Introductions – Carla Reyes

Members in the room and on the phone introduced themselves.

October Meeting Minutes

October Meeting minutes were not approved. Advisory Members wanted the notes updated to more clearly reflect that all members of the Advisory committee had significant concern that the benefits launch would not happen before January 2, 2020 and that people would not be able to begin submitting applications by mid-December.

ACTION Carla- The minutes will be adjusted per the feedback and distributed electronically for the Advisory Committee review and approval.

Update of Employer Reporting / Premium Payments – John Mattes

John Mattes reviewed the monthly (October) and year-to-date statistics regarding Customer Care Teams calls, emails, Power of Attorney and Conditional Waiver processing (see presentation). With this second reporting cycle, we are beginning to see a trend that employer customers are completing reporting and payment largely in the last two weeks of the month, with the highest volume in the last week of the month. Call volumes increase commensurate with that pattern as well. With two reporting
cycles complete, we are pleased to report decreases in both average wait time and the average handle time (how long each call lasts). John highlighted an improvement on the average wait time (between July to October), which was a decline of 55%. The average handle time decreased 6%.

A quarterly reporting summary was also provided highlighting the statistics around wage reporting and premium collections (see Presentation). Quarterly Report questions:

- Why is there a projections dip in Q2? Total statewide gross wages is typically lower in Q2 than Q1
- What is the Elective Coverage opt in number? 250

The Advisory Committee suggested adding data points around Elective Coverage to the report. They also requested that we review the website to ensure website instructions regarding elective coverage are clearer about how to opt-in to the program. They recommended there also be a link to the wage reporting site.

John reviewed three of the most frequently communicated employer reporting challenges and provided an update on the work being done to these issues. The three areas discussed included the ability to print reports, to print and view account balance and payment history, and the ability to report and pay in one session.

**Benefits Version 1.0 Launch, Operational Readiness – John Mattes**

John and Carla Reyes outlined the program’s efforts to balance the resources to meet the anticipated demand of the benefits launch. There are 73 Customer Care agents hired and trained to provide services January 2020. Initial staffing schedule, capacity and volume projections indicate the ability to support 12,000 calls and processing 6,000 claims for January. The team will need to monitor volumes and adjust between phones and processing based on customer flow. As we see actual customer access patterns, we will likely need to adjust staff deployment between phones and processing. Such adjustments will change the actual number of calls and claims the team is able to process in a given month. If there are spikes or volume is greater than anticipated, we can engage other project resources—such as Customer care auditors, lead workers and Service Delivery Managers; policy staff; communications staff and product team staff—to assist in meeting customer demand.

Clare advised the follow up materials requested at the October meeting (unbranded materials, screenshots, planner guide) will be distributed to the Advisory Committee by the end of the day. Matt confirmed that the materials had already just been
transmitted by email to the Advisory Committee members. The planner guide is expected to be posted to the website Monday 11/19/19.

The Advisory Committee was interested in ways to support employees who work non-traditional hours (outside of 8a – 5p). John advised that based on customer traffic patterns and staff resource capacity we may consider extended hours in the future.

**Weekly Claim- Process Demo – Matt Buelow**

Matt Buelow provided an overview of the weekly claim process using screen shots of the IT system. As a reminder, the process is that an individual’s needs to file an application. Once an application is approved to define the weekly benefit amount and approved claim duration, then they would be able to file their weekly claim for payment. A demo was provided last month of the application process. Today Matt is providing a demo of the weekly claim process.

John and Carla shared that initial projections indicate that it may take between 15 and 30 days to process an application. The goal for the program is to process within two weeks; however, the actual application volumes will impact the processing time. If there is less volume, processing times could be faster, if volume is greater processing times may take longer. Matt clarified that the statutory requirement is to issue payment within 14 days of a properly filed weekly claim. Members of the Advisory Committee were extremely concerned and disappointed that it could take so long to process an application. They are also concerned that a lengthy approval process would make the benefit inaccessible to many people who need the benefit. Carla shared that the program has moved to onboard all customer care staff positions for which she has authority to hire. There are not additional dollars to hire more staff currently. Marilyn asked if there is any modeling that can be done to better model anticipated application volume and traffic patterns by looking at the other states with Paid Leave programs. Carla indicated that we could look to their experience but since they had long-standing Temporary Disability Programs, they didn’t have a recent launch pattern to model. Samantha is concerned that low wage workers will not be able to take advantage of the program if the claim payment is not prompt. She also noted that if people do not submit all required information with their application that could create delays. Carla confirmed that the department needs all relevant information in order to complete processing an application. Some information will be in our systems based on employer reporting (such as hours, wages), and other information will need to be provided as part of the application (such as medical certification, proof of identity). Carla asked the Advisory Committee what the preferred application processing time
frame would be. Samantha indicated they would like to see a one-week time frame. Carla shared that the program intends to process applications as fast as possible, with the goal of two weeks turn around. Further analysis would need to be done to model what resourcing would be required to accomplish a one week turn around. Absent actual customer flow data, however, it may be difficult to identify exactly what resource capacity would be needed to accomplish that outcome. Marilyn suggested that once we start to have actual customer activity data in January, we would have data to show actual processing time and could begin to make some projections about whether additional staffing resources would be needed to achieve an average of one week processing timeframe. Bob said he could anticipate that we might have a longer processing time in January since there is a ramp up period and learning curve, but that by May he would expect to see much shorter processing times. Bob said he would want to see timeframes shorter than 30 days but could not commit to a one-week time frame given the unknown fiscal implications it might create and that he would not want to support an expenditure that increased the premium rate. Members of the Advisory Committee suggested the Department should prepare a budget request. Carla reiterated that it is not the department’s intention to take 30 days to process an application, but absent actual data, we wanted to provide transparency regarding our resources, capacity and what that could potentially mean in terms of impact on processing times. The members acknowledged appreciation for the transparency, reiterated how important it is to process applications quickly, and that they are disappointed that processing might not happen more quickly. The Advisory Committee would like the Department to work toward the goal of processing applications within one week.

The Committee discussed what might help reduce potential processing delays. Carla shared that submitting applications electronically will be faster and that it is important that people submit all relevant information necessary to process applications. Carla clarified that at launch people can apply either electronically via the portal or via paper application. Bob indicated concern that there could be cost to mail paper application that would not exist if there was a phone application option. Advisory Committee members would like the department to consider adding a phone application process in the future because there are places in the state without broadband access and people who don’t have access to a computer. Carla clarified that the department is open to considering alternative application processes in the future. (Note: a phone application process would not eliminate the need for mail correspondence because people would still need to submit the medical certification and proof of identity.) There was discussion about adding the ability to receive
documents via fax. The Advisory Committee members asked that paper applications be provided and available in WorkSource centers. The Program is working with WorkSource team members to ensure they have information to provide people who may want to apply for Paid Leave.

**Action John** – explore the possibility of receiving the application via fax.

Maggie suggested a different placement for the button “Start Weekly Claim” on the employee homepage for weekly claim. The Advisory Committee also requested the actual help text for the Weekly Claim questionnaire (which includes the five required / minimum questions).

**Action Matt** - consider Maggie’s suggestion for a future enhancement.

**Action Matt** - provide the help text for the question regarding 8 consecutive hours and the supplemental benefit payment. **Update:** was emailed to Advisory Committee 11/19/2019.

**Open Comment**

Bob asked about the 3 days for turnaround for requests for information relating to voluntary plan reviews. Employers are getting emails.

**Action John** - follow up with his staff who are doing the yearly voluntary plan reviews currently and sending out emails.

Bob also said there is a concurrent issue raised with FMLA with medical benefits that is becoming an issue he would like to talk with the Advisory members offline.

The Advisory Committee extended their help in any way useful to the Department.

The next meeting was discussed (scheduled for December 19), and whether an interim meeting was necessary as well as whether the scheduled meeting could be a phone conference instead. Carla offered to send an email update on the project mid-way (early December). The group decided to keep the December 19th meeting as scheduled but to transition it to a telephonic meeting. **Action Liz** - make the 12/19 Advisory meeting a conference call.

**Action Carla** - Send an email update to Advisory in the beginning of December.

Several questions were posted via the web-ex meeting. Due to the time limitations, the Program committed to replying to the questions individually and including the summary along with the minutes. (see supplemental document).
Action Liz – include the supplemental document (FYI only) as part of the minute’s distribution to Advisory Committee in December.

Meeting Close

Meeting adjourned at 12:00 pm.

Next Meeting: Thursday December 19, 10:00 am – 12:00 pm | Changed to a conference call.