



Public Sector

State of Colorado

Department of Health Care Policy and Financing

Best Practices to Organize and Implement Centralized Eligibility

RFI Number HCPFKQ0902RFICE

September 26, 2008



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September 26, 2008

Ms. Katherine Quinby
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Contracts and Purchasing Section
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RE: In Response to Request for Information (RFI) Number HCPFKQ0902RFICE

Dear Ms. Quinby:

Deloitte Consulting LLP (Deloitte Consulting) is pleased to submit this response to your Request for Information (RFI) regarding Best Practices to Organize and Implement Centralized Eligibility.

With experience spanning 16 states, Deloitte has built a practitioner base of over 1,000 individuals who understand the federal and state guidelines of benefits administration. Because of our wide client base, we are able facilitate cross-State knowledge sharing amongst our clients, and share best practices and lessons learned first-hand.

As a leader in providing long term support for health and human services systems, the eligibility systems that Deloitte have developed or maintain for our clients support **\$13.9 billion** in total financial benefits and **\$30 billion** in Medicaid eligibility per year. Nearly **12 million individuals** are the recipients of these benefits.

Our response to the RFI is based on our experience with the following five integrated eligibility systems:

System	Description
Wisconsin CARES	<p>Deloitte's scope of work on the WI CARES Eligibility System includes maintenance and operations support along with several modifications and enhancements that constitute a suite of applications that serve the Wisconsin Department of Health and Family Services (DHFS), Department of Workforce Development (State of Wisconsin), and the citizens of Wisconsin. Supported programs include:</p> <ul style="list-style-type: none"> • Wisconsin Works or W-2 (TANF) • Medicaid • Family Care (LTC Program) • Caretaker Supplement • Child Care • FoodShare (Federal Food Stamp program) • Medicaid Purchase Plan (Federal TWWIIA)
Pennsylvania DPW Suite (iCIS, CCMIS, HCSIS)	<p>iCIS. The iCIS project is comprised of the Commonwealth of Pennsylvania's Application for Social Services (COMPASS), the Master Client Index (MCI)/Web-enabled Client Information System (eCIS)/Low Income Heat Energy Assistance Program (LIHEAP), and the Pennsylvania Client Information System (CIS).</p> <p>Commonwealth of Pennsylvania's Application for Social Services (COMPASS). The Commonwealth of Pennsylvania engaged Deloitte to develop the Commonwealth of Pennsylvania Application for Social Services (COMPASS), a Web-based self service application, designed to extend the accessibility of the social service application process to citizens and business partners of the Commonwealth. Today, over 10,000 applications are received and processed per month via COMPASS.</p> <p>Master Client Index (MCI)/Web-enabled Client Information System (eCIS)/Low Income Heat Energy Assistance Program (LIHEAP). The Commonwealth engaged Deloitte to design, develop, and implement the Master Client Index (MCI). MCI is a web service built using an open-system architecture allowing the integration with legacy and Web-based applications to serve a single repository of client demographic data across the Commonwealth.</p> <p>Pennsylvania Client Information System (CIS). The project is a significant undertaking by DPW and Deloitte to enhance the existing CIS mainframe. CIS is used on a daily basis by nearly 7,000 caseworkers in 67 counties throughout the Commonwealth of Pennsylvania. CIS now automatically determines eligibility for medical benefits based on household composition, non-financial, resource, and income information provided by the client.</p> <p>CCMIS. The Child Care Management Information System (CCMIS) is an integrated child care system that automates and centralizes many of the functions required to administer care to the children of Pennsylvania. Used by Child Care Information Service agencies (CCISs) and County Assistance Offices (CAOs), the system aids clients in finding appropriate child care; provides complete provider and case management features; and handles the process of determining eligibility for care, enrolling children, and providing payment to child care providers.</p>

System	Description
Texas Integrated Eligibility Redesign System (TIERS)	Deloitte Consulting was selected by the Texas Health and Human Services Commission to create and manage the entire system development lifecycle for an automated Integrated Eligibility Redesign system, TIERS. The new system supports Food Stamps, TANF, Medicaid including Medicare Saving Program, Institutionalized Care, and Home and Community Based Care programs, as part of Medicaid, and a Women's Health Program that covers family planning services. In addition, the new system supports extensive interfaces, both online and batch, with Federal and State systems such as child support, Medicaid (MMIS), SSA, as well as the issuance of electronic benefits via EBT.
Indiana ICES	ICES is a large-scale, Federally-certified, on-line, automated integrated eligibility system which supports workers' activities in administering eligibility programs. ICES automates the five major public assistance programs administered by Indiana: TANF, Medicaid, Food Stamps, Refugee Assistance, JOBS/IMPACT. Deloitte Consulting designed, developed and implemented ICES on behalf of the Indiana Division of Family and Children, Family and Social Services Division (FSSA).
FLORIDA system	The Florida Department of Children and Families (DCF) is the State agency responsible for supporting the public assistance programs for the State of Florida. In March 2006, Deloitte was awarded the contract for ongoing maintenance and operations support for FLORIDA DCF, a Benefit Management System. The system supports eligibility requirements for Medicaid, Food Stamps, TANF (Temporary Assistance to Needy Families), Child Welfare, and Child Support Enforcement.

From self service portals to call centers, large benefits management systems replacement to incremental renewal of a system from client server technology to a Web-based technology and everything else in between, Deloitte has done it. This vast experience gives the State a plethora of lessons learned and best practices from which to choose.

We have reviewed your RFI and have provided information wherever possible. We have deleted sections and questions in the areas for which we did not have information or best practices to share.

Should you require additional information, please do not hesitate to contact me. The State of Colorado is a valued client, and we look forward to continuing our positive relationship well into the future.

Very truly yours,
Deloitte Consulting LLP



By: _____
Debasis A. Saha
Principal

Electronic Document Management

Section A

RFI

Please provide information describing how the Department could implement an electronic document management system, and the options for such a system:

The objective of implementing a document imaging and management system and having seamless integration between CBMS and the document imaging and management system is to reduce errors, minimize paperwork, lower printing and paper needs, and provide more efficient and less duplicative efforts in serving applicants and participants. Some proven solutions from various states provide good information for the series of key areas listed below.

1. Conversion

RFI

Currently, some document scanning is done on a county level by numerous contractors. Not all county departments of social/human services have the capability to scan documents and retain hard copy case files. How could all files be combined into one system, using one scanning platform?

The objective of implementing a document imaging and management system and having seamless integration between CBMS and the document imaging and management system is to reduce errors, minimize paperwork, lower printing and paper needs, and provide more efficient and less duplicative efforts in serving applicants and participants

It is expected that in any State there are some independent implementations of document management systems with varied levels of adoption of these document management systems by the business. A key component of the overall conversion strategy should also be to consolidate the disparate document management systems and integrate them with the CBMS case management system. When a client and or a client case combination are converted from legacy systems into the new systems, a key part of this effort should be to identify all documents that are associated with the client-case and convert them into the new document management framework. Typically this is done over time, for example document imaging new forms (like at eligibility redetermination) to minimize office disruption and time spent on file conversion.

Documents scanned on site by clerks and case workers would be returned to the document originator immediately after a quality review of the scanned image to verify the electronic image meets pre-determined quality standards. Scanned electronic images would be safe-guarded in a central repository so secure paper-copy file storage, retention, and destruction would no longer be necessary.

Another option, seen in some states, opts for an imaging center model where the center(s) could be placed on or off-site and would employ dedicated teams of imaging staff. Documents scanned by the imaging center would receive a quality review of the scanned image to verify the electronic image met pre-determined quality standards before returning the documents and newly scanned images to the clerk or case worker. The clerk or case worker would be responsible for returning the paper documents to the document owner/originator. Again, scanned electronic images would be safe-guarded in a central repository so secure paper-copy file storage, retention, and destruction would no longer be required. This option provides a more accelerated conversion option, however business process redesign and the shift of work from counties to a centralized location is needed.

2. Quality Control

RFI

a. How could the quality of scanned documents be efficiently assessed? b. How could scanned documents be efficiently maintained? c. What successful measuring tools or methodologies have been employed by the responder?

Quality control is essential for any implementation of a document management system. Quality control measures are integrated into each step of workflow that includes interaction with the documentation management system and exception workflows are created to resolve exceptions. The following two key types of Quality control checks and exceptions processing are implemented:

- **Image Quality.** At any point of the workflow that includes interaction with a document management system, a user can flag an image as unusable due to quality of the image. An exception workflow is initiated to recapture the image and the exception resolved.
- **Indexing.** At any point of the workflow that includes interaction with a document management system, a user can flag the mapping of an image with a Case entity (for example case, client, provider etc.) incorrectly. An exception workflow is initiated to resolve the exception.

Deloitte suggests establishing benchmarks for acceptable and non-acceptable electronic image quality prior the implementation of the electronic imaging process. Samples of acceptable and non-acceptable scanned documents would be used to provide training on quality requirements and used as ongoing evaluative and reference tools for clerks, case workers, and imaging staff.

3. CBMS Interaction

RFI

Provide information on how available technology for electronic document management could be used to exchange information, interact and/or interface with CBMS to provide enhancements to the eligibility and enrollment process.

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5. Best Practices

RFI

Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.

The successful implementation of the Document Imaging solution should provide:

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6. Cost Estimate

RFI

Respondents may use the data provided under this RFI and/or their own assumptions when calculating cost estimates. Please provide assumptions when presenting cost estimates.

Costs would vary considerably depending on the chosen approach.

Workflow Process Management

Section B

RFI

Please describe how the Department could approach workflow process management:

1. Process

RFI

Present possible work plan(s) to route electronic documents to achieve and maintain a high level of application efficiency, timeliness, and accuracy.

Deloitte's sensitivity to organizations who are looking for ways to improve efficiency and are evaluating opportunities for reuse in technology and infrastructure to address these business challenges provides Deloitte with numerous possible work plans for routing electronic documents to achieve and maintain a high level of application efficiency, timeliness, and accuracy. <section modified for public response>

The following illustrations provide graphical overviews of the samples referenced above:

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Figure 4.

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Figure 5.

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Figure 6.

2. Tracking System

RFI

What type(s) of tracking system could be used to track applications through the eligibility process? How could this work with an integrated process?

In previous Deloitte implementations tracking of eligibility and case data electronic images have occurred in various ways. In Deloitte's solution for the state of Wisconsin, eligibility and case data electronic images and files have been assembled on a mainframe system, then transferred to a document processing system for PDF generation, printing, and loading into a secure central repository. Wisconsin workers are able to review correspondence history from web interface, view documents that have been sent out, and request duplicate documents to be sent.

The following two graphics are examples of possible system interfaces designed for tracking purposes.

Example 1 – Search page

The following graphic illustrates the search capabilities designed for the state of Wisconsin, providing a means for searching for and retrieving files for tracking purposes.

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Figure 7.

Example 2 – Worker Homepage

The following graphic illustrates the Worker Homepage for the <section modified for public response> and tracking information provided on the page.

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Figure 8.

5. Best Practices

RFI

Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.

The result of Deloitte's experiences with the states of Delaware, Florida, Pennsylvania, and Wisconsin has provided a number of observations and best practices from which to choose:

Examples of the findings include the following:

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6. Cost Estimate

RFI

Respondents may use the data provided under this RFI and/or their own assumptions when calculating cost estimates. Please provide assumptions when presenting cost estimates.

Costs would vary considerably depending on the chosen approach.

Customer Contact

Section C

RFI

Please provide recommendations for how the Department could establish and operate a customer call center:

The use of customer call centers in health and human services organizations is a growing trend for business models and when implemented effectively they can be a good tool to improve customer service to the client and reduce the demands on County-based eligibility technicians. The premise behind customer call centers is to move the routine tasks that do not require client knowledge to a centralized group of employees who can focus on processing these changes without interruption from other responsibilities. The business objectives often include:

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A successful customer call center must use a clear business process to effectively route calls to an auto attendant or worker who can handle the client's business need. The diagram below outlines a typical business process for a call center. In the diagram, the citizen or client can initiate a change of information using two different channels, by calling a customer call center, or by using an online, self-service tool through the Web. In either case, the goal is to service the client through non-traditional service delivery channels that meet the needs of the client, but also rely less heavily on face-to-face interaction.

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Figure 9.

The following questions and answers provide additional details that support how customer call centers can reduce the overall need for face to face interaction, improve the efficiency of eligibility processing, and provide increased customer satisfaction.

1. Face-To-Face Contact

RFI

How could the Department reduce the need for face-to-face interviews with an eligibility technician when such a meeting is not necessary to complete an application? How could we reduce the need for clients to contact an eligibility technician by telephone? Have you seen efficient solutions to help applicants complete applications in other states?

Clients request face-to-face interviews or call their local office to speak with an eligibility technician (outside of the requirements of the application process) to answer specific

questions related to their responsibilities, to request the status of their application, to confirm the receipt of their verification documents, or to request additional information about their benefit program. The perceived need for direct or phone contact can be significantly reduced by creating additional service delivery channels such as call centers and modern computer systems that offer self-service options through the Internet. These channels help provide a wide variety of electronic interactions between the State and clients or their authorized representatives and create opportunities to improve efficiencies.

A proactive service delivery model that supports regular and timely client communications reduces unnecessary client contact with eligibility technicians. Through succinct and properly timed messages, the client can remain well informed and be less inclined to reach out to an eligibility technician. The right message at the right time can significantly increase clients' confidence in the Department's operations and encourage clients to take advantage of alternative communications channels.

Investing in innovative communication strategies, ultimately increasing the access to information reduces the need for clients to contact eligibility technicians directly. A Department webpage can be used to provide clients with program information, referral services, and links to self-service options. At the time of application, clients should be directed to establish an electronic account through which they can view the status of their application, confirm the receipt of their verification documents, access forms relevant to their benefit program, and even complete simple continuing eligibility activities (i.e. simple case information changes or submit semi-annual reviews). The use of Web 2.0 or Wiki technology can be used to disseminate information between the Department and client and to answer common questions that may be applicable to more than one client case.

For more complex situations that warrant the expertise and knowledge of an eligibility technician, Centralized Customer Service or Call Centers serve as a convenient and efficient alternative to traditional client service delivery, reducing foot traffic and phone calls within local offices. Telephony, including voice recognition logic, can be used to guide the client through a series of questions, identifying their need and ultimately providing them with a personalized answer based on their case. Centralized Customer Call Centers offer clients with an additional off-site service channel to obtain general information, make case changes or updates, check case or application status, and request forms and documents through a dedicated phone service, and complete telephone interviews when a face-to-face interview is not required.

One notable feature of these telephone systems is the ability to provide service in a variety of languages to serve clients with Limited English Proficiency (LEP). As a client walks through the menus, he or she should be able to choose to listen to recorded messages, request forms or documents, request telephone transfer to certain other organizations, or speak directly to a Customer Service or Call Center worker. Through the Call Center, a client will be able to conduct business with reliability and ease. This, in turn, will help provide relief to eligibility technicians in local offices who will have fewer walk-in clients and fewer phone calls. In addition, the use of a centralized call center provides the

Department with the ability to track data and call statistics through a centralized reporting system. These reports can help track trends in call volume and patterns which can be used to proactively handle client communications. Examples of these reports include; overall call volume, call duration, breakdown of calls handled through IVR response and those that needed human interaction, and timing of calls over the course of a time period. This data supports improved data tracking and gives the Department additional information to improve overall efficiencies.

For those clients who choose to come to the office, an effective front office and reception team is required to guide clients to the most appropriate service channel based on their individual circumstances. By implementing a reception team in the front office, staff are arranged to provide an efficient first-point-of-contact for clients. Not only does this team help to identify the best way to serve the client, but they also act as an internal filter, reducing the number of clients who contact eligibility technicians.

This team welcomes incoming clients, performs “triage” by a quick and effective “assess and address” of clients’ needs, and direct clients to an appropriate service channel. As a first screening, the reception team will be trained to identify when a client would be best served through self-service options without having to see an eligibility technician. For all self-service activities, the reception team is available in the front office to provide basic assistance as clients use the computer terminals for online applications, telephones for connecting with the Centralized Customer Service Center, picking up forms or information, and watching educational videos. Only if self-service is not the best option for meeting the client’s needs, the reception team will direct the client to an eligibility technician. Eligibility technicians are only expected to attend to clients with complicated case activities that could not be completed through self-service or with front office staff assistance.

Additionally, the reception team can assist clients in scanning all incoming documents related to their application, whether these documents arrive via mail, fax, or through a client’s visit to the office. After these documents are scanned, the reception team will attach these electronic documents to the appropriate client record. If a client brings the document to the office, the reception team will scan the document and return it to the client along with a confirmation of receipt. If the client leaves a document in the Forms Drop-Off box, the reception team will scan, and then destroy, the document. These documents will electronically arrive at an eligibility technician where they can complete the processing of a case.

It is important to keep in mind the cultural shift that underlies a transition from direct eligibility technician contact to an emphasis on client self-service through a variety of communication channels. The Department should work with staff, client populations, community partners and other stakeholders to increase awareness of the channels that are available and to communicate the benefits of the change. Monitoring and tracking client satisfaction to the procedural and communication changes helps determine the effectiveness of each initiative and drive future enhancements. If the Department increases

the expectations it has for clients, this change should also be communicated as soon as possible to ensure clients are aware of any new expectations.

2. Customer Contact Model

RE

*What are the optimal models to provide efficient and professional customer service of Medicaid and CHP+ populations?
What are the optimal models to provide efficient and professional customer service for health care programs that exceed the income levels for state financial assistance programs?*

Based on the policy requirements for the Medical and CHP+ population, this client base is the ideal candidate for non-traditional service delivery models. This group can be efficiently and professionally served with little face-to-face contact with an eligibility technician. The optimal service delivery model for Medicaid CHP+ populations includes a combination of a Centralized Customer Service or Call Center, accessible self-service options, a strong network of Community Based Partners, and an electronic applicant referral system.

Centralized Call Centers serve as a convenient and efficient alternative to traditional client service delivery. Telephony, including voice recognition logic, can be used to guide the client through a series of menus where the client can choose to listen to pre-recorded messages, request forms or additional information, or speak directly with a Call Center worker. For the Medicaid and CHP+ population, technicians staffed at the Call Center can provide general program information, take applications, make changes or updates to existing cases, and send client forms and notices relevant to their case. Real-time updates can be made directly to the Client Information System. Through a Call Center, Medicaid and CHP+ clients can receive the same efficient and professional service offered in a local office from comfort of their own homes.

Additionally, a series of self-service options should be readily available for use. Self-service options include online applications, online accounts to view application status and benefit program details, online access to forms, and electronically delivered notices (to e-mail or to an account). By widely adopting the use of self-service and clearly communicating the benefits of this approach, specifically for the Medicaid CHP+ population, this group can apply and actively participate in the management of their case without the traditional dependency on eligibility technicians. This population has wider access to computers and other resources to be able to maximize the efficiencies realized from such service delivery mechanisms.

Medicaid and CHP+ can also be professionally and efficiently served by Community Based Organizations (COBs). By connecting clients with hospitals, not-for-profit organizations, churches, and other local agencies, the client can be helped without being referred to a local office. The Department can provide Community Based Organizations access to electronic applications and provide training on collecting information for an application and assisting in client referrals. Hospitals in particular, are key Community Based Organizations for the Medicaid and CHP+ population.

If a Medicaid or CHP+ client is determined ineligible based on income levels that exceed state financial assistance programs criteria, an electronic system can be used to pass key applicant information directly to the Department of Insurance and other relevant agencies to confirm the client is connected with a more suitable service. The client is sent a notice, notifying him or her of the referral and what the appropriate next steps would be for his or her case.

3. Triage for All Calls

RFI

How could a phone center triage all Department client calls to route to correct personnel, including county personnel as appropriate, for accuracy and timeliness of processing? Detail how a customer contact center set up for eligibility could also take on the function of a central call center for all inquiries about Department health care programs.

The key to being able to process client calls timely and efficiently is the ability to distinguish clients and the reasons why they are calling. Only certain types of calls actually require a conversation with a county worker and it is only these calls that personnel should receive. By being able to distinguish between conversation-dependent calls and all others, the state can provide timely and accurate service to all its citizens.

The most common technology used to distinguish callers and the reason for the call is telephony functionality, an auto-attendant and the logic coded to support it. An auto-attendant is analogous to a physical operator who determines the reason for the call and routes it to the appropriate service area. Over that past few decades, auto-attendants have replaced human operators at almost all large organizations despite the large capital outlay required at the outset. The reasons for the transition away from human operators – although the simplest and cheapest solution in the short-term – are concerns over human error, the incapacity to handle large call volumes, and staffing and training concerns etc.

Able to work with digital phones, the auto-attendant allows a caller to identify the reason why they are calling by typing in numbers that correspond to services offered by the telephony system. The system in return plays back recordings to answer the caller's question. Such a simplistic solution is best suited to respond to general information queries such as hours of operation, key program dates, and addresses. Advanced auto-attendants can be supported by Interactive Voice Response technology that enables the caller to identify their reason for calling by saying it to the system instead of typing it into the telephone keypad.

Advanced auto-attendants can be linked to the State's eligibility system and provide clients with a much larger array of information specific to their case or application. By entering in or voicing their application or case number, clients can use the auto-attendant to receive information such as payment dates, their benefits amount, hear alerts and notices and other information that is stored in the state eligibility system. Such a provision has the added advantage of resolving most calls by the system without the inconvenience of long wait times for call center personnel.

Central Call Center

Incorporating call center functions into an existing eligibility office require significant thought and effort across people, process and technology dimensions. To evolve eligibility contact center to a central call center, there are a series of steps and tasks that must be considered to make a successful transition. We have grouped these steps into three main categories in our explanation; people, process, and technology.

People

Customer contact center staff will need to be retrained on telephone customer service and understand policy and processes across different health programs. Staff will need to be identified who match characteristics required to provide excellent client service over the telephone. A wide range of tools are available which will enable the center to identify these staff members. Possibly the simplest to use is a skills inventory that maps staff to specific skills and knowledge.

Staff will also need to be trained to develop a complete understanding of processes and policy across all health programs. Similarly, management will need to be trained on the new service offering and how to evaluate performance across various functions.

Process

Most welfare models in the US are based on a one-to-one link between a caseworker and the client. The county caseworker is responsible for processing all tasks and activities for the client's entire life cycle with the welfare agency. Introducing the concept of a central call center changes this traditional approach as clients may now be served by multiple personnel. This requires that staff are able to work concurrently on a client's case, share information effectively, and be aware of their specific role in processing a client's request. In most instances, to do this effectively requires a series of sessions on business process redesign. Working with a team of welfare personnel with a diverse range of responsibilities, key processes need to be mapped and a vision developed for how these processes are shaped in the future with the advent of the call center. The gaps between the "As-Is" and "To-Be" models are identified and a plan developed to bridge these.

Technology

Apart from the technology requirements for the call center, significant changes will need to be made to the eligibility system to enable multiple personnel to work on a case concurrently and share information effectively. If the state decides to implement advanced call center functionality that enables clients to make significant changes themselves using tools such as IVR would require integration of the call center technology with the eligibility system. Additionally, if any changes to processes takes place based on the business process redesign sessions, those too would require a change in the system.

4. Contact Tree

RFI

Describe the contact tree from first point-of-contact throughout the triage process, both for eligibility calls, and non-eligibility calls.

Presented below is a high-level vision of the customer contact tree for the call center. The specifics that are designed for Colorado will be dependent upon the business processes and technology that are planned for implementation.

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Figure 10.

When a client calls the call center the auto-attendant requests information on why the client is calling. A sample of options that a client may select from include, ‘To Request General Information’, ‘To Make a Change to a Case’, and ‘To Submit an Application’.

If the client is requesting general information, the system prompts the caller to identify the type of information they need. Options provided include hours of operation, address of a county office, payment dates, and information on CHP+ and Medicaid. If the client requests information on hours of operation or the address of a county office, the system prompts the client to select the county. After the client has done so, the system plays back a pre-recorded message that provides the information. Similarly, if the client had requested payment dates or information on a health program, the system plays back the appropriate pre-recorded message.

The means by which the client selects their choice is dependent upon the telephony system acquired by the state. The client may have to type in a number that corresponds to the choices presented by the auto-attendant, or the state may implement IVR technology that requires clients to state their selection verbally.

If the client has requested a choice that impacts eligibility such as making a change to their case or submitting an application telephonically, the call may be routed to the call center where a staff member responds to the call and assists the client through the process. The state may however automate this process to a great extent by linking the eligibility system with the call center auto-attendant. This will enable the caller to access their case by entering in their case number and make changes on their own. Similarly, the caller may also use an automated system to submit an application. Once the client has complete the application and ended the call, the application or change request may be routed to a call center worker to end the transaction and record the narrative.

5. Client Satisfaction and Outcomes

RFI

What are your recommendations for how the Department could evaluate and measure client satisfaction and outcomes?

To evaluate the success of an implementation, it is first essential to identify key performance measurements that map to the original goals. These measures will help answer the question of whether or not the components implemented are effective, if they need to be modified, or if they need to be abandoned. If any components are not effective, this should be identified as quickly as possible and necessary reconfiguration should occur until the desired effects are realized.

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Figure 11.

Step 1: Create performance measurements that map to goals

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<section modified for public response>

Step 2: Collect baseline performance measures

<section modified for public response>

Step 3: Collect pilot data and make operational adjustments

<section modified for public response>

Step 4: Ongoing performance measurement and reporting

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At its best, performance measurement and the resulting reporting becomes the backbone of continuous improvement within an organization.

6. Best Practices

RFI

Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.

Across the nation, there are a number of States that have implemented centralized call centers with various levels of success. The implementation of these call centers may vary in the size and structure, but each State has done so with the general intent to move routine tasks away from their eligibility staff in the Counties, to centralized offices that are supported by automated telephone systems. To examples of such States included Florida and Pennsylvania.

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7. Cost Estimate

RFI

Respondents may use the data provided under this RFI and/or their own assumptions when calculating cost estimates. Please provide assumptions when presenting cost estimates.

Costs would vary considerably depending on the chosen approach.

Personnel

Section D

RFI

Please provide recommendations for how the Department could handle eligibility personnel:

Currently the Department has eligibility personnel split into three main groups that are functionally separated from each other. The county departments provide an entry point to an array of financial and supportive services for the Medicaid program. The CHP+ contractor provides member services as well as premium collection for the CHP+ program. Community based organizations serve as document verification sites. This decentralization of the department's present operational structure limits the number of opportunities to realize economies of scale that are inherent in an operation of this size.

There are significant benefits to adopting a Centralized Eligibility Model, both in terms of reduced cost of the operation and in improved delivery of service to the clients, management and employees. Here are the proposed alternatives:

Alternative A

This alternative represents the Department continuing to function as it currently operates. This alternative, known as the status quo, or "as is", is not considered to be a feasible solution due to the functional limitations and absence of automated management tools to provide consistent and streamlined service to clients.

Alternative B

This alternative includes the present staffing organizational level but employing a centralized task force managed Department. The staff would remain Department employees and would assume specialized roles to increase predictability and consistency of services provided.

Alternative C

This alternative involves privatization of the personnel function. The function is turned over to a private provider and the Department becomes a customer of the private provider. The private provider is responsible for determining policies and business practices. The Department can manage the services provided the private provider via service level agreements.

Alternative D

This alternative provides for outsourcing of the majority of transactional functions to include any requirements of technology, except for the retaining of policy and managerial decisions through a residual Department organization. This solution allows the Department to retain the responsibility and control of process outputs while leaving the “how to” in the hands of the outsourcing provider.

Each of the above alternatives has its pros and cons. Business drivers and processes specific to the Department will be reviewed to arrive at a suitable recommendation.

1. Training Plan

RFI

Please detail a training plan that would allow for quick ramp-up of new staff to allow for consistent service, even with high turnover.

A good training plan is an investment that pays dividends in staff satisfaction and retention, customer satisfaction and loyalty, and overall solution performance. Training needs of existing staff would differ from that of new staff. The training plan would need to have a high emphasis on the new solution, technology as well business processes, for existing staff. In addition to the above, on-boarding procedures for new staff will need to include training to develop relevant subject matter knowledge that would be crucial to their job success.

Dynamic training based on the particular needs of staff is the best way to speed comprehension, ensure knowledge retention and improve specific skills in a cost-effective manner. The training plan would be a blended solution – classroom training combined with e-learning, simulation and other online training channels. Online Courses designed to fit the staff schedule will provide the flexibility needed to ensure a meaningful and measureable impact on performance, while keeping training costs down. Supervisors would be able to create mini-videos that demonstrate how to handle specific issues or changes in a process, enabling the supervisors to respond quickly and train staff before an issue impacts performance.

The training plan would include classroom training, e-learning, simulation, mentoring/coaching and personalized training and development plans based upon the skills of the staff.

2. Workforce Program Personnel

RFI

Detail any responder experience using state Workforce Programs or similar concepts for personnel pool. Discuss if/how this might be a viable option for call center staffing, including employee application processing.

Deloitte Consulting has worked with state as well as outsourced Workforce Programs and provided systems support along with its core eligibility systems in multiple states; although we have not been directly responsible for using state Workforce Programs or similar concepts.

3. Turnover

RFI

How could turnover be stemmed, or its effects mitigated, during the implementation of centralized eligibility? Once the call center is up and running? How might the potential contractor retain low-level entry employees? Include an assessment of overstaffing for turnover rates.

One of the major challenges for a centralized unit such as a call center is retaining employees. Not only is it costly to lose a staff member, turnover can have a negative impact on overall solution performance, customer satisfaction and staff morale. Focusing on managing turnover during the various phases of the solution from initial implementation to ongoing operations is critical to the overall success.

During the initial implementation efforts, it is vital to promote a sense of commitment to the staff. A clear vision and values statement regarding the new solution will help showcase the role of the staff and how the solution benefits the client. The implementation plan would also have incentives for the staff to participate and work towards the new solution. If an outsourcing option is chosen, the incentive could be along the lines of comparable pay and guaranteed employment for a specified duration of time with the outsourcing provider e.g. the Eligibility Modernization effort in the State of Indiana. Clear career paths would be identified. Development projects that are interesting and motivating to staff and beneficial to the Department would be identified. Other benefits and “perks” that do not have to cost much but can be used to reward good performance would be included. This model helps retain critical institutional knowledge that staff have developed over numerous years.

In an ongoing operation, high volume, high stress and low training are the key factors that affect turnover rates. Work culture also impacts turnover by influencing the level of job satisfaction. To counter these, work culture comprising of mentoring/coaching, personalized training and development plans based upon on skills will be developed and promoted. Sources of stress such as red tape, clumsy procedures, hard-to-get information, unrealistic deadlines, and heavy workloads will be monitored and planned for.

4. Best Practices

RFI

Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.

The Indiana Family and Social Services Administration (FSSA) has outsourced its workflow management and back office services to IBM and its partners to improve customer service, increase efficiency and reduce costs. Under this 10-year, \$1.16 billion agreement, the IBM team provides the entire business processes as they relate to Food Stamps, TANF and Medicaid clients. The final eligibility authorization continues to be the State's responsibility but all business processes from Application to Case processing are the responsibility of the vendor. The State also continues to maintain the core information system of record ICES (Indiana Client Eligibility System) and has contracted the maintenance and enhancement of ICES to Deloitte Consulting.

As part of this effort, all clients receive services in their home county with one county office in every county. This process is currently in Pilot and 55 of the state's 92 counties are still state-run and state-staffed. State employees continue to make eligibility determination for all benefits. The Piloted solution features a central service center and supports multiple intake points (County Office plus phone, web, mail, fax, email) with state employees who had transitioned over to IBM employment. Transitioned state staff gets comparable benefits for the same costs as the state's benefits with a two-year job commitment. Transitioned staff can avail the same career advancement and training opportunities as are available to the new employer's current employees. Approximately one-third of Department of Family Resources county employees remain employed by the state to serve in the important role of determining eligibility for assistance, Policy development etc.

5. Cost Estimate

RFI

Respondents may use the data provided under this RFI and/or their own assumptions when calculating cost estimates. Please provide assumptions when presenting cost estimates.

Costs would vary considerably depending on the alternative chosen, and the various configurations the alternative supports.

Leveraging County Expertise

Section E

RFI

Please provide information about your experience working in states that have leveraged the experience of their counties providing eligibility services on behalf of the Medicaid program while also implementing aspects of centralized eligibility to improve the overall integrity of the Medicaid program.

Over the last decade, many states have modernized their eligibility processes dedicated to Medicaid and other health care programs. Goal of many modernization projects are to improve intake rates, reduce burden on applicants & state staff, increase access and consistency of services and to eliminate the “welfare” stigma. States are looked at providing a “front door” focused on health care rather than on general social services.

Centralized Model

The diagram below depicts a typical model for implementing centralized eligibility determination. We will use this model as a basis for our discussion around how the County expertise can be leveraged to implement this model effectively.

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Figure 13.

The model utilizes several technologies to create multiple communication channels for clients, thus giving them choices that are more likely to meet their unique circumstances than exist currently. As depicted above, clients would enter through one of the several channels (on the left side of the diagram), such as community organizations or other state agencies. Clients could continue communication through any of the channels, but the processing of their case information would be moved into the Front-Office. As their case information moves through the system independently clients would be freed from having to physically accompany their information.

At the core of the proposed model is a new way of interfacing with clients. In today’s world, a client must navigate a complex system of multiple agencies through narrowly defined access points. Clients are often required to produce the same or similar information multiple times for different eligibility processes or for different portions of a single process. Each of these steps – locating the correct access point and then producing and verifying information for each needed service – requires time and resources from the client and the State.

In the proposed model, business processes focus on the client, not the agencies or programs. The proposed model begins by allowing clients to enter the system in one of several avenues that is most convenient for them. The client could also choose to screen

for potential eligibility for a number of services, using client-friendly tools that require nominal amounts of time, in order to assess the value of completing the more rigorous application process. Eligibility, recertification, and changes would be determined and completed through an improved, streamlined process at the Front Office. If eligible, State staff in the Back-Office would certify and issue benefits. If not eligible, the client would be directed to community resources that could provide assistance locally.

The key differences between the traditional model and the highlighted centralized eligibility determination model are that, in the new model:

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Client Interaction in the Centralized Model

- **Initiate Application.** New applicants could self-screen via the Internet, call to have an application mailed to them, or visit local community resources and service providers.
- **Submit Application.** An applicant could submit an application via the Internet, by fax, or by mail. Supporting documentation could also be faxed or mailed.
- **Eligibility Determination.** Paper applications would be mailed to the Front Office. Optical Character Recognition (OCR) methods would be used to capture data and populate the system. Eligibility staff within the Front Office would verify and ensure that the information submitted by the applicant meets Federal and State requirements. The system would then determine the most appropriate type of assistance and level of benefits for the applicant.
- **Receipt of Benefits.** Final certification and issuance of benefits would be done at the Back-Office. Clients would be notified and instructed to visit their local office for finger imaging, identity verification, and benefits issuance, as required.
- **Recertification.** Clients need to recertify (redetermine) their eligibility for benefits periodically. In the new model they would receive a pre-populated form from the Back-Office that would detail their most current information. The client would then be able to complete the recertification process by mail or via the Internet without necessarily needing an office visit.
- **Reporting Changes.** Clients could report changes to their situation (i.e. address change, income change) in a number of ways: via the phone, by mail, via the Internet, or at a local office.

Benefits of the Centralized Model

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Leveraging Existing County Expertise

We have observed that before statewide change can occur in county-operated programs, it is necessary to engage and secure the buy-in of local governments, State legislature, Community organizations and other stakeholders. More time and effort may be required to establish and reach agreement on shared goals, implement policies and initiatives, achieve a consistent application of eligibility policy, and accomplish specific goals such as error

reduction and improvements in enrollment rates. It is generally a good practice to increase health coverage by involving the counties in outreach, consumer education, and assistance with applications. Because the counties are local resources, in the neighborhoods and close to the people they serve, they are trusted by applicants and enrollees. They are able to answer questions, suggest resources to address individual problems, and assist with applications.

Keeping this in mind, we have identified 5 major areas that county expertise can be leveraged for implementing the Centralized Model in an effective manner:

- Communications
- Business Process Reengineering
- Information Technology
- Performance Monitoring
- Working with external vendor/contractor

Communications

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Business Process Reengineering

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Information Technology

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Performance Monitoring

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Working with external vendor/contractor

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Summary

Based on our experience working with multiple states, those with state-operated eligibility structures are more likely to have adopted and successfully implemented significant operational reforms to improve performance of the eligibility process, compared to those with locally operated administration. This may indicate that state-administered programs are better positioned to undertake statewide improvements in workflow design and support reforms with upgraded technology.

Eligibility Process

Section J

RFI

Colorado, as mentioned above, has an integrated eligibility process for Medicaid and other public assistance programs. While the state is not currently contemplating creating an eligibility process focused solely on health programs at this time, we do not want to miss the opportunity to understand the eligibility processes that potential vendors have built for other states. Please describe the various models you have designed here. What are the pros and cons of models in other states? Would that model work in Colorado? Why or why not? In addition to describing the value-added aspect of your eligibility process in other states, please also describe the level of difficulty in shifting to a new eligibility process.

The administration of Medicaid programs varies across states, but there is one common element that largely drives how the eligibility process is designed. That element is the need for multiple health-related agencies to work together and share information about individual clients in order to provide those clients health services. For example, a state's health services department generally handles core Medicaid eligibility and administration. But services related to children's health programs or programs for the elderly are often administered by other agencies in the state. The nature of the interactions amongst those agencies will depend on variables like the amount of information shared, the size of the client base, the quality and number of legacy data systems, and the compatibility of business processes.

Taking these variables into account, Deloitte Consulting creates flexible and scalable eligibility process models that can meet a variety of states' needs. Our point of view includes two primary models for administering medical programs: fully integrated eligibility processing, and interface-based processing.

Fully Integrated Eligibility Processing

In this model, a state may or may not have multiple agencies handling all of the state's medical programs. But the eligibility determination, case management, and support functions are all built into a single system that all agencies use. This is the model that we most commonly implement in states.

The system serves as a single point of access for both case and medical programs. Common data such as household composition, income, resources, and prior aid history are captured in a series of data collection screens, and the system determines the best combination of program eligibility.

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Figure 14. Clients and users interact with a single eligibility system handling all case and eligibility functions.

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The advantages to this model include standardization of case management processes, consolidation of client data, and ease of maintenance in terms of not having to coordinate changes over a variety of systems. Another big advantage is that the State is able to get a “citizen-centric” view and an individual does not have to be tracked across multiple systems and programs. A citizen-centric view also helps facilitate the development of State programs and policies that are better suited to the needs of its citizens. The disadvantages to this model include the challenge of aligning disparate business processes across a variety of agencies, ensuring that the business needs of each agency are met, and managing access and privacy to client data. The last point is particularly important with respect to HIPAA standards. The system supporting a fully-integrated eligibility process, where data exists for cash programs as well as medical programs, must have strong security management so that different users can access only relevant client information.

Interface-Based Processing

An alternate processing model is one wherein the agencies retain relative independence, and are responsible for determining the clients’ eligibility for the program(s) they administer. The state would therefore use a case management system that focuses on aggregating data from each agency through a series of interfaces. These interfaces would run daily, weekly, or monthly depending on the nature and frequency of data updates.

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Figure 15. *Clients and users interact with agency specific systems, which update a state’s central case management system. The case management system typically includes some level of eligibility determination.*

In an extreme example, the system would provide only basic case management tools, while the bulk of eligibility processing remains the responsibility of each agency. The advantages of this model include simpler user adoption, in that each agency is able to retain their own business process model. The disadvantages to this model include the complexity of managing disparate data, the need for coordination amongst the agencies when changes must be made, and the potential cost of continuing to manage a variety of state systems. Additionally the State is unable to easily get a client centric view and clients have to go to multiple agencies and service mechanisms, potentially provide the same information multiple times or worse still provide inconsistent information to different State agencies. This also adds time and complexity for clients to receive the services they truly deserve.

Implementing of Eligibility Process Models

For most states, including Colorado, these two models are often combined. States with modern eligibility systems usually integrate the bulk of core Medicaid programs, while allowing for interfaces with specific external agencies. For example, basic Medicaid, children’s Medicaid, percentage programs, and share-of-cost programs are all integrated into a single eligibility system like CBMS, but agencies that administer Children’s Health Program (CHP) and elderly care would rely upon interfaces to the eligibility system to keep up to date records about a client’s medical benefit history. Most states, such as Texas, Florida and California have state-level medical record systems that rely upon the eligibility

system as well as all other medical systems in the state to update data regularly via interfaces.

The development of a fully integrated eligibility system will require more time than a purely interface-based system, due to the added complexity of the eligibility logic, and the need to reconcile business processes. However, the ongoing maintenance of the fully integrated system would be less onerous and much more economical than an interface based system, as all changes would be consolidated into a single system.

Colorado's CBMS system most closely resembles the fully integrated model. CBMS handles cash programs, most 'core' Medicaid programs, and cash-based Medicaid. In terms of client and worker population, the State is well scaled to continue supporting this kind of integration. But it does have some interfaces to medical program agencies, so the State has elements of both models in its current process. In that context, it is unlikely that the State would benefit from a transition to this more distributed model of eligibility determination across multiple systems, as it would negate much of the investment made in CBMS to date.

Recent Marketplace Trends in Eligibility Processing

In addition to the two primary eligibility process models, Deloitte Consulting has been involved with implementing and/or supporting some of the newest innovations in the marketplace.

Call Center Processing

From a business standpoint, a new "call-center" approach has become more prominent. In such a model, there is no longer a concept of a case worker based case load. That is, cases are not assigned to single individual. Rather, they are dynamically reallocated to workers based upon the location of the client and/or the office in which the case is administered. Indiana and Texas currently use this call-center model in Pilot counties where they've implemented their integrated eligibility system and/or their new business process. Workers become generalists across programs, and use a system that features the integrated eligibility processing model to handle case and medical programs simultaneously.

Done properly, this model can improve the response rate to clients by ensuring that no single individual is overloaded with cases. This is important to states like Texas and Indiana where the size of the population relative to the worker base is high. Additionally, it can help to standardize how eligibility is administered statewide by encouraging use of the eligibility system to make the determinations and manage case functions.

However, this model requires stringent business process standardization and thorough training across all programs supported by the eligibility system. This is because the model is highly dependent upon workers administering cases in a consistent manner, so that they can easily interpret and understand changes and/or updates made by previous workers. Key data such as eligibility dates, income classification, and household composition need to be precise, or the eligibility results will be incorrect and other workers may further corrupt the case data with "experimental" changes in an attempt to correct the case. For these reasons,

the implementation of this model can be challenging, and at a minimum should be approached on a phased basis. The implementation should also include a comprehensive training and certification program for workers.

Web-based Self-Service Screening

In many states, the ability to apply and get screened for benefits required the client to come to the office and apply in person. The one alternative for medical programs is the mail-in application that is primarily used for aged and/or disabled applicants. But with the Internet, potential clients can apply for benefits in libraries, computer labs, or even their own home through the use of a self-service screening application. This Web-based tool works in conjunction with a state's eligibility system to pre-screen applicants, and forward potentially eligible clients to a case worker. Not only do clients get access to benefits faster, but workers tend to spend more time only on potentially eligible clients.

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Figure 16.

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Figure 17.

By providing a user-friendly interface online, states are able to simultaneously improve client access to benefits while reducing workload on case workers. <section modified for public response> The only limitation to this solution is the resources available to the client population. If Internet access is limited across the state, or if the client population does not have the resources needed to perform basic computer functions, then the adoption rate can be hampered.

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Organizational Information (Required)

Section L

RFI

All respondents should respond to this section. Even if you respond to only one question from sections A – K, please answer this section and provide background on your organization.

- 1. In two (2) brief paragraphs, please describe your organization.*
- 2. Please include contact information, including the organization name, individual name, phone number, and e-mail address.*

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Contact Information

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