BUSINESS PROCESS REDESIGN IN SOUTH CAROLINA

89% of lobby clients served same-day

All MAGI/non-MAGI application pathways are cleared daily

Client
State of South Carolina, Department of Health and Human Services (DHHS), Medicaid Eligibility and Beneficiary Services

Timeframe
November 2013 to Present

Project Overview
South Carolina's DHHS decided to redesign the enrollment and eligibility determination process for all Medicaid programs administered in the state, including MAGI, non-MAGI, and Long Term Care Medicaid programs in anticipation of the implementation of a new eligibility system to support the determination and ongoing management for MAGI medical.

The new practices and service delivery were needed to help increase staffing capacity to offset the administrative cost of operating two separate eligibility systems and the learning/implementation curve from implementing ACA and a new eligibility system. Specifically, the project sought to:

+ Improve services to families while finding the most efficient approach to service delivery
+ Streamline and coordinate efforts to reduce unnecessary costs and barriers to access despite large workload increases
+ Improve the work environment for staff
+ Co-manage the day-to-day operations of the statewide county offices
+ Provide real-time workload and metrics via our workload management tool, PathOS

South Carolina's DHHS is committed to improving services to families while finding the most efficient approach to service delivery. South Carolina understands the importance of streamlining and coordinating efforts to reduce unnecessary costs and barriers to access despite large workload increases. The agency faces unique challenges operating a large and complex system designed to serve the most vulnerable and needy residents in the state. Consequently, a fine-tuned set of business practices is essential to help DHHS regain staffing capacity, standardize processes, ensure efficient case processing, and maximize the organizational benefits associated with current investments in technology tools (e.g., regional processing centers, imaging, online tools, integrated eligibility system).

Despite managing a large workload, the agency's ability to execute on strategic initiatives is negatively impacted by unnecessary demand being placed on the system from redundant customer visits, calls, and mail. These unnecessary interactions also create a need for staff to rush through their work, threatening the quality of determinations.

DHHS selected C!A to help design, develop, and deploy new eligibility and enrollment practices for its Medicaid services and benefits in an effort to realize process efficiencies. As such, C!A proposed solutions identified as part of an agency-wide redesign effort to bring improvements and increase efficiency. The new service delivery model was designed to:

- + Reduce large backlogs
- + Design processes to help maximize the benefits of its technology and new eligibility system
- + Improve its relationship with strategic partners such as hospitals and nursing care facilities
- + Free up staffing capacity
- + Improve program access
- + Increase timeliness
- + Standardize processes

Tasks

In conjunction with DHHS staff and leadership, 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 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 to date include:

- + Assessment of central operations and staff
- + Strategy sessions with leadership to develop a plan of action and approach
- + Leading redesign teams to create work processes that are faster, more accurate, flexible, and focused on using precious eligibility 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 in county offices. Readiness plans were developed and planning sessions conducted.
- + Full implementation planning and support for rollout statewide 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
- + Working hand-in-hand with state staff to provide daily and ongoing performance monitoring and oversight of operations at the county offices. Our experts worked side-by-side with local leaders co-managing the states' 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 DHHS' workload management solution

Outcomes

The new processes have enabled DHHS to mitigate the effects of caseload increases for all Medicaid programs without needing to hire additional state staff. All local county offices are providing same-day service and on-demand processing for all Medicaid programs, and 89% of lobby clients are served same-day (and wait an average of 17 minutes). Worker ability to achieve eligibility determinations for both lobby and non-lobby (mail, online, drop-offs, etc.) case actions has increased, with 73% of all families receiving eligibility decisions during first contact with the office. The state also has reduced the per case cost associated with determining Medicaid eligibility. The implementation of PathOS enabled DHHS to quantify workload and operational measures at the worker, local office, regional, and statewide levels, and the development of new tools has brought consistency to DHHS' eligibility work. DHHS has eliminated thousands of backlogged cases, and now, all MAGI and non-MAGI application pathways are cleared daily.