IT Consortium Project Charter

Purpose of project

- To set a series of collaborative meetings for brainstorming on IT projects, relying on research and best practices to inform meeting structure.

Opportunities

- Enhance the planning, coordination, and bi-directional communication of IT projects to ensure MCOs and DMOs that provide 97% of the coverage to Texas Medicaid enrollees have an opportunity to assist in informing solutions.
  - Allows HHSC and MCO/DMOs to collaborate and coordinate on the implementation of major IT initiatives to ensure a more fluid, expeditious, and streamlined implementation of changes.
  - Allows for the engagement of health care industry experts with state and national Medicaid and CHIP expertise to:
    - Explore and present all operational options and solutions
    - Facilitate a more inclusive and comprehensive review of risks and barriers
    - Mitigate and reduce delays and errors
    - Eliminate unintended consequences for project implementations
  - Reduces managed care provider abrasion, burden, and confusion by coordinating all changes and messaging more effectively to ensure consistent implementation and operational timelines across all entities.
- Because HHSC and TMHP operate systems that differ from those used by the MCOs and DMOs, changes and proposed solutions to accommodate those systems sometimes lead to unexpected, adverse downstream impacts.
  - Ineffective use of resources on redundant meetings and nonviable project pathways.
  - Example: provider abrasion, denied claims (PEMS).
- Develops open and interactive, effective two-way communication on IT projects.
  - Ensures appropriate state and managed care subject matter experts who can answer the health and dental plans' questions are available during the planning process.
  - Ensure appropriate MCO/DMO experts are engaged to respond to state requests and offer operational and programmatic consideration on project implementations.
- Reduces the need for project rework and delays.

Business case

- Proactive, effective collaboration with the MCOs/DMOs will focus project scope to maximize efficiency, preserve resources, and improve project outcomes.

- Managed care is 97% of the Medicaid market (and growing). It's vital that these systems are usable and applicable for the managed care plans and providers who will be using them.
- Practices can vary by MCO/DMO: system configuration, provider contracting, etc.
  - Seeking the managed care plans' input to determine if solutions will function appropriately will ensure systems and requirements that are pertinent to Medicaid and CHIP work for managed care plans, providers, and members.
  - Not all managed care practices are captured in HHSC's contracts and handbooks; looping the plans in is the only way to reliably determine full impact to the plans, providers, and members (in addition to other strategies such as state/federal policy review, etc).
- Vetting frustrations and concerns in a focused, controlled environment will ensure issues are captured and succinctly addressed for response and resolution.
  - Doing so with a larger group (for example, PEMS meetings involve hundreds of people) may prompt a large number of participants to learn of, and build upon, the frustrations of others.
  - Questions may be taken back to troubleshoot with a group of health/dental plans, to ensure major differences between the plans are accounted for.
  - Running solutions past managed care experts will identify, and ultimately prevent, barriers as the project progresses.

Meeting structure

Frequency

- Prior to design of IT projects– the managed care plans can inform on what the SOW should contain to ensure project success.
- Before the initiation of implementation projects (prior to kickoff meetings)– to collaborate on scope, impacts, timeline.
- At a regularly determined interval throughout implementation projects.
  - This will likely be specific to each project, informed by project scope and level of concern/impact.
- Ad hoc meetings as issues arise– for example, PEMS targeted testing, address remediation.

Makeup

- To be functional, meetings should be as small as possible.
  - According to the Harvard Business Review, "Robert Sutton, a professor of organizational behavior at Stanford University, looked at the research on group size and concluded that the most productive meetings contain only five to eight people."

- - - We'll likely have more than that, but will aim for the bare minimum of attendees that include an adequate representation of subject matter experts from managed care plans and the state.
    - Limiting attendees to those who are essential to inform on agenda topics will ensure the best use of resources.
      - Some of HHSC's larger IT meetings have over 100 attendees and, due to size, not all of the staff who attend are able to actively contribute.
    - Small groups help build a sense of intimacy that opens the floor to effective, meaningful, and candid discussion. Fewer people means more time to listen to and consider the perspective of each meeting attendee.
- Each stakeholder area with a vested interest in the project(s) being discussed should send an attendee who's knowledgeable on the project and has the authority to inform, discuss, and make decisions on the project's pathway on behalf of their area.
  - Ideally not more than 1, possibly 2, reps per area.
  - For example, the PEMS project may have attendees from HHSC (Ops, Claims, Encounters, Policy, IT), TMHP (project lead, IT staff, Enrollment Broker), Deloitte (to get up to speed on the project), and volunteer MCO/DMOs' IT or Ops departments.
  - TAHP can survey the health and dental plans for attendees. All plans that express interest will be permitted to attend.
- Meeting attendees will vary based upon agenda topics to ensure the appropriate subject matter experts attend.
- Duration: one hour, unless otherwise noted.
- HHSC sends the meeting invites, TAHP sends HHSC a list of MCO/DMO invitees no later than one week prior to the meeting (preferably sooner).
- TAHP and HHSC both designate an IT Consortium project lead to serve as their primary point of contact.
- HHSC and TAHP take turns facilitating, to foster collaboration and the notion that we all have a stake in the success of IT projects.

Agenda
- HHSC and the plans collaborate on topics.
  - Both HHSC and TAHP will solicit agenda topics from the state and the plans, respectively.
  - TAHP can send the plans' requested topics over to HHSC.
    - If needed, HHSC and TAHP can hold a short pre-planning meeting to solidify the agenda.
- Agenda should be solidified prior to the scheduled meeting, ideally no less than 3-4 weeks prior to the meeting so TAHP/HHSC can coordinate attendance from state and plan staff.
  - Ad hoc meetings may require a compressed time frame.

Goals/Metrics

- Establish and utilize pathways for open communication and collaboration.
    - HHSC, TAHP, or TACHP will identify the need for an IT Consortium meeting (due to a new implementation project or issue with an ongoing project), and initiate the process by contacting the TAHP and HHSC IT Consortium project leads.
- Reduced abrasion
    - A reduction (or elimination) of multiple plans airing the same concerns over a period of time, indicating those concerns are widespread and ongoing.
- More effective implementation meetings and projects
    - Project meetings will stay on topic (per the agenda) instead of being waylaid to address outstanding concerns/questions and vent frustrations.
    - Use of a project manager that is knowledgeable of the subject matter being discussed is preferable.
- The plans feel as though they have a say in IT projects, and that newly implemented systems will work for them, their providers, and their members.
- Determine any negative downstream impacts for HHSC, different HHSC areas, and MCO/DMOs.
    - Example: PSU was unaware of the MCO Hub shut down and request for permissions until right before go-live.

Risks, constraints, and assumptions

Risks

- This will only work if real issues are brought to the table (by both the state and the plans). Frank discussions are needed.
- Fluidity of adjusting topics and attendees for each meeting will require ongoing efforts.
    - This may be a challenge for ad hoc meetings.

Constraints

- Privacy concerns could possibly exist, for example, the plans wouldn't be able to inform on a project that's in the process of open procurement (just before and after).
- Lack of historical knowledge over various implementation projects as attendees are changed per agenda topics.

Assumptions

- The structure and makeup of these meetings may need to be tweaked, depending on how the first few go.
    - HHSC and TAHP/TACHP (on behalf of the plans) will agree on changes to the meeting structure.
- All parties will bring real issues to the table for discussion and troubleshooting.

- HHSC will incorporate the plans' input where feasible.