Office of Group Benefits

Strategic Plan
Fiscal Year 2008-2013

Submitted by:
Office of Group Benefits

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Executive Summary

Statutory Authority: Chapter 12 of Title 42 of the Louisiana Revised Statutes of 1950, Section 821, 851 and 871-879 as amended by Act 150 of the First Extraordinary Session of 1998 and Act 1178 of 2001.

Organization: The Office of Group Benefits (OGB) is an agency of the State of Louisiana within the Office of the Governor, Division of Administration. OGB is authorized by statute to provide health and accidental benefits and life insurance to State employees, retirees and their dependents. Plan participation eligibility include employees of State agencies, institutions of high education, local school boards that elect to participate in the Program and certain political subdivisions. Eligibility does not include local government entities or municipalities.

The OGB is comprised of fifteen (15) internal programs or divisions: Executive (Office of the CEO, Internal Audit, HIPAA Compliance), Administration, Quality Assurance, Fiscal, Eligibility, Claims, Flexible Benefits & Imagining Services, Customer Services, Provider Services, Agencies Services, Legal, Plan Administration, Information Systems, Information Operations, and Information Applications.

Strategic Plan Summary: The Office of Group Benefits (OGB) is proud to have served employees and retirees of the State of Louisiana for more than 38 years. OGB has weathered many storms in the health care sea and formally charts its course for the future in this Strategic Plan 2008-2013.

OGB's strategic planning team starts with a fundamental philosophy that acknowledges the importance of health and other benefits in attracting and retaining the best and brightest state employees. This philosophy is stated as:

> *This philosophy of the Office of Group Benefits is to use informed decision making, proactive services, and innovative actions for plan members and providers, while offering a competitive system of benefits to assist the state of Louisiana's goal to attract and retain competent and productive employees.*

With this philosophy framing how OGB conducts its business on behalf of almost a quarter of a million residents of Louisiana and elsewhere in America, the strategic planning team focuses its vision on being a bellwether in the health care benefits industry. OGB's vision for the future, then, is:

> *The Office of Group Benefits envisions itself as a leader in improving and preserving the quality of life.*

Such a philosophy requires a staff committed to being on the cutting edge of the health insurance arena. This staff must be fully aware of industry trends on the national and international level, and must be able to provide industry leadership within the constraints of a government pocketbook.

Fully cognizant of this challenge, the OGB strategic planning team defines its mission as:

> *The Office of Group Benefits will offer an employee benefits system that meets or exceeds industry standards and/or benchmarks.*

To accomplish this noble, albeit attainable, mission, the strategic planning team conducts a thorough assessment and analysis, the results of which are identified in this document. This report first looks at OGB's strengths, weaknesses, opportunities and threats and then lists the agency's principal clients and users.

The plan then turns to formalizing the three primary goals that will have to be met in order to accomplish OGB's mission. These goals can be simply stated as:

1. To measure and improve operational efficiency and effectiveness at the Office of Group Benefits;
2. To continuously increase customer satisfaction for Office of Group Benefits customers; and,
3. To improve the health of plan members.

The report continues by defining seven objectives that will allow OGB to successfully perform these goals along with a list of performance indicators that will measure this success. The report concludes with a thorough appraisal of each of these performance indicators, including rationale, source, frequency, calculation methodology, limitations and more.

Thus, this document is OGB's map for the future, its compass for direction and its barometer for the success of its performance over the next five years.

Vision, Mission, & Philosophy

Vision

The Office of Group Benefits envisions itself as a leader in improving and preserving quality of life.

Mission

The Office of Group Benefits will offer an employee benefits system that meets or exceeds industry standards and/or benchmarks.

Philosophy

This philosophy of the Office of Group Benefits is to use informed decision making, proactive services, and innovative actions for plan members and providers, while offering a competitive system of benefits to assist the state of Louisiana's goal to attract and retain competent and productive employees.

Goals & Objectives

Office of Group Benefits goals for the year 2008-2013 are:

Goal One:

To measure and improve operational efficiency and effectiveness at the Office of Group Benefits.

    Objectives:

      1.1 Improve the efficiency and effectiveness **Key** Office of Group Benefits processes by 20% by FY 2012-2013.

Goal Two:

To continuously increase customer satisfaction for Office of Group Benefits customers.

    Objectives:

    2.1 Increase plan member satisfaction by 15% by FY 2012-2013.

    2.2 Increase provider satisfaction by 15% by FY 2012-2013.

    2.3 Increase staff member satisfaction by 15% by FY 2012-2013.

    2.4 Increase agency satisfaction by 15% by FY 2012-2013.

Goal Three:

To improve the health of plan members.

Objectives

3.1 To increase the number of innovative programs for plan members by 15% FY 2012-2013.

Strengths, Weaknesses, Opportunities, & Threats

The Office of Group Benefits perceives its strengths, weaknesses, opportunities, and threats to be vital components in effectively negotiating the future direction of the agency. The specific factors relative to this strategy include:

Strengths:

Identification of agency strengths allows the Office of Group Benefits maximum understanding of available tools so that it may build an effective strategic plan.

☐ A framework of dedicated, competent, creative, and talented staff that is capable of maintaining its current level of success as well as pursing means for advancement.

☐ "Strength in Numbers" – an extensive use of internal networking has proven to be invaluable in accomplishing small and large-scale tasks.

☐ Financial stability.

☐ An offering of diverse benefit packages which allow members more options in coverage choice.

☐ A dynamic technology base that is dually committed to keeping the agency current with industrial trends as well as seeking methods to advance technological services.

☐ An ability to productively acclimate to change due to internal modifications or external mandates.

Weaknesses:

Recognition of agency weakness affords the Office of Group Benefits an opportunity to adequately prepare for potential risks as a result of its vulnerabilities.

- Sub-programs within agency have a propensity towards perceiving themselves as separate entities.

- The misperception that the Office of Group Benefits offers substandard or, at best, average benefits to its members.

- Though there is a wealth of creativity, there is a weakness in the ability to produce innovations such as advance methodologies or cutting-edge services.

Opportunities:

The Office of Group Benefits believes that it is necessary to keep a working knowledge of member needs so that it may take full advantage of any industrial opportunity that may present itself. Additionally, the agency regards opportunities to enhance its services to all member/stakeholders as viable methods of improving customer relation as well as industry status.

- Momentum toward gaining national accreditation, thereby, improving public image.

- Adjudicating Medicaid claims.

☐ Set an exemplary level service and advancement; which could pilot mentoring or consulting programs.

☐ Encouraging member physical fitness through innovative approaches in Disease Management.

☐ Implementation of an interactive, web-based facilitator that would afford members the opportunity to better manage their healthcare.

Threats:

The Office of Group Benefits perceives internal and external threats as any factors that may inhibit its ability to effectively meet mandates, perform at industry standards, maintain agency standards, or achieve and elevate standard of excellence. Furthermore, recognition of these factors enables the agency to be aware of the complete operational consequences, track its actions, and anticipate possible future impacts.

☐ The occurrence of unfunded legislative mandates.

☐ The increase in healthcare costs.

Office of Group Benefits Principal Clients/Users

The Office of Group Benefits offers health, accidental, and life benefits to group plan members.

During the assessment phase of the strategic planning process, the Office of Group Benefits identified key stakeholders. The following stakeholders were identified and targeted during the strategic planning process:

☐ **Plan Members**
   State of LA employees (including former employees), eligible family members, beneficiaries, claimants and contractors who are covered under the benefits plans offered by the Office of Group Benefits

☐ **Plan Providers**
   Medical professional who provide the medical services offered to the Office of Group Benefits plan members

☐ **Staff Members**
   Office of Group Benefits staff members

☐ **State Agencies**
   Government agencies within the state of LA that participate in the benefits plans offered by the Office of Group Benefits

Principal Clients/Users – Objective Specific

Office of Group Benefits Objectives	Identified Target Group
Goal 1 Measure and improve operational efficiency and effectiveness at the OGB.	
Objective 1.1 Improve the efficiency and effectiveness of OGB processes by 20% by FY 2012-2013.	**Plan Members** **Plan Providers** **Staff Members** **State Agencies**
Goal 2 To continuously increase customer satisfaction for OGB customers.	
Objective 2.1 Increase plan member satisfaction by 15% by FY 2012-2013.	**Plan Members**
Objective 2.2 Increase provider satisfaction by 15% by FY 2012-2013.	**Plan Providers**
Objective 2.3 Increase staff member satisfaction by 15% by FY 2012-2013.	**Staff Members**

Objective 2.4 Increase agency satisfaction by 15% by FY 2012-2013.	**State Agencies**
Goal 3 To improve the health of plan members.	
Objective 3.1 To increase the number of innovative programs for plan members by 15% by FY 2012-13.	**Plan Members** **Plan Providers** **Staff Members** **State Agencies**

Office of Group Benefits
Strategic Plan
FY2008-FY2013

		Content
1		
		To measure and improve operational efficiency and effectiveness at the OGB.
1.1		**Improve the efficiency and effectiveness Key OGB processes by 20% by FY 2012-2013.**
	1.1.1	Identify OGB business processes and develop <u>job aid</u> for key managers/supervisors to use in mapping business processes.
	1.1.2	Develop measurable performance indicators by reviewing benchmarking data and internal performance data.
	1.1.3	Implement an information system to collect, maintain, and analyze key performance information for organizational management- Business Intelligence.
		o Design/Develop a databank of ad hoc reports for the entire agency.
		o Develop <u>Dash Boards</u>- Executive, Operational/Customer/Actuarial.
		o Enhance Data Warehousing**.**
	1.1.4	Identify and analyze key processes for improvement.
	1.1.5	Develop a performance tracking system for the strategic plan by FY 04-05.
	1.1.6	Develop process teams/feedback loops to promote collaboration, coordination and communication across disciplines and departments within OGB by doing the following:
	1.1.7	Analyze and improve the selected processes.
	1.1.8	Implement process changes as indicated.

Goals
  Objectives
    Strategy

GOAL 1:	Performance Indicator Matrix				
	To measure and improve operational efficiency and effectiveness at OGB.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013	Baseline number of linked processes	Number of processes managed for improvement	Percentage of processes improved after management	Percentage reduction of time or labor hours in improved processes	(*same as Outcome*)

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
　Objectives
　　Strategy

GOAL 1:	**Performance Indicator Matrix** To measure and improve operational efficiency and effectiveness at OGB.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013	Baseline number of unsolicited refunds Baseline number of HMO plan members(fully insured) Baseline Number of indemnity plan members (self-insured) Baseline number of plan members	Number of unsolicited refunds <u>cleared</u> Baseline number of group health and accidental claims processed annually Dollar amount of claims processed annually	Percentage of unsolicited refunds cleared vs. total number of unsolicited refunds	Reduction in turnaround time to clear unsolicited refunds Baseline average turnaround time for health claim payments (in days)	Increase in percentage of unsolicited refunds cleared vs. baseline number of unsolicited refunds

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy

GOAL 1:	Performance Indicator Matrix To measure and improve operational efficiency and effectiveness at OGB.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013	Baseline number of Flex Plan calls	Number of Flex Plan calls resolved	Percentage of resolved Flex Plan calls vs. number of Flex Plan calls received	Average time to resolve each Flex Plan call	Percentage reduction in average time to resolve each Flex Plan call Percentage change in number of resolved Flex Plan calls vs. baseline number of Flex Plan calls

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy

GOAL 1:	**Performance Indicator Matrix** To measure and improve operational efficiency and effectiveness at OGB.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013	Baseline number of premium invoices generated	Number of premium invoices reconciled	Percentage of reconciled invoices vs. generated invoices	Average time to reconcile per invoice	Percentage reduction in number of invoices not reconciled
	Baseline amount of premium revenue invoiced	Amount of premium revenue collected	Percentage of invoiced premium collected vs. baseline premium invoiced	*(same as Outcome)*	Reduction in percentage of collected premium vs. invoiced premium

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
   Objectives
      Strategy

GOAL 1:	**Performance Indicator Matrix** To measure and improve operational efficiency and effectiveness at OGB.					
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**	
Objective 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013	Baseline number of audit monitoring functions required by HIPAA	Number of audit monitoring functions complying with HIPAA standards	Percentage of HIPAA compliant functions	Time to complete HIPAA audit monitoring functions	Increase in percentage of HIPAA compliant functions	

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy

GOAL 1:	**Performance Indicator Matrix** To measure and improve operational efficiency and effectiveness at OGB.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013	Current number of audit hours for each risk assessed process	Number of audit hours used for each risk assessed process	Reduction in audit hours for each risk assessed process audited.		Same as Outcome
	Current number of audits completed for risk assessed process	Number of audits completed annually for risk assessed processes	Increase in number of audits completed.		Same as Outcome
	Current percentage completed of annual assessed processes	Percentage completion of population of risk assessed processes	Increase in percentage completion of risk assessed processes annually.		Same as Outcome
	Baseline number of required risk-assessed audits	Number of risk-assessed audits completed where post-audit non-compliance is found	Percentage of completed audits with where non-compliance is found	Cost in labor hours to correct post-audit noncompliance findings	Reduction in repeat audit non-compliance

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy

GOAL 1:	**Performance Indicator Matrix** To measure and improve operational efficiency and effectiveness at OGB.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013	Baseline number of courses needed to address internal employee functions that need improvement *from training* Baseline number of external agency staff in need of training on OGB procedures	Number of courses delivered to accommodate baseline number Number of external agency staff trained	Percent of courses delivered vs. courses needed Percent of external agency staff trained vs. untrained external agency staff	Cost per participant per course Cost per participant per employee function	Improvement in employee functions after training Improvement in customer satisfaction related to training provided

Please refer to Appendix F for the Performance Indicator Documentation.

2		**Content**
		To continuously increase customer satisfaction for OGB customers.
2.1		**Increase plan member satisfaction by 15% by FY 2012-2013.**
	2.1.1	To develop an interactive health management web portal.
	2.1.2	Expand the provider network where appropriate.
	2.1.3	Customer Service to form partnership groups to educate specific staff members in centralized areas so that knowledge of other departments can be utilized to assist the customers.
	2.1.4	Improve Impact system to provide more automated benefits re: claim and payment material.
	2.1.5	Reduce response time to appeals and written correspondence by identifying and analyzing the steps of the process.
	2.1.6	Develop a process to measure and improve key telephone performance indicators including avg. blockage rate, avg. answer speed, ACD incoming call time averages and avg. abandonment rate.
	2.1.7	Increase the number of individualized plan member benefit programs by doing the following: o Implement Health Savings Account(s) with a high deductible health plan for uninsured state employees. o Implement an educational initiative to provide all Flexible Benefits participating agencies with Flexible Spending Accounts services.
	2.1.8	Reassure plan members re: OGB's commitment to confidentiality.
	2.1.9	Implement annual satisfaction survey (annual report card) and focus group meetings. (1st year serves as baseline.
	2.1.10	Identify and develop a plan to enhance the OGB communication marketing and communications strategies.
	2.1.11	Increase the number of web site users.
	2.1.12	Increase the effectiveness of message media and the number of media types utilized to educate and inform plan members
	2.1.13	Increase the number of public appearances and favorable editorials/articles of behalf of OGB.

2.1.14	Increase the professional networking opportunities for identified OGB staff members and departments by doing the following:	
	o	Identify key professional associations for OGB staff members' membership.
	o	Join professional organizations that support OGB staff network with groups.
	o	Promote national professional designations/certifications for OGB staff.
	o	Enhance positive media relationships with key OGB media.

GOAL 2:	Performance Indicator Matrix					
	To continuously improve customer satisfaction for OGB customers.					

OBJECTIVE	Input	Output	Outcome	Efficiency	Quality
Objective 2.1 Increase plan member satisfaction by 15% by FY 2012-2013	Baseline number of IRS Flex Plan Options offered	Number of new IRS Flex Plan Options developed	Percentage increase in new Flex Plan Options offered	Time required to achieve implementation of new Flex Plan Options	Increase in percentage of state employees enrolled in Flex Plan Options.

Please refer to Appendix F for the Performance Indicator Documentation.

GOAL 2:	Performance Indicator Matrix					
	To continuously improve customer satisfaction for OGB customers.					

OBJECTIVE	Input	Output	Outcome	Efficiency	Quality
Objective 2.1: Increase plan member satisfaction by 15% by FY 2012-2013	Baseline number of wellness programs	Number of effective wellness programs	Percentage of effective wellness programs to number of wellness programs	Cost to improve wellness programs to effective standard	Reduction in targeted health care costs
	Baseline customer satisfaction rating from initial survey	Change in plan member satisfaction rating annually	Percentage of change in plan member satisfaction rating	Cost to enhance plan member satisfaction	(Same as Outcome)

Please refer to Appendix F for the Performance Indicator Documentation.

GOAL 2:	**Performance Indicator Matrix** To continuously improve customer satisfaction for OGB customers.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 2.1 **Increase plan member satisfaction by 15% by FY 2012-2013**	Baseline number of complaints	Number of resolved complaints	Percentage of resolved complaints to baseline number of complaints	"Cost" in average number of contacts to resolve each complaint. Average time to resolve each complaint	Reduction in average number of contacts to resolve each complaint. Reduction in time to resolve each complaint

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy

2.2		**Content**
		Increase provider satisfaction by 15% by FY 2012-2013.
	2.2.1	Decrease contracting errors and processing time
	2.2.2	Develop a participating provider relations plan that includes a provider communications plan.

	2.2.3	Increase the number of effective provider educational initiatives by doing the following:
		   o Update provider handbook training material.
		   o Offer alerts on claim filing issues.
		   o Develop quarterly provider newsletter.
		   o Develop a participating provider relations plan that includes a provider communications plan.

	2.2.4	Premium payment via EFT.
	2.2.5	Implement annual satisfaction survey (annual report card) and focus group meetings. (1st year serves as baseline)

GOAL 2:	Performance Indicator Matrix To continuously improve customer satisfaction for OGB customers.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 2.2 **Increase provider satisfaction by 15% by FY 2012-2013**	Baseline number of complaints	Number of resolved complaints	Percentage of resolved complaints to baseline number of complaints	"Cost" in average number of contacts to resolve each complaint. Average time to resolve each complaint	Reduction in average number of contacts to resolve each complaint. Reduction in time to resolve each complaint

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy		

2.3		**Content**
		Increase staff member satisfaction by 15% by FY 2012-2013.

	2.3.1	Promote internal employment stability through the following initiatives:
		  o Defining career paths
		  o Identifying causes of turnover
		      ▪ Refine exit interview process to include 6 month follow-up after separation

	2.3.2	Research the viability of flexible work scheduling.
	2.3.3	Develop a process to increase employee involvement in OGB policy development, including core values, as appropriate.

	2.3.4	Enhance internal communication efforts and feedback systems through the following initiatives:
		  o Develop an electronic suggestion box (automated program)
		  o Publicize and communicate the 'perks' of working at OGB.
		      o Develop routine directors meeting.
		      o Expand communications meeting.
		      o Expand employee association and rewards program.
		  o Increase frequency of <u>"Group Vine"</u> & utilize intranet for employee newsletter.
		  o Promote existing interactive automated support (e.g.: LEO).

	2.3.5	Enhance educational efforts for OGB staff members to ensure transfer of training into the workplace
	2.3.6	Develop a productivity model for key OGB positions.
	2.3.7	Increase the number of wellness programs/initiatives for OGB staff members by doing the following:
		o Perform needs assessment for OGB staff.
		o Provide an Employee Assistance Program.
		o Work with local fitness club to offer reduced membership/group rates.
		o Investigate and if possible, implement air purifying system.
		o Annual smoking cessation classes.
		o Investigate and if possible replace junk food vending machines with healthy snacks.
	2.3.8	Expand and increase the use of R&R program.
	2.3.9	Implement annual satisfaction survey (annual report card) and focus group meetings. (1st year serves as baseline.

Goals
  Objectives
    Strategy

GOAL 2:	Performance Indicator Matrix				
	To continuously improve customer satisfaction for OGB customers				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 2.3: Increase staff member satisfaction by 15% by FY 2012-2013	**Baseline number of employee communication strategies**	**Number of effective employee communication strategies**	**Percentage of effective employee communication strategies**	**Cost to improve employee communication strategies**	**Improvement in staff member satisfaction linked to employee communication strategies**

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy

GOAL 2:	**Performance Indicator Matrix**				
	To continuously improve customer satisfaction for OGB customers				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 2.3: Increase staff member satisfaction by 15% by FY 2012-2013.	Baseline number of employee grievances	Number of resolved grievances.	Percentage of resolved grievances to baseline number of resolved grievances.	Number of contacts per *resolved* grievance.	Reduction in average number of contacts to resolve grievances.
	Baseline employee satisfaction rating from initial survey.	Change in employee satisfaction annually. (*To be done annually, targeted change by FY-09-10.*)	Percentage of change in employee satisfaction rating. (*To be done annually, targeted change by FY-09-10.*)	Average time to resolve each grievance.	Reduction in average amount of time to resolve grievances. (*same as Outcome*)

Please refer to Appendix F for the Performance Indicator Documentation.

Goals		
Objectives		
Strategy		

2.4		**Increase agency satisfaction by 15% by FY 2012-2013.**
	2.4.1	Identify training areas for individual agencies and develop training efforts tailored to the individual agency needs**.**
	2.4.2	Routine education and training to participating agencies on policy and procedure updates.
	2.4.3	Implement annual satisfaction survey (annual report card) and focus group meetings to include routine feedback from agencies regarding OGB policy and procedure development. (1st year serves as baseline)

Goals
  Objectives
    Strategy

GOAL 2:	**Performance Indicator Matrix** To continuously improve customer satisfaction for OGB customers.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 2.4: Increase agency satisfaction by 15% by FY 2012-2013.	Number of agency personnel in need of training	Number of agency personnel trained	Percentage of agency personnel trained vs. agency personnel in need of training	Reduction in calls from agencies	*(same as Outcome)*

Please refer to Appendix F for the Performance Indicator Documentation.

Goals
  Objectives
    Strategy

3		**Content**
		To improve the health of plan members.
3.1		**To increase the number of innovative programs for plan members by 15%.**
	3.1.1	Identify diseases for which a wellness program can be implemented.
	3.1.2	Enhance current wellness programs.
	3.1.3	Educate plan members in regards to OGB wellness programs.
	3.1.4	Provide health assessments on the website for plan members to utilize to educate themselves regarding their health status.

GOAL 3:	Performance Indicator Matrix				
	To improve the health of plan members.				
OBJECTIVE	**Input**	**Output**	**Outcome**	**Efficiency**	**Quality**
Objective 3.1: To increase the number of innovative programs for plan members by 15%.	Baseline number of wellness programs	Number of effective wellness programs	Percent of effective wellness programs to number of wellness programs	Cost to improve wellness programs to effective standard	Reduction in targeted health care costs

Please refer to Appendix F for the Performance Indicator Documentation.

Office of Group Benefits

APPENDIX A

**INTEGRATED COMPONENTS OF
VISION 2020**

Office of Group Benefits
Strategic Plan Integrated Components of Vision 2020

Louisiana: Vision 2020	Office of Group Benefits Strategic Plan FY 2008-2013
Louisiana: Vision 2020 Vision 2020 is a living strategic plan. This long-term plan has provided a unified vision and a common direction for Louisiana's economic development efforts. Louisiana's citizens, businesses, agencies, and other groups called for and continue to seek a unified, coherent process for improving the state.	*Office of Group Benefits* *Revised Office of Group Benefits Philosophy.* Philosophy now reads: The philosophy of the Office of Group Benefits is to use informed decision-making, proactive services, and innovative actions for plan members and providers, while offering a competitive system of benefits to assist the state of Louisiana's goal to attract and retain competent and productive employees.

Office of Group Benefits Strategic Plan Integrated Components of Vision 2020

Louisiana: Vision 2020 Goals & Objectives	Office of Group Benefits Goals & Objectives	Office of Group Benefits
Goal 1 To be a learning enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge. *Objective 1.9* To make workforce education and technical training programs widely available at the secondary and post – secondary levels.	*Goal 3* To improve the health of plan members. *Objective 3.1* To increase the number of innovative programs for plan members by 15%.	*Strategy 3.1.3* Educate plan members in regards to OGB wellness programs. *Strategy 3.1.4* Provide health assessments on the website for plan members to utilize to educate them regarding their health status.
Goal 1 To be a learning enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge. *Objective 1.10* To build a workforce with the education and skills necessary to meet the needs of business in a knowledge-based economy through flexible systems and responsive programs.	*Goal 2* To continuously increase customer satisfaction for OGB customers. *Objective 2.3* Increase staff member satisfaction by 15% by FY 2012-2013.	*Strategy 2.3.5* Enhance educational efforts for Office of Group Benefits staff members to ensure transfer of training into the workplace.

Office of Group Benefits Strategic Plan Integrated Components of Vision 2020

Louisiana: Vision 2020 Goals & Objectives	Office of Group Benefits Goals & Objectives	Office of Group Benefits
Goal 1 To be a learning enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge. *Objective 1.11* To increase workforce participation rates among traditionally underutilized sources of workers.	*Goal 1* Measure and improve operational efficiency and effectiveness at the Office of Group Benefits. *Objective 1.1* To obtain accreditation of primary program functions by a nationally recognized accrediting body by FY 2012-2013.	*Strategy 1.1.8* Prepare for the fiscal impact of the anticipated increase in state retirees by FY 2012-2013.
Goal 3 To achieve a standard of living among the top ten states in America. *Objective 3.1* To increase personal income and assets of all citizens.	*Goal 2* To continuously increase customer satisfaction for OGB customers. *Objective 2.3* Increase staff member satisfaction by 15% by FY 2012-2013.	*Strategy 2.3.1* Promote internal employment stability by defining career paths and identifying the causes of turnover. *Strategy 2.3.5* Enhance educational efforts for Office of Group Benefits staff members to ensure transfer of training into the workplace.

Office of Group Benefits Strategic Plan Integrated Components of Vision 2020

Louisiana: Vision 2020 Goals & Objectives	Office of Group Benefits Goals & Objectives	Office of Group Benefits
Goal 3 To achieve a standard of living among the top ten states in America. *Objective 3.3* To ensure quality of healthcare for every Louisiana citizen.	*Goal 2* To continuously increase customer satisfaction for OGB customers. *Objective 2.1* Increase plan member satisfaction by 15% by FY 2012-2013.	*Strategy 2.1.2* Expand the provider network where appropriate.
Goal 3 To achieve a standard of living among the top ten states in America. *Objective 3.4* To improve the quality of life of Louisiana's children.	*Goal 3* To improve the health of plan members. *Objective 3.1* To increase the number of innovative program to plan members by 15%.	*Strategy 3.1.1* Identify diseases for which a wellness program can be implemented. *Strategy 3.1.2* Enhance current wellness program.

Office of Group Benefits

APPENDIX B

Avoiding Duplication of Effort within the Office of Group Benefits

Avoiding Duplication of Effort within the Office of Group Benefits

Enhancing the agency's ability to improve operational efficiency and effectiveness was one intended outcome of the Office of Group Benefits strategic planning process. Early in the process, the CEO outlined this as a major component to a successful strategic plan for the agency. The agency approached this in various ways throughout the process.

The Office of Group Benefits focused on developing both agency wide and departmental goals and objectives. This was a new approach for the agency. In the past, each department within the Office of Group Benefits developed individual goals and objectives prior to a review for coordination of efforts agency wide. The strategic planning process enabled the agency to assess the agency's goals and objectives as well as the individual department's goals and objectives simultaneously throughout the review phases. The process yielded collaboration among the various department staff members.

The Office of Group Benefits also provided practical training on the systems approach to planning prior to compiling agency goals, objectives, and strategies. Over 50 employees from the Office of Group Benefits participated in this training. This enabled the staff to experience firsthand the significance of understanding the interrelatedness of the departmental functions and processes.

Additionally, the review phases of the strategic planning process served as built- in safeguards for duplication of efforts. As the Office of Group Benefits further analyzes the core processes, effectiveness and efficiency will be further enhanced. Gathering input and feedback at all levels within the agency exposed potential duplications of effort as well. For example, the agency identified an opportunity for the staff member whose primary efforts involve data collection to partner with a staff member in the information technology department and a staff member in the training department to provide practical training on the use of benchmarking techniques to the various departments within the agency.

Office of Group Benefits

APPENDIX C

Office of Group Benefits Policies Benefiting Women and Children

Office of Group Benefits Policies Benefiting Women and Children

Office of Group Benefits policies/programs that benefit women and children
Act 1078 of 2003

<u>Plan members/ Staff members</u>
Web based wellness program
United Behavioral Health- mental health program
Employee Assistance Program
Safe Net

<u>Staff members</u>
Implement employee assistance program
Flex-Hours Plan

Office of Group Benefits

APPENDIX D

Definition of Unclear Terms

Definition of Unclear Terms

1.2.1 **Job Aid**- any administrative tool used to track/measure processes

1.2.3 **Dash Boards**- internal system providing continual, up-dated performance **reports**

2.1.3 **Wellness Plan Programs**- any initiative that promotes health in members

2.3.4 **Group-Vine**- internal communication program (employee newsletter)

Office of Group Benefits

APPENDIX E

Strategic Planning Program Evaluation

Office of Group Benefits Strategic Planning Program Evaluation

"Where are we?"

1. Strategic Planning Retreat:
   - ❑ 2-day retreat to perform multiple internal assessments relating to program variables and customers (internal/external).
   - ❑ CEO presents annual agency- wide assessment.
   - ❑ Staff selects a theme for strategic planning initiative - *"Charting the Course"*.

2. Staff Communication:
   - ❑ Strategic planning team communicates retreat developments to OGB staff.
   - ❑ Themed flyers posted throughout agency to raise awareness and acceptance of the strategic planning process.

3. Data Collection:
   - ❑ External Assessments
     Individual interviews- Office of Group Benefits plan providers (20 providers)
   - ❑ Internal Assessments
     Focus group- Office of Group Benefits staff members (25 staff members)
     Individual interviews- Office of Group Benefits staff members (10 staff members)

4. Staff Training:
   - ❑ Over 50 OGB employees attended training course *"Managing and Improving Work Processes"* – tailored for the special needs of OGB in preparation for the development of goals, objectives, strategies and performance indicators.

5. Environmental Scan Materials:
   - ❑ Materials compiled and distributed in the form of a tool kit:
     - Internal/External Assessments
     - Project Methodology/Findings
     - Supplemental Tools for Departmental Use

"Where do we want to be?"

1. "Refining Our Identity":
   - ❑ Strategic planning team holds a ½-day meeting to refine program vision and mission statement.

2. Staff Communication:
   - ❑ CEO shares new mission vision with entire staff.

3. Identifying Program Priorities:
   - ❑ Open discussion between the strategic planning team and Office of Group Benefits plan providers to identify target areas for collaboration and improvement.
   - ❑ Strategic planning team prioritizes areas for improvement (potential goals).

4. Identify Goals and Objectives:
   - ❑ Separate facilitated meetings with each department, individually, to identify agency-wide and department-wide goals and objectives (at least three meetings per department).

     - ▪ Meeting #1 Agenda
       - • Education – Goals and objectives
       - • Brainstorming – Possible target areas

     - ▪ Meeting #2 Agenda
       - • Review draft target areas
       - • Refine ideas for goals and objectives

     - ▪ Meeting #3 Agenda
       - • Review revised objectives
       - • Brainstorm additional target areas

   - ❑ Meeting participants included directors, managers, key staff members for each department, team members from LSU Public Management Program.

5. Staff Input and Feedback:
   - ❑ Following each meeting, participants returned to respective department to gather input/feedback from staff members regarding developments/ideas.
   - Materials used:
     - i. Manageware strategic planning guideline
6. Finalize Agency Goals and Objectives:
   - ❑ Goals and Objectives reviewed/approved by CEO prior to final strategy/performance indicator planning.

"How will we get there?"

1. Developing Strategies:
   - ❑ ½ day meeting to gather feedback on objectives and brainstorm (storyboard) strategies.
     - ▪ Meeting Agenda
       - • Education- Strategy Development (strategy analysis sheets included); Performance Indicators; Statewide Vision 20/20 Plan
       - • Brainstorming- Possible target strategies;
       - • Collaboration- Department representatives share strategies with other staff members on how to accomplish the established objectives.

   - ❑ Participants included all directors, managers, and key staff (over 50 staff members).

2. Strategic Planning Data Review/Feedback Compilation:
   - ❑ Goals/objectives/strategies compiled following departmental feedback.
   - ❑ Strategic planning team reviews plan to ensure agency-wide coordination of plans.

"How will we measure our progress?"

1. Developing Performance Indicators:
   - ❑ Group meeting with OGB staff to develop performance indicators (approximately 30 – 40 staff members).

   Meeting Agenda:
   - Education- performance indicators
   - Review/refine established performance indicators

   Materials used:
   - Manageware performance indicator material
   - Sample performance indicator worksheet
   - Performance indicator documentation worksheet

"How well did we do?"

1. Strategic Planning Project Assessment:
   - ❑ Survey administered to evaluate strategic planning process and gather feedback/input from OGB staff based upon their involvement in the process.

Office of Group Benefits

APPENDIX F

Performance Indicator Documentation

Performance Indicator Documentation

Objective 1.1: Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013

Sub-Program: OGB/Executive/HIPAA Compliance Unit
Objective: 1.1
Indicator: Baseline number of audit monitoring functions required by HIPAA

1. Indicator Type:	Input

2. Indicator Rationale:	To insure OGB's compliance to all provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated pursuant thereto.

3. Indicator Source:	Internal - OGB's Privacy Policies & Procedures and individual division/unit/section operational policies and procedures.

4. Frequency and Timing of Collection and/or Reporting:	Rotational auditing, daily monitoring, new employee and as needed training, and monthly reporting.

5. Calculation Methodology:	A simple count of the number of audits, monitors, training conducted and reports.

6. Definitions of Unclear Terms:	None.

7. Aggregate/Disaggregate Figure:	Aggregate.

8. Responsible party for data collection, analysis, and quality:	HIPAA Audit Team

9. Indicator Limitations:	To be determined.

10. Indicator use in Management decision-making and Agency processes:	Training effectiveness, audit schedules, and FTEs needed to perform auditing, monitoring, and training duties.

Performance Indicator Documentation

Sub-Program: OGB/Executive/HIPAA Compliance Unit
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Number of audit monitoring functions complying with HIPAA standards.

1. Indicator Type:	Output

2. Indicator Rationale:	To summarize and report on data collected from audits, monitors, and training conducted.

3. Indicator Source:	Internal – HIPAA Compliance Unit databases, spreadsheets, and summary reports.

4. Frequency and Timing of Collection and/or Reporting:	Monthly Summary Reports.

5. Calculation Methodology:	A simple count of completed functions.

6. Definitions of Unclear Terms:	None.

7. Aggregate/Disaggregate Figure:	Aggregate.

8. Responsible party for data collection, analysis, and quality:	HIPAA Compliance Unit Manager and Director.

9. Indicator Limitations:	To be determined.

10. Indicator use in Management decision-making and Agency processes:	Process efficiency and effectiveness, and employee performances. Training effectiveness, audit schedules, and FTEs needed to perform auditing, monitoring, and training duties.

Performance Indicator Documentation

Sub-Program: OGB/Executive/HIPAA Compliance Unit
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Percentage of HIPAA compliant functions.

1. Indicator Type:	Outcome

2. Indicator Rationale:	Assurance that OGB is complying with all provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated pursuant thereto

3. Indicator Source:	Internal functions scheduled / functions completed.

4. Frequency and Timing of Collection and/or	Annual.

Reporting:	

5. Calculation Methodology:	Percentage of functions completed over functions scheduled.

6. Definitions of Unclear Terms:	None.

7. Aggregate/Disaggregate Figure:	Aggregate.

8. Responsible party for data collection, analysis, and quality:	HIPAA Compliance Unit Director.

9. Indicator Limitations:	To be determined.

10. Indicator use in Management decision-making and Agency processes:	Process efficiency and effectiveness, and employee performances. Training effectiveness, audit schedules, and FTEs needed to perform auditing, monitoring, and training duties.

Performance Indicator Documentation

Sub-Program: OGB/Executive/HIPAA Compliance Unit
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Time to complete HIPAA audit monitoring functions

1. Indicator Type:	Efficiency

2. Indicator Rationale:	Simple measure of time to complete audits, monitors, training, and reports.

3. Indicator Source:	Internal – record of time it took to complete each function.

4. Frequency and Timing of Collection and/or Reporting:	Rotational auditing, daily monitoring, new employee and as needed training, and monthly reporting.

5. Calculation Methodology:	Simple count of time it took to complete each function.

6. Definitions of Unclear Terms:	None

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	HIPAA Audit Team

9. Indicator Limitations:	HIPAA Audit Team

10. Indicator use in Management decision-making and Agency processes:	Process efficiency and effectiveness, and employee performances. Training effectiveness, audit schedules, and FTEs needed to perform auditing, monitoring, and training duties.

Performance Indicator Documentation

Sub-Program: OGB/Executive/HIPAA Compliance Unit
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Increase in percentage of HIPAA compliant functions

1. Indicator Type:	Quality

2. Indicator Rationale:	Assurance that OGB is complying with all provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated pursuant thereto

3. Indicator Source:	Internal – summary reports

4. Frequency and Timing of Collection and/or Reporting:	Monthly Summary Reports

5. Calculation Methodology:	Functions/violations?

6. Definitions of Unclear Terms:	None

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	HIPAA Compliance Unit Manager and Director

9. Indicator Limitations:	To be determined

10. Indicator use in Management decision-making and Agency processes:	Process efficiency and effectiveness, and employee performances. Training effectiveness, audit schedules, and FTEs needed to perform auditing, monitoring, and training duties.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Current number of audit hours used for each risk assessed process.

1. Indicator Type:	Input

2. Indicator Rationale:	Estimated budgeted hours to complete audit assigned.

3. Indicator Source:	Report of actual to estimated hours assigned each audit

4. Frequency and Timing of Collection and/or Reporting:	Bi-weekly/Monthly

5. Calculation Methodology:	Number of hour assigned vs. actual budget hours.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director and/or Audit Supervisor

9. Indicator Limitations:	Assigned budgets are based on best estimate. Estimates can be over/under stated

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Number of audit hours used for each risk assessed process.

1. Indicator Type:	Output

2. Indicator Rationale:	Actual hours required to complete and assigned audit.

3. Indicator Source:	Report of audit budget to estimated hours assigned each audit

4. Frequency and Timing of Collection and/or Reporting:	Bi-weekly/Monthly

5. Calculation Methodology:	Number of hour assigned vs. actual budget hours.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director and/or Audit Supervisor

9. Indicator Limitations:	Assigned budgets are based on best estimate. Estimated can be over/under stated.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Reduction in number of audit hours used for each risk assessed process.

1. Indicator Type:	Outcome

2. Indicator Rationale:	Actual hours required to complete an assigned audit vs. estimated hours.

3. Indicator Source:	Report of actual audit hours budget to estimated hours budgeted for assigned audit

4. Frequency and Timing of Collection and/or Reporting:	Bi-weekly/Monthly

5. Calculation Methodology:	Number of hour assigned vs. actually budget hours.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director and/or Audit Supervisor

9. Indicator Limitations:	Estimates can be over/under stated

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Number of audits completed annually for risk assessed processes.

1. Indicator Type:	Output

2. Indicator Rationale:	Measures the number of audits performed yearly in accordance with frequency requirements established during assessment process.

3. Indicator Source:	Audits completed in comparison to audits planned and frequency requirements.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Completion of audits performed in comparison to assessed audits and audit frequency requirements determined during risk assessment process.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Increase in number of audits completed

1. Indicator Type:	Outcome

2. Indicator Rationale:	Measures the number of audits performed yearly in accordance with frequency requirements established during assessments process.

3. Indicator Source:	Audits completed in comparison to audits planned and frequency requirements.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Completion of audits performed in comparison to assessed audits and audit frequency requirements determined during risk assessment process.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Office of Group Benefits – Internal Audit
Objective: 1.1 To measure and improve operational
Indicator: Current percentage completion of annual assessed processes.

1. Indicator Type:	Input

2. Indicator Rationale:	Measure the percentage completion of audits assessed in Annual Audit Plan

3. Indicator Source:	Audits completed in comparison to audits planned.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Completion of audits performed in comparison to assed audits and audit frequency requirements determined during risk assessment process.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB
Indicator: Percentage completion of population of risk assessed processes.

1. Indicator Type:	Output

2. Indicator Rationale:	Measures the percentage completion of audits assessed in Annual Audit Plan

3. Indicator Source:	Audits completed in comparison to audits planned.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Completion of audits performed in comparison to assessed audits and audit frequency requirement determined during risk assessment process.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Increase in percentage completion of risk assessed processes.

1. Indicator Type:	Outcome

2. Indicator Rationale:	Measure percentage of audits planned to audits actual completed.

3. Indicator Source:	Audits completed in comparison to audits planned.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Completion of audits performed in comparison to assessed audits and audit frequency requirements determined during risk assessment process.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 to measure and improve operational efficiency and effectiveness at OGB
Indicator: Baseline number of required risk assessed audits.

1. Indicator Type:	Input

2. Indicator Rationale:	Measure the cost of labor hours to follow-up on post audit non compliance issues.

3. Indicator Source:	Labor hours spent on non compliance matters

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Budget hours of auditors used in post compliance follow-up.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 to measure and improve operational efficiency and effectiveness at OGB.
Indicator: Number of risk assessed audits completed where post audit compliance is found.

1. Indicator Type:	Output

2. Indicator Rationale:	Cost in labor hours to resolve audit findings

3. Indicator Source:	Audit hours to resolve audit results and findings.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Budget hours of auditors used in post compliance follow-up.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	NA

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

Performance Indicator Documentation

Sub-Program: Internal Audit
Objective: 1.1 to measure ad improve operational efficiency and effectiveness at OGB.
Indicator: Percentage of completed audits where noncompliance is found.

1. Indicator Type:	Outcome

2. Indicator Rationale:	Measure the cost of labor hours to follow-up on post audit non compliance issues.

3. Indicator Source:	Labor hours spent on non compliance matters.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation Methodology:	Budget hours of auditors used in post compliance follow-up.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditors' performance and process improvements.

Performance Indicator Documentation

Sub-Program: Office of Group Benefits – Internal Audit
Objective: 1.1 to measure and improve operational efficiency and effectiveness at OGB.
Indicator: Cost in Labor hours to correct post audit noncompliance.

1. Indicator Type:	Efficiency

2. Indicator Rationale:	Measures the cost of labor hours to follow-up on post audit non compliance issues.

3. Indicator Source:	Labor hours spent on non compliance matters.

4. Frequency and Timing of Collection and/or Reporting:	Yearly

5. Calculation	Budget hours of auditors used in post compliance follow-up.

Methodology:	

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Audit Director

9. Indicator Limitations:	Resources maybe allocated to special projects not assessed in original audit Plan.

10. Indicator use in Management decision-making and Agency processes:	To monitor auditor's performance and process improvements.

9. Indicator Limitations:	

10. Indicator use in Management decision-making and Agency processes:	

Performance Indicator Documentation

Sub-Program: Administration- Training
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Baseline number of courses needed to address employee functions that need improvement *from training*

1. Indicator Type:	Input

2. Indicator Rationale:	To determine a baseline to begin measurement

3. Indicator Source:	Internal- simple count of courses needed

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation (sum of courses needed)

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Administration

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Administration- Training
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Number of courses delivered to accommodate baseline number

1. Indicator Type:	Output

2. Indicator Rationale:	To determine the number of courses delivered to meet need

3. Indicator Source:	Internal- simple count of delivered courses within specified timeframe

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation (sum of delivered courses)

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Administration

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Administration- Training
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Percentage of courses delivered vs. courses needed

1. Indicator Type:	Outcome

2. Indicator Rationale:	By measuring the percentage of courses delivered vs. courses needed, Training will determine how sufficiently the need has been met

3. Indicator Source:	Internal- percentage determined by dividing delivered courses (output) over needed courses (input)

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation- ratio of "output" over "input"

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Administration

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Administration- Training
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Cost per participant per course

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To provide a measure of the amount each participant will cost per course taken

3. Indicator Source:	Internal- a record of the cost per participant per course

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Calculation- amount determined by dividing the total cost to deliver the course by the number of participants in the course

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Administration

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Administration- Training
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013
Indicator: Improvement in customer satisfaction related to training provided

1. Indicator Type:	Quality

2. Indicator Rationale:	To determine improvement in training processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	

8. Responsible party for data collection, analysis, and quality:	Administration

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Quality Assurance
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Baseline number of linked processes

1. Indicator Type:	Input

2. Indicator Rationale:	In order to improve efficiency and effectiveness of key OGB processes, the number of linked processes must first be identified. This number will provide a baseline to begin measurement.

3. Indicator Source:	Internal

4. Frequency and Timing	Annually

of Collection and/or Reporting:	

5. Calculation Methodology:	Standard count (sum of linked processes)

6. Definitions of Unclear Terms:	"linked processes": processes wherein the output of one process will become the input of another process.

7. Aggregate/Disaggregate Figure:	Aggregate figure- the number of linked processes is agency-wide (OGB)

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Quality Assurance
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Number of processes managed for improvement

1. Indicator Type:	Output

2. Indicator Rationale:	After identifying the baseline number, it is necessary to measure the number of processes

	managed for improvement

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard count (sum of managed processes)

6. Definitions of Unclear Terms:	"manage": any action taken to improve linked-processes

7. Aggregate/Disaggregate Figure:	Disaggregate- taken from the total population of linked processes

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Quality Assurance
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Percentage of processes improved after management

1. Indicator Type:	Outcome

2. Indicator Rationale:	To determine effectiveness of methods used to improve processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation- ratio of improved linked processes over the baseline number of linked processes

6. Definitions of Unclear Terms:	"improved": improvement measured by the amount of time saved due to managing linked processes

7. Aggregate/Disaggregate Figure:	Aggregate- percentage of improved linked processes

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Quality Assurance
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Percentage reduction of time or labor hours in improved processes

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To measure the cost effectiveness, return & investment, and productivity

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation- ratio of reduction of time/labor hours in improved processes over the time /labor hours in processes *before* improvement

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Quality Assurance
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: (same as Outcome)

1. Indicator Type:	Quality

2. Indicator Rationale:	To determine effectiveness of methods used to improve processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation- ratio of improved linked processes over the baseline number of linked processes

6. Definitions of Unclear Terms:	"improved": improvement measured by the amount of time saved due to managing linked processes

7. Aggregate/Disaggregate Figure:	Aggregate- percentage of improved linked processes

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Information Services
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Baseline number of linked processes

1. Indicator Type:	Input

2. Indicator Rationale:	In order to improve efficiency and effectiveness of key OGB processes, the number of linked processes must first be identified. This number will provide a baseline to begin measurement.

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard count (sum of linked processes)

6. Definitions of Unclear Terms:	"linked processes": processes wherein the output of one process will become the input of another process.

7. Aggregate/Disaggregate Figure:	Aggregate figure- the number of linked processes is agency-wide (OGB)

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Information Services
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Number of processes managed for improvement

1. Indicator Type:	Output

2. Indicator Rationale:	After identifying the baseline number, it is necessary to measure the number of processes *managed* for improvement

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard count (sum of managed processes)

6. Definitions of Unclear Terms:	"manage": any action taken to improve linked-processes

7. Aggregate/Disaggregate Figure:	Disaggregate- taken from the total population of linked processes

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Information Services
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Percentage of processes improved after management

1. Indicator Type:	Outcome

2. Indicator Rationale:	To determine effectiveness of methods used to improve processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation- ratio of improved linked processes over the baseline number of linked processes

6. Definitions of Unclear Terms:	"improved": improvement measured by the amount of time saved due to managing linked processes

7. Aggregate/Disaggregate Figure:	Aggregate- percentage of improved linked processes

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Information Services
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Percentage reduction of time or labor hours in improved processes

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To measure the cost effectiveness, return & investment, and productivity

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation- ratio of reduction of time/labor hours in improved processes over the time /labor hours in processes *before* improvement

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Information Services
Objective: Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: (same as Outcome)

1. Indicator Type:	Quality

2. Indicator Rationale:	To determine effectiveness of methods used to improve processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation- ratio of improved linked processes over the baseline number of linked processes

6. Definitions of Unclear Terms:	"improved": improvement measured by the amount of time saved due to managing linked processes

7. Aggregate/Disaggregate Figure:	Aggregate- percentage of improved linked processes

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Eligibility
Objective: 1.2 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Baseline number of external agency personnel in need of training

1. Indicator Type:	Input

2. Indicator Rationale:	To determine baseline number to begin measurement

3. Indicator Source:	External- simple count of agency personnel in need of training provided by agencies in need

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation- sum of personnel in need of training

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Eligibility
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Number of external agency personnel trained

1. Indicator Type:	Output

2. Indicator Rationale:	To determine the number of agency personnel to meet need

3. Indicator Source:	Internal- simple count of agency personnel actually trained

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation (sum of personnel trained)

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Eligibility
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Percentage of agency personnel trained vs. personnel in need of training

1. Indicator Type:	Outcome

2. Indicator Rationale:	By measuring the percentage of agency personnel trained vs. agency personnel in need of training, related OGB departments will be able to determine how sufficiently the need has been met

3. Indicator Source:	Internal- percentage established by dividing trained personnel by untrained personnel

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation- ratio of "output" over "input"

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Eligibility
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Cost per participant per course

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To provide a measure of the amount each participant will cost per course taken

3. Indicator Source:	Internal- record of the cost per participant per course

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Calculation- amount determined by dividing the total cost to deliver the course by the number of participants in the course

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Eligibility
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Improvement in customer satisfaction related to training provided

1. Indicator Type:	Quality

2. Indicator Rationale:	To determine improvement in training processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Claims Processing
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Baseline number of unsolicited refunds

1. Indicator Type:	Input

2. Indicator Rationale:	To determine starting point for improvement in resolution time

3. Indicator Source:	Internal count of staged work

4. Frequency and Timing of Collection and/or Reporting:	Monthly, during the first week of the month

5. Calculation Methodology:	Count original volume; deduct cleared cases Start the next month's count with addition of newly received cases

6. Definitions of Unclear Terms:	Not Applicable

7. Aggregate/Disaggregate Figure:	Disaggregate

8. Responsible party for data collection, analysis, and quality:	CP Division; OP Team Supervisor

9. Indicator Limitations:	None known at this time

10. Indicator use in Management decision-making and Agency processes:	Determine reasons for receipt of these refunds and target appropriate training areas

Performance Indicator Documentation

Sub-Program: Claims Processing
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Number of unsolicited refunds cleared

1. Indicator Type:	Output

2. Indicator Rationale:	To determine volume of unsolicited refunds handled during the timeframe measured

3. Indicator Source:	Internal count of staged work

4. Frequency and Timing of Collection and/or Reporting:	Monthly, during the first week of the month

5. Calculation Methodology:	Count number of unsolicited refunds handled during the measured timeframe

6. Definitions of Unclear Terms:	Not Applicable

7. Aggregate/Disaggregate Figure:	Disaggregate

8. Responsible party for data collection, analysis, and quality:	CP Division; OP Team Supervisor

9. Indicator Limitations:	None known at this time

10. Indicator use in Management decision-making and Agency processes:	Determine reasons for receipt of these refunds and target appropriate training areas

Performance Indicator Documentation

Sub-Program: Claims Processing
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Percentage of unsolicited refunds cleared vs. total number of unsolicited refunds

1. Indicator Type:	Outcome

2. Indicator Rationale:	To determine percentage of staged volume that was cleared during the measured timeframe

3. Indicator Source:	Internal count of staged and completed work

4. Frequency and Timing of Collection and/or Reporting:	Monthly, during the first week of the month

5. Calculation Methodology:	Count original volume; deduct cleared cases; reach a percentage of completion Start the next month's count with addition of newly received cases

6. Definitions of Unclear Terms:	Not Applicable

7. Aggregate/Disaggregate Figure:	Disaggregate

8. Responsible party for data collection, analysis, and quality:	CP Division; OP Team Supervisor

9. Indicator Limitations:	None known at this time

10. Indicator use in Management decision-making and Agency processes:	Determine reasons for receipt of these refunds and target appropriate training areas

Performance Indicator Documentation

Sub-Program: Claims Processing
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Reduction in turnaround time to clear unsolicited refunds

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To determine improvement in clearing unsolicited refunds from prior measured timeframe

3. Indicator Source:	Internal count of staged work

4. Frequency and Timing of Collection and/or Reporting:	Monthly, during the first week of the month

5. Calculation Methodology:	Analyze volume of reduction in staged volume against prior timeframes and volume Calculate volume of new adds to the staged volume

6. Definitions of Unclear Terms:	Not Applicable

7. Aggregate/Disaggregate Figure:	Disaggregate

8. Responsible party for data collection, analysis, and quality:	CP Division; OP Team Supervisor

9. Indicator Limitations:	None known at this time

10. Indicator use in Management decision-making and Agency processes:	Determine continued reasons for receipt of these refunds and target appropriate training areas in continued or new problem areas

Performance Indicator Documentation

Sub-Program: Claims Processing
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20% by FY 2012-2013
Indicator: Increase in percentage of unsolicited refunds cleared vs. baseline number of unsolicited refunds

1. Indicator Type:	Quality

2. Indicator Rationale:	To determine improvement in adjudication processes that may have caused incoming refunds

3. Indicator Source:	Internal count of staged work

4. Frequency and Timing of Collection and/or Reporting:	Monthly, during the first week of the month

5. Calculation Methodology:	Count original volume; deduct cleared cases----Start the next month's count with addition of newly received cases---Count newly received unsolicited checks each month

6. Definitions of Unclear Terms:	Not Applicable

7. Aggregate/Disaggregate Figure:	Disaggregate

8. Responsible party for data collection, analysis, and quality:	CP Division; OP Team Supervisor

9. Indicator Limitations:	None known at this time

10. Indicator use in Management decision-making and Agency processes:	Determine reasons for receipt of these refunds and target appropriate training areas and avoid sending out incorrect payments

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013

1. Indicator Type:	Input

2. Indicator Rationale:	To measure the workload of Fiscal – Billing unit

3. Indicator Source:	Internal Billing system

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation from billing summary report

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% FY 2012-2013.

1. Indicator Type:	Output

2. Indicator Rationale:	To compare generated invoices by OGB to reconciled invoices

3. Indicator Source:	Internal log

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined.

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013

1. Indicator Type:	Outcome

2. Indicator Rationale:	To insure that prepared invoice are reconciled in accordance with LA RS

3. Indicator Source:	Calculation of billed to reconciliation

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation	Standard calculation

Methodology:	

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% FY 2012-2013.

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To monitor the efficiency of billing staff

3. Indicator Source:	Internal calculation

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013

1. Indicator Type:	Quality

2. Indicator Rationale:	To insure that all invoices are reconcile

3. Indicator Source:	Internal calculation

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013

1. Indicator Type:	Input

2. Indicator Rationale:	To measure the workload of Fiscal – Billing unit

3. Indicator Source:	Internal Billing system

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation from billing summary report

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% FY 2012-2013.

1. Indicator Type:	Output

2. Indicator Rationale:	To compare generated invoices by OGB to reconciled invoices

3. Indicator Source:	Internal log

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined.

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013

1. Indicator Type:	Outcome

2. Indicator Rationale:	To insure that prepared invoice are reconciled in accordance with LA RS

3. Indicator Source:	Calculation of billed to reconciliation

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% FY 2012-2013.

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To monitor the efficiency of billing staff

3. Indicator Source:	Internal calculation

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: To improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013

1. Indicator Type:	Quality

2. Indicator Rationale:	To insure that all invoices are reconcile

3. Indicator Source:	Internal calculation

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Fiscal Division

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Baseline number of external agency personnel in need of training

1. Indicator Type:	Input

2. Indicator Rationale:	To determine baseline number to begin measurement

3. Indicator Source:	External- simple count of agency personnel in need of training provided by agencies in need

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation- sum of personnel in need of training

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Number of external agency personnel trained

1. Indicator Type:	Output

2. Indicator Rationale:	To determine the number of agency personnel to meet need

3. Indicator Source:	Internal- simple count of agency personnel actually trained

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation (sum of personnel trained)

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Percentage of agency personnel trained vs. personnel in need of training

1. Indicator Type:	Outcome

2. Indicator Rationale:	By measuring the percentage of agency personnel trained vs. agency personnel in need of training, related OGB departments will be able to determine how sufficiently the need has been met

3. Indicator Source:	Internal- percentage established by dividing trained personnel by untrained personnel

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation- ratio of "output" over "input"

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Cost per participant per course

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To provide a measure of the amount each participant will cost per course taken

3. Indicator Source:	Internal- record of the cost per participant per course

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Calculation- amount determined by dividing the total cost to deliver the course by the number of participants in the course

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Fiscal
Objective: 1.1 To measure and improve operational efficiency and effectiveness at OGB.
Indicator: Improvement in customer satisfaction related to training provided

1. Indicator Type:	Quality

2. Indicator Rationale:	To determine improvement in training processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013.
Indicator: (wording under each indicator type) Baseline number of Flex Plan calls.

1. Indicator Type:	Input

2. Indicator Rationale:	Measures percentage of resolved Flex Plan calls vs. number of Flex Plan calls received.

3. Indicator Source:	Flex Plan call logs

4. Frequency and Timing of Collection and/or Reporting:	Reporting Monthly

5. Calculation	Percentage of resolved Flex Plan calls vs. number of Flex Plan calls received.

Methodology:	

6. Definitions of Unclear Terms:	None

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	FBIS has no control of the indicator

10. Indicator use in Management decision-making and Agency processes:	Yes.

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013.
Indicator: Baseline number of Flex Plan calls.

1. Indicator Type:	Output

2. Indicator Rationale:	Measures percentage of resolve Flex Plan calls vs. number of Flex Plan calls received.

3. Indicator Source:	Flex Plan call logs

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Percentage o resolved Flex Plan calls vs. number of Flex Plan calls received.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	FBIS has no control the indicator

10. Indicator use in Management decision-making and Agency processes:	Yes

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013.
Indicator: Baseline number of Flex Plan calls.

1. Indicator Type:	Outcome

2. Indicator Rationale:	Measures of resolved Flex Plan calls vs. number of Flex Plan calls received.

3. Indicator Source:	Flex Plan call logs

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Percentage of resolved Flex Plan calls vs. number of Flex Plan calls received.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	FBIS has no control of the indicator

10. Indicator use in Management decision-making and Agency processes:	Yes

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013.
Indicator: Baseline number of Flex Plan calls.

1. Indicator Type:	Efficiency

2. Indicator Rationale:	Measures percentage of resolved Flex Plan calls vs. number of Flex Plan calls received.

3. Indicator Source:	Flex Plan call logs

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Percentage of resolved Flex Plan calls vs. number of Flex Plan calls received.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	FBIS has no control of the indicator

10. Indicator use in Management decision-making and Agency processes:	Yes

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 1.1 Improve efficiency and effectiveness of OGB processes by 20% by FY 2012-2013.
Indicator: Baseline number of Flex Plan calls.

1. Indicator Type:	Quality

2. Indicator Rationale:	Measure percentage of resolved Flex Plan calls vs. number of Flex Plan calls received.

3. Indicator Source:	Flex Plan call logs

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Percentage of resolved Flex Plan calls vs. number of Flex Plan calls received.

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	FBIS has no control of the indicator

10. Indicator use in Management decision-making and Agency processes:	Yes

Performance Indicator Documentation

Sub Program: Agency Services
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Baseline number of external agency personnel in need of training

1. Indicator Type:	Input

2. Indicator Rationale:	To determine baseline number to begin measurement

3. Indicator Source:	External- simple count of agency personnel in need of training provided by agencies in need

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation- sum of personnel in need of training

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors of related departments

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Agency Services
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Number of external agency personnel trained

1. Indicator Type:	Output

2. Indicator Rationale:	To determine the number of agency personnel to meet need

3. Indicator Source:	Internal- simple count of agency personnel actually trained

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation (sum of personnel trained)

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Agency Services
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Percentage of agency personnel trained vs. personnel in need of training

1. Indicator Type:	Outcome

2. Indicator Rationale:	By measuring the percentage of agency personnel trained vs. agency personnel in need of training, related OGB departments will be able to determine how sufficiently the need has been met

3. Indicator Source:	Internal- percentage established by dividing trained personnel by untrained personnel

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard calculation- ratio of "output" over "input"

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Agency Services
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Cost per participant per course

1. Indicator Type:	Efficiency

2. Indicator Rationale:	To provide a measure of the amount each participant will cost per course taken

3. Indicator Source:	Internal- record of the cost per participant per course

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Calculation- amount determined by dividing the total cost to deliver the course by the number of participants in the course

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub Program: Agency Services
Objective: 1.1 Improve the efficiency and effectiveness of key OGB processes by 20%
Indicator: Improvement in customer satisfaction related to training provided

1. Indicator Type:	Quality

2. Indicator Rationale:	To determine improvement in training processes

3. Indicator Source:	Internal

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	OGB directors

9. Indicator Limitations:	TBD

10. Indicator use in Management decision-making and Agency processes:	TBD

Performance Indicator Documentation

Sub-Program: Administration/Communication
Objective: 2.1.2 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Baseline customer satisfaction rating from initial survey.

1. Indicator Type:	Input

2. Indicator Rationale:	To obtain a baseline customer satisfaction rating as a starting measurement point.

3. Indicator Source:	External – will depend on satisfaction surveys conducted by outside vendor.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation of satisfaction using a 1-5 rating.

6. Definitions of Unclear Terms:	A formal definition of satisfaction will need to be determined on a 1-5 scale.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Outside polling vendor/Public Information Director

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To identify a starting point for decision making.

Performance Indicator Documentation

Sub-Program: Administration/Communication
Objective: 2.1.2 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Change in plan member satisfaction rating annually.

1. Indicator Type:	Output

2. Indicator Rationale:	To determine level change in plan member satisfaction

3. Indicator Source:	External – will need annual survey by outside polling vendor.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard numerical calculation of delta in satisfaction rating.

6. Definitions of Unclear Terms:	Refer to initial definition of satisfaction.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Outside polling vendor/ Public Information Director

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To track progress of plan member satisfaction,

Performance Indicator Documentation

Sub-Program: Administration/Communication
Objective: 2.1.2 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: % of change in plan member satisfaction rating

1. Indicator Type:	Outcome

2. Indicator Rationale:	To determine level of change in plan member satisfaction rating.

3. Indicator Source:	External -- determined by rate of increase in satisfaction survey rating.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard ratio of change in plan member satisfaction from one year to next.

6. Definitions of Unclear Terms:	Refer to formal definition of plan member satisfaction.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Outside polling vendor/ Public Information Director

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To clarify delta in customer satisfaction.

Performance Indicator Documentation

Sub-Program: Administration/Communication
Objective 2.1.2: Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Cost to enhance plan member satisfaction

1. Indicator Type:	Efficiency

2. Indicator Rationale:	Measures cost of enhancing plan member satisfaction.

3. Indicator Source:	Internal – can be determined by analyzing costs assigned to programs to enhance satisfaction.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard cost accounting.

6. Definitions of Unclear Terms:	Care will be needed in determining types of costs to accrue.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Public Information Director/Fiscal Director

9. Indicator Limitations:	None foreseen

Performance Indicator Documentation

Sub-Program: Administration/Communication
Objective: 2.1.2 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: % of change in plan member satisfaction rating

1. Indicator Type:	Quality /Outcome

2. Indicator Rationale:	To determine level of change in plan member satisfaction rating.

3. Indicator Source:	External -- determined by rate of increase in satisfaction survey rating.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard ratio of change in plan member satisfaction from one year to next.

6. Definitions of Unclear Terms:	Refer to formal definition of plan member satisfaction.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Outside polling vendor/ Public Information Director

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To clarify delta in customer satisfaction.

Performance Indicator Documentation

Sub-Program: Administration/Communication
Objective: 2.3 Increase staff member satisfaction by 15% by FY 2012-2013
Indicator: Baseline number of employee communication strategies.

1. Indicator Type:	Input

2. Indicator Rationale:	To obtain a baseline number of strategies as starting point.

3. Indicator Source:	Internal – simple count of existing employee communication strategies.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation of number of communication strategies.

6. Definitions of Unclear Terms:	Communication strategies will need to be formally identified.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Public Information Director

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To identify a starting point for decision making.

Performance Indicator Documentation

Sub-Program: Customer Service
Objective: 2.1 to increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Baseline number of Plan Member complaints

1. Indicator Type:	Input

2. Indicator Rationale:	Identify number of complaints received

3. Indicator Source:	Internal ACD/MIS Reports

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Calculation – Counting events on reports

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Customer Service

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Customer Service
Objective: 2.1 to increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Number of resolved Plan Member complaints

1. Indicator Type:	Output

2. Indicator Rationale:	Measure number of complaint resolved

3. Indicator Source:	Internal reports – ACD/MIS Impact

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Count

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Customer Service

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Customer Service
Objective: 2.1 to increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Percentage of resolved complaints to baseline number of complaints.

1. Indicator Type:	Outcome

2. Indicator Rationale:	Measure percent of resolved complaints

3. Indicator Source:	Internal Reports

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard ratio

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Customer services

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Customer Service
Objective: 2.1 to increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Number of contacts for resolved complaints

1. Indicator Type:	Efficiency

2. Indicator Rationale:	Measure number o contacts made to resolve complaints

3. Indicator Source:	Internal Reports

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Count

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Customer service

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined.

Performance Indicator Documentation

Sub-Program: Customer Service
Objective: 2.1 to increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Reduction in number (average) of contacts to resolve complaints.

1. Indicator Type:	Quality

2. Indicator Rationale:	Measure average number of contacts made reduced complaints.

3. Indicator Source:	Internal Reports

4. Frequency and Timing of Collection and/or Reporting:	Monthly

5. Calculation Methodology:	Standard Count

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Customer service

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	To be determined

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 2.1 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Baseline number of IRS Flex Plan Options Offered.

1. Indicator Type:	Input

2. Indicator Rationale:	Measure percentage of increase of Flex Plan Options offered.

3. Indicator Source:	Internal count

4. Frequency and Timing of Collection and/or Reporting:	Annual

5. Calculation Methodology:	Standard

6. Definitions of Unclear Terms:	N/A

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	Unknown

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 2.1 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Baseline number of IRS Flex Plan Options offered.

1. Indicator Type:	Output

2. Indicator Rationale:	Measure percentage of increase of Flex Plan Options offered.

3. Indicator Source:	Internal count

4. Frequency and Timing of Collection and/or Reporting:	Annual

5. Calculation Methodology:	Standard

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	Unknown

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 2.1 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Baseline number of IRS Flex Plan Options offered.

1. Indicator Type:	Outcome

2. Indicator Rationale:	Measure percentage of increase of Flex Plan Options offered.

3. Indicator Source:	Internal count

4. Frequency and Timing of Collection and/or Reporting:	Annual

5. Calculation Methodology:	Standard

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	Unknown

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 2.1 Increase plan member satisfaction by 15% by FY 2012-2013
Indicator: Baseline number of IRS Flex Plan Options offered.

1. Indicator Type:	Efficiency

2. Indicator Rationale:	Measure percentage of increase of Flex Plan Options offered.

3. Indicator Source:	Internal count

4. Frequency and Timing of Collection and/or Reporting:	Annual

5. Calculation Methodology:	Standard

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	Unknown

Performance Indicator Documentation

Sub-Program: Flexible Benefits and Imaging Services
Objective: 2.1 Increase plan member satisfaction by 15% by FY 2012-2013

Indicator: Baseline number of IRS Flex Plan Option offered.

1. Indicator Type:	Quality

2. Indicator Rationale:	Measure percentage of increase of Flex Plan Option offered.

3. Indicator Source:	Internal count

4. Frequency and Timing of Collection and/or Reporting:	Annual

5. Calculation Methodology:	Standard

6. Definitions of Unclear Terms:	NA

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Flexible Benefits and Imaging Services

9. Indicator Limitations:	Unknown

10. Indicator use in Management decision-making and Agency processes:	Unknown

Performance Indicator Documentation

Sub-Program: Administration
Objective: 3.1 to improve the health of our members through innovative programs.
Indicator: Baseline number of wellness programs

1. Indicator Type:	Input

2. Indicator Rationale:	To obtain a baseline number of wellness programs, so that progress can be measured.

3. Indicator Source:	Internal – can be determined by simple counting of wellness programs.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard list and count of wellness programs.

6. Definitions of Unclear Terms:	A formal definition of a wellness program will need to be codified.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Admin. Director/Statistics

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To identify a starting point for decision making.

Performance Indicator Documentation

Sub-Program: Administration
Objective: 3.1 to improve the health of our members through innovative programs.
Indicator: Number of effective wellness programs

1. Indicator Type:	Output

2. Indicator Rationale:	To determine number of additional wellness programs after 1 year.

3. Indicator Source:	Internal – can be determined by a simple count of wellness programs.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard numerical calculation.

6. Definitions of Unclear Terms:	Refer to initial definition of wellness program.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Admin. Director/Statistic

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To track progress of wellness program,

Performance Indicator Documentation

Sub-Program: Administration
Objective: 3.1 to improve the health of our members through innovative programs.
Indicator: % of effective wellness programs to number of wellness programs

1. Indicator Type:	Outcome

2. Indicator Rationale:	To determine level of increase in number of wellness program.

3. Indicator Source:	Internal – determined by rate of increase in number of wellness programs

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation of percentage increase.

6. Definitions of Unclear Terms:	Refer to formal definition of a wellness program .

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Admin. Director/Statistic

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To clarify progress of wellness program.

Performance Indicator Documentation

Sub-Program: Administration
Objective: 3.1 to improve the health of our member through innovative programs.
Indicator: Cost to increase number of wellness programs

1. Indicator Type:	Efficiency

2. Indicator Rationale:	Measures cost of enhancing wellness program.

3. Indicator Source:	Internal – can be determined by analyzing costs assigned to wellness program.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard cost accounting.

6. Definitions of Unclear Terms:	Care will be needed in determining types of costs to accrue.

7. Aggregate/Disaggregate Figure:	Aggregate

8. Responsible party for data collection, analysis, and quality:	Admin. Director/Statistic

9. Indicator Limitations:	None foreseen

10. Indicator use in Management decision-making and Agency processes:	To identify cost-benefit ratio.

Performance Indicator Documentation

Sub-Program: Administration
Objective: 3.1 to improve the health of our members through innovative programs.
Indicator: Reduction in targeted health costs.

1. Indicator Type:	Quality

2. Indicator Rationale:	To calculate effectiveness of wellness programs in reduction of specific health care costs.

3. Indicator Source:	Internal – OGB fiscal reports and data from Impact system.

4. Frequency and Timing of Collection and/or Reporting:	Annually

5. Calculation Methodology:	Standard calculation of claims payment data.

6. Definitions of Unclear Terms:	Targeted costs will have to be identified.

7. Aggregate/Disaggregate Figure:	Aggregate
8. Responsible party for data collection, analysis, and quality:	Admin. Director/ Statistic
9. Indicator Limitations:	Unknown
10. Indicator use in Management decision-making and Agency processes:	Unknown