

VSM Workshop Charter

Title

Early Intervention Program

Workshop Sponsor	Workshop Project Lead	Workshop Facilitator
Maria Courogen/Richard Aleshire	Elizabeth Crutsinger-Perry	Cynthia Morrison/Susan Ramsey/Diana Ehri/Cher Levenson

Background

HIV Client Services' receives both federal and state funding to provide access to HIV anti-retroviral medications, health insurance premiums, and comprehensive medical services to HIV positive Washington State residents with income at or below 300% of the federal poverty level. By accepting federal Ryan White Program funds, the state is also required to re-certify clients' eligibility every 6 months. The program serves approximately 4,000 individuals annually. There are 5 program staff responsible for screening almost 530 client applications, and accompanying documentation, every month for program eligibility.

EIP receives applications from clients to potentially enroll into the program. From November 2011 through November 2012, the program received 6,354 applications for consideration. Of this total, 6,267 were processed (98%). During this same time period, the program shows a total of 4,854 clients with eligibility at some point. With this data, approximately 1,413 applications are processed annually but denied eligibility. An additional 87 clients applied to the program but did not complete the application process for review.

The 7-page EIP client application requires detailed information from the client and contains numerous boxes to check and signatures to obtain. In addition, the client must submit proof of their Washington residency, HIV-positive status, current health status and income. We currently first review the submitted application for completeness and if not complete, request the needed items. Once complete, staff reviews the application with its attachments and enrolls a client into the program if they meet all of the eligibility requirements. The purpose of this project would be to apply a Lean approach and determine how to improve upon this tedious and time consuming process. So that clients can get access to services quickly.

In October 2012, EIP revised the application process defined above to better accommodate the federal requirement for 6 month recertification of all clients and to reduce staff processing time.

All individuals applying to EIP for assistance for the first time or following a gap in coverage that exceeds 60 days must complete the full application and provide documentation of HIV status, Washington State residency, income and health insurance. After this initial process, clients will be reviewed for eligibility every six months in one of two possible options: In house mini-renewal or Standard mini-renewal.

1. "In house mini-renewal" is performed on clients whose family size is "1", the client has Medicaid, Medicare or Social Security Income. Eligibility staff review clients in this category based on income, residence and insurance information verifiable via online resources.
 - a. If online information is complete and client can be determined eligible for continuing services, a new eligibility letter is mailed.
 - b. If online information is incomplete or eligibility staff has questions regarding income, residence or insurance information, the client is sent a standard mini-renewal form by mail for completion.

2. The standard "Mini-renewal" is a 2 page letter for all other renewing clients who were not able to be renewed "in house".
 - a. The letter is pre-populated with the income, insurance and residence information currently in EIP's data system.
 - b. Clients must return the completed, signed and dated "mini renewal form" and include all required documentation by mailing or faxing it back to EIP.
 - c. Eligibility staff review the mini-renewal form and documentation.
 - d. If the information is complete, the mini-renewal will be processed for eligibility
 - e. If incomplete, the client is required to submit the missing information.

Once EIP eligibility screening is complete and eligibility is awarded, EIP staff authorize the contracted vendor for insurance benefits management to assist clients to secure health insurance. HIV Client Services contracts with Evergreen Health Insurance Program (EHIP), a program of Lifelong AIDS Alliance, to make premium payments on behalf of EIP clients as well as assist these clients with navigating and understanding health insurance options in Washington State. Once clients are enrolled insurance, their premium costs are billed to DOH for reimbursement. To enroll in insurance assistance through EHIP, EIP clients must complete an additional application. Also, insurance carriers often require their own application that clients must complete. EHIP staff assist with all of these required insurance applications but the time requirements and paper burden on clients and staff are significant. Annually, EHIP provides premium assistance and insurance support services to approximately 2,800 EIP clients. The data exchange for shared clients between EIP and EHIP is a manual process that typically involves three EIP staff and at least two staff at EHIP. The delay in information exchange and likelihood of data entry errors can be costly for the program and create access barriers for clients.

Aim Statement

Create an efficient process for determining EIP client eligibility and subsequent enrollment into EHIP by April 1, 2014. To accomplish this we will:

EIP Role:

- Begin successfully tracking applications received by two categories: mini and full by April 1, 2013.
- Establish baseline of completed full applications by July 1, 2013.
- Increase the percentage of completed mini applications from 80% to 85% by July 1, 2013 and to 95% by January 1, 2014.
- Once baseline result has been established on completed full applications, a target will be determined.
- Increase the percentage of EIP applications processed within 10 business days from 10% to 35% by July 1, 2013 and to 60% by January 1, 2014.

- Increase the average number of EIP applications processed per week from 120 to 150 by July 1, 2013 and to 200 by April 1, 2014 or 100% of applications received if less than these totals.

EIP and EHIP Combined Roles

- Decrease the staff time necessary at both EIP and EHIP to monitor data exchange from 40 hours per month to 10 hours per month by April 1, 2014.
- Modify data sharing requirements and processes to reduce duplicative work between EIP and EHIP staff.
- Eliminate the need for two separate client applications to EIP and EHIP by April 1, 2014.

Deliverables

Current State Map

Future State Map

Information to develop Implementation Plan

Metrics (Two phase process separated by program eligibility and enrollment)

EIP

- Percentage of complete full EIP applications received
- Percentage of complete mini EIP applications received
- Calendar days it takes to review EIP applications for completeness
- Time between when an EIP client application is received and when the client is awarded eligibility
- Number of EIP applications staff can process per week

EIP and EHIP

- Hours to monitor client level data across both programs
- Number of hours spent by EIP staff entering and monitoring EHIP report data
- Data matches between EIP and EHIP
- Number of client applications received by both EIP and EHIP

Scope & Boundaries

This value stream mapping event will start when a client applies or renews their application and end when the Department of Health inputs the weekly client information where insurance has been verified.

In scope:

- EIP Data input
- EIP data review, analysis and process of data matching
- EHIP data input, formatting, collection, and reporting

Out of Scope:

- Data systems
- Changes in data or eligibility elements

- Health Care Reform

Supplier	HIV client/medical case manager
Input	Personal HIV client information
Process	Enter and screen HIV client applications and their accompanying documentation for program eligibility: eligibility determination, enrollment in EHIP
Output	Provide access to HIV anti-retroviral medications, health insurance premiums, and comprehensive medical services
Customer	HIV client

Problem Statements & Effects

The eligibility screening process takes too long for client eligibility to be granted. Currently the wait time is 15 to 18 days from the time an application is received until eligibility is determined. This delay causes significant work load concerns for staff and delays in health care services for clients. The time lag also increases client phone calls, emails and medical provider questions regarding eligibility.

Because HIV Client Services provides access to life saving medications, comprehensive health insurance, and medical services, any delays in eligibility have the potential to cause health consequences for the individuals our programs are designed to assist.

HIV Client Services has limited funding for life saving health services making it necessary that the program and staff explore every possible cost efficiency. The more money the program saves by reducing errors, keeping data updated and avoiding overpayments, the more individuals the program can enroll and serve. Limited staff capacity is also a significant concern in this process. Currently, three staff people within HIV Client Services review or process monthly or weekly data files from the insurance contractor. This process can take up to a total of 20 hours a month. Additionally, four staff members from the insurance contractor also are required to prepare and review the data files prior to them being sent to HIV Client Services. This process also takes a minimum of 20 hours per month. The time staff spend on these process details, and often duplicative ones, reduces the amount of time that can be spent assisting clients with access to the health care services available through HIV Client Services and the insurance contractor. Process backlogs that come as a result also increase the likelihood of gaps in clients' health insurance premiums, difficulties at the pharmacy filling medications or medical claims that do not get processed correctly.

Workshop Date/Time/Location

Date	Time	Location
March 20, 2013	9:00 – 4:00	Department of Health, Town Center 3, room #224
March 25 – 28, 2013	8:00 – 5:00	Department of Health, Town Center 3, room #224

Workshop Participants

Name	Role/Function	Name	Role/Function
Elizabeth Crutsinger-Perry	Project Lead	Cher Levenson	Quality Mgmt. Coordinator/ Observer
Lori Delaney	Eligibility Specialist	Fran McBride	Eligibility Specialist
Martha Grimm	Eligibility Specialist	Christina James	Eligibility Assistant
Abby Gilliland	Eligibility Specialist	Kim Newkirk	Administrative Support Staff, HIV Client Services
Mark Baker	EHIP member, Program Manager	Yuliya Zakarenko	EHIP member, Data Base Administrator
Tabitha Jensen	EHIP member, Senior Director of Healthcare Access (observer)	Jon Choy	EHIP member, Quality Analyst
Nora Strang	EHIP Member, Insurance Advocate	James Ludwig	EHIP member, Insurance Advocate
Kevin Chandos	DOH, IT Specialist		

Rules of Engagement

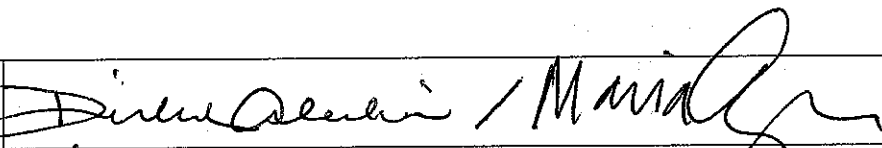
1. Demonstrate trust to other VSM Workshop participants.
2. Follow through on any commitments you make or assignments you accept.
3. Display professional courtesy during meetings and discussions with other VSM Workshop participants.
 - a. Listen to different points of view.
 - b. Maintain self-esteem of all participants.
 - c. Listen while others are speaking.
 - d. Provide VSM Workshop participants equal opportunity to speak on a topic.
 - e. Be positive and constructive.
 - f. Focus comments on the process, not the person.
4. Provide regular progress reports to the VSM Workshop sponsor(s).
5. Consider cost-benefit aspects of our products and actions.
6. Use consensus decision-making process.
 - a. Use multi-voting decision as our secondary decision-making process.
 - b. Use majority rules decision making as our tertiary decision-making process.
7. Keep sensitive information within the group.
8. Ask for help if you cannot complete your assignments on time.
9. Do not let cell phones, pagers, & laptops disrupt the workshop.
10. Have fun.

Roles and Responsibilities

The table lists who does what before and after the VSM Workshop.

Who	Does What
Before the VSM Workshop Starts	

Sponsor	Provides guidance and authorization to the Workshop Project Lead in <ul style="list-style-type: none"> • preparing the workshop charter and • selecting workshop team members
	Commits resources for the workshop
	Ensures leaders of associated function commit to providing resources for the workshop
	Provides opening comments to the workshop participants
	Attends the report-out on the final day of the workshop
Project Lead	Organizes the evaluation meeting to develop the workshop charter
	Ensures completion of the VSM Evaluation & Planning Phase Checklist
	Ensures the correct team members are committed to participating in the entire workshop
	Sends a meeting notice out to the workshop participants
After the Workshop Ends	
Sponsor	Hold Project Lead and Implementation Team responsible for achieving improvements (final results)
	Commit resources necessary to execute process improvement implementation plans
	Ensure leaders of associated functions commit resources necessary to execute process improvement implementation plans
	Support follow-on action plan status meetings
	Sponsor appropriate out-of-scope improvement recommendations and go-forward plans
Project Lead	Ensure workshop participants begin implementing their assigned actions
	Hold implementation meetings with key team members
	Keep track of all open action items and measure progress (i.e. first pass yield, number of transaction, cycle time)
	Link action plan improvements to the future state map

Signature of Workshop Sponsor:	
Signature of Workshop Project Lead:	