Family Support Division
Call Center Operations and MEDES/Reorganization

Budget Committee
House Appropriations Committee on Health, Mental Health and Social Services

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Prepared by the Missouri Department of Social Services
Retooling FSD

FSD is undergoing a comprehensive transformation
- Upgrading technologies
- Converting paper-based systems to electronic
- Modernizing case processing workflows
- Changing approaches to customer service to provide greater access
- Changing roles and responsibilities for our employees
- Changing expectations to increase efficiency in case processing and effectiveness in customer service

Benefits
- Improved capacity to manage workload; flexibility to move the work quickly to any office in the state
- Increased staff productivity
  - Eligibility Specialist can develop deep expertise in specific program areas
  - State of the art technology gives Eligibility Specialists the tools they deserve to perform their jobs effectively
- Will allow staff resources to be realigned to focus solely on customer support and service
- State of the art technology affords new and varied ways to engage customers (on-line, phone, text, etc.)
- Expands the FSD presence in the communities where our customers live

Key elements of the transformation
- Contracted call centers
- MEDES automated system
- FSD Reorganization
Contracted Call Center Operations

- Call center contractor – Young Williams
  - 2006 – Child Support Program
  - 2012 – Income Maintenance (Medicaid, Food Stamps, TANF, etc.)

- The Young Williams call center is located in Jefferson City

- The Young Williams call center is not a substitute for front line staff
  - The Young Williams call center is designed to provide basic customer services, not complex case management
    - Requests for applications; change of address; questions about benefit authorization dates, benefit amounts, etc.
    - Young Williams call center resolves 55,000 calls in an average month
  - Complex case questions are transferred to state offices for handling
    - Young Williams call center transfers or emails about 53,000 in an average month
Call Center Operations – Statistics

![Call Center Operations Graph]

- **Time in Minutes**
- **Call Volume**
- **Abandoned Calls**
- **Calls Offered**
- **Avg Queue Time**
- **Avg Handle Time**
- **Avg Queue Goal**

Legend:
- Red: Abandoned
- Blue: Calls Offered
- Red Line: Avg Queue Time
- Orange: Avg Handle Time
- Blue Line: Avg Queue Goal
Call Center Problems and Corrective Action

Problem: Excessive hold times (Queue Time) for Income Maintenance Support

Response:
- Contract corrective action letter issued August 28, 2014
- Young William’s response
  - Add additional staff to satisfy call volume
  - Implement temporary Customer Service Representative Bonus Plan
  - Call triage for non-English speaking callers
  - Implement “virtual hold” technology
  - Review and refine call scripts to decrease talk time

Problem: Callers needing FSD assistance are not being called back

Response:
- Reassigned 128 state employees to food stamp interviews
  - Live person handoffs from Young Williams to state staff
- Improved strategies for managing FSD call-backs
- Created the Rapid Response Team (effective 10/1/14)
  - 40 dedicated staff to take calls requiring FSD attention
  - Live person handoffs from Young Williams to state staff – reduce reliance on email transfers
  - Focus on question resolution
  - Protocols for addressing “overflow” calls
- Upgraded phone software for better management of state calls
- Clarified lines of supervision
MEDES (Missouri Eligibility Determination and Enrollment System)

- July 2013 – Appropriation authority available
  - Request to begin project one year earlier was not approved by the General Assembly
- October 2013 – Citizen portal operational (federal law)
- January 2014 – MAGI eligibility standards operational (federal, state law)
  - Full MAGI functionality to be completed Winter 2015
- Future Development
  - Medicaid for Elders and Disabled – to be completed in late 2015
  - TANF, Food Stamps, Child Care, LIHEAP – to be completed in 2016

FSD Reorganization

- 19 Processing Centers have been established
  - Processing Centers dedicated to a specific activity, or processing a specific type of case
    - MAGI Medicaid (12); Spenddown (1); Medical Review (1); Nursing Home Eligibility (5)
- 76 customer Resource Centers established or in planning
  - 23 new (additional) community-based Resource Centers are in development
- Electronic document management allows work to be moved readily to any office in the state
  - 364 staff working in “virtual office” (i.e., processing casework from a county other than their own)

MEDES / FSD Operating Facts (since January 1, 2014)

- 150,000 Medicaid applications and account transfers processed by MEDES under MAGI standards
- 52,000 Federal Exchange Account Transfers processed by FSD staff
- 45,000 online applications have been submitted by citizens through the mydss.mo.gov webpage
- 170,000 parents and kids now have their Medicaid case managed by MEDES
- 1.9 million documents being managed electronically through SharePoint
MEDES / Reorganization – Problems and Resolutions

Problem: System bugs and programming in development hamper processing of certain cases

Resolution:
› Temporary manual “workarounds” are in place and developed as needed
   ◦ Newborns, Presumptive Eligibility, Prior Quarter Coverage, Pregnancy Coverage
› Escalation protocols
   ◦ Special mailboxes, web portals and other points of contact have been setup for providers, advocates and others to communicate problem cases rapidly to FSD specialists
› Special Case Processing Teams
   ◦ Jefferson City Team – An office which handles case processing of high volume/high risk cases and providers
   ◦ Complex Case Resolution Team – A temporary team of 30 experienced workers and supervisors responsible for resolving applications with particularly complex problems

Problem: Lost documents

Resolution:
› Implement FileNet (permanent solution)
   ◦ FileNet is the permanent electronic document management solution to be integrated into MEDES; SharePoint is an intermediate solution
   ◦ FileNet is much more sophisticated and will be integrated into the MEDES case management workflow
   ◦ FileNet implementation has started and will be completed next spring
› Improve SharePoint Performance (short-term)
   ◦ Improve SharePoint search functionality (September 2014)
   ◦ Monitor and record “lost document” situations to identify training needs
     • Documents are not often actually lost, but rather are not being found by the staff
› Upgrade local office scanning equipment
   ◦ Modern high-volume scanning workstations are being installed in all offices (August – October 2014)
   ◦ Professional-grade input equipment will reduce document indexing errors
MEDES / Reorganization – Problems and Resolutions (cont’d)

**Problem:** Poor Customer Service

**Resolution:**

- **Management Review Team**
  - Team of five experienced executive level managers working directly with FSD central office and front line managers exclusively to improve local office operations and customer service delivery
  - Studied local office workflow, operating procedures and customer management activities to identify inefficiencies, bottlenecks, etc.
  - Identified and in process of correcting poor coordination of work between the contracted Young Williams Call center and FSD offices (Resource Centers and Processing Centers)
  - Establishing standards for customer service and support
  - Clarifying and aligning managerial and supervisory responsibilities and expectations with customer service expectations
  - Working with local offices to reestablish or enhance local presence and community connections
  - Identifying and resolving staff training and equipment needs
    - Ensure front line staff have access to information systems needed to meet expectations for good customer service

- **Transformation Team**
  - A group of about 20 front line supervisors and workers to assist local offices transitioning from historic FSD operating basis to Processing Center or Resource Center
  - Provides support and training during office transitions
  - Works with local office staff to identify best practices and to communicate them to other offices across the state
Problem: Medical reviews delay
Resolution:
- Reviewed and corrected workflows slowing case processing
- Exam scheduling protocols are being reviewed and revised
- Additional physicians are being recruited for records review

Problem: Lack of Reporting
Resolution:
- MEDES reporting functions have been in development and testing is being completed
  - Resumption of regular program reporting is expected to begin in the next couple of weeks
  - MEDES programming to support resumption of IVR capabilities is scheduled to be completed by Winter 2015
- “Virtual” IVR has been established for hospitals and other high volume providers to obtain basic case information (application status, eligibility status, etc.)

Problem: Providers and Advocates have been strained by the system change and FSD reorganization
Resolution:
- Provider training and support on MEDES and document management system changes
  - Hospitals, FQCHs, Local Public Health Agencies
- Special case escalation procedures for high volume providers and support agencies
- Open and continuing dialogue with advocacy organizations to learn about problems and to communicate updates, solutions, etc.