UHIP Progress Update

A Report to Governor Gina M. Raimondo

APRIL 26, 2017

Dear Governor Raimondo,

On February 15, 2017, I released an assessment of the Unified Health Infrastructure Project (UHIP) that revealed that the State did not receive a complete and functional system, negatively impacting our ability to distribute timely and accurate public benefits to clients. As a result of those findings, you chose to continue withholding payments from Deloitte as we renegotiate the UHIP contract. The assessment also put forward a short-term action plan to begin improving the experience for the clients, staff, and providers affected by the system.

The State and Deloitte have been working effectively to execute on this action plan, and our newly released monthly data dashboard shows that we are currently on track to achieve improvements in key outcome measures on the timeline identified in the assessment. Both Deloitte and the State have committed significant additional resources to more rapidly fix functionality that is broken, proceed with design and development of critical functionality that was not released at go-live, and ensure that field offices are sufficiently staffed to handle the volume of incoming work and pending applications. The State has also been working closely with labor union partners to get resources in the field as quickly as possible, and the advocate and provider communities have been instrumental in assisting the State with identifying outstanding IT and operational issues, suggesting changes to State policies and procedures, and validating fixes.

Of course, as you have seen in your conversations with clients, providers, and advocates and in your visits to our field offices, we are still experiencing significant challenges on the ground. Although some of our customer service metrics are beginning to move in the right direction, other measures are not yet at acceptable levels, and many important programs still face a number of widespread system issues that continue to cause frustration and hardship to clients and providers. These problems cannot be solved overnight, but improvement in client and provider experience will continue to accelerate as the changes to our technical and operational practices, as well as staffing capacity, begin to take hold.

While there is still a great deal of work ahead of us, I am confident that we have succeeded in putting in place the necessary conditions to drive significant additional progress over the months ahead.

Eric J. Beane

Chief Operating Officer & Acting Director of the Department of Human Services

Progress on key outcome measures

The top priority of the UHIP team is to ensure that all public benefits are disbursed in a timely and accurate manner to our clients. The UHIP assessment identified steps to reverse the deterioration in timeliness and the increase in pending applications that followed go-live, and set a short-term goal of stopping this backlog growth and beginning to achieve week-over-week reductions in pending applications by May 15. The State also committed to providing a comprehensive public monthly data dashboard to measure progress against these objectives, the first of which is attached to this progress update. A snapshot of updated backlog numbers as of April 26 is also attached.

The most recent data suggests that the volume of pending applications has leveled off and is now declining after rising consistently for the first six months after go-live, with many programs already experiencing week-over-week reductions. Although overall customer service at field offices has not yet returned to acceptable levels, measures do show significant improvement in certain areas.

- Total pending applications have stabilized and are now steadily trending downward, having declined from over 13,600 at the end of March to 10,579 as of April 26.
- There have been particular improvements in pending non-medical applications since late February. Non-medical applications have fallen from a peak of almost 5,500 applications in early March to roughly 2,800, an almost 50% decline.
- The most significant improvements have come with the Supplemental Nutrition Assistance Program (SNAP). Pending SNAP expedited applications has fallen from almost 1,000 in late February to about 300, and regular SNAP applications have fallen from approximately 2,100 to 704, a 68% decline in total.
- Pending Child Care Assistance Program (CCAP) applications have also fallen from approximately 700 at the end of March to 310. Backlogs in all other non-medical programs are declining as well.
- The data on medical applications is less consistent due to issues since go-live with extracting accurate data from the system, but the State has worked with Deloitte to improve accuracy and recent metrics suggest that the volume of pending medical applications is now holding steady.
- The average DHS lobby wait time stabilized at roughly 75 minutes for the month of March, the lowest recorded average since go-live.

Although there are signs of improvement, our clients and providers continue to face significant challenges. We anticipate that these metrics will begin to improve as additional staff come onboard and the rate of technical improvements increases.

- Only half of applications determined within a given month are being determined timely.[1]

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[1] The State anticipated that this figure would decline as staff more rapidly work through the backlog of overdue applications, after which it is expected to rise.

- Child care and long-term care providers are not receiving accurate payments through the system, and must instead undergo challenging manual payment and reconciliation processes.
- For many programs, accurate notices still are not generated and sent in a timely manner.
- The wait time at the DHS call center continues to hover at roughly two hours.

In the long-term, the State expects that the system will not only enable acceptable customer service for clients, but also that the system will operate in a modern, efficient manner. This will require that:

- A substantial percentage of applications are submitted through the customer portal, in addition to those submitted in-person. The State anticipated that UHIP implementation would make it easier for clients who want to apply online to do so, particularly for non-medical programs, thereby increasing convenience and reducing lobby traffic.
    - o The online portal is regularly used for medical applications. However, only about 400 non-medical applications were received through the portal during March, which is roughly 8% of the total number of non-medical applications received in that month.
    - o Achieving greater use will require that the portal is improved and that community partners are sufficiently trained on how to use the system.
- Worker productivity markedly improves above the levels experienced prior to go-live through the use of a modern, easy-to-use, workflow management system.
    - o Worker application processing times should fall, and the percentage of applications resolved in "one touch" without requiring a technical ticket or other intervention should increase.
    - o This would result in more applications processed per worker per day.
- Average time from application submission to eligibility determination falls well within guidelines for each program.
- The system fulfills the promise of enabling more timely, accurate issuance of client benefits and provider payments through an automated system, rather than relying upon error-prone manual processes or time consuming quality control processes.
    - o Benefit issuance is highly accurate, as measured by federally reported error rates for programs such as SNAP and Rhode Island Works (RIW).
    - o Long-term care and child care providers are able to handle enrollment and payment exclusively through their online portals, and receive automated payments on a regular schedule.

Progress on UHIP action plan

The UHIP assessment outlined a short-term action plan. The State and Deloitte have made significant progress on elements of this plan, resulting in the preliminary improvement in outcomes that is now visible on the ground. Milestones across information technology, operations, governance, and stakeholder engagement include the following.

Information technology

The UHIP assessment anticipated that a first wave of technical improvements for key applications and program areas would be executed by May 15. This objective remains on track, and in some high priority areas a first wave of improvements were released into production on April 8. Key updates include:

- **Child care**
  - Fixes to major known co-pay issues and correct calculation of federal poverty level are currently in testing with the State and providers and are scheduled to be resolved by mid-May.
  - Functionality that will allow providers to enroll 2,000 children in summer camp has been introduced to the system, and will be fully ready shortly.
  - Enrollment in direct deposit has begun and will continue through May and June.
  - Pay increases, retroactive pay adjustments, and reconciliation of previous inaccurate payments must still be completed in future releases.
- **Long-term care**
  - The Long Term Services and Supports (LTSS) unit at DHS now has a unique worker inbox, which will allow these workers to more efficiently identify and process applications.
  - The LTSS unit now has access to daily data on the status of pending applications, which will be used to actively manage efforts to reduce pending applications.
- **Customer portal**
  - A first set of usability improvements has been implemented. Among other changes, key fields such as date of birth are now unmasked so that customers can verify information, program description and question wording has been simplified, and buttons have been properly aligned with labels.
  - Upcoming changes include improved access to customer accounts, more logical navigation paths to enable easier application for multiple programs, and improvements to the visual interface.
- **Worker portal**
  - The worker portal has been streamlined with changes that simplify navigation of the interface, allow for easier completion of verification tasks, and enable minor changes to be made without re-running eligibility.
  - For instance, case notes have been consolidated into one screen, verification checklists have been separated from the eligibility screen, and workers no longer have to re-run application eligibility when updating address or email information.

- o Portal errors preventing workers from completing an eligibility determination are now being fixed on a bi-weekly basis.

Other additional improvements since the UHIP assessment include:

- **Data**
  - o 13 of the top 15 data issues that impact the most cases have been remediated.
  - o Tens of thousands of duplicate records have been reconciled.
  - o Data impacting eligibility has been fixed in over 46,000 cases.
  - o Incorrect data regarding family relationships have been fixed in over 4,000 cases.
- **Defect resolution**: Roughly 1,650 system defects have been fixed since February 15.
- **Medicaid**
  - o The State and Deloitte identified an error with the State Wage Information Collection Agency (SWICA) interface as a primary reason for an unexplained reduction after go-live in individuals found no longer Medicaid eligible through Post Eligibility Verification (PEV). A fix for this interface is currently in testing and will be deployed into production shortly.
  - o Due to issues with system communication between MMIS and RI Bridges after go-live, thousands of cases emerged requiring manual data reconciliation between the two systems in order to properly establish eligibility or ineligibility for these individuals. The State and Deloitte are now working through this backlog and will notify individuals who are found to be ineligible or newly eligible through this process.
  - o Some previously deferred functionality for the RIteShare program is being developed, tested, and phased into production, including functionality enabling the enrollment of new or existing employees into private employer RIteShare plans.
- **System performance**
  - o Due to stabilization activities, there have been no significant system outages since February 15.
  - o A chief cause of system slowness was identified and will be fixed over the next two months. The eligibility rules engine was physically separate from the databases and portals and will be logically and physically moved closer to the core system.

Both the State and Deloitte have substantially increased technical capacity on UHIP. Additional resources that are necessary to ensure that the IT work stream is operating in the highest possible gear are still being deployed.

- At the State's request, Deloitte has brought on over 130 new staff since February at no additional charge to the State, including senior project management staff, senior technical experts, and program subject matter experts. This has significantly increased Deloitte's capacity to address the various technical issues with the system. These new staff include the following capabilities:
  - o Experts in Medicaid, Child Care, Long-Term Care, and other program areas.
  - o System design architects and specialists.
  - o Data design and remediation experts.
  - o Technical performance engineers.
  - o Experts in systems integration and user acceptance testing.

- o Project managers and business analysts to track progress and adherence to timelines.
- o Clerical support staff.
- The State is simultaneously proceeding with its plan to increase the number of State project management staff and acquire contractor support to assist with system architecture and design analysis, testing, and other critical IT functions. These resources are already on the ground or will be fully deployed shortly to perform tasks that include the following:
  - o Assist State and Deloitte staff at the HSRI Contact Center with reducing the medical application backlog.
  - o Test interfaces that have defects or have not yet been deployed, and develop and execute comprehensive test plans for all new functionality or fixes being released into the system.
  - o Perform data reconciliation and quality assurance activities to ensure compliance with State and federal regulations.
  - o Assist with project tracking and management.
  - o Streamline business processes at field offices and call centers.
  - o Assist with analysis and production of design documents to ensure that technical fixes address State business needs.
- All changes and improvements to the system must now undergo a clearly defined process of problem identification, solution design, State testing, and readiness evaluation prior to being released into production.

Operations

With additional support from Deloitte and other contractors, the State has made significant progress in executing upon the planned staffing increase, revamping training, and better supporting employees in the field. The State expects that there will be more substantial improvements in customer service once additional staff have been fully deployed and trained.

Staffing

- The State has filled 115 of the 143 positions anticipated as part of the hiring surge, and hiring will be fully complete by mid-May. Fifty-one of these staff have already been on-boarded. These staff will be deployed to substantially reduce lobby and call center wait times as well as the volume of pending application work. These new hires include:
  - o Eligibility Technicians and Senior Eligibility Technicians
  - o Customer Service Aides
  - o Social Workers and Employment Career Advisors
  - o Supervising Eligibility Technicians
  - o Clinical Training Specialists
  - o Case Work Supervisors and Senior Casework Supervisors
- Deloitte has more than doubled its level of operational site support since mid-February.

Training

- Deloitte has augmented its training support team, and the State has begun implementing a new training plan for new hires as well as supervisors and managers.
- New DHS eligibility staff hires receive policy and systems training primarily focused on SNAP, and permanent new hires will have further rotations to gain deeper policy knowledge

and learn additional programs over the subsequent six months. New hires are paired with a more experienced staff member to assist them during their initial period in the field.

- As part of its staffing plan, the State is hiring nine new Senior Eligibility Technicians whose responsibilities include assisting with the on-the-job training of more junior eligibility staff.
- The State is continuing to develop plans for in-service trainings and interagency training plans.
- The State has also implemented daylong "refresher" trainings for supervisors and managers.
- The State is developing a more extensive training curriculum for supervisors and managers with the University of Rhode Island Center for Human Services.

Employee engagement

- DHS will implement a suggestion box to enable staff members to provide continuous feedback.
- DHS will be distributing a monthly newsletter to all staff that includes important updates and recognizes significant employee and team achievements, with the aim of developing similar communications for EOHHS and other relevant agencies.
- DHS is currently working to establish employee focus groups to allow for structured feedback on particular areas, beginning with training.
- DHS is preparing to complete a structured employee satisfaction survey in May 2017.

Other process improvements

- DHS is piloting new paper application formats to enable more rapid application processing during the interim period while system changes are being completed.

Governance

The governance structure of the project has been clarified and critical program areas now have single points of accountability, where previously responsibility was diffuse and unclear.

- The State and Deloitte have identified specific individuals as leads for all of the key functional areas of the project.
- The State and Deloitte are in discussions regarding potential contractual performance measures as part of ongoing contract negotiations. Pending payments to Deloitte continue to be withheld as these negotiations continue.
- The State and Deloitte are now using standard Program Management Book of Knowledge (PMBOK) standards on projects.
- A set of Key Performance Indicators has now been agreed upon and some are already in place, with others to be added in the coming weeks.
- Deloitte has provided the State with more detailed project plans with timelines for remediation of outstanding defects and deferred functionalities. The State is now holding Deloitte accountable for these timelines.
- UHIP is now operating within a standard Information Technology Infrastructure Library (ITIL) process framework including boards and committees to plan changes, maintenance and releases.

- The State is now building and maintaining an independent repository of essential project documents.
- The State has now instituted a freeze on changes to the UHIP system during the first three business days of every month to ensure that the system is not compromised during this peak period.

Stakeholder engagement

- The State has established a regular meeting cadence with both advocates and providers to facilitate feedback and communication. These include large meetings with the general community of stakeholders impacted by UHIP, as well as smaller meetings for particular segments, such as the State's monthly meeting with center-based child care providers.
- The State is ramping up the involvement of these organizations in remediation efforts to fully take advantage of their expertise and make interim processes more efficient.
  - A subset of child care centers is directly participating in testing of new functionality and fixes before they are released into the system.
  - Some advocates are embedded within the effort to improve the customer portal, and are assisting with issue identification, solution design document review, and release scheduling and planning.
- The State has instituted a listserv for social service providers through which it now provides updates regarding the system and DHS operations.
- The State has also provided regular points of contact to direct service organizations that have expressed a need to raise client-specific concerns.
  - Long-term care nursing facilities, for instance, each have a specific designated DHS staff member that they can contact to escalate issues, and home-based and other providers have designated contacts as well.

Progress going forward

In line with the expectations laid out in the UHIP assessment plan, we anticipate that basic backlog and client service trends will continue to improve over the next two months. During this time period, the State will complete a temporary increase in field staff, and the pace of technical system improvements is expected to accelerate with augmented State and Deloitte IT capacity and Deloitte's adherence to sound IT management processes.

However, the State continues to expect that many of the significant functionality issues with portals and program areas will require substantial time before they can be fully resolved. State staff, many providers, and clients still experience considerable frustration with performing basic tasks through the system.

As anticipated, new issues that were previously unidentified regularly crop up as the State and Deloitte expand efforts and begin to address areas that had received less attention in the months immediately after go-live. The State will regularly modify release plans to account for new issues that emerge and closely track Deloitte's progress to ensure that all major outstanding issues are eliminated within the next five to 10 months.

The UHIP assessment originally anticipated that pending applications would reach steady state sometime between September and early 2018. Based on improvements in outcome metrics and other factors, the State currently tentatively anticipates that reductions in pending applications and other work will proceed as follows:

- The non-Medical backlog of pending applications for DHS programs including SNAP, RI Works, and CCAP will reach an acceptable steady state level in summer 2017.
- The State will fully catch up on other DHS program work, including re-certifications, interims, and changes after this point.
- Pending medical applications, including applications for long-term services and supports, will reach steady state levels before open enrollment begins in Fall 2017.

The State will continue to work with urgency and dedication to ensure that all of our clients and providers are being effectively served by the UHIP system as quickly as possible. We expect that there will be more unanticipated setbacks and new problems that come to light. Fully fine-tuning and optimizing the system will be a multi-year effort that extends beyond our current focus on ensuring timely access to benefits and fixing what is broken. However, the conditions of success necessary to drive progress for our clients and providers are now in place, and we believe that outcomes will continue to improve in the months ahead.