

## KEY INFORMANT INTERVIEWS: SUMMARY OF DISCUSSIONS

### OVERVIEW:

The Centers for Medicare and Medicaid Services (CMS) has mandated that the Department of Health Care Policy and Financing (HCPF) develop uniform performance measures for medical eligibility determinations and redeterminations. HCPF hired ArpeggioHealth to help accomplish these goals.

In order to facilitate this process, Julia Friedman-Peremel, Senior Consultant with ArpeggioHealth, conducted five group Key Informant Interviews via conference call. These consisted of: two calls with small/medium-sized counties, two calls with large-sized counties, and one call with Medical Assistance (MA) sites. The term “site” is used to refer to all county and MA sites collectively. Please see the full list of participants at the end of this document.

The Key Informant Interview question topics addressed the following three objectives:

1. To obtain county and MA site input for meeting the Medicaid and CHP+ timely eligibility application processing performance standards;
2. To obtain input on developing and tracking other measurable performance standards; and
3. To identify barriers to implementation of timely processing and other performance measures.

The responses documented here are perspectives of the respondents and in many cases the barriers can be generalized across all sites. However, in some cases very different perceptions are provided on the same topic. Some sites may like a certain process and others may feel that the same process is hindering their success. In these instances, greater exploration of the barrier and discussion regarding nuances is necessary. Also, some barriers are site-type specific (e.g., small county, MA site) and specified in the responses.

Additionally, numerous recommendations for HCPF were gathered as a result of these discussions. They will be presented in a separate document at a later time.

The chart below provides a combined summary of the responses for all sites.

## 1. Procedures aimed at meeting timely processing performance standards

### THEMES:

- **Targeted staffing arrangements can improve timeliness**
- **Business processes that incorporate tracking mechanisms and a proactive approach can improve timeliness**
- **Some arrangements meant to improve timeliness have unintended negative consequences**

### STAFFING ARRANGEMENTS: PROMISING PRACTICES

- Staggered and overtime CBMS data entry shifts, including: including early/late shifts, weekends, and holidays (e.g., CBMS seems to work better in the morning)
- Task-based business model
- Universal caseload
- Tele-working
- Hiring additional staff
- Supervisor involvement in the beginning of the process and for planning workload, including:
  - Pending report is monitored daily by supervisor
  - Supervisor does prescreening process and sorts by how to process
- Having one person do Application Initiation (AI) within 2 days of receipt, which will put it in pending
- Separate intake/ongoing unit
- Dividing up workload among staff
- Not having staff with inconsistent backgrounds work cases or do case reviews together
- Grant-type funding (vs. state-hire and without county match) directly to the site for hiring additional staff and overtime, in order to have internal control of expenditures
- Reassignment of staff to different sites (MA site specific)
- County eligibility workers working at external sites
- Out-stationing staff at clinics
- Mobile overflow staff should be hired by state and work at specific sites as needed



## 1. Procedures aimed at meeting timely processing performance standards (continued)

### BUSINESS PROCESSES: PROMISING PRACTICES

- Internal tracking system for new applications
- Track pending reports daily
- Using tracking logs to identify where a case is before it exceeds timely processing and possible duplicate applications
- Daily task system
- Standard processes for new applications and redeterminations
- Oldest case is worked first
- Planning work - look at the amount of work as a whole and to determine how much work each person is to complete
- Constantly looking for process improvements and efficiencies
- Look at patterns that can be addressed and prevented
- Improved communication with the State
- Tele-work, CBMS system seems to be faster when not connected to the home network; the result for some sites has been a 30% increase in processing
- Everything 100% imaged (no paper files) and allow workers to work extended hours and over weekends if the system is available
- Moving RRR initiation up front
- Cleaning up backlog
- Weekly review of cases
- Review application before client walks out
- Use the systems as a tool to save client time
- Using the new dashboard to help manage caseloads
- Look for training opportunities from MEQIP case reviews or other audits
- In-house trainer does training on common issues
- Escalation of case alerts to supervisors
- Developed an individualized form that goes on top of notification for RRRs
- For cases where verification is needed, site requests verifications through the system in order for the case to close on time



## 1. Procedures aimed at meeting timely processing performance standards (continued)

### STAFFING ARRANGEMENTS: CONCERNS

- Staff coming into work on holidays and weekends is not helpful because if locked out, no one is there to restore the session like they are during normal work hours
- Having one unit do all new application interviews has not helped as intended
- Grant-type funding is thought to not be helpful by some sites due to the time it takes to train staff and the money is for a limited time



## 2. Developing and tracking other performance standards

### THEMES:

- Many sites already incorporate performance measures (beyond the basic state requirements) into their regular work processes
- Many sites have some quality assurance processes in place to track the performance measures
- Most sites reported having a distinct internal tracking system, as they do not rely solely on CBMS for tracking performance; no enterprise-wide solution was reported that incorporates industry best practices
- Having technology systems that act as checks and balances to site data being collected are important, but few reliable external sources with real time data currently exist
- Internal operations can serve as checks and balances

### PERFORMANCE MEASURES RECOMMENDED BY SITES

- Data entry accuracy
- Case file documentation
- Missing information follow-up times
- Number of Applications/RRR's are coming in
- Timeframes for each process: getting notices out, application processing, etc.
- Thresholds for pending
- Production standards for staff
- Tracking inefficiencies
- Timeliness
- Quality
- Weekly caseload
- Eligibility determination errors
- Tracking processing issues
- Data around life-cycle of application
- Outreach:
  - Working with community partners and PEAK to build rapport and ensure upfront completeness of applications
  - Educating individuals on what documents to bring
  - Educate all staff on what information is needed so clients will provide complete applications and they can be worked the same day



## 2. Developing and tracking other performance standards (continued)

### PERFORMANCE MEASURES RECOMMENDED BY SITES (CONTINUED)

- Customer Service
  - Phone wait time
  - Dropped calls rate
  - Create time frame for returning calls by workers and track worker compliance with designated time frame
  - Create issue resolution process and time frames and track resolution rate within designated time frame

### QUALITY ASSURANCE: PROMISING PRACTICES

- Random documentation reviews
- More case file review checking
- QA reviews as part of annual review process for workers
- Internal QA specialist that does quarterly reports
- Internal QA team or identified person that checks for data entry errors
- QA process that flows with the MEQIP process
- More representative sampling, e.g., if there is an ongoing issue with DRA the review should be specifically targeted for DRA; not for DRA, income and other eligibility factors
- Designated data person who is COGNOS trained
- View case assignment in CBMS weekly to see which cases are pending
- Receive weekly updates from staff to see where they are in processing
- Manual manager reviews
- In-house trainer to review errors/trends

### METHODS/SOURCES FOR TRACKING DATA

- Case checking document to make sure certain criteria is met (manual process for sites which don't have scanning capability)
- Case comment template across the program areas for consistency
- Internal log
- Checklists
- Troubleshooting checklist
- Template used for redeterminations
- Internal QA/QC tracking database to trend results



## 2. Developing and tracking other performance standards (continued)

### METHODS/SOURCES FOR TRACKING DATA (CONTINUED)

- Internal Work Management tracking system (for production and timeliness), which tracks the number of items coming in and getting done; Denver is able to track trends all the way from the worker to the manager and view data in real time
- Task-based tracking workflow system to see what items are in the pile and their due date, etc.
- Dashboard report system that tracks everything
- Daily mass exception report
- COGNOS
  - COGNOS daily pending and EPG reports.
  - Redetermination list.
  - Weekly COGNOS report
- MEQIP reports
- Other audit reports
- Productivity report
- Access database to enter case reviews
- Internal Excel spreadsheet/tickler system for measuring their performance
- Dashboard or Internal Work Management System like Adams County Scope System
- Case alerts
- Sharing resources and technology: ex. Jefferson uses dashboard similar to Adams
- For small counties, setting up their own electronic tracking system/reports would be too difficult

### SYSTEMS INTENDED TO ACT AS CHECKS AND BALANCES TO SITE COLLECTED DATA

- Vital Statistics
- SVES and SAVE work well
- DOLE, SSA – mixed reviews
- IEVS is problematic (if you end date a case it re-populates)
- DMV
- Interfaces and electronic verifications are useful
- DOLE helpful but their employment information is 6 months old
- MA sites do not have the same access to all interfaces as the county, would be helpful if they did
- COGNOS is difficult to learn and smaller sites don't have the time/resources to send someone to Denver for training; need more consistent training on COGNOS



## 2. Developing and tracking other performance standards (continued)

### OPERATIONS INTENDED TO ACT AS CHECKS AND BALANCES TO SITE COLLECTED DATA

- Using alerts and wrap up in CBMS
- Going to a State Program Policy expert
- Automated internal QA system for checks and balances
- Manual internal QA system for checks and balances



### 3. Barriers to implementation of the performance measures

#### THEMES:

- External partners can create barriers to timely application processing
- Sites struggle with internal staffing and processing procedures that have not caught up with demand
- Redeterminations have distinct barriers regarding timely processing

#### EXTERNAL PARTNERS

- Late application submissions by the PE sites are a universal problem
- County perspective: MA Site and PE Site errors which counties have to fix
- Case assignment with MA sites and MAXIMUS is incorrect (Bucket Issue)
- Current transfer of cases from MA sites is inefficient
- MA site perspective: PE & CAAS sites need to do a better job of providing correct documents
- MA site perspective: Untimely processing of applications that are sent back to County (the MA site feels a sense of responsibility for these applicants even though they are not technically responsible for the processing of these cases)
- Transferring CHP+ cases

#### INTERNAL STAFFING AND PROCESSING CONCERNS

- Staff turnover
- Volume increase
- Insufficient staffing to meet increased demand
- Remote counties struggle most with staff turnover issues and training
- Clients turning in information late or not turning in the correct information/verifications
- No additional funds to assist with the volume or program changes
- Backlog
- Confusion of data entry for programs - specifically Family Medicaid vs. CHP+
- Business processes are not sufficiently lined up to handle all the incoming work



### 3. Barriers to implementation of the performance measures (continued)

#### COUNTY REASONS REDETERMINATIONS TAKE LONGER THAN NEW APPLICATIONS

**Please note:** This is generally not an issue for MA sites (excluding MAXIMUS), as they do not receive many redeterminations and work closely with counties on the ones they do get).

- Auto re-enrollment is creating more work because sites have to work those cases monthly due to inconsistencies with information and items not updated in the system
- Workers tend to assume all information is there and get to them later
- Redeterminations don't question unearned income; site has to take an extra step and send out a manual notice for follow-up; however, client is allowed about 14-15 days to respond
- RRRs lag behind expedited FA because there is not as much of a time crunch
- RRRs not turned in on time
- RRRs are difficult to complete and have to do them in the beginning of the month, otherwise only have 5 days to complete them

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ArpegioHealth would like to thank the following agencies for their participation and valuable input:

Adams County

Advanced Patient Advocacy

Baca County

Boulder County

Denver County

Denver Health & Hospital Authority

Garfield County

Jefferson County

Larimer County

Logan County

Moffat County

Parkview Medical Center

Peak Vista Community Health Center

Prowers County

Pueblo StepUp

Weld County

Department of Health Care Policy & Financing