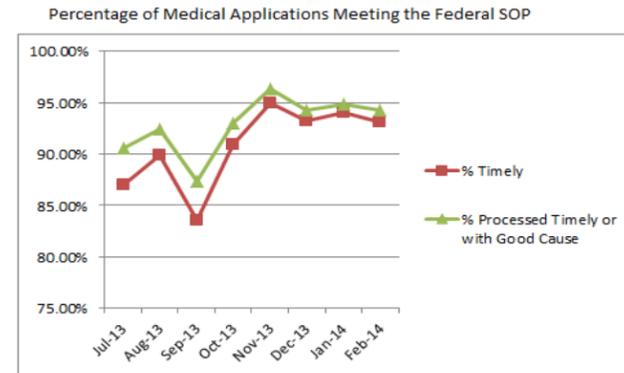
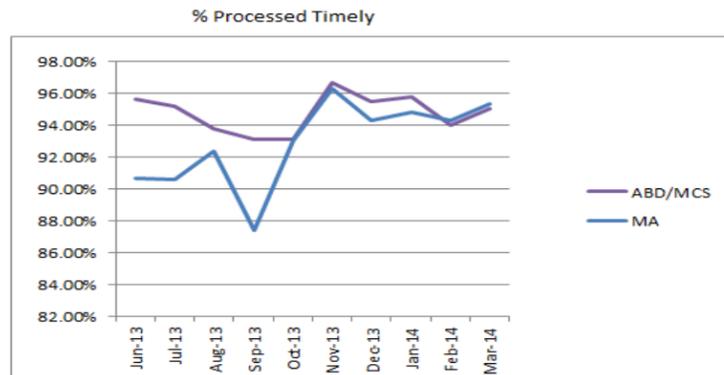


**Clarify the Problem**

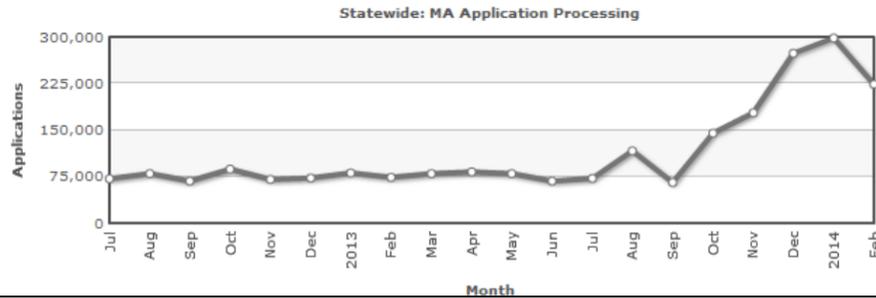
Providing accurate and timely benefits is vital to help meet the needs of low-income children and families and demonstrate good stewardship of public funds. The Community Services Division (CSD) currently meets or exceeds the Federal standard of promptness (SOP) for Cash, Basic Food and Child Care assistance applications. This A3 concentrates on medical assistance application SOP in light of recent Affordable Care Act (ACA) business process changes. As of February 2014, 94% of medical applications are processed within the federal SOP.

**Breakdown the Problem**



The data categories reflect the medical world prior to ACA implementation. The following medical programs are no longer processed by CSD: pregnancy, children's, family, bridge waived medical associated with Aged, Blind, Disabled/Medical Care Services (ABD/MCS), Alcoholism and Drug Addiction Treatment and Support Act (ADATSA). The remaining programs are those that historically take more time to process.

There is a dramatic increase in numbers at the time of the Health Plan Finder (HPF) implementation. Higher workload impacts processing times



**Target Setting**

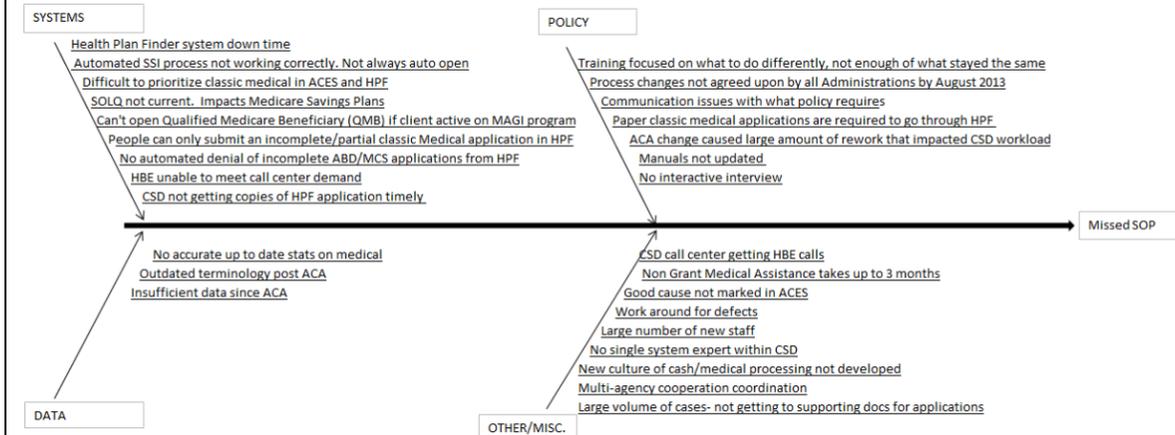
Application processing timeliness increases to meet or exceed Federal standards of promptness by July 2015.

Standards of Promptness for application processing vary by program:

- 30 days for Refugee Medical
- 45 days for Medical Care Services
- 60 days for all other medical assistance

CSD will achieve and sustain a minimum of 95% compliance with Federal Standard of Promptness.

**Identify Root Cause**



**Identify Countermeasures**

Root Cause	Proposed Countermeasure	Feasibility	Cost	Risk	Impact
Communication Issues, Training focused on changes only	Assess the impacts of Affordable Care Act (ACA) changes on medical programs remaining in ESA	High	Low	Low	High
Data definitions and data integrity, post-ACA	Update medical caseload terminology; Align core metrics with the current business scope	High	Low	Low	Medium
Mature post-ACA data availability	Collect and analyze March - June 2014 data, available in June 2014. Limit to applications received after 1/1/ 2014	High	Low	Low	Medium
CSD not meeting SOP after ACA	Identify targeted initiatives/recommendations for improvement based on the revised analysis of mature, post-ACA data Quality Assurance Focus Audit focused to determine missed SOP causes during April-July 2014.	High	Medium	Low	High
Coding cases correctly, manual processes	Value Stream Mapping (VSM) to review and improve ESA medical application processes	High	Medium	Low	High
Collaboration with other agencies	Multi-partner VSM with Health Benefit Exchange (HBE), Health Care Authority(HCA) and CSD for medical application improvements	Low	High	Low	High

**Action Plan**

ID#	Problem to be solved	Action Item	Lead	Due Date	Status
1	Limited customer access to classic medical, no interactive interview	Assess the impacts of the Affordable Care Act (ACA) changes on medical programs remaining in ESA	Medical Program Managers	5//2014	WIP
2	Mature post-ACA data availability	Collect and analyze March - June 2014 data, available in June 2014. Limit analysis to applications received after 1/1/ 2014	Chief of Operations	7/2014	WIP
3	CSD not meeting SOP after ACA	Identify targeted initiatives/recommendations for improvement based on analysis of mature, post-ACA data; ESA Quality Assurance Focus Audit focused to determine missed SOP cause during April-July 2014.	Chief of Operations	11/2014	WIP
4	Data definitions and data integrity, post-ACA	Align core metrics with the reflect current business scope	Chief of Operations	5//2014	WIP
5	Coding cases correctly, manual processes	VSM to review and improve medical application processes	Chief of Operations	7/2015	Planning
6	Collaboration with other agencies	Multi-partner VSM with HBE, HCA and CSD for medical application improvements	Chief of Operations	7/2015	Planning

**Evaluate Results, Standardize, then Repeat**