JUNE 2023

# IPN, RAE, HCPF Collaboration Project

## PHASE II FINAL REPORT

Arrow Performance Group

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# Executive Summary

This report summarizes the process and outcomes of Phase II of the Independent Provider Network (IPN), Regional Accountable Entity (RAE), and Department of Health Care Policy and Financing (HCPF) Collaboration Project conducted by Arrow Performance Group (APG) for the State of Colorado's Department of Health Care Policy and Financing. The project aimed to improve access to quality behavioral health services for Health First Colorado members by facilitating a collaborative working process between the RAEs, the IPN, and HCPF to identify and resolve barriers to delivering behavioral health services to Health First Colorado members. The project focused on collaboratively developing feasible solutions to the problems identified in Phase I that frequently occur or have a significant impact on service delivery.

To accomplish Phase II, a task force and five action teams were formed. The task force provided guidance and set the direction for the action teams, while the action teams followed a structured problem-solving process to develop recommendations and implementation plans. The action teams focused on credentialing and contracting, billing, and coding, payment and reimbursement, service quality, and communications.

The problem-solving process followed a seven-step model, including hearing perceptions, problem definition, problem analysis, solution generation, evaluation of alternatives, selection of solutions, and planning for action. Each action team developed multiple solutions for the defined problems, evaluated the alternatives, and selected the most appropriate solutions through consensus. Action teams put forth 21 recommended solutions that could be addressed in the following groups:

1. Already being addressed by HCPF (3 solutions)
2. Addressed by a new IPN working group (11 solutions)
3. Included in part of an effort to optimize the IPN onboarding experience (7 solutions)

Implementation plans were developed for each solution, considering responsible parties, action steps, timing, and measurement of results. The plans emphasize both short-term and long-term approaches, building upon ongoing changes. Stakeholder engagement was a crucial aspect of the project, and efforts were made to involve diverse stakeholders from IPNs, RAEs, HCPF, and professional associations.

This report concludes with lessons learned and implementation suggestions from the APG project team, highlighting the importance of ongoing collaboration, clear communication, and continued stakeholder engagement to sustain and enhance the improvements made. The report serves as the final deliverable for Phase II, providing a comprehensive overview of the project's approach, recommendations, and strategies for improving access to quality behavioral health services in Colorado.

# Background

The State of Colorado's Department of Health Care Policy and Financing (HCPF) is committed to improving access to quality behavioral health services for Health First Colorado members. To that end, HCPF contracted Arrow Performance Group (APG), a Denver-based organizational development consulting firm, to lead the Independent Provider Network (IPN), Regional Accountable Entity (RAE), and HCPF Collaboration Project. This included designing and implementing a collaborative multi-stakeholder problem-solving and process improvement initiative to identify barriers and create mutually agreeable action plans for addressing issues. The project was divided into two phases, Phase I and Phase II, which are described below.

The objective of Phase I, which took place from April through June of 2022, was to provide a safe space to share perspectives, build healthy relationships, and develop a foundation to participate in a collaborative and inclusive problem resolution process. During this phase, data was collected from IPN, RAE, and HCPF stakeholders using interviews, focus group sessions, and a custom survey. Results of Phase I included the identification of shared interests of all parties, the collection of statements about what is working in the system, a listing of system issues by stakeholder group, and the identification of ten barriers / areas for improvement. A complete list of issues and barriers identified in Phase I can be found in Appendix A.

## PHASE II PROJECT OBJECTIVES

1. Facilitate a collaborative working process between the RAEs, the IPN, and HCPF to identify and resolve barriers to delivering behavioral health services to Health First Colorado members.
2. Focus on collaboratively developing feasible solutions to the problems identified in Phase I that frequently occur or have significant impact on service delivery.

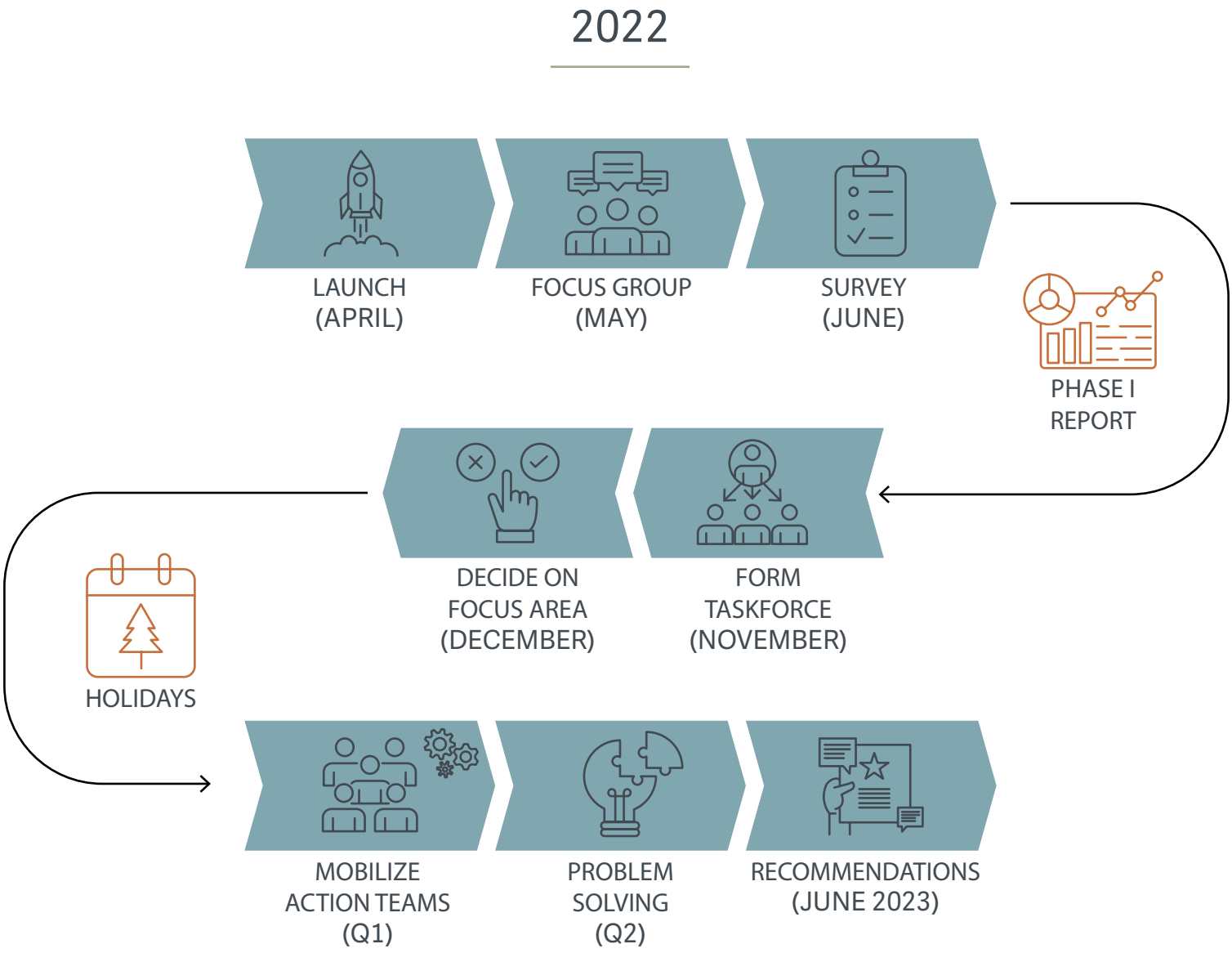
The goals of Phase II, which took place between October 2022 and June 2023, were to focus on barriers identified during Phase I and to recommend mutually agreeable implementation and action plans to address the barriers.

Phase II was accomplished by the creation of a task force and five action teams. The action teams followed a structured problem solving and process improvement framework to develop recommendations and implementation plans. The action teams presented their recommendations to the task force, which reviewed, discussed, and evaluated recommendations and then made overall recommendations for implementation.

This report is the final deliverable for Phase II and contains four sections. It begins with the contextual information about the project and the overall project approach. Second, the task force priorities and recommended implementation plans are included. The third section of the report shares the overall strategy regarding stakeholder engagement. Finally, the report concludes with lessons learned and implementation suggestions from the APG project team.

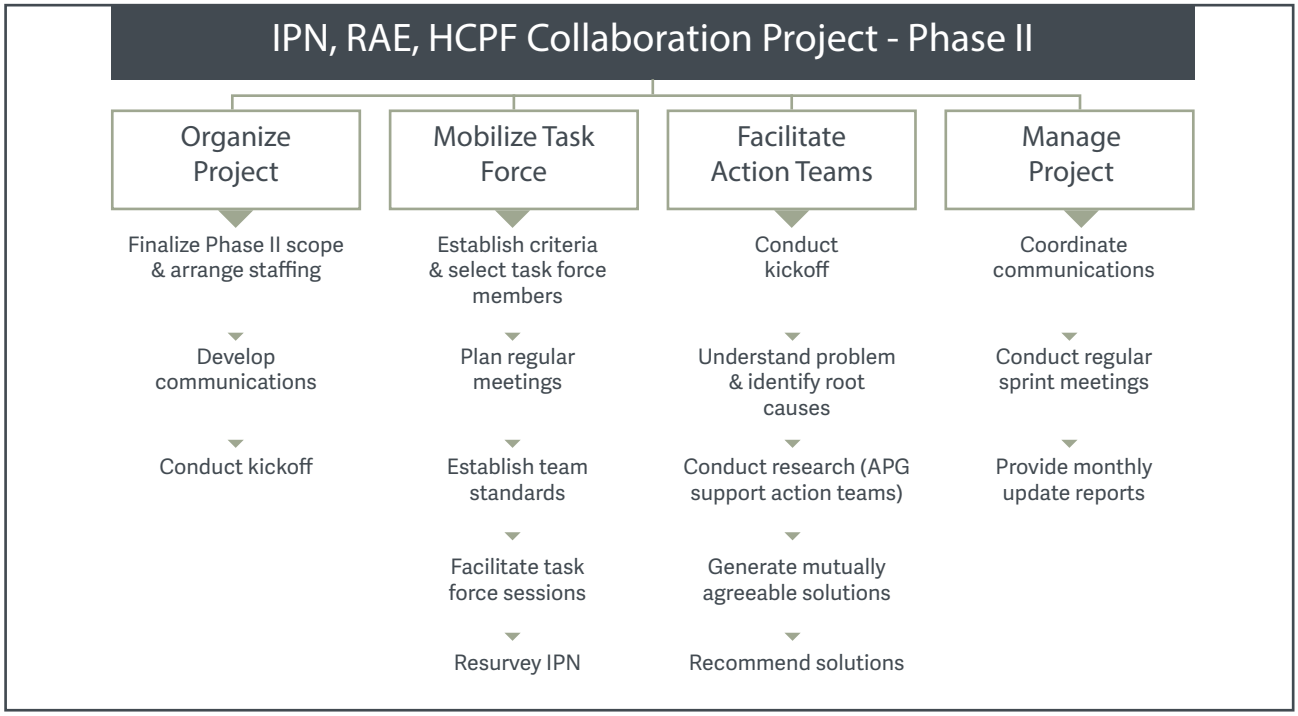
# Overall Project Approach

The first phase of this multi-part project launched in April 2022. Phase I was completed in June 2022. In October 2022, Phase II began, and it was completed in June 2023. The graphic below depicts the overall project timeline.



# Phase II Project Approach

A work breakdown structure (WBS) illustrating the Phase II project approach is below.




Organizing the project for Phase II involved conducting a project kickoff, in which a project approach and timeline were determined with the HCPF project sponsors. A comprehensive communications plan was created and reviewed with the HCPF communications team to ensure all stakeholders were continuously informed of project progress.

A cross-functional task force was created to provide project guidance and set direction for the action teams. The first step in mobilizing the task force was to determine the representation needed from a variety of diverse stakeholder groups and potential candidates. Criteria was established and outreach was conducted to secure membership. Facilitators worked with task force members to identify a mutually convenient meeting cadence, which was to meet virtually every other month for a duration of two hours for a total of six sessions. The task force reviewed data and determined the areas for further problem solving. More details regarding the mobilization of the task force are provided in the section titled "Task Force."

APG coordinated the formation of five cross-functional action teams to engage in a problem-solving process. Action teams were formed around the focus areas determined by the task force and each action team included members from HCPF, the RAEs, and the IPN. After a kickoff session, teams met at a regular cadence of every other week for seven or eight sessions.

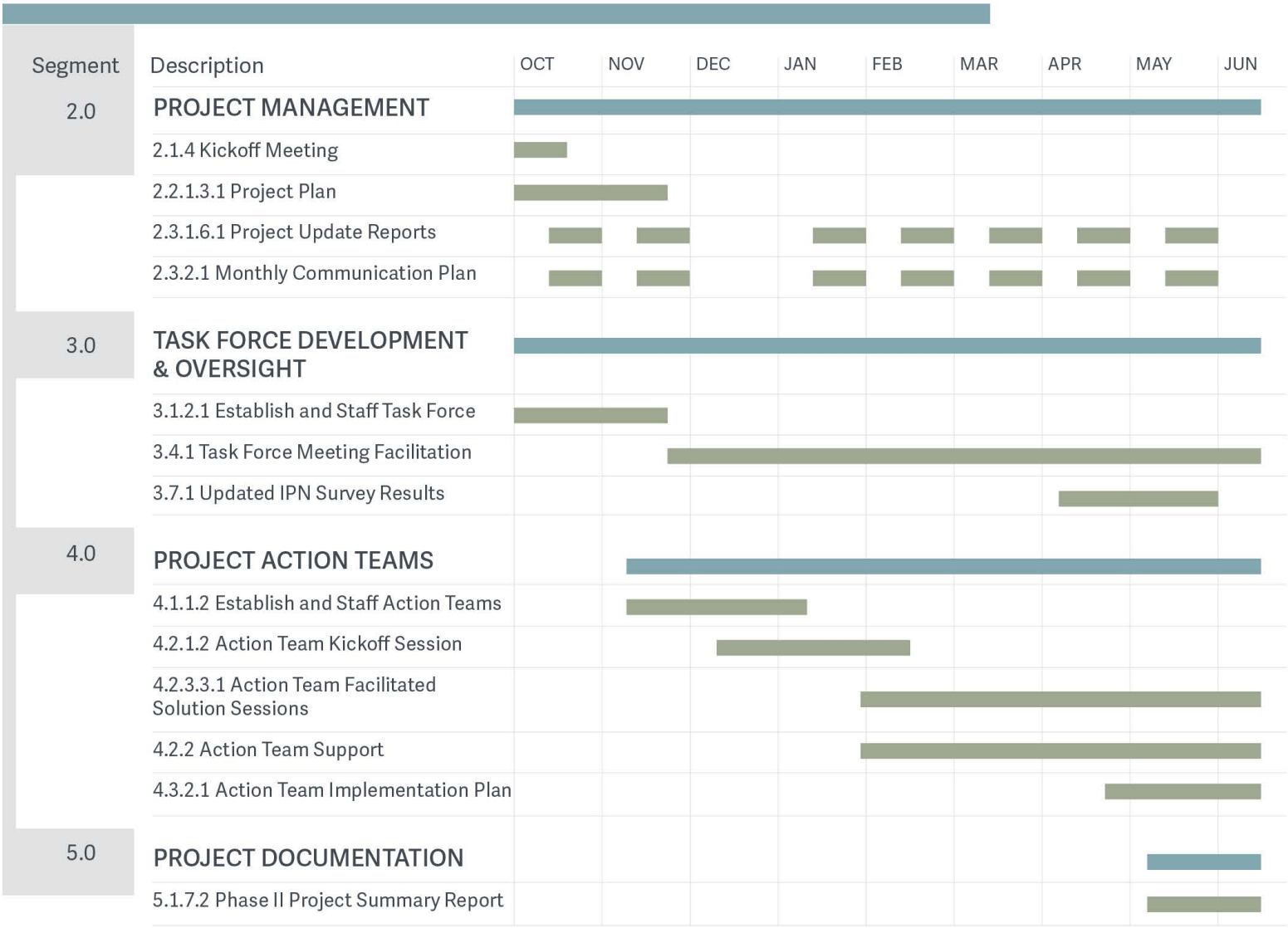
Two APG facilitators "owned" each action team for continuity, contextual understanding, and relationship building. One APG team member served on all five action teams to better understand intersections and overlap across action teams. Details regarding the work of the action teams are provided in the section titled "Action Teams."

APG applied rigorous project management methods, resulting in a project that was on time, on scope, and under budget. Frequent communication with a variety of stakeholders was imperative for a successful project. The APG communications specialist created and reviewed an updated communication plan monthly with the HCPF communications team. Updates were distributed to the IPN network at large, using a list provided by HCPF, and updates were also posted to the HCPF IPN website.

The APG project managers conducted sprint meetings with the HCPF project sponsors every other week

to review work completed, work due/not complete, and work planned for the next weeks. Management discussion topics were added to the agenda as needed. A comprehensive update report was also submitted to HCPF monthly. Project activities are depicted in the timeline below.

# Phase II Timeline at 6-22-2023




See Appendix J for Table Format

# Task Force

The task force was comprised of 15 members, with representation from HCPF, the RAEs, the IPN, a third-party biller, and the Behavioral Health Administration (BHA). Team members included providers in each RAE, and included diverse representation, including providers that vary in clinical specialty and expertise, geographic locations, demographics served, and different organization/practice sizes. The task force roster can be found in Appendix B.

The APG team conducted outreach to each stakeholder group. The Phase I report and an invitation to participate in Phase II, including a task force membership request, were distributed to IPNs (282 people) who registered for a Phase 1 focus group. APG also sent notice about the opportunity to six professional associations in the behavioral health field. APG conducted interviews with IPNs that expressed interest in serving on the task force and made determinations based on the following criteria:

1. Decision making ability/authority
2. Knowledge of and experience in the system
3. Time available (or will prioritize) to meet bimonthly and ability to follow-up on action items
4. Willingness to act in good faith and with an open mind

Interested parties not selected for the task force were encouraged to participate in action teams.

The task force met a total of six times with shared operating agreements (see Appendix B). Its primary responsibilities included: becoming familiar with the Phase I process and findings, ensuring the prioritization of issues identified for further problem-solving analysis / solution generation, and reaching a consensus on beneficial solutions for implementation. The task force established five action teams to focus on the most pressing issues identified during Phase I. These areas focused on the provider journey in the following areas:

CREDENTIALING & CONTRACTING

BILLING & CODING

PAYMENT & REIMBURSEMENT

SERVICE QUALITY

COMMUNICATIONS

After the topic for each action team had been selected, the task force provided a charter that included guidance such as:

- What specific area is the team responsible for and why is it important?
- What boundaries must the team operate within?
- On what issues is the team expected to consult or inform the task force?
- What deliverables are expected and within what timeframe?
- How often should the team report its progress to the task force?

Subsequent task force meeting agendas covered updates on action team progress in the problem-solving process, review of action team solutions, testing for a consensus, getting input into potential timing, and finally reviewing and providing input on the implementation plans.

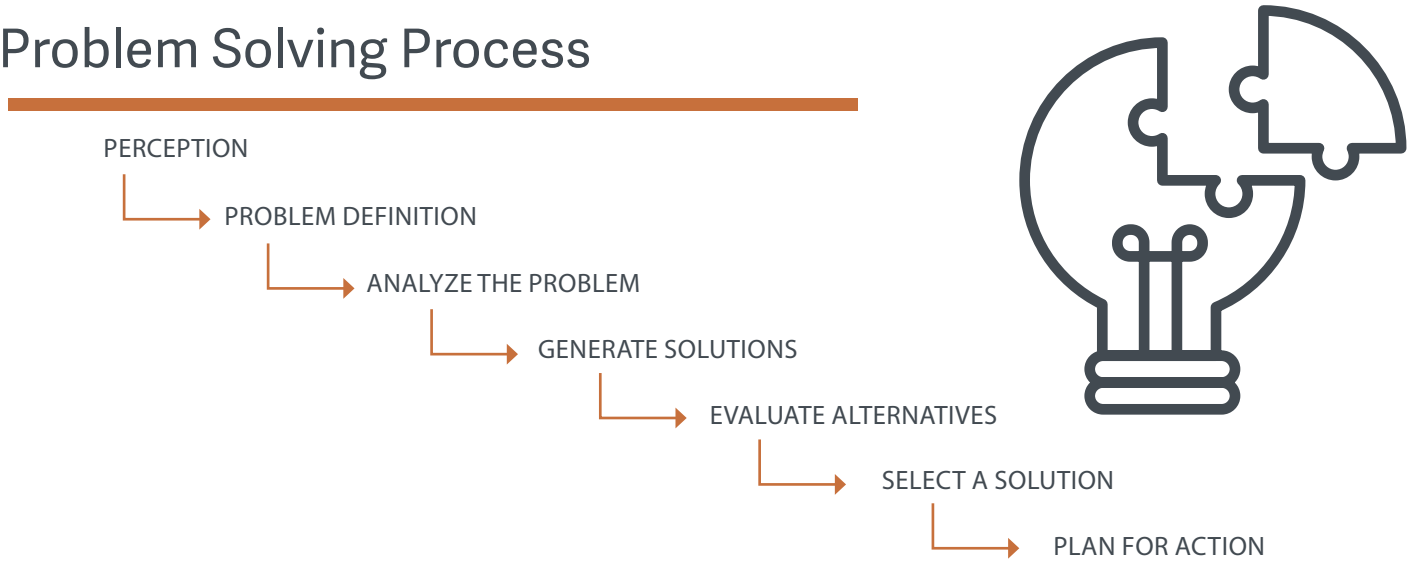
# Action Teams

Action teams were commissioned by the task force after focus areas were determined by identifying the most pressing system-level issues that impact service delivery (findings from Phase I). The action teams included representatives from primary stakeholder groups, including the IPN, RAEs, and HCPF. These team members served through the duration of the project and were recommended by participants of the task force based on their subject matter expertise, experience, and functions within their respective organizations / practices. Strategies to recruit and engage action team members included inviting IPNs who applied to be a task force member but were not selected, contacting professional associations in behavioral health, and requesting that HCPF and RAEs involve their staff experienced in the action teams' subject matter. Action team rosters are provided in Appendix C.

Action teams met virtually twice per month for a series of eight sessions (per team) that were two hours in duration. APG guided the cross-functional teams through a proven problem-solving process. Ultimately, the action teams created shared solutions to system-level issues that will benefit all regions, provider groups, and Health First Colorado members by positively impacting service delivery.

Each action team had a kickoff meeting in which they established shared ground rules to ensure the meetings would be a safe and productive space to engage in the process. Teams also took time to get aligned on their focus areas and began the problem-solving process by exploring perceptions. Details of each step of the problem-solving process are described in the section below titled "Problem Solving Process." See Appendix C for Action Team ground rules.

# Problem Solving Process




The problem-solving process followed a seven-step model as depicted in the graphic above. In each step, action teams utilized a variety of tools to share perspectives, conduct analysis, engage in discussion, and reach a consensus. The first step was to hear everyone's perception of the problem. Action team members did this by sharing thoughts on a virtual white board and then engaging in discussion about how they perceive the problem. At this stage, action team members did not need to have consensus, as this was merely a listening exercise.

Problem definition, the second step, aimed to create a clear problem statement agreed upon by all team members. Each action team's problem statement can be found below.

## CREDENTIALING & CONTRACTING

Since the start of ACC in 2018, the HCPF-RAE-IPN Medicaid system has lacked a clear direction of the end-to-end process for providers to become a part of the Medicaid network. Each RAE has its own application process and processes are duplicative and not user friendly for IPNs. The impacts are frustration; added costs to IPNs and RAEs; providers give up on the process which results in significantly less providers, reducing access to care for the Medicaid population; IPNs cannot serve Members or get reimbursed until they are credentialed.

## BILLING & CODING

Overall, there are multiple opportunities for "incorrect" claim submissions, interpretations, and processing in the current billing and coding workflow. This results in increased costs and an administrative burden for all stakeholders. The definition of "incorrect," as set by the group, can mean a myriad of issues including (but not limited to): a mismatch between CPT codes and described services, incorrect modifier use, member attribution issues, pre-authorization issues, unreadable co-signature of supervising clinicians, etc. Additionally, as each payor utilizes a different billing and claims system, there are further opportunities for "failed" claims, resulting in impacted service delivery.

## PAYMENT & REIMBURSEMENT

There is a misalignment between the value of care delivered and the reimbursement to IPN providers. Through the problem-solving process, it was determined that factors that contribute to this are the different rate setting processes that each RAE utilizes, as well as a separate process by HCPF, which follows the Federal 1915 Waiver.

## SERVICE QUALITY

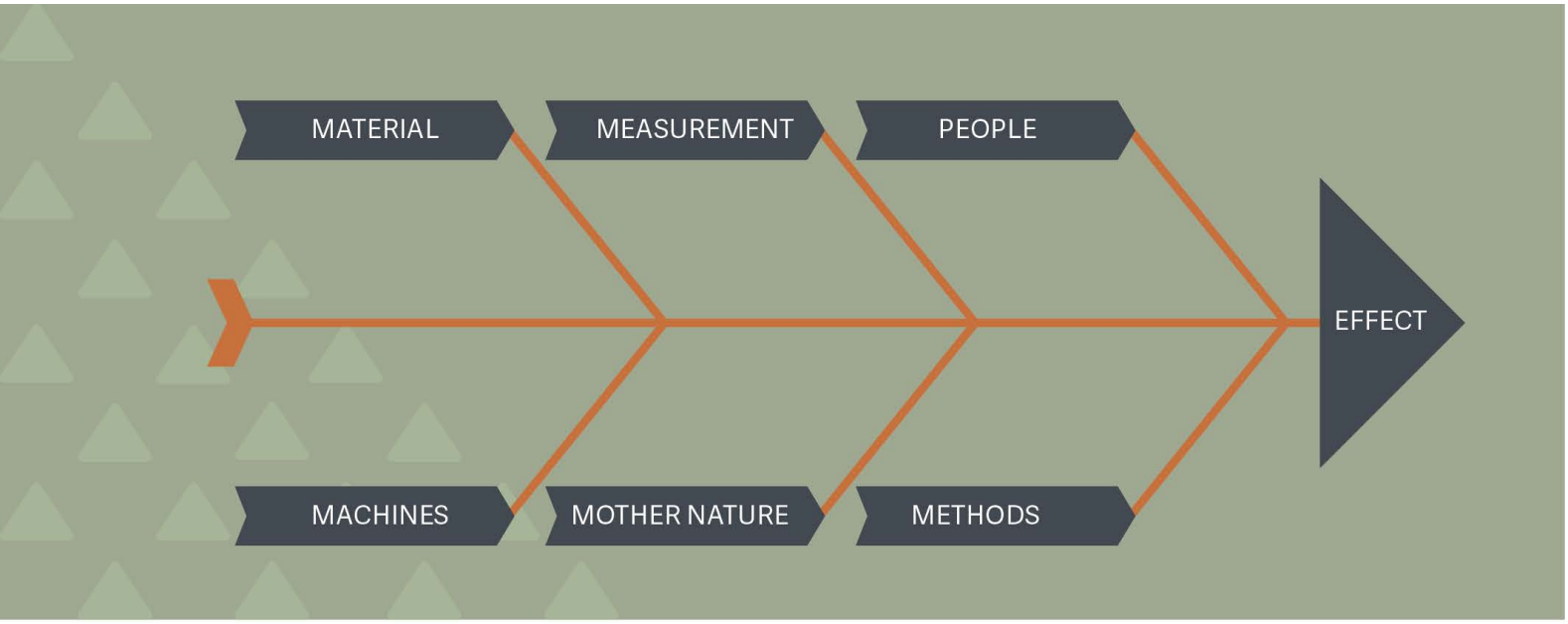
Each RAE has a different organizational structure as well as customer service processes which result in limited and/or lack of relationships and inconsistency in answers provided, leading to IPNs exiting the Medicaid provider system.

## COMMUNICATIONS

Since the onset of ACC 2 in 2018, communication from RAEs and HCPF has been a problem. Communications by and between HCPF, RAE and IPN should be responsive, proactive, efficient, relevant, and timely. Currently, there is no clarity on who to contact for what and when. IPN's needs for information vary depending on their experience with the system: whether they are new, confused, dealing with a complex problem or face an urgent situation. The impacts of this poor communication are IPNs don't get paid or get money recouped, resources are duplicated and wasted; relationships between entities are strained that negatively impact providers and members; and providers are discouraged from participating in Health First Colorado.

The third step in the problem-solving process was problem analysis. Most of the teams' initial problem statements were complex and compounded several problems into a single statement. For analysis, the team broke the problem statement into more finite issues to support constructive focus. The action teams worked to understand the problems by conducting a root cause analysis and background research. For this activity, team members used virtual sticky notes to put ideas on the fishbone diagram.

## Cause and Effect/Fishbone Diagram




Team members performed external research and data collection from HCPF, the RAEs, and from IPNs to support the root cause analysis. Examples of external research included understanding the direction of Medicaid at a federal level and gathering exemplary practices around service quality from other states. Additionally, internal data from action team and task force participants was collected. Examples of data collection include summarizing complaints submitted to HCPF; summarizing RAE-specific coding rejection rates and claims processing data; and analyzing diagnostic and procedural codes and modifier data to identify gaps where new codes would be useful. The APG team maintained a data repository, with over 90 sources, that were collected and utilized to inform proposed solutions referenced throughout the entirety of the project. See Appendix D for the resource database.

After the teams better understood the root causes of the problem, they were equipped to generate solutions to address the issue (and not the symptom). The fourth step in the problem-solving process, solution generation, had each team develop multiple solutions for each of the defined problems. As this is a brainstorming process, the team was encouraged to think expansively and creatively about system improvements.

Step five (evaluation alternatives) and step six (select a solution) were conducted in a single session. Teams discussed potential costs, payoffs, and impacts on all potential solutions. Solutions were evaluated using two tools – a payoff matrix and a force field analysis. Using instant polling technology, the team members anonymously scored each potential solution's impact and effort using a payoff matrix. The facilitators also guided the team through a force field analysis exercise in which they posted thoughts about the driving forces that currently exist and support or drive the desired change and restraining forces that may inhibit the implementation of the desired change. See Appendix E for action team solution evaluation results.

At the conclusion of the session, the teams were aligned on which solutions to recommend to the task

force via a team consensus. Recommended solutions are provided in the section below. The action teams also spent time planning for action. By co-drafting a high-level implementation plan, the action team further defined their recommended solutions by thinking through who was responsible, primary action steps, timing, and how to measure results. Implementation plans are provided in Appendix F.

# Solutions & Implementation Plans

The implementation plans were developed through a cohesive and consensus-driven process, ensuring that all teams were aligned on the most effective strategies to address the challenges at hand. Collaborating across various stakeholder groups, participants worked together harmoniously to design solutions. The teams were encouraged to propose both short-term and long-term approaches, building upon the ongoing changes already in progress. Notably, the participants expressed a strong commitment to continue their involvement and play an active role in executing the solutions.

## CREDENTIALING & CONTRACTING

To mitigate lack of clarity and consistency around the contracting and credentialing process (both with HCPF and the State), solutions include:

1. Create an end-to-end roadmap for IPNs on the HCPF website that is a clear and complete summary of the steps a provider must take to be enrolled in the Health First Colorado system and credentialed and contracted with a RAE.
2. Develop a universal credentialing process which would be used for all the RAEs.
3. Reduce redundant and duplicative entry of information by having each RAE use as much or all the information already in the CAQH and having providers keep their information up to date.
4. Address codes for service in the contracting process. Signed contracts should have an accurate and complete record of the contracted services the providers can bill the RAE for.

## BILLING & CODING

To mitigate the problem involving multiple opportunities for failure, which costs everyone in the system time and money, solutions include:

1. Institute clear & specific messages, or a key, to claims denial messages that are sent through electronic platforms.
2. Simplify the use of modifiers.
3. Uniform understanding of USCM by billing + coding personnel and provider relations staff across all RAEs.
4. Ensure that key disparities between RAEs are collaboratively resolved for the impacted provider [IPN] community .
5. Continue to include all voices at the table + create a collaborative effort for updating the USCM.

# PAYMENT & REIMBURSEMENT

To ease the misalignment between the value of care delivered and reimbursement to the IPN network, solutions include:

1. Authorize more diagnosis codes to be reimbursable.
2. Solve the family therapy service code issue regarding the length of sessions.
3. Clarify/expand circumstances that warrant the use of add-on code for services.
4. Establish a collaborative process for rate setting and fee setting to include HCPF, RAEs, and IPN providers (e.g., establish feedback opportunities throughout the process).

# SERVICE QUALITY

To resolve the fact that each RAE has a different provider/customer service process and organizational structure, which results in limited/lack of relationships and inconsistency in answers, solutions include:

1. Establish an IPN advocate or liaison within each RAE and HCPF to focus on service quality initiatives.
2. Coordinate single points of contact at each RAE to enhance service quality so the IPN can establish relationships for problem-solving.
3. Create a collaborative work group among RAEs and HCPF to drive more consistency of service quality processes among the RAEs.
4. Using the work group, identify and answer common systemwide service quality problems to provide uniform answers and information across all RAEs.

# COMMUNICATIONS

To streamline communication and ensure collaborative stakeholder involvement, solutions include:

1. Form a collaborative communications work group that includes various stakeholders (ex: IPNs, RAEs, HCPF) to advise how to communicate information and assist in getting information to BH providers.
2. Improve the problem resolution process to include metrics, quality, assurance, and accountability. Information about the escalation process should be easily found on the HCPF website or by talking to someone at HCPF, or the RAE, who is accountable and can provide direction.
3. Improve proactive communication about changes. Big initiatives and changes, like the Health First Colorado member re-determination, should be communicated proactively by both HCPF and the RAEs to providers and members.
4. Improve navigation of the HCPF website so people can find the information they need easily (i.e., include IPN input in any website redesign efforts).

All action team members voted on their respective solutions utilizing instant polling. Solutions were ranked by action team members to indicate the impact and effort of each solution, as well as the implementation order of each solution, to ensure short- and long-term success.

### TASK FORCE PRIORITIES & RECOMMENDATIONS

The action teams presented 21 recommended solutions to the task force. The task force prioritized the solutions by testing for consensus and providing input into timing. Further details are provided below, and full voting results are provided in Appendix G.

## Consensus Voting

The task force tested for a consensus using the model below. Task force members provided anonymous input for each solution, indicating "enthusiastic support" with a five and "strong objection" using a one. The task force reached a consensus to move forward with all recommended solutions with no objections or strong objections from the task force for any of the proposed solutions.

Consensus exists if ALL participants are at levels 3 – 5:

| | |
|---|---|
| 1 | I strongly object to this recommendation, option, or idea; I cannot support, live with, or abide by it. |
| 2 | I object to this recommendation, option, or idea |
| 3 | I do not fully agree with this decision, however, I can abide by or live with this recommendation, option, or idea; I do not object |
| 4 | I support this recommendation, option, or idea. |
| 5 | I enthusiastically support this recommendation, option, or idea. |

# Timing Voting

The task force also prioritized action team solutions based on implementation timing. Using Mentimeter, members voted on each solution by assigning a "1" (the solution could be implemented within the year), a "2" (the solution could be implemented within the next two years), or a "3" (the solution will take around three years and considered in ACC 3.0 implementation). Task force implementation timing input is captured in the table below.

| Action Team Recommended Solution<br>Task Force Votes on Implementation Timing | TIMING SCORE |
|---|---|
| 1. Improve proactive communication about changes (Comms) | 1.1 |
| 2. Solve the family therapy service code issue regarding length of sessions (HCPF is committed to resolve) (P&R) | 1.1 |
| 3. Create an end-to-end roadmap for IPNs on the HCPF website (C&C) | 1.2 |
| 4. Institute clear & specific messages, or key, to claims denial messages that sent through electronic platforms (B&C) | 1.2 |
| 5. Establish an IPN advocate or liaison within each RAE and HCPF to focus on service quality initiatives (SQ) | 1.3 |
| 6. Coordinate single points of contact at each RAE to enhance service quality so the IPN can establish relationships for problem solving (SQ) | 1.3 |
| 7. Simplify use of modifiers (B&C) | 1.4 |
| 8. Continue to include all voices at the table + create a collaborative effort for updating the USCM (B&C) | 1.5 |
| 9. Create a collaborative work group among RAEs and HCPF to drive more consistency of service quality processes among the RAEs (SQ) | 1.5 |
| 10. Form a collaborative communications work group that includes various stakeholders (Comms) | 1.6 |
| 11. Address codes for service in contracts (C&C) | 1.6 |
| 12. Clarify/expand circumstances that warrant use of add-on code for services (P&R) | 1.7 |
| 13. Using the work group, identify and answer common systemwide service quality problems to provide same answers and information across all RAEs (SQ) | 1.8 |
| 14. Improve navigation of the HCPF website so people can find the information they need easily. (Comms) | 1.8 |
| 15. Create streamlined USCM training developed by HCPF/RAEs (B&C) | 1.8 |
| 16. Ensure that key disparities between RAEs are collaboratively resolved for the impacted provider [IPN] community (B&C) | 1.8 |
| 17. Authorize more diagnosis codes to be reimbursable (P&R) | 1.8 |
| 18. Establish a collaborative process for rate setting and fee setting to include HCPF-RAE-IPN (P&R) | 1.8 |
| 19. Reduce redundant and duplicative entry of information (C&C) | 1.8 |
| 20. Improve problem resolution process to include metrics, quality, assurance, and accountability (Comms) | 1.9 |
| 21. Develop a universal credentialing process (C&C) | 2.0 |

# Task Force Implementation Discussion

The final responsibility of the task force was to consider the best way to move the recommended solutions forward. Team members deliberated on existing entities that could take the lead on the next steps. The task force recommended the solutions be repackaged from organized by action team to three new groups, including initiatives that are already in process, the IPN onboarding experience, and the IPN Working Group. The resorted solutions are depicted below:

## ALREADY IN PROCESS

- Solve the family therapy code issue
- Simplify use of modifiers
- Authorizing more diagnostic codes

## IPN ONBOARDING EXPERIENCE

- Reduce redundant & duplicative data entry by leveraging CAQH more
- Create end-to-end Credentialing & Contracting roadmap
- Improve navigation of HCPF website to make IPN information easier to find and access
- Develop universal credentialing process
- Train to support uniform understanding of USCM by billing & coding personnel and provider relations staff across RAEs

## IPN WORKING GROUP

- Continue to include all voices & create collaborative effort for updating USCM
- Improve proactive communications about changes
- Create a collaborative work group to drive consistency of service quality processes & create a collaborative communications work group to advise on sharing information
- Identify & answer common systemwide service quality problems
- Coordinate single points of contacts at each RAE
- Establish an IPN advocate or liaison with each RAE and HCPF
- Improve problem resolution process to include metrics, quality, assurance & accountability
- Instate codes & billing standing agenda item to include the following topics:
    - Creating a collaborative rate setting process
    - Clarify/expand use of add-on codes for service
    - Addressing codes for service in contracting process
    - Instituting clear & specific messages, or key, to claims denial messages that are sent through electronic platforms

# IPN Survey

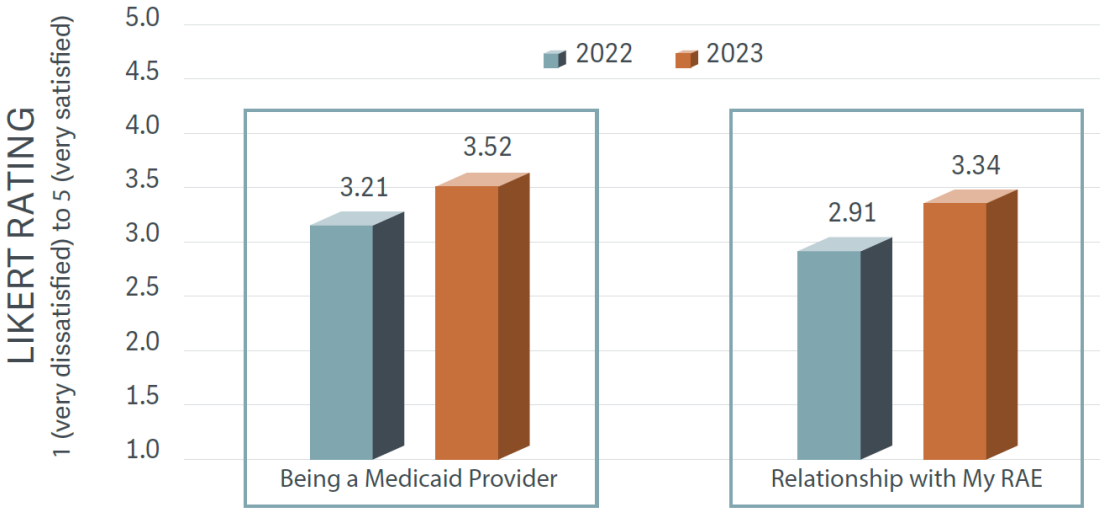
During Phases I and II of the project, independent behavioral health providers had the opportunity to provide feedback on their interactions with HCPF and the RAEs via a custom IPN perception survey. The overall design of the survey consisted of:

- Two items on overall IPN satisfaction of being a Health First Colorado provider and primary RAEs,
- Eleven items on satisfaction on interaction points between IPNs and either HCPF and/or RAEs, and
- Five items on agreement with level of service quality provided to IPNs by HCPF and/or RAEs.

In the survey, which took about five to ten minutes to complete, IPNs were asked to provide feedback on HCPF and their primary RAE. In addition, they were given the opportunity to provide feedback on a secondary RAE. The survey was distributed for the second year in May 2023 to 4,794 IPNs. A total of 612 responses were recorded for HCPF and primary RAEs for a 12.8% response rate. 130 of these respondents, or just over 20 percent, provided feedback on an additional RAE.

## 2022 & 2023 Overall Satisfaction Ratings – Across All RAEs

IPN overall satisfaction with being a Medicaid provider and Relationship with RAE improved significantly* between 2022 and 2023




N = 494 ratings in 2022 and 612 ratings in 2023

*Significant difference between 2022 and 2023 with 95% confidence

### Key findings from an analysis of the data found that:

- For the two items on overall IPN satisfaction of being a Health First Colorado provider and primary RAEs, the 2023 ratings tested to be significantly and statistically higher than the 2023 ratings. See the graph above.
- For the 11 items on satisfaction at interaction points between IPNs and either HCPF and/or RAEs, every single interaction point had a statistically significant[2] improvement between the two years. See the graph above.

[1] Comparisons of averages between 2022 and 2023 resulted in a 95% confidence (i.e., t-tests, with probability of making a Type I error less than 5%) that the differences were significantly different from each other.

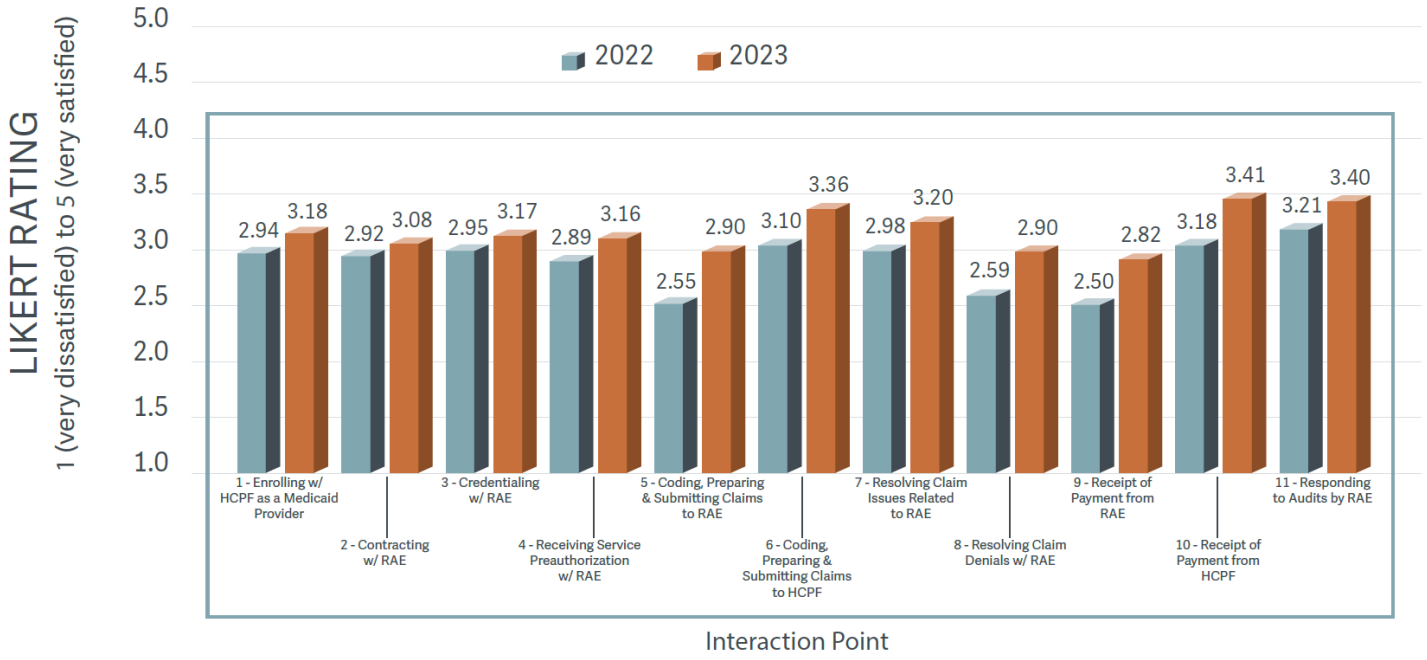
[2] Ibid.

# 2022 & 2023 Satisfaction Ratings by Interaction Point – Across All RAEs

ALL interaction point ratings for HCPF and RAEs significantly* improved between 2022 and 2023

N = 494 ratings in 2022 and 612 ratings in 2023

*Significant difference between 2022 and 2023 with 95% confidence




- For the five items on agreement with level of service quality provided to IPNs by HCPF and RAEs, HCPF made a statistically significant[3] improvement on four of the five dimensions of service quality between 2022 and 2023, and the RAEs made a statistically significant[4] improvement across all five dimensions of service quality between 2022 and 2023. See the graph below.

[3] Ibid.

[4] Ibid.

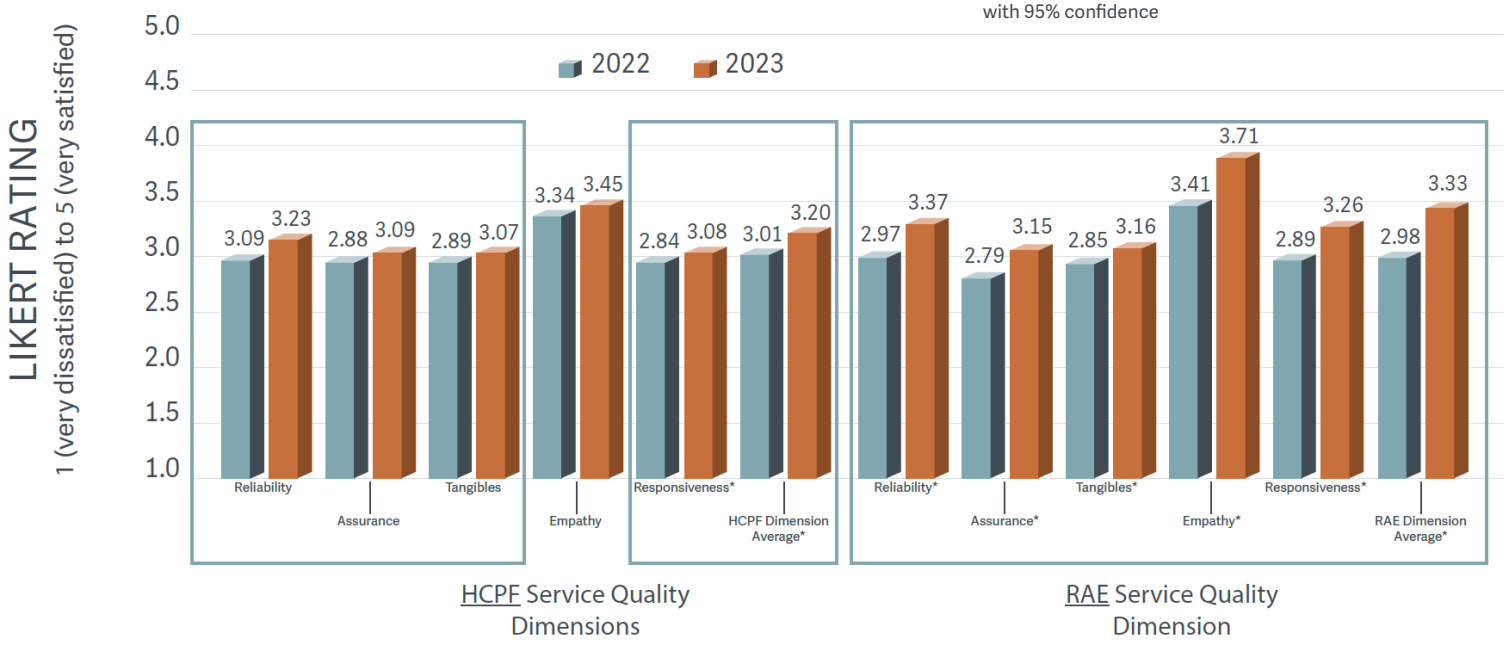
# 2022 & 2023 Service Quality Ratings for HCPF and RAEs – Across All RAEs

All RAE Service Quality ratings significantly* improved between 2022 and 2023

HCPF Assurance, Tangibles, and Responsiveness ratings significantly* improved between 2022 and 2023

N = 494 ratings in 2022 and 612 ratings in 2023

*Significant difference between 2022 and 2023 with 95% confidence




## The primary implications of this analysis are that:

- HCPF and all RAE should be recognized for making many significant improvements over the past year, while not losing ground in any areas
- Although many gains have been made, there is still room for improvement in critical HCPF and RAE domains
- HCPF and the RAEs are encouraged to continue annual cycles of systematic, continuous improvement. Small, incremental gains in three to five years can accumulate into large gains over time

# Stakeholder Engagement

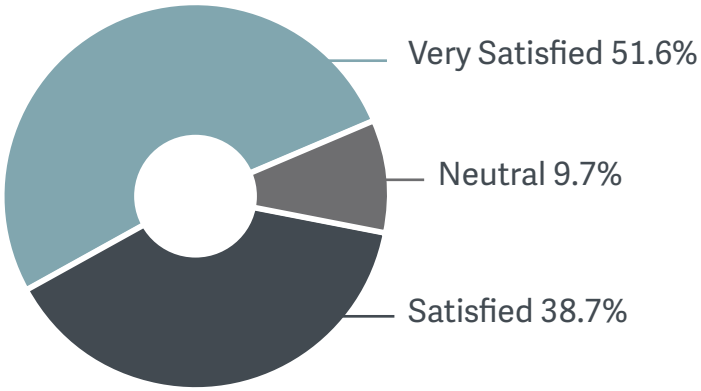
APG would like to acknowledge and thank all stakeholders and participants who volunteered their time to support the overall process improvement efforts during Phase II. Task force and action team participants are outlined in the appendices.

## Action Team Satisfaction Survey

APG facilitators administered satisfaction surveys to collect feedback from participants at the conclusion of the action team problem solving process. The survey was sent to all action teammates, not just those that were present at the last meeting. There was an 84.6% completion rate across all action teams. Results broken down by action team are provided in Appendix H.

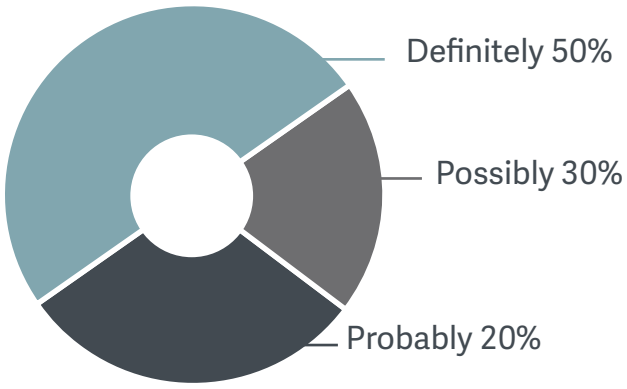
### How would you rate your overall experience of being on an action team?

Overall, responses were very positive. Over 50% of participants indicated that they were very satisfied with their overall experience being on an action team and nearly 50% indicated that they were very satisfied with the problem-solving process. Engaging in collaborative problem-solving has many process benefits including strengthened relationships, as was demonstrated by 67.7% of respondents saying that they felt the other participants in the problem-solving process listened to their ideas and respective perspectives almost always. 25.8% responded saying this was usually true and 6.5% saying "occasionally." The results displayed in the graph below also demonstrate positive process benefits.




### To what extent do you feel the recommended solutions could have a real impact in improving the system?

Action teams had mixed feelings about whether the recommended solutions will have a real impact in improving the system with 40% saying "definitely", 30% saying "probably", and 26.7% said "possibly". And 3.3% indicated that they did not feel their team's recommended solution will have a real impact on improving the system.



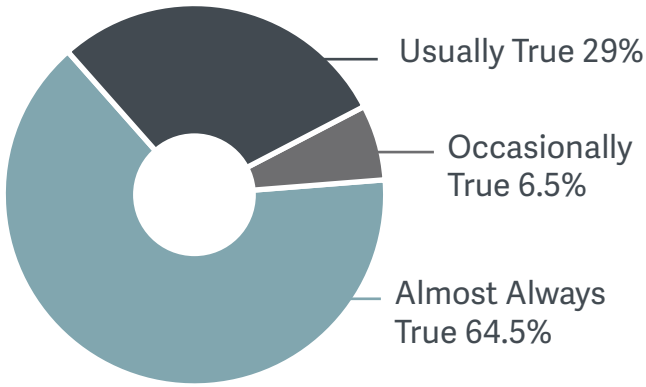

There were two open-ended questions in the evaluation – "What went well with action teams?" and "What could be improved in the future?" There were three positive response themes – sharing perspectives, respect for each other and the process, and the APG facilitation and meeting structure. Improvements were grouped into four themes – having confidence in future action (which aligns with the quantitative data previously described), continuing to work on accessibility, paying attention to representation and attendance as well as improving focus and structure of the process.

# Task Force Satisfaction Survey

The APG team administered a satisfaction survey at the end of the last task force meeting. Overall, the task force feedback was positive. 80% of respondents indicated that their overall experience with being on the task force was satisfactory or very satisfactory; 10% of participants were neutral and another 10% were dissatisfied with their experience. In general, task force members had a positive response to the problem-solving process that the action teams engaged in with 70% indicating "satisfied" or "very satisfied" and the other 30% indicating they were neutral to the process.

To what extent do you feel that the problem-solving process allowed you to collaborate effectively with the other participants and build stronger relationships, trust, and rapport as a result?

All task force respondents believed that the recommended solutions could have a real impact in improving the system to some extent, as depicted in the graphic above. The survey sought to capture benefits of participating in the task force, including relationships built. 45% of task force participants indicated "almost always true" to the question "Thinking back to December until now, to what extent do you feel that the other participants in the task force listened to your ideas and respected your perspectives?" 55% indicated "occasionally true" or "usually true." Task force evaluation results can be found in Appendix I.



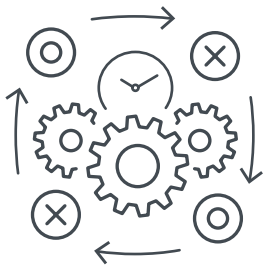

# Project Communications

Throughout Phase II of the project, APG worked closely with the HCPF communications team to ensure that stakeholders received regular project updates. Each month, APG wrote and distributed a monthly update on project progress to the IPN email list. This monthly update was also posted to the IPN forum. In addition to these update communications, APG convened with the RAEs to share project findings. This communication effort included one-on-one meetings with representatives from each RAE to review IPN survey findings and to gather input to better understand improvement initiatives. APG also regularly communicated with the HCPF team to provide project updates through the duration of Phase II. At the conclusion of Phase II, APG provided a comprehensive communication plan for HCPF to use in sharing updates with stakeholders on the implementation of the solutions identified through this initiative.

# Project Team Lessons Learned & Recommendations

The APG project team was comprised of seven organizational development consultants who have years of experience facilitating system-change and problem-solving processes. In addition to organizational development expertise, the team had relevant experience leading transformation initiatives within the Colorado government system. The fact that the team included a licensed clinical social worker and a previous employee of a RAE helped create a well-rounded and well-suited project team.

Supplemental to the action team recommended solutions, the APG project team put forth additional recommendations for consideration.



## Process Recommendations

The project team learned many lessons throughout the 18-month project. Below are recommendations to ensure this process and future outreach and problem-solving process initiatives are successful:

### 1 Follow through

To maintain cohesion and collaboration between groups moving forward, the implementation must be completed. Through implementation, the process of continued trust and commitment will be established. If implementation does not occur, then these gains could be lost and future participation in process improvement efforts could be affected.

### 2 Commit to an annual continuous improvement process

Keep listening. Providers appreciated the opportunity to voice their experiences and concerns during the Phase I focus groups. Providers viewed these efforts as an act of good faith for ongoing dialogue to improve the working relationships between HCPF, RAEs, and providers.

Additionally, the project team strongly recommends the continuation of measuring the IPN touchpoints and service quality experience. The data shows an improvement in the IPN experience between 2022 and 2023. Continue to measure and share progress with an annual IPN survey. Increase response rates from providers across the state with an intentional and proactive communication strategy that leverages RAE and IPN distribution channels.

### 3 Keep collaborating and communicating

There is a genuine, invested buy-in from all stakeholders to improve the Health First Colorado system in Colorado, expand access to care, and improve the solutions that support service delivery to members and all providers. Continue to engage in multi-stakeholder collaboration across all impacted providers, entities and organizations who contribute to behavioral health service delivery to Health First Colorado members.

Ensure structures allow for two-way communication as this fosters transparency, exchange of information, and sharing of perspectives. Many participants highlighted the value of using a neutral third-party facilitator to ensure productive conversation. Solving problems together builds relationships, trust and buy-in. Continued collaboration and communication increase the likelihood that all entities are working toward the same quality of care standard.

### 4 Compensate providers for donating time to comprehensive stakeholder engagement processes like this project

Each action team participant volunteered a significant amount of time in this important process improvement effort. Action team participation waned as the project progressed, especially with IPN representatives. IPNs expressed challenges with taking time away from billable behavioral health work to participate in this problem-solving process. Therefore, the project team recommends considering compensating providers for donating time to these types of long-term processes (i.e., more than 6 months in duration with sustained involvement).

## Systems Change Recommendations

Having worked with all action teams over six months, the APG team observed interrelated system improvement issues that deserve emphasis and some system improvement opportunities that the teams did not address in depth. APG makes the following recommendations:

### 1 Training and orientation

Understanding a complex system and knowledge of detailed coding and billing specifications are fundamental to IPNs navigating the system and accurately coding claims. While RAEs make many resources available to IPNs, providers often expressed the desire for personalized orientation that would further two-way communication and afford IPNs the ability to gain the most relevant information to their practice. Training and orientation might be focused on familiarizing providers with the billing and coding manual and is not intended to give specific billing guidance. Understanding the system from the beginning would reduce errors and save RAEs and IPNs time.

APG recommends that each RAE offer orientation and/or training for newly contracted IPNs. IPNs have a responsibility to be informed and acquire necessary knowledge to submit claims correctly. HCPF, the RAEs, and IPNs should collaboratively consider whether participating in orientation should be required in the IPN's contract with the RAE.

## 2 Single points of contacts at the RAEs

Getting an answer or the right answer to issues that arise is a persistent and pervasive problem, which wastes time and creates frustration for IPNs and the RAEs. APG observed that the service quality team's recommendations to establish single points of contact and an IPN advocate within each RAE would address this significant problem. APG recommends that all IPNs should have a RAE representative assigned to them whom they can count. The point is to have a RAE representative who is responsible for making sure questions are answered or that steps to solve problems are completed in a timely manner.

The solution to this could include application of technologies (e.g., process automation) and policies (e.g., escalation rules) to confirm that the person who opened the ticket agrees that an issue has been closed. Customer service best practices, including leveraging technologies and standard policies, should be implemented by both HCPF and RAEs as they receive inquiries, complaints, and/or grievances.

## 3 Attribution

Members are assigned to RAEs based on their primary medical care provider. When that provider changes, IPNs may need to contract with a different RAE to provide care to the Member. IPNs may also not know of the change and submit claims to the wrong RAE. This situation disrupts care. IPNs are disproportionately impacted when members attribution changes without notice based on their primary care. A therapeutic relationship tends to be a more sensitive dynamic than a relationship with a medical provider. A person might be willing to change their primary care provider without realizing it will impact their ability to work with their behavioral health provider with whom they have an established relationship with.

APG recommends that ACC 3.0 consider changing the attribution requirements so that a member's behavioral health provider is the basis for attribution for the Member to a RAE for behavioral health treatment.

## 4 IPN Working Group

The task force recommended the creation of an IPN Working Group which would include representatives of HCPF, RAEs and IPNs to continue collaborative problem-solving recommended by each action team. It is extremely important to define a clear pathway to monitor issues and discussion points that need to be brought forward to the IPN Working Group, HCPF, and the RAEs for this work. APG recommends that there is collective and collaborative work to build a process for identifying and recording problems.

## 5 3rd party billers and payors

Many IPNs contract with third parties to perform credential and billing services. Some RAEs contract with third parties to provide claims processing and claims platforms. These third parties can cause both coding errors and frustration through computer system errors for both the RAEs and IPNs. HCPF has no direct regulatory authority over these third parties.

APG recommends that HCPF explore ways to gain some accountability for the third parties, such as performance requirements that the RAEs and IPNs must follow when contracting with third parties or a certification process that requires third parties to meet certain performance standards. In addition, these third-party entities should be included in collaborative efforts to improve the system. At the minimum, both IPNs and RAEs should receive notice when a third party is processing claims, and how that entity can be reached.

## 6 Modify performance standards for responsiveness

HCPF requires RAEs to report the percentage of provider questions responded to within two business days. The RAEs consistently report high response rates yet IPNs consistently complain that they either get no response or they get the "run around" with no meaningful response. APG recommends that HCPF, RAEs and IPNs work collaboratively to establish a meaningful definition and measurement of responsiveness that goes to resolving questions or problems, such as, time to close a question or claims issue. The collaborative effort could also consider adopting specific and measurable service quality standards for inclusion in RAE service quality agreements with HCPF.

One common cause of problems IPNs brought to RAEs stemmed from inaccurate or out of date provider information in the system. Consider incentivizing or mandating IPNS to review and update information in CAQH at least annually.

## 7 Incentivize more certified coders

A comprehensive knowledge of the Uniform Service Coding Manual, soon to be called the "State Behavioral Health Services Billing Manual" is the best means for IPNs and billers to accurately code claims in the first instance. APG recommends that HCPF, the RAEs, and IPNs work collaboratively to find ways to incentivize more IPNs and billers to become certified. Consider mandatory training.

## 8 Communications clarity and simplicity

The complexity of any changes to the system requires that RAE staff and IPNs know a lot and to easily find and focus on "need-to-know" information. As one action team participant noted, materials are written for those who write it, not for those who read it. IPNs receive communications that include information not relevant to them. APG recommends that HCPF and the RAEs adopt communication principles and methods that simplify content and target the distribution of information. Please reference the 'change communications' section of the IPN communications plan provided in this project for specific guidance.

# CONCLUSION

The IPN, RAE, and HCPF Collaboration Project, led by APG, has completed Phase II, fulfilling its objective of undergoing a collaborative working process to identify and resolve barriers to delivering behavioral health services to Health First Colorado members. This collaborative effort involved multiple stakeholders working together to develop mutually agreeable action plans to address frequently occurring issues that significantly impact service delivery.

Phase II of the project was executed with a structured approach, involving a task force and five action teams. Through a comprehensive problem-solving process, each action team analyzed the root causes of identified problems and generated potential solutions. These recommendations aim to enhance clarity, consistency, and efficiency in the delivery of behavioral health services to Health First Colorado members, ultimately improving the overall quality of care.

The completion of Phase II marks a significant milestone in the ongoing efforts to improve access to quality behavioral health services for Health First Colorado members. The collaboration and dedication demonstrated by all stakeholders involved in this project have laid a solid foundation for future enhancements and initiatives in the field of behavioral health in the state. We hope that the recommendations outlined in this report will serve as a catalyst for positive change and contribute to improved working relations between HCPF, the RAEs and the network of independent providers across Colorado.

The IPNs, RAEs, and HCPF all share the common goal of serving Medicaid members. Any managed care system has many complexities which cause providers and users frustration, time, and money. These complexities and frustrations are a part of the Medicaid system. But it doesn't have to be this way. By implementing the recommendations developed by the Action Teams and Task Force contained in this report and by continuing collaborative problem solving, Colorado can forge a Medicaid managed care system that will be different and will operate more efficiently and effectively for HCPF, the RAEs and IPNs alike. A system in which less time is consumed by complexity and problem solving will provide more time and opportunity for IPNs to serve Health First Colorado members, thereby achieving the common goal.

Arrow Performance Group

# APPENDICES

# Appendix A – Phase I Problems & Barriers

# Appendix B – Task Force Roster & Ground Rules

| | Name | Affiliation |
|---|---|---|
| 1 | Raul De Villegas-Decker | IPN |
| 2 | Darcy Cole | IPN |
| 3 | Ken Winn | IPN |
| 4 | Maya Redhorse | IPN |
| 5 | Robin Ennis | IPN |
| 6 | Michelle Simmons | IPN |
| 7 | Lisa Whalin | IPN |
| 8 | Stephanie Farrell | Biller |
| 9 | Meg Taylor | RAE |
| 10 | Patrick Fox | RAE |
| 11 | Kari Snelson | RAE |
| 12 | Danielle McKibbin | HCPF |
| 13 | Alex Weichselbaum | HCPF |
| 14 | John Laukkanen | HCPF |
| 15 | Mel Tyler | BHA |
| 16 | Paul Barnett | BHA |

## Ground Rules

Creating a safe & productive space to engage in the process

- Be willing to reach consensus
- Strive to meet the stated purpose & expected outcomes of the meeting
- Respect the agenda
- Listen actively to others
- No one-on-one side meetings or conversations during the meeting
- Manage your own input - no long speeches
- Do not interrupt other participants
- Leave the meeting with a clear sense of next steps
- Discussions will be treated as confidential as appropriate
- Once consensus has been reached, support group decisions & actions

# Appendix C – Action Team Rosters & Ground Rules

| #1 | Credentialing & Contracting | |
|---|---|---|
| | Name | Affiliation |
| 1 | Emma Oppenheim | HCPF |
| 2 | Rickelle Hicks | IPN |
| 3 | Leni Sjoberg | IPN |
| 4 | Mary Katherine | IPN |
| 5 | Dominique Pulliam- Left Hand Management | IPN |
| 6 | Eirin Lewis | IPN |
| 7 | Alma Mejorado - NE Health Partners | RAE |
| 8 | Lorroya Martinez - CCHA | RAE |
| 9 | Alyssa Rose- Rocky | RAE |
| 10 | Travis Roth- CO Access | RAE |
| 11 | Kim Cassidy- CCHA | RAE |

| #2 | Billing & Coding | |
|---|---|---|
| | Name | Affiliation |
| 1 | Sandy Grossman | HCPF |
| 2 | Stacey Samaro | IPN |
| 3 | Ana Pickeral | IPN |
| 4 | Brittanie Welch- Left Hand Management | IPN |
| 5 | Mary Bunge | IPN |
| 6 | Esther Torres | IPN |
| 7 | Marianne Lynn- CCHA | RAE |
| 8 | Kari Snelson- NE Health Partners | RAE |
| 9 | Ky (Kylanne Briggs)- Rocky | RAE |
| 10 | Dr. Steve Coen- Health CO | RAE |
| 11 | Michelle Tomsche- CO Access | RAE |

| #3 | Payment & Reimbursement | |
|---|---|---|
| | Name | Affiliation |
| 1 | Lawrence Tam | HCPF |
| 2 | Os Bernal-Flores | HCPF |
| 3 | Lexi Ellis | IPN |
| 4 | Cindy Miller | IPN |
| 5 | Maya Redhorse | IPN |
| 6 | Jenni Barker Santopietro | IPN |
| 7 | Darcy Cole | IPN |
| 8 | Gina Wendling- CCHA | RAE |
| 9 | David Mok-Lamme- Rocky | RAE |
| 10 | Dave Witt - Health CO | RAE |
| 11 | Beth Coleman – Co Access | RAE |

| #4 | Service Quality | |
|---|---|---|
| | Name | Affiliation |
| 1 | Sandi Wetenkamp | HCPF |
| 2 | Lisa Whalin | IPN |
| 3 | Jonathan Mueller | IPN |
| 4 | Michelle Simmons | IPN |
| 5 | Robin Ennis | IPN |
| 6 | Ken Winn | IPN |
| 7 | Jen Hale-Coulson- NE Health Partners | RAE |
| 8 | Jackie Fergson- CCHA | RAE |
| 9 | Meg Taylor- Rocky | RAE |
| 10 | Karen Talone- Health CO | RAE |
| 11 | Krista Anderson-CO Access | RAE |
| 12 | Tina Smith | IPN |

| #5 | Communications | |
|---|---|---|
| | Name | Affiliation |
| 1 | Brooke Powers | HCPF |
| 2 | Megan Comer | HCPF |
| 3 | Andrew Rose | IPN |
| 4 | Candace Richey | IPN |
| 5 | Deby Williamson | IPN |
| 6 | Faith Holloway | IPN |
| 7 | Stephanie Farrell | IPN |
| 8 | Kim Herek- Rocky | RAE |
| 9 | Lori Roberts- Health CO | RAE |
| 10 | Marissa Kaesemeyer- CO Access | RAE |
| 11 | Brian Robertson- NE Health | RAE |
| 12 | Kalena Wilkinson- CCHA | RAE |
| 13 | Melissa Edelman | HCPF |
| 14 | Colleen Daywatt- CCHA | RAE |

# Ground Rules

Creating a safe & productive space to engage in the process

- Be willing to reach consensus
- Strive to meet the stated purpose & expected outcomes of the meeting
- Respect the agenda
- Listen actively to others
- No one-on-one side meetings or conversations during the meeting
- Manage your own input - no long speeches
- Do not interrupt other participants
- Leave the meeting with a clear sense of next steps
- Discussions will be treated as confidential as appropriate
- Once consensus has been reached, support group decisions & actions

# Appendix D – Resource Database

| Resource Database | |
|---|---|
| Overall | Source Type |
| 2022 APG IPN Survey | Report |
| Institute for Medicaid Innovation | Website |
| 2020 Medicaid MCO Best Practices and Innovative Initiatives | Report |
| IMI-2022-Medicaid_Managed_Cares_Pandemic_Pivot-Compendium | Report |
| Center for Healthcare Strategies, Inc. Introduction_to_Medicaid_Care_Management | Brief |
| National Institutes of Health article on PubMed "A Best Practices Strategy to Improve Quality in Medicaid Managed Care Plans" | Article |
| Medicaid and CHP Unwinding Planning Efforts | Report |
| https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/index.html | Website |
| https://www.coloradohealthinstitute.org/research/medicaid-surge-access-care | Website |
| https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/ | Website article |
| https://nashp.org/three-states-strategies-to-improve-behavioral-health-services-delivery-through-medicaid-accountable-care-programs | Website article |
| CMS Medicaid Program Integrity Strategy fact sheet | PDF |
| Comprehensive Medicaid Integrity Plan FY2019-2023 | PDF |
| The Medicaid National Correct Coding Initiative | Website |
| Medicaid.gov State Health System Performance | Website |
| 2022 Scorecard on Healthcare System Performance | Website |
| National Committee for Quality Assurance | Website |
| Medicaid and CHIP Payment Access Commission | Website |
| Kaiser Foundation Medicaid Authorities and Options to Address Social Determinants of Health | Website/article |
| The Commonwealth Fund | Website |
| The Urban Institute | Website |
| National Association of State Budget Officers | Website |
| COABA Resource Page | Website |
| ECHO Survey | Website/Report |

| Resource Database | |
|---|---|
| Contracting and Credentialing | Source Type |
| Colorado Health Care Professionals Credential application (CDPHE) | Document |
| CAQH/Proview Review | Website |
| Respective RAE Website(s) Provider/Contracting | Website |
| Billing & Coding | Source Type |
| Uniform Services Coding Manual January 2022 | Guides |
| Managed Care Billing Manual webpage | Website |
| HCPF Beginner Billing Workshop for Professional Services | Guides |
| Medicaid Fee for Service Provider Payment Process (MACPAC) | Article |
| RAE rejection and completeness data | Report |
| Fusion BH_TN_Insurance-Aging-Report_created-2-22-2023_35215856 | Report |
| Ky_UHC_aging Report | Report |
| NHP_R2_Monthly RAE Accountability Report_02-15-23_D1 (3) | Report |
| BH Coding Manual March 2023 | Manual |
| Summarized Claims Data by Stakeholders_BC Action Team | Report |
| RAE Respective Provider Websites | Website |
| Billing and Coding Training Material by RAE | Guides |
| Service Quality | Source Type |
| 2022 Colorado Adult Regional Accountable Entity (RAE) Member Experience Report | Survey Report |
| 2022 Colorado Child Regional Accountable Entity (RAE) Member Experience Report | Survey Report |
| ACC Public Reporting Performance Pool Results SFY19-20 PowerPoint February 2021 | Report |
| Key Performance Indicator Methodology FY22-23 | Report |
| Key Performance Indicator (KPIs) SFYs 18 22 Updated February 2023 | Report |
| Behavioral Health Incentive Specification Document SFY22-23 | Report |
| 2021 External Quality Review Technical Report for Health First Colorado | Report |
| Key accountability requirements for Medicaid Managed Care | Website |
| Behavioral Health Provider Network Accountability Dashboard | Report |
| GainWell call center data- average speed of answer | Report |
| Colo Access new claims payment portal issues summarized by Stephanie Farrell | Report |
| CCHA-RA-P-0731.01-EN-08.21.21 | Informational Pamphlet |

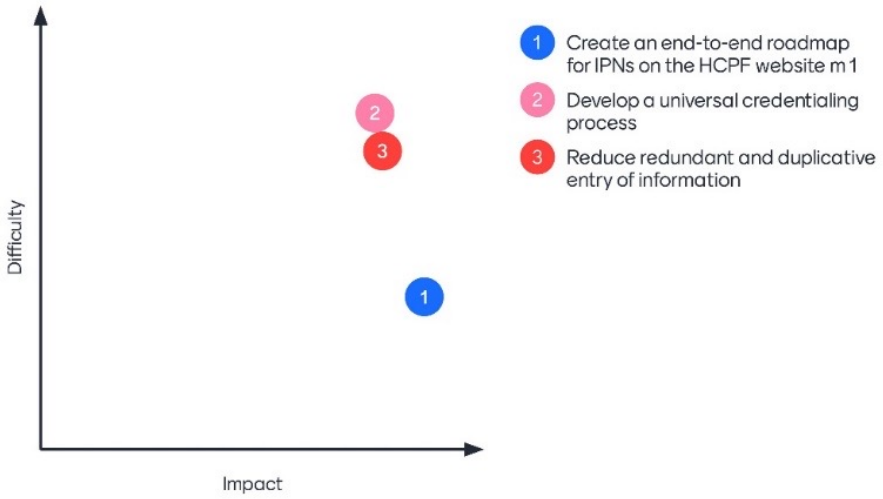
| Resource Database | |
|---|---|
| Service Quality | Source Type |
| HCPF complaint form data | Website |
| Complaints RAEs received from members - Quality of care concerns Report (RAEs send to HCPF) | Report |
| 21021 External Quality Review Technical Report for Health First Colorado (Colorado's Medicaid Program) Dec 2022 | Report |
| Nonresponsive CCHA example regarding claims payment | Report |
| EQRO | Website |
| CAHPS Survey Measures | Website |
| Advanced Behavioral Resources | |
| Communications | Source Type |
| Deby Williamson examples of comm issues | Email |
| HCI provider communication info | PowerPoint |
| CCHA newsletter and Website analytics | Report |
| HCPF Website traffic data | Report |
| Summary of various communications/service issues prepared by Stephanie Farrell | Report |
| Dec. 2022 email from Cristen bates to Andrew Rose | Email |
| Ex. Of CCHA auto reply that was not responsive/accurate | Email |
| "Clubhouse" code email- HCPF exchange w/ Stephanie Farrell | Email |
| Site survey clarification email exchange- Stephanie Farrell and HCPF | Email |
| RAE complaint data | Report |
| RAE Resources Page(s) | Website |
| RAE regional MEAC | Website/Report |

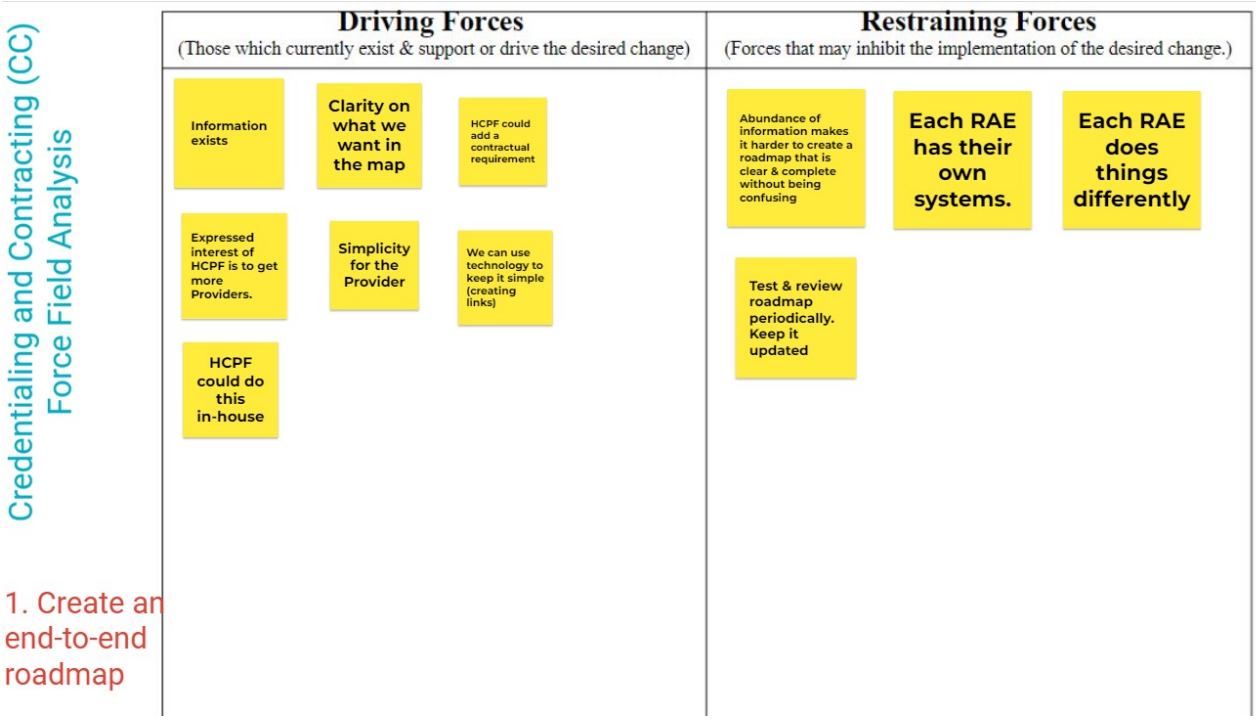
# Appendix E – Action Team Solution Evaluation

## Payoff Matrix & Force Field Analysis

### Credentialing & Contracting

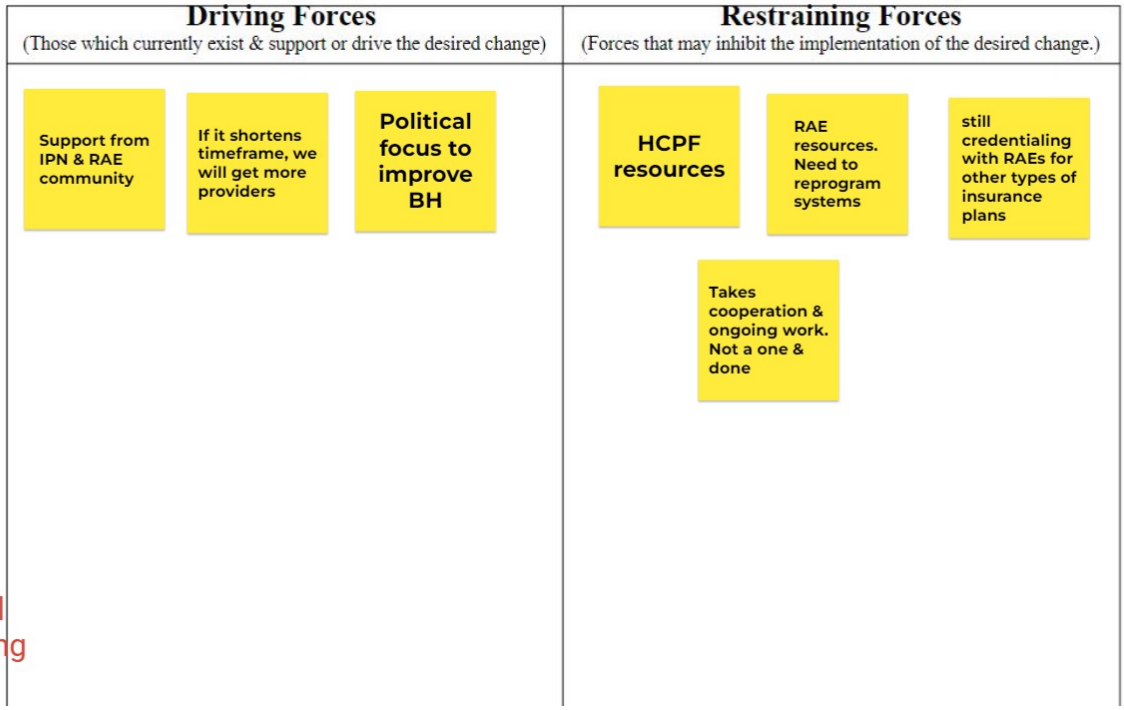
**Payoff Matrix**



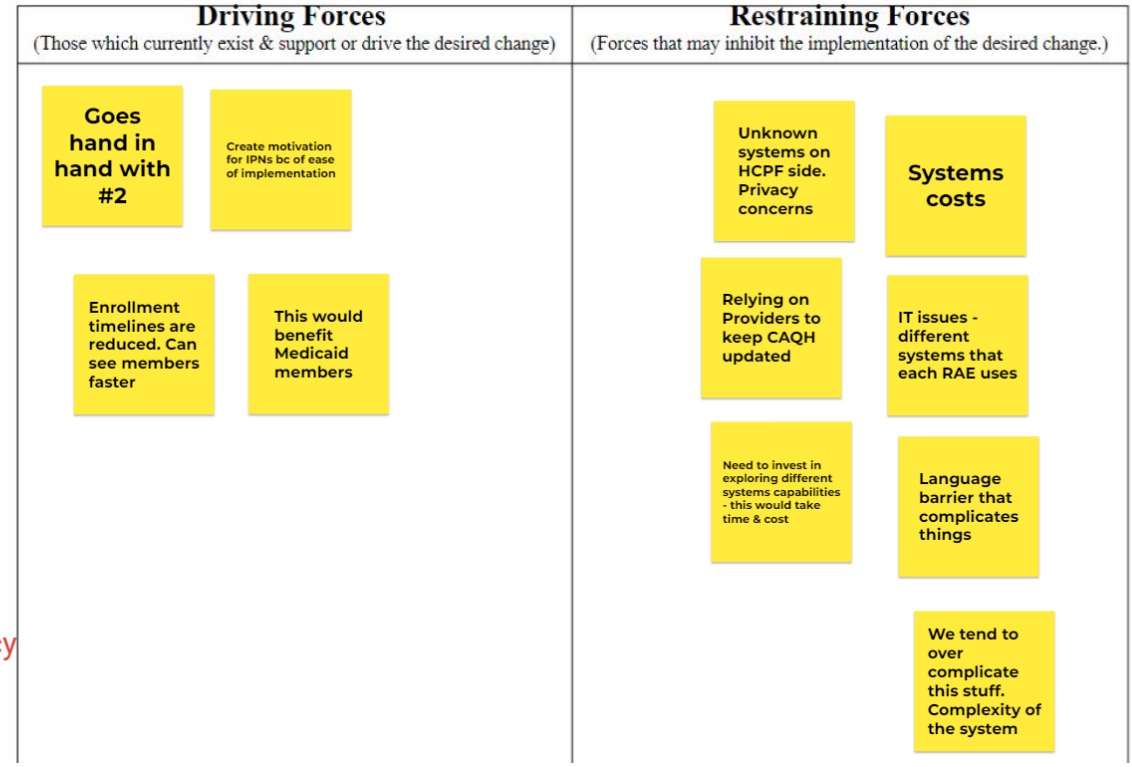
Credentialing and Contracting (CC) Force Field Analysis

2. Universal Credentialing

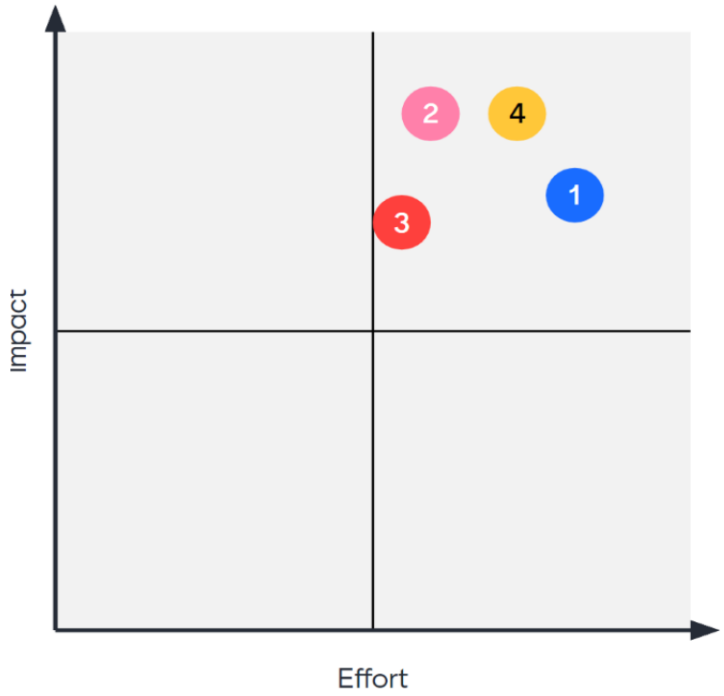



Credentialing and Contracting (CC) Force Field Analysis

3. Reduce redundancy



# Billing & Coding

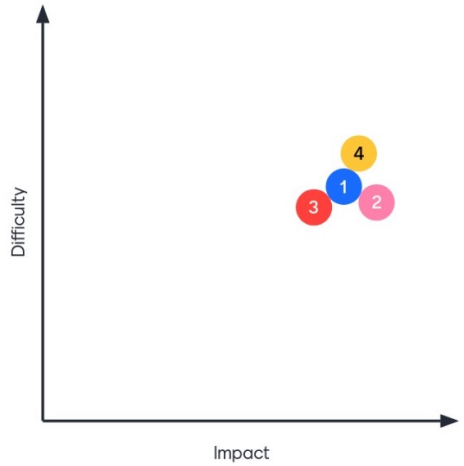



1. Clear guide, or key, to denial messages
2. Simplify use of modifiers
3. Consistent enforcement of coding manual by RAEs
4. Collaboratively work for consistency between fee for service coding, capitated behavioral health and national coding standards; collaborative effort

# Payment & Reimbursement

## Payoff Matrix

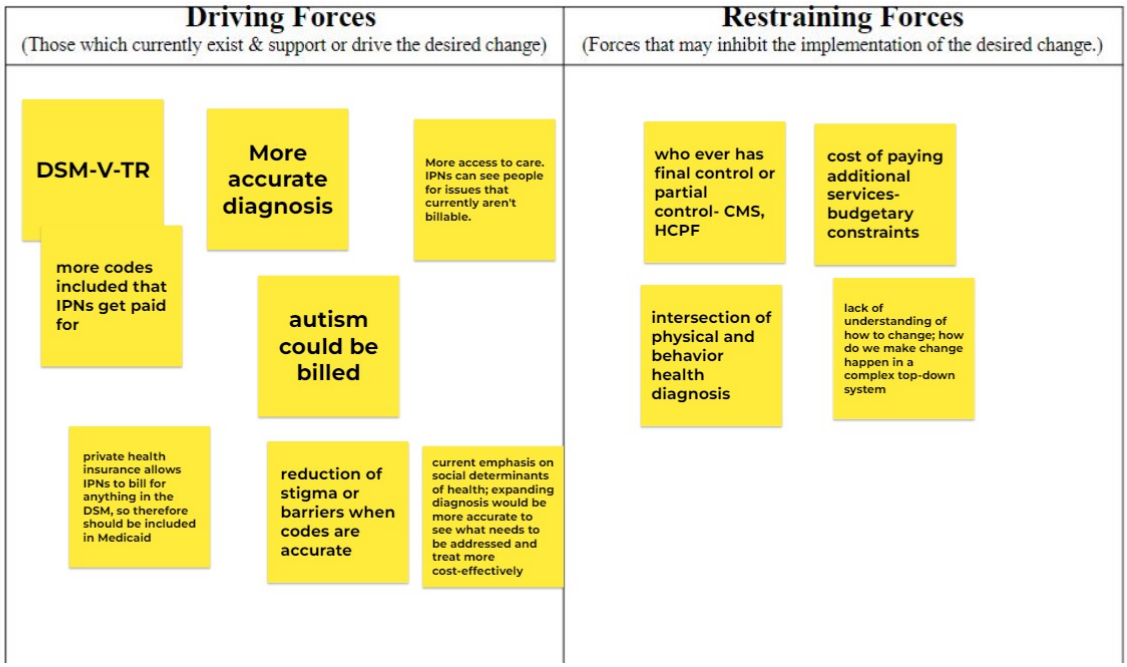
Mentimeter




1. Authorize more diagnosis codes1
2. Solve the family therapy service code issue
3. Clarify/expand use of add-on codes
4. Collaborative process for rate/fee setting

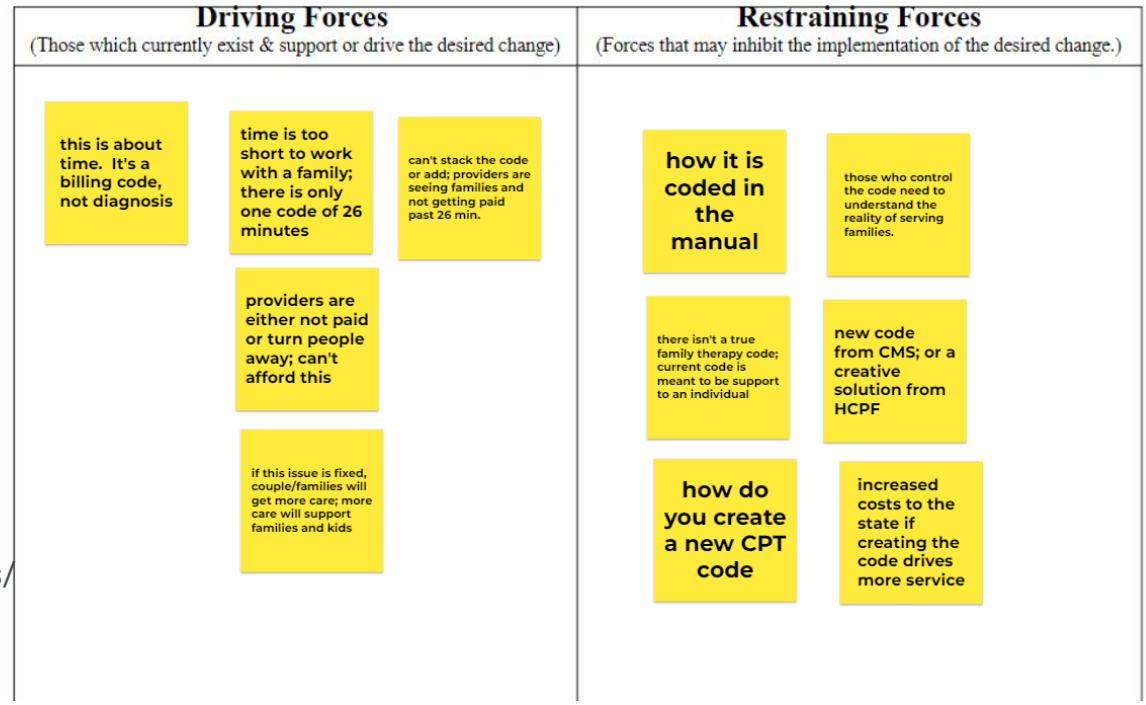
Payment & Reimbursement Force Field Analysis

More diagnosis codes



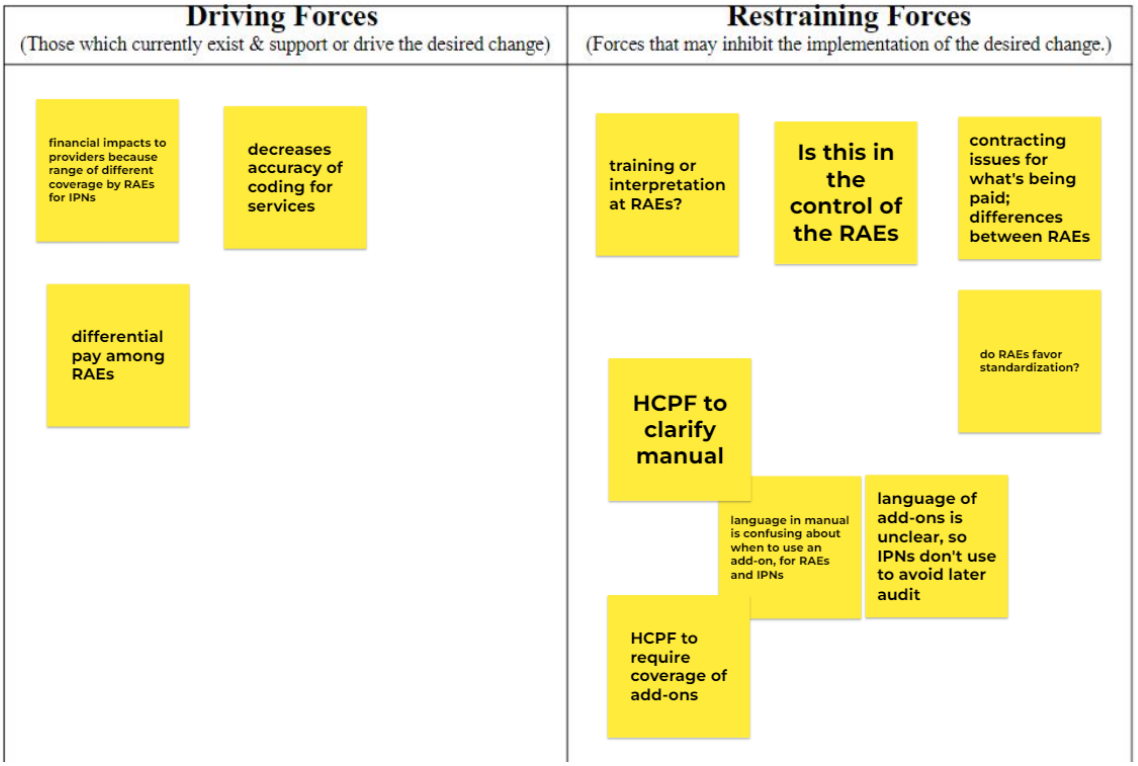

Payment & Reimbursement Force Field Analysis

couples/ family coding



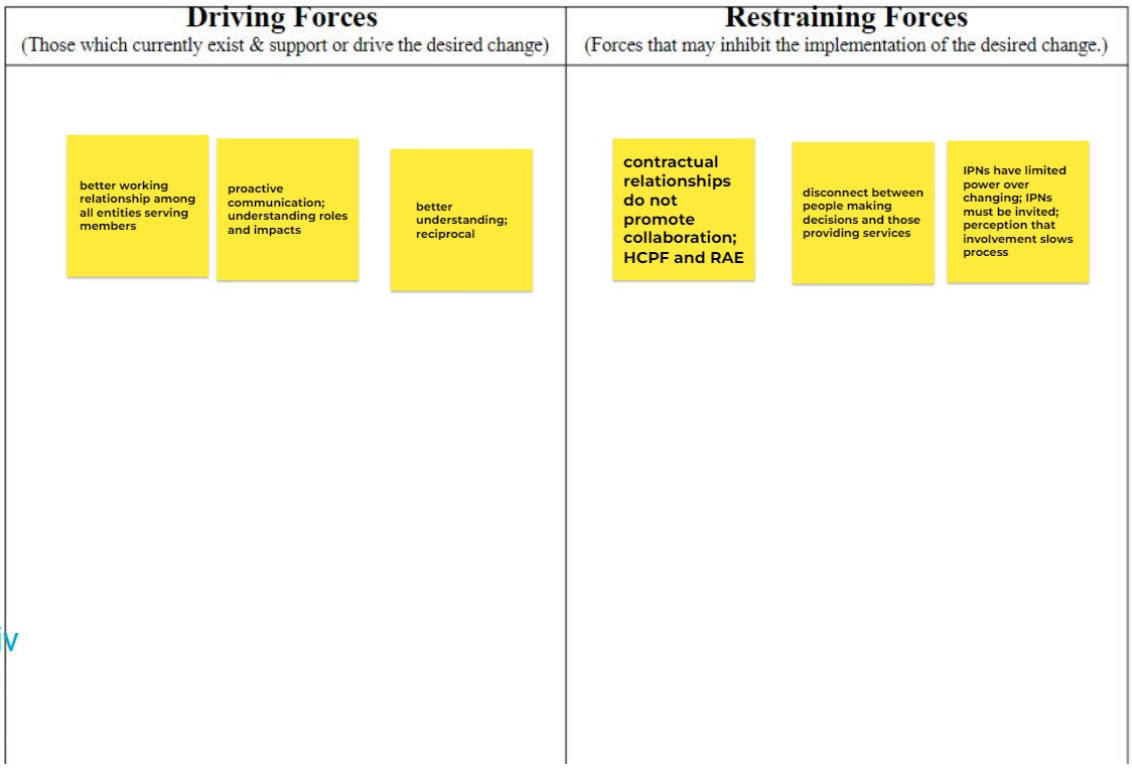
Payment & Reimbursement Force Field Analysis

add-ons




Payment & Reimbursement Force Field Analysis

collaborative rate/fee process



# Service Quality

## 2 x 2 Grid


Service Quality
Force Field Analysis

Single point of entry

**Driving Forces**
(Forces that currently exist & support or drive the desired change)

**Restraining Forces**
(Forces that may inhibit the implementation of the desired change.)

Single contact- a person with whom an IPN has a relationship for navigating the day to day issues that arise for an IPN

are IPNs truly understood

frustration for RAEs and IPNs

serving the members

takes time now- being on hold; getting transferred

existing structures are there but may not be understood

concept needs more definition

each RAE has its own system of service

one person as the keeper of all knowledge might be problematic is that person is out/unavailable

different staffing patterns and requirements to meet single point of contact; how many people required and what skill levels

Service Quality Force Field Analysis

Create Advocate

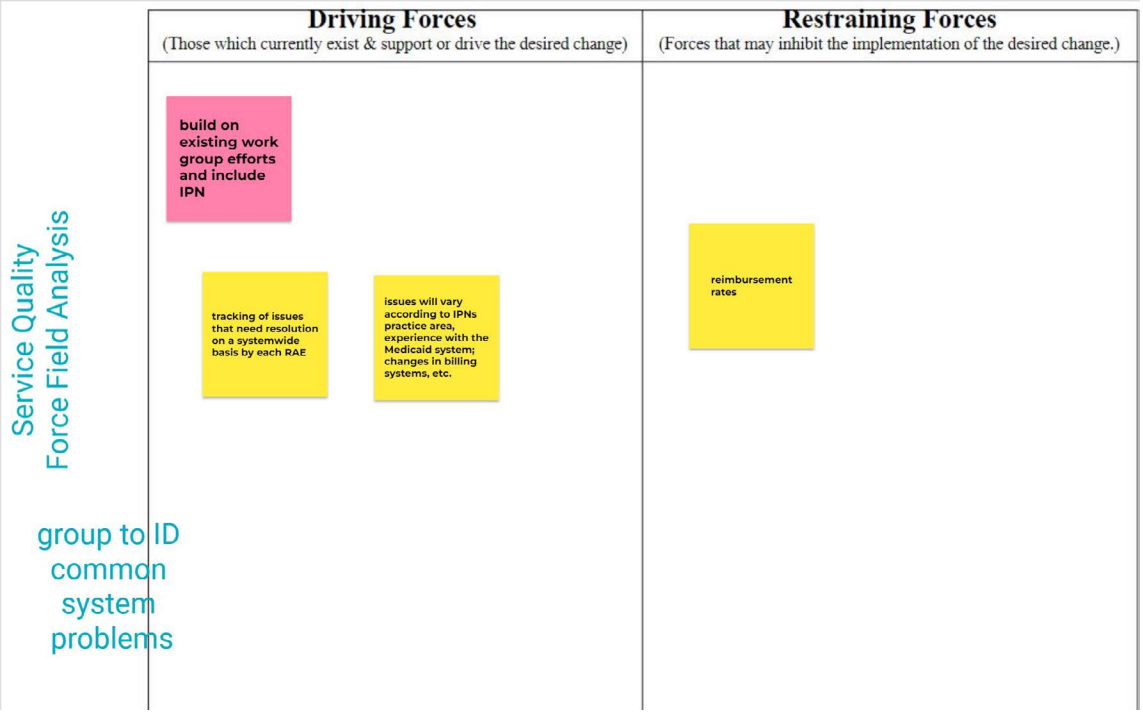
create ombudsman

| Driving Forces (Those which currently exist & support or drive the desired change) | Restraining Forces (Forces that may inhibit the implementation of the desired change.) |
|---|---|
| need to support the IPN who provides lots of service to members | importance that each RAE and HCPF place on IPN |
| reorganize to form team of specialists within a RAE or HCPF | shared value on what IPN brings to the table |
| positions or resources that could be redirected or repurposed | may require new position |
| treat IPNs similar to CMHC for point of contact | |

Service Quality Force Field Analysis

RAE, HCPF work group for consistency

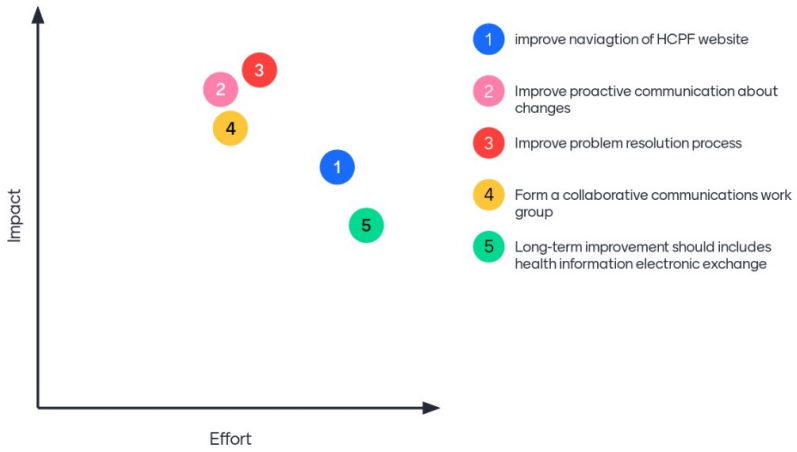
| Driving Forces (Those which currently exist & support or drive the desired change) | Restraining Forces (Forces that may inhibit the implementation of the desired change.) |
|---|---|
| some existing models to work from; build on current groups; expand Sandi's work group | existing group not known and/or could have greater impact |
| modify existing work groups to include IPNs | |
| momentum to build upon | |
| validating and reporting the impact of the IPN including capacity of network | |




# Communications

## 2 x 2 Grid

Mentimeter



Communications Force Field Analysis

Improve navigation of HCPF website

| Driving Forces (Those which currently exist & support or drive the desired change) | Restraining Forces (Forces that may inhibit the implementation of the desired change.) |
|---|---|
| so much information, people don't know what is applicable to them; provider types are very diverse | so much information, people don't know what is applicable to them; provider types are very diverse |
| time consuming to find information; logic not always apparent | regulatory requirements need to be on website |
| providers are not tech people; they are relationship people | HCPF interface is limited-- the platform |

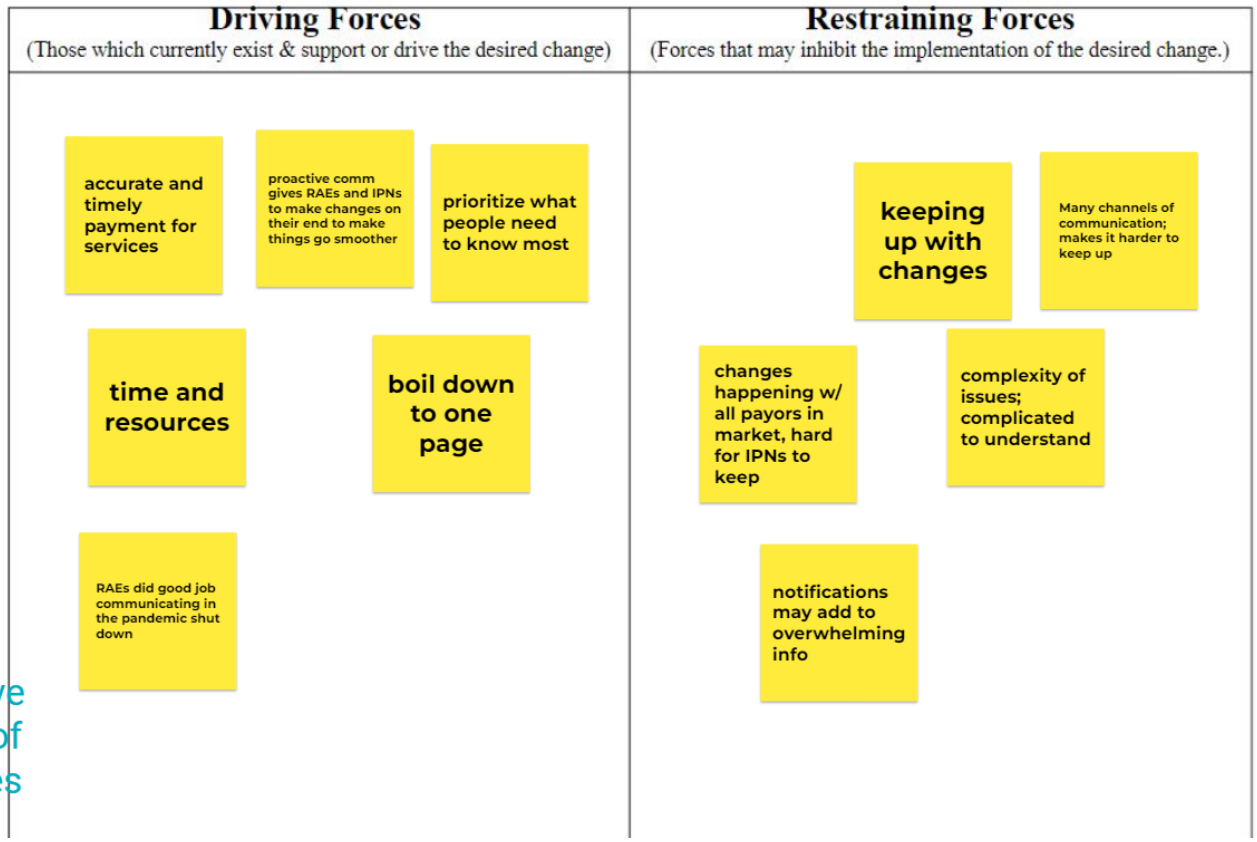
Communications Force Field Analysis

improve problem solving process

| Driving Forces (Those which currently exist & support or drive the desired change) | Restraining Forces (Forces that may inhibit the implementation of the desired change.) |
|---|---|
| everyone willing to make change and see improvment thru collaboration | complex system with a lot of pieces |
| improved service for members | RAEs need to adjust to things coming down the line; only have so many resources to make changes; priorities change |
| RAEs want to improve problems at RAE before escalation to HCPF; want to get it done because it takes time for IPNs and HCPF | relationships and trust lacking among IPNs and RAEs; needs to be repaired/improved |
| resources could be better spent, e.g. time for everyone and for IPN to have more time to see clients | history- things haven't changed enough; inertia |
| RAEs have made changes by improving processes like onboarding to adjust to many providers new to Medicaid; this is momentum to build on | HCPF- not everyone has line of sight into process; complexity |
| need for clear communication | lack of transparency throughout process |
| | power dynamics among IPNs & RAEs; RAEs and HCPF |

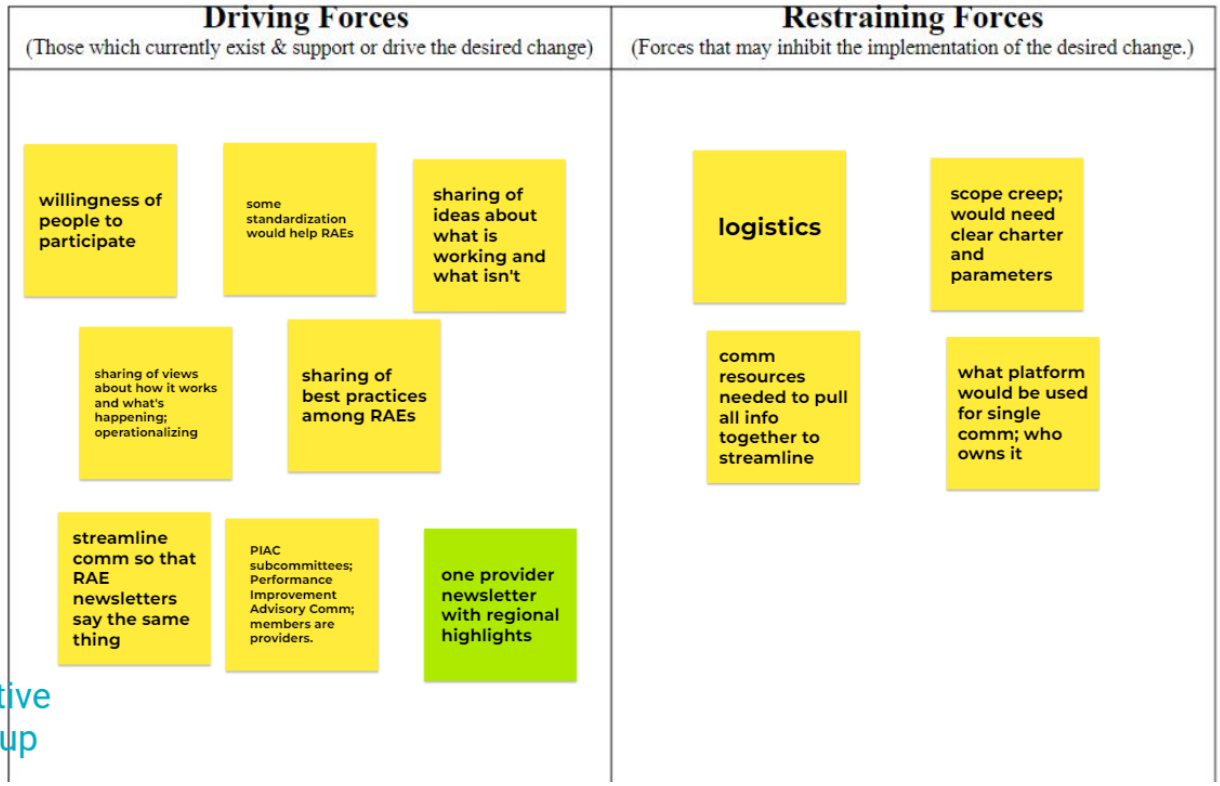
Communications Force Field Analysis

Proactive comm of changes




Communications Force Field Analysis

form collaborative workgroup



# Appendix F – Implementation Plan

| Credentialing and Contracting Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #1:** | **Create an end-to-end roadmap for IPNs on the HCPF website that is a clear and complete summary of the steps a provider must take to be enrolled in the Medicaid system and credentialed and contracted with a RAE.** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Distribute and communicate Behavioral Health Provider Map (created by HCPF). | HCPF | July 1, 2023 | It is important that this tool be posted in a readily accessible location on the HCPF website (i.e., the Provider resource page) | • Share the end-to-end as an attachment and link to the webpage of the HCPF site where it will be posted; include messaging about the purpose and use of the tool; include information about who to contact for additional support |
| 2. Communicate regular reminders about Behavioral Health Roadmap and where to find it online | HCPF | July 1, 2023 | HCPF Communications Team | • Regularly share a message to specifically remind takeholders where the tool can be found on the HCPF website |
| 3. Establish a process to maintain accurate information on HCPF website regarding the Behavioral Health Provider Map and associated resources and update/ refine material(s) as needed | HCPF | July 1, 2023 | HCPF Communications team | • Use links to the RAEs' websites<br>• One source for information providers need to know |
| 4. Based on necessity/ Behavioral Health Provider Map implementation, communicate, and distribute Contracting and Credentialing companion documents (created by APG) for each provider credentialing type (i.e.: IPN, BHA, etc.) | HCPF | January 1, 2024 | HCPF Communications Team | • Utilize companion documents to the Behavioral Health Provider Map to further clarify a step-by-step process for providers to follow by specific type.<br>• Post on websites- HCPF and RAEs<br>• Proactive outreach to unenrolled providers across the state<br>• Align with new iteration of USCM |

| Credentialing and Contracting Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #1:** | **Create an end-to-end roadmap for IPNs on the HCPF website that is a clear and complete summary of the steps a provider must take to be enrolled in the Medicaid system and credentialed and contracted with a RAE.** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 5. Develop an online/on-demand training that walks through the end-to-end roadmap and companion documents, highlighting each step; distribute communication alerting stakeholders to training | HCPF, RAE, IPN | January 1, 2024 | HCPF Communications Team | • Distribute information via IPN Forum, HCPF email to IPN list and RAEs,<br>• RAE email to IPNs by region This training could be short (i.e., 10-15 minutes) and should be co-located with the tool on the appropriate page of the HCPF website |

| Credentialing and Contracting Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #2:** | **Develop a universal credentialing process that is owned and administered by HCPF which would be used for all the RAEs.** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Identify credentialing standards based on NCQA | HCPF | September 1, 2023 | Continue discussions with BHA | • Document processes used by the RAEs. |
| 2. Confirmation of what the standard is from CAQH | HCPF | September 1, 2023 | Input from RAEs | • Collect information and synthesize in a way that informs stakeholders |
| 3. Document RAE processes | HCPF | October 1, 2023 | RAE websites | • N/A |

## Credentialing and Contracting Action Team Implementation Plan

| Solution #2: | Develop a universal credentialing process that is owned and administered by HCPF which would be used for all the RAEs. | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 4. Engage HSAG (Health Services Advisory Group) | HCPF | October 1, 2023 | | • They audit our processes and are familiar with pros/cons of each RAEs process<br>• Review their report & create comprehensive summary of key points |
| 5. Design process for re-credentialing and revalidation | HCPF | December 31, 2023 | | • Problem applications; quality review; updating<br>• Consider aligning w/ revalidation- make more streamlined |
| 6. Design implementation process | HCPF & BHA | Implementation with start of ACC 3 | Input from RAEs | • Coordinate with other changes (e.g., ACC 3.0 universal contracting)<br>• Figure out timing in relation to expiration of current RAE contracts |

## Credentialing and Contracting Action Team Implementation Plan

| Solution #3: | Reduce redundant and duplicative entry of information by having each RAE use as much or all the information already in CAQH and having providers keep their information up to date. | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Compile list of all information collected by RAEs that is different from CAQH or requires a follow up request | HCPF/RAEs | August 1, 2023 | | • N/A |
| 2. Identify information that must be entered repeatedly for each RAE (redundancy) | HCPF/RAEs | September 1, 2023 | RAEs, IPNs third-party platforms | • Providers need to keep their information updated.<br>• Reminders to make sure CAQH is up to date |
| 3. Conduct process flow analysis to identify opportunities for auto-population. | HCPF | October 1, 2023 | | • N/A |

## Credentialing and Contracting Action Team Implementation Plan

| Solution #3: | Reduce redundant and duplicative entry of information by having each RAE use as much or all the information already in CAQH and having providers keep their information up to date. | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 4. Map what platforms pull what info from CAQH for the entire contracting process | HCPF/RAEs | October 1, 2023 | | • HCPF – enforce pulling information from CAQH. This would help make the data flow better |
| 5. HCPF to adopt specifications for third party processing systems | HCPF | Implementation with start of ACC 3 | | • N/A |

## Credentialing and Contracting Action Team Implementation Plan

| Solution #4: | Address codes for service in contracts. Contracts should have accurate and complete record of contracted services that the IPN can bill for. | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Identify what each RAE does now for including codes | HCPF | July 1, 2023 | • Get it from the website or examples from RAEs<br>• Uniform Services Coding Manual | • Some RAEs send a list of codes to IPNs that cover all services but not all IPNs can bill for all services. |
| 2. Identify amendment process for adding codes during the contract period | HCPF | August 1, 2023 | • Negotiations between IPN & RAE | • N/A |
| 3. Link back to roadmap regarding codes in the IPN contract | HCPF | September 1, 2023 | | • IPNs are expected to follow the USCM |
| 4. Contract includes specific codes for services IPNs can bill for | RAEs | October 1, 2023 | • IPNs follow guidelines for eligibility to bill for services | • N/A |

| Billing & Coding Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #1:** | **Three prong approach. A) Institute key to claims denial messages that sent through electronic platforms for most common denial reasons (short term solution [completed]). B) communication plan for distribution C) modify and streamline claims systemwide (where able).** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1B. Follow suggested communication plan provided by APG and distribute accordingly (see IPN, RAE, HCPF Collaboration Project Phase II Solutions Implementation Communication Plan, Page 13, provided by APG | HCPF | July 1, 2023 | • HCPF Communications personnel | • Where and how do we want to distribute this as a resource? |
| 1C. Determine whether RAEs are authorized to change unclear messages (835 are not changeable). | HCPF/RAE | July 1, 2023 | | • N/A |
| 2C. If messages can be changed, conduct feasibility study as to what it would take to change a computer processing system | HCPF/RAEs | July 1, 2023 | | • IPNs are expected to follow the USCM |
| 3C. Evaluate how to include the most relevant denial reasons and clearer explain basis for denial | HCPF/RAE | July 1, 2023 | | • Will require feedback from all stakeholders to ensure accuracy on actionable items to resolve claims denials<br>• Primary reasons, other connected reasons, explanations of the reasons; what's the chief reason the claim didn't go through |
| 4C. Determine an implementation and communication plan | HCPF/RAE | July 1, 2023 | • HCPF Communications personnel | • Ensure this is communicated effectively – what is the best mechanism to communicate widely |

| Billing & Coding Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #2:** | **Simplify use of modifiers.** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Collect data report for most misused | HCPF/RAEs | July 1, 2023 | | • N/A |
| 2. Analyze for most misused | HCPF/RAEs | July 1, 2023 | | • HCPF evaluate compiled feedback and data<br>• May drive conversation in Coding Committee through HCPF |
| 3. Determine which modifiers could by dropped/ modified/added [if any] | HCPF/RAE | July 1, 2023 | | • IPN participation encouraged in Coding Committee.<br>• Open forum for macro suggestions on system improvement. |
| 4. Develop implementation plan(s) | HCPF/RAE | July 1, 2023 | | • Would likely require feasibility study for how RAEs might implement, because modifiers are tied to other elements of the system |

## Billing & Coding Action Team Implementation Plan

| Solution #3: | Create streamlined training developed by HCPF/RAEs to ensure consistency across all guidance as it relates to USCM to create solid understanding by all service providers (IPNs, CMHCs, etc.) | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Gather data/info on trainings currently available | HCPF/RAEs/ IPNs | July 1, 2023 | • Understand similarities and discrepancies across RAEs | • Will need to partner with John Laukkanen to coordinate what to include/exclude<br>• Ensure uniformity; all RAEs/HCPF use the same training to reduce separate interpretations. Gather IPN feedback |
| 2. Design training outline | HCPF | July 1, 2023 | | • Partner with John to create the "source of truth" in alignment with new USCM |
| 3. Create training on USCM | HCPF | July 1, 2023 | | • Will need to partner with John Laukkanen to coordinate what to include/exclude<br>• Compare & adjust training based on pieces from other RAE trainings<br>• Coordinate with USCM changes |
| 4. Develop timeline for rollout | HCPF/RAE | July 1, 202 | | • Place the training on ACC website, RAE websites<br>• Ensure easily accessible & inclusive<br>• Update in July and January with new iterations of coding manual (if applicable). |
| 5. Implement uniform training | HCPF/RAE | July 1, 2023 | | • Ensure uniformity; all RAEs/HCPF use the same training to reduce separate interpretations<br>• Gather IPN feedback |

| Billing & Coding Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #4:** | **Create guide for frequently occurring clinical outliers and create process of how to resolve clinical outliers that is uniform across all RAEs.** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Create tracking device | HCPF/RAEs | July 1, 2023 | • HCPF billing/coding personnel | • When there is inconsistency in claims denials/ approvals from RAEs based on complex clinical situations, how is this tracked, and action steps recorded? |
| 2. Analyze data (historical and current) | HCPF/RAEs | July 1, 2023 | | • Collect historical claims data regarding inconsistencies in payment between payors.<br>• Currently data is all anecdotal/ad-hoc |
| 3. Document workflow/work breakdown structure | HCPF/RAEs | July 1, 2023 | | • Coding Committee - change to meeting monthly. Encourage more IPN participation |
| 4. Implementation + Communication Plan | HCPF/RAEs | July 1, 2023 | | • N/A |

| Billing & Coding Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #5:** | **Continue to include all voices at the table + create a collaborative effort for updating the USCM** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Evaluate how to include more IPN representation from different practice areas in Coding Committee | HCPF | July 1, 2023 | • HCPF Communications personnel | • Reach out to various professional associations of providers<br>• Communicate broadly to IPN & billers via RAE and HCPF |
| 2. Develop a communication plan to raise awareness of Coding Committee | HCPF | July 1, 2023 | • HCPF Communications personnel | • Describe purpose of the meeting, i.e., it's about systems improvement not individual claims<br>• Decide if there is a venue for discussing individual claims issues. |
| 3. Consider holding the Coding Committee evenings in the evening to provide more convenience to IPN | HCPF | July 1, 2023 | | • N/A |
| 4. Implementation Plan | HCPF | July 1, 2023 | | • N/A |

## Payment & Reimbursement Action Team Implementation Plan

| **Solution #1:** | **Authorize more diagnosis codes to be reimbursable** | | | |
|---|---|---|---|---|
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Review and prioritize diagnostic codes to be added to the coding manual | HCPF | Next UCSM Update | | • Emphasis is on accuracy of diagnosis, not expansion of services. It is recognized that some expansion is possible, partly due to members being willing to accept care if their diagnosis is accurate.<br>• Diagnosis codes prioritized to be added:<br>R45-851 – Suicidal ideations<br>R45.4 - Irritability and anger<br>R45.87 – Impulsiveness<br>V15.42 – Child neglect, abuse<br>V15.41 – Spouse or partner abuse, violence<br>Z60.3 – Acculturation, Social transplantation<br>Z60.4 – Exclusion, rejection based on personal characteristics<br>Z60.5 - Target of adverse discrimination and persecution<br>Z56.6 - physical and mental strain related to work<br>Z62.4 - Emotional neglect of child<br>Z61.1 - Removal from home in childhood |

## Payment & Reimbursement Action Team Implementation Plan

| Solution #2: | Solve the family therapy service code issue | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Provide a work-around to allow for additional time to be billed | HCPF | In-process | | • While a short-term fix, the work-around is not a solution. |
| 2. Make the current family code a 30-minute code, allow multiple units to be billed up to 4 units. | HCPF | Next UCSM Update | • Uncertain on the process and authorizations required | • This is the P & R Action Team preferred solution.<br>• This would allow keeping the CPT code the same and just allowing for multiple units to be billed. It is also what we currently do with case management services. |
| 3. Mirror the individual codes with 30, 45, and 60 minutes and adding a 90-minute option. | HCPF | Next UCSM Update | • Uncertain on the process and authorizations required | • N/A |

## Payment & Reimbursement Action Team Implementation Plan

| Solution #3: | Clarify/expand circumstances that warrant use of add-on codes | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Clarify wording for add-on codes in the Coding Manual | HCPF | Next UCSM Update | | • Review and clarification are already in process |

## Payment & Reimbursement Action Team Implementation Plan

| Solution #4: | Establish a collaborative process for IPNs, RAEs and HCPF to discuss rates and reimbursements | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Clarify why a collaborative group is important | Action team | Done | | • There's a disconnect between people who make decisions and those on the ground doing the work.<br>• Example – the family code issue, which didn't get HCPF's attention until it was made clear by providers. |
| 2. Clarify the purpose of a collaborative group | Action team | Done | | • Proposed purpose - Providers need an opportunity to share what's working/not working on rates and reimbursements |
| 3. Determine the structure of the group | HCPF | Done | | • A standing group, membership representing IPN, RAEs & HCPF, meets quarterly, numbering 12-15 |
| 4. Determine membership | HCPF | July 1, 2023 | | • Create a process for making membership as representative as possible.<br>• Membership recommendations:<br>  • Geographically diverse Providers<br>  • RAE provider reps that served on the P & R team<br>  • All RAEs should be represented.<br>  • RAE reps to help recruit Providers<br>  • HCPF reps with decision making authority |
| 5. Coordinate with other Action Teams with similar recommended solution | Task Force | July 1, 2023 | | • Could be combined with Service Quality and Communications Action Teams<br>• Re-instate IPN Forum to meet this end<br>• Recommend use of a third-party facilitator so HCPF leadership can actively participate in discussion |

## Service Quality Action Team Implementation Plan

| **Solution #1:** | **Establish an IPN advocate or liaison within each RAE and HCPF to focus on service quality initiatives.** | | | |
|---|---|---|---|---|
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Develop job description of duties for the position | APG | June 1, 2023 | | • Do the duties differ between HCPF and RAEs liaison?<br>• Job functions include:<br>  • Advocate for system and policy changes to improve service to IPN<br>  • Subject matter expert in needs of providers<br>  • Develop relationships with IPNs across the state<br>  • Be in a position of reporting to see what issues are coming up<br>  • HCPF advocate should have/develop relationships with RAEs<br>  • Represent the voice of the IPN when decisions are made<br>  • Be culturally aware of IPNs of all abilities and needs, such as communication access, translation, etc. |
| 2. Determine whether there is a position already existing in HCPF and RAEs | HCPF | July 31, 2023 | | • Meet with RAEs and HCPF to see if position exists or if position can be repurposed<br>• Survey who has similar duties now in HCPF and RAEs<br>• Build on existing HCPF resources; perhaps work with HCPF staff who oversees RAE contracts<br>• Consider with RAEs potentially working with provider services staff |
| 3. Determine how many and develop coverage/backup plan | HCPF | July 31, 2023 | | • This is what a liaison would do |

| Service Quality Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #1:** | **Establish an IPN advocate or liaison within each RAE and HCPF to focus on service quality initiatives.** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 4. Standardize training for the advocates / liaisons | SQ work team | Sept 30, 2023 | | • Promotes consistency |
| 5. Develop methods to contact the advocate | SQ work team | August 31, 2023 | | • Email; phone, etc. |
| 6. Develop consistent process among the HCPF and RAE advocates / liaisons | SQ work team | August 31, 2023 | | • Work towards standardization among the RAEs for "complaint form" and process for handling the issue |
| 7. Develop a tracking/ communication tool for advocates to use | SQ work team | August 31, 2023 | | • N/A |

## Service Quality Action Team Implementation Plan

| Solution #2: | Coordinate single points of contact at each RAE to enhance service quality so the IPN can establish relationships for problem solving. | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Develop functions for the single point | SQ work team | September 30, 2023 | | • Listing roles & responsibilities of the point person, including when it is appropriate to contact and boundaries<br>• Functions include the following:<br>  • Responsible for making sure that a solution occurs for day-to-day problems that an IPN may have<br>  • Ownership of getting the solution<br>  • Establish relationship<br>  • Active listening skills<br>  • Process documentation<br>• Articulate communication protocols and standards included expected timeline for communication |
| 2. Understand workload and volume | SQ work team | September 30, 2023 | | • N/A |
| 3. Identify and develop effective communication methods | SQ work team | September 30, 2023 | | • Limit impersonal contact methods; avoid hand offs and referrals |
| 4. Cost analysis of implementation | SQ work team | January 1, 2024 | | • Should consider cost savings through establishing efficient process<br>• Also consider how single point may attract more providers by lower barriers to and time cost for IPNs work in the network |
| 5. Develop general contract language that outlines the responsibilities of the RAEs to HCPF for this single point | SQ work team | January 1, 2024 | | • Establish accountability for the single point position and consistency across the RAEs |
| 6. Design staffing model | SQ work team | January 1, 2024 | | • Work in partnership with RAEs to understand staffing model |

## Service Quality Action Team Implementation Plan

| | |
|---|---|
| **Solution #3:** | **Create a collaborative work team among RAEs, IPNs, and HCPF to drive more consistency of service quality processes among the RAEs.** |

| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
|---|---|---|---|---|
| 1. Determine membership and size of group | HCPF | July 31, 2023 | | • Representative of IPNs, RAEs, and HCP |
| 2. Recruit members | HCPF | July 31, 2023 | | • N/A |
| 3. Determine selection process | HCPF | July 31, 2023 | | • Ensure representation in terms of diversity<br>• Ample opportunity for everyone<br>No specific group to appoint IPNs |
| 4. Determine scope of work for team and procedures for meetings/operating | HCPF | October 1, 2023 | | • Develop a charter—mission and vision statement<br>• Define roles and responsibilities<br>• Determine meeting cadence that works best for IPN participation |
| 5. Set date for completion of goals | HCPF | October 1, 2023 | | • N/A |

## Service Quality Action Team Implementation Plan

| Solution #4: | Using the work team, identify and answer common systemwide service quality problems to provide same answers and information across all RAEs. | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Define/refine service quality and be clear on what it means | SQ work team | July 31, 2023 | | • N/A |
| 2. Establish goals for what results will be achieved | SQ work team | July 31, 2023 | | • N/A |
| 3. Determine top 10 service quality issues | SQ work team | July 31, 2023 | | • Develop criteria for what statewide systemic issues to address/identify<br>• What worked and what didn't |
| 4. Develop process to analyze and develop common answers | SQ work team | October 1, 2023 | | • N/A |
| 5. Develop common FAQ for use by all RAEs and HCPF | SQ work team | October 1 and ongoing | | • Common steps for problem solving and escalation<br>• House information common locations that are easy for people to find |
| 6. Develop and recommend any policy or procedure changes related to the statewide systemic issue | SQ work team | October 1 and ongoing | | • N/A |

## Communications Action Team Implementation Plan

| | |
|---|---|
| **Solution #1:** | **Form a collaborative communications work group that includes various stakeholders (ex: IPNs, RAEs, HCPF) to advise how to communicate information and assist in getting information to BH providers.** |

| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
|---|---|---|---|---|
| 1. Determine membership and whether members should have terms | HCPF | | | • Keep size of group of groups manageable (8-12); recruit IPNs from across state who work with different RAEs<br>• Members should commit to a term (6 -12 months) to ensure continuity<br>• Members of the action team are willing to serve |
| 2. Determine meeting times & frequency | Comms Work Group | July 1, 2023 | • Videoconferencing | • Virtual monthly meeting<br>• HCPF to set up the structure for meetings (like PIAC) and videoconferencing |
| 3. Design how the group will be facilitated; designate co-chairs from the group | HCPF / Comms Work Group | First meeting | • Administrator/coordinator to manage the group activities- HCPF or a RAE.<br>• Note taker<br>• Team membership from RAEs so that one could back up the other | • Consider rotating facilitator/ co-chairs to include IPN, RAE, HCPF |
| 4. Develop mission/charter | Comms Work Group | 1st and 2nd meeting of group | | • Clarify issues the group will work on |
| 5. Communicate results back to respective stakeholder groups | HCPF / Comms Work Group | October 1st, 2023 | • Put information on the IPN Forum website | • Develop ways to gain input from respective groups for consideration by the group |

## Communications Action Team Implementation Plan

| Solution #2: | Improve problem resolution process to include metrics, quality, assurance, and accountability. Information about the escalation process should be easily found on the HCPF website or by talking to someone at HCPF or the RAE who is accountable and can provide direction. | | | |
|---|---|---|---|---|
| **Action Steps** | **Who is responsible** | **When / Milestone** | **How / Resources required** | **Notes / Comments** |
| 1. Understand what is in place currently at the RAEs | HCPF | | • Process map from each RAE | • N/A |
| 2. Develop a simple flow chart for who to go to for certain kinds of problems | HCPF | July 1, 2023 | • See the APG Problem Solving flowchart 7/21/22 from Phase 1 | • Make sure information is updated; standardized across the RAEs<br>• So many things are outsourced; it's hard to know who to call |
| 3. Develop list of third-party vendors for each RAE and for HCPF | HCPF / Comms Work group | September 1, 2023 | | • RAEs have key contacts at the third-party vendors |
| 4. Develop resolution process for problems that involve third-party platforms, like Echo, Availity, Optum, Gainwell | HCPF | October 1, 2023 | | • What are the expectations of all parties for who is responsible for what?<br>• RAE contracts with the 3rd party vendor should cover problem solving/escalation process<br>• Need ownership by someone at RAE who will resolve |
| 5. Develop communication process that informs IPNs of the problem-solving process that includes the 3rd party vendor and RAE | HCPF | November 1, 2023 | | • Clear path for IPNs to know who to reach out to when<br>• IPNs should be able to know when to contact the RAE to work with 3rd party platform to resolve<br>• Include when HCPF should become involved |
| 6. Develop accountability measures for third-party platforms to respond | RAEs | November 1, 2023 | | • IPN should be able to talk to a live human being |

| Communications Action Team Implementation Plan | | | | |
|---|---|---|---|---|
| **Solution #3:** | **Improve proactive communication about changes. Big initiatives and changes like the Medicaid member re-determination should be communicated proactively by both HCPF and the RAEs to providers and members.** | | | |
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Identify existing communication channels from HCPF and RAE | HCPF | July 1, 2023 | • HCPF Communications team | • RAEs on Communications Action Team are willing to help<br>• Start with Megan, Brooke, John, Melissa |
| 2. RAE to coordinate message content | HCPF | August 1, 2023 | | • Standard messaging reduces confusion<br>• More consistency |
| 3. RAE to coordinate timing of messages | Comm Work Group | August 1, 2023 | | • Coordinated delivery would minimize confusion to IPN receiving different messages<br>• More consistency |
| 4. Messages should include specific direction that IPN can convey to members who may not have computer connections | Comm Work Group | August 1, 2023 | | • What steps need to happen: who to call, when, etc.<br>• More consistency |
| 5. IPNs should keep contact information current with HCPF and each RAE | Comm Work Group | August 1, 2023 | | • Accurate contact information will ensure IPN receives messages<br>• Reminders go to IPN from RAE |
| 6. Explore how to communicate changes to RAE contracts | HCPF | July 1, 2023 | | • Develop change grid |

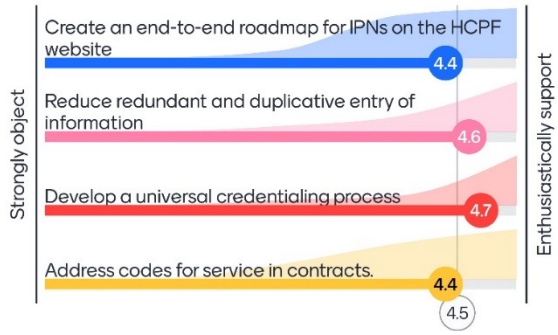
## Communications Action Team Implementation Plan

| **Solution #4:** | **Improve navigation of the HCPF website so people can find the information they need easily. This would entail improving navigation and indicating what has changed to make finding information more efficient.** | | | |
|---|---|---|---|---|
| Action Steps | Who is responsible | When / Milestone | How / Resources required | Notes / Comments |
| 1. Review current ACC and IPN forum pages | HCPF | July 1, 2023 | • HCPF Communications team | • This solution is not for the entire HCPF website |
| 2. Collect examples of websites that easily convey lots of information or have easy to use navigation tools | Comms Work Group | September 1, 2023 | | • Easy instructions on where to go to find practical info and forms<br>• Other state agencies and other state Medicaid programs may have good examples |
| 3. Review best practices and research standards for websites conveying a great deal information | HCPF or OIT | September 1, 2023 | | • Comm Work Group will help with this |
| 4. Work with new HCPF staff to make changes | HCPF | January 1, 2024 | | • New staff hired 5/1/23<br>• Comm Work Group will help with this |
| 5. Explore navigation and search tools to be implemented | HCPF or OIT | August 1, 2023 | | • Search tool may help to speed finding relevant information<br>• Progress will depend on webmaster and/or OIT<br>• May be an OIT restriction<br>• Perhaps add a Help button that will have specific information if needed |
| 6. Consider separate pages for BH providers and members | HCPF | August 1, 2023 | | • Reduces info irrelevant to providers and/or members<br>• Perhaps providers could login and be directed to specific, relevant pages<br>• May be an OIT restriction<br>• Progress will depend on webmaster and/or OIT |
| 7. Delete old/outdated information | HCPF | Ongoing | | • Reduces clutter on the site |

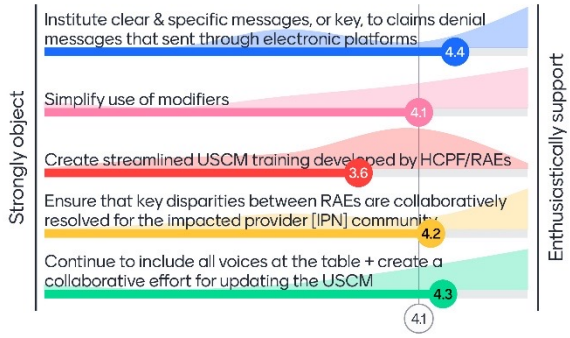
# Appendix G – Task Force Solution Prioritization

## Consensus Voting Results

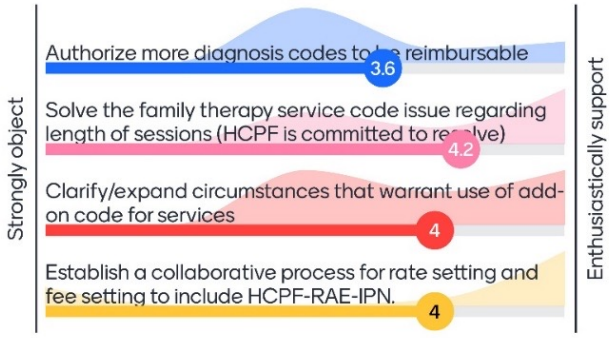
### Credentialling & Contracting



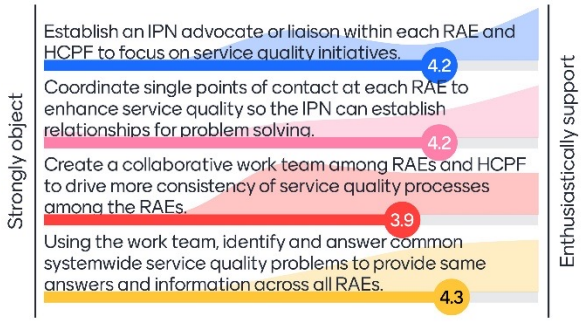

### Billing & Coding



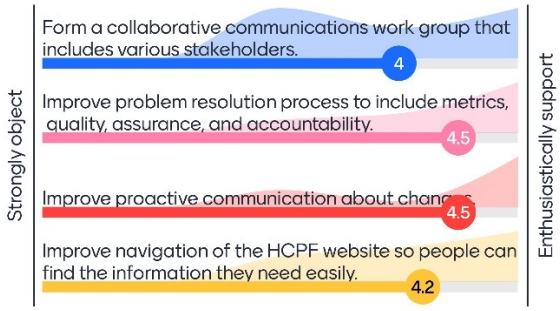

### Payment & Reimbursement




### Service Quality

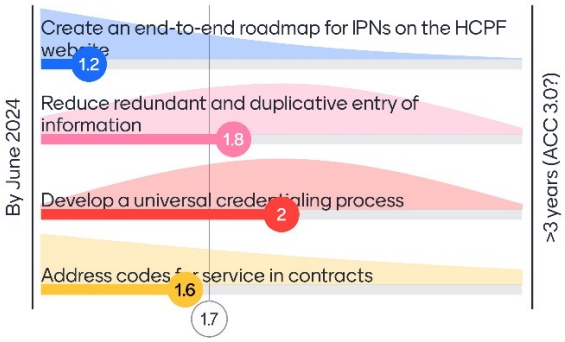



### Communications

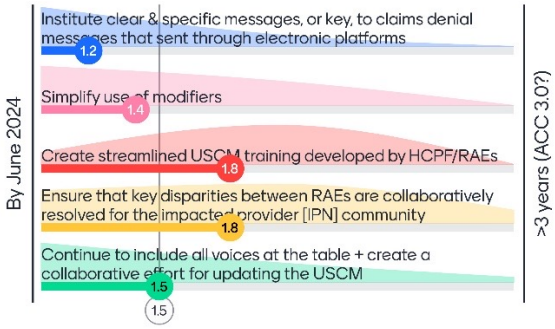


# Implementation Timing Voting Results

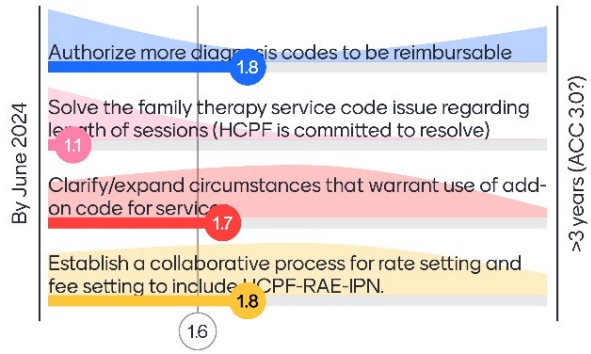
## Credentialling & Contracting



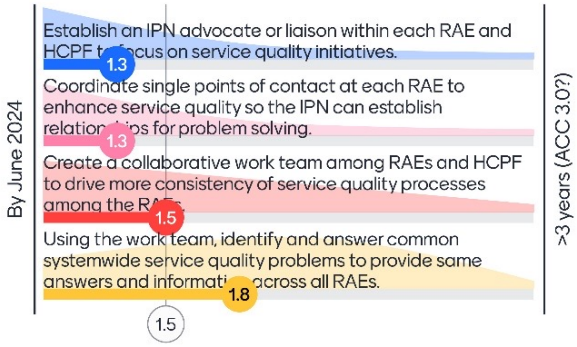

## Billing & Coding



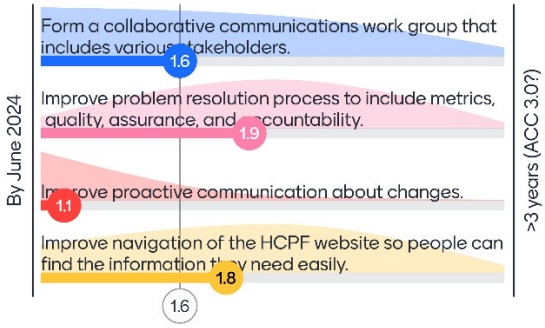

## Payment & Reimbursement




## Service Quality




## Communications



# Appendix G –
# Task Force Solution Prioritization

Arrow Performance Group

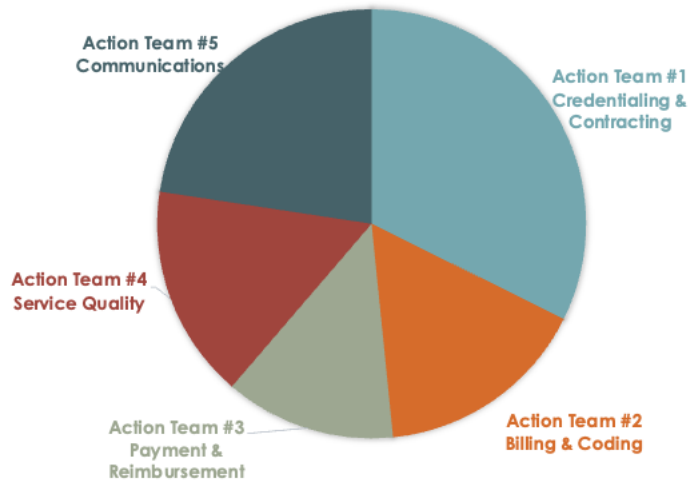
## HCPF IPN Action Teams Satisfaction Survey Report

June 3, 2023

2

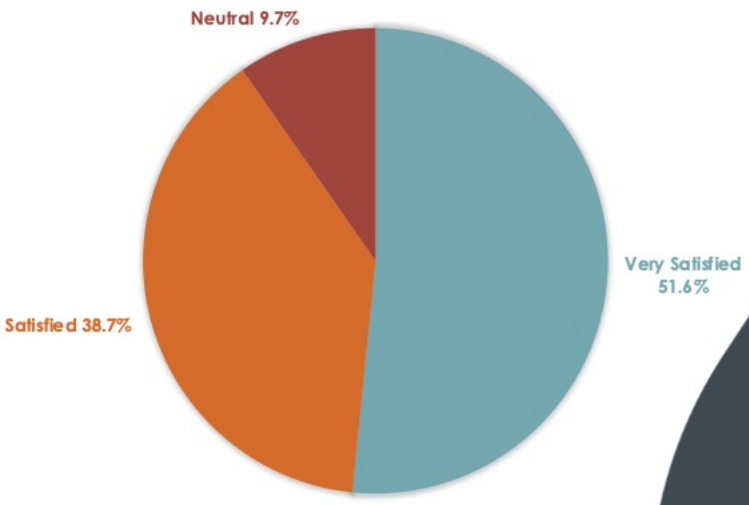
## Action Team Response Distribution

Completion Rate: 84.6%




2

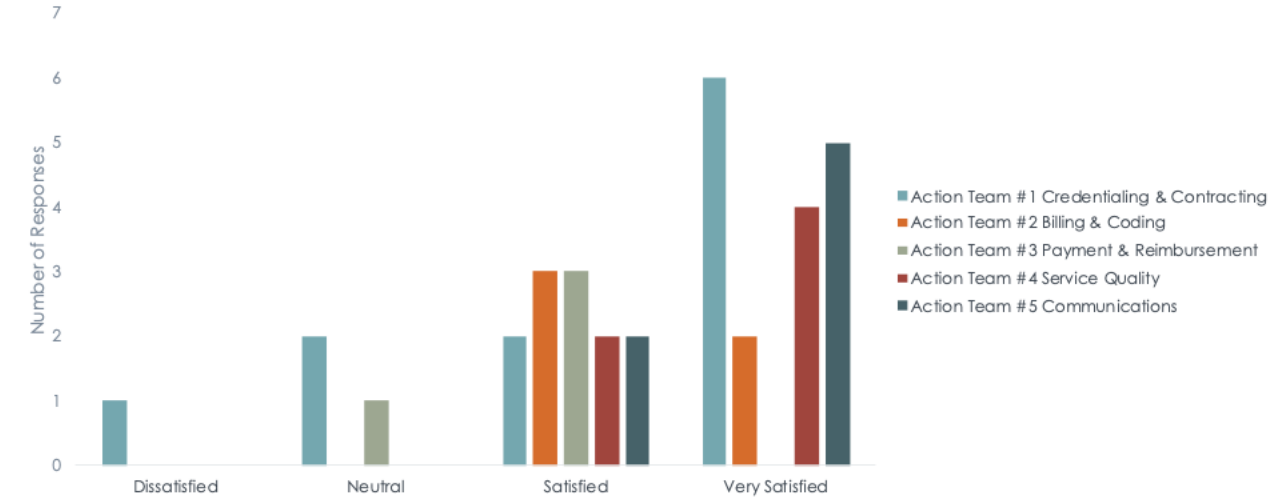
## How would you rate your overall experience of being on an action team?

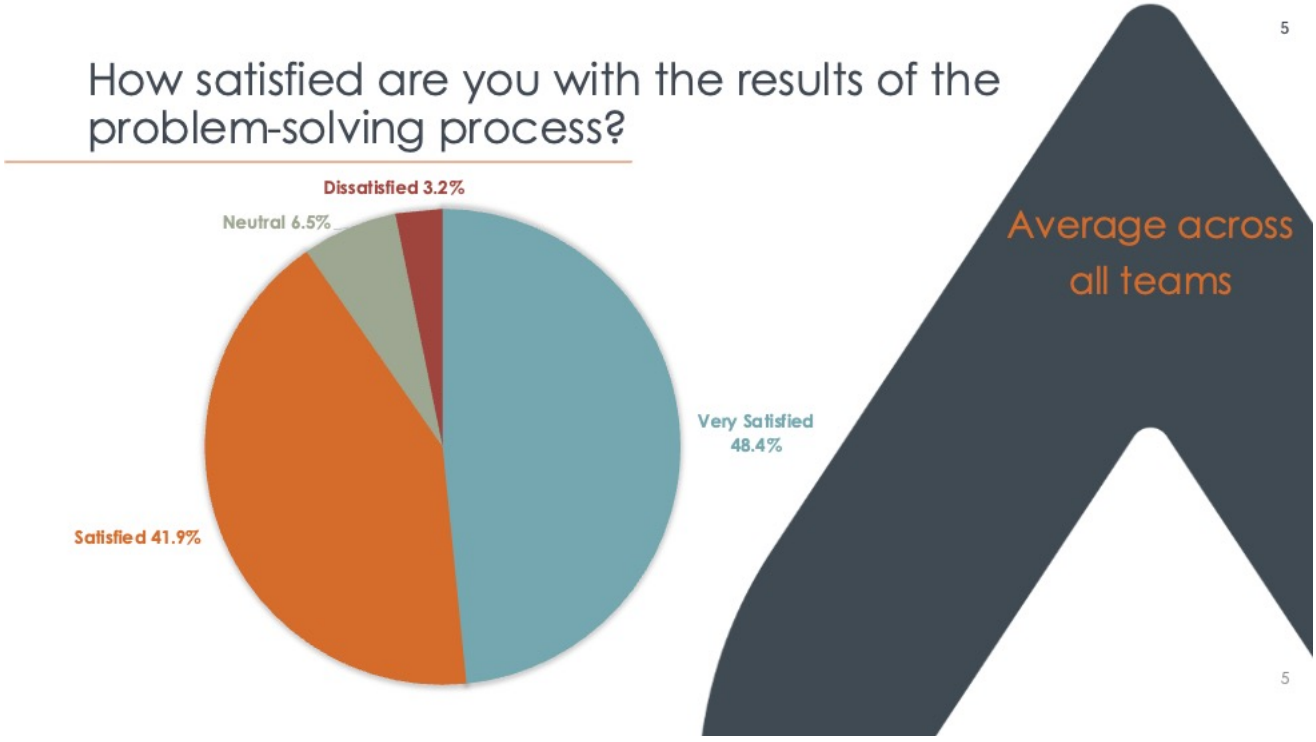


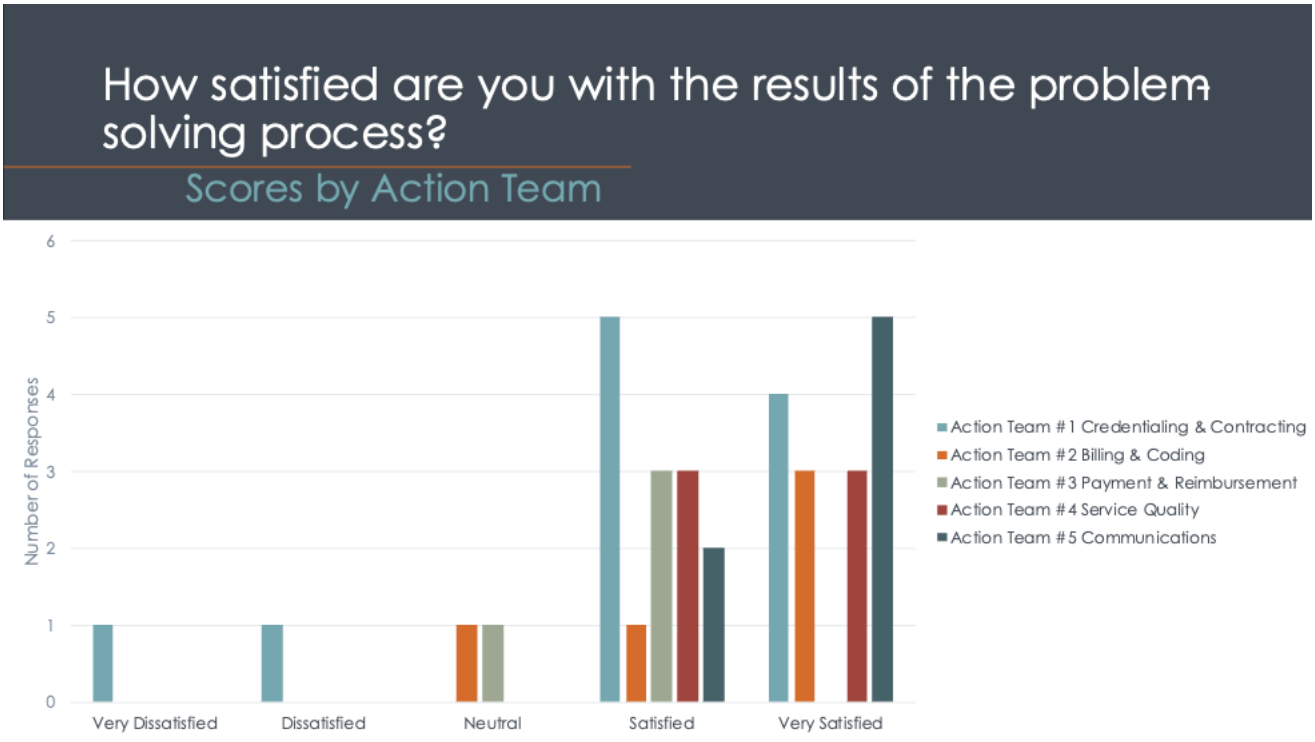


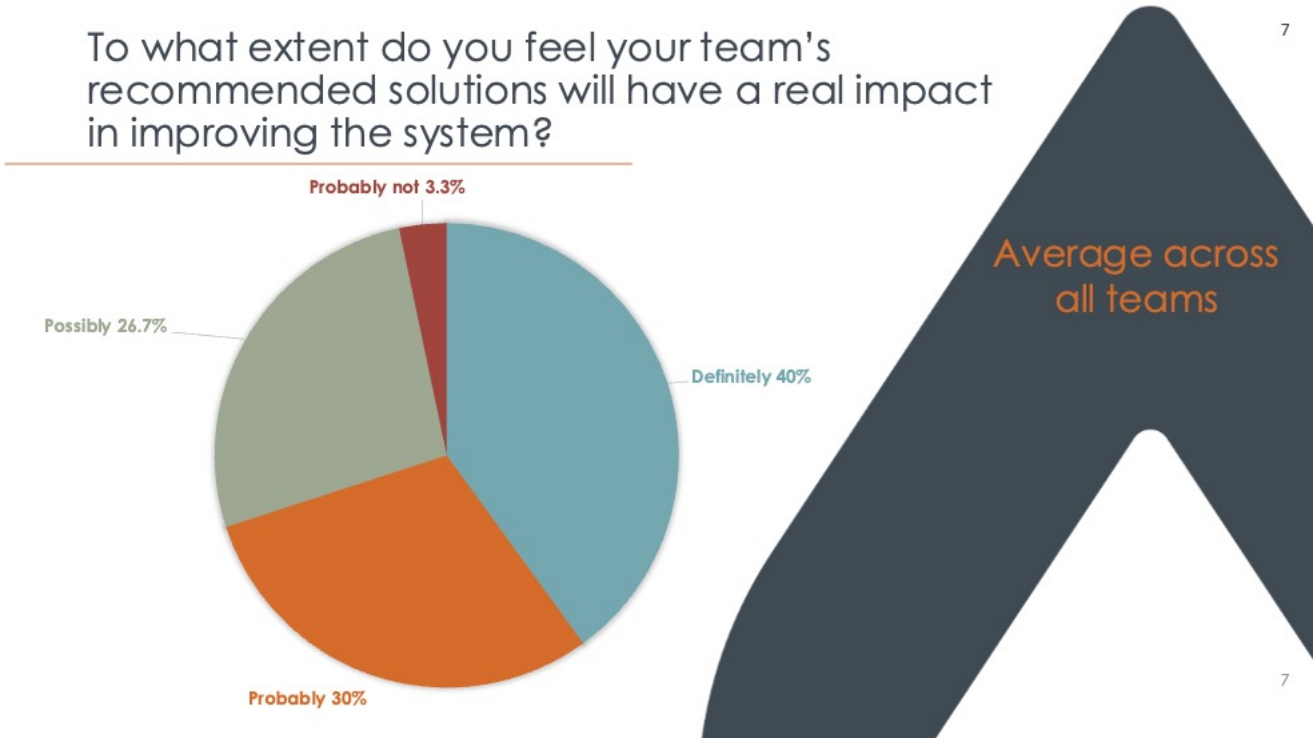
## How would you rate your overall experience of being on an action team?

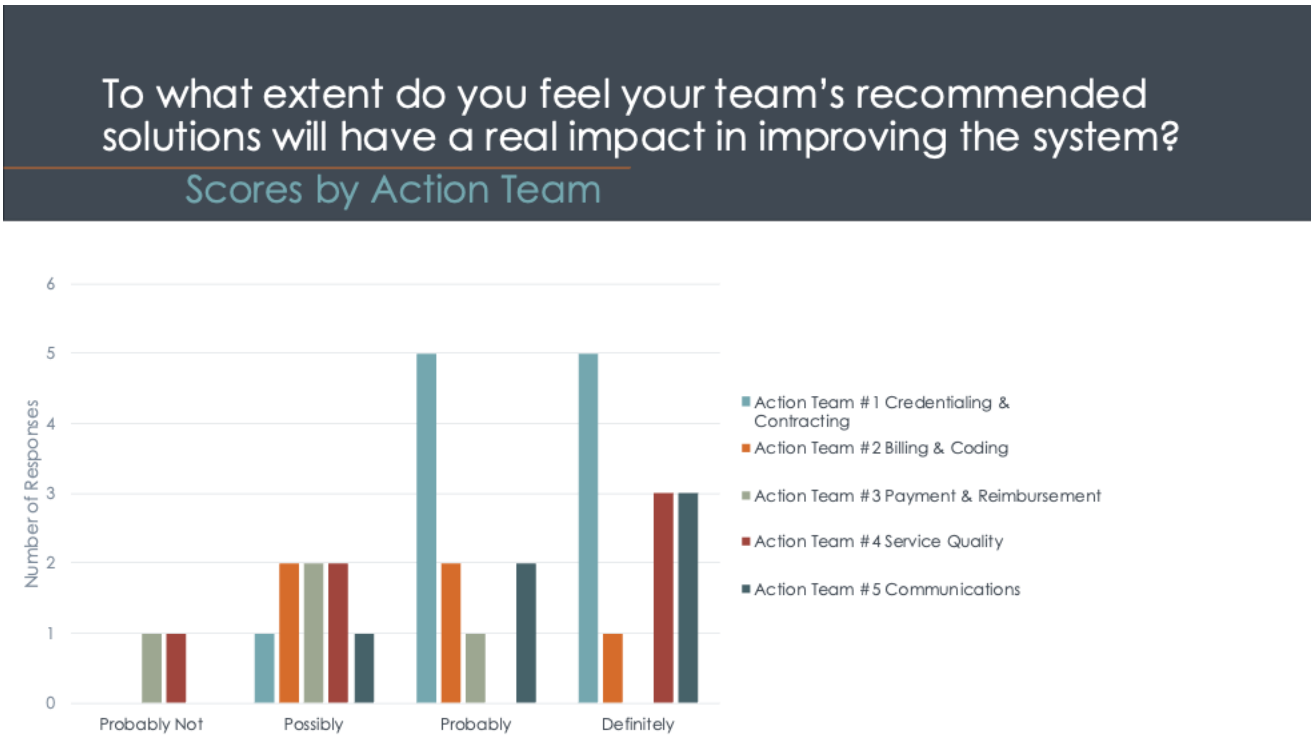
### Scores by Action Team



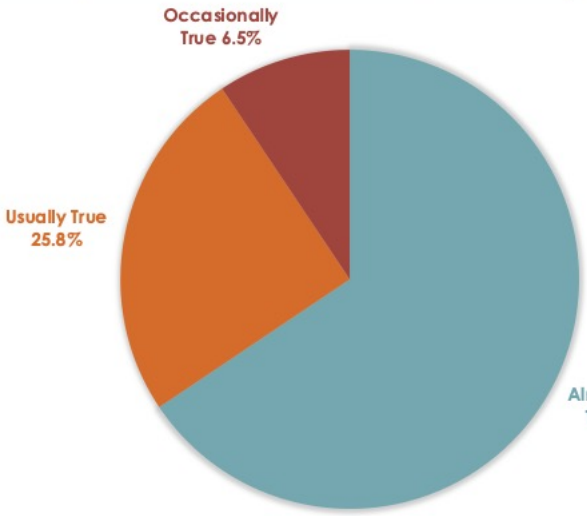

How satisfied are you with the results of the problem-solving process?
Dissatisfied 3.2%
Neutral 6.5%
Very Satisfied 48.4%
Satisfied 41.9%
5
Average across all teams
5


How satisfied are you with the results of the problem solving process?
Scores by Action Team
Number of Responses
0
1
2
3
4
5
6
Very Dissatisfied
Dissatisfied
Neutral
Satisfied
Very Satisfied
Action Team #1 Credentialing & Contracting
Action Team #2 Billing & Coding
Action Team #3 Payment & Reimbursement
Action Team #4 Service Quality
Action Team #5 Communications


To what extent do you feel your team's recommended solutions will have a real impact in improving the system?
Probably not 3.3%
Possibly 26.7%
Definitely 40%
Probably 30%
Average across all teams
7
7


To what extent do you feel your team's recommended solutions will have a real impact in improving the system?
Scores by Action Team
Number of Responses
0
1
2
3
4
5
6
Probably Not
Possibly
Probably
Definitely
Action Team #1 Credentialing & Contracting
Action Team #2 Billing & Coding
Action Team #3 Payment & Reimbursement
Action Team #4 Service Quality
Action Team #5 Communications

## To what extent do you feel that the other participants in the problem-solving process listened to your ideas and respected your perspectives?



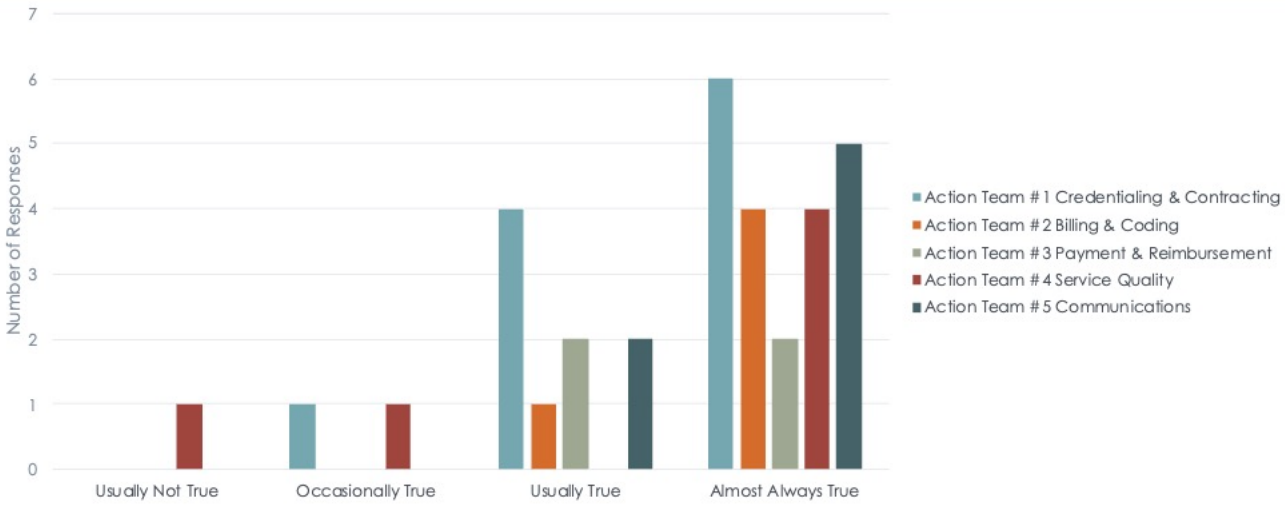

Average across all teams

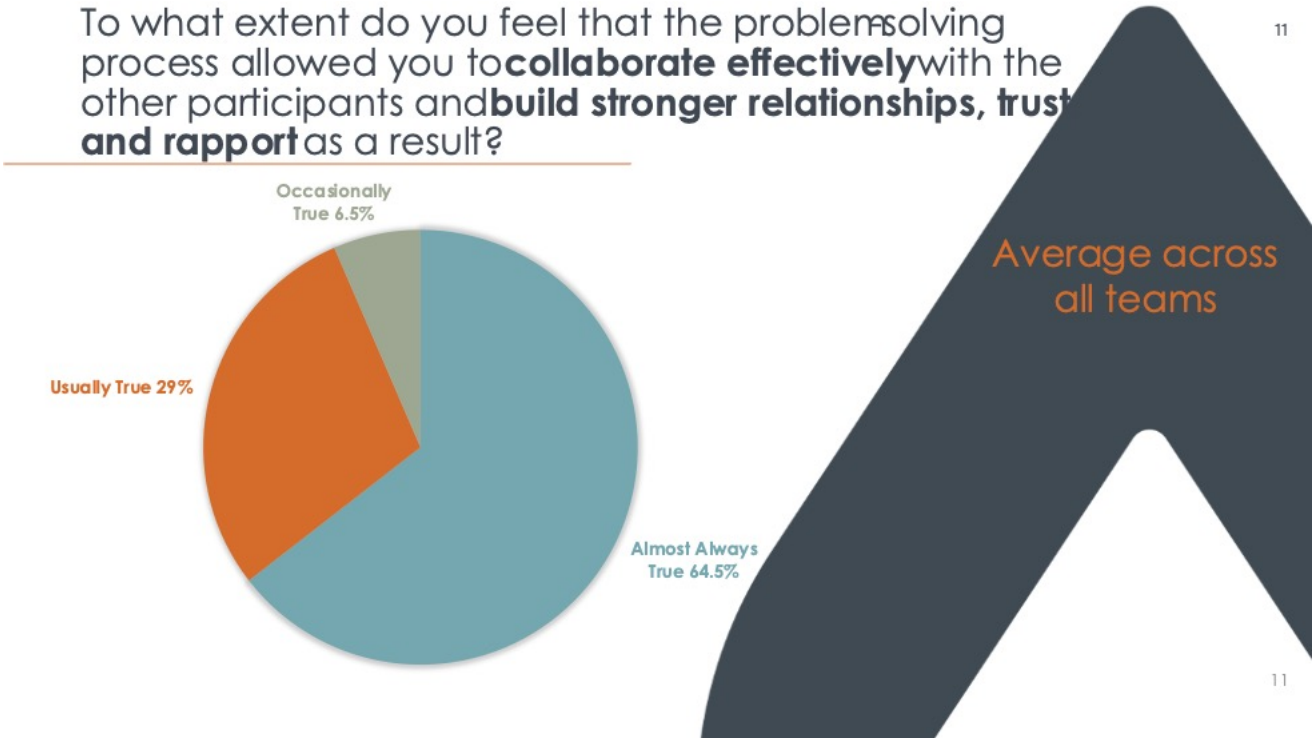
9

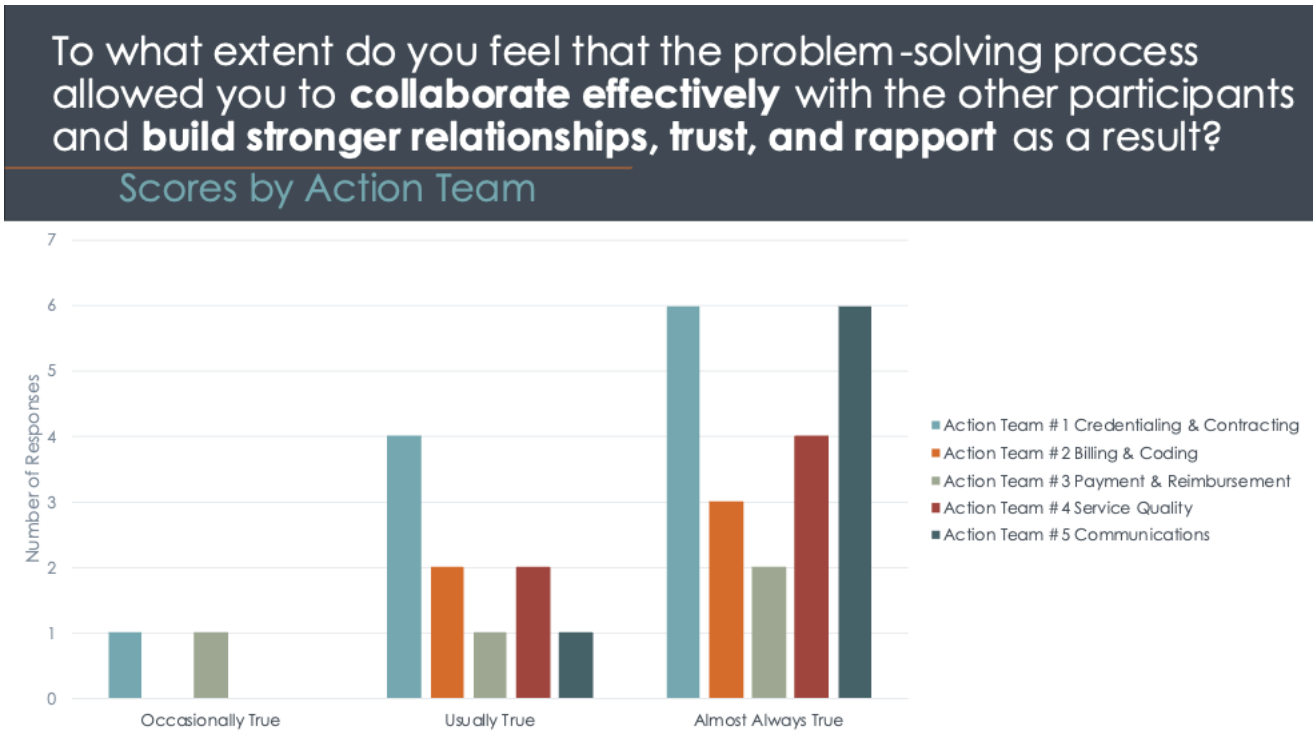
9

## To what extent do you feel that the other participants in the problem-solving process listened to your ideas and respected your perspectives?

### Scores by Action Team




To what extent do you feel that the problem-solving process allowed you to collaborate effectively with the other participants and build stronger relationships, trust and rapport as a result?
11
Occasionally True 6.5%
Usually True 29%
Almost Always True 64.5%
Average across all teams
11


To what extent do you feel that the problem-solving process allowed you to collaborate effectively with the other participants and build stronger relationships, trust, and rapport as a result?
Scores by Action Team
Number of Responses
0
1
2
3
4
5
6
7
Occasionally True
Usually True
Almost Always True
Action Team #1 Credentialing & Contracting
Action Team #2 Billing & Coding
Action Team #3 Payment & Reimbursement
Action Team #4 Service Quality
Action Team #5 Communications

13

## What went well with the Action Teams?

### Sharing perspectives

- Having reps from RMHP, the RAE, and IPN's helped bring all voices to the table
- We all learned a lot from hearing different perspectives and sides to each story: providers, billers, RAEs, and HCPF to get a well-rounded view of issues and identify solutions.
- It was great to hear multiple perspectives and hear directly from providers about what is and isn't useful.

### Respect for each other and the process

- The discussions were not "restricted" in the sense that as long as the topic was relevant it was allowed. I did feel that other members of the group were open to hearing the feedback. I did feel "heard"
- Great listening to issues presented and collaborative effort to find real solutions. Short term and long-term solutions adopted.
- Open forum for people to express frustrations, in an honest manner.
- The group was very collaborative and respected one another and the process.
- We had a great group of people who all want the best outcome.
- The collaboration among the team was great. Everyone respected and listened to each other, which provided a safe environment.

### APG Team Facilitation and Meeting Structure

- The facilitators did a great job of giving everyone space to share and contribute
- The meetings were organized which allowed the team to stay on course with the goal of the overall purpose of meeting.
- I think APG did a good job of setting a tone of respect with the action teams and was consistent in covering the ground rules.
- Clear definition of the process and goals. Project management team always well prepared and were able to help group clarify goals and plans
- Renny, Roz and Allison were wonderful to work with.

14

## What could be improved in the future?

### Confidence in Future Action

- Many of the solutions are dependent on HCPF and it was hard to get them to commit to action.
- I feel that there is a lot more work to do in this area and while hopeful about our new solutions, I am also cautiously optimistic in that I have been working to be heard on these issues and get to solutions for many years and have been shut down.

### Accessibility

- Information on how Zoom works so participants remember to mute when they are not speaking.
- Continuation of making sure materials are accessible for everyone of all abilities.

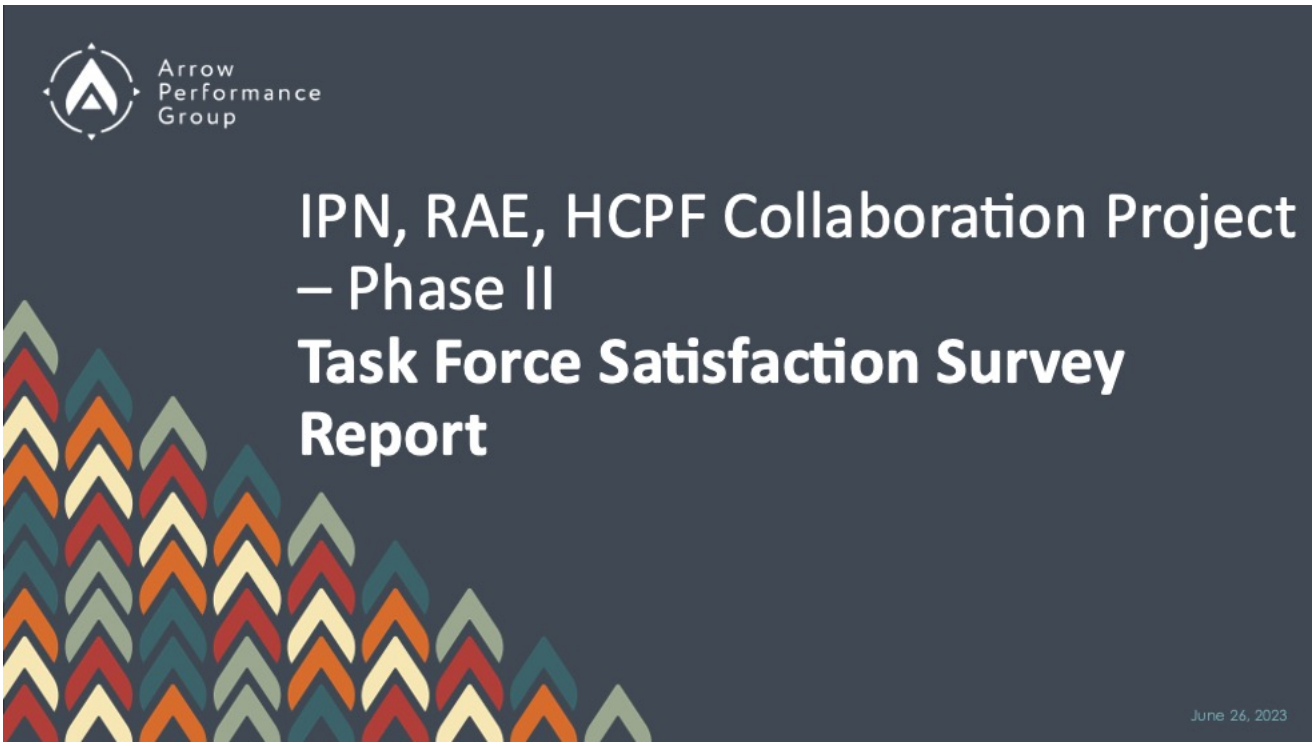
### Representation and Attendance

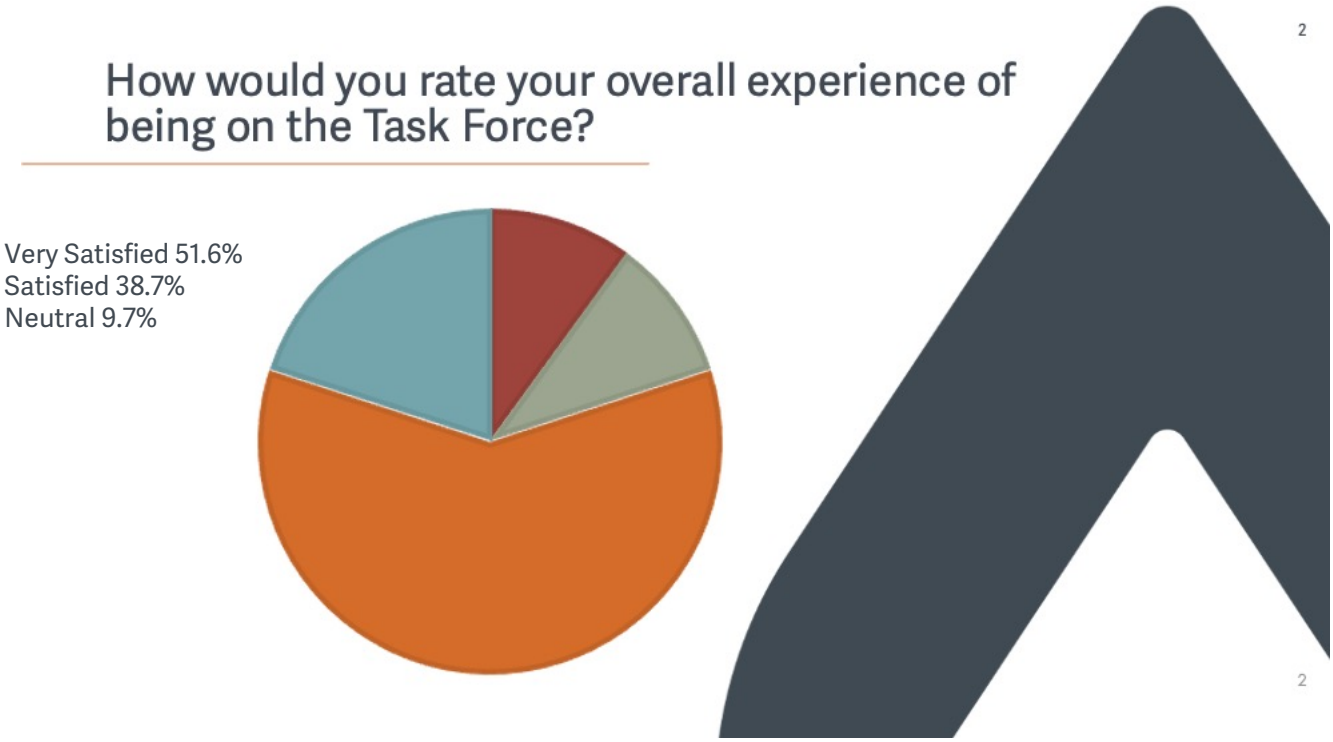
- Having more representatives at the meetings from each of the RAEs and HCPF
- If we had broader provider participation, that might have been helpful. Pretty small representation. I think the time commitment prevented providers from participating. If there were some way to incentivize providers, that could be helpful.
- I wish the action team would have had more consistent attendance by the members

### Focus and Structure

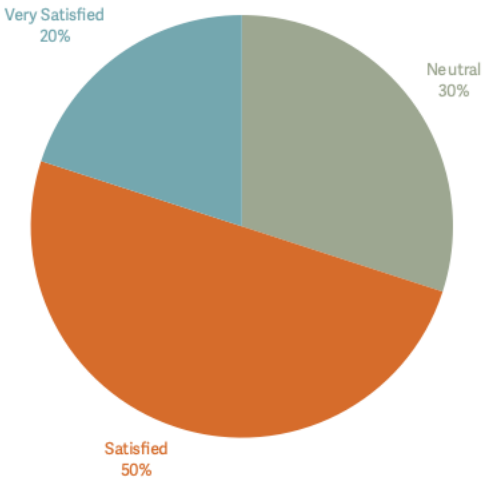
- Shortened sessions focused on 2-3 topics.
- Level-setting on the focus.
- Maybe spend more time in the root cause analysis space.
- More time for solution ideas
- We started off strong, but then were engaged ina number ofactivities that seemed very similar. I think there are a number ofways the process could have been streamlined to be more effective.

# Appendix I – Task Force Evaluation Results

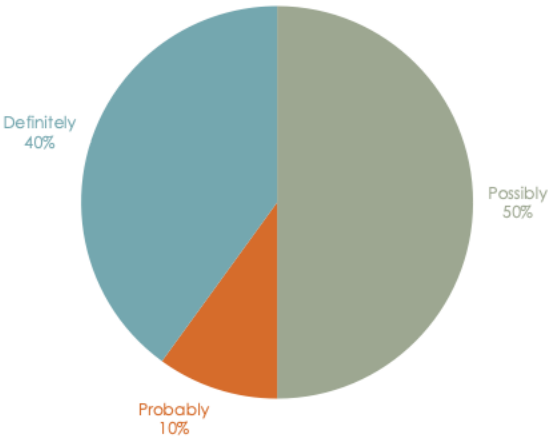


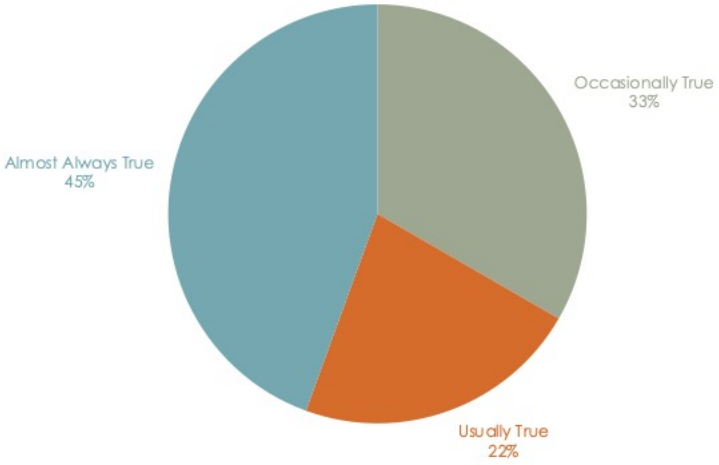
## How satisfied are you with the results of the problem-solving process that the action teams utilized?




## To what extent do you feel the recommended solutions will have a real impact in improving the system?




## Thinking back to December until now, to what extent do you feel that the other participants in the Task Force listened to your ideas and respected your perspectives?




7

## What went well with the Task Force?

### Collaboration

- Great collaboration and solution focused plans developed.
- I enjoyed the collaborative process. I feel everyone had an opportunity to voice their opinion/experience. Group members fed off each other to create meaningful dialog.

### Relationship Building

- We improved understanding and relationships between the parties involved. This is so valuable to the ongoing working relationship and member care.
- I thought the connections made were positive

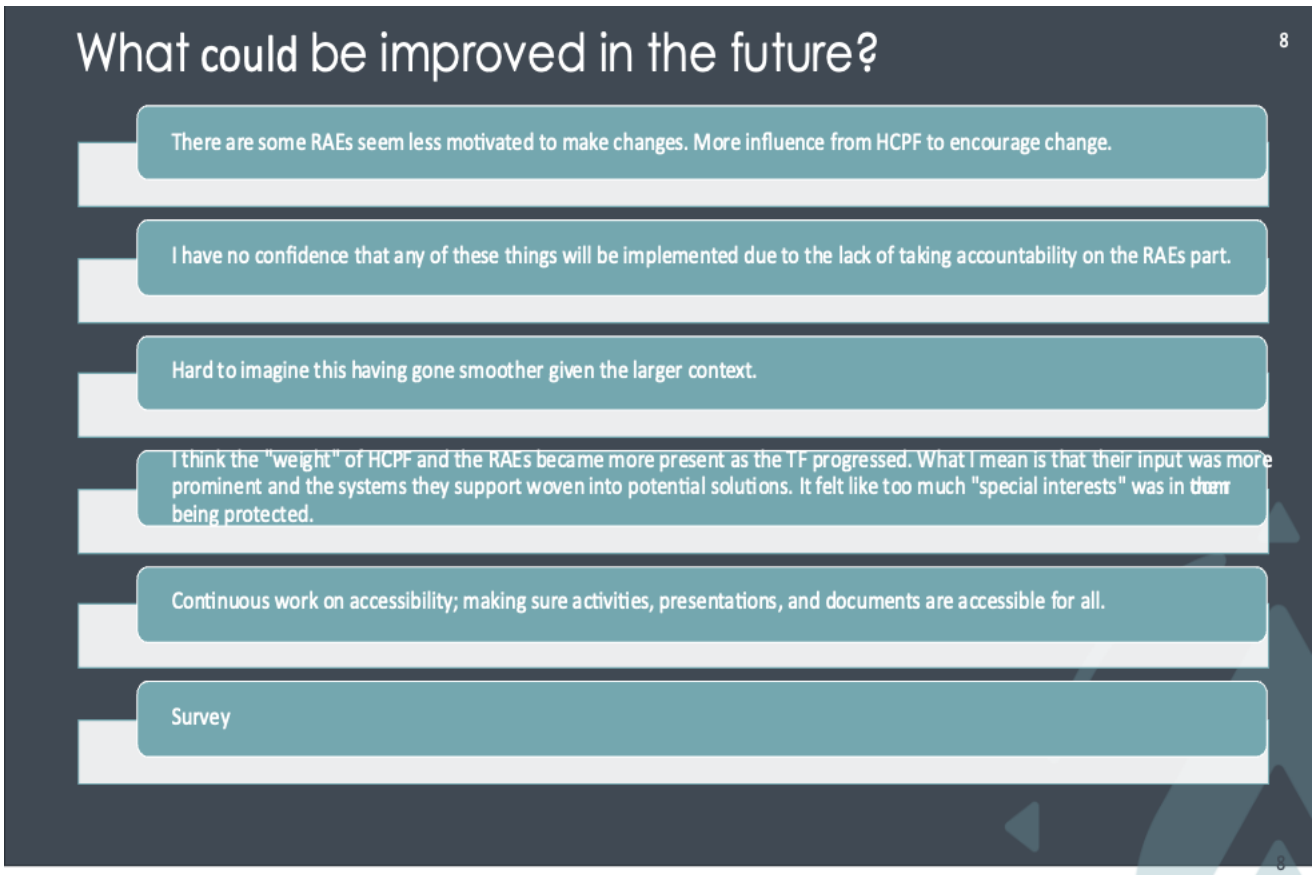
### Productive Conversations

- Some of the conversations were robust and helpful.
- Discussions

### Facilitation

- I really liked how Arrow facilitated. Facilitation was great, and the arrangement of workgroups was sensible.
- It was a very organized and thoughtful process. Thank you for the facilitation.

7


What could be improved in the future?
8
There are some RAEs seem less motivated to make changes. More influence from HCPF to encourage change.
I have no confidence that any of these things will be implemented due to the lack of taking accountability on the RAEs part.
Hard to imagine this having gone smoother given the larger context.
I think the "weight" of HCPF and the RAEs became more present as the TF progressed. What I mean is that their input was more prominent and the systems they support woven into potential solutions. It felt like too much "special interests" was in their being protected.
Continuous work on accessibility; making sure activities, presentations, and documents are accessible for all.
Survey
8

# Appendix J – Phase II Timeline at 6-22-2023

| Segment | Description | Timeline |
|---|---|---|
| 2.0 | PROJECT MANAGEMENT | Oct 22- Jun 23 |
| | 2.1.4 Kickoff Meeting | Oct 22 |
| | 2.2.1.3.1 Project Plan | Oct 22- Nov 22 |
| | 2.3.1.6.1 Project Update Reports | Oct 22- Nov 22, Jan 23- May 23 |
| | 2.3.2.1 Monthly Communication Plan | Oct 22- Nov 22, Jan 23- May 23 |
| 3.0 | TASK FORCE DEVELOPMENT & OVERSIGHT | Oct 22- Jun 23 |
| | 3.1.2.1 Establish and Staff Task Force | Oct 22- Nov 22 |
| | 3.4.1 Task Force Meeting Facilitation | Nov 22- Jun 23 |
| | 3.7.1 Updated IPN Survey Results | Apr 23- May 23 |
| 4.0 | PROJECT ACTION TEAMS | Nov 22- Jun 23 |
| | 4.1.1.2 Establish and Staff Action Teams | Nov 22- Jan 23 |
| | 4.2.1.2 Action Team Kickoff Session | Dec 22- Feb 23 |
| | 4.2.3.3.1 Action Team Facilitated Solution Sessions | Jan 23- Jun 23 |
| | 4.2.2 Action Team Support | Jan 23- Jun 23 |
| | 4.3.2.1 Action Team Implementation Plan | Apr 23- Jun 23 |
| 5.0 | PROJECT DOCUMENTATION | May 23- Jun 23 |
| | 5.1.7.2 Phase II Project Summary Report | May 23- Jun 23 |