

**County** Wake County Human Services  
**Department of Social Services**

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**Project Title** Providing Access at the Point of Service through Collaboration

**Category** Innovations in Services to Customers  
(Please select one)

### **Project Description and Summary**

**What did you do?**

**Describe your program or project. What did you do? What is the history behind the program/project? What did you hope to accomplish? What was your timeline? Your budget? How did you identify your objectives? How well did you use available resources?**

Project Description: Providing Access at the Point of Service through Collaboration

The county and hospital have always known that providing access to benefits at the point of service is an efficient and user-friendly method of delivery. We have had a longstanding relationship, dating back to the 1980s, yet had not explored expanding the points of service beyond the

two major hospitals in our system. We had not delved into the idea of providing expanded weekday and weekend hours for these services at other hospital sites. Management staff members in both organizations worked together to extract data associated with the number of uninsured patients who presented at freestanding emergency departments. As a result of that study we discovered that thousands of uninsured patients were presenting at the sites on a monthly basis. We immediately understood that we had a tremendous opportunity to reach patients at the point of service. Our goals included: increasing access to persons who were interested in applying for Medicaid benefits; reducing the use of emergency rooms as a source of primary care; securing a medical home for patients approved for Medicaid, and providing greater continuity of care to county residents, as well as residents of neighboring counties.

The operational proposal included placing case managers in these emergency departments. We worked with hospital management to determine where the case managers would be housed and how they would approach uninsured patients. We studied the laws of emergency departments extensively to ensure that our case managers would be following the same rules that the hospital follows. Our planned objective was completing an interview/application with each uninsured patient on site to evaluate for potential Medicaid eligibility, and providing a high level of customer service by establishing a direct contact for the patient to use throughout the Medicaid process. We also wanted to provide venues for patients that were close to their homes and open outside of typical business hours so that they could provide information necessary for eligibility determination. After many hours of evaluation, we determined the peak hours for uninsured patients at each site and determined what hours and days of coverage would be most beneficial to the patients. Our plan included coverage from 7:30 AM to 12:30 AM, Monday through Friday, and 10:30 AM to 7:00 PM on weekends at the two busiest emergency departments. The peak hours at the two lower volume emergency departments were 10:30am –7:00pm and the weekend patient volume did not substantiate the need to add a second case manager at these sites. We also included two floating case managers who would provide coverage, as needed.

County Services and the Hospital compiled all of the research and developed a proposal and presented it to County Leadership teams and to the County Commissioners. The proposal request was to add eight case management staff to the existing team at the hospital. The budget associated with the expansion included the hospital paying the county share of salaries and fringe benefits, rendering the additional positions nearly cost neutral. The County Commissioners approved our expansion request, and we began to recruit the first shift positions in our high volume emergency departments to pilot the process. Our timeline dictated that we staff all emergency departments within eighteen months. We evaluated the process continuously and refined it with each shift and each site.

### **Project Success and Impact**

#### **What was the outcome?**

**Was your program/project a success? What was the impact? How did you measure the impact? How widespread is the impact of your program/project? How were you able to overcome obstacles and challenges? Did your program/project meet your established objectives?**

As of June 1, 2017, all eight of our positions are staffed, and we are providing an additional 352 hours of face-to-face interviewing weekly, across all sites. The project has been a huge success and the County is an integral part of the day-to-day operations in these emergency departments. Our case management staff members are co-located with clinical professionals in the emergency departments and are able to quickly assess the status of each uninsured patient in the medical triage process. Once this process is completed, our staff members are able to screen the patient for Medicaid eligibility. We have recently secured an agreement with the hospital that allows the Patient Account Representatives employed by the hospital to screen the uninsured patients for Medicaid, utilizing a simple screening sheet we devised as part of the project. These representatives complete this tool during times that the county case manager is not on site. The county case manager then follows up with the patient by phone to initiate the application process. This new collaboration with hospital employees provides full-time access to Medicaid benefits at the point of service. Although we have had obstacles with space, equipment, and technology access, we have

overcome these by continuing to lean on the solid foundation we have built with the hospital over the years. We have been able to access resources needed and problem-solve using this collaborative model. We have developed relationships at every level of the hospital from ambulatory services management to information technology to clinical staffing and all of these relationships have yielded a seamless operation that creates a satisfying experience for county staff, hospital staff, and most importantly for our residents in need of medical coverage.

We measured our results by providing monthly reports to county leadership and hospital management that outlined the number of Medicaid applications taken at each site, along with the number of patients screened but not potentially eligible for Medicaid. In 2016, we took 1,644 applications and screened another 4,079 patients at their bedside. For those patients who screened ineligible for Medicaid, we were able to provide a Hospital Charity Care application. We also screened 11,183 patients telephonically after services were provided and made follow up calls on 4,630 of our pending applications to help patients further understand what information was needed in order to process their applications.

Reaching over 5,700 patients at the point of service has had a tremendous impact on the seamless delivery of Medicaid benefits. Medicaid provides access to medical services, and thus, the most efficient place to provide access to the benefit is at the provider level. This project has proven that patients are receptive to this method of delivery as 70.98% of our applications yielded approval. This rate of approval assures us that we have provided a needed service at the right time and place, and that we have ensured that many of our residents are connecting with medical homes. We have also assisted our residents in establishing a continuity of care in the community that is critical to their good health. Our project has provided just in time services to our most vulnerable residents. It has increased access beyond traditional business hours and days. It has increased the number of physical access locations across the County for uninsured patients to access Medicaid benefits, and has improved effectiveness and efficiencies in both organizations. This collaboration has

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pushed boundaries and many local and national providers are interested in our model and our outcomes.

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