National Council on Aging

2017-2018 Medicare Reimbursement Learning Collaborative
Final Evaluation Report

Introduction

The purpose of this report is to present findings from the 2017-2018 Medicare Reimbursement Learning Collaborative launched by the National Council on Aging (NCOA) on May 1, 2017, in collaboration with the Administration for Community Living, Administration on Aging (ACL/AoA). NCOA's Center for Healthy Aging is funded by ACL/AoA to provide leadership, technical assistance, and resources to support aging and disability-related community-based organizations in achieving integrated, sustainable service systems for evidence-based chronic disease self-management education (CDSME) and falls prevention programs.

The primary goal or aim of the learning collaborative was that participating organizations "achieve or make significant progress toward achieving Medicare reimbursement for their CDSME programs and accreditation for their diabetes programs (for those who selected diabetes as a focus)" by the end of the learning period.

The learning collaborative provided a rich learning environment for participants to work together over a twelve-month period (May 1, 2017 through April 30, 2018) with intensive training and technical assistance from NCOA. The major forms of technical assistance included an in-person kick-off meeting, monthly webinar learning sessions, one-on-one technical assistance calls, mentorship calls, and an online community. In addition to the structure and guidance provided by NCOA, participants benefited from peer-to-peer support and shared learning throughout the experience. The learning collaborative Charter describes in more detail the technical assistance that was provided and the expectations of participants.

Nine organizations from nine different states completed the learning collaborative. Five were area agencies on aging, two were other community-based organizations, one was a tribal health entity, and one was a state department of public health. Each organization selected one of three Medicare Part B benefits as their primary area of concentration: Diabetes Self-Management Training (DSMT), Health and Behavior Assessment and Intervention (HBAI), or Chronic Care Management (CCM). Table 1 below provides a list of the learning collaborative participants.

Table 1. Learning Collaborative Participants, by Organization, State, and Area of Concentration

Organization	State	Area of Concentration
Lake County Tribal Health Consortium, Inc.	CA	DSMT
Piedmont Triad Regional Council Area Agency on Aging	NC	
Senior Connection Center, Inc.	FL	
Area Agency on Aging, Region One	AZ	HBAI
Oasis Institute	MO	
Spectrum Generations	ME	
Jewish Family Service of Metropolitan Detroit	MI	CCM
Nebraska Department of Health and Human Services	NE	
Southwestern Connecticut Area Agency on Aging	CT	

How Success Was Measured

The success of the learning collaborative was measured in several ways. Progress toward the learning collaborative aim was measured by tracking incremental steps or stages of organizational change within an overall framework of change. The stages of organizational change that participants were expected to move through revolve around five core programmatic elements: accreditation (applicable only to those who selected DMST as their area of concentration), program delivery or implementation, clinical supervision, billing, and documentation and tracking.

Each organization assigned a learning collaborative lead who was responsible for submitting monthly reports via an online portal to document their progress in each of the five programmatic areas. On the whole, participants were quite successful in making "significant progress" through the various stages of change, and at the end of the learning collaborative, they were truly committed to continuing their efforts. The specific organizational changes that were made are described in the next section of this report.

To measure participants' satisfaction with the learning collaborative experience, a brief online survey "How Are We Doing/How Did We Do?" was administered three times during the learning collaborative period (September 2017, December 2017/January 2018, and April 2018). The survey assessed participants' satisfaction with the various forms of technical assistance, including the one-on-one technical assistance calls, mentor calls, monthly webinar learning sessions, and online community. Additionally, participants were asked if they were given ample time to ask questions, if their questions were answered timely, and if they received satisfactory

responses. All three surveys indicated that participants were highly satisfied with their experience. The results are described on pages 6-7.

To gather qualitative data from participants about their experience, in-depth telephone interviews were conducted with each learning collaborative lead and/or co-lead, along with other team members who were invited by the lead/co-lead. The interviews had a threefold purpose: 1) to gather feedback from participants regarding their progress, accomplishments, and next steps; 2) to provide an opportunity for them to ask questions and receive final technical assistance; and 3) to gain greater insight into what their experience was like, including what they liked best and least, what they were most proud of, challenges, key learnings, and recommendations for the next learning collaborative. On the whole, participants indicated that they learned a great deal, were quite proud of their accomplishments, and were very grateful for having had the opportunity to participate in the learning collaborative. They conveyed that they had gained the knowledge and skills to continue their efforts and felt confident in their ability to take the necessary steps to further develop their programs after the learning collaborative ended. The complete interview findings are discussed on pages 7-10.

Progress Through the Stages of Organizational Change

Accreditation. All three organizations that selected DSMT as their primary area of concentration demonstrated significant progress as measured by six incremental steps toward achieving national accreditation: 1) establishing an advisory group, 2) developing a policy and procedure manual, 3) completing staff resumes and training requirements for accreditation, 4) starting and completing a test class, 5) applying for accreditation, 6) achieving accreditation/recognition from the American Association of Diabetes Educators (AADE) or the American Diabetes Association (ADA).

By the end of the learning collaborative, all three organizations had established an advisory group, developed a draft or final policy and procedure manual, and started or completed their test class. Two organizations also completed their staff resumes and training requirements. One organization, **Piedmont Triad Regional Council Area Agency on Aging**, progressed through all the incremental steps to achieve national accreditation from the American Association of Diabetes Educators (AADE). The other two organizations are near the end of the process and anticipate being prepared to submit their applications for accreditation within the next two months.

Program Delivery or Implementation. In the area of program implementation, NCOA tracked whether organizations had an implementation plan in place and whether partnerships had been developed to implement the program and to obtain referrals. An organization was considered to have an implementation plan in place once decisions were made about the following criteria: 1) the area of concentration for the effort (DSMT, HBAI, or CCM), 2) where

the program would be implemented, 3) who the target audience would be, 4) the leadership, staffing, and infrastructure (leaders, trainers, etc.) to implement the program, 5) the clinical model of supervision, and 6) whether they would serve as the Medicare provider or develop a partnership with another organization to serve as the Medicare provider.

Most organizations (7 of 9) had a well-defined implementation plan in place. One had a broad plan in place but had not yet worked out all the details, and one decided not to move forward with Medicare reimbursement because they were unable to locate a partner to serve as the Medicare provider. Nearly all (8 of 9) organizations were successful in establishing partnerships to support program implementation and referrals. Some innovative partnerships that were developed as a result of the learning collaborative are highlighted below.

- **Area Agency on Aging, Region One** and **Spectrum Generations** established relationships with Medicare Advantage plans and intend to enroll as providers of HBAI services.
- **Jewish Family Service of Metropolitan Detroit** developed an agreement to embed CCM within an independent physician practice, targeting Russian speaking communities.
- **Lake County Tribal Health Consortium** collaborated with federally qualified health centers (FQHCs) to establish an electronic referral process for DSMT and medical nutrition therapy (MNT).
- **Nebraska Department of Health and Human Services** formed a partnership with the University of Nebraska Medical Center EngAge Wellness, a whole-person centered wellness center within a geriatric practice. EngAge Wellness specializes in programs for people with chronic conditions.
- **Piedmont Triad Regional Council Area Agency on Aging** developed referral relationships with several independent physician practices, as well as an FQHC. They are also starting to target Medicare Advantage plans, in addition to original Medicare.
- **Senior Connection Center** developed a partnership with an internal medicine clinic that serves minority and other underserved populations. The clinic will make referrals to their program and serve as their billing partner. They are also involved with the Humana Bold Goal effort in Tampa, a population health initiative to help communities become healthier.

Clinical Supervision. Clinical supervision was measured by two incremental steps or stages: 1) a clinician was identified and committed to provide the service, and 2) the clinician was registered as a Medicare Part B provider. The majority of organizations (6 of 9) had both components of the clinical wrap-around structure in place to offer Medicare services. One other organization had a clinician on staff who was committed to provide the service, but he/she accepted another position midway during the project. Since then, the team has created a new job description, and they plan to post the position in May.

Billing. Learning collaborative participants had two different options regarding how they chose to handle billing: 1) their organization could serve as the Medicare provider, or 2) they could develop an agreement with another organization to serve as the Medicare provider. Three organizations decided to serve as a Medicare provider, and all three completed the Medicare enrollment process (i.e. obtained a Provider Transaction Access Number). One organization deferred becoming a Medicare provider and elected to work with Medicare Advantage plans initially, which is a completely different process.

Three organizations chose to partner with a Medicare provider, and all three were successful in developing a partnership with an organization that would serve as the Medicare provider, although none had a formalized, written agreement in place when the learning collaborative ended. However, one organization was in the process of negotiating a formal contract with a health care provider to serve as the Medicare provider.

In the area of billing, participants also reported as to whether they had established a written billing process, submitted a claim to Medicare, or received reimbursement. Three organizations completed their written billing process, which includes pre-billing procedures, coordination of clinical and back-office functions, and a process for reconciling claims. None of the organizations had filed a claim or received payment from Medicare by the end of the learning collaborative, which isn't surprising since these are the final steps in the Medicare reimbursement process. However, one organization started their first billable workshop for DSMT and will soon be submitting those claims.

Documentation and Tracking. Participants were asked to report how they will document clinical information and track workshop data. Some plan to use a paper process at least initially; others plan to use paper for clinical documentation and a database to track referrals and workshop data; two organizations plan to document via the electronic health record system used by their health care partner who serves as the Medicare provider. Several organizations plan to explore options for purchasing a secure electronic health care platform with integrated clinical and billing components as a long-range goal.

Other Significant Accomplishments

In addition to progress through the organizational stages of change described above, participants also achieved other notable accomplishments. While not a complete listing, some of those accomplishments are highlighted below.

- **Jewish Family Service of Metropolitan Detroit** is in the process of negotiating a contract with an independent physician's practice to offer CCM. They also conducted an organizational assessment and improved their score from 21% to 69% over the course of the year. They are confident that they can reach 100% in the coming months.

- **Lake County Tribal Health Consortium** is participating in medical huddles with FQHCs to increase communication with providers and has developed an electronic referral process for DSMT and MNT.
- **Southwestern Connecticut Area Agency on Aging** received a State Innovation Model (SIM) award to work in collaboration with a health care organization to provide evidence-based health education. They were able to leverage this opportunity as a result of their work in the learning collaborative.
- **Spectrum Generations** invested in a documentation and tracking platform that will increase their efficiency and reporting capability.

Brief Satisfaction Survey Results

Eight participants responded to the initial "How Are We Doing?" brief online satisfaction survey; nine completed the midterm survey; and eight responded to the final "How Did We Do?" survey. All three brief surveys indicated that learning collaborative participants were well pleased with their experience and found the various forms of technical assistance quite helpful. Across all three surveys, 100% of participants rated the one-on-one technical assistance calls, the monthly learning sessions, and the mentor calls very or moderately helpful.

Overall, respondents' **level of satisfaction** was the highest at the end of the learning collaborative, which may be partly due to the fact that, by then, participants had overcome some of their challenges and felt more confident in their ability to achieve their goals. The final survey results indicated that 100% of participants were very satisfied with their **overall experience**. All (100%) rated the **one-on-one technical assistance calls** and the **mentor calls** very helpful. Respondents unanimously agreed that the **monthly sessions** and the **peer-to-peer learning** were helpful, with the majority responding that they were very helpful. Four rated the **homework assignments** very helpful; three rated them moderately helpful; and one rated them somewhat helpful. With regard to **asking questions**, respondents unanimously agreed that they had ample opportunity to ask questions and that their questions were answered satisfactorily "all of the time." Nearly all (7 of 8) responded that their questions were answered timely "all of the time," and one responded "most of the time."

Feedback as to the helpfulness of the **online community** varied each time the survey was administered, with some respondents rating it very helpful, while others rated it moderately helpful or only slightly helpful. During the final survey, six respondents indicated that they used the online community. Four of the six rated the online community slightly helpful, one rated it very helpful, and one rated it moderately helpful.

The midterm survey results as to the helpfulness of the online community were the most positive. It may be that participants rated the online community more positively at midterm

than initially because there was a learning curve to navigate the online portal when they first started. The final survey results to this question suggest that, during the latter phase of learning, participants valued more personalized forms of technical assistance, perhaps because they understood more about the process and were better able to benefit from technical assistance specific to their business model to help achieve their goals.

The surveys provided an opportunity for respondents to write **additional comments**. Their remarks conveyed a high level of satisfaction with the learning collaborative. Comments from the final survey are listed below.

> *"This was a wonderful experience and resulted in very positive outputs for my agency, as we continue our efforts to contract with healthcare organizations and improve overall health outcomes."*
>
> *"Our agency learned significantly from this process and appreciate the assistance to move forward with our agency goals."*
> *"The learning collaborative has provided a wonderful space to learn and develop our reimbursable services."*
>
> *"Wonderful learning experience. Gained a lot of knowledge and business acumen vocabulary that is very useful in moving towards integration of care in our community. Thank you for all the support, guidance, and expertise provided throughout the year. It was incomparable and invaluable!*
>
> *"Great learning from everyone and hearing what they are doing."*

Telephone Interview Findings

From March 28, 2018 through April 6, 2018, final telephone interviews were held with leads and/or co-leads, along with other team members who were extended an invitation by the lead/co-lead. The findings are described below.

Major challenges. When asked about major challenges, participants indicated that there was a steep learning curve to understand the Medicare benefit and the required clinical wrap-around structure for the CDSME programs. It took some time to learn and sort through the various options as to how to participants could develop their business model and even longer to put the learnings into practice. Some participants related that they experienced challenges coordinating with partners. Specific concerns included determining who should be involved in the effort, lack of clarity about partners' roles and responsibilities, difficulty with partners fulfilling their commitments, and shifting priorities within partner organizations, including network hubs. Several participants mentioned that time and time management within their

own organization, as well as with partner organizations, was an ongoing challenge. They pointed out that they were constantly dealing with competing priorities.
During the course of the learning collaborative, several organizations experienced changes in leadership, staff turnover, or employee leaves of absence that set back their timelines. Two organizations lost their leads midway through the project. Co-leads willingly stepped in to assume leadership, but project objectives and timelines had to be modified.
Several participants voiced concerns with regard to establishing reliable referral networks and obtaining physician orders for the services. While they had made progress with building referral partnerships, they realized and were concerned that building enough volume of services for a viable business model would require a great deal more time and effort. They also found that getting the necessary information from physicians was labor intensive. One participant said that the process of enrolling in Medicare was quite challenging. However, they sought guidance from the technical assistance team and were ultimately successful.

Key Learnings: When asked about key learnings, participants concurred that they learned a great deal about business acumen and the specific Medicare Part B benefits, including the value proposition, break-even analysis, billable codes, billing processes, contract negotiation, the necessary clinical wrap-around structure, and staffing patterns. Several participants commented that they valued learning about Medicare reform, including the Medicare Access and CHIP Reauthorization Act (MACRA).

Participants expressed gratitude for the opportunity to be part of the learning collaborative and were pleased with how it had benefited their organizations:

> *"This (process) has been invaluable. We know evidence-based programs but we didn't know about building a business model. We have a clear understanding about that now. We can speak the language now when we meet with medical entities, and we couldn't do that before."*

> *"We knew nothing about Medicare billing (when we started), and now we know how to structure our program. . . . Starting with no idea to having a three-year plan on expansion (for our program) is pretty significant."*

> *"The most important part was answers to the questions. We had expertise that was provided throughout the year. . . . to help provide perspective and (learn) business acumen."*

Others commented that participating in the learning collaborative resulted in development of the necessary structure for accreditation of diabetes self-management support services (DSMES), improved communication between clinical staff and the fiscal department, and opportunities to engage new partners.

What Participants Were Most Proud Of. Responses as to what participants were most proud of accomplishing over the course of the learning included progress toward or achieving accreditation for DSMES, securing buy-in from their leadership team to continue the effort beyond the learning collaborative period, negotiating a contract, obtaining the Provider Transaction Access Number (PTAN) to become a Medicare provider, establishing a "formal connection" with health care partners, and increased their confidence and ability to "put the pieces together."

How Participants Described their Overall Experience. Participants were extremely pleased with their overall experience in the learning collaborative. Typical responses are listed below.

> *" It was great! I loved it. I wish we could go on for another year."*
>
> *"Fantastic. My one regret is that I couldn't have dedicated more time. There was a world of knowledge and information offered to us at every single session. I want to go back and read everything to completely understand the implications. The way that you set the outline and kept us on target was fantastic."*
>
> *"It was great! Thank you for providing the policy and procedure template. That was very helpful. Also, other templates and the value proposition exercise were very helpful."*
>
> *"Incredibly positive. It was a nice feeling to know even though I was struggling or had questions . . . the learning collaborative was there . . . I could call on you for assistance or post a question, and there were resources available. I'm very glad we were invited to participate. We are a lot further than we would have been without it."*

What Was Most Helpful. By far, participants found the one-on-one technical assistance calls to be the most helpful form of technical assistance, followed by the mentor calls. Several participants commented on how much they appreciated the expertise of Tim McNeill, as well as support from other members of the technical assistance team and mentors throughout the process. Participants also indicated that the monthly informational topics and learning sessions were very helpful, including the specific Medicare requirements for each benefit and payment reform (e.g., MACRA).

What Could Have Improved Participants' Experience. Several participants responded that the learning collaborative was well thought out and structured, and they wouldn't change anything about it. Participants unanimously agreed that the one-on-one technical assistance calls were helpful, although several said that they would have liked even more one-one-one support. Two participants mentioned that they would have liked to receive an agenda or notification of the topics to be covered during the monthly learning sessions in advance. One participant said that she had some difficulty navigating the online portal, although she pointed out that her difficulty

might be related to the limited amount of time that she could spend online. Another participant responded that the online community was a "great asset" but was underutilized. She suggested that participants be encouraged to post their learnings more often. One participant would have liked the monthly learning sessions to be shorter with more time at the end for questions; and one would have preferred to receive information about the different clinical supervision models for HBAI (i.e., nurse practitioner, psychologist, or clinical social worker as an option for Medicare Advantage plans) earlier.

Continued Support from NCOA. Learning collaborative participants concurred that they would like to continue to have access to the webinars and other tools and resources posted on the online community. They also agreed that they would like to continued support from NCOA if they have a specific question or need one-on-one technical assistance after the learning collaborative ends. Further, they would like to be kept abreast of any major changes in legislation that might impact their work. Some said that they would like NCOA to hold conference calls quarterly or every six months to provide an opportunity for participants to share progress and receive technical assistance. One participant specified that she would like calls to be segmented by area of concentration (i.e., DSMT, HBAI, or CCM).

Another suggestion was to have specialty sections at national aging conferences with representation from health care providers to learn more about their perspective. One person suggested that learning collaborative graduates be given an opportunity to go through the learning collaborative a second time with a concentration on a different Medicare benefit.

Recommendations for Future Learning Collaboratives. Overall, participants said that they were very satisfied with the learning collaborative as it is currently structured. They reiterated how helpful the on-one-one technical assistance calls and mentor calls were. They also appreciated the monthly webinar learning sessions and homework assignments. One participant recommended that the online community be made available at the beginning of the learning collaborative and that the technical assistance team encourage greater use of it. Other recommendations were to offer more opportunities for brainstorming and role playing, including how to overcome objections from health care providers; to break down some of the larger concepts into "smaller bites;" and to reinforce and review topics that had been covered in earlier learning sessions. One person noted that she heard about the learning collaborative at the Aging in America conference and recommended that NCOA promote the opportunity more broadly at there, as well as at other national conferences and events.