Santa Clara County Benefits Service Center Unit Caseload Recommendations for Contra Costa County Medi-Cal Service Center

Barbie Guardino

EXECUTIVE SUMMARY

As residents of California continue to experience financial hardships due to the slow recovery from the recession and the increase of Federal Poverty Levels within the Medi-Cal and CalFresh programs, more households are applying to and becoming eligible for these programs. Contra Costa County is experiencing a rise in cases, which is now more prominent due to the implementation of the Affordable Care Act. The case-to-eligibility worker ratio is an ever-increasing factor in delivery/customer service levels for the Contra Costa County Medi-Cal Service Center, which serves as a call and continuing-eligibility case maintenance center for Medi-Cal and CalFresh beneficiaries. Once a case is approved through the intake process, it is transferred to the Medi-Cal Service Center for on-going case maintenance.

Santa Clara County's Benefits Service Center, which is the equivalent of Contra Costa County's Medi-Cal Service Center, has experienced many changes through departmental reorganization. This has resulted in the need to accomplish more work with limited resources. Both counties have restructured the way of doing business by developing new work processes and implementing a call center style of providing customer assistance via a technologically advanced phone system. Currently, the Medi-Cal Service Center is operating under a task-based business model. The Benefits Service Center has shifted from a task-based business model to a unit caseload model in the manner which work is assigned. This case study focuses on observations of and recommendations for the implementation of the unit caseload business model, in an effort to improve customer service and eligibility case maintenance for the Contra Costa County Medi-Cal Service Center.

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Introduction

Santa Clara County has developed a unit caseload structure for on-going Medi-Cal and CalFresh programs. In addition to providing assistance through its toll free phone system, Santa Clara County Benefits Service Center (BSC) is the hub for the on-going maintenance of these cases. This structure allows for cases to be assigned to entire units as a unit caseload, in an equitable distribution based on program, language, and reporting cycles. The interest of this case study is how such structure can be implemented in the Contra Costa County Medi-Cal Service Center (MCSC) to improve service delivery to the community as well as to build rapport with customers/beneficiaries, improve accuracy, reduce error rates, promote staff accountability, improve staff morale, and minimize impacts to other departments such as Appeals, Fraud, Complaints, and Collections.

The Contra Costa County Medi-Cal Service Center (MCSC) is currently operating under a task-based business model. The task-based structure allows for casework to be assigned round-robin style within the entire pool of eligibility staff at the MCSC. With nutrition and health insurance meeting basic human needs, the CalFresh and Medi-Cal programs are essential to the survival and family structure of our community. Efficiency and accuracy in the delivery of benefits is of constant challenge. With the expansion of eligibility to Medi-Cal under health care reform, it is a fair assumption that cases will rise in numbers by the thousands. The MCSC has already experienced spikes in its number of cases, and call levels have also increased. The current task-based structure and staffing levels will not be sustainable in meeting the needs of Contra Costa County residents.

Background

Prior to 2004, Santa Clara County eligibility staff maintained their own continuing eligibility caseload. In 2004, Santa Clara County opened its Medi-Cal Service Center, centralizing all on-going eligibility staff in one location and moving to a task-based structure. This structure created a major change in service delivery, with the shift from a case-based to a task-based service model. The case-based model allowed for traditional case management by one worker assigned to an individual case, while the needs or task-based model allowed for the case to be managed by a pool of eligibility staff who we're assigned to process beneficiaries' documents as they were received in a team environment. At the time, Medi-Cal only cases were transferred from the Assistance Application Center (initial application approval process) to the Benefits Service Center (formerly called Medi-Cal Service Center) for ongoing case maintenance. In 2009, CalFresh-only and combo cases (Medi-Cal and CalFresh) were incorporated. Additional eligibility staff we're acquired. As a result, the need for program cross-training became an essential step. One hundred eligibility staff members were cross-trained in rotating groups to either Med-Cal or CalFresh, taking approximately one year to complete. Under the task-based business model,

certain challenges were identified. Beneficiaries were not pleased to be assigned a different worker each time their case needed updating. Supervisors found it difficult to monitor work performance as cases were transferred in and out of workers' caseloads. This made it difficult to identify error trends and training needs; work accountability also became challenging.

Similar to Santa Clara County, Contra Costa County experienced a restructure within the continuing eligibility sector of the Employment and Human Services Department in the Medi-Cal and CalFresh programs. This resulted in the creation of the Medi-Cal Service Center in 2005. Continuing eligibility staff, who were previously carrying their own caseloads and located amongst several district offices within Contra Costa County, were centralized to one work location. The cases were then assigned to a general banked caseload. Casework was assigned to eligibility staff in a needs- or task-based manner, eliminating the individualized case management by a fixed assigned eligibility worker. The Medi-Cal Service Center currently operates under this task-based business model.

Benefits Service Center (BSC) compared to Medi-Cal Service Center (MCSC)

Both call centers share similar goals in striving to serve their communities in an efficient manner and offer the best customer service possible; however, there are differences in certain areas. For example, all eligibility technicians at BSC are combo workers, meaning they are able to work on both CalFresh and Medi-Cal cases. MCSC eligibility staff consists of CalFresh-only workers, Medi-Cal only workers, and a few combo workers. Also, the phone shifts at BSC consist of 2-hour daily shifts, while MCSC phone shifts consist of approximately two 8-hour weekly shifts. When on phone shift, BSC eligibility staff do not update cases. Instead, a task ticket is created through the Task Management Tool and sent electronically to the unit inbox where the case is assigned. This allows for rapid answering of calls waiting in the queue. BSC also uses its IVR phone system to prompt beneficiaries to enter their social security number to triage the call and route it to the assigned unit. If a unit member is unavailable, the call then routes to the general phone shift pool. When on phone shifts, MCSC staff are required to update cases. This becomes time-consuming when MCSC systems performance is delayed. As a result, beneficiaries experience long waiting periods. This also increases the call abandon rate at MCSC.

The manner in which casework is assigned at BSC differs from MCSC. Upon receiving paperwork, the BSC clerical team scans the documents and creates a task ticket via the Task Management Tool. The task ticket is electronically routed to the unit inbox, which is monitored by the supervising eligibility technician for worker assignment. Most all work is assigned by the supervising eligibility technician at BSC. In contrast, MCSC tasks are assigned primarily by the clerical team.

Tables 1 and 2 are charts that depict comparisons in the areas of staffing levels and caseload:

Successes and Challenges

With the implementation of the unit caseload business model, Santa Clara County experienced successful improvements in the areas of customer service. Casework is assigned amongst a team of 8 eligibility technicians, limiting the number of hand-offs between workers and therefore establishing better rapports with CalFresh and Medi-Cal program beneficiaries. Processing timeframes improved as well, minimizing the number of calls received. Supervisors are able to monitor work performance in an efficient manner. This structure allows for BCS supervising eligibility technicians to identify error trends and training reinforcement needs of eligibility technicians, therefore improving error rates within each program. Worker accountability also improved.

The unit caseload model has proven successful at the Benefits Service Center, however there are challenges of which to be aware. For example, supervisors play an active role in the assignment of work. Through the Task Management Tool, supervisors assign casework on a daily basis. This may be a challenge when

TABLE 1
Staffing

Santa Clara County BSC	Contra Costa County MCSC
BCS Program Manager 1	MCSC Division Manager 1
Social Service Program Manager 1 4	Social Service Senior Staff Assistant 1
Supervising Eligibility Technicians 27	Eligibility Supervisors 15
Eligibility Technicians 367	Eligibility Workers 99
Clerical Supervisors 2	Clerical Supervisors 1 permanent/ 1 Contract Temp
Clerical Staff 40	Clerical Staff 25

supervisory coverage is low. If the unit caseload business model is implemented, this challenge that can be mediated at the Medi-Cal Service Center, as unit supervisors work in teams of two. A lead worker can be established within team units to serve as a backup for the assignment of work.

TABLE 2
Workload

Santa Clara County BSC	Contra Costa County MCSC
Total combined CalFresh + Medi-Cal cases: 100,000 (effective 03/2014)	Total combined CalFresh + Medi-Cal cases: 73,109 (effective 03/2014)
Case-to-Worker Ratio: 422 cases per worker (422 case maximum per MOU)	Case-to-Worker Ratio: 762 cases per worker (no maximum established)

Recommendations

Contra Costa County MCSC will see an increase in cases in the near future. With the implementation of the Affordable Care Act, more individuals meet Medi-Cal eligibility requirements. Approximately 5,500 individuals currently active to an interim (8E) Medi-Cal aid type will be added to the pool of cases at the MCSC. Approximately 10,000 individuals formerly eligible to county-funded Basic Health Care will also be added to Medi-Cal. Projections show nearly 13,000 individuals will become eligible fpr Medi-Cal through the Express Enrollment Lane process where CalFresh-eligible households who request Medi-Cal are automatically eligible for and

TABLE 3
Case Growth (December 2013 – March 2014)

	CalFresh	Combo	Medi-Cal	Case Totals
January 2014	12,758	19,522	37,528	69,838
February 2014	12,729	19,858	38,535	71,122
March 2014	12,852	20,788	39,469	73,109
April 2014	12,310	22,494	43,678	78,480
	Growth % Decrease by: -3.51%	Growth % Increase by: 15.04%	Growth % Increase by: 16.39%	Growth % Increase by: 12.37%

placed on Medi-Cal. The Medi-Cal Service is already experiencing the impact of case growth. *Table 3* depicts case growth from December 2013 through March 2014

Recommendations for Contra Costa County are to:

1. **Form a Unit Caseload Business Model Committee** to discuss the implementation stages to transition from the task-based business model to the unit caseload business model.
2. **Improve the efficiency in which computer systems run.** The MCSC experiences many issues with the current scanning system, including images not loading in a timely manner and system shut downs. It would be helpful to explore CalWin to identify and resolve reasons for slow performance at MCSC.
3. **Use the Task Management Tool to allow MCSC Eligibility Work Supervisors to assign casework.** MCSC has access to this system, however additional functionalities may need to be activated in order to carry out this recommendation. Note: Allowing eligibility work supervisors to assign casework via the Task Management Tool will eliminate the need for clerical to assign casework to an eligibility worker's position control number (PCN).
4. **Use the IVR phone system to route phone calls to the appropriate unit when a beneficiary is able to enter their social security number.**
5. **Consider reclassifying all eligibility workers to multi-program workers (Medi-Cal Program Assistant).**
6. **Add more staff and discuss ways to retain staff,** as MCSC employee turnover is common.
7. **Offer crosstraining to CalFresh or Medi-Cal program regulations.**
8. **Offer reinforcement training to CalFresh and Medi-Cal program regulations.**

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