

#### **HCPF Continuous Improvement Team**

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# **Background**

Colorado Eligibility Sites are required to meet state targets in the area of timeliness and accuracy. These targets are set to ensure those seeking Medicaid have access to healthcare coverage in a timely manner and are processed accurately. It's essential that Eligibility Sites have processes in place to monitor pending workload, quality of work, and productivity. This workbook was developed to support Eligibility Sites in understanding how to improve performance by coaching to key performance indicators (KPI's). This workbook is not exhaustive in all areas of an Eligibility Site's KPI's nevertheless establishes a baseline which can be applicable to all small, medium, and large Eligibility Sites within Colorado.

# What is Performance Improvement

The improvement of a business process, function, or procedure with the intention of improving overall outcomes. As well as the aim for staff to achieve better performance and outcomes in their daily work.

# What is Performance Coaching

Performance coaching is an ongoing process to build and maintain effective staff and supervisory relationships.

# **Performance Coaching**

From an Eligibility Site perspective, the idea of performance coaching is for staff to understand and be inspired by the KPIs that drive the operations of an Eligibility Site. In sharing and guiding staff around the KPIs, the goal is staff will help identify those issues that hinder performance for them and for the overall team. By including these KPIs in monthly 1x1 staffing, during Division meetings, and using visual data management techniques you will create a transparent culture that will improve performance.

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# **Performance Monitoring**

Outlined in this section are the KPIs that Eligibility Sites should be monitoring to improve performance.

#### **Timeliness**

Monitoring monthly timeliness

- 1. Monthly monitoring monthly monitoring is to measure Site performance.
  - This monitoring is conducted by the Executive Director, Division
     Director, Management, and Supervisors. This monthly monitoring is from
     a performance lens and performance is best measured over periods of
     time.
  - ii. There are fewer reactionary steps when monitoring monthly timeliness.
  - iii. The key for Senior leadership is to ask questions related to timeliness:
    - 1. What has caused a decrease in this month's timeliness?
    - 2. Did CBMS system builds, issues, or performance impact timeliness?
    - 3. Did we see an increase in workload?
    - 4. What is our vacancy rate?
    - 5. Did we complete exceeding processing guideline (EPG) work in this past month?
      - a. Completing EPG or Backlog will decrease timeliness. This could be a positive signal that an Eligibility Site is getting out of backlog.

#### Coaching

It's vital that the entire staff understands month to month the Eligibility Site's Timeliness Performance.

- 1. Coach timeliness during 1x1 staffing
  - i. Did the staff contribute to the timely count? Celebrate
  - ii. Did the staff contribute to untimely count? Conduct root cause analysis.
    - 1. Provide coaching, training, and guidance.
- 2. Share monthly Timeliness target to the entire Office using Performance visuals
  - i. Share MAP Timeliness outcomes once a month.
  - ii. Use a visual for staff to understand the progress month to month.
  - iii. Use visual data management techniques.
  - iv. Send the visual via email to all staff.
  - v. Post the visual in the office in central locations for all staff to view!

- 3. Can timeliness impact your County Incentive funding?
  - i. This performance measure has the potential to affect your funding through the Performance Compliance Incentive
    - 1. Operational Memo HCPF OM 22-054

# **Monitoring Pending Data**

The key to timely processing is having a structured monitoring plan of the pending workload. This plan will be built around the volume of pending workload.

Eligibility Sites will need to identify key team members to monitor pending data. The number of staff monitoring pending data will depend on the size and pending workload volume.

The team monitoring pending data if not the direct supervisors of the Eligibility Staff need to work very closely with supervisors and management when it comes to identifying trends and begin discussions with Eligibility staff.

- 1. Key areas to focus on when monitoring pending workload
  - i. Ensure applications are Al'd and Renewals are started into CBMS within two business days. This will give your Site a real-time overview of the pending workload. It starts here and being able to access your pending data daily is essential to a smooth operating office.
  - ii. Have access to the County Dashboard. The County Dashboard updates the pending workload every morning.
  - iii. If your Site has a work management tool and accessing data directly from CBMS, ensure the data analysts are using the correct pending SQL (structured query language).
  - iv. Monitor pending data daily. This will ensure the Eligibility Sites catches any variance in the data.
  - v. Set lead time targets that are Site specific.
    - 1. Example: The goal for our Site is to complete MAGI applications within 15 calendar days. Our lead time target is 15 days. This will ensure timely processing.
  - vi. Have a strategy around pending workload approaching exceeding processing guidelines (EPG).
    - 1. Set expectations to eligibility staff around this and for larger Sites have a person(s) designated to monitor pending work approaching EPG.

- 2. Another strategy is to conduct morning huddles and set daily output goals.
- 3. The goal is to prevent EPG or past due pending workload.
- 2. Key areas that need to be addressed when working backlog
  - i. Have a strategy when working EPG/Backlog.
    - 1. When in a backlog state we've experienced it's easier to create a strategic data driven plan on how and when the backlog will be completed.
    - 2. This data driven plan to complete the backlog using focus time through overtime and protected time for selected Eligibility Specialist, Leads, Trainers, and Supervisors. High output staff.
    - 3. Strategic data driven plans
      - a. Example 1: 200 applicants that are EPG.
        - i. 200 divided by 15 business days = 13 a day
        - ii. 3 high output staff x 5 a day = 15 a day
        - iii. 15 a day x 14 business days = 210 completed.
        - iv. 210 completed in 14 business days using three high output staff.
      - b. Example 2: 200 applicants that are EPG.
        - i. Two protected days or two Saturday overtimes
        - ii. 100 output each day
        - iii. 100 divided by 20 high output staff = 5 each
        - iv. 200 completed in two protected or overtime days.
      - c. This data driven plans can be scaled to each Eligibility Sites size and staffing levels. These examples are simply to show that by creating a data driven plan it's easier for you and the staff to see it's possible to reach the goal and it becomes less overwhelming.
  - ii. Work very diligently to not accumulate more backlog. So, staying focused to complete the timely work while working backlog is essential in eliminating backlog. We recommend that Eligibility Staff should work the timely pending workload during normal business hours. We call this "Hold the Line', hold the line in staying timely.
  - iii. Ensure you do not just focus on the backlog for just one program. In Colorado many times each program is directly tied to each other. For larger backlog projects, you must approach the pending backlogged work holistically (MA & CDHS programs).

- iv. If you're focusing on Renewal backlog do not place so much emphasis on Renewal backlog that Applications become backlogged. This can be one of the hardest challenges that arise in backlog due to shifting priorities and the focus to get out of the backlog for a particular area of pending work. Have workers work the oldest backlog while other workers work the newer backlog. The goal is that you will meet in the middle to eliminate the backlog. Example: The site has backlogged renewals from May to August. Have a group of workers working the May renewals and another group working the August renewals. Each would work to meet each other to eliminate the backlog.
- v. The following strategies are effective when addressing backlog; protected time for the office, delegate backlog to high output staff, overtime, and the Overflow processing center (OPC) can be used as strategies when tackling a backlog. Make sure overtime does not get ingrained into the office culture. Overtime should only be utilized to either eliminate a backlog or prevent the office from going into the backlog. It's essential to define the goals and expectations for the overtime plan.
- vi. Visual data management is essential in telling the story to the entire team.
  - 1. We recommend that the entire Eligibility team is updated weekly on backlog progress and output targets for each week.
  - 2. Bar graphs sent out in email are helpful or a slide deck that demonstrates the progress.
  - 3. When in the office, white boards, or a central location to tell your story visually can create significant momentum with staff.
  - 4. It does not take much yet it's key to share the story and targets with the entire team.
- 3. Celebrate Tackling the backlog can be difficult. Make sure to celebrate small wins. And once the backlog has been eliminated, make sure to celebrate this with staff and recognize all those involved.

#### Coaching

- 1. It's vital that Eligibility workers understand month to month the Eligibility Site's EPG or Past due workload and how they contributed.
  - a. Coach during 1x1 staffing
    - i. Did the staff have any applications or renewals EPG or past due? No, celebrate wins. Yes, conduct root cause analysis. Provide coaching, training, and guidance when needed.

- 2. Can EPG or past due pending workload impact your County Incentive funding?
  - i. This performance measure has the potential to affect your funding through the Performance Compliance Incentive
    - 1. Operational Memo HCPF OM 22-054

# Monitoring Completion and Pending Rates

Completion and Pending rates are performance measures used when applying first contact resolution (FSR). FSR is the operational philosophy to complete applications and renewals at the first touch. The purpose of monitoring these rates will be outlined below.

- 1. Completion Rate is when an application or renewal is approved or denied at first touch. Reference the examples below for completion rate targets.
  - i. The target for any office is to have a high completion rate. By doing this it will decrease rework, call volume, correspondence questions, lobby traffic, and create capacity for production.
- 2. When coaching to completion rates, review the following
  - i. What is driving your completion rate so high?
    - Examples of best practices: Making collateral contacts, understanding program verification requirements, using interfaces to verify income or resources, etc. Try and share these examples to other staff struggling to maintain a high completion rate.
  - ii. Your Quality Assurance reviews should factor in these completion and pending rates for each worker. The goal is to have high quality of work with high completion rates.
- 3. Pending Rate is when an application or renewal is pended at first touch. Reference the examples below for pending rate targets.
  - i. The target for any office is to have a low pending rate. By doing this it will decrease rework, call volume, correspondence questions, lobby traffic, and create capacity for output.
  - ii. Pended work impacts the office more than we can imagine and workers must understand the downstream impacts of them pending each piece of work. We need to make accurate eligibility calculations and in no way are we saying just approve/deny if not eligible. By reducing pending rates the office will notice a different atmosphere and will allow you to become proactive versus reactive with your workload.

iii. Your Quality Assurance reviews should factor in these completion and pending rates for each worker. The goal is to have high quality of work with low pending rates.

#### Coaching

Coaching Eligibility workers to understand first contact resolution principles and how their work impacts the Eligibility Site office. The goal of first contact resolution is to minimize touches and prevent clients/members from having to contact or submit documents multiple times.

- 1. Share monthly total Completion and Pending rates to the Division using Performance visuals.
  - a. Share Completion and Pending rates outcomes once a month.
    - i. Use a performance visual for staff to understand the progress month to month.
    - ii. Use visual data management techniques.
      - 1. Send the visual via email to all staff.
      - 2. Post the visual in the office in central locations for all staff to view!
    - iii. Coach during 1x1 staffing.
      - 1. Review completion and pending rates each month! Celebrate wins. Conduct root cause analysis. Provide coaching, training, and guidance when needed.
    - iv. When coaching to pending rates, review the following
      - 1. What is driving your pending rate so high?
      - 2. Office culture, a culture to over-verify
      - 3. Great customer service is the member receiving a quality determination at first touch.
      - 4. Are eligibility staff making collateral contact or contacting the member to obtain needed information?
      - 5. Not understanding program verification requirements and timeliness guidelines per program.
      - 6. Not using the work number to verify income or Asset Verification Program (AVP) to verify liquid assets.

# **Monitoring Output**

Eligibility Sites will need to create productivity goals based on the type of MA program and length of employment of the staff. Output from a Colorado Eligibility Site perspective refers to the number of applications, renewals, changes, or tasks a worker can complete within a day.

- A new Eligibility worker that has six months of experience should not be held to the same expectation as a worker with three years of experience. There are always expectations yet build your output goals around minimum expectations to allow workers to exceed and support in meeting daily, weekly, and monthly productivity needs within the office.
- 2. Tracking and monitoring output can be as simple as a daily log or as using an automated work management tool. Some Sites will create unique point systems per task which tie into their performance. Other Sites simply set minimum output goals and monitor the workers output.
  - a. It's critical that Supervisors are using output metrics during the monthly  $1 \times 1$  meetings with staff.
  - b. Supervisors should use data as a tool to explain business needs and how the employee contributes to the overall operational need and how this can impact our Colorado communities.
  - c. Output performance metrics should never be used as a tool to micromanage or create an office culture that creates a wedge between Eligibility Staff and Leadership.

#### Coaching

To inspire staff and reach a level of output that does not produce burnout, your office will need to find the balance between output and the staff's needs in the area of recognition. Every office has different needs and culture yet leading & inspiring your team is critical in reaching operational excellence. Things to consider when coaching to output!

- 1. Adopting a "Can Do Mindset"
- 2. Practice continuous improvement philosophy in maximizing your staff's talents and allowing all levels of staff to contribute to process improvement. Continuous improvement is about including all staff in process and performance improvement.
- 3. Celebrate wins both small and big!
- 4. Share monthly total Application and Renewal output to the Division using Performance visuals.
- 5. Use a performance visual for staff to understand the progress month to month.
- 6. Use visual data management techniques.

- 7. Send the visual via email to all staff.
- 8. Post the visual in the office in central locations for all staff to view!

# Monitoring QA error rates

Every Eligibility Site should have an internal business process that outlines how they will ensure quality is a component within their Eligibility Site operations and have a documented QA business process.

- 1. Internal: Eligibility Site QA process
  - a. Who is responsible for conducting internal QA reviews?
  - b. When will they conduct internal QA reviews?
  - c. How many QA internal reviews will be conducted?
  - d. Who monitors or is responsible to ensure that internal QA reviews are happening?
  - e. Is our QA review tool capturing the correct information?
  - f. What's the targeted QA review process?
  - g. How will you incorporate error findings into the new and ongoing training curriculum?
  - h. How will you communicate findings at an individual level and Division level?
- 2. External: HCPF Eligibility Quality Assurance Program (EQA)
  - a. Who is responsible for responding to case file request and error findings from EQA?
  - b. Who monitors to ensure the findings are corrected timely?
  - c. How will you incorporate EQA findings into trainings? How are you addressing errors at the systemic level?

#### Coaching

- 1. Share monthly total error rates to the Division using Performance visuals.
- 2. Share Error rate outcomes once a month.
  - a. Use a performance visual for staff to understand the progress month to month.
  - b. Use visual data management techniques.
    - i. Send the visual via email to all staff.
    - ii. Post the visual in the office in central locations for all staff to view!
- 3. Coach during 1x1 staffing
  - a. Review Error rates each month! Celebrate wins. Conduct root cause analysis. Provide coaching, training, and guidance when needed.
- 4. Can QA impact your County Incentive funding?

i. This performance measure has the potential to affect your funding through the Accuracy Performance Incentive

1. Operational Memo - HCPF OM 23-051

# Understanding the key performance indicators for Eligibility Sites

Eligibility Offices within the State of Colorado need to understand the key performance areas and tools to monitor performance. Eligibility Site Leadership will need to monitor the following data elements to know how the office, units, and individuals are performing.

1. This document will use the HCPF Performance Measurement (MAP) Program as a baseline for some of the performance measures and targets outlined below. There are other KPIs included that are not MAP related. This is not an exhaustive list of KPIs yet the minimum an Eligibility Site should be monitoring.

KPIs	Target	Tool	Signals in the Data	Utilization
Application 45 Timeliness	95% (monthly) Applications authorized > 45 calendar days are considered timely.	MAP Dashboards	Pending workload. EPG count each day will be an indicator of an increase or decrease in timeliness.	Review untimely count once a month and conduct root cause analysis.
App 90 Timeliness	95% (monthly) Applications authorized > 90 calendar days are considered timely.	MAP Dashboards	Pending workload. EPG count each day will be an indicator of an increase or decrease in timeliness.	Review untimely count once a month and conduct root cause analysis.
Renewal Timeliness	95% (monthly) Renewals authorized by the last day of the due month are considered timely.	County Dashboard	Pending workload. Past due count each day will be an indicator of an increase or decrease in timeliness.	Review untimely count once a month and conduct root cause analysis.
Application Pending workload approaching 45 & 90 days	Authorize prior to the 45 or 90 days depending on the Medicaid program	County Dashboard or Site Work Management Tool	Monitor pending data daily which will give you the number of applications approaching EPG 45.	Designating someone in leadership to monitor this daily will support in maintaining timeliness.
APP EPG 45	Select a point in time or average.  Sm: 3 Individuals  Med:	County & MAP Dashboards	Monitor pending data daily which will give you the number of applications approaching EPG 45.	Review App pending & EPG dashboard daily within County Dashboard.

KPIs	Target	Tool	Signals in the Data	Utilization
	5 Individuals Lar: 25 Individuals			
APP EPG 90	Select a point in time or average.  Sm: 1 Individuals  Med: 3 Individuals  Lar: 10 Individuals	County & MAP Dashboards	Monitor Pending data daily which will give you the number of applications approaching EPG 90.	Review App EPG dashboard daily within County Dashboard.

Note: Exceeding Processing Guidelines is referenced as EPG

KPIs	Target	Tool	Signals in the Data	Utilization
Timely Renewal Pending Workload	Authorize renewal pending workload prior to the end of the month.	County Dashboard or Site Work Management Tool	Monitor pending data daily which will give you the number of members needing to be completed prior to the end of the month.	Review HCPF Pending RRR dashboard daily within the County Dashboard. Filter to Start. Complete prior to the end of the month.
Renewal Pending Past Due Members in Started Status	Select a point in time or average.  Sm: 7 Individuals  Med: 15 Individuals  Lar: 150 Individuals	County Dashboard	Monitor County Dashboard which will give you the number of individuals needing to be completed by the end of the month to not increase this backlog.	Review RRR EPG dashboard daily within County Dashboard. Filter to Start. Complete past due renewals.
App Completion Rates	85% Completion rate MAGI  25% Completion Rate for LTSS	Site Work Management Tool, Site tracker	When completions drop with a worker from month to month, the Supervisor will review causes of fluctuation.	Monitor week to week and will be part of monthly performance coaching.
App Pending Rates	15% Pending rate MAGI 75% Pending Rate	Site Work Management Tool, Site tracker	Higher Pending rates could be the result of over-verifying, lack of understanding program	Monitor week to week and will be part of monthly performance coaching.

KPIs	Target	Tool	Signals in the Data	Utilization
	for LTSS		guidelines,	
Renewal Completion Rates	80% Completion rate MAGI 50% Completion Rate for LTSS	Site Work Management Tool, Site tracker	When completions drop with a worker from month to month, the Supervisor will review causes of fluctuation.	Monitor week to week and will be part of monthly performance coaching.
Renewal Pending Rates	20% Pending rate MAGI 50% Pending Rate for LTSS	Site Work Management Tool, Site tracker	Higher Pending rates could be the result of over-verifying, lack of understanding program guidelines,	Monitor week to week and will be part of monthly performance coaching.
MA Application Output	MAGI minimum 114 Applications a month per worker.  LTSS minimum 76 Applications a month per worker.	County Dashboard Site Work Management Tool, Tracker	Minimum productivity standards will allow Supervisors to monitor output month to month.	Monitor week to week. Coaching with staff happens once a month.
MA Renewal Output	MAGI minimum 114 Renewals a month per worker.  LTSS minimum 76 Renewals a month per worker.	County Dashboard, Site Work Management Tool, Tracker	Minimum productivity standards will allow Supervisors to monitor output month to month.	Monitor week to week. Coaching with staff happens once a month.
Accuracy: Incorrect Eligibility Determinations	Sm: Tier 1 - 7.3% Tier 2 - 14.6% Med: Tier 1 - 6.6% Tier 2 - 13.2% Lar: Tier 1 - 5.5% Tier 2 - N/A	MAP Dashboard	Review monthly data signals. What is contributing most to increased error rates?	Monitor monthly. Coaching with staff happens once a month.
Accuracy: Errors That Did Not Impact Eligibility	Sm: Tier 1 - 23.2% Tier 2 - 27.2%	MAP Dashboard	Review monthly data signals. What is contributing most to increased error rates?	Monitor monthly Coaching with staff happens once a month.

KPIs	Target	Tool	Signals in the Data	Utilization
	Med: Tier 1 -16.9% Tier 2 - 20.9% Lar: Tier 1 - 17.9% Tier 2 - N/A			

Note: Output data will depend on years of experience and type of App and Renewal. Knowing the CDHS Combo programs will take longer. The target is based on 19 working days in a month and six working hours a day.

MAGI Target: A eligibility worker at 12 months = 6 app/rrr a day x 19 working days = 114

LTSS Target: A eligibility worker at 12 months = 4 app/rrr a day x 19 working days = 76

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#### About the Author

Arturo Serrano has been working within Human Services for 19 years. In multiple capacities within County Human Services, he began to learn performance and continuous improvement philosophy, mind-set, and tools. From his initial County experience, he was able to travel and view multiple human service models over nine states which all faced similar issues with timely and quality processing. During the last five years of his career, he has worked at Health Care Policy and Financing supporting Eligibility Sites in continuous improvement and gained his black belt certification in Lean Six Sigma. He specializes in problem solving, root cause analysis, operational performance, and performance coaching. During free time he enjoys family, skiing, surfing, tennis, and friends.