

**LOUISIANA TELEPHONE RENEWAL INTERVIEWS  
FEEDBACK FROM LOCAL ELIGIBILITY OFFICE MANAGERS & SUPERVISORS**

*It is thought that allowing telephone interviews will result in worker's constantly being on the phone. . . . your [Louisiana] workers had reservations about changing the process. How did you win them over?*

**May 8, 2008**

**MONROE REGION (12 Northeast Louisiana Parishes)**

It just so happens we met with our Managers yesterday and I had each one of them give a report on their *WorkSmart!* processes going on their individual offices. Everyone of them stated that their workers have seen how much faster they can get their work done with telephone renewals. It took a few trying this and all of the other workers have "bought in" to this procedure. Also all the managers mentioned competitiveness among staff and the fact that they all want their names on the Progress boards and recognition. I also have to tell you that everyone loves their headsets and they don't miss any calls.

Becky McCain, Medicaid Regional Administrator for NE Louisiana  
Monroe, LA

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The most skeptical staff in the Region were convinced within a month's time in most cases. What they perceived as taking more time, was quickly noted as being faster. I heard repeated comments about easing cut-off pressure and streamlining caseload work which allowed more time for other duties (outreach, processing applications, locating clients). They learned that staggering their "call me" letters prevented a bottle neck of calls coming to their desk in most cases. The telephone headsets each office received were very timely in implementing this new way of processing renewals...the physical convenience is greatly appreciated by staff and ( I think) they enjoy the professional image these lend to the work-place.

Sonya Neyland, Medicaid Assistant Regional Administrator  
Monroe, LA

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Actually, I don't think anything I said would have made a difference. The way my workers bought into it was when one worker tried it for one month and she was able to reach more clients earlier in the month than she ever had before. She had heard another worker at the *WorkSmart!* Conference give a presentation on telephone renewals and wanted to try it for herself. I think if you present it as something you want only a few workers to try at first, it will make the others think maybe that is something they might want to do too. Also, you want your most progressive workers, the ones who are willing to do things differently, to do the first tests. These are also usually the younger staff who want to change things anyway. Older workers tend to get in a rut and have to be shown first that something works before they are going to exert the time and energy to change their routine. I hope this helps, I don't think my workers will go back to the old way of doing renewals and that is something I would have never thought I would say.

Donna Stevenson, Medicaid Area Manager  
Bastrop, LA

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Well, after the *WS* meeting when I learned that telephone renewals would probably soon be implemented statewide, I thought we might as well go on and get started with this change. I was concerned about staff and how they would react to this change as I have some older workers who are kind of resistant to change. But, I was pleasantly surprised to see them take the idea and run with it. I didn't come up with anything cute or new to get them to accept the change. I just said let's try it and see how it works and explained to them how we had heard that all the *WS* testers loved it. I tried to go over with them the things that Pat Simpson had covered in her talk to ease their mind s about being on the phone all day. Pat had said that the calls staggered in and maybe for a couple of days she might get several calls back to back, but it wasn't too bad. None of my workers have complained at all about too many calls on one day. All 5 of them just love the new process of completing renewals by phone. Also, I think since the client's all love the new process too, that makes it even nicer for the MA's. We have client's call us on their break from work or on their cell phones or anywhere and complete their renewal....I know here in this office or stats show that we are getting more than 60. The workers love saving the time scanning the renewal forms into the ECR, not having to wait for the completed form to come (or not come) in the mail, and in general less work for them each month not having to stuff the forms and business reply envelopes each month.

Julie Thompson, Medicaid Area Manager  
Winnsboro, LA

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I was lucky. I had done them as a worker and absolutely loved them! I explained how much quicker it was, less paper work to deal with, and less scanning too, not to mention relieving cutoff stress. The analysts were concerned about the amount of time that they would be on the phone too but the calls are so short and to the point that after the first month they saw that it wasn't a problem. All of the workers now agree that they will **not** go back to paper unless they are forced too. I guess it comes down to "just trying it" that first time, if they will they won't be sorry.

Marti Godwin, Medicaid Area Manager  
Oak Grove, LA

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Ouachita Parish had begin telephone procedures and we adapted it. We begin with a new worker who had no experience in the old practice of renewals. We did a PDSA with her. She liked it and understood the advantages over sending out renewal forms. It was the Analyst who promoted this procedure with me. Then we passed telephone renewal procedure to another new employee. End result, the Region encouraged all of Monroe Region to do. Its success became Regional procedure. All C Unit Analysts like it now that they are using.

Jackie Spencer, Medicaid Area Manager  
Ruston, LA

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I think we won our staff over by successful small and large scale testing after hearing how successful it had been in other offices. We first started with a few C-related workers and the next month all C-related workers. The analyst found this was much more productive than the old system of mailing renewal forms. They also found a time savings by not having to scan the renewal forms and

verifications into ECR. The majority of our analysts did not want to go back to mailing renewal forms. It has been mandatory since March to conduct renewals by telephone.

Workers must organize their time in order to handle the phone calls. They do this by mailing the contact letters (2R) in batches instead of all at one time. They have their information ready to make notes when the client calls in. We found most of the clients call in as soon as they receive the contact notice or on the last day.

Our procedural closures and renewal processing times have decreased significantly since we went to mandatory telephone renewals. Workers feel they gather more information from the client by telephone than they did with the renewal form.

Our D-related workers were not in the testing of telephone renewals. But they heard about the success our C-related workers were having with telephone renewals. Now all D-related workers are conducting telephone renewals either with the 2R or cold calling. They find cold calling works for them since most of their clients remain the same home with same phone number for years.

Geniece Piercy, Medicaid Area Manager  
Monroe, LA

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I think it is working because the worker is actually getting to talk to the client. The client likes it because they do not have to worry about sitting down, filling out a form and getting it put back in the mail. The worker is able to get more information while talking to the client on the phone. They don't have to request information after a renewal form has been returned. Some clients are not sure what they need to send so they don't send anything. Then worker has to request it again. It is always easier to tell someone exactly what is needed to complete the renewal. The client is more likely to respond with needed information.

Lisa Bass, Medicaid Eligibility Supervisor  
Monroe, La

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There was some opposition by workers in the beginning because they, too, thought they would be tied up on the phone all the time. But once some of them tried the phone renewals they realized they could better budget their time. Most of the workers in my unit mail their requests for contacts and have all the client calls due back within a 1-2 day time frame (usually 2nd week of the month). From what I see the worker spends the first week of the month completing all their exparte renewals. The second week they receive most of the phone calls. Some complete the renewal process while client is on the phone and some take all information and then work those renewals in the 3rd week. This allows the fourth week to concentrate on locating clients who have not responded. Most all workers will say clients call the first day they get their letter or wait until the last day. There is little or no scanning involved with a phone renewal. This saves valuable time. The upside also is that by asking client to contact worker the worker receives more accurate information. The worker can ask more direct and open-ended questions which gives a better picture of the situation. In the long run workers have seen less phone calls overall because they can answer Medicaid questions during phone renewal, update address/phones, reissue MEC's, etc. Workers can also review other available programs with client. This helps when reviewing a child case and Mom has a PW cert due within 2-3 months. Worker can discuss Family Planning, LIF-C, etc. In my own unit my workers are completing their renewals at least twice as fast by doing phone renewals than

they were when dealing with all the mail and scanning. I will say this 99% of my unit would not go back to the old way.

Sherry McMillan, Medicaid Analyst Supervisor  
Monroe, LA

## **NORTSHORE AREA**

Some of our Analysts (XXXX among several others) are eager to try anything new and want to make it work. They know if it fails they can go back to the old way. After experimenting, they finally hit upon the way that works best ("call me" letters work better than cold calls). They anticipated many calls after the letters went out and were resigned to this. They knew that answering the telephone would be all they would do for a couple of days. They were able to handle it because it was their mind-set. They learned to have more control over the process by staggering the "call me" letters. The point being that the process didn't develop overnight but success evolved through experimentation, trial and error. These folks were successful because they wanted it to work and they served as a good example for others.

Second group; those that are flexible but didn't see the value (XXXXX and others). They were happy with the old way because it served them well. Because of the success of our "early starters" they were easily convinced to try it. Their advice, "don't go into it full steam ahead". You might be setting yourself up for failure and will therefore hate it. Do a little at a time. Start with 20% working up to 100% over three to four months. Once they got into the process they found that it saved time in the long run and was much more efficient than mailing packets, waiting for responses and having to field a lot of telephone calls anyway.

The last group was, of course, the holdouts that never want change. Telephone renewals were mandated but, by that time, we had firm procedures and the transition was not nearly as difficult as our holdouts expected. If we had made this group adopt the process at the very beginning it could have been a gigantic failure. Even with this group, I don't know anyone in the region that would want to go back to the old system. To the person, they admit that this process is much, much better.

I hope this has been of some help. You may already have Barbara's presentation which she gave at the *WorkSmart!* Conference. It's attached in case you don't have it. It may be of some help to Kentucky if you wish to forward it. Please note that the slide mentions calling clients prior to sending a form, because one office tried it that way. That method is not recommended.

Henry Bennett, Medicaid Regional Administrator  
Hammond, LA

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The workers are resistant to change, however, if they know it is mandatory they will do it. It's like anything else, it takes getting used to. I have noticed a marked improvement in getting their renewals done faster. However, I still have 1 that is still very slow.

Pat Dixon, Medicaid Area Manager  
Bogalusa, LA

## NEW ORLEANS

I believe the basic approach is **"Try it, you might Like it"**.

Supervisors got the workers who were most willing to try it, involved. During meetings the supervisors had those using it give feed back. Then mostly through peer persuasion it was gradually spread.

As with anything some staff have aversions; but it was stressed that through direct contact you can ask questions and get better answers, because you can clarify what is being said when speaking directly to someone and it is of course much faster.

Of course if all else fails, there is always okay "We are going to try this" with the Work Smart ! approach. You start small, test and obtain data. Then you have evidence of success or failure.  
Harry Larsen, Medicaid Regional Administrator  
New Orleans, LA

The telephone renewal process was initially met with a little skepticism. A few workers assumed there would be a flood of calls that would continually interrupt their other tasks. However, with minor changes within their daily routines, workers now look forward to telephone renewals. It is a quick and painless process for our customers and it only takes a few minutes to complete a renewal that use to take at least five days.

The workers soon realized their assigned cases were being completed quicker and with less effort!  
Shanell Watts, Medicaid Supervisor  
New Orleans, LA

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Yes, at first, some of the staff members had negative responses to telephone interviewing concerned that they will be on the phone all day keeping them from completing their other tasks. However, during the Work Smart Test, the test participants found out how helpful this process is in completing their renewal cases a lot sooner, the majority of the analysts now wish they could complete the bulk of their renewals this way. The waiting time is cut down drastically. Having a telephone renewal form in front of them while on the phone with a client shortens the phone time. Also, they are able to ask the client the specific verifications necessary to complete the renewal.

Additionally, the East Jeff Analysts now are giving the clients other options of completing their renewals such as the Internet. The number of Internet renewals have been increasing. In 04-2008, 34 renewals via the Internet crossed my desk (they came in with the applications).

Fidella Massey, Medicaid Area Manager  
Metairie, LA

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Initially, I had a few workers that were apprehensive about doing phone renewals. They didn't want to be on the phone all day. The small scale testing and the *WorkSmart* renewal meetings really

opened their eyes to the benefits of telephone renewals (clarification of information, reduction of paper, processing time reduced, outreach, etc).

I would say the best way to win over the apprehensive worker is by using a worker that is very successful with telephone renewals. The successful workers in my unit constantly raved about the number of renewals they were able to complete within the first week of the renewal month (sometimes more than 50%) due to telephone renewals. One by one they all tried it. Most of the workers now have a great system in place to do telephone renewals at their convenience. For example:

1. They do their phone calls on certain days.
2. They send a certain number of notices on different days asking the recipients to call them. This keeps the workers from receiving so many calls on one or two days.
3. The above two strategies reduce the number of return calls the workers get unexpectedly throughout the day

I can honestly say that I rarely hear workers complaining about being on the phone all day. Finally, telephone renewals allow the recipient the opportunity to ask questions that they have been putting off in regards to Medicaid coverage. This will likely save the worker a call in the future.

Jeanette Kimbrough, Medicaid Eligibility Supervisor  
Metairie, LA

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I find the best method is to start small with staff who are interested in trying this efficient and faster way to complete their assignments. Be available to them to discuss feedback because initially the new process will feel overwhelming because of the phone usage and messages and not to mention that some staff are reluctant to let go of paper. In turn your staff will be the ones to draw the others into the process because it is just no way that this method will not prove beneficial.

L'Nez Peters, Medicaid Area Manager  
New Orleans, LA

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Supervisory approval for procedural closures has had a tremendous impact on retention. I see it as an incentive for both Staff & Supervisors to learn & use creative methods to locate these individuals. Speaking for myself, I would prefer to not review an additional 20-25, cases due to procedural closures. On the other hand, staff does not want to bring these cases to me either. They feel it is a reflection on their work methods & could result in a lower rating. When this process was initiated, both of us learned methods to find these individuals & we shared our trials & tribulations. Initially, making phone calls was a problem but over time it has resolved itself. The analysts' now see the bounties of making calls. They do not have to batch mail RI's & app's which also translates into less scanning too.

Regan Goyeneche, Medicaid Supervisor  
New Orleans, LA

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In the Metairie Office we started off slow. Some analysts who were set in their ways wanted to continue to send the applications but most went right into the phone renewals. Once they saw how much time was cut out of the process they loved it and this won over the ones set in their ways. I

even have one analyst who calls everyone and does the phone interview without sending any initial contact. Those he cannot reach he then sends a contact letter. He works way ahead though. The premises is that even when they sent an application they had to end up calling the client anyway so why not cut out a step. This way they can complete most of the renewals as soon as they make contact. On the contact letter to call the analyst they also have the online application website and they are getting more of these types of renewals.

Brenda Vercher, Medicaid Eligibility Supervisor  
Metairie, LA

## **LAKE CHARLES**

The telephone renewal process was initially met with a little skepticism. A few workers assumed there would be a flood of calls that would continually interrupt their other tasks. However, with minor changes within their daily routines, workers now look forward to telephone renewals. It is a quick and painless process for our customers and it only takes a few minutes to complete a renewal that use to take at least five days.

The workers soon realized their assigned cases were being completed quicker and with less effort!

Susan Ledger, Medicaid Assistant Regional Administrator  
Lake Charles, LA

## **LAFAYETTE**

As one of my renewal workers put it - I think that everyone should give it a try, what may work for me may not work for others but at least you could say that you have tried it and you either liked or you didn't.

Workers report receiving more accurate information much quicker. The phone renewals that are SUCCESSFUL result in less wasted time when trying to prevent procedural closures. Although the front end work is more time-consuming, it results in less follow up work for the remainder of the month. If systems are checked prior to or during the telephone renewal, follow up clearances become unnecessary.

In addition, workers report that for the most part, clients prefer completing renewals by phone.

As a MAM, I would suggest that workers handle as a PDSA (even if they don't understand term, etc). Try it for a few months, get data, talk over the problems/issues to see if they can be addressed & fixed, and THEN decide whether or not it's a viable option. I really think that if workers are mandated to try, with the agreement that it will be discontinued if it is not more successful than current methods, they will be inclined to give it a go. The workers will be hoping that they can prove management wrong, when they'll probably just prove that it works better.

Leslie Boudreaux , Medicaid Area Manager  
St. Martinville, LA

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One of the major pluses of doing telephone renewals is that it cuts down tremendously on forms that need to be scanned into the ECR. The analysts are able to complete the telephone interview, assess the situation and complete the budget( if able) much quicker than waiting on the paper forms. It did take some adjusting to, but it appears to be a better method of processing renewals.

Louissette Hulin, Medicaid Eligibility Supervisor  
Lafayette, La

### **CENTRAL PROCESSING OFFICE**

Initially the renewal workers of both Strategic Enrollment and Family Planning Units were very apprehensive to even try phone renewals on a small test basis. Now, we have workers that wouldn't consider doing it any other way and a couple that still prefer mailing the packets. They have since realized the freedom of being able to work on the case (often to completion) while on the phone with the client, no longer having to wait for the mail to get the renewal packet returned. For the required documents, now that the additional RightFax lines are available, we've been able to get each analyst RightFax and they like being able to receive faxes directly from their clients.

Lynn Rayburn, Medicaid Program Manager  
Baton Rouge, LA

### **SHREVEPORT REGION**

In Region 7 though we did experience some initial resistance from workers, the overall benefits of the telephone renewals seem to have changed their attitudes. We initially met with Supervisors and discussed ways to implement the telephone renewals and agreed we could try various methods to find what would work best. We let the workers come up with ideas which seemed to help in the initial testing because they felt like they had some input in the methods rather than just being told what to do. They tried methods such as staggering the mailings, dividing workers into groups to have some take calls on some days and swapping out to have the others take calls on other days, giving workers quiet times when supervisors would take calls for them, etc. We have found that renewals are processed much earlier in the month, eliminating much of the stress at the end of the month trying to complete these by cut-off. Workers usually receive their verifications much faster from customers, and customers seem to like the "personal" contact of phone calls.

Some of our C-related units are still testing, but the telephone renewals seem to be working much better than mail outs of the renewals and we are hoping to increase our processing times and avoid procedural closings by implementing this in our region.

Melinda Foster, Assistant Regional Administrator  
Shreveport, LA

### **BATON ROUGE REGION**

Speaking from the regional perspective, we have seen that testing is proving the case for us. When staff compile statistics and then review them as they assess their results, it's pretty hard to argue that TRs aren't effective in most cases. While people may argue with statistics, it's much harder to argue with numbers that you had a hand in producing!

Darrell Curtis, Medicaid Regional Administrator  
Baton Rouge, LA

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Jeannie and I talked about this and this is what we came up with it. In our office it started out with a test. XXXXX was the one who felt the challenge to try this. It was a huge success. I think he was surprised himself at what he accomplished in this process. Although, phone time increased but not to the extent that workers originally thought it would, because of the ex-parte renewals. Others that were a little reluctant to this felt his overwhelming response and now everyone is doing this. I

personally feel that sometimes we get a mindset and we do not want to embrace change but change is always good. Once something is tried and proven to be found true, then the picture becomes clearer.

Margaret Cutrer, Medicaid Area Manager  
Livingston, LA

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All offices in Region 2 did a PSDA on telephone renewals. Here in EBR I selected several of my caseload workers that were completing their scroll to close to deadline. They were a little hesitant but were not given a choice. We are now in our second month of testing and they love it. In fact, I had another worker ask if she could be part of the test.

Marcia Strong, Medicaid Manager  
Baton Rouge, La

### **THIBODAUX REGION**

We first had to win the Medicaid Area Managers over before they could win their staff over. We met with them and simply told them that we were implementing the telephone renewal process for the Region. We told them to expect resistant and anticipate problems, to be up front with staff and explain to the workers that it would take two to three months to get use to the change. The workers were concern with constantly being interrupted after they sent the notice to the recipients to call.

We told the MAMs to inform their staff to allow time and expect the interruption. When we said allow time we meant, organize yourself and work ahead like on your applications for example so that the calls would not be a nuisance because you are trying to finish something. We told them it may involved K-time or use the paid overtime to catch up and get themselves to a point where they would be able to deal with the daily calls. It also helped that a lot of the recipients called the Hotline and used the web address.

We also told the MAMs that the analyst would have to understand that in the beginning the pressure would be on because they would be working on two scrolls at one time. But the benefit was that at some point you will be ahead and less pressure at cut-off would be the reward.

By the second month the clerical staff realized there was less mail to open, the analysts realized that there was less mail to scan and by the third week of the month more that 60% of their scrolls were finished.

The MAM and MAS also had to be more vigilant in monitoring, to see where the analysts were with their scroll. It's been a hard push but the analysts have come aboard and accept this change in fact more that half of the analysts in the Region have approximately 65% to 70% of their scroll completed in the first week of May.

Margo Joseph, Medicaid Assistant Regional Administrator  
Thibodaux, LA

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This is one change that we really did not get much gripes about. Some of the reasons that I think it went over well or we won them over with are:

1. Analyst were already doing some telephone renewals, it was not a new concept thrown on them.

2. Before we actually started doing all telephone renewals we told analyst that this was coming and they had some time to prepare themselves for it mentally, had time to accept that it was going to happen. There were some who started testing it on their own.

3. Before implementing doing all telephone renewals the parish managers and regional all met to decide how we were going to do it, prepared written instructions, prepared sample statements to use on the RI or 2R, and came up with a reporting form to monitor progress. When it was presented to the analyst they knew exactly what they had to do, there was no guess work.

4. When we met with analyst after the first month there was a little griping but when they were shown that they had reported making contact with 72% of the March renewals by the end of February the only comment was aahhh. They proved that there was some merit to doing renewals this way.

In this region we have the analyst mail a RI giving customers the option of calling this office to complete a phone renewal, call the 1-800 number to complete an auto renewal, or to do an on-line renewal. Had we made the analyst do all cold calls the acceptance would not have been there.  
Todd Chiasson, Medicaid Area Manager  
Thibodaux, LA