership, vision, direction, and perhaps most importantly, resources – in the form of technology and federal funding and incentives – to ensure that our mutual goals – ensuring children receive financial support and strengthening families – are met. Our goals, and therefore our challenges, are inextricably linked across all program partners and stakeholders.

OCSE faces the overarching challenges of ensuring that states have the appropriate tools and resources to efficiently locate child support case participants, establish and collect financial support for children, while facilitating cost-efficient and effective information sharing across and among a disparate group of program partners.

This effort must address the diverse needs of public and private organizations, as well as the children and families that the program ultimately serves. OCSE also must consider the limited resources and alternative priorities of partners and stakeholders, especially in difficult economic times, as well as the challenge of providing timely and accurate information and services to assist the public in managing child support challenges.

Featured Actions: To facilitate achievement of OCSE, ACF and HHS goals in a technologically innovative and cost-efficient manner, and in response to the economic and resource crises facing program partners and stakeholders, OCSE developed the FPLS Enterprise Services Portal and related customer service initiatives.

These efforts remove barriers to providing services to stakeholders and increase the program's ability to provide the best customer service. Efforts include development of additional Portal applications, outreach to program partners and stakeholders, website redesign, electronic document exchange, and monitoring system usage and readiness.

Service 3: Bureau of Primary Health Care Customer Service Improvements

Health Resources and Services Administration

Overview: HRSA's Bureau of Primary Health Care implements customer service improvements and burden reduction initiatives for its grantees and stakeholders.

Key Customer Groups:

- grantees
- stakeholders

Challenges: High volume of grantees in every state and territory submitting applications and progress reports and accessing technical assistance resources

Featured Actions:

- grantee satisfaction surveys
- helpline
- web resources
- electronic handbook
- establishing standard operating procedures

Signature Initiative: HealthCare.gov's Small Group Plan Finder

Overview: Enhancements to the Insurance Plan Finder portion of the HealthCare.gov website, which adds a new Small Group Service that gives small business owners greater access to relevant healthcare data to make informed decisions about their and their employees' health.

Key Customer Groups:

- Small business owners

Challenges:

- Low awareness of information
- ability of small employers to easily determine what insurance coverage to offer their employees

Description: The HHS Signature Initiative is the HealthCare.gov's Insurance Plan Finder launch of its new Small Group service, which is required by Section 1103 of the Affordable Care Act and provides the following two services:

1. Allowing small business owners to see benefit and cost sharing information for insurance plans available in their local areas by company and plan; and
2. Allowing small business owners to also see basic pricing comparisons between insurance plans, in addition to the benefits and cost-sharing information previously released.

Impact and Benefits: The expected benefits of the Signature Initiative include:

- A single location through which small employers can identify the entire set of insurance options available to them
- A more transparent, effective experience for small business owners as a result of consumer education
- Improved customer experience
- Reduced need for direct customer contact
- Streamlined interaction between the customer and issuer/agent due to increased scope of information available to consumers

- Access to information about the local health insurance market, which facilitates educated contact with issuers when the actual insurance purchasing transaction takes place
- Access to average cost per member per month information for each insurance product
- Available estimate of what costs will be each month, with appropriate supporting language regarding the impact of higher versus lower deductibles and other variables
- Ability to compare different products, which enables efficient interactions with issuers and more educated health insurance purchase decisions
- Employers more able to provide coverage that better serves their needs and the needs of their employees
- Data analysis will lead to a general understanding of the marketplace both overall and by state

Applicable metrics:

- Total site hits for the service
- Number of products available by state

Key Milestones and Timeline

- Planned start date: Already in progress (data collection started July 2010)
- Upcoming milestones: Additional data collection (for better comparison between products to identify options and what combinations of benefits and cost sharing would be available to employees), beginning October 2011; Expected completion, February 2012

Customer Service Activity #1: National Medicare & You Education Program Online Improvements

Name of implementing agency/division/program: Centers for Medicare & Medicaid Services / Office of Communications / National Medicare & You Education Program (NMEP) / Beneficiary Online Services

Overview: CMS has been participating in several web-based service projects to address the changing needs and growing population of Medicare beneficiaries in order to achieve efficiencies and cost savings to the program and to prepare our online services for users who will have a preference for online access.

Current beneficiaries are largely Traditionalists who rely on printed information and personal interactions with sources they trust; however, this profile is expected to change over the next 10 years due to demographic trends and new technological developments.

Overall education levels will increase over the next decade because more baby boomers have completed high school. Recent research also shows that older beneficiaries are gradually growing in their use of the Internet; additionally, new enrollees, younger caregivers, and SHIP

counselors show readiness now for more nontraditional communication about Medicare (e.g., using the Internet to seek information first) and for the ability to perform more tasks online.

The National Medicare & You Education Program educates Medicare beneficiaries and their caregivers through five major activities to help them make informed health care decisions; those activities are as follows:

- printed beneficiary materials (e.g., the Medicare & You Handbook)
- the 1-800 MEDICARE call center
- online web sites, including www.medicare.gov, www.mymedicare.gov & www.cms.gov
- community-based outreach
- CMS's national advertising campaign

Key Customer Groups:

- Medicare beneficiaries
- caregivers, and community-based organizations
- researchers
- policymakers
- states
- health professionals

Challenges:

- Strong, historic preference of customers, primarily Medicare beneficiaries, for traditional more costly communication channels, namely printed materials or use of the call center, versus online services.
- Converting beneficiaries into online users, if online services were not available when they first interacted with Medicare, once they are comfortable using more expensive communication channels

Goal #1: Increase Feedback from Customers

1. Use data analytics to understand customer utilization and to improve user experience

Description: CMS uses the American Customer Satisfaction Index (ACSI) survey to collect feedback from Medicare.gov users on how effectively they are able to use the website, both in the aggregate and to complete specific tasks.

Quarterly iterations of the ASCI survey focus on specific site features or tools. The focus to date has been on improving issues identified in the targeted survey questions and thus improving the site experience for users. CMS also uses the goals and funnels features in Google Analytics to identify specific pages or transaction steps that are confusing for users of the tools offered in Medicare.gov.

This is an ongoing activity tied into CMS' quarterly release cycle for each of the Medicare.gov tools.

Expected uses and benefits: To get deep-dive feedback on various aspects of Medicare.gov usability in order to focus web site enhancements on improving the usability of particular transaction steps; improving the completion rate on a number of the Medicare.gov applications.

Timeframe: Mid-CY2010 – ongoing. Began using Google Analytics goals and funnels in Fall 2010 with use of these to drive website enhancements ramping up in Spring 2012.

2. Establish a Medicare User Group (MUG)

Description: CMS has engaged a power user group of Medicare beneficiaries with varying levels of internet experience, as well as exposure to the Medicare program and NMEP's customer service channels.

This group serves as a focus group for testing new design, tools, or website enhancements to determine if the changes are helpful, easy to understand, and work for the primary audience.

Expected uses and benefits: CMS receives candid feedback and recommendations for helpful services or features; regular vetting of new website functionality, look and feel, and other services in order to gain insight prior to release about whether the enhancements really make sense and provide better customer service.

Timeframe: 2010 – ongoing. Will be used to support the redesign of several key Medicare.gov tools in 2012.

Goal #2: Adopt Best Practices for Improving Customer Experience

1. Develop and implement a mobile web strategy

Description: NMEP is working on mobile versions of the cms.gov and medicare.gov websites. These mobile websites will be device-agnostic and will work with both modern smart phones as well as legacy phones that are less powerful.

Expected uses and benefits: Allows better access to websites by mobile devices; based on web stats, mobile access continues to grow but CMS previously had not optimized the mobile users' experience; improves customer service by increasing access to NMEP information anytime, anywhere.

Timeframe: Scheduled launch, fall 2011. The initial rollouts will focus on content, while future phases in CY2012 and beyond will focus on web apps (e.g., the quality compare tools, Plan Finder).

2. Develop and implement a mobile application strategy

Description: NMEP is working on a first mobile app for iPhones and iPads that is focused on delivery of CMS news to health professionals. Based on an analysis of the success of the first

application, CMS will investigate expansion of its mobile apps strategy, to other devices (e.g., Android) and to different audiences (e.g., beneficiary apps).

Expected uses and benefits: Allows key CMS stakeholders, including health professionals, policymakers, and media, to be better able to track information being released by CMS on the web and through social media channels; improves customer service by pulling together multiple channels (e.g., news, social media, and video) into a single interface.

Timeframe: Expected launch, fall 2011.

Goal #3: Set, Communicate, and Use Customer Service Metrics and Standards

1. Measure and monitor performance metrics across multiple service channels to determine effectiveness and utilization of each channel

Description: CMS collects a variety of performance metrics to ensure that its customer service channels (and contractors) continue to meet expectations and improve the services offered to beneficiaries. NMEP's performance is monitored across its call center, beneficiary materials, and online websites to track how effective the channels are at communicating consistent information. Performance data are used to improve the education and training of customer service representatives (CSRs) and to enhance user experience.

Expected uses and benefits: Increases awareness and utilization of electronic media and online services among its beneficiaries and partners; improves customer satisfaction with services received.

Timeframe: CY2010 – ongoing

Applicable metric(s):

- Usability and accessibility of information
 - customer satisfaction/service scores (for the call center & websites)
 - process improvements, and awareness/brand recognition
 - accuracy, accessibility & timeliness of materials
 - utilization rates (e.g., website, subscriptions for alternate electronic media resources (e.g., publications on CD, electronic subscriptions to the Handbook)
 - average speeds of answer, average handle times, abandonment rates, and results of internal quality assurance call reviews (for call centers)
 - customer satisfaction and CSR skills in customer service, knowledge, Privacy Act adherence.
2. Monitor and evaluate referral data in order to bundle related customer service needs with MyMedicare.gov web chat

Description: Historically, web chat has been a limited service available on the MyMedicare.gov portal to assist users with technical issues only. Of the average 7,000-8,000 chats/month

received and tracked, CMS determined that approximately 50% of the chats also had general Medicare questions, which required a referral to the 1-800-MEDICARE phone line. As a result, CMS changed its process to allow agents to begin responding to general Medicare information through web chat, which decreased the number of referrals to the call center and improved customer service.

Expected uses and benefits: Increases the types of inquiries that can be addressed via web chat; correspondingly reduces the number of referrals to the call center from the web chat; increases the usage of the web chat channel as an available resource for beneficiaries to receive information on the Medicare program and on their personalized questions regarding their services and benefits; increases usage of the various tools on both Medicare.gov and MyMedicare.gov due to increased site traffic.

Timeframe: Agents already responding to general inquiries, as of December 2010.

Applicable metric(s):

- Referral rate, customer satisfaction rate.

Goal #4: Streamline Agency Processes to Reduce Costs and Accelerate Delivery

1. Launch the Medicare & You Web to reduce costs and timely improve content in order to better meet customer needs

Description: CMS will create a user-centered online alternative to the traditional print Medicare handbook on the Medicare & You Web, which will provide search capabilities and other features not available in the static, electronic PDF version.

Expected uses and benefits: Quick, easy, and direct access to accurate and relevant Medicare information; encourages visitors to use other Medicare.gov tools as a result of integrating this content into the Medicare.gov site; allows CMS to track the specific information most often accessed in order to collect feedback; ability to quickly react to improve the content and structure of the Medicare & You Web in order to meet users' most frequent needs; short-term generation of a steady increase in the number of beneficiaries turning to the website for information and answers rather than calling 1-800-MEDICARE; reduced printing and mailing costs in future years, assuming that these beneficiaries also choose to opt out of receiving a printed copy of the Handbook.

Timeframe: Expected launch, late spring 2012.

Applicable metric(s):

- # of page views
- # of users opting out of receiving the printed handbook

2. Redesign MyMedicare.gov to increase user access to information and reduce administrative costs

Description: CMS has streamlined the registration, login and password reset assistance process through redesign of the MyMedicare.gov website.

Expected uses and benefits: Allows quick access to claim information, preventive services, and health information; gives beneficiaries online access to information that they otherwise would have had to call 1-800-MEDICARE in order to get, at a significantly higher cost to CMS; increases the numbers of successful logins into the site and directly decreases the amount of technical assistance provided via online web chats with beneficiaries.

Timeframe: Mid-CY2010 – ongoing

Applicable metric(s):

- # of registrations and user logins
- utilization rate of the technical web chat service

Customer Service Activity #2: National Child Support Enforcement Program

Name of implementing agency/division/program: Administration for Children and Families (ACF) / Office of Child Support Enforcement / Division of Federal Systems (OCSE/DFS)

Overview: The federal Office of Child Support Enforcement (OCSE) oversees the national child support program, which touches the lives of approximately 17.5 million children nationwide. OCSE maintains the Federal Parent Locator Service (FPLS), which provides critical information to state child support enforcement agencies (CSEAs) and enables them to establish paternity and child support orders and collect on 16.6 million child support cases.

To achieve its primary objective of providing faster and more efficient service to families through its state and business partners, OCSE has developed the FPLS Enterprise Services Portal (Portal), which quickly and elegantly provides a variety of services, applications and systems to users in an easy, intuitive format, removing barriers to child support services and improving efficiency and effectiveness while reducing administrative burden on program partners and stakeholders.

Further, OCSE has developed and implemented tools to assist critical program partners in providing data in cost-effective, efficient ways.

Key Customer Groups:

- State Child Support Enforcement Agencies
- Employers
- Insurance Companies
- Financial Institutions

- Other federal agencies, including Social Security Administration and Department of Defense
- Parents, families and children and the General Public (OCSE Website)

Challenges:

- Facilitating cost-efficient and effective information sharing across and among a disparate group of program partners (e.g., federal, state and local government agencies, millions of employers, financial institutions, insurers, and millions of citizens)
- Ensuring that states have the appropriate tools and resources to efficiently locate child support case participants, establish and collect financial support for children
- Addressing the diverse needs of public and private organizations, as well as the children and families that the program ultimately serves
- Limited resources and alternative priorities of partners and stakeholders
- Providing timely and accurate information and services to assist program partners, stakeholders and citizens in managing their own child support cases

Goal #1: Increase Feedback from Customers

1. Conduct outreach efforts to key stakeholders

Description: OCSE will continue its use of multiple media channels to establish a family-centered vision for the program that combines efficient management of a high-volume caseload through technology with flexible case management strategies to engage and assist parents, to market new initiatives to and obtain feedback from child support program partners, stakeholders, and customers.

OCSE facilitates and participates in teleconferences, as well as national, state, and local child support, employer, financial institution, and insurance conferences. OCSE conducts state visits (promoted as “house calls”) and provides on-site technical assistance. OCSE provides specialized liaisons to work closely with key private sector partners, including employers. OCSE provides webinars and other on-line opportunities for education and outreach, including disseminating innovative and promising practices to the field through short fact sheets. Additionally, OCSE collects and analyzes feedback and data from customers and public inquiries made to OCSE.

Expected uses and benefits: Allows FPLS teams to collect feedback, resolve issues and problems, and to market new initiatives to CSEAs, employers, financial institutions, insurers and other state and federal customers, on a daily basis; improves program delivery; provides users with information on and uses of the Portal; provides an opportunity for user feedback on the effectiveness of the Portal, and creates an evaluation and feedback loop through which enhancements and new tools are added to the Portal.

Timeframe: Already in progress

2. Actively work with users to manage changes to the FPLS Portal, as part of the FPLS Release Management Process

Description: All changes to the systems are tracked through system teams that consist of technical and functional staff. Functional teams act as liaisons between customers and the technical teams and are part of the decision-making process in determining the priority, impact, and implementation strategy for changes.

The release process includes the development of a manifest to inform users of proposed changes and specifications that provide the information those users need to incorporate the changes into their own workflows.

Conference calls are held with the users throughout the process to provide information on the changes, get feedback from the users on the proposed changes, and follow-up with users after implementation to ensure that the OCSE accomplished the goal it intended with the change and to encourage users to suggest further enhancements.

Expected uses and benefits: Provides an orderly and transparent method to keep customers informed of the changes to the systems they use; encourages customers to provide feedback on changes, suggest changes, express concerns, and suggest other changes that will help them accomplish their goals.

Timeframe: Already in progress

Goal #2: Adopt Best Practices for Improving Customer Experience

1. Redesign the OCSE Website to improve service to customers

Description: Website features include: slideshow of showcase items; child support contact and program information; Find a Child Support Agency; Child Support Toolkit; quick facts/tips; resource search index; latest news (success stories, events, new resources); Stay Connected i.e., social media (Child Support Report, Commissioner's Voice, Chirps, YouTube channel, blogs); RSS/Feedburner News Feed (News, Events, Resources, Audience).

Expected uses and benefits: Improves customer service across all child support program partners and stakeholders, including custodial (CP) and non-custodial parents (NCP), CSEAs, employers, courts, financial institutions, insurers and other federal agencies, by focusing on the needs and challenges of OCSE constituency. The redesigned website will provide user-friendly, quick, just-in-time access to general child support program information and referrals to program resources and CSEAs; provides policy guidance, technical assistance, and performance data that is well-organized and readily accessible. Ultimately, the site will connect child support constituents and promote a family-centered program.

Timeframe: Phase I (Look and Feel), January 2012; Phase II and III (Functional Website), February – March 2012.

Applicable metric(s): Success criteria include:

- increased percentage of returning users
- comments from constituents on social media tools
- constituent feedback on improvements and suggestions
- visitor feedback to webmaster

Goal #3: Set, Communicate, and Use Customer Service Metrics and Standards

1. Maintain and enhance the Management Information Central Repository System (MICRS) to provide a centralized repository for management and performance data.

Description: MICRS is designed to provide users with the managerial information and research data needed to make informed decisions with regard to OCSE's strategic direction. MICRS provides management information, performance data, and research data in a central location that is accessible to all users via a web browser. The extracted, transformed and loaded information into the MICRS system includes data from the Portal, e-IWO and QUICK.

Expected uses and benefits: Used as an analysis tool; provides customer support teams with information that allows them to target states for specific assistance or to develop initiatives to address certain problem areas that affect a broader customer base; streamlines report creation and access; allows for summary analysis across FPLS business applications; allows for development of additional reports that may be required as a result of new systems as well as enhancements to existing systems.

Timeframe: Already in progress

2. Utilize FPLS@ Tool as a Customer Relationship Management (CRM) tool

Description: FPLS@ is used across FPLS teams as a CRM tool to identify, track and respond to a variety of issues, including those identified by key program stakeholders, such as CSEAs, employers, insurers, and financial institutions. New users (e.g., Project Save Our Children, additional FPLS teams) are planned. Plans for new uses include global contact management and communications tracking. Planned upgrades include agent desktop personalization, Knowledge Base or Guide Assistance capability, ability to monitor social media to collect related statistics and information.

Expected uses and benefits: Facilitates prompt identification and resolution of a variety of customer issues; used as a monitoring tool to identify and track data transmission and quality issues; ensures the integrity and usefulness of FPLS data through prompt identification and resolution of customer and data issues; promotes ongoing trust and confidence in OCSE; allows for custom reports (e.g., so that each team may track issue resolution) to be developed based on business rules defined by each team's requirement.

Timeframe: Already in progress; Initiatives to add new users, enhancements, and upgrades to begin September 2011

Applicable metric(s):

- # of incidents (i.e., issues that affect any FPLS application's processes or data)
 - # of activities (i.e., items that an FPLS team would like to track)
 - # of communications (allows a team to monitor its communications/outreach efforts)
3. Monitor System Usage and Readiness to ensure accessibility of FPLS Enterprise Services Portal

Description: Continue to monitor and measure the availability of the system (excluding OCSE approved downtimes for non-routine maintenance or enhancements) to authorized users of the FPLS Enterprise Services Portal.

Expected uses and benefits: Provides customers with easily retrievable information as soon as it becomes available once they request the information while they are processing a case; synthesizes information for various sources in an easy and concise interface; enables customers/users to remain confident in the accessibility of information contained in the system.

Timeframe: Already in progress

Applicable metric(s):

- % of time the system is available 24/5 (minimum standard is 98% of time; exceptional standard is 100% of time)
- % of time the system is available between 7:00 AM - 7:00 PM on weekends and holidays (minimum standard is 95% of the time; exceptional standard is 100%)

Goal #4: Streamline Agency Processes to Reduce Costs and Accelerate Delivery

1. Continue nationwide implementation of the Query Interstate Cases for Kids (QUICK) application on the Portal by all CSEAs, to provide real-time access to financial and case information

Description: QUICK is a browser-based application that provides authorized child support personnel in one State with real-time access to another State's financial and case information for purposes of processing the case and providing customer service to parents receiving child support services. Interstate child support cases are among the most difficult to efficiently and successfully work because CSEAs do not have access to case and financial data maintained by other states. Caseworkers spend a significant amount of time attempting to gather information, by phone, electronic and regular mail; this slows establishment and enforcement activity, which results in increased case processing times and costs and delays in the collection of child support.

Expected uses and benefits: Provides a virtual expansion of a state's database by allowing access to real time data in another state's database; facilitates timely data sharing through real-

time access to data on actions taken by another state, as well as case status and contact information; provides a standard and secure user interface; uses standardized data elements; allows access to information without involving the other state; provides information not available through other electronic means; expedites case processing by providing data when needed; improves quality and timeliness of customer service responses.

Timeframe: Already ongoing

Applicable metric(s):

- # of states in production with or implementing QUICK
 - # of users-generated, interstate information requests
2. Continue nationwide implementation of Electronic Income Withholding Order (e-IWO) by all CSEAs; continue efforts to increase employer participation

Description: Because over 67% of all child support collections are obtained via wage withholding, it is vitally important that income withholding orders be handled as efficiently as possible so that child support is collected and distributed in a timely, cost-effective manner. CSEAs have historically used paper-based, labor-intensive processes to communicate with other states and employers, hindering not only the child support collections on which the program is focused, but also, and perhaps more importantly, the daily operations and costs incurred for important child support program partners: state and local governments and employers.

With e-IWO, the CSEA system generates an electronic record of the IWO, and OCSE processes the e-IWO records via the Portal for all participating employers and then transmit the IWO to the employer in the employer's desired format. The e-IWOs are electronically transmitted to the employer and tracked until the employer returns an acknowledgement that advises the CSEA of the e-IWO status.

Expected uses and benefits: Provides a standard electronic format and process that can be used by CSEAs and employers nationwide to efficiently and cost-effectively collect child support; reduces the time from IWO preparation to employer processing; reduces errors that can occur through manual processing; reduces the cost of postage and processing paper documents; provides an on-going communications link between CSEAs and employers; acknowledgement process provides CSEAs with prompt feedback on e-IWO status; increases in collections; enhances and makes more efficient child support service delivery; reduces burden on employers and CSE agencies, at virtually no cost to them.

Timeframe: Already in progress

Applicable metric(s):

- cost savings (e.g., postage, processing costs, administrative and case handling costs and burdens)
- # of e-IWOs sent

- # of states implementing e-IWO
3. Continue design, development, and implementation of Electronic Document Exchange (EDE) to accelerate information exchange

Description: EDE provides a technical alternative for a secure and cost-effective solution for exchanging imaged child support documents, such as court orders, birth certificates, paternity affidavits, and genetic test results. Currently, CSEAs have no standard electronic process to exchange supporting child support documents. Documents are sent via mail, unencrypted electronic mail, or fax, which slows case initiation, establishment, and enforcement and raises security and privacy concerns.

Expected uses and benefits: Provides CSEAs with a secure transport mechanism to electronically transfer imaged documents between intergovernmental jurisdictions; reduces communication response time and improves case processing; increases paternity and order establishment; assists in meeting compliance mandates; allows families to more quickly receive child support payments; enables containment of costs, such as postage, handling, copying and faxing; enhances security.

Timeframe: Already in progress (currently in Planning/Development phase); Pilot expected September 2012.

Applicable metric(s):

- # of states to implement EDE by January 2013
4. Continue to promote nationwide implementation of the new Debt Inquiry application.

Description: This application allows external partners, such as employers, to use the Portal to enter information about individuals who are eligible to receive a lump-sum or similar type of payout. The information provided is compared against information that is contained in the Federal Offset Program Debtor file, and matches are returned to the CSEAs. CSEAs use the Portal to obtain information about lump-sum payouts or recurring payments provided by external partners for obligors owing past-due child support in their states. This service is available to employers, insurance carriers, third party processors, OCSE administrators, and CSEAs.

Expected uses and benefits: Debt Inquiry provides CSEAs with information that they previously may not have known about until too late to implement an income withholding order or lien; provides an easy mechanism for external partners to identify individuals before a lump sum distribution or other type of payout is made; allows CSEAs to timely act upon this information to ensure that equitable collections are made on behalf of children and families; enhancement builds on the existing Portal interface with CSEAs, which allows state authorized users to have secure, role-based access to selected FPLS applications; current CSEAs Portal users only need to add the Debt Inquiry user role to their portal protocols;

Timeframe: Ongoing pilot with unlimited voluntary state participation until January 2012 (use of the application during pilot affords participating states with immediate benefits of implementing income-withholding or placing a lien so that collections may be made during the pilot period); Enhancement fully in production by January 2012

Applicable metric(s):

- # of states that have elected to participate in the Debt Inquiry service pilot
- # of transactions collected

5. Promote use of the Department of Defense's (DOD's) Entitlement Data

Description: OCSE continues to promote nationwide implementation by all CSEAs of the recently released DoD Entitlement Data portal application. This application allows state child support caseworkers to submit online requests for income data, including entitlements, for non-custodial parents (NCPs) or custodial parents (CPs) who are active duty military members or reservists.

Currently, the DOD reports gross wages in the Quarterly Wage (QW) record for a military service member, which does not provide the breakdown of the individual entitlements that are needed to set accurate obligations.

Consequently, states that use QW to establish or modify orders may be setting unrealistic child support obligations that may lead to financial hardships for service members. The Portal allows child support workers to request a detailed break-down of a service member's monthly earnings to accurately establish fair and equitable child support orders.

Expected uses and benefits: Provides more accurate information about wages of NCP or CP who are active duty military members or reservists in order to establish realistic child support orders, which increases the likelihood that payments are made and that a regular source of support is provided to children; ensures that only applicable entitlements that comply with a state's guidelines are used for setting orders, thus ensuring that orders are not set either too low or too high; saves time and effort for caseworkers (e.g., avoids delays in the child support parties or DoD responses in order to receive additional information for a child support request, eliminates need for multiple phone calls, mail exchanges, and possible subpoenas to DoD to get information in order to understand the breakdown of the specific entitlements); shifts demand for information to the Internet; allows states to implement the online DoD Entitlement enhancement without having to make costly changes to their state systems; have the option to receive an email notification as soon as the caseworker's request is received by DoD; response data provided in a printable PDF format that may be presented in court or used for administratively setting or modifying a child support order, depending on the state's procedures.

Timeframe: Production began in July 2011; ongoing

Applicable metric(s):

- # of states electing to use DoD Entitlement portal application

- # of transactions

Customer Service Activity #3: Bureau of Primary Health Care Customer Service Improvements

Name of implementing agency/division/program: HRSA Bureau of Primary Health Care (BPHC)

Overview: The HRSA Bureau of Primary Health Care seeks customer service improvement and burden reduction for its grantees and stakeholders.

Key Customer Groups:

- BPHC grantees and stakeholders

Challenges:

- High volume of grantees in every state and territory submitting applications and progress reports
- High volume of grantees in every state and territory accessing technical assistance resources

Goal #1: Increase Feedback from Customers

1. Conduct grantee satisfaction surveys

Description: Since 2007, BPHC has conducted an extensive annual grantee satisfaction survey that looks at many facets of BPHC operations, including asking grantees for their input on their technical assistance experiences, satisfaction in working with their regional divisions and branches, functionality of routine grant submissions, Policy Information Notices, and many other core areas of interaction with BPHC offices and divisions. Primary Care Associations, National Cooperative Agreements, and other partners also undergo routine assessments of satisfaction. As a result of these efforts, BPHC was proud to be recognized as one of three HRSA bureaus for their "comprehensive and committed approach to outstanding customer service" at the 2011 Government Customer Satisfaction Results Forum in January.

Expected uses and benefits: Consistently and comprehensively employs the findings from its survey to improve operations (e.g., make changes to reduce the burden on grantees and improve the Health Center New Access Point funding opportunity in order to improve the clarity of the application guidance and ensure that Health Center Program resources were being directed to the highest need communities, distributed more broadly, and designed to maximize collaboration among safety-net providers); BPHC uses the data in planning for technical assistance for the rest of the year; survey data informs all aspects of BPHC's work towards customer service

Timeframe: Already in progress; Conducted annually

2. Provide BPHC Helpline customers with an open-ended evaluation response text box to provide feedback

Description: The BPHC Helpline is a single point of contact that consolidates and replaces several systems and help numbers; it provides a central hub for answering most programmatic and systems-related grantee questions and provides grantees and stakeholders with information and assistance in all aspects of BPHC activity. Enhancements to the BPHC Helpline will, among other things, provide an open-ended evaluation response text box for customers to provide feedback.

Expected uses and benefits: Improves customer communication and satisfaction

Timeframe: In development

Goal #2: Adopt Best Practices for Improving Customer Experience

1. Enhance BPHC Technical Assistance (BPHC TA) Web Resources

Description: The BPHC TA website contains an indexed, topic-driven database of resources with links to tools, documents, and organizations that directly benefit grantee operations. The database currently contains approximately 200 resources and will be scaled up to a fully searchable library of resources spanning BPHC, HRSA, government agencies, and National Cooperative Agreement organizations. BPHC also hosts archived webinars that highlight best practices, policy changes, and other topics. The website also now showcases a frequently asked questions module.

Expected uses and benefits: Shifts user traffic to the website from the Helpline as a result of regular updates to website content that is directly derived from recent call patterns on the BPHC Helpline, as well as other BPHC offices that respond to data and policy questions from grantees; provides grantees with training and advice from experts

Timeframe: Already in progress

2. Establish the Uniform Data System (UDS) Mapper

Description: The UDS Mapper is an innovative web-based tool that provides a vast and diverse array of data from the UDS and other public data sources that can be used by BPHC grantees and staff to facilitate health center program planning, implement needs assessments, and evaluate resource allocations.

Expected uses and benefits: Enables users to carry out health care service delivery planning and make decisions based on data; improves the customer experience; increases transparency by providing grantees and the general public with comprehensive and geographically-specific data on existing health care services and service areas; decreases time and costs associated with accessing program information.

Timeframe: Already in progress

Applicable metric(s):

- # of users

Goal #3: Set, Communicate, and Use Customer Service Metrics and Standards

1. Utilize a dashboard to regularly monitor and evaluate customer service performance

Description: BPHC uses a Balanced Dashboard to track performance data (from a number of sources) related to grantee satisfaction, employee satisfaction, timeliness/quality, and program impact. The Balanced Dashboard guides BPHC in its strategic planning both internally and with external stakeholders. The BPHC Balanced Dashboard was nominated for a Secretary's Innovation Award in 2010.

Expected uses and benefits: Allows for routine and continuous performance tracking; facilitates data-based strategic planning capability

Timeframe: Already in progress

2. Employ GPRA Measures to track BPHC progress toward meeting Strategic Plan goals

Description: The BPHC's GPRA performance measures help BPHC track its progress in reaching HRSA Strategic Plan goals to improve access to quality health care and services, strengthen the health workforce, build healthy communities, and improve health equity.

Expected uses and benefits: Increases the number of Health Center organizations meeting or exceeding selected national performance goals including number and percent of health centers achieving Healthy People 2020 health goals. BPHC achieves these performance goals through strategies that include: providing technical assistance and training on issues, such as quality improvement and risk management; enhancing health information technology assistance; sharing best practices so that health centers learn from one another about what works in improving quality and performance; and supporting a unique model of health care delivery that emphasizes prevention, health-related enabling services, outreach, follow-up, and culturally competent services.

Timeframe: Annually

Applicable metric(s): GPRA Measures include:

- LA.I: Number of patients served by Health Centers
- 1.LA.2.b: Percentage of grantees that provide Preventive Dental Care services either on-site or by paid referral
- 1.LA.2.c: Percentage of grantees that provide Mental Health/Substance Abuse services either on-site or by paid referral

- I.II.B.2: Rate of births less than 2500 grams (low birth weight) to prenatal Health Center patients compared to the national low birth weight rate
- I.II.B.3: Percentage of adult Health Center patients with diagnosed hypertension whose blood pressure is under adequate control (less than or equal to 140/90)
- I.II.BA.: Percentage of adult Health Center patients with type 1 or 2 diabetes with most recent hemoglobin Alc (HbAlc) under control (less than or equal to 9%)
- I.II.B.I: Percentage of pregnant Health Center patients beginning prenatal care in the first trimester
- II.A.I: Percentage of Health Center patients who are at or below 200% of poverty
- I.II.A.2: Percentage of Health Center patients who are racial/ethnic minorities
- I.II.A.3: Percentage of Health Center patients who are uninsured
- I.E: Percentage increase in cost per patient served at Health Centers compared to the national rate

Goal #4: Streamline Agency Processes to Reduce Costs and Accelerate Delivery

1. Enhance functionality of HRSA's Electronic Handbook to centralize information, facilitate communication, and reduce administrative costs

Description: Within HRSA's Electronic Handbook (EHB), BPHC created the Bureau of Primary Health Care Management Information System (BHCMIS) as a central repository for program-specific data. BCHMIS replaces multiple paper-based processes for BPHC's grant application and management activities and provides a central, on-line system that facilitates communication between grantees, project officers, and the HRSA Office of Grants Management. BCHMIS also contains a Uniform Data System (UDS), which is an integrated reporting system that collects grantee data on patients, services, staffing, and financing and that allows grantees to annually report. As a result, the Bureau now conducts most of its business with its 1,100+ grantees electronically, using customer-friendly electronic program applications, reporting systems, and communications.

Expected uses and benefits: Supports the customer starting from the time an organization applies for a BPHC grant; provides structured forms that prevent submission of incomplete applications and pre-population of data where possible; provides grantees and their project officers ready access to reliable information once the grant is awarded; houses 'scope of project' data, which allows real-time access to sites and service information; allows online submission of the UDS and other grant deliverables; reduces grantee burden with pre-populated forms and system checks to ensure forms are completed correctly; system sends periodic reminder e-mails for various deliverables; significantly improves reporting accuracy, data sharing, and overall program efficiency

Timeframe: Ongoing

Applicable metric(s):

- Administrative cost savings

- # of health center program awards received, reviewed, and approved annually
- 2. Enhance customer service data collection from the BPHC Helpline in order to analyze call trends, measure performance, and implement changes to reduce the need for such inquiries

Description: BPHC Helpline has made enhancements to the SharePoint software it currently uses to improve the collection of call tracking, subject categories, referrals and other data. Customer issues are managed through a database of "tickets" that allows managers to analyze trends in call nature and volume, as well as keep track of individual customers' past experiences with the BPHC Helpline. Calls and emails are monitored for trends, and FAQs are then posted on the homepage with the intent to spread information across all grantees and thus reduce the number of calls and questions coming in to program staff and the BPHC Helpline.

Expected uses and benefits: Improves data collection for Helpline calls; allows BPHC Helpline to evaluate impact and establish new performance measures for the Helpline Calls; monitors data for trend purposes and results in FAQs posted on the homepage with the intent to spread information across all grantees and thus reduce the number of calls and questions coming in to program staff and the BPHC Helpline.

Timeframe: Already in progress