



Susan Mosier, MD, Secretary
Michael Randol, Director

Department of Health & Environment

Sam Brownback, Governor

Mr. James G. Scott
Associate Regional Administrator
Medicaid and Children's health Operations
The Centers for Medicare and Medicaid Services (CM)
Room 235, Federal Office Building
601 East 12th Street
Kansas City, MO, 64106

March 4, 2016

Re: Processing status report

Dear Mr. Scott:

This letter serves as KDHE's first status report. In the letter dated February 17, 2016, you asked the agency to provide an analysis of the processing backlog, an action plan for backlog elimination, an analysis of call center performance and an action plan for improving call center performance. Multiple factors contributed to the backlog and the challenges experienced in the call center. Some of the factors are:

- a. The Federal Market open enrollment resulted in over 13,000 applications being received during the months of November, December and January.
- b. On January 4, 2016, the eligibility determination work for the Elderly and Disabled populations was moved from another agency to KDHE. This resulted in an high volume of calls from people just wanting to know what impact that change would have on their eligibility.
- c. Additional calls were also received as a result of people believing they needed to have a 1095-B certificate in order to file their taxes.

The agency developed mitigation plans to address both the processing backlog and call center issues. The mitigation plan for the backlog was implemented last October. Since that time, the agency has continued to assess the processing backlog plan and updated our approach based on experience.

The processing backlog mitigation plan is composed of four elements: 1) staff augmentation/resource reallocation and realignment; 2) process improvements/system defects resolution; 3) mitigation of impact on beneficiaries; and 4) provider reimbursements.

- a. Staff augmentation and realignment: KDHE and its contractor have added 20 temporary full time eligibility staff. Additionally, KDHE has secured resources from other agencies. The targeted staff has experience with application and review processing and will be productive immediately. Overtime has been authorized for both State staff and contractor staff.
- b. Process improvements and defect resolution initiatives: The agency implemented a plan to ensure alignment of the defects resolution with the business needs. The first step was to perform on site observation of the processing staff to identify improvement opportunities. The second step was to create a list of top challenges encountered during processing and prioritize the implementation of system fixes/enhancements based on this

list. These efforts have resulted in a significant drop in processing time over the past several months from 50 minutes per application to 38-40 minutes per application.

- c. Beneficiary impact mitigation: To minimize the impact of the processing delays on beneficiaries, special attention is given to pregnant women applications, newborns and applicants with urgent medical needs. This inventory is closely monitored. The call center has a process in place to escalate for immediate processing any application or review identified as urgent. Specialized voice mail boxes have been established to report pregnancies or births.
- d. Once eligibility is determined, it is retroactively established as appropriate to ensure reimbursement of care to providers.

The workload analysis for the first half of February 2016 is provided in Exhibit A.

To address the call center challenges, the agency has taken the following steps:

- a. Analyzed the calls to identify the reason for the call and triaged appropriately
- b. Created specialized voice mails to triage calls and allocate to appropriate staff
- c. Redesigned the scripts to provide information to callers faster
- d. Realigned the IVR workflow to help callers navigate to the appropriate queue faster
- e. Created a special unit to handle the calls related to 1095-B inquiries
- f. Added 19 staff to the call center
- g. Added additional weekend hours to return voicemails
- h. Are in the process of developing an implementation plan for an automated voice response system to provide status information 24/7. Implementation target is the end of this month.

The call center statistics for the month of February are provided in Exhibit B.

If you have any questions or need additional information, please contact Christiane Swartz at 785-368-6296 or at cswartz@kdheks.gov.

Sincerely,



Susan Mosier, MD, MBA, FACS
Medicaid Director
Secretary of Health and Environment
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