

2014 Entry Form
(Complete one for each entry.)

Fill out the entry name *exactly* as you want it listed in the program.

Entry Name _____

HFA _____

Submission Contact _____

Phone _____ **Email** _____

Qualified Entries must be received by **Tuesday, July 1, 2014**.

For more information about Qualified Entries, [click here to access the 2014 Entry Rules](#).

Use this header on the upper right corner of each page.

HFA _____

Entry Name _____

Communications	Homeownership	Rental Housing	Special Needs Housing
<input type="checkbox"/> Annual Report <input type="checkbox"/> Promotional Materials and Newsletters <input type="checkbox"/> Creative Media	<input type="checkbox"/> Empowering New Buyers <input type="checkbox"/> Home Improvement and Rehabilitation <input type="checkbox"/> Encouraging New Production	<input type="checkbox"/> Multifamily Management <input type="checkbox"/> Preservation and Rehabilitation <input type="checkbox"/> Encouraging New Production	<input type="checkbox"/> Combating Homelessness <input type="checkbox"/> Housing for Persons with Special Needs
Legislative Advocacy	Management Innovation	Special Achievement	Are you providing visual aids?
<input type="checkbox"/> State Advocacy <input type="checkbox"/> Federal Advocacy	<input type="checkbox"/> Financial <input type="checkbox"/> Human Resources <input type="checkbox"/> Operations <input type="checkbox"/> Technology	<input type="checkbox"/> Special Achievement	<input type="checkbox"/> YES <input type="checkbox"/> NO

Background

The Indiana Housing and Community Development Authority (IHCDA) has always prided itself on paying claims, a two part process: review and payment, in a timely manner. Each program or department had a staff person or people who would review claims for that program or department. Additionally, an accountant was assigned to a program or department to handle all of the payments and financial reporting needs. Although this system of claim review and payment was meeting IHCDA's established standards, internal staff and partners noted the system produced siloes around programs, departments and financial reporting. The siloes would cause confusion both internally and externally when programs with identical federal regulations received differing rules and treatment by IHCDA.

The overriding question was, how does IHCDA move from a good system to a great system without making disruptive or detrimental changes? The answer – Continuous Improvement.

Continuous Improvement

Through continuous improvement, IHCDA underwent a three phased change designed to transition the agency from a good claim review and payment process to a great one.

Phase 1:

Phase 1 included separating the claim payment and financial reporting responsibilities. IHCDA split an accounting department of 9 people into 2 departments: Financial Accounting, which would focus on financial reporting and budgeting and Program Accounting, which would focus on paying and modifying claims.

Additionally Phase 1 consolidated all staff members reviewing claims into one department that, along with Program Accounting, reported to the same person. The goal of this consolidation was to provide a vehicle for effective processing and consistent treatment of all claims within IHCDA.

Finally, phase 1 concluded by setting standard review and payment timeframes and holding claim review and payment staff accountable for those established turnaround times.

Phase 2:

Phase 2 focused on process improvement driven by staff and partner feedback. This included conducting a claims survey to solicit feedback about the current process. From this survey, IHCDA was able to implement several changes to improve the claims process with minimal cost to the agency and confusion to the partners.

One respondent noted inconsistent delivery methods of supporting documentation across IHCDA by stating: *"I would like to see the other programs, like CDBG and HOME, allow electronic submissions and be able to watch the progress online like we can with NSP."* That response, combined with similar responses prompted IHCDA to redesign the documentation submission process to allow all partners to submit supporting documentation electronically through a central portal and allows them to review/revise the documentation as needed.

IHCDA has made noticeable strides towards a more electronic, less paper driven, claims process. However, several partners noted on the survey and in customer service calls that the requirement of a physical signature directly conflicted with IHCDA's green efforts. That idea is summed up well by one respondent who said, "...It seems silly to have to print a receipt, get a signature and scan it in along with all of the supporting documentation..." This encouraged IHCDA to remove the requirement of a physical signature and move to an electronic certification process that reduces paper waste, saves time and reduces costs for our partners.

Phase 2 concluded with drafting a new claims policy to incorporate survey feedback as well as internal ideas. The draft policy was posted for public feedback and certain areas revised based upon partner feedback.

Phase 3:

The final phase, Phase 3, included cross training staff members reviewing claims to handle varying programs as well as staff playing claims for different programs. Cross training ensured not only that staff primarily responsible for key programs were well versed in subject matter, but that they are able to lend a hand during busy seasons, vacations, etc. to avoid an increase in turnaround time due to increases in volume.

NCSHA Judging Criteria

Innovative

The traditional process for claims at IHCDA was to silo programs. IHCDA consolidated staff members; cross trained for various programs and improved the paperless environment as well as customer service for partners.

Replicable

The concept is easily replicable across other HFAs, either to review and pay claims and breakdown siloes or any function where different departments have staff performing similar duties.

Achieve measurable results

Comparing the first quarter of 2014 with 2013, the average time to review and pay claims at IHCDA decreased from 11.62 calendar days to 6.53 calendar days. Looking at the breakdown, calendar days to review a claim decreased from 4.54 to 3.38 and the time to pay a claim decreased from 7.07 to 2.70 calendar days. What is noteworthy is that these improvements were made while IHCDA experienced a 16.8% increase in claim volume. In the first quarter of 2013, IHCDA reviewed and paid 841 claims, while the first quarter of 2014 had 982 claims reviewed and paid.

Provide benefits that outweigh costs

IHCDA was able to remove silos and reduce the average number of calendar days to review and pay a claim without incurring any additional cost to IHCDA or our partners. IHCDA was able to implement

process and policy changes to streamline claims submission and reduce time and funds spent on those claim submissions at minimal additional cost to IHCD as much of the change was leveraging existing resources.

Demonstrate effective use of resources

IHCD was able to achieve increased productivity in the claims process with a minimal use of resources. Additionally, the continuous improvement allowed staff in different departments to focus more directly on other equally important areas of program management including monitoring, technical assistance and customer service.

Achieve strategic objectives

IHCD views the organizations administering IHCD's programs as partners and not grantees. For partners to be able to receive reimbursement within a week of submitting a claim is one way the agency can actively demonstrate that cooperation and partnership. Additionally, consolidating claim rules and providing training is another way to ease the bureaucratic burden placed on our partners.

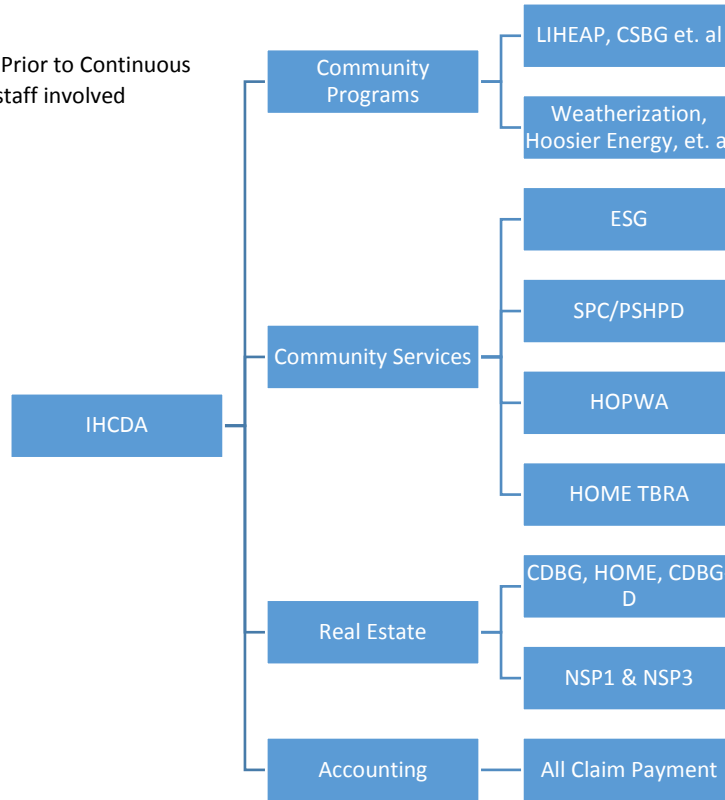
Conclusion

Through continuous improvement, IHCD and our partners have experienced a number of administrative efficiencies. IHCD has reduced the amount of time a partner has to wait for reimbursement, reduced partner costs associated with claim submission, leveraged existing staff resources to increase emphasis on claim review/payment as well as other key program management aspects, and implemented policy/procedure change identified and driven by IHCD staff and external partners. All of which was achieved for minimal additional cost to IHCD!

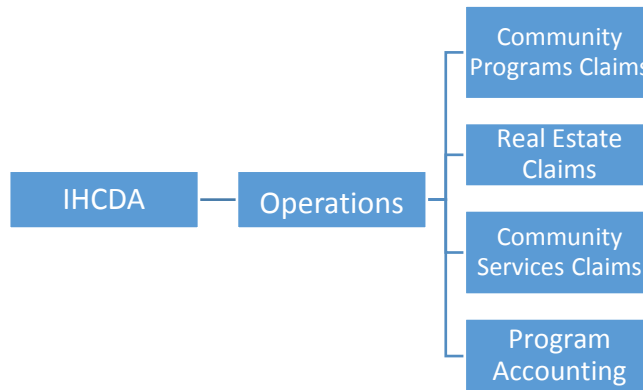
As notable as those changes are, the undertaken process deserves as much recognition as the changes and outcomes themselves. The changes were not created as the brainchild of a core insulated group of IHCD employees, but as the result of a collaborative effort with IHCD staff and partners with an emphasis on trust, open communication and knowledge sharing—all key components to an effective and efficient partnership between a state agency and organizations across the state!

Supporting Documentation

IHCDA Claim Review and Payment Chart Prior to Continuous Improvement- approximately 18 IHCDA staff involved



IHCDA Claim Review and Payment Chart Post Continuous Improvement- 8 IHCDA staff involved



Indiana Housing and Community Development Authority
Continuous Improvement – Claims Process

