

# Provider Affiliations: Community Partners in Business, Technology & Quality Services

Ron Kercheval

# **Innovation Key Concepts**

- Discontinuity & Disruption (P. Druker)
- Instability (A. Toffler)
- Decay & Irrelevance (G. Hammel)
- Tipping Point (M. Gladwell)
- Strategic Inflection Point (A. Grove)
- Value Migration (A. Slywotzky)
- Disruptive Innovation (C. Christensen)



# Why Form Provider Networks?

- Integrate Fragmented System
- Consolidate & Simplify Administration
- Consolidate Revenue Management & Position for Reimbursement Reforms & New Methodologies
- Standardize, Collect & Measure Outcomes
- Decrease Operating Costs
- Improve Access to Care & Services
- Enhance Continuity of Care
- Standardize & Optimize Quality
- Develop the Workforce



# What to Expect? More...

- Emphasis on Mission-Critical IT Infrastructure,
   Certified Systems, & Meaningful Use
- Aggressive Contracting with Commercial Payers & Discounts
- Managed Care & Utilization Review
- Medication Assisted Treatment (MAT)
- ACOs & Patient-Centered Medical Home (Health Home) Models (Integration & Consolidation)
- Care Coordination & Medical Case Management
- Standardization of Practice Guidelines



### More...

- Complex Coding & Electronic Billing (EDI)
- Demand for Data Management & Reporting
- Competition
- Integration
- Merger & Acquisition



### Demand for...

- Stronger Business Acumen
- Aggressive Strategic Planning
- Accelerated Business Modeling
- Subject Matter Expertise
- Resources & Capabilities to Execute
- Affiliation, Joint Ventures, Mergers & Acquisitions <u>Strength in Numbers!</u>



# What Problems Should We be Solving?

- 1. Complexity & Variation: Multiple Payer Systems, Enforcing Disparate Code-Sets & Applying Different Business Rules with Varying Approaches to Reimbursement
- 2. Changing Business & Regulatory Environments
- 3. Increased Competition & Medicalization
- 4. Demand for Integration & Consolidation
- 5. Selecting & Implementing IT
- 6. Access to Sufficient subject matter expertise
- 7. Access to Capital

# Integration

### **Vertical Integration**

- Unify the Supply Chain Under One "Roof" or "Umbrella"
- Each "Link" in the Chain Produces a Market-specific
   Service that Satisfies a Common Need, Coming Together
   for a Single Service Experience
- Examples: Apple, Google, Amazon, FedEx

### **Horizontal Integration**

- Strategy for Increasing Market Share by Associating with,
   Merging with or Acquiring Like Companies in Adjacent or
   Overlapping Markets
- Unifying Marketing Capabilities to Present a Common Brand Image

### Provider Affiliation or "Network" Models

- Independent Practice Association (IPA)
- Management Services Organization (MSO)
- Administrative Services Organization (ASO)
- Technology Services Organization (TSO)

### **Critical Success Factors**

- Credibility & Reputation of Participants
- Trust & Collegial Relationships
- Alignment of Financial Incentives
- Adequate Time for Implementation
- Professional Management & Access to Expertise
- Financial Plan & Access to Capital



### **Common Concerns**

- Insurance Laws (Being Careful NOT to Become a Licensed HMO)
- Anti-Kick-Back Laws (& Anti-Referral Laws)
- Anti-Trust Laws (Observing Price-Fixing & Monopolies)
- Reimbursement (Cannot Bill for Centralized Services)
- Discontinuing Relationships (Survivability of Contracts)

# **Network Options At-a-Glance**

MSO	IPA
☐ Practice Management	☐ Insurer/Managed Care
☐ Billing & Collections	Negotiations & Contracting
□ Information Technology	☐ Fee Schedule Negotiation
☐ Credentialing	□ Actuarial Analysis
☐ Standards of Practice	Assumption of Financial Risk
☐ Case Management	(capitation)
☐ Quality Assurance	□ Benefits Management
☐ Human Resources	☐ Claims Processing
☐ Strategic Planning	☐ Legal & Compliance
□ Marketing Functions	
☐ Board & Public Relations	☐ Plus MSO Options
□ Work Force Development &	
Training	
☐ Call Center	

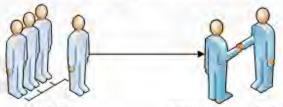
## **Network Options At-a-Glance**

Providers identify & select from menu of options

15151	MSO		IPA (IPA only in red)				
	☐ Practice Managem	ent	☐ Insurer/Managed Care				
	☐ Billing & Collection	ling & Collections			Negotiations & Contracting		
	☐ Information Technology		☐ Fee Schedule Negotiation				
	☐ Credentialing		☐ Actuarial Analysis				
	☐ Standards of Practice		☐ Assumption of Financial				
	□ Case Management		Risk (capitation)				
	☐ Quality Assurance		☐ Benefits Management				
	☐ Human Resources		☐ Claims Processing				
	☐ Strategic Planning		☐ Legal & Compliance				
	☐ Marketing Functions		☐ MSO Services ☐ IPA may offer				
	☐ Board & Public Relations		MSO services				
	☐ Work Force Develo	opment &		IPA	As regulated by		
	Training	MSOs cannot bargain collectively on behalf Of its		State Department of Insurance			
	☐ Call Center						
		provider members per Anti-		Co	mmissioner		
	PAGE 13	Trust laws. Only IPAs can do					
		that					

### MSO

Centralized services can be paid for by providers on a flat monthly subscription/dues basis, per transaction or "pay-as-you-go" basis, or a "fair share" basis based on size, revenues, numbers of employees or numbers of patients served basis



Member Providers

Agree to subscribe to centralized management & administrative services. Could be spun off as a for-profit or non-profit.



Structure & Governance of MSO



Billing





Payroll



Facilities Mgmt







Consulting & Tech Support



Hardware & TeleComm





Accounting



Data Mgmt

Marketing



Sales/Contracting



QA



Suppliers & Procument

### **IPA**

- Insurer/Managed Care Negotiations & Contracting
- ☐ Fee Schedule Negotiation
- ☐ Actuarial Analysis
- Assumption of Financial Risk (capitation)
- ☐ Benefits Management



Payers of all kinds contract with specialty/ preferred provider networks like behavioral health ASOs. Behavioral health providers can explore a variety of models including those that are strictly about pre-negotiated discounts on fee-for-service as well as models that involve more comprehensive managed care services, partial risk on claims, full-risk capitation, sub-capitation or Global Payments on behalf of participating providers.

Revenue can also be generated by leasing the network on a per member per month admin fee basis in relation to Medicaid MCOs, ACOs and CCOs, MBHOs, health plans and employers. These models may eventually explore risk-based contracts though may want to start with performance-based contracting.



Reporting



Structure & Governance of ASO



Marketing



Sales/Contracting



Claims Processing



Care Coordination with & between PCP, CCO, & PCMH



Credentialing Access & QA



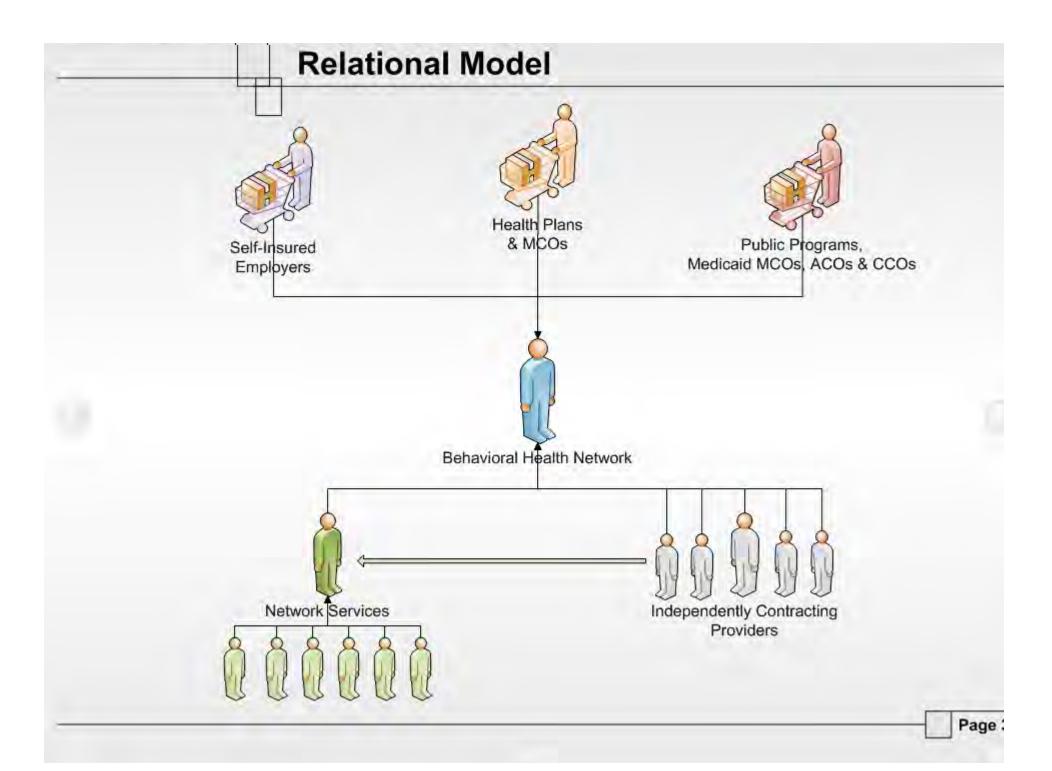
IT, Data Mgmt & Web Portals



Call Center 24 hours Crisis/Triage



Patient, Family & Provider Education



# **Provider Network Development Cycle**

### **Ability to Manage Reimbursement Reforms**





# **Options**

- Practice Management
- Credentialing
- Billing
- Information Technology
- Quality
- ☐ Human Resources
- **☐** Standards of Practice
- Call Center
- □ Case Management
- Strategic Planning
- Marketing Function
- Public Relations
- Work ForceDevelopment

Option A:
Join an Existing
MSO

Option B:
Build an MSO of
Your Own,
Outsourcing SOME
of the Functions

Option C:
Build an MSO of
Your Own,
Outsourcing
ALL of the
Functions

- Plan
- Budget
- Vendor Evaluation
- VendorSelection &Contracting
- Implementation Support



# **Options**

- Practice Management
- Credentialing
- Billing
- Information Technology
- Quality
- Human Resources
- **☐** Standards of Practice
- Call Center
- □ Case Management
- Strategic Planning
- Marketing Function
- Public Relations
- Work Force Development

Option B:
Build an MSO of
Your Own,
Outsourcing SOME
of the functions

Option C:
Build an MSO of
Your Own,
Outsourcing
ALL of the
Functions

- For-profit?
- Non-Profit?
- Staff & Office Space?
- Open to New Members?
- Closed network?



# Implications: Start-Up & Ongoing

- 1. <u>IT/IS infrastructure</u> Expert Staff, Hardware, Software (MIS), Implementation, Training, Information Exchange/EDI, & Telecomm
- 2. <u>Compliance</u> Legal, Technology & Operational Subject Matter Expertise
- 3. Quality Software, Reporting Tools, Staff, P&P
- 4. <u>Licensure & Legal</u> TPA, MCO, Contracts, Risk Management.
- 5. Accreditation CARF, JCAHO, URAC, NCQA
- 6. <u>Capital, Risk & Reserves</u> Stop-loss/Reinsurance (Underwriting, Actuarial Subject Matter Expertise (for IPAs) & Financial Systems/Data Warehouse)
- 7. <u>Structure & Governance</u> Executive Team, Board, Management, Staff, Provider/Member Committee.
- 8. Bricks n' Mortar Office Space, Call Center



### 10 Common Problems

- 1. Lacking Strategic Focus & Vision (&/Or Passive Disagreement).
- 2. Mission Misalignment.
- 3. Not Focusing on Building the Appropriate Culture Necessary to Support the Change Process.
- 4. Eroding Goodwill Between Partners.
- 5. Difficulties Related to Autonomy Versus the Direction of a New Business Entity.



### 10 Common Problems

- 6. Failing to Clearly Establish Quality & Other Criteria for Membership
- 7. Failing to Anticipate Difficulties of Contracting with Providers Outside the Immediate Network.
- 8. Trying to Implement a Business System

  Transformation without a Good Business Plan to

  Provide Guidance.
- 9. Operational, Administrative & Clinical Misalignment.
- 10. Failing to Conduct the Due Diligence Necessary to Select IT Products Adequate for the Demands of the Environment.

Clinical Managed Maturity

3

- ACO Compatible
- Behavioral Medicine
- EBPs
- Social Services Continuum

36 Mos

9 Mos

- Add Depth
- Chronic Disease Management
- Integrated Case Management
- UM Guidelines, Clinical Pathways

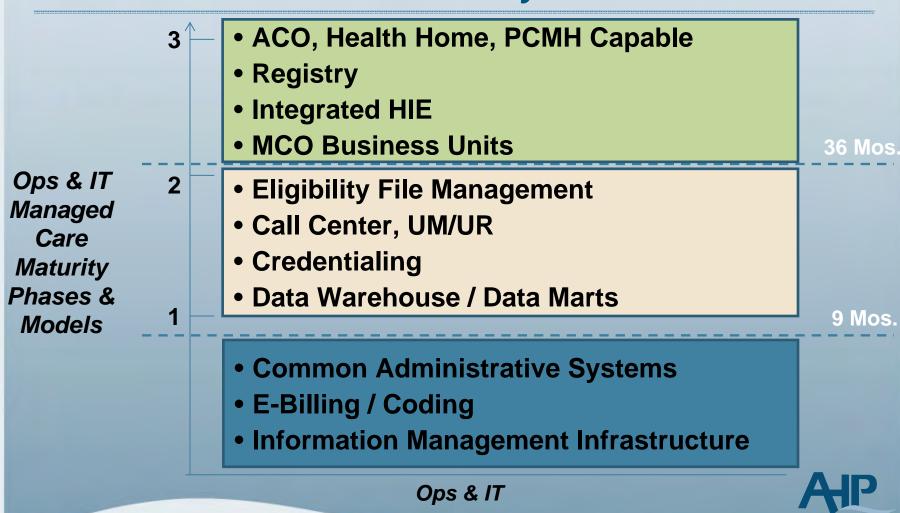
Statewide Full Continuum Network

- Primary Care Integration
- Case Management
- Wellness

Care

Models

Phases & \_ \_1



3 Meaningful Use Fully Accredited (URAC or NCQA as **Necessary**) 36 Mos Quality PCMH Reporting Managed ACO Reporting Care Maturity NQF Reporting Phases & QA/QI Dashboards 9 Mos Models Active CQI HEDIS reporting capable Some Pay for Performance

AIP

• Claims Processing

- Capitation / Shared Savings
- Financial Dashboards Real-Time

36 Mos

Financial
Managed
Care
Maturity
Phases &
Models

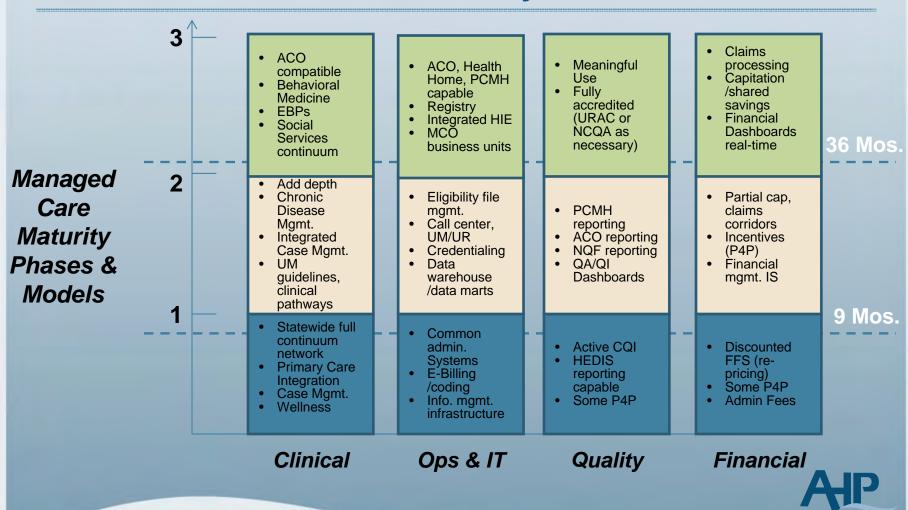
2

- Partial Cap, Claims Corridors
- Incentives (Pay for Performance)
- Financial Management / IS

9 Mos.

- Discounted FFS (Re-Pricing)
- Some Pay for Performance
- Administrative Fees





## **Network Development:** Milestones & Timeline

12-24 months

9-12 months

Plan

Budget &

revenue

forma)

forecast cost &

projections (pro

#### 3-6 months

Decision "Gates"

#### Visioning

Establishing the form & function of a group considering a network business model Review options & alternatives Establish depth

& span

### **Forming**

Sub-committee structure Asset

Inventory

projections Readiness & Capabilities Assessment (RCA)

**Assess** 

Current

research &

State

Market

Initial

**Financial** analysis

#### Gap Analysis & Solution Design

Findings & design specifications (including business process. clinical operations. Infrastructure. people, IT. marketing, etc.)

Product Development cycle

Target customers & partners

#### **Project Plan Financial**

**Documented** Implementation Project Plan

Milestones

Tasks & activities

Roles & responsibilities

Resource requirements

Timeline: scheduled start & due dates

Dependencies

#### Launch

incorporation. governance. compliance

Financing. investment. accounting

Staffing, Interim staffing. & consultants

Facilities & Infrastructure

Marketing & sales

Competency development

Pliot period / parallel processing

QA / evaluation

Cut-over / golive



# **Maintaining a Network Vision**

- 1. A Network is a New Business Venture
- 2. A network is Likely Going to Entail <u>a Joint</u>

  <u>Venture</u> Business Model
- 3. Starting a New Business Requires Commitment of Time Measured in Years
- 4. Starting a New Business Propping up a Network
   will Require <u>Significant Investment of Cash</u>
- 5. Starting a New Business like a Network Requires

  <u>Dedicated Leadership</u>, Management,

  Coordination & the Guidance of Subject Matter

  Experts

# TECHNOLOGY INFRASTRUCTURE



# **Technology Dimensions**

Software	Hardware	
Interface & Exchange	Aggregation, Analysis & Reporting	

# **Technology Dimensions**

### **Hosting Services**

- Server Administration
- Operations
- Connectivity
- Disaster Recovery
- Hardware & Operating SystemsUpgrades

#### **ASP Services**

- Software Patches, Upgrades &
- **Maintenance**
- User Support
- Training
- Implementation
- Reporting

# Electronic Data Interchange (EDI) & Health Info Exchange (HIE) Services

- Data Integration Mgmt
- Data Warehousing
- •RHIO Participation
- Transaction Processing
- Business Intelligence

### **Consulting Services**

- Strategic Planning
- Process Improvement
- Help-Desk
- Email
- Office Automation
- Project Mgmt

### **ASP Services**

- Key benefits include expert Applications Support, System Configuration Management, Help Desk Management & Software Upgrade Support.
- Sample Services:
  - ✓ Software Maintenance Application Configuration, DBMS Management, Management of Software Patches & Major Software Upgrades for Hosted PSO-Standard Applications
  - ✓ User Support Problem Resolution & Vendor Liaison Support for Hosted PSO-Standard Applications
  - ✓ Application Training End User Training for Hosted PSO-Standard Applications

### **ASP Services**

- Key benefits include expert applications support, system configuration management, help desk management & software upgrade support.
- Sample Services:
  - ✓ Implementation Support Project Management Associated with the Installation & Implementation of Hosted PSO-Standard Applications
  - ✓ Report Development Analysis, Design & Development of Application Based Reports for Hosted PSO-Standard Applications

### **EDI/HIE Services**

- Key Benefits Include Access to a Central Technology & Support Organization to Implement & Manage Health Information Exchange Activities.
- Sample Services:
  - ✓ Data Integration Management Planning, Management, Implementation & On-Going Monitoring of Interfaces & Data Integration Tools Including Interface Engines & ETL Tools
  - ✓ Data Warehousing Development of Data Warehouse/Repositories & Associated Interfaces/Extracts
  - ✓ RHIO Administration Coordination & Planning with Data Sharing Partners

### **EDI/HIE Services**

### Sample Services:

- ✓ Transaction Processing On-Going Operations, Management, Monitoring, Maintenance & Problem Resolution for EDI/HIE Transactions
- ✓ Business Intelligence- Analysis, Design & Development of Reports, Portals & BI Tools

# **Consulting Services**

- Key Benefits Include Access to More Cost-effective IT Professionals on an As-Needed Basis to Enhance Members' Existing IT Resources
- Sample Services:
  - ✓ Planning Strategic Planning, Needs Assessment & Product Evaluation
  - ✓ Operations Improvement Business Reengineering & Operations Improvement Associated with PSO-Standard Applications
  - ✓ Help Desk Support Receipt, Triaging, Logging, Dispatch & Tracking of Service Requests

# **Consulting Services**

### Sample Services:

- ✓ E-Mail Support Administration & Maintenance of Email Accounts
- ✓ Office Automation Support Administration & End User Support for Hosted Office Automation Applications (e.g., Word Processing, Spread Sheets & Publication Software)
- ✓ Project Management Planning & Oversight of IT Related Projects (e.g., Product Selection & Implementation)

# **Examples**

- Community Health Access Network (CHAN)
  - CHCs in New Hampshire
  - Technical & Application Support Services for E-Mail, Internet Access & 3 Software Applications: EMR, PMS, Finance
- Health Choice Network (HCN)
  - Florida-Based, CHCs & Other Providers in 10 States
  - Strategic Planning, Application Hosting, Network
     Administration & Various Other IT Services.
- Council of Community Clinics (CCC)
  - CHCs in San Diego & Imperial Counties
  - Project Management, Application Hosting, Network
     Administration & Various Other IT Services

# **Examples**

- Oregon Community Health Information Network (OCHIN)
  - State of Oregon, CHCs in Oregon/California, CareOregon, & HRSA
  - ASP support for EPIC EMR & other IT services
- Community Health Center Association of NY State (CHCANYS)
  - More than 50 CHCs throughout New York State
  - Funding advocacy, best practice collaboration, vendor coordination, & IT leadership & direction of New York Health Choice Network (NY HCN)

## Questions?

Ron Kercheval Senior Consultant Healthcare Solutions

rkercheval@ahpnet.com

508-283-8479

