



**National Healthcare
Provider**

Customer Experience Center
Western Division Consolidation

6.14.2018



Table of Contents

- I. Executive Summary
- II. Background & Approach
- III. Current State Assessment
 - I. Overview
 - II. Northern Colorado and Rural Clinic Profiles
 - III. Technology Profile
 - IV. Operating Model Observations
- IV. Rural
- V. Consolidation Scenarios
- VI. Roadmap
- VII. Appendix
 - I. Clinic Headcount Analysis
 - II. Staffing/Cost Model & Assumptions
 - III. Interview List & Data Request
 - IV. Other

Executive Summary | Background, Objective, & Approach

BACKGROUND

National Health has embarked on a consolidation effort for ambulatory scheduling to perfect the customer experience and help customers be their healthiest.

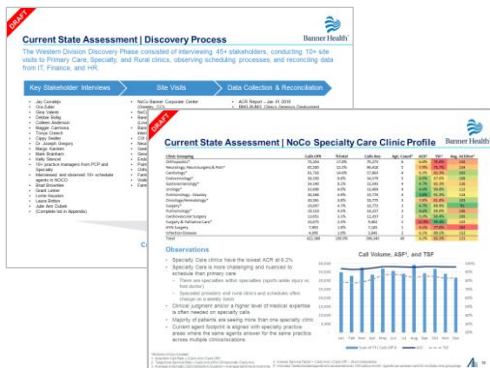
OBJECTIVE

A&M was engaged to lead an objective discovery effort for the current state Western Division scheduling function and to provide options and recommendations for consolidation. Western Division consists of 95 clinics across five states: Colorado (NoCo), Wyoming, Nebraska, Nevada, and California.

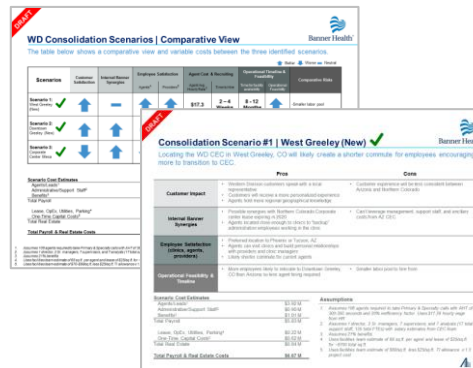
APPROACH

A&M conducted a current state assessment, evaluated pros and cons of future state consolidation scenarios, and drafted a high-level roadmap for consolidation implementation.

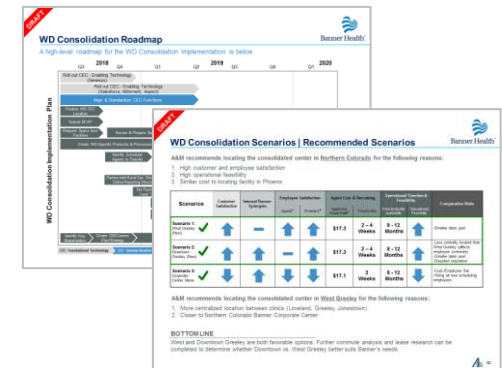
Current State Assessment



Future State Scenarios



Recommendations & Roadmap



Executive Summary | Current State Assessment

CURRENT STATE DISCOVERY PROCESS

A&M conducted 45+ stakeholder interviews, visited 10+ Primary Care, Specialty, and Rural clinics, observed scheduling processes, and reconciled data from IT, Facilities, and HR.

The collage consists of four overlapping presentation slides:

- Slide 1: Current State Assessment | Discovery Process**
 - Key Stakeholder Interviews: In-Clinic, In-Office, In-Home, In-Center, In-Community, In-County, In-State, In-Nation, In-World.
 - Site Visits: In-Clinic, In-Office, In-Home, In-Center, In-Community, In-County, In-State, In-Nation, In-World.
- Slide 2: Current State Assessment | What is Western Division**
 - Western Division 2017 Call Volume by Location: Northern Colorado, Southern Colorado.
 - Key Statistics:
 - 48 clinics across 3 states*
 - 24 Primary Care
 - 48 Specialty
 - 28 Rural
 - Clinics are spread over 62 unique addresses
 - Overall ACD* was 8.4%
 - Overall TST† was 82.1%
 - Average ACD Duration* in 2017 was 145.3 seconds
 - Average time to answer in 2017 was 27 seconds
 - Approximately 155 unique employees support answering calls
- Slide 3: WD Technology Profile | Customer Experience**
 - Customer Experience:
 - Multiple Banner Health phone numbers
 - The different Western Division clinic numbers
 - Some phone numbers go directly to clinics while others go to operators that then route
 - Improvement: use of automated appointment reminder calls
 - Some clinics use the automated outbound reminder calls that occur 3-days before an appointment
 - Other individual clinics some distinct practice agents to do reminder calls while others do the calls the afternoon before the appointment
 - Improvement: triage process
 - Some clinics have a triage nurse to handle medical questions while others do not
 - In some clinics the agents write messages in Center while in other clinics the scheduler provides
 - Impact:
 - It is not always clear which phone number customers should be using
 - The customer experience is inconsistent across clinics and providers
 - Customers get confused about which facilities they are contacting and where they have
- Slide 4: Western Division CEC | Rural**
 - The risks associated with mixing the rural agent responsibilities into a consolidated Customer Experience Center outweigh the potential benefits.
 - Why is Rural Unique?
 - Team populations range from 1,000 to 20,000 with most under 10,000 and communities are highly isolated
 - Staffs in "hard-to-serve" (remotely) areas, isolated, and customers need to be treated the way because of their geographic location (small towns and sparsely populated)
 - Outbreaks have built up the personal relationships with patients, more rural-based clinics have patients who expect to speak with someone they know
 - Part of the rural staff's experience is interacting with Banner Employees outside of Banner clinics (Walmart, restaurants, etc.)
 - Potential Benefits of Consolidation:
 - More consistent scheduling experience across Rural and Northern Colorado regions
 - Centralized call center operations and call take care they where to schedule any procedures
 - Risks/Tradeoffs:
 - Agents are unlikely to relocate due to large geographic distances (Colorado, Nebraska, Oklahoma, Wyoming, Kansas) and will need to be recruited locally
 - Staff scheduling agents cover multiple responsibilities, including primary care, specialty, clinic, and other day-to-day operations leads to a significant workload reduction in the clinic as well
 - Customers have the personalized experience they expect and consistent service with consistency as well
 - Difficult to implement change across the locations as agents are geographically spread out
 - Rural Clinic Readout Consolidation: *14
 - Future Rural CEC Readout: 28 - 30
 - A&M does not recommend Banner consolidate Rural scheduling, however a national reporting structure can help establish CEC best practices and ensure a more consistent customer experience.

CURRENT STATE FINDINGS

- Agent protocols, use of technology, training, and reporting are inconsistent across facilities, practices, and clinics
- Agents have several responsibilities outside scheduling including medical record updates, insurance verification, and front desk administrative duties
- The customer experience is inconsistent across clinics and providers
- There are several risks associated with consolidating rural

Executive Summary | Recommendations

FUTURE STATE SCENARIOS

A&M identified consolidation scenarios by considering operational synergies, performed an objective evaluation with stakeholder feedback, and developed a roadmap that addresses technology and operational dependencies.

WD Consolidation Scenarios | Identified Scenarios

CEC Consolidation Scenario	Feasible?	Reasoning
1. West Greeley (New Location)	✓	<ul style="list-style-type: none"> More centrally located than Downtown Greeley Possible synergies with Northern Colorado CEC Office
2. Downtown Greeley (New Location)	✓	<ul style="list-style-type: none"> Positive for Greeley City community relationship Possible synergies with Northern Colorado CEC Office
3. Banner Corporate Center Mesa (225 West Brown Road, Mesa, AZ)	✓	<ul style="list-style-type: none"> Space can be made available with new lease Possible synergies with AZ East Facility
4. Tucson Call Center (2701 E Shiva Rd, Suite 2721 Tucson, AZ)	?	<ul style="list-style-type: none"> Seal capacity for 100 employees (can only fit 60) Possible synergies with Tucson CEC Team
5. Banner Corporate Center San City (1080 W Weaver Blvd San City, West, AZ)	✗	<ul style="list-style-type: none"> No available capacity No opportunity for expansion
6. Existing NCOO Call Center (2415 West 16th Street Greeley, CO)	✗	<ul style="list-style-type: none"> Facility is no longer available (being repurposed other)

Stakeholders* Allowed by WDC Consolidation

Facilities, Customers, Agents, Providers, Leadership, Operations, HR/Recruiting

h-Level Roadmap | Dependencies

CEC-Enabling Technology, CEC Standardization, WD Consolidation Execution Plan

WD Consolidation Roadmap

Timeline from 2018 to 2020 showing implementation milestones for various CEC initiatives.

RECOMMENDATIONS

- Do not consolidate Rural scheduling, however a matrixed reporting structure can establish CEC best practices and ensure a more consistent customer experience
- Locating the consolidated WD CEC in Northern Colorado is more operationally feasible, lower risk, and will provide higher customer and employee satisfaction than Phoenix or Tucson
- Before WD consolidation, align & standardize CEC functions and roll out enabling technologies

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Removed for confidentiality



Appendix | Clinic Headcount Analysis

Potential CEC Candidates | Primary Care

Based on current call workload and shared clinical and administrative responsibilities, approximately 29 primary care employees can be considered for relocation to the Consumer Experience Center. Out of the 29 employees, 13 sit in an overflow contact center in Greeley, CO.

Clinic Grouping	Calls Offered ¹	%Total	Calls Answered	Clinics Included	Involved Employees ²	Estimated Call Workload (FTEs) ³	Potential CEC Candidates ⁴
Family Medicine – Loveland	69,797	10.2%	66,289	1	7	3.2	3
Family Medicine - SW Loveland	67,149	9.8%	62,859	1	5	3.0	3
Family Medicine - Windsor	54,428	8.0%	50,835	1	4	2.5	2
North Colorado Family Medicine & Podiatry Residency Program	53,301	7.8%	50,605	1	5	2.4	2
Family Medicine - Greeley	50,480	7.4%	46,340	1	4	2.2	2
Family Medicine/Internal Medicine Johnstown, CO	48,889	7.2%	45,238	1	7	2.2	2
Family Medicine/Med-Peds - Drake	46,721	6.8%	44,192	1	4	2.1	2
Internal Med & Allergy - Loveland*	45,040	6.6%	42,908	2	4	2.1	2
Internal Med/Pediatrics - Ft. Collins & OB/GYN/Midwives*	41,694	6.1%	37,732	3	5	1.8	2
Pediatrics - Loveland	34,146	5.0%	33,529	1	4	1.6	2
OB/GYN & Midwives - Greeley	33,809	4.9%	30,690	1	5	1.5	1
OB/GYN & Midwives - Loveland*	32,122	4.7%	29,395	2	3	1.4	1
Family Medicine – Ft. Collins	26,648	3.9%	25,097	1	4	1.2	1
Internal Medicine - Greeley	25,326	3.7%	23,970	1	4	1.2	1
Family Medicine - Eaton	25,051	3.7%	23,526	1	4	1.1	1
Family Medicine - Berthoud	15,232	2.2%	14,416	1	4	0.7	1
Pediatrics - Greeley	13,701	2.0%	13,187	1	3	0.6	1
Total	683,534	100.0%	640,808	21	76	31.0	29

1. Calls Offered in 2017 from Taske Reports

2. Involved Employees includes tracked agents from Taske who answer over 100 phone calls per month

3. Call Workload is measured in FTEs and uses current average ACD duration of 162 seconds and a 35 second proxy for after call wrap time. Measurement assumes 30% shrink.

4. Potential CEC Candidates is the estimated headcount that can be considered for relocation. Part time workload above 0.6 FTE is rounded to 1 FTE.

Potential CEC Candidates | Specialty Care

Based on current call workload and shared clinical and administrative responsibilities, approximately 14 specialty care employees can be considered for relocation to the Consumer Experience Center.

Clinic Grouping	Calls Offered ¹	%Total	Calls Answered	Clinics Included	Involved Employees ²	Estimated Call Workload (FTEs) ³	Potential CEC Candidates ⁴
Orthopedics*	75,254	17.8%	70,273	3	6	2.7	3
Neurology, Neurosurgery & Pain*	65,565	15.5%	60,416	6	5	2.3	2
Cardiology*	61,716	14.6%	57,803	4	4	2.2	2
Endocrinology*	36,350	8.6%	34,579	2	5	1.3	1
Gastroenterology*	34,140	8.1%	32,543	2	4	1.2	1
Urology*	33,896	8.0%	32,404	3	4	1.2	1
Pulmonology - Greeley	20,546	4.9%	19,774	1	4	0.7	1
Oncology/Hematology*	20,361	4.8%	18,775	6	3	0.7	1
Surgery*	19,697	4.7%	18,772	2	3	0.7	1
Pulmonology*	19,119	4.5%	18,237	2	3	0.7	1
Cardiovascular Surgery	13,051	3.1%	12,357	1	2	0.5	0
Surgery & Palliative Care*	10,675	2.5%	9,402	2	2	0.4	0
GYN Surgery	7,903	1.9%	7,165	1	1	0.3	0
Infection Disease	4,095	1.0%	3,845	1	2	0.1	0
Total	422,368	100.0%	396,345	36	49	15.0	14

1. Calls Offered in 2017 from Taske Reports

2. Involved Employees includes tracked agents from Taske who answer over 100 phone calls per month

3. Call Workload is measured in FTEs and uses current average ACD duration of 123 seconds and a 35 second proxy for after call wrap time. Measurement assumes 30% shrink.

4. Potential CEC Candidates is the estimated headcount that can be considered for relocation. Part time workload above 0.6 FTE is rounded to 1 FTE.

Potential CEC Candidates | Rural

Based on current call workload and shared clinical and administrative responsibilities, approximately 14 rural employees can be considered for relocation to the Consumer Experience Center.

Clinic Grouping	Calls Offered ¹	%Total	Calls Answered	Clinics Included	Involved Employees ²	Estimated Call Workload (FTEs) ³	Potential CEC Candidates ⁴
Family Care - Sterling, CO*	88,267	20.7%	83,091	2	8	3.6	3
Family Med & Specialties - Brush/Ft. Morgan, CO*	75,394	17.7%	67,820	3	5	2.9	3
Family Med - Wheatland/Douglas/Guernsey, WY*	43,047	10.1%	40,630	4	6	1.7	2
Family Med - Fernley, NV	38,176	8.9%	35,545	1	4	1.5	1
Family Med & OB - Ogallala, NE	30,529	7.2%	27,727	1	3	1.2	1
Family Med & Ortho/Gen Surgery - Torrington, WY	29,153	6.8%	28,239	1	3	1.2	1
Family Medicine - Susanville, CA	23,622	5.5%	22,348	1	4	1.0	1
Family Med - Fallon, NV	18,704	4.4%	17,764	1	2	0.8	1
Family Med & Gen Surgery - Worland/Thermopolis, WY*	18,064	4.2%	17,106	2	3	0.7	1
Surgical Specialties - Sterling, CO	16,608	3.9%	14,409	1	1	0.6	0
OB/GYN - Fallon, NV	14,668	3.4%	14,086	1	2	0.6	0
Women's Care - Sterling, CO	8,674	2.0%	7,628	1	3	0.3	0
Ortho Surgery - Fallon, NV	7,122	1.7%	6,813	1	1	0.3	0
Pediatrics - Fallon, NV	6,639	1.6%	6,408	1	2	0.3	0
General Surgery - Susanville, CA	5,523	1.3%	4,841	1	1	0.2	0
General Surgery - Fallon, NV	2,536	0.6%	2,368	1	1	0.1	0
Total	426,726	100.0%	396,823	23	49	17.0	14

1. Calls Offered in 2017 from Taske Reports

2. Involved Employees includes tracked agents from Taske who answer over 100 phone calls per month

3. Call Workload is measured in FTEs and uses current average ACD duration of 141 seconds and a 35 second proxy for after call wrap time. Measurement assumes 30% shrink.

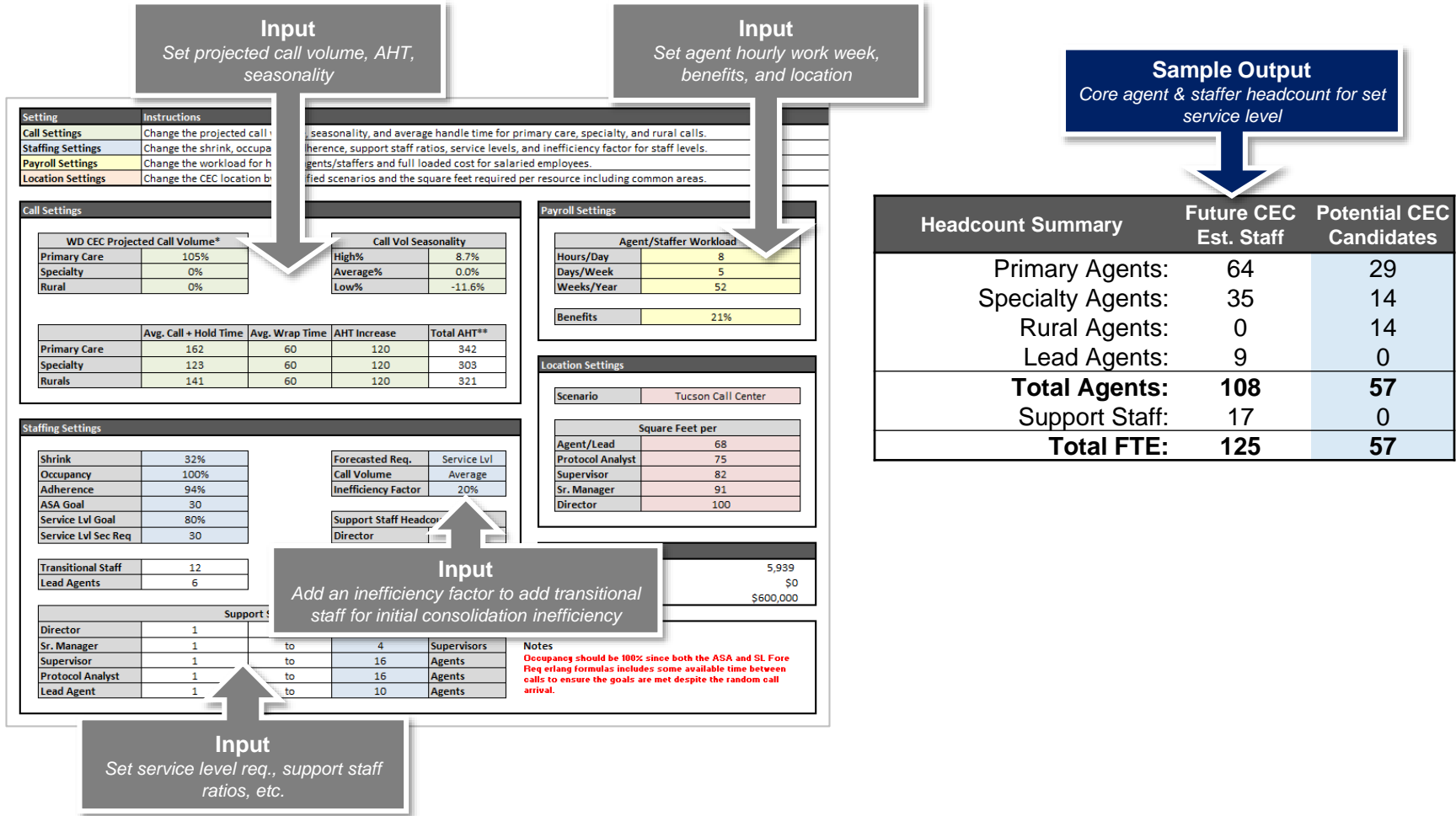
4. Potential CEC Candidates is the estimated headcount that can be considered for relocation. Part time workload above 0.6 FTE is rounded to 1 FTE.



Appendix | Staffing Cost Model & Assumptions

CEC Estimated Agents | WD Staffing Model

The Customer Experience Center will have different protocols and service level requirements that influence average handle time (AHT) and estimated headcount. An Erlang-C staffing model was used to estimate staffing requirements given future-state AHT and service levels.



Staffing & Cost Model | Key Drivers and Settings

The following settings were used as inputs in the Erlang-C staffing model to estimate variable costs for Scenario #1—West Greeley (New).

Setting	Instructions
Call Settings	Change the projected call volume, seasonality, and average handle time for primary care, specialty, and rural calls.
Staffing Settings	Change the shrink, occupancy, adherence, support staff ratios, service levels, and inefficiency factor for staff levels.
Payroll Settings	Change the workload for hourly agents/staffers and full loaded cost for salaried employees.
Location Settings	Change the CEC location by identified scenarios and the square feet required per resource including common areas.

WD CEC Projected Call Volume*		Call Vol Seasonality	
Primary Care	105%	High%	8.7%
Specialty	105%	Average%	0.0%
Rural	0%	Low%	-11.6%

	Avg. Call + Hold Time	Avg. Wrap Time	AHT Increase	Total AHT**
Primary Care	162	60	120	342
Specialty	123	60	120	303
Rurals	141	60	120	321

Agent/Staffer Workload	
Hours/Day	8
Days/Week	5
Weeks/Year	52

Benefits	21%
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Headcount Summary	
Primary Agents:	64
Specialty Agents:	35
Rural Agents:	0
Lead Agents:	9
Total Agents:	108
Support Staff:	17
Total FTE:	125

Shrink	32%	Forecasted Req.	Service Lvl
Occupancy	100%	Call Volume	Average
Adherence	94%	Inefficiency Factor	20%
ASA Goal	30		
Service Lvl Goal	80%	Support Staff Headcount	
Service Lvl Sec Req	30	Director	1
		Sr. Manager	2
Transitional Staff	17	Supervisor	7
Lead Agents	9	Protocol Analyst	7

Support Staff Ratios			
Director	1	to	2 Sr. Managers
Sr. Manager	1	to	4 Supervisors
Supervisor	1	to	16 Agents
Protocol Analyst	1	to	16 Agents
Lead Agent	1	to	10 Agents

Scenario	
Scenario	West Greeley

Square Feet per	
Agent/Lead	68
Protocol Analyst	75
Supervisor	82
Sr. Manager	91
Director	100

Payroll Summary	
Primary Care:	\$2,302,137
Specialty:	\$1,258,981
Rurals:	\$0
Leads:	\$355,019
Directors:	\$121,569
Sr. Managers:	\$120,640
Supervisors:	\$349,440
Protocol Analysts:	\$312,783
Total Salary:	\$4,820,570
Benefits:	\$1,012,320
Total Payroll:	\$5,832,889

Real Estate Summary	
Total Sq. Ft.	8,724
Lease Cost:	\$218,103
Capital Cost:	\$623,776

Payroll + Real Estate Summary	
Payroll	\$4,820,570
Benefits:	\$1,012,320
Lease Cost:	\$218,103
Capital Cost:	\$623,776
Total Payroll & Real Estate:	\$6,674,769

Notes

Occupancy should be 100% since both the ASA and SL Fore Req erlang formulas includes some available time between calls to ensure the goals are met despite the random call arrival.

Staffing & Cost Model | Key Drivers and Settings

The following settings were used as inputs in the Erlang-C staffing model to estimate variable costs for Scenario #2—Downtown Greeley (New).

Setting	Instructions
Call Settings	Change the projected call volume, seasonality, and average handle time for primary care, specialty, and rural calls.
Staffing Settings	Change the shrink, occupancy, adherence, support staff ratios, service levels, and inefficiency factor for staff levels.
Payroll Settings	Change the workload for hourly agents/staffers and full loaded cost for salaried employees.
Location Settings	Change the CEC location by identified scenarios and the square feet required per resource including common areas.

WD CEC Projected Call Volume*		Call Vol Seasonality	
Primary Care	105%	High%	8.7%
Specialty	105%	Average%	0.0%
Rural	0%	Low%	-11.6%

	Avg. Call + Hold Time	Avg. Wrap Time	AHT Increase	Total AHT**
Primary Care	162	60	120	342
Specialty	123	60	120	303
Rurals	141	60	120	321

Agent/Staffer Workload	
Hours/Day	8
Days/Week	5
Weeks/Year	52

Benefits	21%
----------	-----

Headcount Summary	
Primary Agents:	64
Specialty Agents:	35
Rural Agents:	0
Lead Agents:	9
Total Agents:	108
Support Staff:	17
Total FTE:	125

Shrink		Forecasted Req.		Service Lvl	
Occupancy	100%	Call Volume	Average		
Adherence	94%	Inefficiency Factor	20%		
ASA Goal	30				
Service Lvl Goal	80%				
Service Lvl Sec Req	30				

Support Staff Headcount	
Director	1
Sr. Manager	2
Supervisor	7
Protocol Analyst	7

Support Staff Ratios			
Director	1	to	2
Sr. Manager	1	to	4
Supervisor	1	to	16
Protocol Analyst	1	to	16
Lead Agent	1	to	10

Transitional Staff	17
Lead Agents	9

Scenario	
Scenario	Downtown Greeley

Square Feet per	
Agent/Lead	68
Protocol Analyst	75
Supervisor	82
Sr. Manager	91
Director	100

Payroll Summary	
Primary Care:	\$2,302,137
Specialty:	\$1,258,981
Rurals:	\$0
Leads:	\$355,019
Directors:	\$121,569
Sr. Managers:	\$120,640
Supervisors:	\$349,440
Protocol Analysts:	\$312,783
Total Salary:	\$4,820,570
Benefits:	\$1,012,320
Total Payroll:	\$5,832,889

Real Estate Summary	
Total Sq. Ft.	8,724
Lease Cost:	\$218,103
Capital Cost:	\$623,776

Payroll + Real Estate Summary	
Payroll	\$4,820,570
Benefits:	\$1,012,320
Lease Cost:	\$218,103
Capital Cost:	\$623,776
Total Payroll & Real Estate:	\$6,674,769

Notes

Occupancy should be 100% since both the ASA and SL Fore Req erlang formulas includes some available time between calls to ensure the goals are met despite the random call arrival.

Staffing & Cost Model | Key Drivers and Settings

The following settings were used as inputs in the Erlang-C staffing model to estimate variable costs for Scenario #3—National Corporate Center Mesa.

Setting	Instructions
Call Settings	Change the projected call volume, seasonality, and average handle time for primary care, specialty, and rural calls.
Staffing Settings	Change the shrink, occupancy, adherence, support staff ratios, service levels, and inefficiency factor for staff levels.
Payroll Settings	Change the workload for hourly agents/staffers and full loaded cost for salaried employees.
Location Settings	Change the CEC location by identified scenarios and the square feet required per resource including common areas.

WD CEC Projected Call Volume*		Call Vol Seasonality	
Primary Care	105%	High%	8.7%
Specialty	105%	Average%	0.0%
Rural	0%	Low%	-11.6%

	Avg. Call + Hold Time	Avg. Wrap Time	AHT Increase	Total AHT**
Primary Care	162	60	120	342
Specialty	123	60	120	303
Rurals	141	60	120	321

Agent/Staffer Workload	
Hours/Day	8
Days/Week	5
Weeks/Year	52

Benefits	21%
----------	-----

Headcount Summary	
Primary Agents:	64
Specialty Agents:	35
Rural Agents:	0
Lead Agents:	9
Total Agents:	108
Support Staff:	17
Total FTE:	125

Shrink		Forecasted Req.		Service Lvl	
Shrink	32%	Forecasted Req.		Service Lvl	
Occupancy	100%	Call Volume		Average	
Adherence	94%	Inefficiency Factor		20%	
ASA Goal	30				
Service Lvl Goal	80%				
Service Lvl Sec Req	30				

Support Staff Headcount	
Director	1
Sr. Manager	2
Supervisor	7
Protocol Analyst	7

Support Staff Ratios			
Director	1	to	2
Sr. Manager	1	to	4
Supervisor	1	to	16
Protocol Analyst	1	to	16
Lead Agent	1	to	10

Transitional Staff	17
Lead Agents	9

Scenario	
Scenario	National Corporate Center Mesa

Square Feet per	
Agent/Lead	68
Protocol Analyst	75
Supervisor	82
Sr. Manager	91
Director	100

Payroll Summary	
Primary Care:	\$2,272,358
Specialty:	\$1,242,696
Rurals:	\$0
Leads:	\$350,427
Directors:	\$119,996
Sr. Managers:	\$119,079
Supervisors:	\$344,920
Protocol Analysts:	\$308,737
Total Salary:	\$4,758,214
Benefits:	\$999,225
Total Payroll:	\$5,757,439

Real Estate Summary	
Total Sq. Ft.	8,724
Lease Cost:	\$218,103
Capital Cost:	\$510,362

Payroll + Real Estate Summary	
Payroll	\$4,758,214
Benefits:	\$999,225
Lease Cost:	\$218,103
Capital Cost:	\$510,362
Total Payroll & Real Estate:	\$6,485,904

Notes

Occupancy should be 100% since both the ASA and SL Fore Req erlang formulas includes some available time between calls to ensure the goals are met despite the random call arrival.

Staffing & Cost Model | Key Drivers and Settings

The following settings were used as inputs in the Erlang-C staffing model to estimate variable costs for Scenario #4—Tucson Call Center.

Setting	Instructions
Call Settings	Change the projected call volume, seasonality, and average handle time for primary care, specialty, and rural calls.
Staffing Settings	Change the shrink, occupancy, adherence, support staff ratios, service levels, and inefficiency factor for staff levels.
Payroll Settings	Change the workload for hourly agents/staffers and full loaded cost for salaried employees.
Location Settings	Change the CEC location by identified scenarios and the square feet required per resource including common areas.

WD CEC Projected Call Volume*		Call Vol Seasonality	
Primary Care	105%	High%	8.7%
Specialty	0%	Average%	0.0%
Rural	0%	Low%	-11.6%

	Avg. Call + Hold Time	Avg. Wrap Time	AHT Increase	Total AHT**
Primary Care	162	60	120	342
Specialty	123	60	120	303
Rurals	141	60	120	321

Agent/Staffer Workload	
Hours/Day	8
Days/Week	5
Weeks/Year	52

Benefits	21%
----------	-----

Headcount Summary	
Primary Agents:	67
Specialty Agents:	0
Rural Agents:	0
Lead Agents:	6
Total Agents:	73
Support Staff:	12
Total FTE:	85

Shrink		Forecasted Req.		Service Lvl	
Shrink	32%	Forecasted Req.	Average	Service Lvl	20%
Occupancy	100%	Call Volume	Average		
Adherence	94%	Inefficiency Factor	20%		
ASA Goal	30				
Service Lvl Goal	80%				
Service Lvl Sec Req	30				

Support Staff Headcount	
Director	1
Sr. Manager	1
Supervisor	5
Protocol Analyst	5

Support Staff Ratios			
Director	1	to	2
Sr. Manager	1	to	4
Supervisor	1	to	16
Protocol Analyst	1	to	16
Lead Agent	1	to	10

Transitional Staff	12
Lead Agents	6

Scenario	
Scenario	Tucson Call Center

Square Feet per	
Agent/Lead	68
Protocol Analyst	75
Supervisor	82
Sr. Manager	91
Director	100

Payroll Summary	
Primary Care:	\$2,378,875
Specialty:	\$0
Rurals:	\$0
Leads:	\$233,618
Directors:	\$119,996
Sr. Managers:	\$59,540
Supervisors:	\$246,371
Protocol Analysts:	\$220,527
Total Salary:	\$3,258,927
Benefits:	\$684,375
Total Payroll:	\$3,943,302

Real Estate Summary	
Total Sq. Ft.	5,939
Lease Cost:	\$0
Capital Cost:	\$600,000

Payroll + Real Estate Summary	
Payroll	\$3,258,927
Benefits:	\$684,375
Lease Cost:	\$0
Capital Cost:	\$600,000
Total Payroll & Real Estate:	\$4,543,302

Notes

Occupancy should be 100% since both the ASA and SL Fore Req erlang formulas includes some available time between calls to ensure the goals are met despite the random call arrival.



Appendix | Interview List & Data Request

CEC WD Consolidation & Incentive Comp Interview List

National Stakeholder	Business Area	Interview Date
-	Sr. Director - Resource Optimization Center	2/26/18, 3/6/18, 5/31/18 +
-	Sr. Director - Patient Access Contact Center	2/27/18, 4/24/18, 6/7/18 +
-	Sr. Director - Customer Experience Strategy & Insights	3/5/18
-	Sr. Operations Director – BMG	3/5/18
-	Sr. Operations Director – Specialty	3/6/18
-	Consumer Care Center Dir - Consumer Care-Corp	3/6/18, 5/8/18, 6/4/18
-	Phys Exec - BMG WR, WR Admin-Region-Clinic	3/8/18, 5/15/18
-	CEO - Western Division	3/9/18
-	Contact Center Director – PSC Tucson	3/12/18, 5/30/18
-	Practice Coordinator – Call Center	3/14/18
-	Practice Managers	3/14/18, 3/15/18
-	Primary Care/Specialty Agent Schedulers	3/14/18, 3/15/18
-	Western Division Telecommunications Analyst	3/14/18
-	IT Systems Engineer	3/14/18
-	HR consultant	3/19/18, 5/7/18
-	Exec Dir Exec Talent & Corp HR, System HR Admin-Corp	3/20/18
-	VP Total Rewards & HRSS, System HR Admin-Corp	3/20/18
-	COO NOCO Ambul/Clin Svcs, Admin-Hosp	3/20/18
-	Director of Compensation and Employee Benefits	3/20/18

CEC WD Consolidation & Incentive Comp Interview List

National Stakeholder	Business Area	Interview Date
-	Compensation Sr. Consultant	3/20/18, 3/22/18
-	WD Rural Operations Directors	3/21/18
-	CFO NOCO/Rurals	3/21/18, 3/29/18
-	VP Finance	3/26/18
-	Finance Program Director	3/26/18
-	Operations Team + Schedulers	3/27/18
-	Division CEO-Rural, Admin-Hosp	3/28/18
-	Practice Managers and Scheduling Agents	4/5/18
-	Practice Managers and Scheduling Agents	4/6/18
-	Lease Program Director	4/17/18
-	System VP Design and Construction	4/25/18
-	CFO BMG/BUMG	5/1/18
-	Executive Director Facilities Operations	5/3/18
-	Senior Manager Property Operations	5/3/18
-	CEO BMG	5/4/18
-	CEC Recruiter	5/7/18
-	Medical Specialties Western Division	5/25/18
-	Regional Medical Director of Specialty Clinics, National Medical Group, Western Division	5/26/18
-	Western Division HR Business Partner	6/7/18
-	Patient Experience Research Program Director	6/12/18

CEC WD Consolidation & Incentive Comp Data Requested

Information Requested	Requested of	Received?
<ul style="list-style-type: none"> Western Division Clinic Locations Western Division Telephony Data: Call volumes, service levels, average handle time 	-	Yes
<ul style="list-style-type: none"> Western Division Telephony Data: Call types, transfer rates, first call resolution, customer satisfaction scores, agent occupancy, expected call growth 	-	Not Available
<ul style="list-style-type: none"> Administrative headcount by clinic Pay Rate Employee job descriptions HR policies regarding pay types, bonuses, or eligibility for bonuses 	-	Yes
<ul style="list-style-type: none"> Medical appointment guidelines/protocols Quality monitoring procedures Agent scorecards Training material 	-	Yes (when available)
<ul style="list-style-type: none"> Average time to fill agent scheduling positions by location Attrition rates by location 	-	Yes (when available)
<ul style="list-style-type: none"> Space availability in Northern CO, Phoenix, and Tucson Facilities cost for space in Northern CO, Phoenix, and Tucson Square feet required per agent Time to secure space in different locations 	-	Yes



Appendix | Other

Consolidation Scenario #4 | Tucson Call Center ?

Tucson’s capacity constraint poses as a large risk for the WD CEC and can likely only accommodate primary care at the cost of operational feasibility and customer/employee satisfaction.

Pros

Cons

Customer Impact	<ul style="list-style-type: none"> Consistent customer experience across Arizona and Western Division 	<ul style="list-style-type: none"> Western Division customers no longer speak with local representatives Customers will receive a less personalized experience (example – “clinic is two blocks from Walmart”)
Internal National Synergies	<ul style="list-style-type: none"> Potential management, support staff, and ancillary cost synergies with Tucson CEC 	<ul style="list-style-type: none"> Clinics lose extra help for administrative duties and “backup” team members for clinic administration CEC agents lose personal touch/interaction with clinic team
Employee Satisfaction (clinics, agents, providers)	<ul style="list-style-type: none"> CEC agents are closer to National Corporate Headquarters which has a larger presence in Phoenix & Tucson metro area 	<ul style="list-style-type: none"> Agents must relocate to Tucson or risk losing job. This will also hurt clinical employee morale Agents will no longer be able to meet providers and see the clinics that they are scheduling for
Operational Feasibility & Timeline	<ul style="list-style-type: none"> Will not require new lease or facility build out (location could be ready in 2.5 months) Closer to Corporate CEC which will make it easier to communicate and institute new policies and procedures 	<ul style="list-style-type: none"> <u>Location can only fit 100 WD employees</u> Unlikely most agents will transfer; this will require larger hiring effort than locating facility in Northern Colorado

Scenario Cost Estimates

Agents/Leads ¹	\$2.61 M
Administrative/Support Staff ²	\$0.65 M
Benefits ³	\$0.68 M
Total Payroll	\$3.94 M
Lease, OpEx, Utilities, Parking ⁴	\$0.00 M
One-Time Capital Costs ⁵	\$0.60 M
Total Real Estate	\$0.60 M
Total Payroll & Real Estate Costs	\$4.54 M

Assumptions

- Assumes **73 agents required to take Primary** calls with AHT of ~350 seconds and 20% inefficiency factor. Uses \$17.07 hourly wage from HR
- Assumes **1 director, 1 Sr. manager, 5 supervisors, and 5 analysts (12 total support staff, 85 total FTEs)** with salary estimates from CEC team
- Assumes 21% benefits
- Facilities team confirmed the space is existing
- Uses facilities team estimate of one-time \$0.6M parking space build out cost

Taske to Clinic Mapping

Supporting information for Taske Group/Skill telephony data interpretation can be found in the following document.

Taske Group to Clinic Mapping.xlsx

Unique clinics and their addresses/phone numbers have been mapped to their respective Taske Group/Skill call data.

Taske Group/Skill	2017 Ttl Calls Off V	% of TT	CLINIC_SK_1	CLINIC_SK_2	CLINIC_SK_3	CLINIC_SK_4	CLINIC_SK_5	CLINIC_SK_6	CLINIC_SK_7	CLINIC_SK_8	CLINIC_SK_9	CLINIC_SK_10	CLINIC_SK_11	CLINIC_SK_12
HCC Call Center 1	88,267	5.8%	Rural_6	Rural_7	Rural_6									
Brach MRI	73,291	4.9%	Specialty_2	Specialty_3	Specialty_31									
MRI Scheduling	73,114	4.8%	Specialty_2	Specialty_3	Specialty_31									
CRP	69,797	4.6%	Primary Care_5											
CRP	67,149	4.4%	Primary Care_4											
Genetic Neurosciences/Genetic Neurosciences/Genetic Pain Clinic	65,565	4.3%	Specialty_2	Specialty_29	Specialty_21	Specialty_22	Specialty_23	Specialty_24	Specialty_25	Specialty_26	Specialty_27	Specialty_28	Specialty_29	Specialty_30
Orthopedic	61,710	4.0%	Specialty_8	Specialty_7	Specialty_25	Specialty_8								
PPH	54,428	3.6%	Primary Care_17											
INFORM SCHEDULING	53,761	3.5%	Primary Care_1											
Wearable Scheduling	50,480	3.3%	Primary Care_1											
Immunization Scheduling	48,809	3.2%	Primary Care_1											
Hereditary/Oral	48,711	3.2%	Primary Care_1											
OB/GYN	43,040	2.8%	Specialty_4											
Wheatland/Garretts/Douglas/Burnside/Clinic/Douglas Clinic	43,047	2.8%	Rural_23											
IBC Health Center_IBC Medicare Clinic	42,694	2.8%	Primary Care_1											
Family Clinic	38,133	2.5%	Rural_41											
IBC Endocrinology/Genetic	38,100	2.4%	Specialty_11											
OB/GYN	34,149	2.2%	Specialty_4											
NEMC GI CLINIC	33,896	2.2%	Specialty_24											
Lowland/Genetic/Genetic Strategy_1/ Collins Strategy	33,809	2.2%	Specialty_24											
Genetic OB	33,809	2.2%	Specialty_24											
MMK - Oregon	33,212	2.2%	Specialty_27											
DOCK/IMM	30,539	2.0%	Rural_12											
SPC/CLINIC/ORTHODONTIC	29,249	1.9%	Specialty_4											
Family Care	26,648	1.7%	Primary Care_1											
IMM Internal Med	25,286	1.6%	Primary Care_1											
Gen	25,051	1.6%	Primary Care_1											
Summitville Clinic	23,827	1.5%	Rural_2											
Genetic Pulmonary	20,949	1.3%	Specialty_4											
NEMC Oncology	20,361	1.3%	Specialty_21											
Genetic Surgical Associates	19,697	1.2%	Specialty_4											
MMK Pulmonary	19,119	1.2%	Specialty_4											
Family Practice Practice	18,704	1.2%	Rural_13											
IMM Clinic	18,064	1.1%	Rural_18											
Superior Specialists	18,006	1.1%	Rural_8											
Genetic	15,331	1.0%	Primary Care_1											
Family OB/GYN	14,606	1.0%	Rural_10B											
Genetic Pain	13,701	0.9%	Primary Care_1											
Genetic	13,051	0.8%	Specialty_11											
ISE Call Center	10,871	0.7%	Specialty_4											

CLINIC_SK_1	CLINIC_SK_2	CLINIC_SK_3	CLINIC_SK_4	CLINIC_SK_5	CLINIC_SK_6	CLINIC_SK_7	CLINIC_SK_8	CLINIC_SK_9	CLINIC_SK_10	CLINIC_SK_11	CLINIC_SK_12
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132
133	134	135	136	137	138	139	140	141	142	143	144
145	146	147	148	149	150	151	152	153	154	155	156
157	158	159	160	161	162	163	164	165	166	167	168
169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192
193	194	195	196	197	198	199	200	201	202	203	204
205	206	207	208	209	210	211	212	213	214	215	216
217	218	219	220	221	222	223	224	225	226	227	228
229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252
253	254	255	256	257	258	259	260	261	262	263	264
265	266	267	268	269	270	271	272	273	274	275	276
277	278	279	280	281	282	283	284	285	286	287	288
289	290	291	292	293	294	295	296	297	298	299	300

Call Center Operating Model Sub-Category Details

The following table shows sub-functions and details for the call center operating model.

Category	Sub-Category	Evaluation Detail
Build	Recruiting & Hiring	Recruiting & Hiring Strategy, Recruiting & Hiring Processes, Recruiting Effectiveness, Hiring Effectiveness
	On-Boarding & Training	On-Boarding & Training Strategy, On-Boarding & Training Processes, On-Boarding & Training Effectiveness
	Demand & Capacity Planning	Customer Growth Forecasting, Long-Term Capacity Planning, Facilities Planning, Contact Center (Physical & Virtual) Footprint
	Performance Management & Employee Engagement	Employee Performance Management, Employee Engagement Model, Compensation Strategy
Operate	Processes	Process Definition, Process Standardization, Process Execution, Data Standardization, Knowledge Management
	Technology	System Integration, System Standardization, IVR & Queue Design, Technology Infrastructure & Tools
	Work Force Management (WFM)	Work Force Management Effectiveness, Sub-Specialty Scheduling
	Member Experience Management	Multi-Channel Strategy & Process, Demand Forecasting & Shaping, Customer Satisfaction Measurement
	Quality Management	Process Consistency Management, Regulatory Compliance
Manage & Govern	Strategy & Goals	Strategy, Goals, Metrics & Organizational Alignment, Clinical Contact Center Strategy & Goals, Operating Model Definition, Financial Tracking & Management
	Organization Structure	Leadership & Accountability Model, Roles & Responsibilities, Reporting Structure
	Governance Process	Organizational Priorities & Success Criteria, Decision Rights & Process, Opportunity Evaluation Criteria & Process
	Metrics & Reporting Process	Business Performance, Technical Performance, Efficiency Measures, Transaction Measures, Staffing Performance, Agent Performance
	Organization Change Capability	Change Readiness, Executive Sponsorship, Communication Planning & Execution, Adoption Measurement
	Continuous Improvement	Issue & Risk Management Process, Root Cause Analysis & Prioritization, On-Going Process Improvement

High-Level Roadmap | CEC Standardization Detail

Build

- Develop **comprehensive hiring strategy** that incorporates required timing (demand forecasting) and ideal candidate skill set
- Develop **standardized onboarding and training** plans and ongoing update processes:
 - Onboarding - technical training (Cerner, Genesys, Salesforce), protocol training, customer service / soft skills training
 - Training - refresher courses on technical and protocol aspects as well as ongoing soft skill improvement
 - Involvement from clinics / providers
- Create and manage **knowledge repository**
- Formal **demand and capacity planning**, including overflow/peak and business continuity planning
- Create **employee engagement** process and mechanisms, including surveys, peer coaching, and clear definition of “what good looks like and how to achieve it”

Operate

- Execute on **technology enablement** plan (standardized ACD, CRM, Call Recording)
- Perform **phone number rationalization** and develop future state routings, queues, and use cases
- Define **call types and skills** for workforce planning and reporting
- Identify potential **IVR** scenarios
- Implement **workforce management processes** and technology across CEC
- Clearly articulate the ideal customer experience and identify how agents’ performance impact that experience
- Design **customer experience feedback mechanisms** that provide direct feedback on agent performance
- Clearly define **quality monitoring** processes that include trending analysis, root cause analysis

Manage & Govern

- Align **CEC goals** with National Health overall strategy
- Develop process for ensuring **ongoing communication and goal alignment with the Medical Groups**
- Create and implement **process to track CEC financial operations**, including costs for CEC sites, support organizations, and cost per call
- Create formal procedures to ensure consistent, timely and accurate **reporting and analysis**, including standard metric definition, report development, trending analysis, and exception reporting
- Clearly **define metrics and set targets** in the following areas:
 - *Business Performance* - net promoter score, employee satisfaction, employee attrition, cost/call, self-service usage
 - *Technical Performance* – call blockage, network uptime, system issues
 - *Efficiency Measures* – service level, ASA, abandon rates, first call resolution, error rates
 - *Staffing Performance* – forecast vs. actual (WFM accuracy), occupancy
 - *Agent Performance* – quality scores, schedule adherence, availability, AHT

