

IT Consortium Initiative

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 Managed Care Organizations (MCO) and Dental Maintenance Organizations (DMO) 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 potential operational options and solutions
 - Facilitate a more inclusive and comprehensive review of risks and barriers
 - Mitigate and reduce delays and errors
 - Eliminate unintended consequences and minimize delays for project implementations
 - Reduces managed care provider abrasion, burden, and confusion by coordinating changes and improving or increasing communication 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.
- Work to improve the use of resources and reduce redundant meetings and nonviable project pathways.
 - Develops open and interactive, effective two-way communication on IT projects during the planning process.
 - Encourages appropriate state and managed care subject matter experts who can answer the health and dental plans' questions are available.
 - Encourages 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. It's vital that these systems are usable for the managed care plans and providers who will be using them.

- Practices 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 prescribed in HHSC's contracts and handbooks; improving communications with the plans earlier in the process will help determine the full impact to the plans, providers, and members (in addition to other strategies such as state/federal policy review, etc).
- Vetting concerns in a focused, controlled environment will ensure issues are captured and succinctly and timely addressed for response and resolution.
 - Questions may be taken back to vet with a group of health/dental plans, to ensure major differences between the plans are accounted for.
 - Discussing possible solutions with managed care experts will identify, and ultimately prevent, barriers as projects progress.

Meeting structure

Frequency

- Prior to design of IT projects– the managed care plans can inform on what the statement of work should contain to ensure project success.
- Before the initiation of project implementation (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.
 - HHSC or TAHP consortium leads can call for/communicate the need for an ad hoc meeting.

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.”
 - The consortium will aim for the smallest number of attendees while ensuring 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.

- A reduction 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 follow the agenda, reducing the opportunity for off-topic discussions.
 - Use of a project manager or similar dedicated resource that is knowledgeable of the subject matter being discussed when possible.
- The plans feel as though they are given an opportunity to give input on 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.

Risks, constraints, and assumptions

Risks

- Non-substantive topics, issues and discussions will likely not achieve the desired outcome. Frank discussions are needed.
- Fluidity of adjusting topics and attendees for each meeting will require an organized and intentional effort.
 - This may be a challenge for ad hoc meetings.

Constraints

- Availability of information to bring forward for consideration based on the project stage. For example, any materials related to an open procurement or active contract which are not able to be released may limit how the plans are fully informed on a matter.
- 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 adjusted as the consortium evolves.
 - IT Consortium project leads will work together to determine changes to the meeting structure, as needed.
- HHSC will identify and bring forward projects which may impact and possibly require system changes to plan in order for the group to target focus on identifying issues that require cross-collaboration for discussion and troubleshooting.
- All parties will treat the consortium attendees with professional courtesy and respect. Any attendee who fails to follow this guidance may be replaced or removed.
- HHSC will incorporate the plans' input where feasible.