Office of Payment Accuracy and Recovery (OPAR)
Annual Report
July 1, 2011 – June 30, 2012

Even with the challenges and changes we experienced this year, we stayed constant to our singular mission of providing our best service efforts, "… to support the Department of Human Services (DHS) and Oregon Health Authority (OHA) by assisting their programs in ensuring client and provider payment accuracy and by completing timely recovery of monies owed."

OPAR support comes in many forms from the revenue we help to generate for programs through our recovery efforts; the cost avoidance we produce in a number of our units and for a number of our most important DHS and OHA programs; the consultative, corrective, and/or maintenance roles we provide towards DHS and OHA client eligibility; or the deterrent we provide through rigorous audit, oversight, and investigative activities. In this regard, and on all fronts, this has been a successful year.

In brief though –
- Revenue generation finished up 4.8% and $1.7 mil over our projection of $35 mil returning badly needed revenue to the programs for reinvestment.
- Cost avoidance finished up 65% and $32.1 mil over our projection of $47.5 mil preventing avoidable misdirected spending and saving valuable program resources.
- Budget - expenditures were within our spend plan and we even returned $375,000 to DHS to further assist with budget deficits in other program areas.
- Our organizational health and job satisfaction remained in good shape (83% favorable) even during this somewhat unique time of budget and resource shortages and stress.

All-in-all, an excellent showing!

What is important to always remember is the money we recover may not be much in the context of the hundreds of millions spent annually on the programs, but to the adults, children, and families that we are able to serve as a result of our efforts it is very important. The table below reminds us how OPAR recoveries and cost avoidance activities translate into additional program benefits to needy clients.

Table 1: Client Served Equivalent from OPAR Recovery and Cost Avoidance Activities
(Benefits amounts are averaged and annualized – 1 year of benefits provided)

Program	Number of clients served 1yr of benefits
Oregon Health Authority and **Seniors and People with Disabilities** healthcare related programs – Oregon Health Plan, children's health, nursing facilities, in-home care, etc.	20,600
Supplemental Nutrition Assistance Program (SNAP)	5,000
Temporary Assistance to Needy Families (TANF)	440
Employment Related Daycare (ERDC)	50

As an office, we achieved a combined $116 million in revenue collected and costs avoided this past year, far exceeding last years $103 million. Since we projected $86.8 million for the year, we exceeded expectations by a total of $29.2 million (34 %) with an

office return on investment (ROI) of $9 for every $1 invested, again up from last years $8 for every $1. We also implemented process improvements that provided the office with cost savings or increased efficiencies valued at roughly $4.5 million through improvements in our data match and other process improvement efforts. Individual unit achievements can be found in the body of this report, so please read on.

As we enter this next year we have joined with the Office of Program Integrity. This combination will help us create an environment where we can even better help ensure those eligible for healthcare, SNAP, TANF, and ERDC benefits receive what they are entitled. All signs are that both of offices are looking forward to the alliance and the challenge.

I will end this message the same as I did last year feeling it important to reiterate; Oregon taxpayers, our clients, and those waiting for services deserve our best efforts at ensuring that DHS and OHA programs have integrity. This is why we exist, why we work so very hard everyday, and why we continue to look for ways to do our work in the most efficient and effective way possible.

Charles A. Hibner, CPA
Administrator, Office of Payment Accuracy and Recovery
Director, Office of Program Integrity

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Mission and Vision

Mission: The mission of the Office of Payment Accuracy and Recovery (OPAR) is to support the Department of Human Services (DHS) and Oregon Health Authority (OHA) by assisting their programs in ensuring client and provider payment accuracy and by completing timely recovery of monies owed.

Vision: Our vision for OPAR is to be acknowledged as a critical service provider in ensuring DHS and OHA payment accuracy and in delivering recovery services in an efficient, effective, and customer sensitive manner.

OPAR exists to:
- Identify, establish extent, and recover monies owed to DHS / OHA by clients, providers, and third party payers for services provided by our state and federally funded health and human services programs (in a customer sensitive manner), and return those monies timely to the programs in support of eligible clients and services;

- Work in collaboration with the programs to continuously improve the accuracy of provider and client payments, and program integrity (these activities are done in support of eligible clients and fiscal responsibility); and

- Serve as a deterrent presence through working relationships with law enforcement, client and provider organizations, and stakeholder groups, and by publicly communicating the outcomes of OPAR's audit, fraud investigation, and collection related unit activities.

These will be accomplished through the staff (approximately 175 FTE) and resources dedicated to our 2 sections and 12 units. These sections and units consist of:

Payment Accuracy / Third Party Liability Section: 　　Medical Payment Recovery (MPR) 　　Health Insurance Group (HIG) 　　Provider Audit Unit (PAU) 　　Personal Injury Lien Unit (PIL) 　　Fraud Investigation Unit (FIU) 　　Central Admin Services	Client Recovery Section: 　　Estate Administration Unit (EAU) 　　Overpayment Recovery Unit (ORU) 　　Overpayment Writing Unit (OWU) 　　Data Match Unit (DMU) 　　Client Maintenance Unit (CMU)
Business Advisory Unit (BAU): 　　Policy and Fiscal Analysis 　　Continuous Improvement 　　Budget Prep and Report Monitoring 　　Enterprise Program Integrity Support 　　ICM Info Tech Support	

Office Performance Results – ROI $9 to $1

Our office-wide measures of performance, targets, and results include:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Overpayment recovery $ generated	$36.7 mil	$35.0 mil	+ $1.7 mil	
Cost avoidance $ generated	$79.6 mil	$47.5 mil	+ $32.1mil	
Continuous improvement (CI)/ Program integrity (PI) events	5	15	-10	
CI / PI $ benefits generated	$4.5 mil	$.25 mil	+4.25mil	
Customer satisfaction	See comments	95%		Not measure in FY 2012.
Employee / workplace environment satisfaction	83%	85%	-2%	Percent of staff satisfied or better as of April 2012 survey.

Overpayment Writing Unit (OWU) - ROI $1.7 to $1

Unit Purpose: To identify and calculate overpaid benefits to DHS and OHA clients and child care providers, train branch staff regarding appropriate overpayment referral criteria. The Overpayment Writing Unit works very closely with Fraud Investigation, Overpayment Recovery Unit and Hearing Representatives to establish client and daycare provider overpayments.

Unit Activities:
- Identification and calculation of overpaid benefits in all DHS and OHA programs
- Client notification
- Work closely with hearing reps and investigators, and as a resource for branch staff.

FY 2012 Results in Brief:

During FY 2012 OWU continued to produce high numbers of overpayments in all programs. A total of 6038 written resulting in $13,732,711.49 established in new overpayment claims. OWU also:
- Successfully hired and trained three new writers and one support staff.
- Continued with the Integrated Collection Management (ICM) project collaborative meetings and provided information and feedback to stakeholders.
- Arranged and hosted training for staff to refresh their knowledge of non-citizen policy.
- Continue to work with Hearings Representatives to enhance and maintain a strong, collaborative relationship. Provided overview and documents about the 284A overpayment adjustment process to the hearing representatives during one of their unit meetings.
- Held regular quarterly Employee Development Plan meetings to support staff in setting and reaching goals.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Overpayments written – Medical	205	750	-545	
Overpayments written – PA (TANF/ERDC)	1001	1700	-702	
Overpayments written – SNAP	4340	3600	740	
Overpayments written – Day Care Provider	418	290	128	
Overpayments recovered – Day Care Provider	$106,500	$120,000	-$13,500	
Percentage of overpayments overturned	TBD	TBD	TBD	

Overpayment Recovery Unit (ORU) - ROI $1.7 to $1 (including FIU & OWU associated costs)

Unit Purpose: As required by state and federal law, the Overpayment Recovery Unit (ORU) recoups benefits that have been incorrectly issued to Department of Human Services (DHS) and Oregon Health Authority (OHA) clients in the Public Assistance (TANF), Food Program (SNAP), Child Care (ERDC), Oregon Health Plan (OHP) and other medical and cash assistance programs. Overpayments are debts owed to the State of Oregon, DHS, and OHA.

Unit Activities:
- Review new files for correct data entry and recovery potential.
- Respond to debtor phone calls. Explain elements of the overpayment including eligibility and reporting errors, overpayment calculation, hearing rights, and recovery process.
- Negotiate voluntary payment plans or implement involuntary recovery actions based on debtor action.
- Case-manage overpayment occurrences in the hearing process and bankruptcy and restitution status. Monitor benefit reductions, voluntary payments and the electronic submission process for state and federal offset, skip trace and review accounts for balance termination.

FY 2012 Results in Brief:

ORU continues to identify and improve our ability to research and monitor a number of key objectives to ensure optimal accuracy and integrity within the overpayment recovery program.

Continued to provide information and support toward the implementation of the ICM project. Identified all business functions to assure they were adequately addressed within ICM. Worked closely with the ICM Business Analysts to identify and evaluate potential risks to assure a successful implementation.

Utilized existing resources within OPAR, to validate and correct over 1,100 cases in the Treasury Offset Program (TOP) Mismatch report. This resulted in identification of more than 900 cases currently in TOP that showed a balance less than owed. This additional amount can now be recovered in TOP. In addition, we identified in excess of 200 cases in TOP that showed a higher balance than owed. Correcting this greatly reduced the potential for over collects and the need to generate reimbursement requests.

Increased communication and improved relationship with OFS – Receipting. Continued working toward mutually identified goals and in streamlining the receipting process. The outcome was an improved recode process that distributed task to be performed. Prior to this change all recodes were completed by one position which increased risk of delays.   In addition, worked with the Receipting Unit to increase efficiency in the process of requesting reimbursement checks. This reduced the number of days a client had to wait to receive their over collected funds which in turn reduced the number of incoming calls.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Overpayment $ recovered – Medicaid	$1.4 mil	$ .5 mil	+$.9 mil	
Overpayment $ recovered – SNAP	$6.3 mil	$4.7 mil	+$1.6 mil	
Overpayment $ recovered – TANF	$ .65 mil	$2 .15 mil	-$1.5 mil	
Overpayment $ recovered – Provider ERDC	$ .2 mil	$ .35 mil	-$ .15 mil	
Average $ recovered per Agent FY	$952,765	$900,000	+$52,765	
Average number of Overpayments per agent (caseload)	5160	5868	- 708	

Estate Administration Unit (EAU) - ROI $10 to $1

Unit Purpose:

> The Estate Administration Unit has responsibility for a wide variety of duties related to the recovery of medical assistance from the estates of deceased DHS and OHA clients. The unit is also involved in providing technical assistance to field units on such topics as property transfers, wills, trusts, conservatorships, guardianships, and other legal documents and proceedings. The unit ensures that federal and state laws and administrative rules are complied with in the recovery of medical assistance benefits.

Unit Activities:

- Research/monitor referrals
  - From field staff
  - Small Estate/Probate Notices
  - Conservatorship/Guardianship Notices
  - Request for Notice to Courts
  - Research and write claims in accordance with statute
- Negotiate Recovery
- Set up and track account receivable and mortgage files
- Review options for rule and policy changes that will benefit recovery efforts
- Research and disposition payments

FY 2012 Results in Brief:

EAU continues to identify and improve our ability to research and monitor a number of key objectives to ensure optimal accuracy and integrity within our estate recovery program. The most critical focuses for 2012 have been:

1) Implementing and improving our work flow processes to ensure more consistency throughout our unit, maximizing recovery dollars, while continuing to meet our customer service goals of timely, courteous and knowledgeable responses.

- Redesigned our work flow processes utilizing our new Integrated Collection Management tracking system (ICM) from the point of entry to the time a case is closed.
- Utilizing new statistical data for goal planning, reporting results and for individual and group performance measurement/management.
- Achieved success in meeting and exceeding our recovery projections by $1.8 million dollars for FY 2012.

2) Continuous growth in our ability to expedite dispositioning of foreclosed properties and increasing our opportunity for maximum recovery.

- Implemented processes, procedures, checklists and spread sheets for monitoring, ensuring accuracy and timeliness for the various types of A/R and Mortgage cases residing in EAU.
- Established strong relationships with DOJ, DOR, DVA, DAS and other professional partners to collaborate with, share best practices and utilize limited resources to achieve the highest return.

- Ongoing continuous improvement.

3) Ongoing team building exercises and frequent check ins with employees to maintain, boost or increase morale to ensure overall success in achieving unit objectives.
- Ongoing Employee Development Plan meetings to encourage our staff and to assist them in removing any barriers preventing them reaching their goals.
- Continue supporting an environment of open communication through daily huddles and weekly/monthly/quarterly meetings.
- Partnering with HR to have ongoing and regular team building activities.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Recovery Dollars	$19.6 mil	$17.8 mil	+$1.8 mil	
454D – Report of Death	7622	7728	-106	
647 – Report of Real Property	793	850	-57	
Request for Notice (RFN) submitted to court	1410	1092	+318	
Claims completed	1974	2375	-401	
Probate Documents received	6487	6,900	-413	
Average revenue generated per person per month	$133,333	$125,000	+$8,333	
Average closed cases per month	718	N/A	N/A	

Data Match Unit (DMU) – ROI $26 to $1

Unit Purpose:
The Data Match Unit works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity, while reducing erroneous benefits and identifying fraud. These reports produce revenue through cost avoidance and recovery in Medicaid, SNAP, TANF, and Child Care programs. In most cases the members of the team are able to assist branch workers by closing benefits for ineligible clients.

Unit Activities:
- Complete federally mandated data matches.
- Identify and work other matches for cost avoidance opportunities
- Support other OPAR units as needed
- Conduct touch base meetings with individuals working reports to review best practices

FY 2012 Results in Brief:

DMU continues to streamline and automate the current data matches while identifying ways to increase accuracy and maximum cost savings to DHS. The most critical focuses for 2012 have been:

1) Implementation of APPRIS, a database that provides real time incarcerations information to our Corrections Team.
- Used to identify people who are currently incarcerated in Oregon and surrounding counties in Washington, Idaho, and California.
- Created match against our Client Maintenance and Food Stamp systems to identify if incarcerated person is currently receiving benefits.
- Corrections team reviews charges, release dates, and other information to make a determination on if an action needs to be taken on their benefits.

2) Ongoing review of desk procedures for all major matches and job duties within the unit.
- All desk procedures were created with input from the staff currently working the report or data match, the lead worker, manager, and policy analyst to ensure accuracy.
- Desk procedures include screen shots to provide a visual for steps that may not be clear.
- High level flow charts were also created to be used to ensure steps are not being missed and have page numbers to reference within the desk manual if clarification is needed.

3) Designed a quality control mechanism to ensure consistent high quality work is being performed throughout each project / data match.
- Lead worker uses the flow chart and desk procedures created by the staff to review

that the most efficient and correct steps are being taken in the proper order.
- Each staff member gets a quality control review every three weeks to review QC findings, identify areas for improvement, and possible training opportunities.
- After enough data is collected, staff will work with management to help determine what QC % becomes our unit standard.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Cost Avoidance $ generated	$18.6 mil	$7.3 mil	+ $11.3 mil	

Third Party Liability (TPL) - Medical Payment Recovery Unit (MPR) – ROI $4 to $1

Unit Purpose:
The Medical Payment Recovery Unit is responsible for recovering Medicaid funds that have been expended on behalf of a Medicaid eligible client where other insurance coverage should have been the primary source for payment.

Unit Activities:
- Recovery and Collections
- Coordination of Benefits
- Account Maintenance

FY 2012 Results in Brief:

With the backlog nearing completion, MPR has begun looking at its internal processes for increased performance opportunities. We have developed new tools for staff to manage workflow, including a desk-specific work flow map, a monthly 'Open AR' report, and a new statistical/metrics document for recording individual monthly claims actions. We will also be developing a more robust review process to support work quality. As MPR and HIG become more integrated, we recently formed staff-directed work groups for Change Management, Documentation, Communication and LEAN Review. We are currently optimizing collection of some of our more difficult claims by working with HMS. While we do not yet have the ability to submit reimbursement requests electronically, we have begun working with insurance carriers to send these claims in a spreadsheet format, rather than paper format, for improved processing.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Overpayment $ Recovery – Medical	$5.0 mil	$4.85 mil	+ $.15 mil	
Average age of claims outstanding	TBD	TBD		
Amount of claims that age out	TBD	TBD		
Average cycle time for claim processing	TBD	TBD		

Third Party Liability (TPL) - Health Insurance Group (HIG) - ROI $42 to $1

Unit Purpose:
To ensure that third party resource information for DHS and OHA clients is entered accurately and timely into the Medicaid Management Information System (MMIS). This unit reviews, researches, analyzes, verifies and enters third party medical resources, which results in cost avoidance of Medicaid expenditures, recoupment of expenses incurred in error, and accurate and timely payment of claims.

To administer the PHI and HIPP (health insurance premium payment) programs by reviewing applications, verifying that all required documentation has been received and all eligibility criteria are met, and approving/denying for payment of private health insurance premiums.

Unit Activities:
- Identify, verify and enter TPL (liable insurer) information into MMIS within 30 days for dailies and within 24 hours for rushes
- Research DV/GC and CW/Adoptions information to ensure client safety and confidentiality
- Work MMIS COLD reports which produce new TPL leads and maintain accuracy of client records on MMIS
- Exempt clients from Medicaid plan enrollment and disenroll clients from Medicaid plans due to TPL
- Act as subject matter experts regarding HIPAA and exchange of insurance information for billing purposes
- Send integrity referrals to OHP if child is on CHP medical w/TPL so eligibility can be closed, or OPU w/TPL
- Send referrals to Overpayment Unit as needed
- Provide training to field service staff
- Administering the HIPP program. Duties include: obtaining diagnoses from DMAP; obtaining the previous year dollar amount of claims paid out by the insurance carrier and by the state, verifying premium amounts with insurance carriers and comparing to ensure that claims are higher than premiums prior to approving; sending vendor requests to AS Financial Services for set up; submitting 1479 vendor payment requests to AS Financial Services; sending approval notices to client and case worker; submitting monthly check request spreadsheet to Financial Services.

FY 2012 Results in Brief:

Cost Avoidance exceeded the target for the fiscal year, finishing 138% higher than projections. Also in FY 2012, HIG assumed full operation for managing the HIPP program from SSP. This program allows DHS/OHA to pay the premium rates for individuals to retain their private health insurance policy in certain circumstances. While this program requires the state to cover the premiums, the capital outlay is still less expensive in the long run when compared to enrolling those who are eligible for this program in CCOs.

HIG is also in the design phase for the interface between MMIS and our 270/271 provider, Emdeon. This new service will provide an electronic means to verify private health insurance coverage, and is expected to decrease processing times for 415H referrals, and improve the 6 month re-verification process. As a result, HIG will be evaluating their intake process to maximize the use of this tool, and improve operations.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Cost Avoidance $ TPL	$58.3 mil	$42.0 mil	+ $16.3 mil	
Cost Avoidance $ PHI and HIPP	TBD	TBD		
Percent processed within 30 days	100%	100%	0	
Average referrals processed per AS	2000	TBD		
Average throughput time per referral	TBD	TBD		
Error rates	TBD	TBD		

Personal Injury Lien Unit (PIL) - ROI $4 to $1

Unit Purpose:
To identify opportunities and recover Medicaid expenditures from clients' personal injury settlements.

Unit Activities:
- Research leads for possible injury incidents
- Provide customer service with internal and external partners (attorneys, insurance adjusters, case managers, etc.)
- Ensure appropriate compliance and financial recoveries by having the trauma reports run weekly
- Input data into MMIS as it is implemented for the unit

FY 2012 Results in Brief:

The Personal Injury Lien Unit (PIL) experienced a strong year in many ways. PIL added staff to it roster to work the trauma reports and perform the lien figuring. PIL enhanced its lien figuring operations by adding health care costs found through revenue center codes.

The unit also expanded its ability and knowledge through cross training with other OPAR units, specifically MPR and PAU. PAU also provided training information to be used in the regional meetings as facilitated by the Policy Unit of OPAR.

PIL continued its technical assistance and training strategies by having information in stakeholder newsletters, DHS branch communications, as well as letters to subrogation attorneys. These strategies proved highly effective in increasing the presence and awareness of PIL in multiple settings.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Overpayment $ Recovery	$2.15 mil	$1.95 mil	-$200,000	
Average age of open recovery	TBD	TBD		
Increase recovery with advancements in DSSURS queries and un-worked MCO liens	$100,000	$5000	$-95,000	Only active for one month.
Training and educational opportunities provided (includes publications/letters/on-site/web based/etc	5	3	-2	

Provider Audit Unit (PAU) - ROI $1 to $1

Provider Audit Unit is responsible for ensuring the integrity of the Medicaid program through the auditing of providers of Medicaid services and supplies, and conducting program integrity activities as required by federal and state regulations.
Unit Activities:

- Survey Utilization Reviews: Data mining of paid claims data
- Auditing: Screen provider paid data for identification of audit targets, perform audits following unit and government audit protocols; recover overpayments
- Provider Education: Performing provider education and technical assistance regarding audit protocols, federal and state program integrity initiatives, and compliance procedures
- Rule Advisory: Auditors assigned to the various rules of DHS and OHA as advisors for program integrity and auditability
- Coordinate of Program Integrity Activities: Coordinate program integrity activities with partners including the Medicaid Fraud and Control Unit, the U.S. Attorney General's Office, the Office of Inspector General, federal, state and local law enforcement, and the program integrity contractors

FY 2012 Results in Brief:

PAU launch a number of audits into provider types such as managed care, contract nurses, and FQHC's where limited audit work had taken place in the past. PAU and PIL worked jointly on a financial audit of managed care entities and their subrogation reporting.

In the past year, PAU has begun its work with HMS, the federally required recovery audit contractor. This work includes identifying audit opportunities, facilitating numerous provider outreach and education events, as well as securing appropriate recoveries in the Medicaid program.

PAU continued to impact change by bringing to the surface the need for policy or programmatic changes in specific provider communities, such as clarification of rule, coding assistance, and assisting the provider community to better prepare and understand their program integrity responsibilities.

PAU staff continued to take advantage of the Medicaid Integrity Institute (MII) for professional development and training. In addition, three PAU staff were chosen as faculty members for the MII. PAU also took advantage of cross training with other OPAR staff, specifically from MPR and PIL.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Overpayment $ Recovery	$1.05 mil	$2.15 mil	-$1.1 mil	
Cost Avoidance $	TBD	TBD		
Number of demand audits	10	20	-10	

Recovery Audit Contractor (RAC) audit revenue	$0	$.75 mil	-$.75 mil	
Number of MCE audits	13	13	0	
Number of algorithm audits performed and recovery / cost avoid	TBD	TBD		
Number of joint fraud investigations	2	3	-1	
Number of trainings provided	4	4	0	
Number of consultations with OHA / DHS on rules and policy	8	8	0	

Fraud Investigation Unit (FIU) – ROI $4 to $1

Unit Purpose:
Investigate allegations of recipient fraud in the following programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Employment Related Day Care (ERDC) and medical (Medicaid, CHIP, etc.).

FY 2012 Results in Brief:

FIU experienced a decrease of 141 cases in fraud referrals opened in FY 2012. FIU also experienced a down turn in the number of investigations completed by 52 cases. However, the cost avoidance projected savings increased from the previous FY by $541,800. Additionally, the dollar value of overpayments written as a result of investigations increased by $485,014. The overall bottom line for FIU shows an increase over FY 2011 in cost avoidance and production by $1,026,814. Contributing elements during FY 2012 include vacancy factors and changes in some program policy.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Cost avoidance $	$2.6 mil	$2.3 mil	+$300,000	
Overpayments and Intentional Program Violations (IPV) written	1117	1100	+17	
Investigations completed	2795 (371's) 904 (284's) 3699 (total)	3500 (371's) 1000 (284's) 4500 (total)	-705 -96 -801	
Referrals open to close	168 days	120 days	-48 days	

Client Maintenance Unit (CMU)

Unit Purpose:
Provide support to DHS and OHA field staff and process requests to assist with correction and/or maintenance of DHS and OHA client eligibility.

Unit Activities:
- Based on requests received from field workers, ensure client's correct eligibility by processing 148s, reports, phone calls, emails and faxes
- Provide training/education to branch staff on navigating through MMIS/ mainframe or checking eligibility on MMIS/mainframe. When necessary, re-direct request(or) to another section
- Identify possible problems and defects on reports communicating improvements made

FY 2012 Results in Brief:

CMU Continues to maintain and correct DHS and OHA client eligibility while upholding the integrity of all DHS and OHA programs.

CMU developed an electronic procedure to maintain unit stats and improve unit measurements and metrics.

Created a backup process within OPAR for the Direct Deposit responsibilities should the CMU Office Specialist be absent.

Reviewed and corrected current desk manual to reflect any changes due to the new MMIS.

Developed a process with Child Welfare to handle duplicated primes after implementation of OR Kids.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Percent of field requests processed within 24 hours	100%	100%	0	

Central Administrative Services

Unit Purpose:
Provide centralized administrative support for OPAR/PI units in order to gain efficiencies, to better utilize staff and to standardize work processes.

Unit Activities:
- Provide good customer service in support of OPAR/PI administrative functions
- Support other OPAR/PI units by providing accurate and timely completion of work assigned

FY 2012 Results in Brief:

Fiscal Year 2012 closed with the Central Admin team reduced to only two staff. Unfortunately, the needs of the office did not diminish. On the contrary, overall office needs increased and the Admin team rose to the challenge meeting and in some cases exceeding the requests presented. No longer were they only supporting the mail, supply, and basic paperwork processing, the team branched out to support the noticing needs of Overpayment Writing Unit, archiving and hearing request needs of Overpayment Recovery Unit, the IPV support process of the Fraud Investigations Unit, support needs of Estate Administration Unit, as well as managing the ever changing hiring and on-boarding request processes. To say that the team was put to the test was an understatement.

As stated previously, they definitely met the ever changing environment, delivering exemplary service. For their efforts, they were recognized as OPAR Team of the Year at the 2012 All Staff Meeting. Going forward in FY 2013, the team will be looking at ways to create a scanned archive system for old paper files, and integrate more paperless processes for the office.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Under Development				

Business Advisory Unit (BAU)

The OPAR / OPI Business Advisory Unit is organized to provide and includes such discrete services and support function as:
Policy and Analysis
Continuous Improvement
Fiscal and budget development, analysis, monitoring, and support
Management information development and reporting
Information Technology (primarily ICM)
Enterprise-wide program integrity support functions

Business Advisory Unit - Policy and Analysis
The OPAR / OPI Policy group works collectively with internal and external customers, as well as federal and state partners seeking opportunities for collaboration to fulfill the agency's mission and promote program integrity. The unit is responsible for rule interpretation, analyzing and sharing information, and developing policies that enhance payment and program accuracy, increase cost savings and recovery.

Group Activities:
- Analysis – Interpret existing state and federal policies. Monitor upcoming changes to federal regulations and state statutes. Develop and implement administrative rules and procedures relating to program integrity, recovery and cost savings for DHS and OHA.

  Further, as appropriate the unit will track legislative concepts and bills, provide feedback to decision makers, prepare testimony, and testify on bills of interest to OPAR / PI, DHS and OHA.

- Training – The Unit collects, reviews, and analyzes information received from many sources. The work product is then shared by formal and informal means with internal and external partners ensuring continuous process improvement efforts.

- Communication – Represent OPAR and PI in meetings, trainings and committees. Provide input aimed at partnering to achieve DHS/OHA objectives while increasing knowledge of OPAR and PI's mission and unit objectives. Provide timely communications to partners, OPAR and PI managers and staff.

- Relationship Building – Identify contacts, develop and maintain professional working relationships within the department, other state agencies, federal partners, providers and OPAR / PI staff.

- Project Facilitation – Coordinate projects and serve as project leads as required to complete project specific work, and/or implement changes to policies and processes throughout multiple divisions relating to program integrity, recovery

and cost savings. Often this will include such activities as facilitating communication between internal and external customers and stakeholders, facilitating regular and ad hoc project meetings and representing OPAR / PI interests in those meetings, briefing leadership and program management on project status, and preparing written summaries and other materials as required.

FY 2012 Results in Brief:

Worked closely with the Estate Recovery, Contracts and Procurement, DAS, and DSL on an ongoing project to develop a process to realize the best return on real property acquired through the estate recovery program
Issued policy guidance papers for estate recovery program staff to reference, with the objective of improving standardization and reduce having to review the same issues repeatedly.
Acting as a liaison between the Estate Recovery Program and the Overpayment Recovery Program so as to help minimize DOJ fees.
Worked with Adult Protective Services and Contract and Procurement to update and improve contracts with private attorneys that are nominated to handle guardianships, conservatorships and decedent's estates of DHS clients.
Worked with the Estate Recovery Program and DOJ to update forms used in the Estate Recovery Program accounts receivable program.
Proposed to APD a joint program to improve coordination and processing of trusts affecting eligibility and estate recovery.
Worked with the Oregon Bankers Association regarding estate recovery issues with an Oregon bank.
Worked collaboratively with representatives for DHS and OHA to implement policy and procedures changes regarding incarcerated clients.
Provided training and guidance to field staff.
Provided feedback to the Self Sufficiency, APD and Child Welfare groups regarding system issues and worked collaboratively to resolve the issues.
Participated in various workgroups involved in the Modernization project, providing information and participating in decision making.

Relevant Metrics:

Element	FY 2012 Actual	FY 2012 Target	Variance	Comments
Under Development				

Business Advisory Unit - Continuous Improvement (CI)
Identify process improvement opportunities, provide training and expertise on Lean principals, assist in metrics development, facilitate Lean events, and cultivate a self-sustaining Lean culture within OPAR.

Unit Activities:
- Coordinate the implementation of DHS Roadmap initiatives within OPAR. Collaborate with office staff to identify organizational and process issues, generate alternatives and develop solutions using Lean methods. Consult with the DHS Transformation Initiative team and division administrators on methods to bring change into effect and recommend strategies to improve work systems. Provide leadership in implementing those changes and continue the organization transformational efforts of DHS within OPAR.

- Establish criteria for the measurement and identification of office effectiveness. Develop methods of improving operations, and make effective recommendations to management.

- Facilitate rapid process improvement events. Identify barriers and work with managers/ Administrator to remove barriers. Design and implement organizational change strategies.

- Facilitate and establish the desired level of focus on reducing waste to yield concrete operational and process savings, productivity savings and gains. Coordinate and provide expertise in the formation and ongoing use of local Lean Daily Management System (LDMS).

- Coordinate with the DHS Transformation Initiative Team in implementing initiatives in OPAR that are intended to fulfill the goals and objectives of the DHS Roadmap. Participates in various Lean meetings. Present relevant information related to trends and organizational change barriers and enablers. Support the process of reinvesting/redirecting resources as a result of savings and efficiencies.

- Coordinate and provide expertise for developing, tracking and monitoring performance metrics from Kaizen events, dashboard displays, rapid process improvement and change project events. Track benefits and progress of lean activities and assess organizational challenges to implementing Lean events

- Facilitate training and education related to lean thinking and change management processes and strategy. Lead workgroups, and collaborate with the DHS Transformation Initiative team, training and development staff, and others in DHS on design and delivery of targeted training. Provide technical assistance and learning opportunities for division staff and subject matter experts regarding Lean methods, tools and techniques as needed

FY 2012 Results in Brief:

The Business Advisory Unit Continuous Improvement leader has worked with units to accomplish:
- 20 Keys training for all units
- 21 Keys Employee Development/ Employee Recognition Teams -

Recommendations were adopted by OPAR/PI
- DMU enhanced wage match and correction match project completed
- OWU Backlog project begun- Potential for significant additional recovery
- OWU Translations project begun- Potential saving of $6,500/ yr.
- PIL DMV Report project begun- 100 hrs/ yr spent processing errors, costing $2300. Saved hours could be redirected to provide further cost savings/ recovery
- CMU Error Processing- $7000/ yr. spent processing errors.

Relevant Metrics:

Element	FY 2012 Target	FY 2012 Actual	Variance	FY 2013 Target
Number of CI events	15	5	-10	15
Benefit generated by CI events	$.25 mil	$4.5 mil	+$4.25 mil	$.25 mil
Percent of OPAR trained to practitioner level	TBD	TBD		TBD

Business Advisory Unit – Information Technology (ICM)
Provide direct hands-on support for the design, implementation, project management, and maintenance and support of OPAR's Integrated Collection Management (ICM) system project.

2012 Results in Brief

The Business Advisory Unit/Integrated Collection Management Project has:
- Completed workflow configuration and conversion requirements for EAU
- Implemented ICM for EAU case tracking (February 2012)
- Established ICM Change Control Board
- Completed workflow configuration and system configuration for ICM Phase 1 (OWU, ORU, Receipting)
- Completed initial design & development of reports and letters for ICM Phase 1 (OWU, ORU, Receipting)
- Currently 90% complete with design & development of 28 interfaces required for ICM Phase 1