

STATEWIDE HEALTH INSURANCE BENEFITS ADVISORS (SHIBA) HELPLINE SPONSOR PERFORMANCE MEASURES

RATIONALE AND SAMPLE WORKSHEET For Contract Period July 1, 2007-June 30, 2009

SHIBA Mission Statement

SHIBA HelpLine provides free, unbiased information about health care coverage and access to help improve the lives of all Washington state residents. We cultivate community commitment through partnership, service and volunteering.

Importance of Performance Measurements

The sponsor performance measurements define the goals and expectations of our sponsors in supporting our mission statement. These performance measures are formatted to gauge the availability and accessibility of assistance to consumers, show how resources were used, whether sufficient resources are available to our sponsors to reach their goals and objectives, and to indicate where focus is needed to enhance overall sponsor performance. These performance measures are intended as tools for program management and future funding request. At this point in time, we are not linking performance to funding in anyway. Future additional funding or performance bonuses provided by funders may be offered. Performance would be evaluated based on the criteria in this document.

Our main goal was to create performance measures that reflect the key mission and goals of the SHIBA program and to say something about our priorities as a program. We believe all of the outlined performance measures are in alignment with the mission statement of SHIBA and the OIC.

What We Care About

- We believe in equity – We are committed to providing equal access to all citizens of Washington State.
- Cost effectiveness matters – We want to be good stewards of public funds.
- The quality of service is important – Timely, accurate and actionable information is key.
- We invest in sustainability – Volunteer capacity needs to grow along with the increase in demand for our services.

What We Were Aiming For

- Focus on key results versus all results.
- Ensure performance measures are reasonable and achievable.
- Performance measures that are simple to monitor.
- Performance measures that are in alignment with some already required outcomes.
- To create performance measurements that were fair and consistent throughout the network.
- Reduce the total number of performance measurements.
- Focus on performance measurements that have the biggest impact on our communities.

Stakeholder Groups

The proposed performance measures were developed to measure what our major stakeholder groups felt were important. The following is a description of SHIBA'S five major stakeholder groups and some of the things identified as important to those groups.

- **Funders and Authorizers:** Give us funding, directives and specific powers. This group includes Congress, State, CMS, AoA, DSHS, and future funders.

What They Expect:

- Hard to reach population served
- High number of clients reached & helped
- Cost effective
- Community impact
- Public image
- Replicable across the state and country

- **Managers and Enablers:** Convert the funds and directives into capacity – staff, skills, tools, and support. This group includes Insurance Commissioner, Chief Deputy Commissioner, Consumer Protections Deputy Commissioner, and SHIBA Program Manager.

What They Expect:

- Consistency in mission
- Good stewards of public funds
- Positive reputation
- Service available to all clients of Washington State

- **Producers and Partners:** Use the staff, skills, funds, and equipment to deliver services and conduct activities. Includes SHIBA sponsors, SHIBA staff, community partners who take an active role in supporting SHIBA services, and volunteers.

What They Expect:

- Meaningful Accurate Training
- Tools, publications, computers, trainers, funding
- Clear vision/direction
- Volunteer recognition
- Ability to help make a difference

- **Clients:** Directly receive the services, reports, or other products of our actions. Anyone who needs assistance with their health care coverage.

What They Expect:

- Quick/Timely/Accurate Service
- Referred to appropriate programs
- 24 HR turn around after first call
- Confidentiality
- Understandable information that enables them to make informed decisions

- **Communities:** Communities, groups, and individuals who are impacted by our work. This group includes Washington State residents, providers, the health insurance industry, advocacy groups, and other partners.

What They Expect:

- Healthy Community
- Equal Access to Healthcare
- Consumer Advocacy
- Referral Network

Sponsor Performance Measures by Stakeholder

➤ **Funders and Authorizers:**

- **# of beneficiaries reached thru consumer education.** The total number of beneficiaries that were reached through public presentations, health fairs, and workshops. Goal of .25% (1/4%) annually of sponsor service area population.¹

Formula:

$\frac{\text{Number of Attendees at Public and Media (PAM) events A (Public Presentations), B (Public Workshops), H (Enrollment Events), I (Drop-in Counseling), G (Health Fairs)}}{\text{Number of beneficiaries in sponsor service area}}$
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- **# individual face-to-face, telephone, quick calls, or email/fax/mail counseling.** The total number of beneficiaries that were reached through one-on-one contact. Quick calls should account for less than 10% of total counseling sessions. Goal of .5% (1/2%) annually of sponsor service area population.²

Formula:

$\frac{\text{Number of quick calls + phone contacts + In-person + Email/fax/mail}}{\text{Number of beneficiaries in sponsor service area}}$

¹ This does not include media. The goal, including media, for the 2005–07 biennium was 25% per annum; therefore we reduced the goal to 2.5% per annum.

² We are maintaining the same level (of .5%) as the 2005-07 biennium. This performance measure does not include community education, group presentations, or group counseling. Quick calls are considered calls that are under 10 minutes in duration and include some type of service provision. Appointment setting, brief contacts, address verification, ect. is not considered service provision, therefore should not be considered quick calls.

➤ **Managers and Enablers:**

- **Minimum 5% customer satisfaction survey response rate.** Minimum of 5% of all clients served fill out and return customer satisfaction surveys.³

Formula:

$$\frac{\text{Number of survey response rate received from sponsor service area}}{\text{Number of Quick Calls + Phone Contacts + In-Person + Email/Fax/Mail}}$$

➤ **Producers and Partners:**

- **# of volunteers per 10K population rate:** The total number of active volunteers per 10,000 population rate. Goal of one volunteer per 10K population rate in sponsor service area.⁴

Formula:

$$\frac{\text{Number of active volunteers in CATS database}}{\text{Total population rate for sponsor counties}}$$

- **Volunteer Attendance Rate:** All volunteers attend a minimum of 80% of all required trainings/meetings.⁵

Formula:

$$\frac{\text{Number of required trainings/meetings attended by volunteer}}{\text{Number of required trainings/meetings held}}$$

➤ **Recipients:**

- **Net Promoter of SHIBA:** Minimum of a 20% net promoter score.⁶

Formula:

$$\frac{\text{All scores of (5/6) – all scores of (1/3)}}{\text{Total number of surveys}}$$

³ We need a statistically relevant survey sample to make valid generalizations about our customer service.

⁴ This goal takes into consideration both Medicare and Non Medicare clients. To establish a reasonable benchmark this goal was calculated based on the CMS national median of 1.8 volunteers per 100k of Medicare beneficiaries multiplied by the states Non Medicare to Medicare beneficiary rate in Washington State.

⁵ Training requirements will be developed for each volunteer role (administrative, data entry, counseling, public speaking, outreach, training)

⁶ The concept of net promoter was developed by Frederick F. Reichheld. Source Harvard Business Review, December 2003.

➤ **Beneficiaries:**

- **Topics Discussed:** Topics discussed should be equally split between Medicare and Non Medicare. Goal: 60% Medicare and 40% Non Medicare.⁷

Formula:

$$\frac{\text{Number of Client Contact Forms that indicated the Topic Discussed were Medicare Topics} + \text{Medicare community education event attendees}}{\text{The Total Number of Client Contact Forms} + \text{Total number of community education event attendees}}$$

➤ **Communities:**

- **Demographics Served:** % served is equal to or greater than % of county demographics.⁸

Formula:

$$\frac{\text{Number of Client Contact Forms that indicated the client was from a selected demographics population}}{\text{Number of Client Contact Records}}$$

⁷ This is a step towards our ultimate goal of 45% Medicare – 55% Non Medicare as topics discussed both in counseling and in community education. This goal was established based on the portion of federal funds allocated to sponsor grants plus a prorated portion of state funds allocated to sponsor grants as a percentage of the state Medicare beneficiary population.

⁸ There is flexibility in setting this benchmark across counties. Sponsors are able to choose their target populations where they wish to focus their efforts.

**STATEWIDE HEALTH INSURANCE BENEFITS ADVISORS (SHIBA) HELPLINE
SPONSOR PERFORMANCE MEASURES WORKSHEET
SAMPLE**

Organization Name: Oceanview Community Services

County Name: Quinault County

County Population: 145,326

Please complete this template for each county in your service area. Calculate your overall goals for the 2007-09 biennium. Then set estimated progress targets (in the "Est." column) to monitor performance toward annual goals. Refer to the Sponsor Performance Measure Rational for information on how to calculate each progress measure and a sample of a completed worksheet. The worksheet will also be used to track actual outcomes (in the "Actual" column) in the future.

Counseling

Outcome Measures	For the Biennium	Year 1 Qtr 1		Year 1Qtr 2		Year 1Qtr 3		Year 1Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
# Individual Counseling In-Person, Telephone, Quick Call, or Email/Fax/Mail – (.5 or ½% of service area population per year) (Quick Calls less than 10% of total counseling)	727 per year	202		125		125		275	
		Year 2 Qtr 1		Year 2 Qtr 2		Year 2 Qtr 3		Year 2 Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
		202		125		125		275	
Demographics of clients served (% served is equal to or greater than % of target population)									
Target Population		Y1 Q1	Y1Q2	Y1Q3	Y1Q4	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4
African American Current %: 3%		1 %	2%	3%	3.5%	3.5%	3.5%	3.5%	3.5%
Disabled Current %: 12%		Y1 Q1	Y1Q2	Y1Q3	Y1Q4	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4
		10%	10%	10%	11.5%	12%	12%	12%	13%
Under 100% Federal Poverty Current %: 10.2%		Y1 Q1	Y1Q2	Y1Q3	Y1Q4	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4
		8%	8%	8.5%	9%	9.5%	10%	10.5%	11%

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Volunteer Capacity

Outcome Measures	For the Biennium	Year 1 Qtr 1		Year 1Qtr 2		Year 1Qtr 3		Year 1Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
# Volunteers per 10K Population (.75 volunteer min. per 10K pop in Year One & 1.0 volunteer min. per 10K pop. in Year Two)	11 for 2007-08	5		8		9		11	
		Year 2 Qtr 1		Year 2 Qtr 2		Year 2 Qtr 3		Year 2 Qtr 4	
	14.5 for 2008-09	11		14		16		15	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
Volunteer Attendance (80% min. at all trainings/meetings required for respective volunteer role)	For the Biennium	Year 1 Qtr 1		Year 1Qtr 2		Year 1Qtr 3		Year 1Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
	80%	50%		60%		70%		80%	
		Year 2 Qtr 1		Year 2 Qtr 2		Year 2 Qtr 3		Year 2 Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
	85%		85%		85%		85%		

Outreach

Outcome Measures	For the Biennium	Year 1 Qtr 1		Year 1Qtr 2		Year 1Qtr 3		Year 1Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
Consumer Education # of clients reached, not including media (1/2% or .5% of total population per year)	363 per year	63		50		125		125	
		Year 2 Qtr 1		Year 2 Qtr 2		Year 2 Qtr 3		Year 2 Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
		63		50		125		125	
Topics Discussed at education events (no more than 60% of outreach topics dedicated to Medicare topics)	For the Biennium	Year 1 Qtr 1		Year 1Qtr 2		Year 1Qtr 3		Year 1Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
	55% Med. Topics	90% Med.		85% Med.		80% Med.		80% Med.	
		Year 2 Qtr 1		Year 2 Qtr 2		Year 2 Qtr 3		Year 2 Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
	80% Med.		65% Med.		60% Med.		55% Med.		

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Customer Service

Outcome Measures	For the Biennium	Year 1 Qtr 1		Year 1Qtr 2		Year 1Qtr 3		Year 1Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
Net Promoter of SHIBA Services (minimum 20% of supporters vs. detractors on survey)	30%	50%		40%		30%		30%	
		Year 2 Qtr 1		Year 2 Qtr 2		Year 2 Qtr 3		Year 2 Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
		30%		30%		30%		30%	
Survey Response Rate of Comment Cards (greater than 5% of all total CCR's)	5.5%	Year 1 Qtr 1		Year 1Qtr 2		Year 1Qtr 3		Year 1Qtr 4	
		Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual
		.05%		1%		1.5%		2%	
		Year 2 Qtr 1		Year 2 Qtr 2		Year 2 Qtr 3		Year 2 Qtr 4	
Est.	Actual	Est.	Actual	Est.	Actual	Est.	Actual		
		2.5%		3%		4%		5.5%	