

September 10, 2008

Ms. Katherine Quinby
Department of Health Care Policy and Financing
Contracts and Purchasing Section
1570 Grant Street
Denver, CO 80203

Dear Ms. Quinby,

ACS is pleased to submit this response to the State of Colorado's RFI Number HCPFKQ0902RFICE, in which the Department of Health Care Policy and Financing seeks information on ways to modernize eligibility determination processes. Based on our understanding of the Department's requirements and our extensive experience in eligibility systems and services across the country, we offer a number of recommendations for establishing and operating a centralized eligibility program. We hope they will be useful in determining the requirements that best fit the needs of Colorado and its Medicaid and CHP eligibles. Our responses to the RFI questions are attached. Should you have any questions, please do not hesitate to contact me.

Sincerely,



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INTRODUCTION

The Department of Health Care Policy and Financing is looking for ways to expedite application processing and improve the overall management of eligibility determination. Possible solutions include the implementation of centralized eligibility processing and improved business practices, with the retention of strong county office relationships and the personalized services that those offices currently provide.

ACS has a long and successful history in providing eligibility services and implementing the systems that support them. In this response, we have provided the requested information on our eligibility-related experience and capabilities. More importantly we have laid out a number of recommendations for eligibility modernization in Colorado, based on the Department's objectives and our own experience in addressing similar goals in other states. We include recommendations for improvements in document and workflow management, customer service, and business processes. The following sections of this response provide details of our suggested approaches and processes. These approaches are based on a set of key recommendations that we summarize as follows.

- Provide the winning contractor access to CBMS. This will allow the contractor to:
 - Automate the interface between the CBMS and the bidder's EDMS for faster, more accurate data exchange (Proposal Section A. Electronic Data Management System)
 - Develop more efficient workflows (Proposal Section B. Workflow Management)
- Require bar-coding on outbound documentation for easier tracking (Proposal Section B. Workflow Process Management)
- Require an electronic authentication protocol for a faster, online application process (Proposal Section B. Workflow Process Management)
- Require an IVR solution to triage incoming calls and provide automated services 24 hours per day (Proposal Section C. Customer Contact)
- Require staff retention initiatives (Proposal Section D. Personnel)
- Require a centralized training program for consistency among all processing entities (Proposal Section D. Personnel)
- Retain county experts for face-to-face interviews, local data gathering, and outreach support to maintain community connections and knowledge base (Proposal Section E. Leveraging County Expertise)
- Require the winning bidder to implement the project in phases (Proposal Section F. Implementation)
- Clearly define file transition protocols and formats, as well as schedules for data exchange in the RFP (Proposal Section G. Long Term Care Applications)
- In the RFP, thoroughly identify data sources and reporting requirements for measuring program performance (Proposal Section I. Data)

- Require bidders to identify methods for maintaining personalized service at a centralized, State facility (Proposal Section J. Eligibility Process)

In addition to these RFI-specific recommendations, we suggest the Department provide a demonstration of CMBS prior to or immediately following RFP release to give bidders a solid understanding of the system's workflow and functionality for developing the most appropriate technical solution. Site visits to some of the busiest county offices prior to or immediately following RFP release will also help bidders enhance daily operations in a future contract by observing current practices. Taken together, we believe these recommendations will help HCPF develop an effective RFP and oversee the establishment and operation of a successful centralized eligibility program.

A. ELECTRONIC DOCUMENT MANAGEMENT

REQUIREMENT

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

1. Conversion – 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?
2. Quality Control – How could the quality of scanned documents be efficiently assessed? How could scanned documents be efficiently maintained? What successful measuring tools or methodologies have been employed by the responder?
3. CBMS Interaction – 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.
4. Implementation – Provide information about how the Department might accomplish the implementation of a paperless application process.
5. Best Practices – Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.
6. Cost estimate (per item or in total) – 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.

A.1 Conversion

Optimally, ACS recommends the use of a central location for receipt of all Medicaid and CHP+ applications. Paper applications can be mailed to a single post office box and the online applications can be transmitted to a customer service representative for confirmation and verification prior to sending to the worker. In addition, we recommend the automation of verification assessments to notify the applicant that additional supporting documents are required, and that documents were received. That, along with the implementation of workflow processes to manage the application flow, provides an application for processing by the worker that has passed through quality control checks. We also recommend a new

HIGHLIGHTS

- Integrate solution with CBMS
- Centralize receipt of applications
- Tie imaged records to case files
- Implement workflow to manage application status

business process to handle the SPAs that contain request for assistance for the Medicaid and CHP+ programs to maintain the integrity of managing all Medicaid and CHP+ applications and associated documents. Once all the documents are centralized and scanned into a single repository, access to the stored images can be accomplished via the CBMS application (as we will recommend within this document) or via the document management solution provided by ACS. Access to this information by HCPF staff, their supporting entities or by CDHS is dependent on security roles and access as determined by the Department.

Our experience with call center services and eligibility and enrollment spans the Colorado Department of Human Services and HCPF. We understand how the State operates, and we offer a solution that is designed for this initiative. To support the eligibility modernization effort our recommendations include:

- Developing an interface to linked indexed scanned files to case records within CBMS
- Enhance the CBMS to include an online application with edit functions to reduce data errors and provide for the electronic submission of the application
- Implementing fax capabilities that would allow the county agencies using SPAs to submit the applications for Medicaid and CHP+ to the ACS central facility
- Implementing fax capabilities for use by CDHS and HCPF to streamline the integration of the single document management system

Centralized Imaging

In this model, rather than documents being mailed to individual HCPF authorized agents, they are instead sent to the central post office box, then, taken to a processing center where the scanning operation is optimized. The scanning operation will follow an assembly line process that includes envelope splitting, staple removal, barcode batching (if there is no barcode present on the documents), scanning, and image linking and heads-down transcription. All of these processes will be overlaid with shop floor control software to manage Pareto-based quality assurance of images, service level achievement, and other quality factors. The speed, quality, and throughput of this type of document processing operation should far exceed that of the local office.

A.2 Quality Control

Controls are assessed by internal audits and testing to verify that the systems are working properly. In addition, they are assessed through the quality assurance process. Each day, quality assurance is measured and adjustments made based on those results to verify that a project is maintained at or above the standard expected.

Our quality assurance teams are held to the highest standards. Each of our clients has service level agreements, and these agreements are starting points for the quality team. The quality team is to strive for perfection above and beyond what is expected. For some clients, we work with very high service levels, and these levels are consistently maintained and exceeded. Our processes include image cleanup by recognition and enhancement functions including:

- Alignment: This technique straightens pages that have been scanned slightly crooked due to mechanical tolerances in the scanner's document feeder.
- Shade removal: This component removes the gray shaded backgrounds found on some forms or areas within some forms.
- Speckle and streak removal: These techniques remove small speckles and streaks caused by dirt in the scanner feeder or noise in the scanner.
- Line removal: On typewritten forms, words are frequently typed so that they cross over the lines on the form. Line removal erases the lines on the image and then reconstructs the characters so they can be recognized.
- Edge enhancement: A set of filters sharpens the edges of characters.

A.3 CBMS Interaction

Once an image is in the system we must perform many required actions. We do this by generating alerts to request that an individual worker, or a perhaps a group of users, takes the next step. For this reason, the document management solution will need to message the CBMS and request that an image be linked to a client/case and perhaps classified (if it was miscellaneous correspondence). Once an image is linked and classified, another message may be triggered to assign the next task, such as a notice to staff to use the image to perform verification of specific data elements. This is an automated function within ACS' imaging and documentation system, but, this interaction with CBMS must be designed as part of the implementation phase of the project.

In order components of the document management solution to properly interface with CBMS, we recommend that CBMS be enhanced to link to with the document management solution. Once updated with the required changes, any user of the CBMS would be able to retrieve images of documents related to their case.

A.4 Implementation (section modified for public response)

More and more, states are moving toward electronic case files and paperless systems. Case management systems use electronic signatures, and online applications and screening tools to eliminate the need to physically file a paper document and increase access to client files and information. The implementation of a document management system eliminates the need to retain paper files and with the implementation of an online screening and application, the Department can easily move towards a complete paperless

environment. Supporting documentation may always have to involve paper, but with the implementation of the EDMS system the hardcopies are maintained by the office and agency once faxed or scanned. This supporting documentation can then be automatically linked with the paperless application. We recommend a website that provides a single point of entry for Medicaid applicants to conduct prescreening and to submit applications, contact the customer services center, and update or access their personal information at a time convenient to their personal family situation. We describe the eligibility pre-screening tool and online application below.

Eligibility Screening Tool

An interactive, preliminary eligibility screening tool, as used in Texas, Virginia and Tennessee, reduces the number of non-qualified applications that are submitted unnecessarily. Prescreening also helps relieve applicant frustration for many who, otherwise, would anxiously wait—only to receive a negative eligibility determination. This preliminary eligibility tool incorporates financial and non-financial criteria, based on program requirements and applicant information.

Clients can visit the Colorado HCPF website to find out if they may be eligible for benefits or apply for services, such as Medicaid and CHP+. Clients also are able to view program specific information and read about the policies that govern their eligibility. The client enters information and the eligibility screening tool provides information regarding potential program eligibility for themselves and other household members. The client is given an estimate based on very high-level rules, which is simply an indication of eligibility. To get an official eligibility decision, the customer must submit an application, which can also be completed online. Once submitted, HCPF reviews the application and contacts the applicant to set up an appointment if required.

Online Application

States are also moving toward multi-channel input and self-service. Our self-service applications are easy for the customer to understand and navigate. We accomplish this by implementing directions that guide the customer through the application questions. Once completed, the customer is able to submit the application online. Over the past several years, we have seen a significant increase in Web usage by the Medicaid-eligible population. For example, in California, 73 percent of the population uses the Internet, including approximately 40 percent of Medicaid-eligible constituents who access the Internet to apply for programs such as Medicaid.¹ In Tennessee, applications are submitted for all programs or for the Medicaid only population with over 6,000 applications being submitted monthly. With current research indicating more than 75 percent of Virginia's citizens using the Internet, Web-based applications allow the

¹ Susan Fox, "Wired for Health: How Californians compare to the rest of the nation: a case study sponsored by the California HealthCare Foundation" Pew Internet and American Life Project, embargoed until 5pm Eastern on 14 December 2003.

Department to reach a wider audience and offer applicants a convenient method for applying at any time.

In the exhibit below, we provide an example of our solution for the Tennessee Department of Human Services which include the state's Medicaid program.

Tennessee Online Application

The screenshot shows the Tennessee Department of Human Services online application interface. The header includes the Tennessee state logo, the text "TENNESSEE.GOV", and the slogan "Helping Shape Tennessee Lives". Below the header, it identifies the "Department of Human Services" and "Gina Lodge, Commissioner". A navigation bar contains "Help" and "Logout" links. The main content area is titled "Welcome to Tennessee's Department of Human Services Application for Family Assistance". It prompts the user to "Please choose one of the following" with four radio button options: "I am applying for myself.", "I am applying for myself and other household members.", "I am applying for someone else (not me) in my home.", and "I am applying for someone not in my home." Below this, it asks "Which program(s) do you want to apply for?" with four checkbox options: "Families First- Cash Assistance for my family", "Families First- Cash Assistance for a child that is not mine but related to me", "Food Stamps", and "TennCare Medicaid". A fifth checkbox option is "Nursing Home Medicaid Coverage or Home and Community Based Services (HCBS)". A "next" button is located at the bottom right of the form area. On the left side, there is a "Your Progress" sidebar with a list of steps: Getting Started, Household Basics, Household Detail, Income, Other Income, Expense, Resource, Summary, and Signature. Below this is an "Info Center" section with a "How To..." heading and a list of instructions, including: "A User Name and Password must be at least 8 characters long. They are case sensitive. Passwords must have at least one number. You must pick a security question from the list we give. You will supply the answer. If you forget your password, answer your...". At the bottom left, there is a copyright notice: "© 2007 Tennessee Department of Human Services".

Applications are submitted for individuals or family members and for one or more programs

Applicants appreciate the convenience of an online form, especially when pop-up screens explain exactly what kind of data is needed. A submission confirmation page can be printed and mailed or faxed with copies of required verification documents. The optional use of electronic signature further simplifies the application process and increases the application rate. The completed form can be immediately submitted via secure transmission protocols. With enhancements to the CBMS system, this data can automatically populate the database thus reducing worker time and effort. In addition to facilitating the application process, the online completion of an application improves the quality of information provided and received for processing through on-line field edits. For example, with online applications at the ACS Texas SCHIP project, we realized a greater than 70 percent application completion rate, significantly reducing the number of applications that had to be returned for missing information. Online applications transmitted to a centralized system:

- Increase processing speed
- Improve data quality and integrity
- Reduce paper applications and related storage costs
- Reduce or eliminate manual data entry
- Reduce or eliminate lost mail or misdirected faxes

A.5 Best Practices

ACS does not have EDMS best practices to offer the Department at this time.

A.6 Cost Estimate

Please refer to Response Section H. Budget Cost Estimates.

B. WORKFLOW PROCESS MANAGEMENT

REQUIREMENT

Please describe how the Department could approach workflow process management:

1. Process – Present possible work plan(s) to route electronic documents to achieve and maintain a high level of application efficiency, timeliness, and accuracy.
2. Tracking System – What type(s) of tracking system could be used to track applications through the eligibility process? How could this work with an integrated process?
3. Workload Distribution – To ensure maximum efficiency, the Department would like to distribute workload by complexity of each application. How could applications be assessed and routed to the correct eligibility staff? Please detail how applications could be stratified by complexity and how each complexity level would be assigned to a different staffing level.
4. CBMS Interaction – Provide information on how available technology for workflow process management could be used to exchange information, interact and/or interface with CBMS to provide enhancements to the eligibility and enrollment process.
5. Best Practices – Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.
6. Cost estimate (per item or in total) – 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.

ACS has led centralization efforts for various combinations of health care eligibility processing in New Jersey, Virginia, Connecticut and Colorado. Through these efforts, we have developed and refined workflow process management practices for centralizing geographically and inter-agency dispersed models of program administration. Below we lay out our suggested approach to workflow process management for the Department for a centralized eligibility program.

B.1 Process

When re-engineering business processes related to document management, an organization should streamline operations by leveraging processes and technologies that establish a single point of accountability. Such re-engineered processes reduce administrative expenses, increase efficiency and productivity, and improve program responsiveness and customer satisfaction. Key elements of workflow process management for electronic document management and routing for a health care eligibility system include:

- Electronic document management system (EDMS)
- Centralized document processing facility
- Loading documents to the EDMS
- Indexing documents
- Ensuring quality of loaded documents
- Notifying eligibility system (system of record) of received documents
- Accessing documents by authorized entities

Each of these key elements is explained below.

Electronic Document Management System (EDMS)

A key element or workflow process management is a centralized EDMS in which all documents are stored. This element was covered above in Proposal Section A. Electronic Document Management. ACS recommends that the Department implement a model where EDMS services are outsourced and provided by a third party. Thus the Department would not need capital investments to purchase and maintain the hardware, software and facilities to host such a solution. Further, the outsourced solution should provide business continuity services for at least the same level of protection as the Department's business continuity/disaster recovery plan for CBMS.

Centralized Document Processing Facility

Another key element is the implementation of a centralized document processing facility. Centralizing document processing activities puts the Department in a position to streamline processes, implement tight quality control, and operate with minimal staff in a cost-effective manner. The centralized document processing facility would receive and handle all documents that would otherwise be kept in paper based client case folders, e.g., applications, supporting documentation, etc. These documents are sent to the processing facility by a number of channels, e.g., mail, fax and/or email.

Loading documents to the EDMS

A third key element is loading of received documents to the EDMS. Loading of received documents would typically be in bulk using high-speed scanning equipment. ACS recommends that the Department use bar-coding for all outgoing correspondence that may be returned for processing, such as: applications, renewals, health plan selection forms, or information-request letters. When a bar coded document is scanned for loading into the EDMS, the bar code allows for auto-identification and population of some indexing information, e.g., document type and client/case identifier.

As a possible consideration, the most efficient processing of paper application forms is by optical character recognition (OCR) technology. Through the use of OCR-compatible software that "reads" each character/field, it is possible to auto-populate system fields. Completed applications and other required forms can therefore be scanned and data entered in a single process. Employing an EDMS, in conjunction with OCR technology, can significantly reduce the number of staff needed to process, distribute, and enter data from paper applications and related documentation.

Indexing documents

A fourth key element is the indexing of documents once loaded into the EDMS. Indexing is the process of associating various pieces of data to the document for identification and process handling. Examples of typical index data are a document identifier, document

type, client/case identifier, etc. Upon loading a document into the EDMS, it is then distributed to staff dedicated to indexing documents. Distribution rules are set up that ensure efficient distribution. Indexing personnel can be centrally located or spread out. They use intelligent workflows that are conducive to accurately indexing documents.

Ensuring quality of loaded documents

A fifth key element is the quality assessment of documents once loaded into the EDMS and indexed. Upon loading a document and indexing that document, it is then distributed to appropriate staff to review the document and indexing for quality control. Documents are reviewed for image quality and index data quality. The indexing and quality control tasks can be done by the same staff in a single step if desired.

Notify eligibility system (system of record) of received documents

A sixth key element is notifying the integrated eligibility system (system of record) of documents received by the EDMS. For the Department, the eligibility system is the CBMS. After a document is loaded, indexed, and assessed for quality, it is then sent to the eligibility system. The document image itself is not sent, but only the index information for the document. After notification of receipt by the EDMS, the eligibility system then handles the distribution of the document to the appropriate staff. This is covered in more detail in Section B.3 Workload Distribution.

Accessibility of documents by authorized entities

The final key element is document accessibility by authorized entities. Personnel manage documents, e.g., load, index, assess quality, and provide report level data to executives on stored documents. They must have secured access to documents on the EDMS that provide sophisticated search mechanisms, intelligent workflows, and flexible reporting capabilities.

Users of the eligibility system, e.g., CBMS, should be able to access documents via the eligibility system. An interface is required between these two systems to provide this access. Access points in the eligibility system should be designed such that as a user is viewing/changing client and/or case data, that user also has access to all documents stored on the EDMS related to that client/case. Every access occurrence of a document on the EDMS, no matter who accesses it, should be logged to produce the audit trail required for HIPAA compliance.

B.2 Tracking System

Good workflow management of electronic documents provides meaningful and reliable tracking. Retention and retrieval of original documents by a centralized source with tracking controls will assist the Department in locating source documents. The following

points address the types of tracking available to follow documents through the eligibility process with consideration given to employing an integrated eligibility process:

- Tracking of electronic documents spans the EDMS and the integrated eligibility system, i.e., the CBMS. ACS believes it is necessary to leverage the inherent capabilities of the integrated eligibility system as part of distributing, tracking and handling of electronic documents.
- Tracking of documents within the EDMS ends at the point of notification/delivery of the document from the EDMS to the integrated eligibility system.
- Within the EDMS, each document has associated index information for tracking. Possible examples of such data are:
 - Document identifier
 - Document type
 - Appropriate business identifier, e.g., client identifier, case identifier, household identifier
 - Document receipt date
 - Programs applied for (applicable for applications)
- The EDMS notifies the integrated eligibility system, i.e., the CBMS, of a given document by passing the documents associated indexing data. The primary link for electronic documents between the EDMS and the eligibility system is the document identifier. The secondary link is the associated business identifier, e.g., client identifier, case identifier or household identifier.
- The EDMS should provide capabilities of searching documents, alerting staff to the status of documents (based on pre-defined criteria), and flexible reporting of documents to support tracking requirements.
- Upon notification/delivery of an electronic document to the integrated eligibility system, that system takes over the tracking of the document through the remainder of the eligibility process.
- The integrated eligibility system should also provide capabilities for searching applications, alerting staff to the status of applications (based on pre-defined criteria), and flexible reporting of applications to support tracking requirements.

B.3 Workload Distribution

Smart workflow distribution is an important aspect of ensuring productivity, efficiency, and responsiveness in processing applications. In Proposal Section B.1 Process above we covered workflow distribution for handling indexing and quality assessment tasks within the EDMS. This section covers workload distribution for applications once the integrated eligibility system is notified of the receipt of an application by the EDMS.

Paper applications, although common, are just one method of applying for program benefits in an integrated eligibility environment. Other methods of applying include in-

person applications and the submission of online applications through a Web portal. No matter the method of application, all applications are registered and processed by the integrated eligibility system, i.e., the CBMS.

Workload distribution processes must account for all methods of applications. Since the integrated eligibility system must process all applications, has all data necessary to make workflow distribution decisions, and is aware of all staff that process applications, ACS recommends that workload distribution of applications be handled by the integrated eligibility system. Applications can be assessed for distribution using any combination and number of data elements and conditions. Personnel who are assigned applications could be individuals, teams of individuals in a given location, teams of individuals spread out over multiple locations or any combination of these.

B.4 CBMS Interaction

Cost-effective and proven technology exists that provides for systems like the CBMS to interact with a chosen EDMS system within a workflow processes management environment. ACS recommends that the CBMS be enhanced using Web-based technologies to implement an EDMS Gateway. This EDMS Gateway would act as a broker for all interactions between the CBMS and the EDMS. We would see the interaction points as:

- **Notification of document receipt from an EDMS to the CBMS.** Once an electronic document on the EDMS is ready, the EDMS sends a notification record to the CBMS. This notification record would contain all necessary indexing information, e.g., document identifier, document type, client/case identifier, etc., so that the CBMS can accurately identify and handle the new document for disposition and workload distribution purposes. (Note that document images themselves are not sent as these are only stored in the EDMS. If the capabilities exist in CBMS, these interactions should take place online and real-time. Optionally these interactions can take place in a batch mode at least once per day.)
- **On demand online, real-time access of documents on an EDMS by the CBMS.** From strategic points within the CBMS, users should have easy access electronic documents. One example is to be able to search for all documents associated with a particular client. When presented with the list of these documents (just showing the index information), the user could subsequently click on the desired document to see that image. Viewing of electronic documents should be done using software that provides features to the user to zoom in or out on the document, rotate the document and, if needed, annotate the document.

There could be additional interaction points depending on the workflows decided upon by the Department.

B.5 Best Practices

ACS as implemented similar model/solution features discussed above for workflow process management in Florida and New Jersey. Each implementation has resulted in significant improvements in efficiency and timeliness in comparison to past practices.

B.6 Cost Estimate

Please reference Response Section H. Budget for all information related to cost estimates.

C. CUSTOMER CONTACT

REQUIREMENT

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

1. Face-To-Face Contact – 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?
2. Customer Contact Model – 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?
3. Triage for All Calls – 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.
4. Contact Tree – Describe the contact tree from first point-of-contact throughout the triage process, both for eligibility calls, and non-eligibility calls.
5. Client Satisfaction and Outcomes – What are your recommendations for how the Department could evaluate and measure client satisfaction and outcomes?
6. Best Practices – Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.
7. Cost estimate (per item or in total) – 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.

A customer contact center is the backbone of a successful implementation of centralized eligibility and we understand the need to employ an efficient, seamless, and customer-focused operation that not only meets, but exceeds customer expectations.

A centralized customer contact center is essential to the centralized eligibility goals of timely, accurate, predictable and consistent eligibility and benefits delivery for CHP+ and Medicaid clients. Throughout this section, we make recommendations for centralizing the customer contact center. In addition to our call center expertise, these recommendations are based on lessons learned and best practices developed through more than 32 years of population health management operations.

C.1 Face-to-Face Contact

For working families with children and those who may not have access to or be able to afford transportation, reducing the need for face-to-face and phone contact is essential to simplifying and streamlining the application process.

The key to decreasing the need for face-to-face and telephone applications is the use of self-service options for applications. Self-service options provide applicants with opportunities for applying and staying in the program without leaving the convenience of their homes or offices. ACS recommends providing multiple methods for families to apply for coverage, inquire on their application status, and access benefit information through the tools described in this section.

Accuracy and Consistency

As the current CHP+ vendor, ACS recognizes the opportunities of a centralized processing system – consistency among processing sites, reducing or eliminating referrals between sites, and reducing the inaccuracies that occur when multiple entities have separate responsibilities in the process. To maximize the benefits of a centralized processing system, ACS recommends applying the following:

- Centralized training procedures and programs for all CHP+ and Medicaid staff, so that all documents are processed with the same guidelines and all client inquiries are handled consistently
- Clear and consistent client correspondence to reduce the number of client inquiries received by the call center unit.
- Extensive and effective quality control measures for all possible points of failure throughout the application processing and customer contact operation.

Website Resources

Currently, the application is available to download and print on both the CHP+ and Department websites; however ACS receives many inquiries from the public about online applications. CHP+ and Medicaid would benefit from creating a central website (possibly an expansion of the current CHP+ public website) in which application and screening tools can be made available to both potential and returning clients.

As mentioned in Response Section A.1 Electronic Document Management System, ACS has successfully implemented online application tools on several of our SCHIP projects – for example, at the ACS Florida Healthy Kids operation, 70 percent of all applications are electronically received and approximately 50 percent of all new Virginia FAMIS (SCHIP) applications are received via the Web. Providing web-based applications will allow the Department to reach a wider audience and offer applicants a convenient method for applying for health coverage at any time, without the need for face-to-face or phone contact.

Satellite Application Processing Centers (section modified for public response)

In some cases, the need for face to face or telephone contact cannot be eliminated, such as when citizenship and identity documentation is needed, as required by the Deficit Reduction Act (DRA) of 2006. We also understand the State’s preference for continued involvement of county offices in the eligibility process, and we recommend retaining face-to-face applications at these offices as an option.

C.2 Customer Contact Model (section modified for public response)

ACS operates 25 call centers nationwide for our state health care clients alone. These call centers answer more than 15 million telephone calls annually from more than 20 million beneficiaries participating in Medicaid, CHIP, enrollment broker, and pharmacy benefits management programs. Based on our experience and familiarity with call center operations and our knowledge as the current CHP+ vendor, we feel that two customer contact models should be considered for the centralized customer contact center.

C.3 Triage for All Calls

ACS recommends the centralized customer contact center be equipped with an Interactive Voice Response (IVR) system to immediately triage calls and ensure that caller inquiries are addressed in a quick and efficient manner. The effective design and implementation of IVRs have proven to increase caller options to self-serve their account without waiting in queue to speak with a live agent. IVRs can provide automated information 24 hours a day, seven days a week (though callers may also speak with a representative during business hours). At our Pennsylvania Enrollment Broker project, an IVR system effectively captures 30 percent of the incoming calls without the intervention of a live agent. The Virginia FAMIS project experienced a 20 percent reduction in the number of calls that required a live representative's assistance. Based on our experience handling and analyzing over 672,000 CHP+ member and applicant interactions, we recommend an IVR solution that:

- Ensures capacity to accommodate any spike in calls related to an expansion of the CHP+ or Medicaid programs, changes in technology or program policies/processes, or other program modifications
- Allows callers to select their needed language upon entry into the IVR system while also providing informational messages and prompts in English and Spanish
- Provides access to critical applicant and member-specific enrollment and eligibility information as well as program information 24 hours a day, seven days a week
- Provides simple instructions for navigating through the various IVR options in English and Spanish reducing the likelihood that callers will transfer out of the IVR system to a CCR
- Allows callers entering the IVR system during normal business hours to speak to a live CCR at anytime while in the system

We recommend an IVR system that extracts detailed status information from one of the program's eligibility resources (i.e., CBMS or MMIS) based on the caller's selection and

entry of an identifier such as case number, social security number, date of birth, or identification number.

Central Call Center for All Health Care Programs

Although the central customer contact center would mainly handle inquiries regarding CHP+ and Medicaid, with the appropriate training and resources, customer service representatives can easily be equipped to provide referral information, general information, and overall assistance with other Colorado health care programs and resources. ACS recommends general information, including contact information and the ability to transfer callers to other government program units be included in the IVR system. In addition, program referral information should be included in the training curriculum for all customer service representatives.

C.4 Contact Tree

Because each caller is unique, we recommend the IVR offer many options with easy navigation. The caller should be able to quickly select the option that is most appropriate, such as requesting an application or speaking with a representative. It is important to provide the caller with the option to talk with a call center agent to avoid frustration with the IVR.

C.5 Client Satisfaction and Outcomes

ACS recommends a comprehensive approach to collecting, evaluating, and measuring client satisfaction and the outcomes of client interactions with the central processing unit. We understand the importance of a positive customer experience and the effect a negative or inaccurate experience can have on program enrollment and enrollee retention. We suggest using multiple methods of gathering data to ensure that a broad range of clients are included and to allow CHP+ and Medicaid clients multiple opportunities and vehicles for submitting their comments and suggestions. Automated customer satisfaction surveys in the call center as well as surveys on the website offer easy, convenient access to clients, providers, and other stakeholders.

C.6 Best Practices

As a leader in the government health care sector, we firmly believe that quality customer service is the backbone of any eligibility and enrollment operation. ACS recommends the following best practices to ensure a successful call center operation for the centralized eligibility center:

- **Self-Service for Clients.** By providing an IVR solution and an online application, clients can take ownership of their health care eligibility and receive

the information they need at any time day or night. The Virginia FAMIS SCHIP project experienced a 20 percent reduction in the number of calls that required a live representative's assistance.

- **Consistency and Accuracy.** Establishing consistent policies and procedures among all processing sites throughout the State ensures that all applicants are treated fairly and that all applications are handled appropriately, accurately, and rapidly.
- **Customer Focused Support.** Providing a team of trained customer service representatives who are able to quickly respond to all inquiries, automated reminders, and consistent customer satisfaction review ensures that clients receive what they need, when they need it, and in a manner that exceeds expectations. In our New Jersey call center operation, we were able to reduce the number of repeat callers and overall call time by creating specialized teams within our unit. Face-to-face support at a county office would be retained as an option.

C.7 Cost Estimate

Please refer to Response Section H. Budget for more details about our cost estimates.

D. PERSONNEL

REQUIREMENT

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

1. Training Plan – Please detail a training plan that would allow for quick ramp-up of new staff to allow for consistent service, even with high turnover.
2. Workforce Program Personnel – Detail any responder experience utilizing 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.
3. Turnover – 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.
4. Best Practices – Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.
5. Cost Estimate (per item or in total) – 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.

ACS recommends the Department require and participate in change of leadership and communication sessions to ensure that staff in the county offices and other State staff understand the goals, the changes that will take place, and the expectations of all staff and contractor staff involved. Please refer to Response Section F. Implementation for more details.

D.1 Personnel-Training

To ensure successful transition to centralized eligibility, it is imperative that an effective training plan be developed, accepted by HCPF, and in placed during implementation, prior to transfer of any responsibilities from county to centralized operations. Following are our recommendations. ACS recommends a training that includes the following components:

- Dedicated onsite training staff to oversee all initial and ongoing training efforts who can travel or provide web-based trainings for regional staff
- Centralized and consistent training programs for all staff who process CHP+ and Medicaid applications (include regional county workers)
- Online document repositories where reference and training materials are available instantly to all staff, regardless of location
- Comprehensive testing, both during and after training classes
- Regular ongoing trainings and group refresher courses to ensure skill retention

Quick Ramp-Up

In our call center operations, we build our training programs around providing a full training program, all-inclusive reference materials, and ongoing refresher trainings, all while keeping operational needs in mind. For example, in our New Jersey call center operation, we recently restructured our training program to enable new staff to begin taking calls accurately in a quick turnaround time. Through this reorganization, new call

center representatives receive the least complicated calls (through IVR routing) during their initial period on the phones. As time passes, we slowly add new responsibilities. Through this, staff can quickly be added as needed to the unit with a minimal amount of ramp up time.

D.2 Workforce Program Personnel

Reaching out to community organizations, county offices, and the unemployment commission for potential employees is a standard approach for ACS and we use it across our Medicaid and SCHIP eligibility contracts. In some cases, the population who use these services may have personal experience with CHP+ and/or Medicaid, putting them in a prime position to better assist applicants and callers through a process that they may have been through themselves. Our New Jersey operation, for example, regularly reaches out to the State's "Welfare to Work" program when filling open employment opportunities.

ACS recommends creating and displaying employment posters and flyers in workforce program locations to actively recruit employment applications. In addition, to recruit potential employees from the CHP+ and Medicaid populations, we suggest requiring an "Employment Opportunities" link on the CHP+ and Medicaid websites to further outreach activities.

D.3 Turnover

Across all lines of business, customer service and data entry operations generally have periods of high turnover. At ACS, we have counteracted the effects of high turnover by creating employee growth opportunities and through various initiatives to increase employee morale.

Turnover during Implementation

To curb turnover during the implementation of a centralized processing unit, it will be important choose a vendor that offers employees fair compensation, a comprehensive benefits package, and a solid, well prepared training plan to prepare employees for the possibly difficult transition with maximum flexibility on the day to day staffing management. At ACS, we believe in investing both time and money into training programs to ensure a qualified, knowledgeable staff. For example, our Denver DHS Family and Adult Services call center had a turnover of 19.4 percent in May 2006 that was reduced to 5.2 percent in May 2007 shortly after the introduction of a new incentive program.

Ongoing Employee Retention

At ACS, we firmly believe employee retention revolves around multiple factors. We strive to provide a positive working environment that is beneficial to both employees and the company. We encourage our onsite management staff to invoke the following principles to maintain a high employee retention rate:

- Managers are encouraged to coach employees toward a positive outcome versus disciplinary action that pits a manager against his or her team member.
- Team building and morale boosting activities are regularly sponsored by ACS at all of our operations.
- Ongoing training, one on one meetings, staff meetings, and daily “check-in” meetings are required of our management staff and team members
- Managers work closely with our Human Resources Recruiting Center to pinpoint the right person for every position.

Overstaffing for Turnover Rates

In general, ACS does not promote overstaffing to accommodate turnover rates. Rather, we recommend planning for and ultimately reducing turnover rates through operational efficiencies. For example in our Colorado CHP+ call center, we crosstrain personnel in different departments to accommodate fluctuations in staffing or volume. Each department is ready and willing to assist other departments if needed and many times, this allows our management staff ample to time to replace open positions, all the while meeting or exceeding service level agreements.

D.4 Best Practices

ACS is not only a leader in the government health care industry, but we are also a leader in Colorado as the current CHP+ and MMIS vendor. We offer not only CHP+ and Medicaid specific knowledge and experience, be we also gather our data and recommendations from our many government health care contracts. Based on this wealth of knowledge, ACS recommends the following best practices to ensure a successful training and staffing plan for the centralized eligibility unit:

- **Comprehensive Training Plan.** As we have experienced in both our Colorado and New Jersey operations, a quick ramp up time for newly hired employees is dependent on a thorough training plan which is complimentary to all methods of learning, as well as on a dedicated staff with the knowledge and capabilities to prepare staff to comfortably set out into a high volume work environment. In Colorado, we recently implemented a new and improved call center training plan that reduced training spans from three weeks to two, all the while maintaining the integrity of the information and skills learned during the training class.

- **Employee Retention Plan.** Through new compensation plans offered by ACS, we have reduced our overall employee turnover rate throughout our North American operations. In a third party analysis, it was concluded that staff in the new compensation program stayed 3.36 times as long as staff not compensated using the new initiative.

D.5 Cost Estimate

Please refer to Response Section H. Budget for further information on our cost estimates.

E. LEVERAGING COUNTY EXPERTISE

REQUIREMENT

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.

Leveraging the expertise of county staff is vital to ensuring a smooth transition to centralized eligibility and providing clients multiple routes to apply for and request assistance with their CHP+ and Medicaid eligibility, all the while receiving consistent and accurate information.

We have leveraged county sites and personnel in many of our SCHIP and Medicaid operations and feel it is vital to provide regional outlets for clients who either require or desire face-to-face assistance with applying for health care assistance or supplying additional documentation for their application.

In leveraging current county staff, creating a centralized training program for all personnel who process CHP+ and Medicaid applications will be a crucial component of implementing cohesive and unified central processing organization. In addition, we recommend that all processing personnel be held to the same processing standards, quality control regulations, and service level agreements to ensure timely, accurate, and consistent processing among all entities.

ACS was chosen by the Division of Medical Assistance and Health Services of the New Jersey Department of Human Services to serve as the health benefits coordinator for Medicaid Managed Care programs and the state's SCHIP program. We currently provide eligibility determination and enrollment broker services for both of these programs. We have found success in leveraging with the counties on this project by placing field staff in five regional offices and 13 county offices. Each of these field staff members conduct outreach efforts, including home visits, outbound call campaigns, and facilitate enrollment presentations in 21 county welfare offices. In addition, they each work closely with community based organizations and advocacy groups. We have found that having staff located throughout the state in strategic locations is invaluable to reaching clients in all areas of the State and is highly valued among individuals who prefer in-person contact as opposed to only phone and mail.

In December 2006, ACS was awarded the contract for Indiana Eligibility as part of a coalition of vendors. The State of Indiana had approximately 2100 state eligibility employees in 92 counties. While state employees, they were supervised directly by 92 county directors. These county directors had responsibility for both Children's Protective Services and Eligibility. Although the state had converted from a county-administered structure to a State-administered structure almost 10 years earlier, the county directors still oversaw eligibility staff.

ACS hired approximately 1400 of these state employees in March 2007. We created a management team of approximately 200 staff to manage the remaining state employees. All of these managers came directly from the state and had strong relationships within the local county offices.

One significant feature of the Indiana Eligibility modernized process is the extensive use of telephone interactions instead of requiring clients to come to county offices for all activities. In order to smoothly transition from the county based system to the modernized process, the State of Indiana chose to continue to have a local county office remain open after conversion to the modernized eligibility process. This affords clients the ability to apply for benefits in person with a state employee if they are unable or unwilling to apply over the phone or internet. Once the application is taken by a state employee in the county office, the application is sent to the centralized document processing center where it is incorporated into the normal process.

As the current vendor for Colorado CHP+, we possess first hand experience with the current processes and procedures of coordination between county entities and the CHP+ operation. We feel that leveraging eligibility operations with counties and a central processing unit can be successfully accomplished, provided the appropriate communication, guidelines, and training are in place prior to implementation and are executed in a tactful manner. In addition, we recommend holding several “town hall” meetings with all affected entities to lay the ground work during the entire implementation process to generate positive and open communication.

F. IMPLEMENTATION

REQUIREMENT

Please provide recommendations for how the Department could handle the implementation from multiple county-level processes that determine eligibility to a centralized eligibility contractor, including how a partial implementation may work.

1. Implementation Plan – Provide information about how to accomplish the implementation to a centralized eligibility contractor. If possible, please provide examples of states where you have assisted in implementation from a county process to a centralized eligibility process and how the implementation occurred (in terms of number of counties to start; phasing-in over time, etc.)
2. Coordination with Counties – It is expected that the local county departments of social/human services will remain a point of contact for clients. Provide information to facilitate the county involvement to increase client awareness of Medicaid and CHP+. Where possible, provide examples of how counties have remained involved in other states.
3. Best Practices – Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.
4. Cost Estimate (per item or in total) – 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.

By approaching the implementation in phases and involving stakeholders early, Colorado can minimize the risks of a complex transition and maximize the efficiencies it desires through centralized eligibility operations.

The Department will require an experienced partner that knows how to unite diverse, geographically-dispersed stakeholders into a coherent implementation effort. As the current Medicaid Fiscal Agent and CHP+ contractor, we understand the complexities of working with the community, county, and state organizations that need to be part of this change. HCPF must oversee that this change has a positive impact on stakeholders and program recipients.

F.1 Implementation Plan

A successful implementation is accomplished through a careful balance between structure and flexibility. By requiring structure up front, the Department can be more flexible in ensuring the needs of stakeholders and recipients throughout the implementation and operations of the project. For ACS, structure takes the form of:

- Project Schedule (work plan)
- Risk Management Plan
- Change Management Process
- Readiness Review Process
- Quality Management Plan
- Deliverable Management Plan
- Deliverable Design Documents

These plans and processes, along with reporting requirements during implementation and operations, allow the Department to be more flexible in responding to changes in the implementation as they occur.

Approach to Transition

Moving work from multiple sites into a centralized processing center is a challenge on several levels. The procedures, processes, and manual and automated steps that each site follows need to be taken into account when approaching the transition of this work. While a single transition approach, where all sites turn over work at the same time can be accomplished, the risk for instability in the processes and impact to the recipients is much higher. To ensure the smoothest transition and minimize impact on recipients, ACS recommends a phased approach. There are a few options for a phased approach that ACS would be happy to discuss with the Department, including agency-based, program-based, function-based, or work phase-based. Each of these approaches has benefits for moving to centralized eligibility and minimizes the risks of transition.

Options for Phased—In Approach to Colorado Centralized Eligibility		
Approach	Description	Considerations
Agency-Based	In this approach, a lead would work with each grouping of entities to prepare them for the transition of work to a centralized model. Each grouping of entities would have all of their functions transferred to the centralized model at the same time, while other entities would be scheduled to transition work earlier or later. For example, ACS would assign a lead to work with Single Point of Entry Sites and prepare them for the transition on a certain date, while another lead would work with the Community Based Organizations to prepare them for transition of activities on another date.	<ul style="list-style-type: none"> • Provides entities with a single point of contact, concentrated focus, and minimizes the risk of an gap in processes • Potential for increased feedback/criticism of the changes from stakeholders. • Allows both the entities and the vendor time for refinement of process between each entity coming into the centralized model
Program-Based	Each program (i.e. CHP+, Long Term Care, Medicaid, etc) would be folded into the centralized eligibility model at different times. This would provide clear roles, responsibility, and lines of authority for all stakeholders in each phase.	<ul style="list-style-type: none"> • Concentrated focus on one program and improving the processing and accuracy of that function before a new one is added. • Flexibility in adjusting approach to transitioning work between program phases. • Training of centralized eligibility staff would be broken up to mirror the addition of programs
Function-Based	With a function-based approach, the vendor would take on the independent functions of centralized eligibility at different times. For example, one of the first functions that could be transitioned to a centralized model would be the general call center functions, where questions and inquiries can be answered by ACS staff, allowing stakeholder staff to “catch-up” with work-in-process. Application data entry and processing might be the next function to be moved. Enrollment and premium management are other functions that would be brought in to the centralized model. Finally, the eligibility	<ul style="list-style-type: none"> • Allows adjustment for each function prior to a new function being added. • Provides a staff experience model where all staff have the chance to learn the programs and become comfortable with the nuances prior to taking on the more complex eligibility determination tasks. • Would require distinct separation

Options for Phased—In Approach to Colorado Centralized Eligibility		
Approach	Description	Considerations
	determination work would be transitioned to the vendor.	of duties communicated clearly to all stakeholders throughout the phases.
Work Phase Based	With this approach, ACS would assume work at different time periods that is in different phases of completion. For example, ACS might assume the work for all new applications first, accepting renewal applications next, and finally accepting all “in-progress” applications last.	<ul style="list-style-type: none"> • Allows workers in the counties, who have already contacted applicants to get missing information or clarify information given to complete their work on current cases. • Potential for confusion of whether an application should be sent to the centralized processing center or kept by the county/agency.

Tools for Change

A key component of transitioning work from the counties and other stakeholders is going to be clear, concise, easily understandable steps for them to follow and for them to expect the vendor and the Department to follow. While the process should remain flexible enough to accommodate nuances between organizations (i.e. differing network sophistication, levels of document management, and experience of staff), it is critical that all organizations have a roadmap to follow and tools to use in navigating change. Likewise, county and stakeholder groups must have a clear point of contact during the transition for direction.

Structured Readiness Assessment

With any of the approaches to transition, the Department wants to ensure that the centralized operation is ready to accept and maintain each new piece of work and is prepared to handle the work volume. A vendor should perform readiness assessments throughout the implementation and provide assurance that their staff, procedures, infrastructure, systems, and communication structures are ready for each phase of work.

Project Reporting

Just as communication is important during an implementation of this magnitude, so is formal reporting. Weekly status meetings to review implementation reports such as work plan progress, risk management, stakeholder-specific metrics, and change management are critical to project visibility. Open, honest, and frank communication about the success and challenges during the implementation are vital to correcting issues before they become costly roadblocks.

F.2 Coordination with Counties

In any rapidly changing environment, it is important to communicate to stakeholders ahead of time the timeline, scope, and impact of changes. ACS recommends that as part of the Implementation Plan, the Department require a Change Leadership and Communication component. This component would identify key stakeholders during the planning phase of the implementation, communicate progress of the transition to Stakeholders, and report accomplishments throughout the process. The communication could take several different forms, including:

- County department head meetings
- Community organization meetings
- Stakeholder newsletters
- Informational website
- Frequently asked questions on a website
- Informational brochures
- Tele-conferences to provide information and answer questions.

By involving stakeholders early, we have found that there is greater acceptance of the change process. Additionally, potential roadblocks and issues with the transition are identified early and can be eliminated or mitigated before they have an impact on the over-all process.

F.3 Best Practices

Identifying a partner with experience in leading change among multiple, diverse organizations, is critical to the success of implementing a centralized eligibility model in Colorado. Having partnered with the State of Indiana and IBM on the Indiana Eligibility Modernization project, ACS brings the experience that Colorado needs in this endeavor.

With the Indiana Family and Social Services Administration, we demonstrated our ability to implement an enhanced and modernized eligibility process by offering multiple access channels for client inquiries. We provide eligibility processing and call center services for TANF, food stamps, SCHIP, and Medicaid programs. The Indiana Eligibility Modernization Project currently serves 1,643,273 recipients and 964,416 Assistance Groups for three different programs including Medicaid, TANF, and Food Stamps.

Within three months of the contract, ACS assumed responsibility for current Indiana operations, and we currently operations in some counties while transitioning other counties to the new solution. Our challenge was to streamline the eligibility determination process for more expedient and efficient delivery of services.

Our approach to the Indiana Eligibility Modernization project is flexibility focused on results. In an ambitious reengineering of the state's eligibility process, ACS hired 1,400 state employees and took responsibility for existing operations while working with the State to develop and implement our new service delivery model. While the transition for the Indiana Eligibility Modernization Project was successful, our flexibility allowed us to overcome the implementation challenges that did occur. For example, the state requested additional tracking and reporting requirements during preparation for employee transition. Recognizing the state's need for visibility, we met the state's additional requirements and still met all performance metrics at 100 percent.

As the new solution is implemented in increments across the state, new processes and supporting technology are transforming the service delivery system in Indiana. Instead of making repeated trips to the office, clients now access services by fax, mail, internet, or telephone. We have worked with the Indiana Family and Social Services Administration to identify priority functionality and appropriate levels of automation to keep cost down while enhancing project quality.

As we began the transition to a modernized eligibility process involving the use of call centers and internet technology, we converted clients and staff geographically, one or two regions at a time. Our first pilot consisted of the conversion of about 11% of the Indiana caseload to a modernized process. Following the successful implementation of that pilot, we converted two additional regions adding another 15% of the caseload. This second implementation occurred approximately 90 days after the beginning of our pilot. Another two regions (bringing the total number of clients in the new process to about 44%) were added 60 days later. Each decision to move to an additional group of clients was predicated on a joint review of a readiness checklist by vendor and state staff.

F.4 Cost Estimate

When planning for implementations, especially those that require a high level of coordination among multiple stakeholders, ACS is careful to provide realistic pricing for centralizing procedures, functions, and staff, while ensuring appropriate connectivity for all entities into the centralized environment. We understand the need for the Department to realize cost savings through a centralized model and would leverage current and shared resources as often as possible in a future contract. For more information on our cost estimates for the Centralized Eligibility model, please see Response Section H, Budget.

G. LONG TERM CARE APPLICATIONS

REQUIREMENT

The Department desires to maintain the single entry point system, while coordinating the eligibility and enrollment activities with centralized eligibility.

1. Coordination – Provide information on how coordination with single entry point system and centralized eligibility would be achieved.
2. Best Practices – Provide data and concrete examples to demonstrate that the solution/model offered is known to be effective and efficient.

With experience as both a long term care SPOE contractor and an eligibility and enrollment contractor, we have the expertise to offer HCPF several recommendations for coordinating activities and enhancing long term care processing.

Coordination of activities between the eligibility and enrollment contractor and the Single Point of Entry (SPOE) system is essential to ensuring long term care eligibles access to care. Having served as both the Louisiana Long Term Care SPOE since 1991 and the New Jersey central eligibility and enrollment contractor since 2005, we understand the significance of coordinating activities and exchanging and verifying data related to Medicaid recipients who may be eligible for long term care services. Below we offer recommendations and best practices for coordinating activities between these two entities.

G.1 Coordination of Activities

One of the primary ways in which the SPOE system and eligibility and enrollment contractor will communicate is the exchange of data. For example, it is essential that the SPOE staff have access the most current eligibility information in order to move forward with the long term care assessment process. Therefore, we recommend that file transition protocols and formats, as well as schedules for data exchange be clearly defined in the RFP.

We also recommend the RFP clearly delineate the roles and responsibilities of every stakeholder. Clear definition will ensure that HCPF receives optimal technical and process solutions designed around the State’s vision for coordination of these activities.

Additionally, we recommend that HCPF include Change Leadership and Communication sessions during Implementation. Designed to communicate the timing, scope, and impact of changes to all stakeholders, these meetings ensure that all stakeholders understand division of responsibility and data exchange protocols. Please see Section F. Implementation for details.

We also see several ways in which the eligibility and enrollment contractor can provide support to the SPOE agency. Options range from documentation imaging and storage to back-office support designed to eliminate administrative tedium for the SPOE staff, allowing more time for personal interaction with applicants and providers. These options include, but are not limited to:

- **LTC Administration.** The eligibility and enrollment contractor performs imaging, data entry, and image storage, as well as LOCET evaluations by phone and Web LOCETs. All activities should be equipped with automated workflow triggers to ensure immediate notification of completed tasks and coordination of activities between the two groups.
- **Imaging, Data Entry, and Notification.** The eligibility and enrollment contractor performs imaging, data entry, and image storage, with an automated notification to the SPOE agency that documentation is ready for processing.
- **Documentation Imaging and Storage Only.** The eligibility and enrollment contractor images and stores the LTC documentation, triggering an automated notification of receipt to the SPOE staff in the appropriate county office.

Additionally, we have reviewed the long term care documentation on the State's website and offer the following options for enhancement. Either of these enhancements would further streamline the options listed above.

- **Interactive Web Application.** Applicants complete and submit the LTC documents online. The documents are routed to the central electronic document management center for storage in the central image repository. Simultaneously, notification is routed to the SPOE office that documentation is ready for processing.
- **Integrated Interactive Web Application.** The State may also consider full interactive applications that are fully integrated with the system (with real-time or batch data feed). The application image would be routed to the central repository for storage and, like the process above, the county office would be notified of the new application. This option eliminates the need for data entry.

G.2 Best Practices

All of the recommendations in this section are based on technology and processes that we use on our six eligibility and enrollment contracts across the country. For example, after implementing integrated imaging and automated workflow technology for the New Jersey Health Benefits Coordinator program, we decreased application processing time by almost two days from the previous contractor's manual process. We have also seen significant results with the use of Web applications and enrollments. For example, on our Florida Healthy Kids project, 70 percent of all applications are received electronically and the New Jersey Health Benefits Coordinator project receives an average of 50 Internet eligibility applications daily.

H. BUDGET (SECTION MODIFIED FOR PUBLIC RESPONSE)

REQUIREMENT

Like all states, Colorado operates its Medicaid program within tight state fiscal constraints. In your opinion, what is a reasonable cost estimate upon full implementation of the eligibility and enrollment process outlined in your response

1. Assuming a phased in approach over three years, what percent of costs would be incurred in each year.
2. What enhancements could be added if more funding was made available?

Budget to be determined based on State's request.

I. DATA

REQUIREMENT

The Department has provided some statistics regarding caseload and utilization under the Overview of Colorado's Medicaid and CHP+ Programs and Volume and Assumptions to Support RFI Responses section of this RFI. Please describe what types of data, and the level of detail, that the Department should provide in any RFP for an eligibility modernization project that would assist offerors to respond to the RFP for the centralized eligibility contractor.

In addition to the statistics the Department provided in the RFI, ACS would find the following information useful in preparing a well-reasoned response to a future RFP.

- Number of stand alone Medicaid applications
- Number of Medicaid and SCHIP applications that are part of the consolidated food stamp and TANF applications
- Number of applications by county office and application type
- Size of county staff by county office
- The number of recipient meetings by county office
- The number of phone calls by county office
- Languages spoken by recipients
- Average family size
- Number of personnel assigned to a case
- Number of times an application currently needs to be processed before it is complete
- Application processing time (by application type)
- Diagrams of process and data flows with touch points
- Current process flows from a mix of the county offices, ranging from those supporting the most face to face applicants to those supporting the least
- A list of current reports with the data source for each

This data will be useful in developing the best solution for the Department. We also would urge the Department to identify thoroughly the data sources and reporting requirements for measuring performance throughout the contract. This involves identifying quality, status, and cost measurements as well as reporting frequency and type. As an example in New Jersey, we initially developed 65 reports based on State requirements. We currently provide weekly, monthly, quarterly, and annual reports and ad hoc reports upon request. Our dashboard reports provide project status “at a glance,” and our interactive voice response solutions provide comprehensive call center statistics and reporting as well as a recording and monitoring tool for call center staff performance reports. Thoughtful consideration of performance measurements will save the Department time in the future and give it efficient means for assessing program success.

J. ELIGIBILITY PROCESS

REQUIREMENT

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.

ACS has successfully established centralized eligibility operations which optimize efficiency while maintaining high levels of personalized service. Best practices from these centralized operations could be applied in Colorado, while county-level services are continued for those applicants who need them.

ACS has established successful, standalone eligibility determination operations for medical programs in several states, including New Jersey and Mississippi. In New Jersey, for example, we operate a centralized application processing facility at which we receive applications, determine eligibility for Medicaid and SCHIP, and enroll eligible applicants into managed care programs. Our operation accepts applications by telephone, through the Web, by fax, and on paper. Our highly trained staff processes applications and makes initial determinations of eligibility. As required by State policy, Medicaid eligibility decisions are forwarded to State workers for review and final approval. We also maintain a proven information system that supports medical eligibility determination and enrollment, tracks all customer contact, and controls the flow of work among the specialists responsible for customer service. The system includes strong interfaces and appropriate data-sharing with other agencies, programs, and systems. This approach promotes the use of standardized business processes, produces consistent eligibility outcomes throughout the State, and ensures adherence to State policies and regulations in all cases.

We are promoting individualized service in our centralized facility by moving to a case management approach. Under this approach, each application is assigned to a specific individual, who “owns” the case until a final determination of eligibility is reached. This ensures consistency of service to each applicant, who is always able to reach a person who “knows” his or her case. We would be happy to demonstrate or further discuss our approach and capabilities at the oral presentations on September 24th.

We believe that the centralized approach to medical eligibility would work well in Colorado. Applicants who wish to do so could submit applications to the central facility without the need for inconvenient and costly trips to a county office, and the case management approach would ensure a high level of personal service throughout the application process. Given the importance that Colorado attaches to county-level support for applicants, the centralized approach would not eliminate face-to-face eligibility services for those who need them. In fact, county-level services could be provided more efficiently and effectively, as the heavy burden on county workers could be reduced and they could be better supported through access to additional experts at the central facility.

Overall, this approach would also reduce costs for the State. In its RFP, ACS recommends that the State require bidders to propose specific methods for personalizing service at a centralized eligibility facility based on their experiences in other states.

We believe that the level of technical difficulty in shifting to a new eligibility process is low. The development of improved business processes and the training of staff to execute those processes are relatively straightforward. An experienced contractor would be able to suggest best practices from other states at a detailed level, and could work with the State to customize those practices for Colorado.

However, it is possible that organizational or systems issues could surface if the State decides to make a major change to its eligibility model. If, for example, the State decided to decouple medical eligibility from the current integrated process, close cooperation among agencies would be required as the new model and business processes are developed and implemented. Possible issues may include the division of ownership and tracking responsibilities for applications that cross organizational boundaries, such as SPA applications that include both Medicaid and food stamps. Some system changes or enhancements may also be necessary to support the flow of work under the new organization and business processes.

K. ADDITIONAL COMMENTS AND PROCESSES

REQUIREMENT

If the above structure of this RFI did not provide your organization the ability to present ideas, models or other methods to simplify eligibility and enrollment for Medicaid, CHP+ and other health insurance programs, please provide any additional comments and ideas under this section. Include any processes or technology that the Department may find beneficial to increase efficiency and customer service satisfaction or generally streamline, simplify, and coordinate eligibility and enrollment processes. Please include information on the application methods, client noticing, and information distribution that your organization would like to share.

ACS does not have any additional comments regarding this RFI.

L. ORGANIZATIONAL INFORMATION

REQUIREMENT

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.

ACS offers health care systems and services for the complex needs of state programs, including eligibility determination, enrollment broker, Medicaid management information systems, fiscal agent operations, pharmacy benefits management, clinical consulting, and other health and human services. A Fortune 500 company with almost \$5.8 billion in revenue, Affiliated Computer Services, Inc., our parent company based in Dallas, Texas, provides diversified business process outsourcing and information technology solutions to government and commercial customers worldwide. Our health care projects serve more than 23 million program recipients in 34 states and the District of Columbia and process nearly 550 million Medicaid health care claims annually, which represent close to \$50 billion in provider payments.

Our experience most relevant to this RFI involves our work in the Health and Human Services (HHS) arena. We support the management, automation, and operation of government HHS programs through the following services:

- Eligibility determination for medical, cash, and food assistance programs, including online Web-based application systems
- Health care program administration for Medicaid and State Children’s Health Insurance Programs, including eligibility and enrollment
- Data and call center operations
- Medicaid fiscal agent contracts with more than a dozen states
- Electronic Benefits Transfer for the issuance of Temporary Assistance for Needy Families (TANF), Medicaid, and food stamps
- Child support payment processing
- Government solutions including Web-based child care systems and electronic payment cards for the distribution of child support and unemployment insurance

Through this broad-based experience with many HHS agencies, we have gained extensive insight into the needs and constituencies of medical and public assistance programs. We have provided Medicaid and CHIP eligibility determination services for Colorado (the Colorado CHP+ program), as well as Connecticut, Florida, Louisiana, Mississippi, New Jersey, Texas, and Virginia. Our eligibility services process 117,000 applications and 80,000 renewals for to an estimated 637,000 SCHIP and Medicaid recipients and answer more than one million calls each year.

For any questions or concerns regarding this submission, Dave Hoffman will be pleased to provide further information.

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