

Zero to Hero:

30 days to create better and more efficient health care for
Veterans nation-wide

*A Dissertation Project in Partial Fulfillment
of the Requirements for the Degree
Doctor of Business Administration*

R. Scott Bonney

June 25, 2016

Greetings, Thanks, & Acknowledgments

Committee Members

David McIntyre - CEO, TriWest Healthcare Alliance and Project Sponsor

Dr. Robert Gee - Founder, Advisor, and Mentor

Dr. Sharon Burton - Dissertation Committee Member

Greetings, Thanks, & Acknowledgments

Project Champion and Guiding Coalition

Executive Champion:

David McIntyre - President & CEO, TriWest Healthcare Alliance

Project Sponsor:

Julie Townsend - SVP of Strategy and Business Development, TriWest Healthcare Alliance

Guiding Coalition:

Daniel Myung - CEO, PSI International; former CEO, BizFlow Corp., colleague and co-creator of the CPI Solution Cycle

H.J. “Caffrey” Lee - Agile Software Development Subject Matter Expert

Greetings, Thanks, & Acknowledgments

Acknowledgments

My Lord and Savior Jesus Christ

My long-suffering wife and children

Rhonda-Elaine Bonney,

Trinity, Noble, and Providence

My business partner and friend Willie Journigan

Students, Faculty, Staff, Colleagues, and Friends at AMU

Agenda

- Candidate's Background
- Purpose for Pursuing a Doctorate of Business Administration Degree
- **Chapter 1. Introduction**
 - Statement of the Problem / Scope
 - Introduction to Project Champion, Guiding Coalition, and Performance Metrics
 - Purpose/Importance of the Problem Studied
 - Research Questions
- **Chapter 2. Literature Review**
 - Selected High-Profile Paradigms used to Substantiate Researcher's Ideas
 - Key Concepts or Issues Researched in the Literature
- **Chapter 3. Methodology (as-is/current state)**
 - Action Research
 - As-is Performance Metrics
 - Quality Tools Employed in the Study
 - Mixed Methodology as Relevant
 - Mixed Methodology : Value of Participants' Experiences to the Study
 - Data Coding
 - Research Design
- **Chapter 4. Future State (Completed Improvement)**
 - Future State Performance Metrics
- **Chapter 5. Conclusion of the Study**
 - Significance of the Results of the Study
 - Conclusions
 - Recommendations for Future Research
- Question and Answer Period

Overview of Richard “Scott” Bonney

▶ About the Candidate:

- ▶ Retired Naval Officer, 10 years automotive manufacturing, 10 years government service, President and Dean of Bon-Tech School of Business Transformation, Chief Innovation & Strategy Officer of Journi-Tech Corporation, Consultant and Business Transformation Professional
- ▶ MS.Ed; LSSMBB; ASQ CQE, CQM, CQA, CSSBB, CLSSBB; PMI PMP; CSM; ABD

▶ Purpose For Earning Doctorate

- ▶ Love of learning, love of teaching, and a desire to open as many doors as possible for God’s future calling
- ▶ Desire to lead by example, demonstrating to others the values that I espouse

▶ Future Application of Doctoral Learning

- ▶ Teaching, publishing, and speaking with the authority of an expert practitioner
- ▶ Leading enterprise transformations for organizations that are committed not just to excellence, but to respecting and empowering individuals and making the world a better place

Chapter 1. Introduction

Background

- ▶ From October 6 until November 3, 2014, TriWest Healthcare Alliance was tasked by the United States Department of Veterans Affairs to create an organization capable of providing healthcare services to Veterans who were eligible for the newly passed Veterans Access, Choice, and Accountability Act (VACAA). Federal law mandated the program be available to all eligible Veterans by election day, 2014. As of October 5, 2014, there was not even a contract with TriWest; merely an off-the-record invitation to create the program.

Statement of Problem

- ▶ Veterans were dying due to not receiving timely care from the VA. As of 6Oct2014, there was no process (or plan) for providing healthcare to Veterans outside of the VA who had been on VA waiting lists for more than 30 days or who lived more than 40 miles from a VA medical center. However, Federal law required such a program to exist prior to 4Nov2014.

Chapter 1. Introduction

Scope:

- ▶ This Action Research Project revolves around the creation and launch of the VACAA program at TriWest, with specific focus on the process-and-system-centric approach that made it possible to go from zero to Hero in 30 days, flat
- ▶ Events excluded from the 30-day GoLive! deliverables are by definition out of scope for this project
- ▶ Similarly, only TriWest Healthcare Alliance and its sub-contractors who were involved in the VACAA 30-day launch fall within project scope
- ▶ As of October 2014, TriWest had an existing VA contract for Patient-Centered Community Care (PC3). Anything associated with the PC3 program but NOT associated with the VACAA program was out of scope
- ▶ As of 6Oct2014 it was unclear what capabilities, processes, and requirements were necessary to meet the needs of the VACAA program, thus, the initial scoping of the VACAA launch falls within the scope of the project, while any items that were elected for exclusion from the 30 day launch similarly must then be excluded from the scope of the Action Research Project
- ▶ Where necessary processes were discovered and used at TriWest, these processes fall within scope. Where processes did not exist but were identified as necessary to launch, the creation of new processes falls within scope. All other TriWest processes and systems fall outside of project scope

Chapter 1. Introduction

Introduction to Project Champion, Guiding Coalition and Performance Metrics

- ▶ Project Executive Champion *David McIntyre*, CEO of TriWest, invited BizFlow Corporation to be among ten companies to support TriWest in its 30 day “impossible launch” of the VA Choice program.
- ▶ Project Sponsor *Julie Townsend*, Senior Vice President of Strategy and Business Development at TriWest was tasked to lead the effort for TriWest.
- ▶ The TriWest Executive Leadership Team (ELT) served as the Guiding Coalition for the project, including CEO, CMO, CFO, CIO, and SVP of Strategy.
- ▶ BizFlow sent three people; *Daniel Myung* (then CEO of BizFlow), *Scott Bonney* (then Director of Innovation & Training at BizFlow), and *Esther Kim* (Business Analyst at BizFlow) to support.
- ▶ **Metrics were unclear**, as no contract vehicle yet existed between the VA and TriWest. The Guiding Coalition therefore focused the master metric (***on-time program launch***) using three high-level known requirements that fell within the TriWest scope of control:
 - ▶ **Number of Veterans able to take advantage of the VACAA legislation**
 - ▶ **Number of Veterans who actually choose to take advantage of the VACAA program**
 - ▶ **For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran contact until date of scheduled care**

Chapter 1. Introduction

Purpose/Importance of the Problem Studied

- ▶ The importance of the problem studied cannot be over-stated. In 2014, U.S. Citizens' job approval rating for Congress averaged just 15% (irrespective of political party), and had not exceeded 20% for six of the previous seven years. One of the few things that Congress could agree on was that treatment of its service-disabled Veterans was unacceptable.
- ▶ In April of that year, CNN reported on the deaths of at least 40 Veterans who were awaiting care at the Phoenix VA Medical Center (VAMC). By the end of May, top VA officials were retiring or resigning over the controversy, and by June similar problems were being reported at multiple VAMCs across the country.
- ▶ On June 9th, a VA internal audit revealed that over 120,000 veterans were left waiting indefinitely or never received approved care, and that VA schedulers used unofficial lists in order to make wait times appear shorter than they really were
- ▶ By the end of June, Rob Nabors, Deputy Chief of Staff to President Obama, reported "significant and chronic system failures" and a "corrosive culture" inside the Veterans Health Administration.
- ▶ Immediate and effective action on behalf of Veterans was the single highest national priority.

Chapter 1. Introduction

Research Questions

What elements of a model for change are necessary in order to deliver better healthcare to Veterans in an effective way? Specifically:

- ▶ What elements are necessary to provide an *effective* non-VA healthcare delivery model for Veterans?

How do we make it work, within the mandated launch window?

- ▶ What elements are necessary to *efficiently* provide non-VA healthcare delivery model for Veterans?

How do we make it work quickly, providing access to care in <30 days?

- ▶ What elements are necessary to ensure maximum *availability* of effective and efficient healthcare to Veterans?

How do we make it available for all eligible Veterans who want it?

Background

Veterans Access, Choice and Accountability Act:

- ▶ Veteran Choice Cards
- ▶ \$10 Billion for Non-VA Care costs



Signed into Law



TriWest kick-off meeting



VA signs VACAA contract with TriWest



Revised as Public Law 113-175
VA Expiring Authorities Act of 2014

Approved by Congress



PUBLIC LAW 113-175—SEPT. 26, 2014		128 STAT. 1901
Public Law 113-175 113th Congress		
An Act		
To amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, and for other purposes.	Sept. 26, 2014	[H.R. 5404]
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,		
SECTION 1. SHORT TITLE; TABLE OF CONTENTS.		
(a) SHORT TITLE.—This Act may be cited as the “Department of Veterans Affairs Expiring Authorities Act of 2014.”		
		Department of Veterans Affairs Expiring Authorities Act of 2014. 38 USC 101 note.

Zero

TriWest VACAA Kick-off meeting began October 6, 2014 with:

- ▶ No official agreement between TriWest and the government
- ▶ No signed contracts between TriWest and the nearly a dozen companies and their 40+ representatives attending Kick-off
- ▶ No process flows in place
- ▶ No design concept of what the Veterans "Choice Card" would look like, whether it would be paper or plastic, or whether a "card" was required at all
- ▶ No content for the Veteran's letters to accompany the cards
- ▶ No list of veterans addresses of where to mail the cards & letters
- ▶ No vendor selected to produce and mail the cards & letters
- ▶ No automated system to receive calls from Choice Veterans or a call center to handle them; not even 1-800 numbers selected
- ▶ No training plan for the thousand-plus call-center representatives needed to handle the projected call volume
- ▶ No scripts for call-center representatives; and no CSRs to speak them
- ▶ No connectivity between the VA database and TriWest database

To...

And so began four weeks of frenetic and nearly non-stop effort...

Oct. 6, 2014

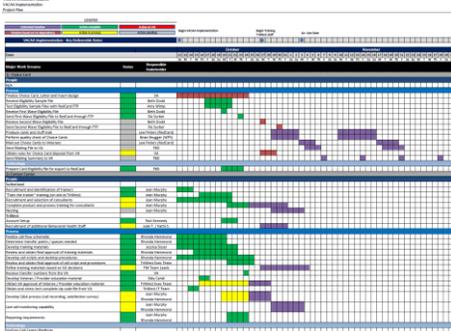
Oct. 13, 2014

Oct. 20, 2014

Oct. 27, 2014

Nov. 1, 2014

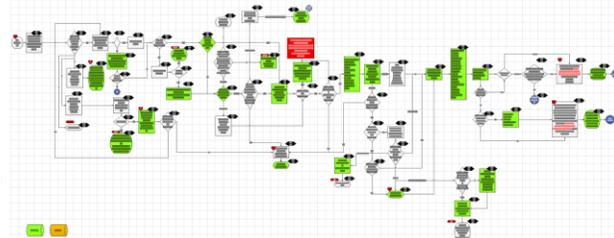
Established High Level Maps
And Plans



Printed cards & letters;
Trained the call-center trainers



Designed Detailed Level Process Map



Went live in two sites
with over 800 CSRs



TriWest Kick-off meeting



Chapter 2. Literature Review

Selected High Profile-Paradigms Used to Substantiate Researcher's Ideas.

▶ Process- and IT System-centric project Management approaches:

- ▶ *Six Sigma* (6s/DfSS variants of *Define-Measure-Analyze-Improve-Control*; variation & causation)
- ▶ *Lean* (Dr. Shewhart's *Plan-Do-Check-Act cycle*; kaizen, Kanban, and one piece flow)
- ▶ *Theory of Constraints* (Goldratt's *Identify-Exploit-Subordinate-Elevate-Iterate*)
- ▶ *Waterfall* (Gantt-chart-centric, with highly centralized, comprehensive end-to-end management)
- ▶ *Agile* (Sprint/scrum-centric, with self-organizing teams; iterative)

Note: Development and Operations (**DevOps**), deemed out of scope due to its focus on automating software delivery rather than automating workflow

Note: Business Process Re-engineering (**BPR**) was initially considered as a possible process-centric methodology, but its very failure as a methodology due primarily to its slow, time-consuming approach made it inappropriate for this research

Chapter 2. Literature Review

Selected High Profile-Paradigms Used to Substantiate Researcher's Ideas.

▶ References for Context include:

- ▶ United States Department of Veterans Affairs
- ▶ Veteran Care (general)
- ▶ The Veterans Access, Choice, and Accountability Act (VACAA)

Specifically,

- ▶ Number of Veterans who would be eligible *to take advantage* of the VACAA legislation, including
 - ▶ 30-day-wait Veterans (those eligible for care but who had been waiting for >30 days for VA care)
 - ▶ 40 Milers (those whose residence of record was >40 miles from the nearest VA care facility)
- ▶ *Actual VA Time to Appointment (TTA)* from Veteran contact until date of scheduled care

Note: There was initial consideration of deeper research into many of the key requirements for an effective healthcare network (just-in-time printing, Contact Center best practices, etc.). However, this was not only impossibly broad in scope, it ultimately proved unnecessary. The intent of the project model was to engage SMEs in their respective fields. Thus, ultimately, it became about effective project management in a tightly time- and resource-constrained environment.

Chapter 2. Literature Review

Key Concepts or Issues Researched in the Literature

- ▶ Common principles for speed and quality
 - ▶ For speed, great is the enemy of good enough (Lean, Agile, EVO)
 - ▶ For consistency, standard process matters (ubiquitous)
 - ▶ Parallel beats series, but greatly complicates communication requirements
 - ▶ Speed of production is not as important as speed of learning (accelerated PDCA)
 - ▶ Speed of the whole is a function of the speed of the constraint (ToC)
- ▶ Key scope / focus reminders for “Phase 0”
 - ▶ Only the Core Value Stream matters
 - ▶ Automation is not the goal; it is a support
 - ▶ Money is not the goal; it is a support

Chapter 3. Methodology (As-is/Current State)

As-is Performance Metrics

On October 6th, 2014, TriWest's 3 Key Performance Metrics were as follows:

- ▶ Number of Veterans able to take advantage of the VACAA legislation

Zero

- ▶ Number of Veterans who actually choose to take advantage of the VACAA program

Zero

- ▶ For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran contact until date of scheduled care

For Veterans, care outside of the VA Network was impossible

Note: VA performance in TTA prior to VACAA remains highly speculative. The only numbers that were ultimately agreed upon were that as of October 2014, there were approximately xxx,xxx 30-day wait-listed Veterans, and 400,000 Veterans who lived >40 miles from a VA medical center.

Note: The great mixed blessing of starting from scratch is that a zero baseline is an easy way to ensure your “to be” shows improvement!

Chapter 3-4. Tools List

Quality Tools Employed in the Study

- ▶ SIPOOC (Level 1 process map)
- ▶ Level 2 E2E Process & Purpose maps
- ▶ RACI Charts
- ▶ Brainstorming
- ▶ Affinitizing
- ▶ Check Sheets
- ▶ Charters
- ▶ Gantt Charts
- ▶ POA&M,
- ▶ Level 3 Process Maps / Process Flow Charts
- ▶ Drill-Down Charts Tree Diagrams / PDPC Charts
- ▶ System Maps
- ▶ Level 4 (Activities) Process Maps
- ▶ Work Instructions
- ▶ Data-mapping, Interactive Voice Response (IVR) systems
- ▶ Use-cases
- ▶ MBWA / gemba-process walks
- ▶ Role play
- ▶ TWI / scenario-based training / application-based TtT training
- ▶ Check sheets
- ▶ Poke-Yoke (prevention & detection; eg. 100% Audits)
- ▶ Scrum/Huddle
- ▶ Hoshin
- ▶ Daily “Hot wash” / Retrospectives
- ▶ Benefit-Effort Charts

General Methodology: CPI Solution Cycle **Action Research Model**

- ▶ Identify Identify the critical opportunity within its larger context
- ▶ Define Define the scope and boundaries of the project effort
- ▶ Discover Discover the “as is” processes and resources available to the team
- ▶ Idealize Idealize what the “happy path” end-to-end future state could look like
- ▶ Analyze Analyze gaps* and identify root causes that stand between the current state and the Ideal

Chapter 3

- ▶ Design Design includes both the MGPP to ideality and the high level “to be” for Gen. 1
- ▶ Develop Develop includes developing the Generation 1 solution, including people, process, & technology
- ▶ Debug Debug (or “Test”) is a “pilot” of the proposed Generation 1 process and technology
- ▶ Train Training includes internal customers, external customers, and stakeholders
- ▶ Deploy Deploy the new process solution. Also known as “GoLive!”

Chapter 4

- ▶ Document Documentation combines 1st round Audits with updating SOPs & Instructions, Policies & Procedures, Training Plans, FMEAs & Control Plans, Process Maps, RACIs, etc.
- ▶ Validate Validate the effectiveness of the new process against key quality and process metrics
- ▶ Iterate Based on what was learned in this generation, inform future generations and begin **Generation 2.0**

Chapter 5

* “Gaps” include gaps in available resources and technology, as well as sources of waste, defects, and variation

Chapter 3. Methodology: CPI Solution Cycle, Steps 1-5

Chapter 3

- ▶ **Identify** Identify the critical opportunity within its larger context
- ▶ **Define** Define the scope and boundaries of the project effort
- ▶ **Discover** Discover the “as is” processes and resources available to the team
- ▶ **Idealize** Idealize what the “happy path” end-to-end future state could look like
- ▶ **Analyze** Analyze gaps* and identify root causes that stand between the current state and the Ideal

Chapter 3. Application: What the Method means for the project

1. **Identify:** Use Facilitated SIPOOC approach for Strategic Execution to map End-to-End context
2. **Define:** Scope down the E2E context from left- and right-sides to focus of core project
3. **Discover:** Within project scope, identify those core sub-processes that must be delivered within the required time-line (30 days)
4. **Idealize:** Among the remaining in-scope sub-processes, develop drill-down process steps and requirements
5. **Analyze:** Review requirements against current resources and capabilities

* “Gaps” include gaps in available resources and technology, as well as sources of waste, defects, and variation

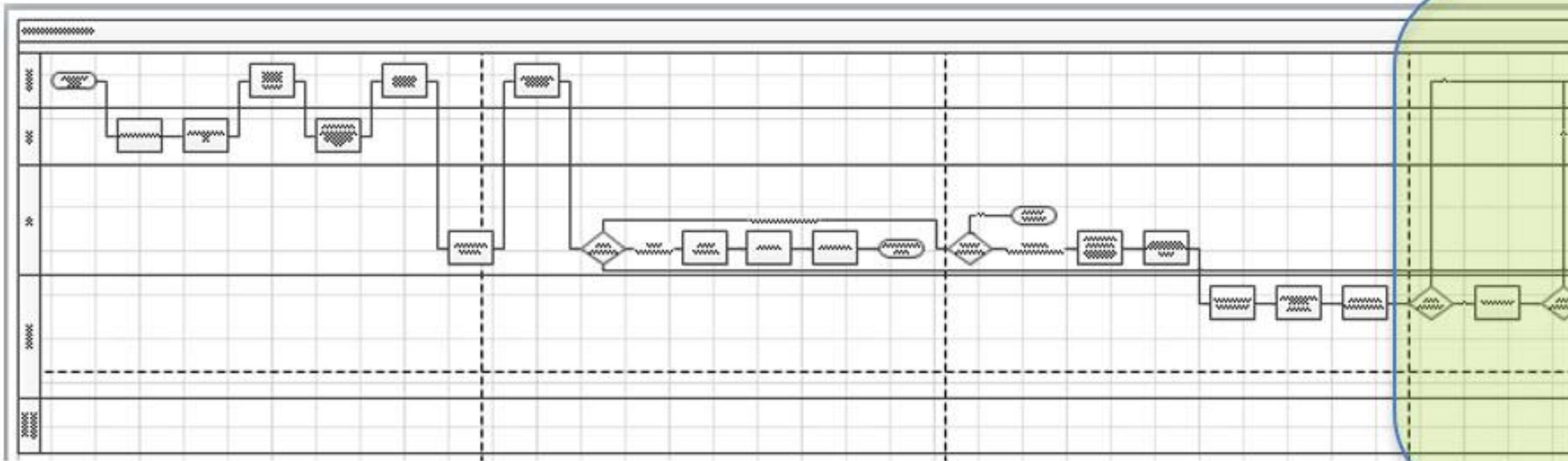
Chapter 3. As-Is Methodology Step 1: Identify

Suppliers	Inputs	Process	Output(s)	Outcome(s)	Customers
Printer/Mailer Services Contact Center Services Database Providers - Veteran Info - Provider Info - Records Mgmt Phone line Mgmt Billing Services	Veteran contact info Veteran eligibility info Provider location / skills / contact list Phones/ 800 # / decision tree Legal definitions of terms	Provide Card Validate Eligibility Enroll Veteran Authorize Veteran Schedule Veteran Care for Veteran	Validated / Authorized Veterans "OptIn" Veterans Diagnosed Veterans Appointed Veterans Cared For Veterans Paid for Veterans	Easy access to healthcare (<40 miles) Timely access to healthcare (<30 days) Low-Cost access to healthcare (government subsidized) Access to quality healthcare (licensed, certified, audited providers)	Veterans VA Healthcare Providers

Tool: Enterprise SIPOOC map for process-centric leadership alignment of critical customers, goals, products, core process, resources, and vendors

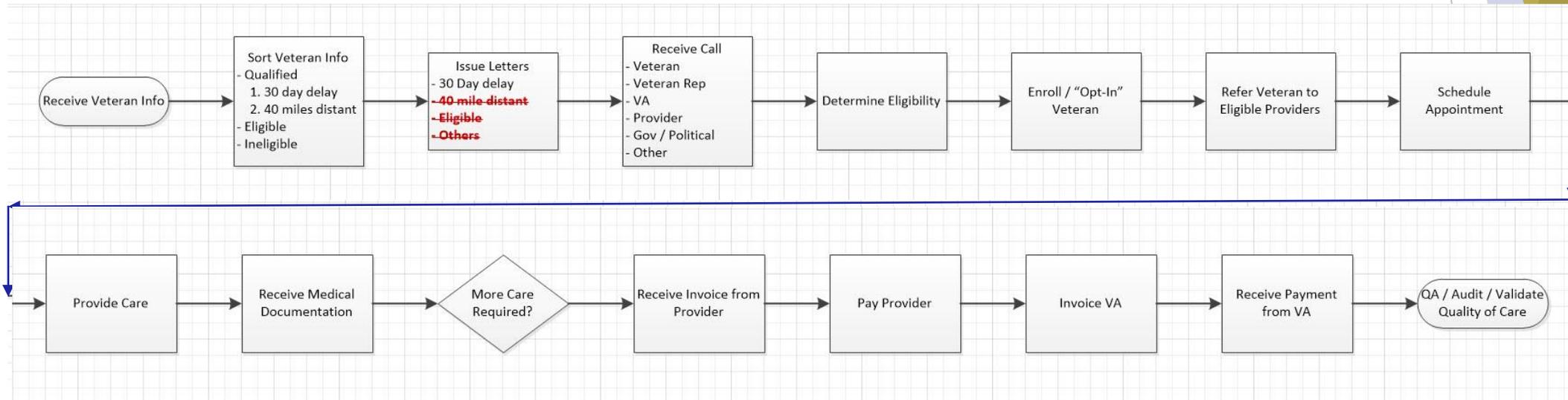
Chapter 3. As-Is Methodology Step 2: Define Scope

High Level End-to-End Core Process



Chapter 3. As-Is Methodology Step 4: Idealize (Lvl 1)

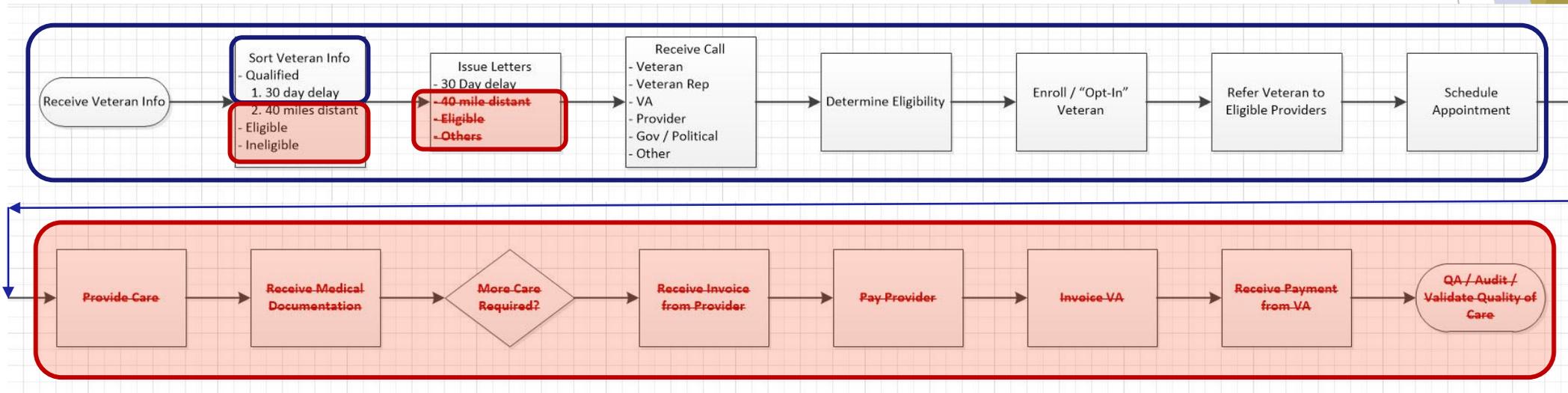
High Level End-to-End Core Process



Tool: High Level Core Value Stream (HICVS) Map

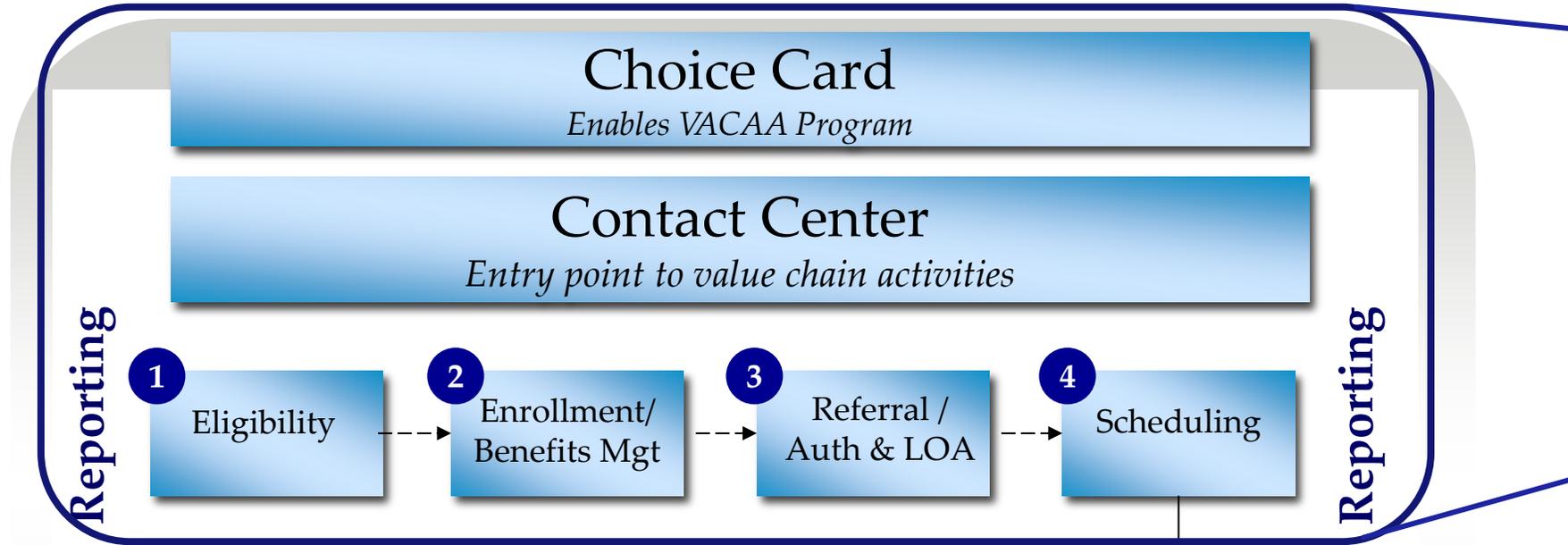
Chapter 3. As-Is Methodology Step 4: Idealize (Lvl 1)

High Level End-to-End Core Process (In Scope / Out of Scope)



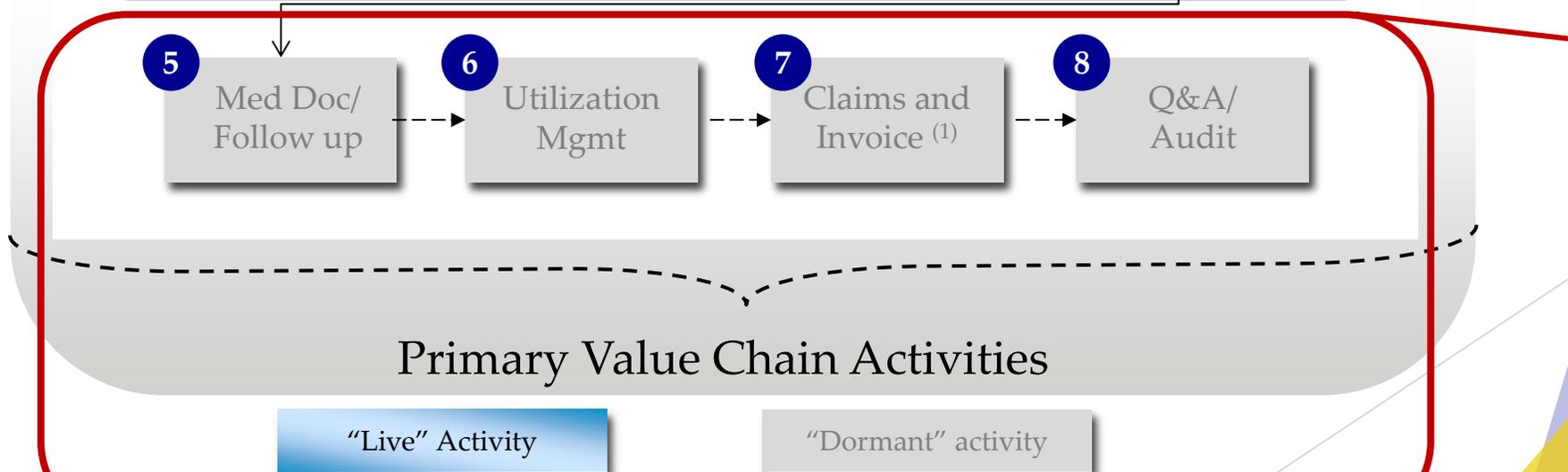
Tool: High Level Core Value Stream (HICVS) Map

Chapter 3. Methodology: Communicating “Generation 0” Scope of Activities for 3Nov2014 GoLive!



October 2014

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8



November 2013

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Note: (1) Claims & Invoice technology (WPS) estimated completion end of November

Chapter 3. As-Is Methodology Step 5: Analyze

Core:

- Printing / Bulk Mailing SMEs (Subcontractor of known partner)
- Contact Center SMEs (All new, NOT a current contact center)

Support:

- VACAA / VA SMEs (VA Executive-level decision-makers)
- Project Management SMEs (Known partner)
- Process / Facilitation SMEs (All new)
- Healthcare / Provider Network SMEs (Internal SMEs)
- IT System / Technology SMEs (Internal & External)
 - Veteran Database (VA & Internal CareRadius System)
 - Healthcare Provider Database (Internal VisualCactus & CareRadius systems)
 - Telephone System / IVR (All new IVR with Verizon Cloud; Subcontractor of new Contact Center partner)

Chapter 4. Methodology: CPI Solution Cycle (To-Be)

1. *Identify:*
2. *Define:*
3. *Discover:*
4. *Idealize:*
5. *Analyze:*
6. **Design:** Create supporting processes to deliver requirements
7. **Develop:** Create Plan of Action & Milestones (POA&M) to create core processes
8. **Debug (Test)**
9. **Train:** Use Train-the-Trainer Training as both Pilot and Training Creation
10. **Deploy:** Use centralized and de-centralized, scenario-based training of “Happy Path”, followed by most likely failure modes. Use “soft start” for de-centralized OJT training
11. *Document:*
12. *Validate:*
13. *Iterate:*

Chapter 4. To-Be Methodology, Step 6: Design

06a: For speed, we broke the design phase into multiple parallel project teams (Charters & SIPOCs again!)

Master Charter – Veterans Care End-to-End, Phoenix Working Group

Problem/Goal Statement

Problem: Veterans and Providers are confused by the process of receiving and delivering care. Visibility into the process is poor, requirements are unclear, and everything seems to take too long.

Scope: From "Assigned to NIVCC" to "Receive Medical Documents"

- Excludes non VA medical military (Active Duty, Reserve, Guard, Veteran application/eligibility queues)
- Excludes initial Veteran request for care from the VA
- Excludes VA assignment of Veterans to PC3 or VACAA eligibility
- Excludes VA provision of eligibility data to VAMCA, VSO, or Trivest
- Excludes payment processes (VA or Trivest)
- Excludes development of Provider networks (VA or Trivest)
- Includes VA and Trivest systems: CareRadious, Portal, CPSS, FPCS, Voca, Includes Portal related data visualization and reporting
- Excludes systems and databases not listed above

Goal Statement: Reduce Veterans and Provider end-to-end Turn-around Time by 50%. Reduce VA and Trivest Touch Time by 50%. Reduce first-time Not in Good Order (NIGO) documentation quality issues by 90%.

Business Impact

- Operational Impact:
 - Improved Veteran/Veteran Satisfaction (measure)
 - Improved Provider Satisfaction (% network renewals)
 - Reduced Veteran Service Turn-around-time (to contact-to-service)
 - Reduced VA Touch Time (TT contact-to-service)
 - Reduced Trivest Touch Time (TT contact-to-service)
 - Improved process visibility (% Veteran follow-up calls)
 - Improved first-time document quality (% rejects Trivest-to-Provider; % rejects to-Trivest)
 - Improved first-time care quality (% re-admissions; % complaints; others)

Core Team

Project Sponsors: Greg Friss (VA) and David McIntyre (Trivest)

Core Team	Organization	Role
Greg Friss	VAMC-PHX	SME
Ricki Hyton	VAMC-PHX	SME
Tiffany Potter	VAMC-PHX	SME
Shonae Thweatt	VAMC-PHX	SME
Tommy Jones	VA HQ	SME
John Owen	VA HQ	SME
Glory Lillierfield	Axios	SME
Carli Sobera	Trivest	SME
Rick Green	Trivest	SME
Daniel Myung	Bufflow	Facilitator
Scott Boney	Bufflow	Facilitator
Caffrey Lee	Bufflow	SME
Bill Pokorny	Bufflow	SME

Timeline/Schedule

Milestones

- Kickoff / Introductions / Headlines Exercise
- Confirm Problem, Scope/Boundaries, and Goals
- Identify core products/services
- Map high-level core processes
- Complete drill-down maps & systems
- Identify pain points
- Ideal State Exercise
- Affinity and prioritize Pain Points
- Brainstorm root causes & solutions
- Benefit/cost chart for solutions
- Prioritize solutions
- Assign action items, RACI responsibilities, target dates
- Develop communication plan
- Agree on next steps
- Including "Quick Wins" for immediate implementation

SIPOC – Provide Veterans Care End-to-End

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> Veterans VA Partners IT WPS (Claims) 7?? 	<ul style="list-style-type: none"> VA ES (enrollment/eligibility) VA VEHF (Health Records) VA IAM (ID #) Provider Data CareRadious Visual Cactus Verizon Cloud/Telephony FACTS Visual Cactus Process Data 	<ul style="list-style-type: none"> Request Care Evaluate Level of Care Assign Provider(s) (PO) Tat, TT, Bottleneck, Performance, Volume (B) Assignments, To-Do's, Follow Ups All - Provider Directory (VA)- Regulatory Reports Veterans - Customer Experience Indicators 	<ul style="list-style-type: none"> (C) KPI/Dashboard (A) Manual Reports, Adequacy (PO) Tat, TT, Bottleneck, Performance, Volume (B) Assignments, To-Do's, Follow Ups All - Provider Directory (VA)- Regulatory Reports Veterans - Customer Experience Indicators 	<ul style="list-style-type: none"> Veteran health Positive Veteran experience Foeling of respect Affordable and sustainable care Consistency Fast-time resolution of healthcare need 	<ul style="list-style-type: none"> Veterans Providers Congress Taspeyars VA Leadership VA workers Health Care Contractor leadership HCC workers Analysts Process Owners
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Not in Good Order (NIGO) Correct input data 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> # rework # defects 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> # returned reports # ad hoc reporting 	<p>Impact</p> <ul style="list-style-type: none"> # return visits 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> Resource 5 System 5 Data 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

SIPOC – Appointing Process

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> Veterans Sutherland Veteran Affairs (VA) Verizon cloud/telephony UIM team Provider Provider Services OH BH team CareRadious 	<p>TRIGGER INPUTS</p> <ul style="list-style-type: none"> >7075 / consult <p>PROCESS INPUTS</p> <ul style="list-style-type: none"> Veteran need for appointment Veteran preferences Sutherland call handling OH Program instructions 	<p>Customer contact</p> <ul style="list-style-type: none"> Verify eligibility/preferences Identify provider and outreach Schedule appointment Confirmation process Reschedule as needed 	<ul style="list-style-type: none"> Appointed Veteran Outbound communications Identify provider Rescheduled appointment UIM review Provider Agreement 	<ul style="list-style-type: none"> Veterans Providers UIM team / Trivest BH team / Trivest Trivest VA medical facilities 	<ul style="list-style-type: none"> Veterans VA medical facilities Veteran Affairs (VA)
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Veteran appointment preferences Care type Geography OH Preferred Provider Customer 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> % of calls dropped / abandoned % of customers who need program instruction clarification % time on VA inputs (30-60/45-60 min) % of network request by phone 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> % Data entry accuracy % of calls handled on recurring % of calls (cases) complete / accurate % of successful appointments (scheduled vs. calls) 	<p>Impact</p> <ul style="list-style-type: none"> % of Veterans not appointed % of new Provider Agreements needed % of reschedules 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

SIPOC – Med Docs Process

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> Providers WPS Emdeon 	<p>TRIGGER INPUTS</p> <ul style="list-style-type: none"> Receipt of Med Doc <p>PROCESS INPUTS</p> <ul style="list-style-type: none"> Med Doc files 	<p>Receive Med Docs</p> <ul style="list-style-type: none"> Initial Med Docs processing (in/work backlog) CAS processing (Auth attach) Export to claims process 	<ul style="list-style-type: none"> Correctly uploaded Med Docs 	<ul style="list-style-type: none"> Veterans Trivest EXTERNAL Provider WPS 	<ul style="list-style-type: none"> Veterans Trivest EXTERNAL Provider WPS
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Factors that might impact the Med Docs process 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> % of Med Docs received with an issue Issue types Time impacts 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> % of Med Docs processed successfully per person, per time period Med Docs process time per step Med Docs aging Med Docs volume vs. resolution rate Monetary value of pending Med Docs 	<p>Impact</p> <ul style="list-style-type: none"> % of defective Med Docs % of Med Docs processed in 14 days Processing time per Med Doc Processing cost per Med Doc 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

SIPOC – Claims and Invoicing Process

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> Providers WPS Emdeon 	<p>TRIGGER INPUTS</p> <ul style="list-style-type: none"> Claim document <p>PROCESS INPUTS</p> <ul style="list-style-type: none"> 837 files 	<p>Receive Claim</p> <ul style="list-style-type: none"> Upload Claim Process Claim Pay Provider Invoice VA 	<ul style="list-style-type: none"> Processed claim, paid and closed 	<ul style="list-style-type: none"> Veterans WPS EXTERNAL Provider 	<ul style="list-style-type: none"> Veterans WPS EXTERNAL Provider
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Factors that might impact the claims processing time and defect level 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> % of claims received with an issue Issue types Time impacts 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> % of claims processed successfully per person, per time period Claims and invoicing process step time Claims aging Pending volume vs. resolution rate Monetary value of pending claims 	<p>Impact</p> <ul style="list-style-type: none"> % of defective claims % claims paid within 26 day claim cycle Processing time per claim Processing cost per claim 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

SIPOC – Data Management & Reporting Process

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> VA Partners IT WPS (Claims) 	<ul style="list-style-type: none"> VA ES (enrollment/eligibility) VA VEHF (Health Records) VA IAM (ID #) Provider Data CareRadious Visual Cactus Verizon Cloud/ Telephony FACTS Process Data 	<p>Identify reporting/ data requirements</p> <p>Establish process model/framework</p> <p>Extract, manipulate and organize data</p> <p>Analyze data</p> <p>Generate report</p>	<ul style="list-style-type: none"> (C) KPI/Dashboard (A) Manual Reports, Adequacy (PO) Tat, TT, Bottleneck, Performance, Volume (B) Assignments, To-Do's, Follow Ups All - Provider Directory (VA)- Regulatory Reports (V)- Custom Experience Indicators (P)- Quality of Service, Volume 	<ul style="list-style-type: none"> Veteran health Positive Veteran experience Foeling of respect Affordable and sustainable care Consistency Fast-time resolution of healthcare need 	<ul style="list-style-type: none"> Veterans Providers Congress Taspeyars VA Leadership VA workers Health Care Contractor leadership HCC workers Analysts Process Owners
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Not in Good Order (NIGO) Correctly input data 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> # rework # defects 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> # returned reports # ad hoc reporting 	<p>Impact</p> <ul style="list-style-type: none"> # return visits 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> Resource 5 System 5 Data 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

SIPOC – Provider Services Process Summary

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> Data team CDRs Veterans Veterans Affairs Providers NetSubs Claims Team 	<p>NAR</p> <p>Provider Agreement</p> <p>VA/Veterans Request</p> <p>Provider sign-up</p> <p>NetSub providers</p> <p>Claims pending for non network providers</p> <p>Historical VA claims utilization data</p> <p>CAHQ</p> <p>CVO</p>	<p>Recruiting</p> <p>Contracting</p> <p>Credentialing</p> <p>Data Entry</p> <p>Provider Education</p>	<ul style="list-style-type: none"> Updated Provider Directory Contracted Providers Executed Provider Contracts Updated Reports/NAR Updated Cardiacs Updated FACETS 	<ul style="list-style-type: none"> Veterans CDR Claims C-Suite 	<ul style="list-style-type: none"> Veterans Veterans Affairs NetSubs
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Provider specialty NetSub Direct Contracts Credentialing Training Requirements PC3 vs. VACAA 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> % data entry errors % of new Provider Agreements (NIGO) Time to receive completed package 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> % PR conversion rate to long term contracts Discount target vs actual % data accuracy (all dates) % completed updates Time to process PA Time to process PC3 contracts Cycle time to put in place a new PA contract Cost to add new provider Percentage of discount contracted (VAPCS) 	<p>Impact</p> <ul style="list-style-type: none"> % of new Provider Agreements % of new Provider Agreements completed on first pass % of PA conversion rate to long term contracts Discount target vs actual % data accuracy (all dates) % completed updates Time to put in place a new PA contract Total implementation cost per new Provider Agreement 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

SIPOC – Provider Services, Sign-Up Process

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> Person who identifies the need for a new Provider 	<p>TRIGGER INPUTS</p> <ul style="list-style-type: none"> Provider need <p>PROCESS INPUTS</p> <ul style="list-style-type: none"> NAR 	<p>Identify need for provider</p> <p>Search and recruit providers</p> <p>Negotiate and contract</p> <p>Provider process (review, credentialing, questions, negotiations)</p> <p>Load provider in system</p>	<ul style="list-style-type: none"> New provider, ready to accept Veteran patient 	<ul style="list-style-type: none"> Veterans NA EXTERNAL Provider 	<ul style="list-style-type: none"> Veterans NA EXTERNAL Provider
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Factors that might impact the time to put in place a new provider Provider specialty Change area Category of care Location 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> % of appointments received with an issue Issue types Time impacts Time for identification of need for new Provider Agreement to PA process initiation Value per incoming PA 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> % of new Provider Agreements % of new Provider Agreements completed on first pass Time to complete each Provider Services sign-up process step Time for identification of need to PA initiation Monetary value of Provider Agreements Total implementation cost per new Provider Agreement 	<p>Impact</p> <ul style="list-style-type: none"> % of new Provider Agreements % of new Provider Agreements completed on first pass Time to put in place new Provider Agreement Total implementation cost per new Provider Agreement 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

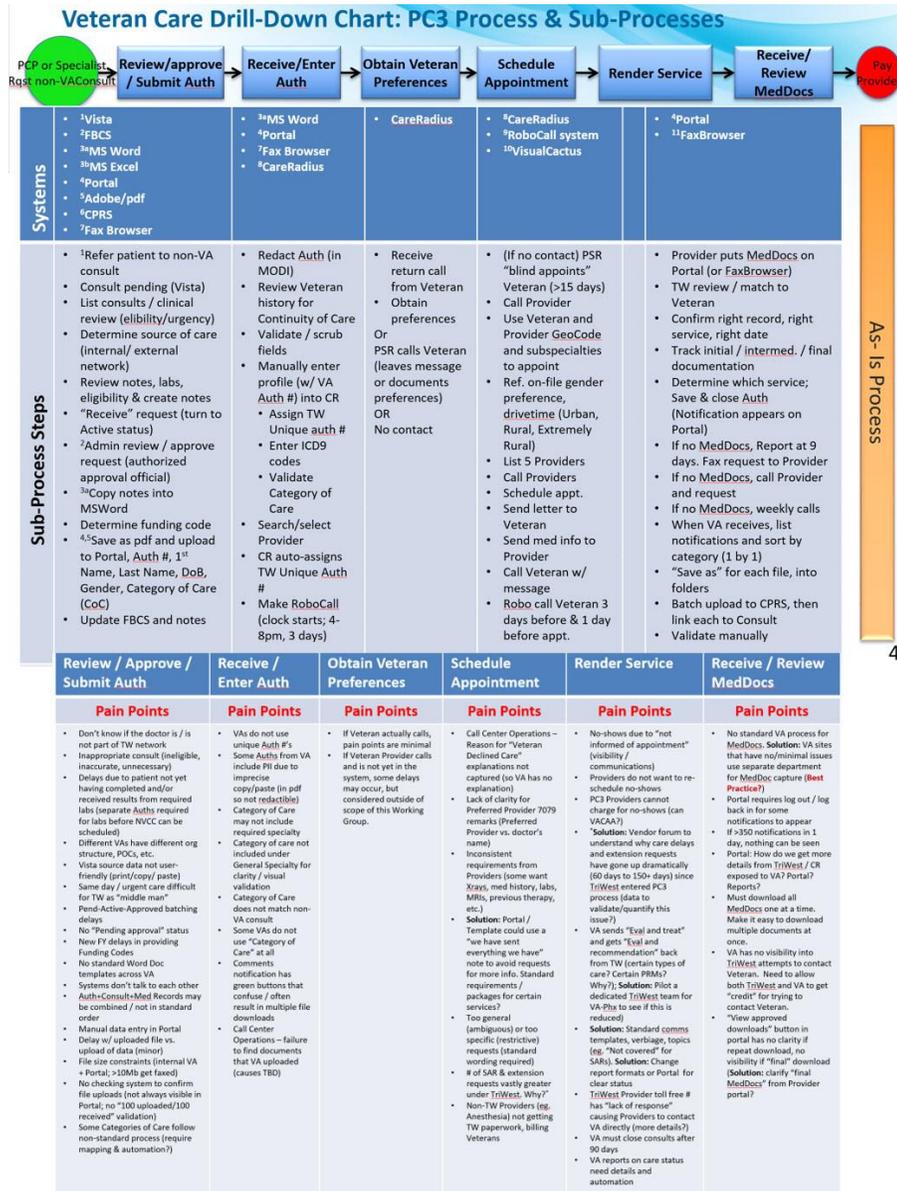
SIPOC – Provider Services, Data Management Process

Suppliers	Inputs	Process	Outputs	Outcomes	Customers
<ul style="list-style-type: none"> Anyone identifying changes in Provider information (Directors) NETSUBS 	<p>TRIGGER INPUTS</p> <ul style="list-style-type: none"> Provider data change identified Provider information Data files <p>PROCESS INPUTS</p> <ul style="list-style-type: none"> Data files 	<p>Provider data change identified</p> <p>Data change sent and organized</p> <p>Distribution of data changes</p> <p>Process review and changes</p> <p>Load changes</p>	<ul style="list-style-type: none"> Updated, correct Provider information, available to all data users 	<ul style="list-style-type: none"> Veterans Data users EXTERNAL Provider information 	<ul style="list-style-type: none"> Veterans Data users EXTERNAL Provider information
<p>Variables</p> <p>Input Metrics (x)</p> <ul style="list-style-type: none"> Factors that might impact the time to put in place a new Provider data change management process 	<p>Process Metrics (x)</p> <ul style="list-style-type: none"> % of incoming data issues Issue types Time impacts Time for identification of need to initiation of the PS data change management process 	<p>Output Metrics (y)</p> <ul style="list-style-type: none"> % of correctly entered data changes Time to complete each step of the PS data change management process Total time to see updated Provider information Cost per PS data update 	<p>Impact</p> <ul style="list-style-type: none"> % of correctly entered data changes Time to complete each step of the PS data change management process Total time to see updated Provider information Cost per PS data update 	<p>Quality (Effectiveness)</p>	<p>Speed (Efficiency)</p>
<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5 	<p>Cost / Risk</p> <ul style="list-style-type: none"> System 5 Resource 5

Note: Scope management was key. SMEs and key resources always knew their priorities. Non-GoLive! work was always 2nd seat to core 3 November deliverables.

Tool: SIPOCs & Charters

Chapter 4. To-Be Methodology, Step 6: Design



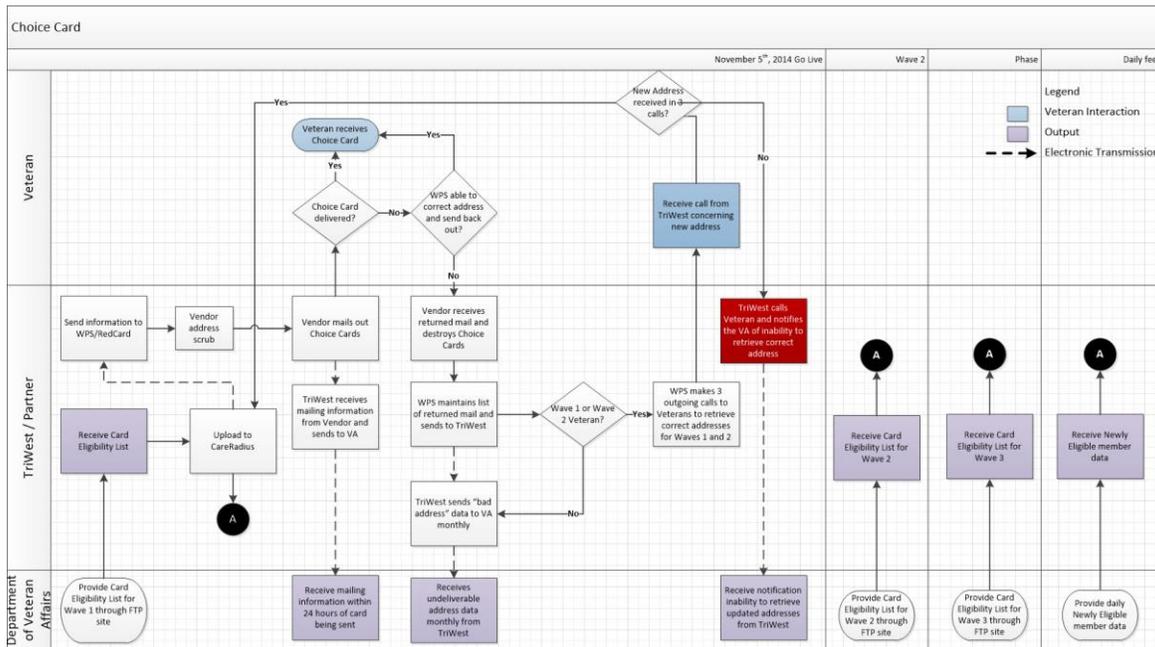
06b: For each sub-process, create a drill-down chart

- ▶ Map 5-7 process steps (from the SIPOC)
- ▶ Identify 5-7 sub-steps / Activities (Drill-Down)
- ▶ Identify required systems / technology enablers
- ▶ Identify Pain Points (actual or anticipated)

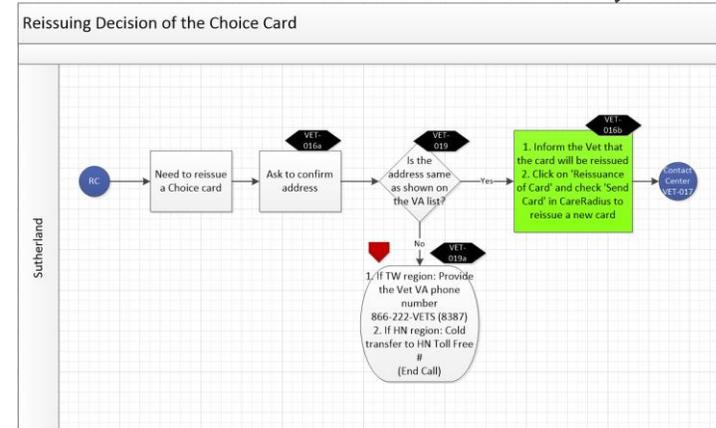
Tool: Drill-Down Charts

Chapter 4. To-Be Methodology, Step 7b: Develop

01: Issue Card, to-be



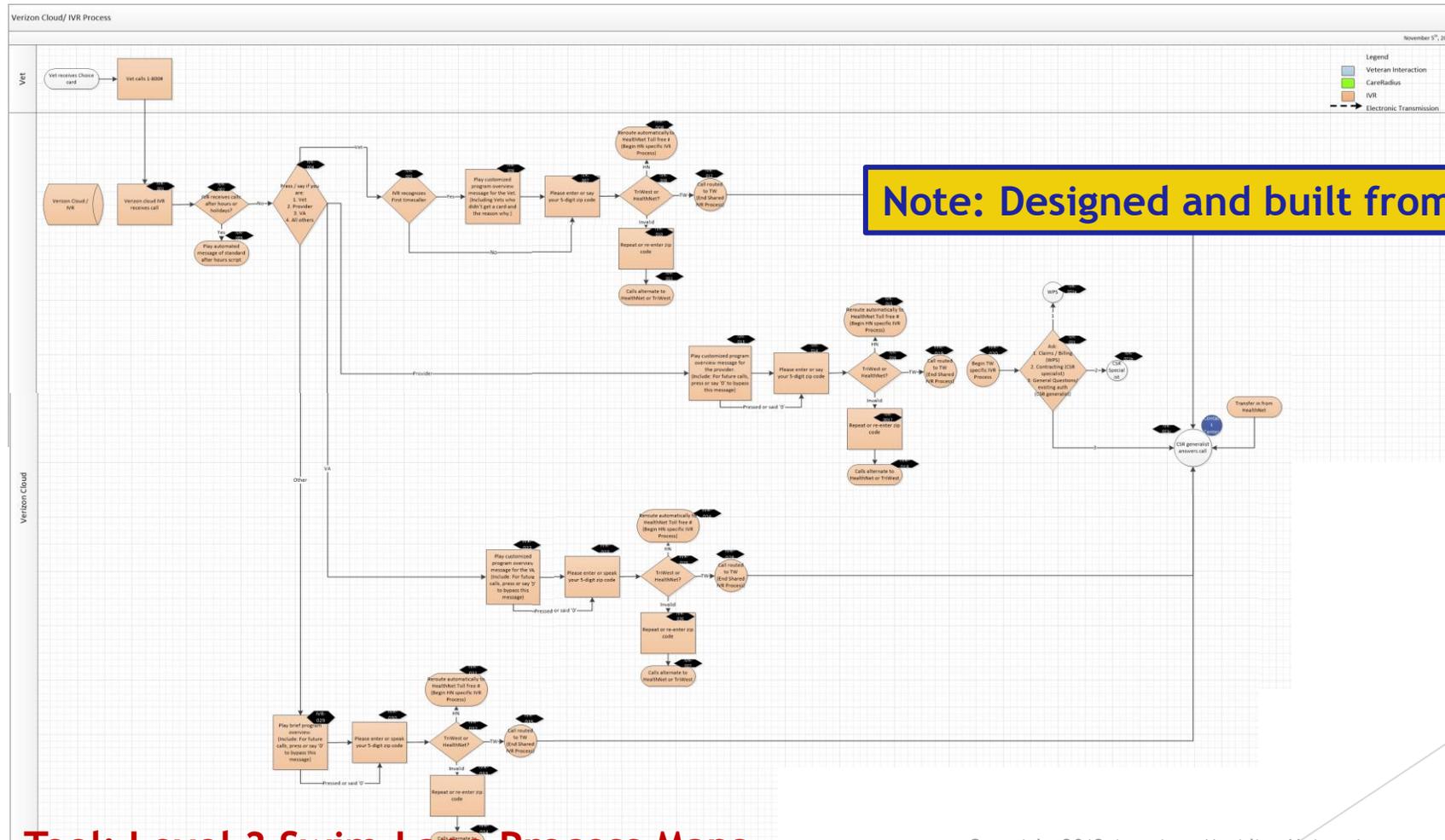
01a: Re-Issue Card, to-be



Note: Designed and built from scratch

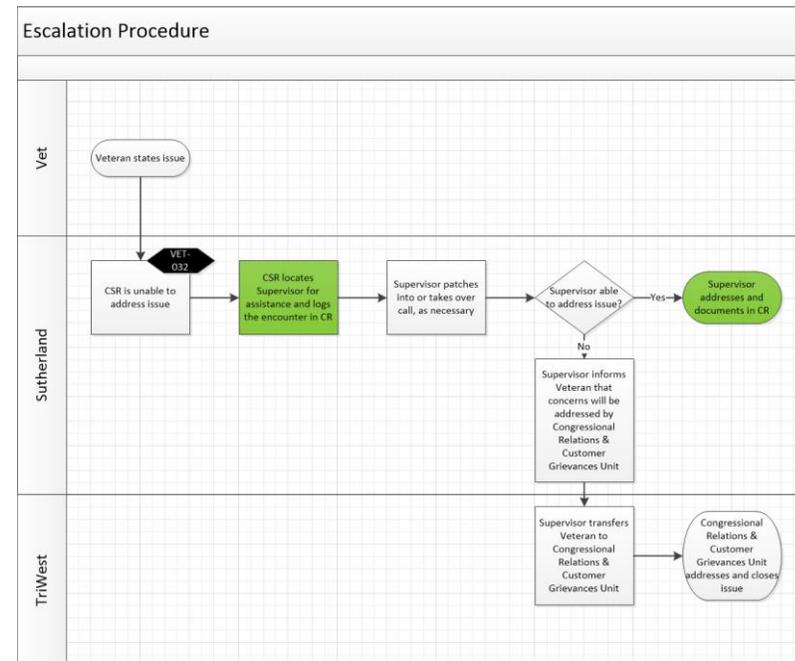
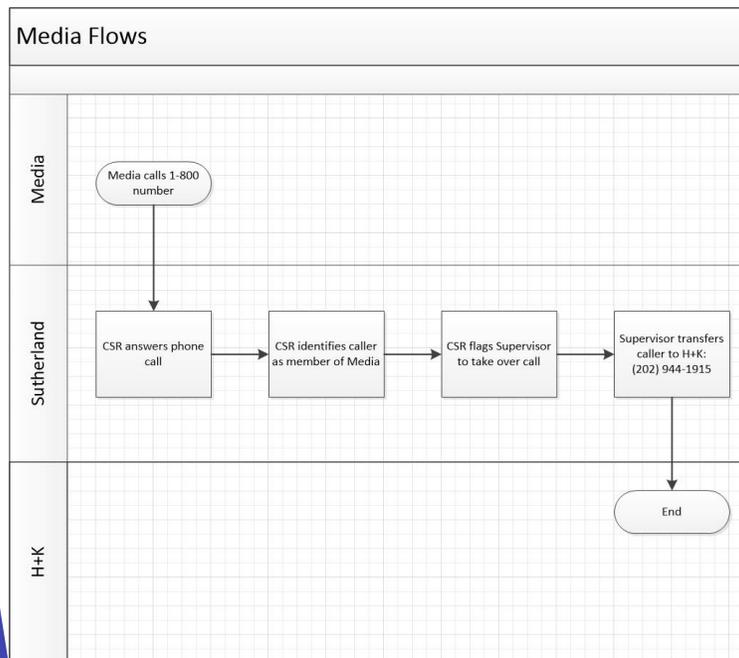
Chapter 4. To-Be Methodology, Step 7b: Develop

02: Cloud-based Interactive Voice Response (IVR), to-be



Chapter 4. To-Be Methodology, Step 7b: Develop

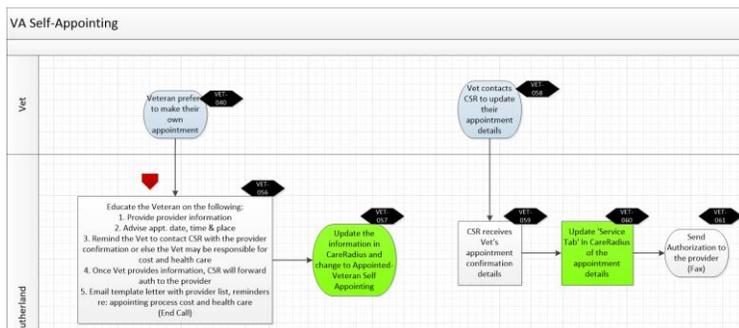
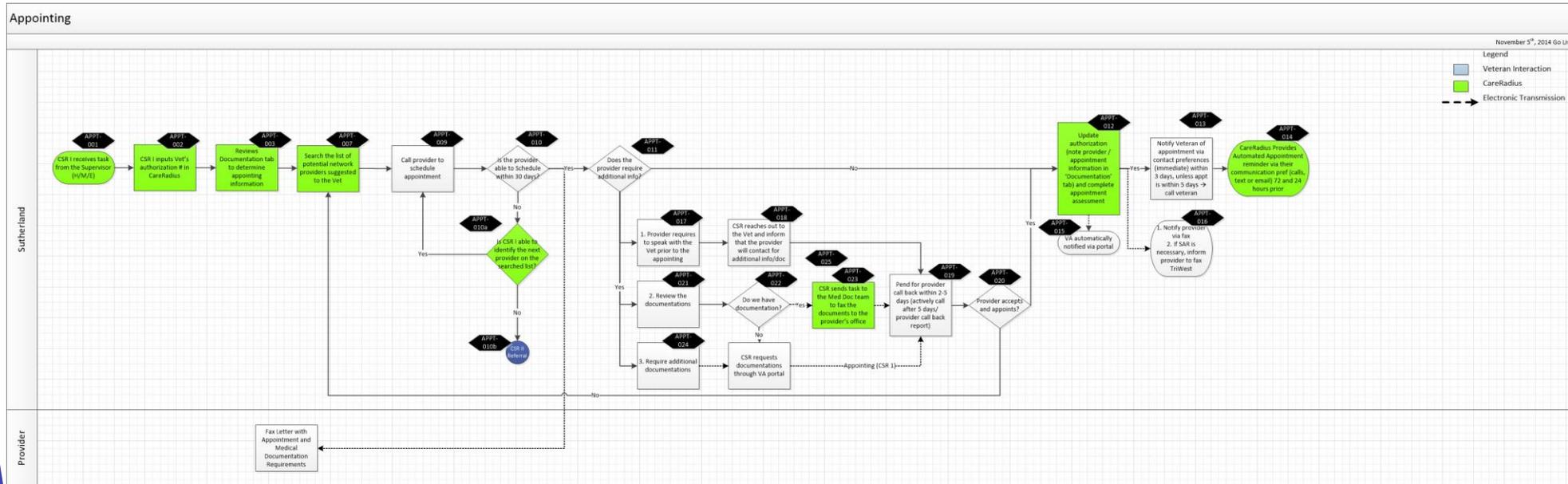
Media and Escalations Processes (Core? No. Available for GoLive? YES!)



Note: Designed and built from scratch

Chapter 4. To-Be Methodology, Step 7b: Develop

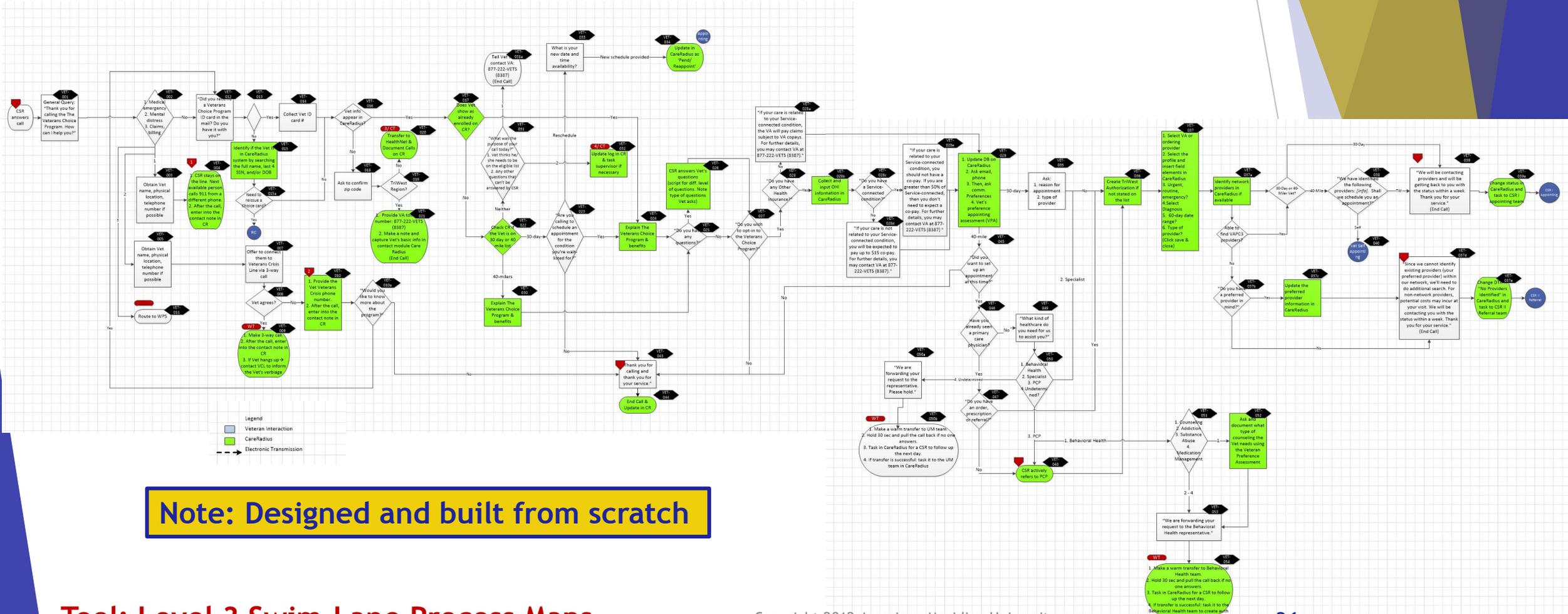
Appointing & Self-Appointing



Note: Designed and built from scratch

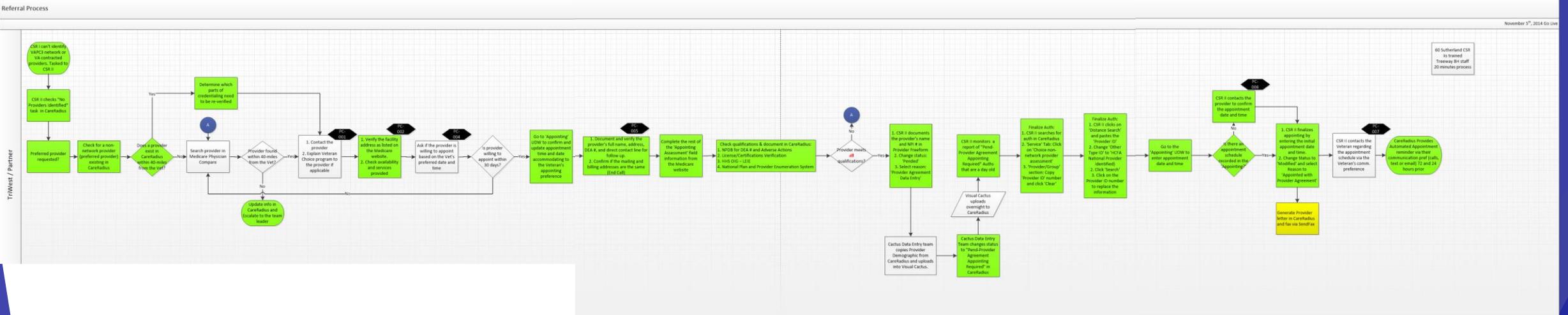
Chapter 4. To-Be Methodology, Step 7b: Develop

Contact Center E2E Scope & Scripts



Chapter 4. To-Be Methodology, Step 7b: Develop

Refer Veteran to qualified Provider

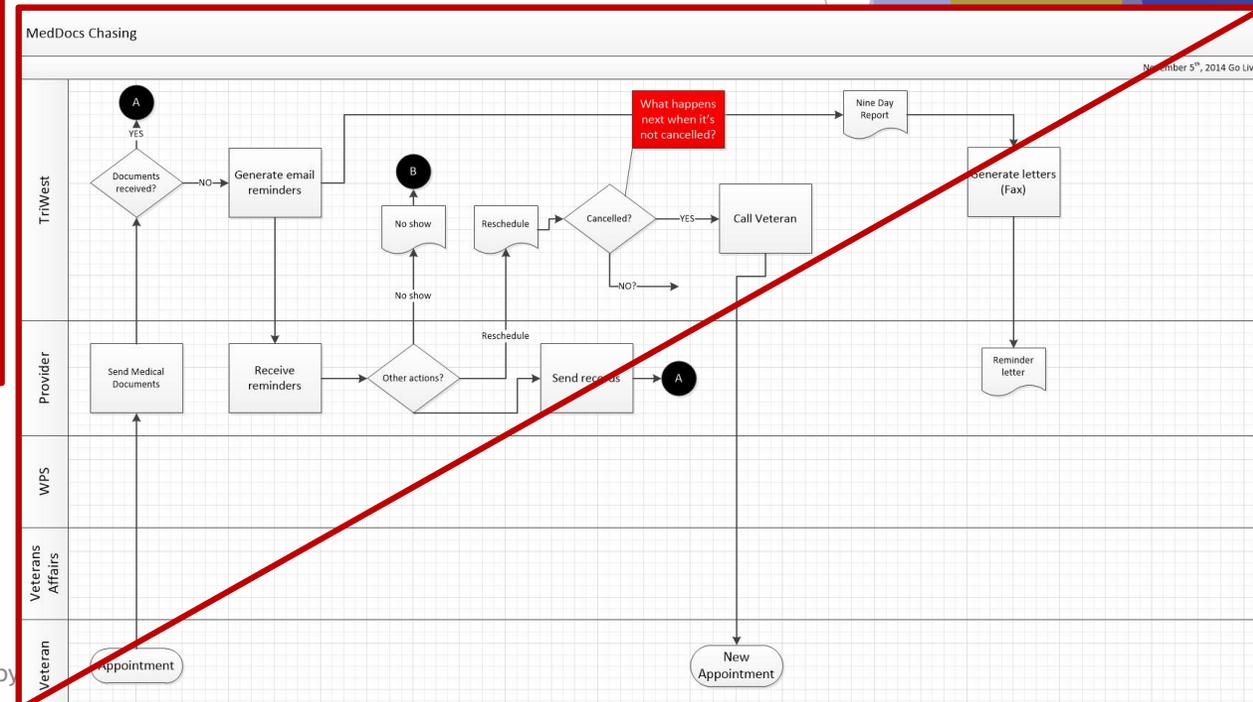
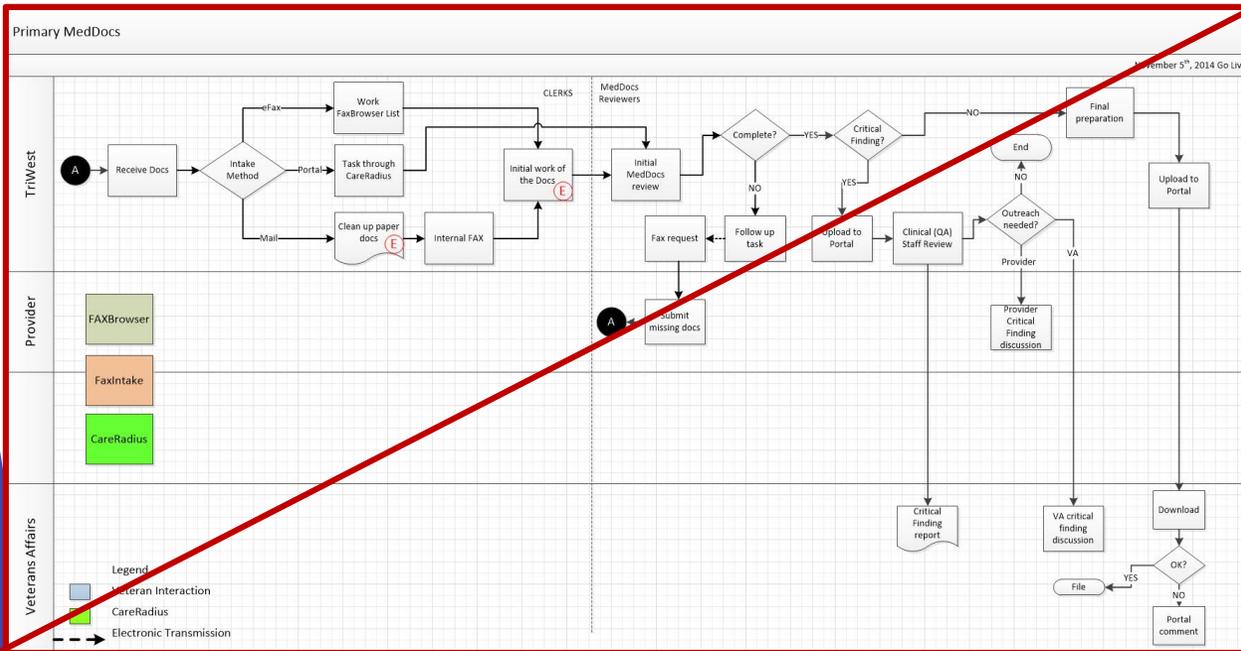


Note: 100% swipe from TriWest PC3 program

Chapter 4. To-Be Methodology, Step 7b: Develop

Medical Documentation (Receive, Review, and Chase)

Out of Scope



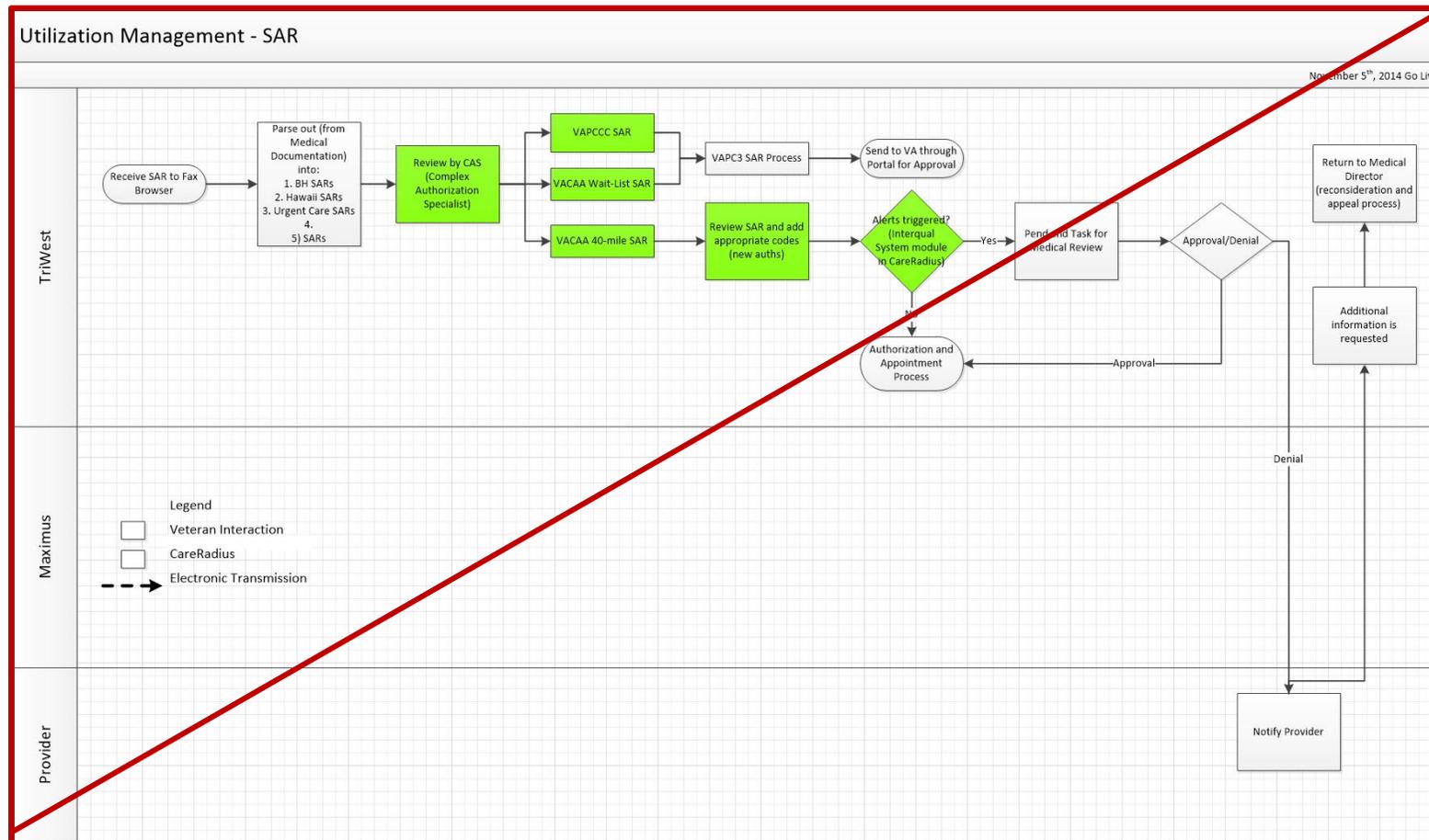
Tool: Level 3 Swim-Lane Process Maps

Copy

Chapter 4. To-Be Methodology, Step 7b: Develop

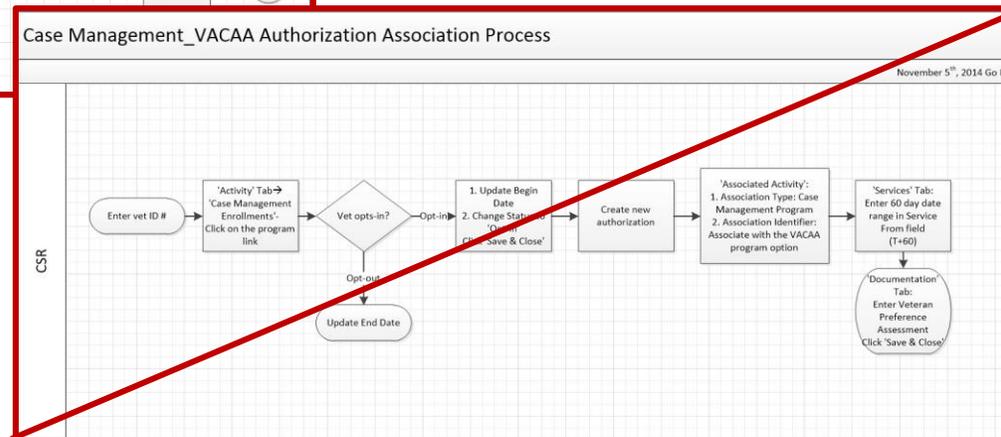
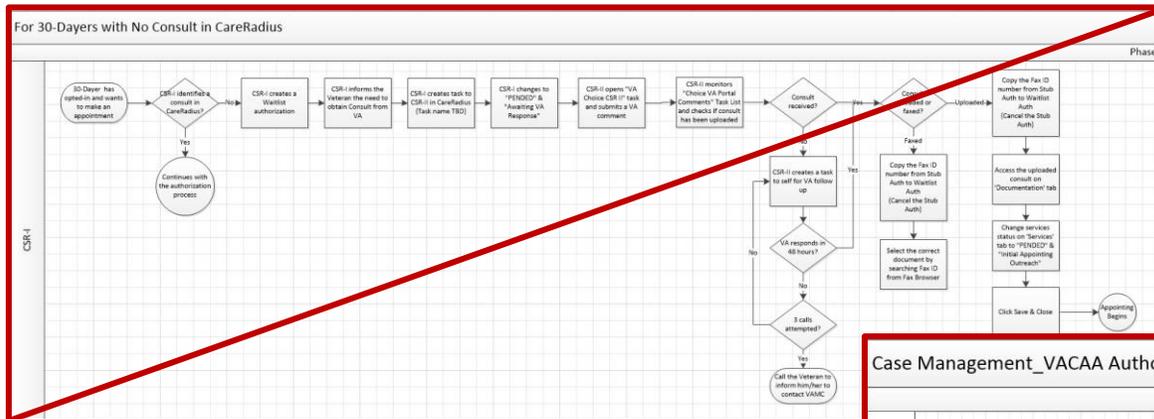
Secondary Authorization Requests

Out of Scope



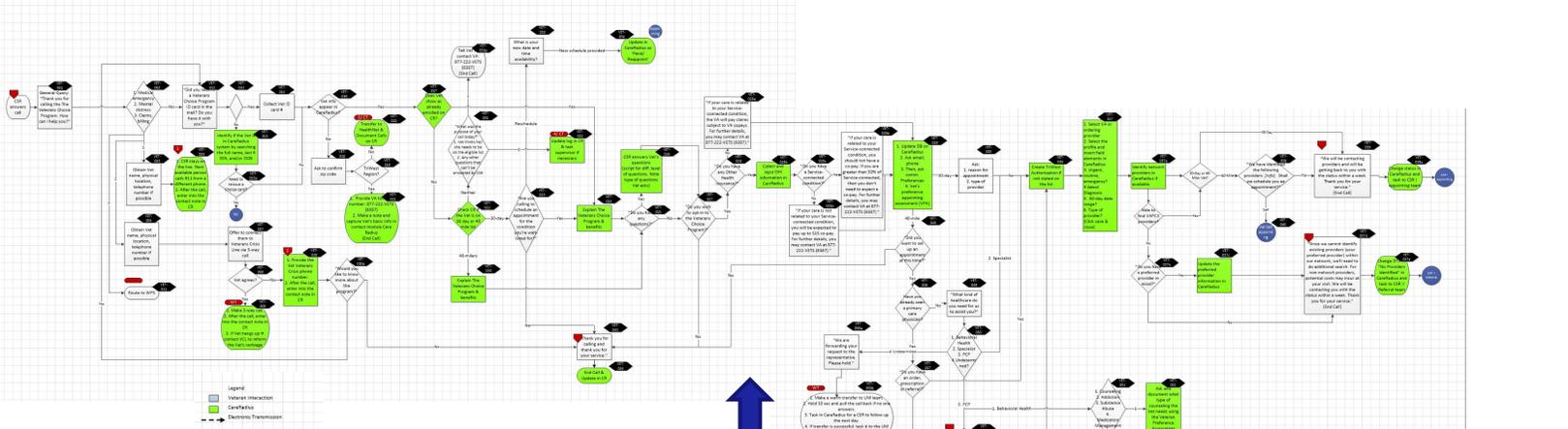
Chapter 4. To-Be Methodology, Step 7b: Develop

Additional Non-Generation 0 Core and Supporting processes mapped for comprehension & context, but carefully maintained **out of scope**



Chapter 4. To-Be Methodology, Steps 8-9: Debug / Test & Train

08: Pilot using scenario-based training, “happy path” first, with Train-the-Trainer Supervisors / Team Managers first, receiving their VoC SME input and immediately facilitating it into their design and development of training modules



Case ID	Case Title	Case Description	Case Status
001000	Thank you for calling the Veterans Choice Program. How may I help you?		
001001	What is your first name and last name?		
001002	Thank you for calling the Veterans Choice Program. How may I help you?		
001003	What is your first name and last name?		
001004	Thank you for calling the Veterans Choice Program. How may I help you?		
001005	What is your first name and last name?		
001006	Thank you for calling the Veterans Choice Program. How may I help you?		
001007	What is your first name and last name?		
001008	Thank you for calling the Veterans Choice Program. How may I help you?		
001009	What is your first name and last name?		
001010	Thank you for calling the Veterans Choice Program. How may I help you?		
001011	What is your first name and last name?		
001012	Thank you for calling the Veterans Choice Program. How may I help you?		
001013	What is your first name and last name?		
001014	Thank you for calling the Veterans Choice Program. How may I help you?		
001015	What is your first name and last name?		
001016	Thank you for calling the Veterans Choice Program. How may I help you?		
001017	What is your first name and last name?		
001018	Thank you for calling the Veterans Choice Program. How may I help you?		
001019	What is your first name and last name?		
001020	Thank you for calling the Veterans Choice Program. How may I help you?		

Core Process & Systems
 “Scripts” of key words and associated systems

“Awareness-Level” context documents

- TrainingScenario.InboundCongressionalCall.Transfer.v1.docx
- TrainingScenario.InboundVA.RequestingInfoAboutAuth.Transfer.v1.docx
- TrainingScenario.Media.DoesNotIdentify.Transfer.v1.docx
- TrainingScenario.Media.Transfer.v1.docx
- TrainingScenario.Provider.ClaimsandBilling.v1.docx
- TrainingScenario.Provider.Contracting.v1.docx
- TrainingScenario.Provider.RequestingConsultFaxed.noconsult.v1.docx
- TrainingScenario.Provider.RequestingConsultFaxed.v2.docx
- TrainingScenario.Provider.RequestingInfoFromAuth.v1.docx

Aid and Attendance

Overview
Aid and Attendance (A&A) is an additional amount available to eligible Veterans enrolled in the Department of Veterans Affairs (VA) Pension or Compensation and eligible surviving spouses in certain circumstances.

Eligibility
Eligibility for Department of Veterans Affairs (VA) health care is dependent upon a number of variables, which may influence the final determination of the services for which you qualify. These factors include the nature of the Veteran's discharge.

Enrollment Process

General Enrollment Information
After October 1, 1996, most Veterans need to be enrolled in the Department of Veterans Affairs (VA) Health Care System to receive VA health care benefits. If you have not received treatment since 1996, you will need to enroll prior to receiving treatment again.

Veterans Not Required to Enroll
The following Veterans are not required to enroll but may be asked by the VA facility to fill out portions of the enrollment form for planning and budgeting purposes.

- If you are only seeking care for a VA-rated service-connected condition.
- If VA has rated you 50% or more service-connected.
- If less than one year has passed since you were discharged for a disability that the military determined was incurred or aggravated in the line of duty, but that VA has not yet rated.

How To Enroll
There are numerous ways you can enroll in VA health care. To expedite the processing of your application we recommend you enroll over the phone with an enrollment specialist.

Although not required, it may be helpful if you have the following information available when completing your enrollment:

- Payment record relating to your separation from military service
- Current health insurance information
- Last year's household income if your eligibility for VA health care enrollment is partly based on your financial

Start Date for Health Care

To Apply

Contact Rep

Reservist/National Guard

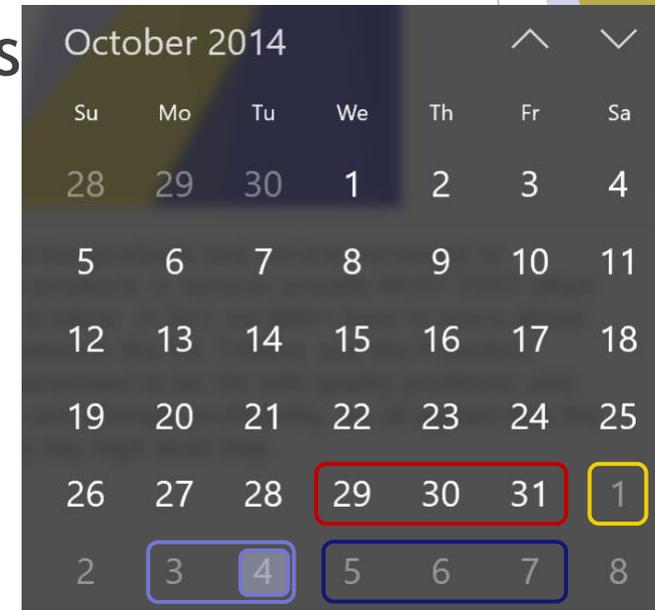
Chapter 4. To-Be Methodology, Step 10: Deploy

GoLive! was broken into 4 parts:

- Mailers printed and pre-positioned at multiple Post Offices
- Mailers sent out with Veterans Choice cards
- Soft-Start: Monday-Tuesday (“Live”)
- Actual-Start: Full program launch

Points that drove the launch model:

- ▶ Mailers / card needed to be delivered by 3Nov2014
- ▶ If cards were received early, we had to be ready
- ▶ 800 new employees needed practice
- ▶ Election Day (4Nov2014) was a Federal Holiday, so technically, TriWest was not required to work in support of the VACAA contract... but one extra “soft start” practice day was used to best effect!



Chapter 4. To-Be Methodology, Step 10: Deploy

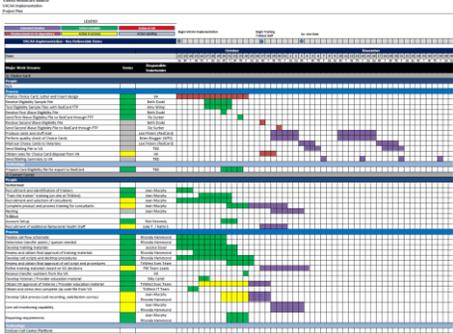
What “GoLive!” actually meant:

- ▶ 800 Contact Center employees at 2 locations:
 - ▶ Houston, TX
 - ▶ Alexandria, LA
- ▶ >200,000 Veterans Choice cards mailed out
 - ▶ Note that “30 day” Veterans’ cards were bumped to mid-November mailing
 - ▶ Note that virtually all Veterans could, at some point, become eligible for the Choice program, so all Veterans would receive their VA Choice Cards during a phased roll-out from December 2014-January 2015
- ▶ Misinformation about the program was rampant, so “truth” information transfer was critical!
- ▶ Legal constraints over access to proprietary healthcare information was a major concern
- ▶ The contract between the VA and TriWest was finally signed just four days before GoLive!, so Contact Center employees’ scripts avoided telling Veterans who they represented. Most thought they were speaking to the VA
- ▶ Two providers, TriWest and HealthNet, went live on 3Nov2014. Legal constraints prohibited direct coordination with HealthNet. No small challenge, given the nature of the single-dial-in IVR system and phone tree requirements. To date, TriWest and HealthNet are not allowed to work together to align their programs
- ▶ At the time of GoLive!, many key eligibility definitions still had not been clarified (eg. What does “40 miles” mean?). These were not oversights or errors; they were ambiguities in the VACAA legal language that could potentially amount to billions of dollars of unintended liability for the Federal government. Who has authority to make this call?
- ▶ Initially, there were as many calls from the Press, government agencies (offices of Congressmen and Senators), and idly curious Veterans as from actually eligible Veterans looking for care

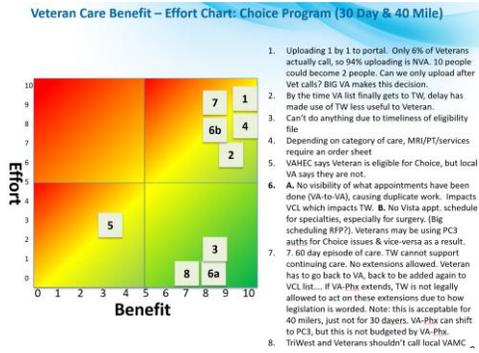


Chapter 4. To-Be Methodology, Additional Tools

LOTS of Gantt Charts



Benefit-Effort Charts



Critical Path Decisions Tracker

TriWest Healthcare Alliance
VACA Implementation
Choice Card Summary

Project Manager: Rohan Fays
Executive Sponsor: Beth Dodd, Billy Cahill

Choice Card	Date Added	Critical Items
VA Dependencies		<ul style="list-style-type: none"> Approve Choice Card final design and accompanying letter Provide the data which will be put on the Wave 3 Choice Cards Provide Records Management rules for destroying returned Choice Cards Provide bad address codes and format for reporting bad addresses
VA Questions	10/10/2014 10/22/2014 10/29/2014 10/22/2014 10/9/2014 10/15/2014	<ul style="list-style-type: none"> Do the veteran estimates for each population cohort (e.g., 30-day wait list, 40-mile, etc.) contain only unique veteran counts? When will the new 40-mile Eligibility File with added on fields (Service connected condition, rate of disability, non-service connected, special authority, and preferred VA facility) be provided? WPS is able to handle the outbound calls to obtain updated address information for undeliverable mail. Does VA require monthly reporting of returned mail data, as well as a weekly summary report? A full quality assurance review and "scrub" of the eligibility file will not be completed prior to the file being provided to Red Card. Rather, a series of more high-level "sanity" checks will be performed on the file. A one pager will be sent with each card, and it will be consistent across all Veterans. Choice Card roll-out will extend to 90 days in 3 Waves: Wave 1: 40 miles (Nov 3-5) Wave 2: 30 days (Nov 17-19) Wave 3: 8.2 million others (Dec 1 - Jan 31) Daily updates with new 30-dayers will be provided. Waves 1 and 2 of the Choice Cards will be dated "November 2014" Contractors will report "bad addresses" to VA and are required to attempt to retrieve correct addresses only for Waves 1 and 2.
Decisions Made	10/15/2014 10/15/2014 10/22/2014 10/22/2014 10/23/2014 10/23/2014 10/23/2014 10/23/2014 10/27/2014 10/27/2014	<ul style="list-style-type: none"> The Letter and Facts Sheet to be mailed out with each card will be different for each Wave, with information specific to each Wave. The "Member ID" printed on the Choice Cards will be the EDPI code, and it will be left blank on the Choice Cards for Veterans with a blank EDPI field in the Eligibility File. If a Veteran is both 30-day and 40-mile eligible, the Choice Card materials for 30-day eligibles will be sent out. Secretary McDonald's signature will be inserted on the Letter to be mailed with Choice Cards. Since the VA approved letter is 2 pages, it will be printed on the front and back of one page. Before sending Cards, RedCard does a WGSB check, which changes sending addresses to recently changed forwarding addresses. They have been told not to send out Cards to forwarding addresses, and report these records to us, so that VA can determine the 40-mile eligibility of the new address. RedCard will perform a "scrub" of addresses to extract "bad addresses", which are addresses which lack critical criteria and prevent them from being mailed. Letters sent with cards may say "Dear Veteran" as opposed to the full name and address (TriWest will still use the individualized approach) RedCard will be printing the VACA Choice Cards on Wednesday (10/29) RedCard will be sending Reconciliation Reports and Address Correction Reports to WPS on a daily basis. Sample Reporting file used to report summaries of mailing data must be sent to VA next week Beginning 10/27
TriWest Open Items	10/21/2014	

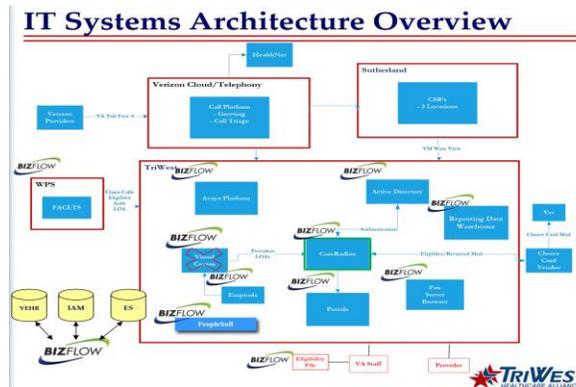
Multi-Generational Project Plans

Post Generation 0 Projects

- | | |
|---|--|
| 1. Recruiting Veterans for Employment | <ul style="list-style-type: none"> "As Is" recruiting process documented Provide recommended "To Be" path forward |
| 2. Eligibility Verification | <ul style="list-style-type: none"> Integration with VA Enrollment System (ES), VA Identification (ID) & Access Management (IAM) |
| 3. Enrollment in the VACA Program (Opt In) & Benefits | <ul style="list-style-type: none"> Automating the call center process to support bringing this function back into TriWest |
| 4. Provider Network System Replacement | <ul style="list-style-type: none"> Replace Visual Cactus with a web-based user interface (UI) with the BizFlow Client |
| 5. Appointments | <ul style="list-style-type: none"> Integrate with CareRadius for scheduling and correspondence purposes |
| 6. Medical Doc & Follow up | <ul style="list-style-type: none"> Workflow Driven Document and Correspondence Management System implemented |
| 7. Claims and Recon. process | <ul style="list-style-type: none"> Claims process redesign and new claims system evaluated |
| 8. Performance Monitoring and Reporting | <ul style="list-style-type: none"> Partial then full VA Choice Card Program built-in data collection via BizFlow Solution |



IT Systems Architecture Overview



Chapter 4. Future State (Completed Improvement)

Future State Performance Metrics

- ▶ Metric #1: Number of Veterans able to take advantage of VACAA legislation
 - ▶ *As-Is*: At the start of the project, 5Oct2014, **zero** Veterans were able to take advantage of the VACAA legislation
 - ▶ *As of Nov2014*, **100% of Veterans** who were lived >40 miles from a VA medical center were able to take advantage of the VACAA legislation (approximately **200,000 Veterans** in the TriWest region)

Chapter 4. Future State (Completed Improvement)

Future State Performance Metrics

- ▶ **Metrics #2:** Number of Veterans who actually choose to take advantage of VACAA legislation
 - ▶ **As-Is:** At the start of the project, 5Oct2014, **zero** Veterans had chosen to take advantage of the VACAA legislation
 - ▶ **As of Nov2014**, the process was turned on for all Veterans who lived over 40 miles from a VA medical center. More than **2300 Veterans** took advantage of the program in November 2014, more than **4300 Veterans** the following month when 30-day wait-listed Veterans were added.
- ▶ **Metrics #3:** For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran Contact until Date of Scheduled Care
 - ▶ **As-Is:** At the start of the project, 5Oct2014, **zero** Veterans had chosen to take advantage of the VACAA legislation, meaning that Veterans >40 miles and >30 day wait-listed had no choice but continue to wait for care from the VA
 - ▶ **As of Nov2014**, the process was turned on for all Veterans >40 miles from a VA medical center. Of the Veterans who took advantage of the program in November 2014, average time from program Authorization to Appointment was **24.4 days**; with a **median of 22.0 days**. Average the following month, when 30-day wait-listed Veterans were added was **22.5 days**, with a **median of 20.0 days**.

Chapter 5. Methodology: CPI Solution Cycle

1. *Identify:*
2. *Define:*
3. *Discover:*
4. *Idealize:*
5. *Analyze:*
6. *Design:*
7. *Design & Develop:*
8. *Debug*
9. *Train:*
10. *Deploy:*
11. **Document:** Use technology to create and immediately share documentation via
 - Single internal website with common links
 - Constantly updated PowerPoint with hot links for decision-making and workflow
 - Wiki for decentralized input of best practices, screen shots, and exceptions
12. **Validate:** Use data from Generation 0 GoLive! to confirm performance requirements met
13. **Iterate:** Use data from Generation 0 GoLive! to inform MGPP to improve performance and extend process scope to additional core and supporting value streams, focusing on enterprise constraints.

Steps 11-13 of the CPI Solution Cycle fall outside of the 30 day scope of the Action Research project. This said, data collected as part of the Validation phase is provided here as part of Chapter five to provide longer-term context of the project results.

Chapter 5. Future State (Completed Improvement)

Future State Performance Metrics

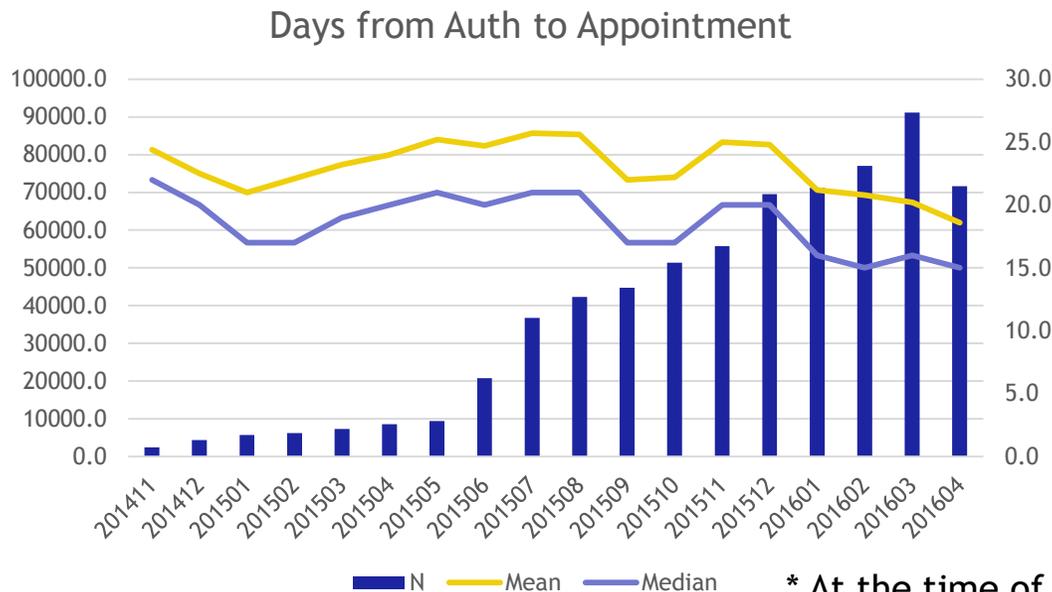
- ▶ Metric #1: Number of Veterans able to take advantage of VACAA legislation
 - ▶ *As-Is*: At the start of the project, 5Oct2014, **zero** Veterans were able to take advantage of the VACAA legislation
 - ▶ *As of Nov2014*, **100% of Veterans** who lived more than 40 miles from the closest VA medical facility were able to take advantage of the VACAA legislation (approximately **200,000 Veterans** in the TriWest region)
 - ▶ *As of Dec2014*, all eligible Veterans who were on wait lists longer than 30 days were able to take advantage of the VACAA legislation
 - ▶ *As of Feb2015*, 100% of all Veterans within the TriWest Healthcare Alliance Regions had access to the VACAA program (approximately 5 million Veterans)

* While not all eligible Veterans had received their Veterans Choice cards by 3Nov2014, the news was rife with information and 1-800 number was (very!) well known. The card was not a prerequisite for providing care.

Chapter 5. Future State (Completed Improvement)

Future State Performance Metrics

- ▶ Metrics #2: Number of Veterans who actually choose to take advantage of VACAA legislation
 - ▶ After GoLive! Nov2014, 5 more generations of projects continued to drive results from **2300/month** “40 Miler” Veterans to over **100,000 calls/month** from 30-day and 40-mile Veterans in Apr2016.
- ▶ Metrics #3: For Veterans who choose the “Choice” program, Time to Appointment (TTA) from Veteran Contact until Date of Scheduled Care
 - ▶ After GoLive! Nov2014, eligible Veterans moved from an average Time-to-Appoint time of **24.4 days** (median 22.0 days) to an average of **18.6 days** (median 15.0 days) in Apr2016.



	DaysfromAuthtoApptmt		
	N	Mean	Median
201411	2362.0	24.4	22.0
201412	4343.0	22.5	20.0
201501	5640.0	21.0	17.0
201502	6203.0	22.1	17.0
201503	7271.0	23.2	19.0
201504	8536.0	24.0	20.0
201505	9350.0	25.2	21.0
201506	20712.0	24.7	20.0
201507	36715.0	25.7	21.0
201508	42305.0	25.6	21.0
201509	44748.0	22.0	17.0
201510	51384.0	22.2	17.0
201511	55750.0	25.0	20.0
201512	69579.0	24.8	20.0
201601	71237.0	21.2	16.0
201602	76998.0	20.8	15.0
201603	91190.0	20.2	16.0
201604	71644.0	18.6	15.0

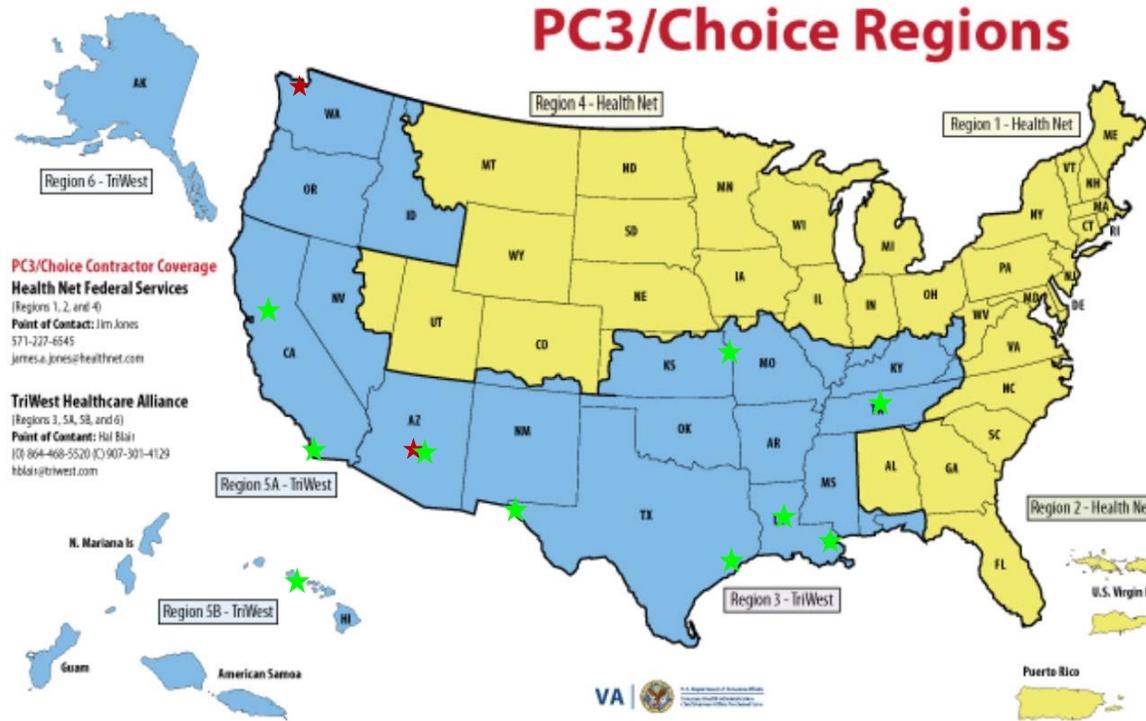
* At the time of publishing, data is incomplete for April2016

Chapter 5. Future State (Completed Improvement)

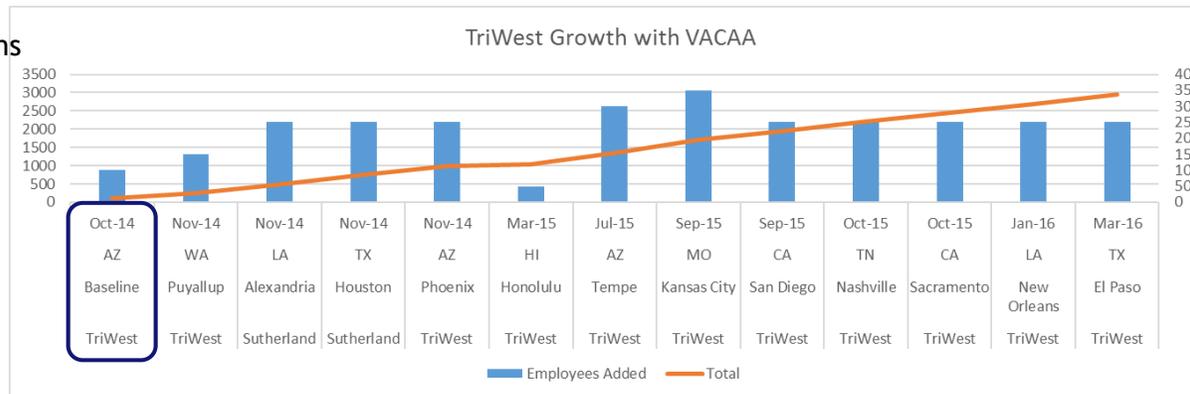
Future State Performance Metrics

- ▶ Unexpected Metrics:
 - ▶ TriWest Growth

Organization	City	State	Date	Employees Added	Total
TriWest	Baseline	AZ	Oct-14	100	100
TriWest	Puyallup	WA	Nov-14	150	250
Sutherland	Alexandria	LA	Nov-14	250	500
Sutherland	Houston	TX	Nov-14	250	750
TriWest	Phoenix	AZ	Nov-14	250	1000
TriWest	Honolulu	HI	Mar-15	50	1050
TriWest	Tempe	AZ	Jul-15	300	1350
TriWest	Kansas City	MO	Sep-15	350	1700
TriWest	San Diego	CA	Sep-15	250	1950
TriWest	Nashville	TN	Oct-15	250	2200
TriWest	Sacramento	CA	Oct-15	250	2450
TriWest	New Orleans	LA	Jan-16	250	2700
TriWest	El Paso	TX	Mar-16	250	2950
TriWest	Exec/Mgrs/Sups/TLs	Various	Various	250	3200



- ★ Original TriWest locations
- ★ New TriWest locations



Chapter 5. Conclusion of The Study

Recommendations for Future Research

- ▶ CRM 1.0: Workflow Automation for incoming call standardization and data collection (Customer Relationship Management: CRM). Light integration (data pulls from CareRadius) **Jan2015**
- ▶ CRM 2.0: Workflow Automation to expand incoming call standardization through full system integration (data push and pull) **Mar2015**
- ▶ VA Portal: Integrate VA Medical Center (VAMC) workflow into TriWest workflow through Medical Documentation, Authorizations, and Veteran record sharing **May2015**
- ▶ CRM 3.0: Workflow Automation expand to outbound calls to Veterans **July2015**
- ▶ Provider Network Automation to manage Provider qualifications, locations, and availability **2016**
- ▶ Medical Documentation (MedDoc) Management Automation **2016**
- ▶ Billing & Invoicing Visibility **2016**

Post Generation 0 Projects

1. Recruiting Veterans for Employment	• "As Is" recruiting process documented • Provide recommended "To Be" path forward
2. Eligibility Verification	• Integration with VA Enrollment System (ES), VA Identification (ID) & Access Management (IAM)
3. Enrollment in the VACAA Program (Opt In) & Benefits	• Automating the call center process to support bringing this function back into TriWest
4. Provider Network System Replacement	• Replace Visual Cactus with a web-based user interface (UI) with the BizFlow Client
5. Appointments	• Integrate with CareRadius for scheduling and correspondence purposes
6. Medical Doc & Follow up	• Workflow Driven Document and Correspondence Management System implemented
7. Claims and Recon. process	• Claims process redesign and new claims system evaluated
8. Performance Monitoring and Reporting	• Partial then full VA Choice Card Program built-in data collection via BizFlow Solution



Chapter 5. Conclusion of The Study

Significance of the Results of the Study

- ▶ The elements of an efficient and effective Veteran healthcare delivery system are known, including roles, processes, IT systems, and types of care
- ▶ Costs of care, type of care, locations of care, constraints to care... are all known
- ▶ Necessary support structure in terms of contact centers, workflow management, surge management, training, metrics and dashboards... are all known
- ▶ The peak volume of Veterans who will “choose” care from outside the VA healthcare system remains unknown. Volumes have increased every month for 18 months, but rate of increase is slowing
- ▶ Veterans who were waiting for care... dying while waiting for care... can choose to accelerate care outside of the VA system

Zero

TriWest VACAA Kick-off meeting began October 6, 2014 with:

- ▶ No official agreement between TriWest and the government.
- ▶ No signed contracts between TriWest and the nearly a dozen companies and their 40+ representatives attending Kick-off.
- ▶ No process flows in place.
- ▶ No design concept of what the Veterans "Choice Card" would look like, or even if it would be a plastic or paper card.
- ▶ No content for the Veteran's letters to accompany the cards.
- ▶ No list of veterans addresses of where to mail the cards & letters.
- ▶ No vendor selected to produce and mail the cards & letters.
- ▶ No automated system to receive calls from Choice Veterans or a call center to handle them; not even 1-800 numbers selected.
- ▶ No training plan for the thousand-plus call-center representatives needed to handle the projected call volume.
- ▶ No scripts for call-center representatives; and no CSRs to speak them.
- ▶ No connectivity between the VA database and TriWest database.

Hero

The VACAA program launched on November 1, 2014 by mailing out Choice cards and then went live with the call centers on November 3, 2014. *By election day, the impossible had become reality.*

- ▶ 200,000 (of 5 million) letters with Choice Cards had been mailed
- ▶ A single toll-free phone number was available to anyone in the country (or its protectorates) for care or questions, 18 hours per day, six days per week **(866-606-8198)**
- ▶ Inbound calls were automatically routed with logic & voice-overs, sending Veterans, Providers and Media to the appropriate representative in the appropriate region
- ▶ Two call centers with more than 800 employees trained to serve the Veterans
- ▶ Veteran records transferred from VA database to TriWest database with complete security and no data breaches, with regular weekly transfer processes established
- ▶ Recorded message by VA Secretary Bob McDonald thanking veterans for their service and explaining the program the first time they dial in
- ▶ A phone system that remembers phone number so the next time they call they get routed quickly

Questions and Answers Period

Google

All News Maps Shopping Videos More Search tools

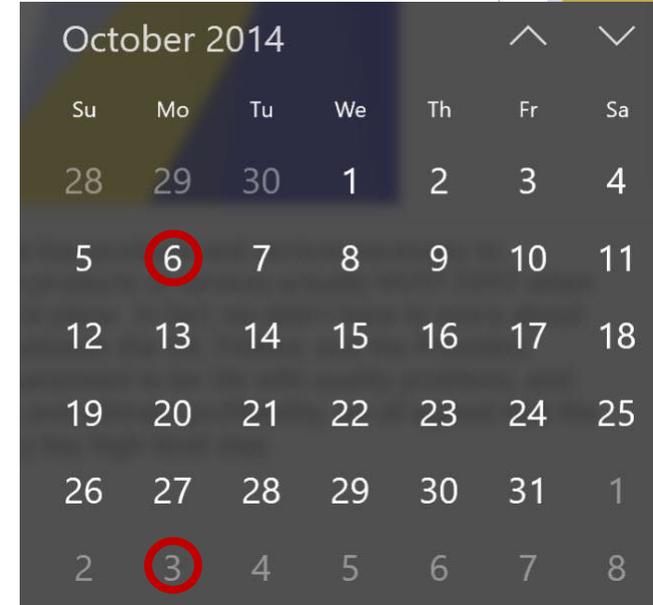
About 14,500,000 results (0.63 seconds)

If you did not receive a Choice Card or if you cannot find your card, please call **1-866-606-8198** to learn more about eligibility for the Veterans Choice Program. If you are satisfied with your wait time at a VA facility and wish to continue waiting for VA care, there is nothing you need to do at this time.

[Veterans Access, Choice and Accountability Act | About the Program](#)

www.va.gov/opa/choiceact/ United States Department of Veterans Affairs

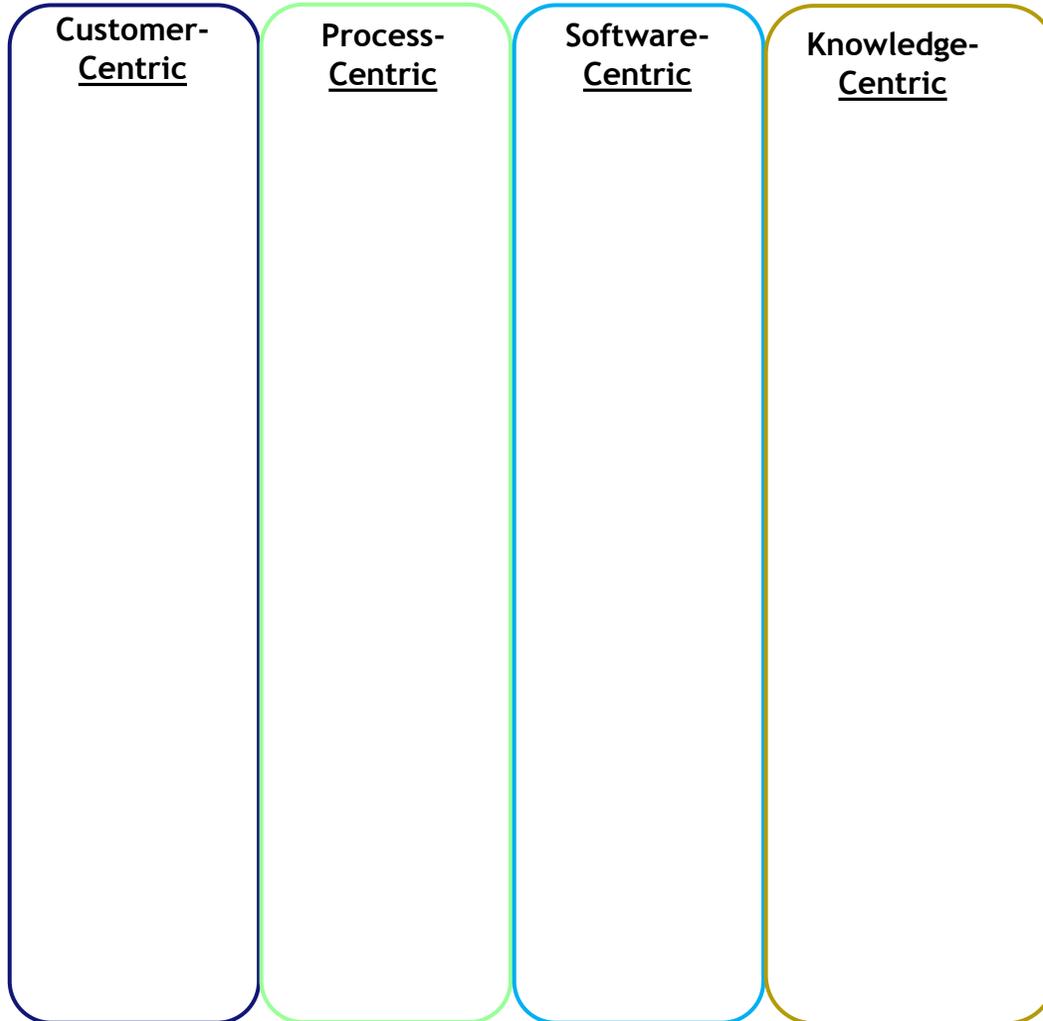
[About this result](#) • [Feedback](#)



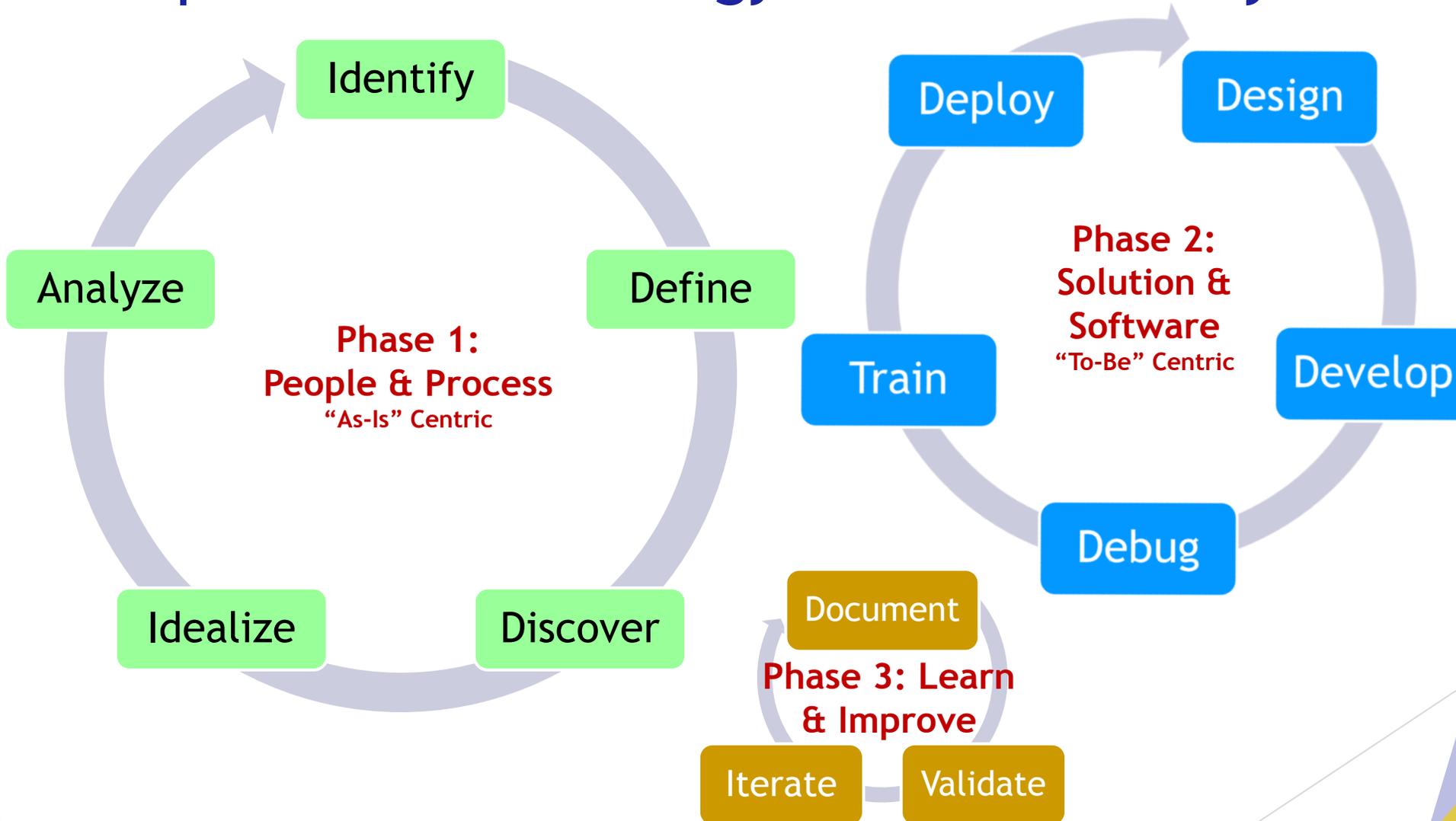
Back-up slides

Chapter 3. Methodology: CPI Solution Cycle

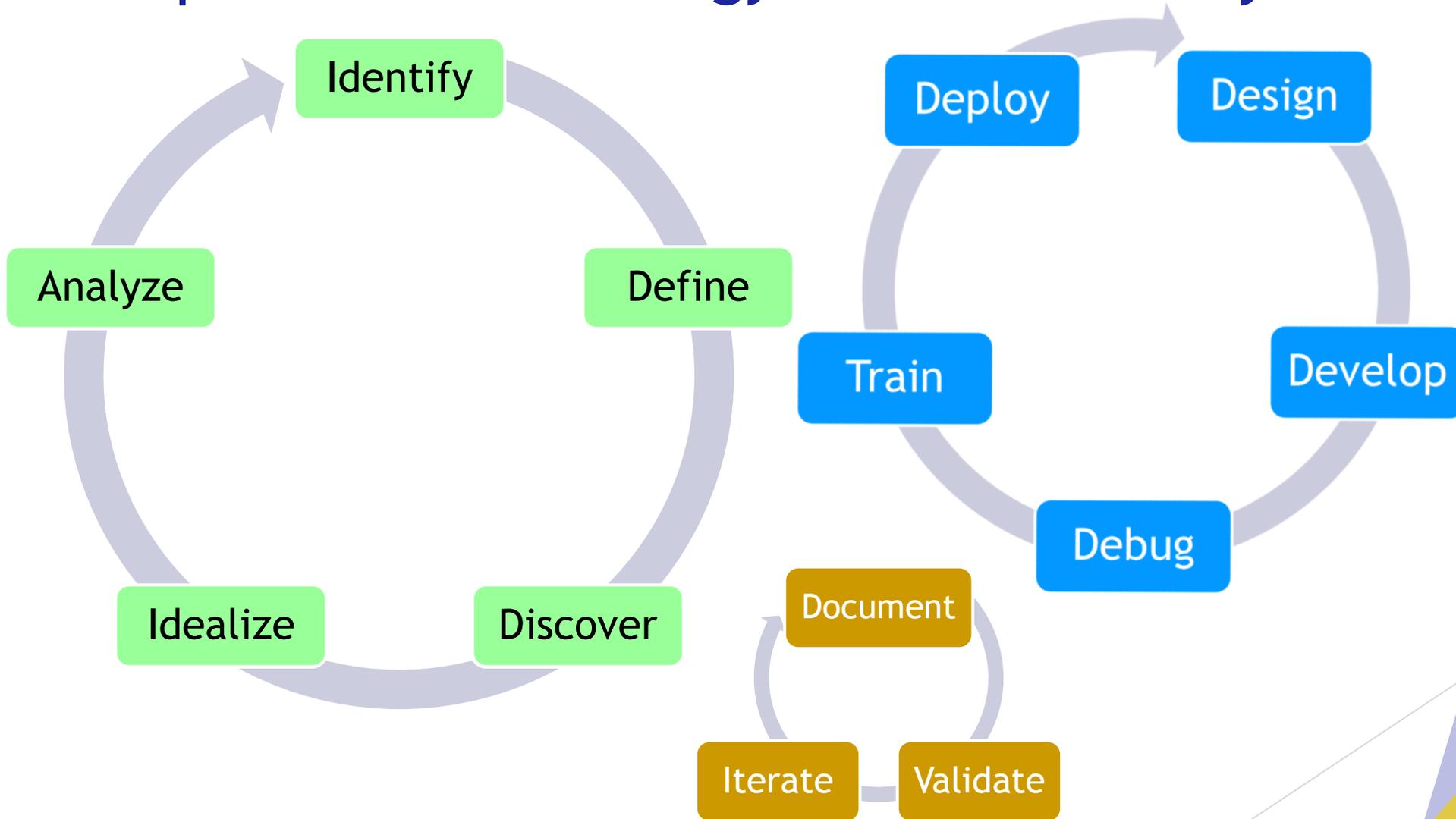
- ▶ Identify
- ▶ Define
- ▶ Discover
- ▶ Idealize
- ▶ Analyze
- ▶ Design
- ▶ Develop
- ▶ Debug
- ▶ Train
- ▶ Deploy
- ▶ Document
- ▶ Validate
- ▶ Iterate



Chapter 3. Methodology: CPI Solution Cycle



Chapter 3. Methodology: CPI Solution Cycle



Thank you for calling The Choice Program; this is **
How may I help you?***

Determine which primary path the call applies to

Plan Inquiry

Claim / Billing

Mental Distress

Medical
Emergency

Media Inquiry

Request for
Counseling,
Therapy,
Substance
Abuse

Notate Contact

User Guide:
White Text = Process
Black Text = Scripting

Medical Emergency Process

STAY ON CALL UNTIL HELP ARRIVES

- Obtain Veteran (Name, Physical Location, Telephone)
 - *What is your full name*
 - *What is the address where you are currently located*
 - *What is a telephone number that we can call you back on if we get disconnected*
 - *I will stay on the line with you until help arrives*
- Have SME / Team Manager Call 911 from different phone
 - Call local 911 to be routed to correct 911 dispatch location
 - *I have someone on the phone with 911*
- After call notate contact in Care Radius

Restart

Mental Distress Process

Ask Veteran *“Are you having thoughts of killing yourself or hurting others?”*

If “YES” IMMEDIATE DANGER

- Obtain Veteran (Name, Physical Location, Telephone)
 - *What is your full name*
 - *What is the address where you are currently located*
 - *What is a telephone number that we can call you back on if we get disconnected*
 - *I will stay on the line with you until help arrives*
- Have SME / Team Manager Call 911 from different phone
 - Call local 911 to be routed to correct 911 dispatch location
 - *I have someone on the phone with 911*
- After call notate contact in Care Radius

If “No” Immediate Danger

Restart

Mental Distress Process

- Offer to connect veteran to VA Crisis Line Via 3-way Call
- *What I would like to do is connect you with the Veterans Affairs Crisis Line, would that be ok with you?*

- **(VETERAN AGREES)**

- Make 3-way call to Crisis Line (1800-273-8255) Opt-1
- After call notate contact in Care Radius

- **(VETERAN DISAGREES)**

- *For future reference the VA Crisis hotline is open 24 hours a day – 7 Days a week and can be reached at (1800-273-8255)*
- After call notate contact in Care Radius

Request for Counseling,
Therapy, Substance Abuse

Restart

Claims / Billing

Transfer to Billing and Claims

Please hold while I transfer you to the billing department...

Thank you for calling and thank you for your service to our country

Restart

Plan Inquiry

*Did you receive your Choice Card in the mail?
Do you have it with you?*

YES

NO

Restart

Received Card (YES)

- *Can you please read me your Member ID number as it appears on your card?*
- Search for Veteran by Member ID
- If not found by Member ID search by Name or SSN#
- *Can I have your full name, date of birth, and last four of SSN*
- Verify veterans using Date of Birth and last four of SSN
- Confirm or update address and phone number

How can I help you today...

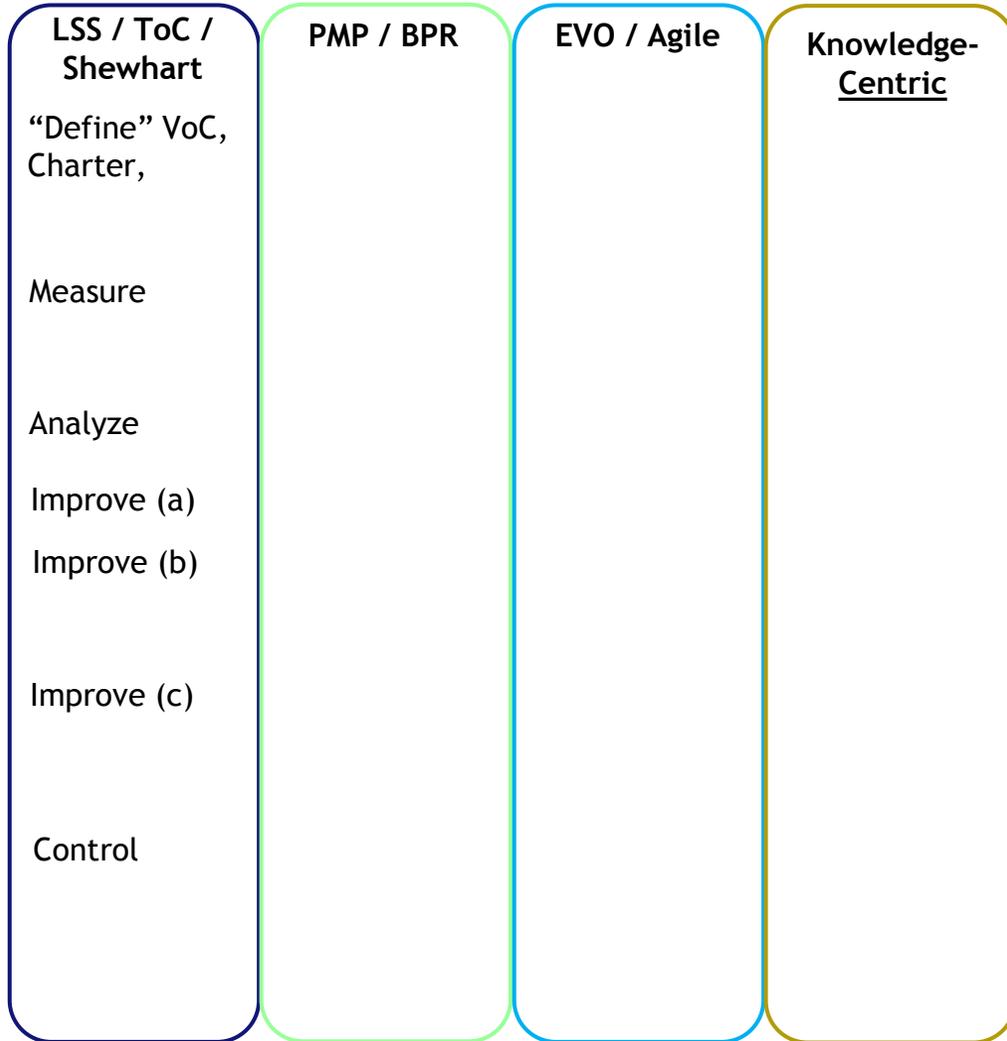
General Info

Veteran
Enrollment

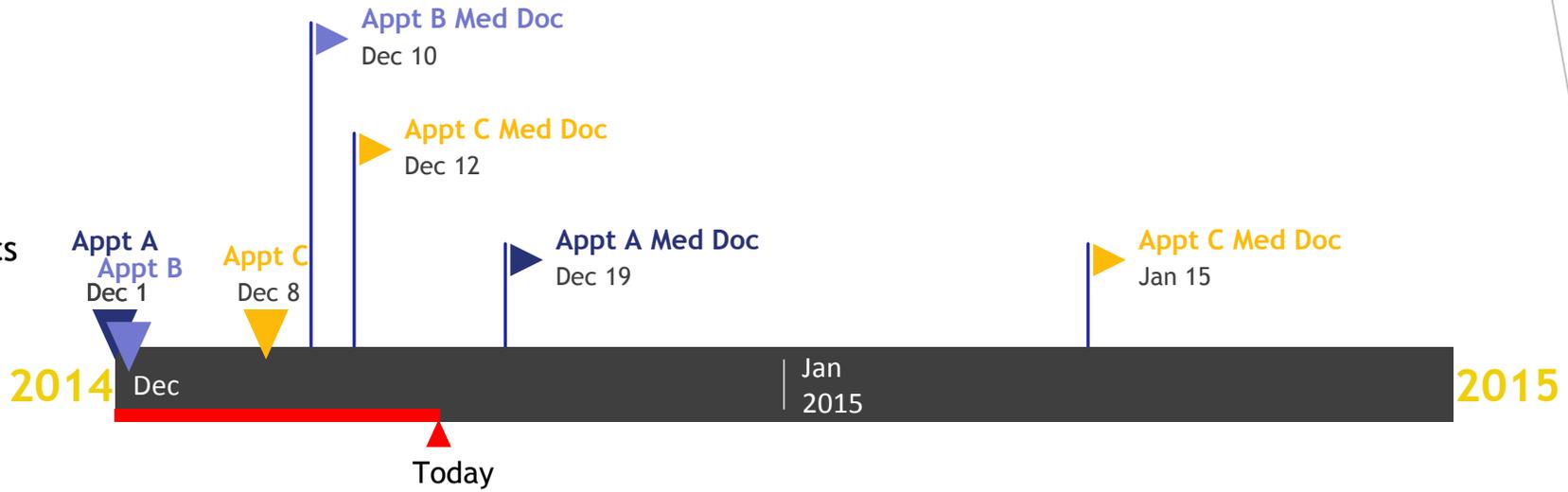
Received Card
but not Found in
CareRadius

Chapter 2. Literature Review: Common Elements

- ▶ Identify
- ▶ Define
- ▶ Discover
- ▶ Idealize
- ▶ Analyze
- ▶ Design
- ▶ Develop
- ▶ Debug
- ▶ Train
- ▶ Deploy
- ▶ Document
- ▶ Validate
- ▶ Iterate



- ✓ 1 Auth
- ✓ 3 Appt's
- ✓ 4 Med Docs



Appointment A



Appointment B



Appointment C



 Appointment / Last Date of Case
 Med Doc received

[1] 2014 U.S. Approval of Congress Remains Near All-Time Low. (2014, December 15). Retrieved April 12, 2015, from <http://www.gallup.com/poll/180113/2014-approval-congress-remains-near-time-low.aspx>

[2] Cohen, Tom (June 10, 2014). "Audit: More than 120,000 veterans waiting or never got care". CNN. Retrieved February 14, 2015.

[3] Kuhnhen, Jim (June 27, 2014). "VA review finds 'significant and chronic' failures". *bigstory.ap.org*. Associated Press. Retrieved October 25, 2014

[4] (n.d.). Retrieved February 2, 2016, from https://en.wikipedia.org/wiki/Veterans_Health_Administration_scandal_of_2014#cite_note-significant_and_chronic-17