

San Mateo County's Re-Tooling: Health Insurance and CalFresh Service Center

SUSIE LAU

EXECUTIVE SUMMARY

As federal health care reform goes into effect in the coming year, counties throughout the United States are changing and re-tooling the way they currently do business as a result of the Affordable Care Act of 2010. In preparation for the new health care reform, human services agencies are seeking new ways to streamline and/or redesign business processes to meet the anticipated high demands of the newly Medi-Cal eligible population. San Mateo County began re-tooling its Health Insurance Tele-Center (HIT) in 2011, which not only led to an improvement of its program service delivery model but also gave the agency a head start in preparing for the new health care reform. San Francisco County is currently in the process of integrating the Medi-Cal and CalFresh programs, and wants to examine the business process that San Mateo County currently has in place; and more importantly, the approach the agency is taking in preparation for the new health care reform.

San Mateo County's Health Insurance Tele-Center is set up with specialized units dedicated to process specific types of task. The advantage of using this model allows staff to efficiently stay focused on the task at hand as opposed to having to switch gears for each new task. Since staff are cross-trained in both Medi-Cal and CalFresh eligibility, the agency has the flexibility to move staff around to cover other areas when needed.

Under the new health care reform, human services agencies are expected to answer all calls routed from Covered California and the Exchange to be answered within 30 seconds. In order to meet this requirement, San Mateo County is planning to have a separate phone number and a new unit strictly dedicated to handling those calls. The new Contact unit will focus on screening Magi applicants, answering calls routed from Covered California or the Exchange, and perform warm transfers when needed. San Mateo County is also exploring the possibility of approving overtime for staff in the initial pre-enrollment stage due to the required extended work hours for staff to cover the phones.

The purpose of this study is to examine the business processes that San Mateo County currently has in place, and its approach in preparing for the new health care reform. The three key items that are recommend for San Francisco County are first, to explore all the functionalities that are available on its current ACD system that would allow clients' call experience to be more convenient and/or quicker; second, to train supervisors to analyze reports effectively so they can recommend improvements; and third, to be as transparent as possible when it comes to making changes, as staff are usually more flexible about the change when they know the reason for implementing it. But most importantly, the managers and supervisors must first believe in the change before they can lead their staff.

**Susie Lau, Acting Manager,
San Francisco Human Services Agency**

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Background

With the Medi-Cal expansion in 2014, Medi-Cal will be very different from what it is today. Medi-Cal will no longer be considered a welfare program, but as a part of an overall near-universal health care coverage system. The new federal health care reform is likely to bring thousands of people to the county Human Services Agency site to sign up for health care coverage. As a result, San Francisco County is seeking new and refined ways to do business in preparation for the new health care reform.

San Francisco County is currently in the process of integrating the Medi-Cal and CalFresh programs to provide customers with the convenience and efficiency of applying for both programs simultaneously in order to meet their needs instead of having them go to different offices to apply as it is currently done today. As a result of this implementation, the integrated programs will enable individuals and families to enroll into any of the programs for which they are potentially eligible for at any of the San Francisco Human Service Agency offices. Though this process requires some time to cross-train staff, San Francisco County is moving toward providing a more convenient and effective way of delivering services to its customers.

This case study is about San Mateo County Human Service Agency efforts in the re-tooling of its Health Insurance Tele-Center (HIT). San Francisco County wants to examine the business processes that San Mateo County currently have in place, and the approach their agency is taking in preparing for the new health care reform.

San Mateo County's Re-tooling of the HIT Center

San Mateo County Health Insurance Tele-Center (HIT) is responsible for processing non-face-to-face CalFresh and Medi-Cal applications, including Medi-Cal mail-in, Inter-County Transfers, Benefits CalWIN (BCW), and ongoing case maintenance for CalFresh and Medi-Cal cases.

San Mateo County's HIT center has different units dedicated to specifically processing various types of tasks, such as Intake processing, QR7, Recertification/Reinvestigation (RRR), and the Senior and Persons with Disabilities (SPD). The Intake unit is responsible for processing all mail-in and BCW applications for CalFresh and Medi-Cal programs. The QR7 unit is responsible for processing all the QR7s and the Restorations, while the RRR unit is responsible for processing Recertification/Reinvestigation cases. Lastly, the SPD unit is responsible for processing all the Aged, Blind, and Disabled cases.

The HIT center QR7 unit processes an average of 1,800 QR7s each month. One of the advantages of having a specialized unit working on the same type of task on a regular basis is that it allows staff to concentrate and process tasks faster as opposed to having to juggle between a wide variety of tasks. Since the processing of QR7s is time sensitive, it is crucial that they get processed quickly to prevent the discontinuance of client's benefits and the waste of additional time needed to rescind the case. Having staff cross-trained in both Medi-Cal and CalFresh eligibility allows the agency more flexibility to move staff around to cover areas where help is needed.

Phones

The HIT center handles approximately 20,000 calls each month, with 35 agents on the phones at all times between 8:00 A.M. – 5:00 P.M. Monday through Friday. The HIT has a phone schedule set up by groups, and each group has two designated days to only answer phone calls. When the groups are not answering the phones, they work on their other assigned tasks.

The HIT center uses the Syntellect ACD system to distribute and route phone calls to the phone agents on duty. One of the great features the Syntellect ACD system offers is the ability to give clients the option to hang up and wait for a call back when their place in the queue comes up, rather than having to hold for the next available agent to answer. The Syntellect ACD system will then automatically call the client back.

System generated reports are not only helpful for managers in making operational decisions, but they can also be used as a tool for supervisors to measure staff performances. There is great value in creating transparency throughout the program. Sharing data regularly with staff is a good way to allow them to see where they stand compared to other staff in the unit. As one manager stated, one way to get staff excited about going to work every day is to get people involved when the agency wants to make a change. Informing staff as to the reason for implementing the change is always helpful. It is important to be as transparent as possible on what the agency is changing and how it is evolving. Staff are usually more flexible about the changes when management takes this approach.

With the new health care reform and the mandates that are put on counties to pick-up the phone calls within 30 seconds, human service agencies are trying to strategize and come up with ways to meet these requirements. San Mateo County Human Service Agency is planning to have a separate unit to only handle phone calls routed from Covered California and the Exchange for the newly-eligible population. This new Contact Unit will have

approximately 50 staff members, including supervisors. The main focus for this unit is to screen for Magi applicants, answer calls routed from Covered California and the Exchange, and perform warm transfers when needed. The agency plans to have 40 to 60 percent of their staff do real-time eligibility. It is also looking to hire an additional 13 new staff members with phone skills to be a part of their Contact Unit. The new staff will be trained specifically to handle the Covered California and the Exchange calls only. As much as the agency wants to train its new staff on regular program eligibility, there is not enough time to train since training requires about four months to complete.

The San Mateo County Human Services Agency wants to separate its regular calls from all the transferred calls that are routed from Covered California or the Exchange; therefore, the agency will have a new phone number strictly dedicated for that purpose.

Intake

San Mateo County's face-to-face intakes are all conducted at their local regional offices by the Benefits Analyst, as they have knowledge of all four programs: Medi-Cal, CalFresh, CalWorks, and General Assistance. The Benefits Analysts at the regional offices are mainly responsible for conducting face-to-face interviews and inputting client information into CalWIN.

Once that is completed, the case is then transferred to the intake unit for processing. All intake cases with incomplete information, such as missing documents or verifications, are placed in a 10-day pending status until the client returns the requested documents. If the requested information is not received by the 11th day, it would then be tasked out to a Benefits Analyst for review before sending the client a second 10-day notice.

With the anticipated increase of lobby traffic in the coming year, San Mateo County Human Services Agency will soon place self-service check-in kiosks in all their regional offices. Kiosks are great for managing lobby traffic flow, as well as for helping staff

identify a client's reason for their visit. Currently, the only regional office that has the Self-service check-in kiosk is in the Redwood City office.

Recommendations

My recommendation for San Francisco County is to explore its current Avaya ACD system to see if it has the option to call clients back when their place in the queue comes up as opposed to client holding on the phone for the next available phone agent. Customers may find this option convenient if they call the agency while at work, or if they prefer not to wait. This also has the potential to minimize customer's frustration of being on hold for a period of time. Since counties are expected to answer the calls within 30 seconds under the new health care reform rules, there is great value in having a separate phone number strictly dedicated for Covered California and the Exchange.

There is value the idea of having supervisors understand and be able to analyze reports and give recommendation to management for improvements.

Granted, this may be a challenge for some supervisors, but with training this could be very helpful for any operational improvements. Another very important lesson learned from San Mateo County is to be as transparent as possible when the agency is making changes. Changes are never easy for staff, but if they know the reason for implementing the change, they are usually more flexible about the changes. More importantly, managers and supervisors must believe in the change before they can lead their staff.

Acknowledgements

I would like to thank Donna Woche, Program Manager and BASSC Liaison; Ed Kiryczun, Health Care Reform Project Lead; Richard Holman, Operations Manager; and Navjeet Singh, Intake Processing Center Manager, for hosting and giving me the opportunity to learn about the business processes, including information shared on the health care reform preparation plans for San Mateo County Human Services Agency.

