

Department of Health Care Policy and Financing’s Response and Alternative to Connect for Health Colorado’s Eligibility Issues and Options Developed in February 2015

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Option 2a – Streamline SES Application Process, Single Systems Integration Vendor, and Joint Operations Related to Customer Service, Communications, Application Processing, and Training

Option 2a builds upon Option 2 as presented by C4HCO and addresses Broker and the Assistance Network issues, while providing a solution to the end-to-end system and operations issues the Customer Service Centers have in supporting the customer through all steps of the application process.

Summary of Option 2a

- 1) Streamline SES Application Process
 - a) There would remain only one SES, but some initial questions would be developed in the SES to skip screens within the SES. This would not a screening process, but instead minimize the number of questions a Customer or Broker would need to answer.
 - b) A wrap-up screen would be developed to provide details on why an individual is eligible for Medicaid, CHP+, or APTC, and how the APTC/CSR amounts were calculated.
 - c) The APTC/CSR amount would be generated within the SES, rather than a call to a C4HCO system.
- 2) Single Systems Integration Vendor
 - a) Deloitte would set aside developers and business analysts to work on the Streamlined SES Application Process, the 100+ high-level changes identified by C4HCO, and the remaining “Phase 2 and 3” SES projects on the current work plan.
 - b) Deloitte would become the Systems Integrator for C4HCO.
- 3) Joint Operations Related to Customer Service, Communications, Application Processing, and Training
 - a) HCPF would take a more active role in establishing a partnership with C4HCO in operations duties related to Customer Service, Communications, Application Processing, and Training. A steering committee would be formed between C4HCO and HCPF to help direct and coordinate these activities so both agencies are working towards the same goals and using aligned messaging.
 - b) The C4HCO and Medicaid Customer Service Centers would be more aligned by using the same CRM and call center scripts, so both centers could answer questions related to APTC and Medicaid eligibility.
 - c) HCPF would take a more active role in establishing a partnership with C4HCO in communications related to the SES and application process, so there would be a single voice to media, Brokers, and stakeholders.
 - d) HCPF eligibility operations staff would take an active role in assisting C4HCO to become a Medical Assistance application processing site.

Detail of Option 2a

1) Streamline SES Application Process

- a) There would remain only one SES, but some initial questions would be developed in the SES to skip screens within the SES. This would not a screening process, but instead minimize the number of questions a Customer or Broker would need to answer.
- For example, ask gating questions like “Is anyone in the household employed”, “Is anyone pregnant”, “Is anyone not a citizen or Colorado Resident” to queue screens only if the Customer checked any of the boxes. This will allow the Customer to bypass screens where client has indicated they have no data.
 - A CodeBaby Intelligent Virtual Assistance would be added to the SES. The licensing cost and work by policy and communications to develop the instructions and interactions are unknown at this time, but the benefits are expected to be substantial.
 - A new report my changes process could be developed for Customers who are currently receiving only APTC. This would create an interface that allows the Customer to enter data that is only needed for APTC, and exclude elements needed for other programs.
 - A set of Brokers will be involved in this redesign process, which is similar to how Counties were involved in the redesigned of CBMS. This will allow them to be part of the solution.
 - As a guiding principle in developing the streamlined SES application process, it is important that a new separate application is not developed where Medicaid Customers are treated differently than APTC Customers.
- b) A wrap-up screen would be developed to provide details on why an individual is eligible for Medicaid, CHP+, or APTC, and how the APTC/CSR amounts were calculated. In addition, this screen would allow individuals to understand why their household size for calculating APTC is different when a child in the household is Medicaid/CHP+ eligible, which seems to be a major point of confusion. For Brokers, this summary screen would provide details on what income the Customer would have needed to receive an APTC/CSR amount if the Customer was initially determined to be Medicaid eligible.
- c) The APTC/CSR amount would be generated within the SES, rather than a call to a C4HCO system. This will allow the wrap-up screen to be more dynamic to allow Brokers and the Assistance Network a more “what if” functionality when they have questions on the APTC/CSR outcome. Further, this functionality would allow Customers to select a lesser APTC amount if they don’t want the full APTC applied to their Qualified Health Plan (QHP) and would rather have that amount provided during tax filing.
- The hCentive product would be used only for the shopping and selection of QHPs, and would be not responsible for storing Customer data. This would eliminate the Customers being identified differently by SES, hCentive, or Call Center products.
- ⇒ HCPF and OIT would need to address a potential increase in CBMS operation costs regarding the storing of data and OIT would need to manage related security data plans.

- ⇒ How to properly identify and store data on clients who don't want Financial Assistance would need to be addressed. Since these clients may want Financial Assistance in the future, identify resolution needs to performed.
- d) HCPF staff would take leadership in developing and seeking approval of policy and application language changes from CMS/CCIIO, as all changes must be approved by CMS/CCIIO policy staff (i.e., CMCS), and the application process must meet federal regulations and contain enough information to generate a proper approval/denial letter with appeal rights. Currently CMS/CCIIO policy staff are not in the standard meetings held with HCPF and C4HCO.
- Protecting the Customer must remain the priority, and will be a concern for CMS/CCIIO in any policy they approve. Though some Customers may not want Medicaid, under federal regulations, they may be eligible and they must receive a proper Medicaid denial to receive an APTC. The ability to generate a streamlined application process, and allow Brokers to enter minimal information to receive an APTC for their Customers must be balanced by protecting the Customer and following federal regulations.
- ⇒ Remind Customers and Brokers that the APTC is a federal subsidy program similar to Medicaid, and that protecting federal funds must be the priority for HCPF and C4HCO. This needs to be continuously emphasized in communications and training materials.

2) Single Systems Integration Vendor

- a) Deloitte would set aside developers and business analysts to work on the Streamlined SES Application Process, the 100+ high-level changes identified by C4HCO, and the remaining “Phase 2 and 3” SES projects on the current work plan.
- Under the OIT Contract with Deloitte, this would be considered a new ‘C4HCO Only Pool’, which is what HCPF and DHS currently use to fund changes. This would require an OIT/Deloitte contract amendment, and probably would need to be a pass through HCPF, since the authority for OIT to directly accept funds from C4HCO remains a legal question.
- ⇒ Funding would need to be provided to OIT to increase User Acceptance Testing (UAT) staff, service desk staff, and a solutions architect, since additional hours to each CBMS Build requires an expanded agreement with HCPF regarding the maintenance and operation of the SES.
- HCPF eligibility policy staff would take the lead to review policy impacts based on proposed application changes, which may need CMS/CCIIO approval depending on the change. There is a concern that system changes are occurring to modify the application process, without including the proper policy review. HCPF eligibility policy staff would review the application changes and seek CMS/CCIIO approval when necessary.

- If the C4HCO changes only impact the SES, and no DHS impacts were identified, a reviewed streamlined governance process would be implemented to remove the need for DHS to review and approve the changes. HCPF eligibility system staff would take the lead to review system changes and identify if changes impact DHS programs.
- b) Deloitte would become the Systems Integrator for C4HCO. A systems integrator is a company that specializes in bringing together component subsystems and ensuring that those subsystems function together.
- Deloitte would assume responsibility for the development and modifications of the entire process, from end-to-end: SES; CBMS; APTC calculation; Calls to the Federal HUB; data interfaces and integration into the CGI, Service Center (e.g., IVR, CRM), and hCentive products; and reconciliation of information back into the SES.
 - C4HCO would need to contract directly with Deloitte for this service. Under this arrangement, current contractors (e.g., CGI) for C4HCO would be subcontractors taking their direction from Deloitte.
 - ⇒ Please note that OIT is in the process of re-procuring the Deloitte contract for FY 2016-17, so this needs to be taken into consideration within the procurement and that the Systems Integrator may change if Deloitte is not awarded the new contract.
 - Deloitte would need to supply project managers, business analysts, and developers under this arrangement. Some of the cost of the new Deloitte contract would be offset by a reduction in current contracts C4HCO has with other vendors.
 - ⇒ Current C4HCO vendor contracts, including the hCentive licensing agreement, would need to be evaluated and renegotiated to reduce costs. HCPF has experienced contracting staff to perform this review and help develop new agreements. In addition, the HCPF staff understand federal regulations that must be included in contracts when federal dollars are used to develop or license a system.
- 3) Joint Operations Related to Customer Service, Communications, Application Processing, and Training
- a) HCPF would take a more active role in establishing a partnership with C4HCO in operations duties related to Customer Service, Communications, Application Processing, and Training. A steering committee would be formed between C4HCO and HCPF to help direct and coordinate these activities so both agencies are working towards the same goals and using aligned messaging.
- b) The C4HCO and HCPF Customer Service Centers would be more aligned by using the same customer relationship management (CRM) system and call center scripts, so both centers could answer questions related to APTC and Medicaid eligibility.
- HCPF currently uses a CRM system on a Salesforce platform, which is easily accessed through a web based system, and is currently being used by counties and being integrated into the Denver Health medical assistance site. The CRM system was developed to be a statewide solution for counties and medical assistance sites, and has role based security access to reduce the ability for non-authorized users to see financial

- only program information. This system pulls in data from CBMS for the call center representative. The goal would be to include data from the hCentive product so both call centers would have easy access to the Customer's information when a call is received.
- ⇒ The licensing costs of the CRM system needs to be examined to understand the financial impact of moving from C4HCO's current CRM system, and the development cost of integrating hCentive data have not been priced.
- The CRM system would be used to standardize issues Customers are having, and reduce the manual counting that currently occurs with C4HCO. Currently, HCPF, OIT, and Deloitte do not have enough information and data from C4HCO's CRM system to properly assist in identifying issues that could be resolved by either a system solution, training, or changes to manual application processing to resolve issues.
 - The ability to do 'warm handoffs' between the customer service centers needs to be examined, as the technology and cost to accomplish this is not fully known at this time. However, with Deloitte as the System Integrator and the vendor for HCPF's CRM system, we expect this could be accomplished.
 - The ability to fully integrate a single Interactive Voice Response (IVR) system for HCPF and C4HCO and to have a joint call center with the proper cost allocation and cost sharing agreements between HCPF and C4HCO should be evaluated as a future integration opinion. This has the potential to reduce C4HCO's call center costs if they are receiving a significant volume of calls related to Medicaid only applications.
- c) HCPF would take a more active role in establishing a partnership with C4HCO in communications related to the SES and application process, so there would be a single voice to media, Brokers, and stakeholders. In addition, HCPF training staff would lead the development of training materials, including what information Brokers need to be certified to provide coverage through the SES.
- Misguided complaints on 'incorrect income', 'incorrect household', and 'incorrect APTC' calculations and 'incorrect Medicaid eligibility determination' by the SES, could be resolved by more education and training to Brokers and the Assistance Network.
- d) HCPF eligibility operations staff would take an active role in assisting C4HCO to become a Medical Assistance (MA) application processing site. This would eliminate the need for C4HCO to contract with HCPF or another entity to process complex applications or resolve Customer issues using CBMS. Instead, C4HCO would staff a unit with full access to CBMS to resolve issues and process applications directly within CBMS as needed. The Department would leverage existing funding sources to fund C4HCO for work related to Medicaid applications, similar to current payments to Denver Health and other MA sites.
- HCPF would take the lead in training and establishing the MA site within C4HCO. In addition, HCPF would provide oversight and operations direction to the MA site on a daily basis as needed.