

BUSINESS PROCESS REDESIGN IN ARIZONA



**70% of customers
receive a determination
same day**



**Staff processing 109%
more Medical applications
each month**

Client

State of Arizona, Department of Economic Security (DES), Division of Benefits and Medical Eligibility (DBME)

Timeframe

August 2010 to Present

Project Overview

Arizona is the second fastest growing state in the nation as well as one of the hardest hit by the recent recession. Implementation of ACA and Medicaid expansion worsened an already stressed and ineffective service delivery model plagued with long customer wait times and costly errors. The state boasts one of the most diverse populations in the Western United States – Arizona is home to the largest number of speakers of Native American languages, while Latinos make up 30% of the state population.

From 2009 to 2010, Arizona's SNAP caseload increase was ranked 5th in the nation. During this time, the state had to eliminate 300 eligibility positions due to budget cuts.

Arizona embarked on an effort to modernize the delivery of human services and public assistance programs. Their vision included providing customers with multiple access points throughout their local offices, hospitals, and community-based organizations along with the use of technology (telephony, online, imaging) to facilitate such access. However, at the core of their modernization effort was a commitment to reengineer their processes and business practices prior to investing millions of dollars in technology projects that frequently fail to address the lack of staffing capacity.

Tasks

In conjunction with DES, C!A analyzed the agency's most important eligibility practices to determine different strategies for processing the work and rolled out the new processes statewide in local offices. Following the work in the offices, we took a similar approach with their statewide centralized operations, change center, and call center – along with the support of a custom configured implementation of our workload management solution (PathOS) to assist with ongoing monitoring and management of workload and office performance to ensure continued adherence to the new processes.

The major tasks performed during the lifecycle of the project included:

- + Assessment of Centralized Operations and staff
- + Strategy sessions with leadership to develop a plan of action and approach
- + Redesign teams to create work processes that are faster, more accurate, flexible, and focused on using precious worker time only on value-added tasks. As-is process mapping was conducted, barriers and bottlenecks were identified, and new processes were developed.
- + Pilot planning and preparation to implement the new processes and business model developed by the redesign team. This phase included implementing service strategies needed to ensure a successful rollout of the full model to the Centralized Operations section. Readiness plans were developed and planning sessions conducted.
- + Full implementation planning and support for statewide rollout of the new processes and workload management solution
- + Post-implementation reviews, assessment, and consultation
- + Supervisor academy for all local office managers and central office staff

- + Development and implementation of process solutions for Centralized Operations
- + Working hand-in-hand with state staff to provide daily and ongoing performance monitoring and oversight (M&O) of operations at the call center and Centralized Operations. Our experts worked side-by-side with local leaders co-managing the state's service delivery model. C!A staff:
 - o Provided direction of/support of workflow and staffing decisions to meet cyclical workload demands
 - o Notified leadership of issues, proposed solutions, and supported these solutions, including having an onsite presence in field offices when necessary
- + Statewide implementation of PathOS as DES' workload management solution for Centralized Operations

Outcomes

Arizona began transitioning in February 2011 to their new service delivery model. The new processes focus on freeing up administrative capacity and improving quality by streamlining the most important eligibility practices and processes: initial applications and interviews; verification and eligibility decisions; and maintenance and re-certification. Outcomes included:

- + Mitigating an overall caseload increase (all programs) of 128% and staffing losses of 300 positions
- + Providing customers with same-day service and on-demand interviewing/processing at all local offices. Arizona successfully eliminated the practice of scheduling appointments to conduct interviews for all new/initial applications and re-certifications from existing customers (walk-in and telephone). Customers are seen, or interviewed over the phone, as they come in or call. In most cases, the applications and re-certifications are processed same day and customers leave with completed eligibility determinations.
- + Increasing the percentage of families receiving benefits on the day of application from 20% to 70%. Seven out of every 10 customers who interact with a DES local office end their interview with a determination on the day they apply or renew their eligibility.
- + Reducing the average time to process applications and issue benefits from 30 days to eight days
- + Eliminating backlog of pending actions (applications, re-certifications, changes, interim reports). All local offices are processing incoming mail/work within five to six days of receipt.
- + Developing tools to bring consistency to the eligibility determination work
- + Developing standard operating procedures
- + Putting DES on course to avoid a third consecutive year of financial sanction due to their SNAP payment accuracy rate for FFY2010

In the call center and the Centralized Operations, we helped DES achieve the following outcomes:

- + Nearly eight out of every 10 customers calling in or mailing in applications receive a determination same day. The remaining customers wait approximately two days for a determination after submitting required verification.
- + As of January 2016, staff are processing an average of 16,253 medical applications each month, an increase of 109% over September 2014
- + 59% more phone interviews were conducted between January and February 2014. These customers previously would have been "force disconnected" or had to call in multiple times to speak with a worker.