



# Shedding light on the dark side: Everything you wanted to know about managed care, but didn't know where to ask

- Suzanne Daub, LCSW, Principle, Health Management Associates
- Jessica K. Beal, PsyD, Integrated Care Program Manager, Passport Health Plan



# Faculty Disclosure

---

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

---

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at [http://www.cfha.net/?page=Resources\\_2018](http://www.cfha.net/?page=Resources_2018)



Slides and handouts are also available on the mobile app.



# Learning Objectives

---

At the conclusion of this session, the participant will be able to

1. State the key priorities of managed care companies and how integrated care can support these priorities.
2. Define how “value” needs to balance the perspectives of all three constituents—payers, providers, and consumers.
3. List the knowledge and data needed to negotiate with their MCO



# Bibliography / Reference

---

Carr, K., Cagle Wells, D., Gannon, K., McKune, L. How To Develop A Value Based Reimbursement Agreement: The Centerstone/Passport Health Case Study. The 2018 Open Minds Performance Management Institute, February 15, 2018

Giraldo, G., VBP: A Commercial Health Plan's Perspective: Magellan's Model For Mental Health Management, February 2018

Ramsland, S., How To Move From Idea To Action: A Guide To Building Successful Partnerships With Managed Care Organizations, The 2016 Open Minds Strategy & Innovation Institute, June 8, 2016

Beaton, T., Payer, Provider Collaboration Required for Accountable Care Success, Health Payer Intelligence, Value-Based Care News, December 28, 2017

Matyas,C., Overcoming The Impediments To Value-Based Reimbursement. The 2018 Open Minds Performance Management Institute, February 16, 2018



# Learning Assessment

---

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.



# The dark side: who, how and why

---





# The dark side

---

## Well-kept secrets and ah-ha moments:

- MCOs have rules/oversight too
- We are co-stewards of public dollars
- MCOs need YOU too (network adequacy)
- Oh wow, we *need* someone to manage care
- Managed care actually has a heart



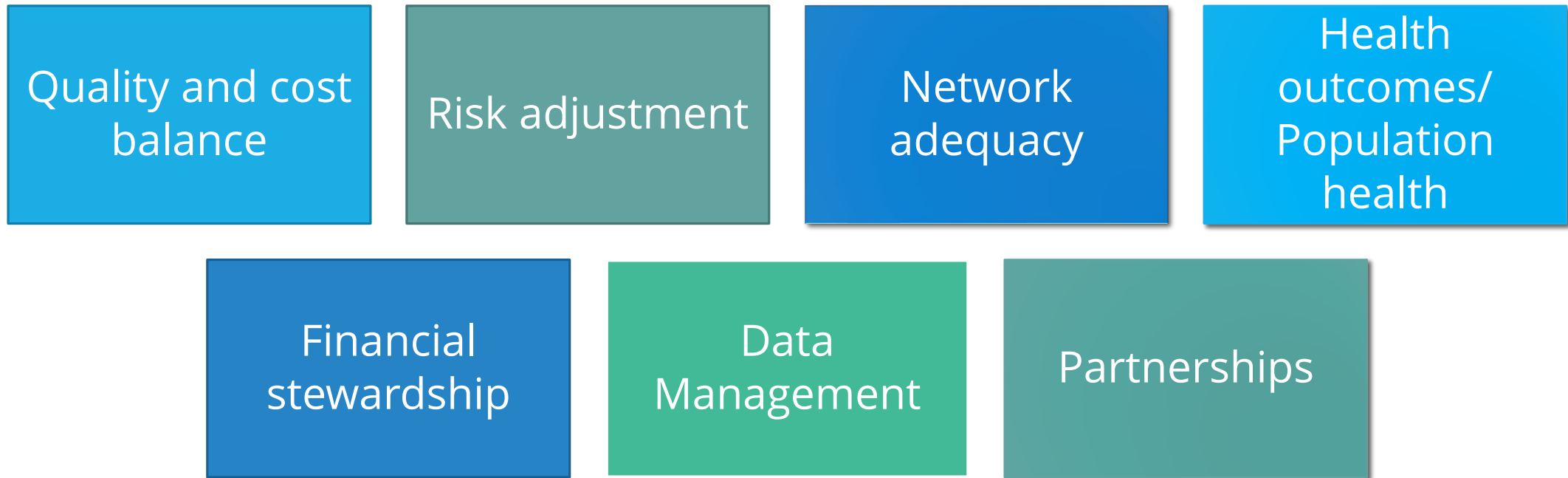
# The dark side

Inner workings mirror integrated care	
Integrated Primary Care	MCO
Triage	Provider, member and Dept. of Medicaid Services needs
Care coordination	Care managers Internal coordination of business practices and interventions
Collaboration	Collaboration with members, providers, state and community partners
Adherence to processes and best practices	Workflows CPG's Levels of care criteria/Medical necessity
Administrative oversight	Compliance



# MCO key priorities

---





# Partnering for value

---

Medicaid dollars are fixed and the MCO is the steward of these dollars

- What does it mean to be a good steward of these dollars?
- Balancing “value” for payer/provider/consumer
- It’s not about denying care, it’s about getting the provider to provide effective, efficient, best value quality care
- Shared goal: Improve lives/health/quality and better use of public dollars



# Partnering for value

---

## Creating win/win opportunities

- What would you consider a shared goal?
- What would be a mutually shared outcome?
- How does integrated care support these objectives?

# Negotiating with MCOs

---

Gathering program data

Market mapping

**Payer relationship development**

Developing services with the payer value proposition in mind



# Step 1: Gathering data

---

- How do you decide to enter into a contract with an MCO?
- Contracting based on the “value” of what you deliver – how will you prove your program is worth the investment, and can deliver the necessary outcomes?
- Essential to know the metrics of your costs, processes, performance, and clinical outcomes
- Review the regs, state plan, etc.
- Learn to speak in code



# Step 2: Market mapping

---

Internal market mapping: Understand what you bring to the market

- How can you differentiate yourselves as a valued and progressive partner?
- What is your vision of innovation and collaboration?
- Define the measures of success
- Determine what can be done to improve the quality of services
- Identify opportunities to scale to the services



# Step 2: Market mapping

---

Understand the customers in your market

The health plans:

- Which health plans have the greatest market share?
- Who are their clinical partnerships with?
- What are their benefit plans?

The patients/members:

- Population data (demographics, diagnosis...)
- PH and BH acuity
- Use meaningful information from data to create a complete view of population





# Step 3: Payer relationship development

---

- Be solution-focused: understand their problems and develop solutions that meet their needs
- Ask and then develop the “solutions” that they are looking for within their service area



# Step 3: Payer relationship development

---

Basic information you need:

- Get a MAID
- Contact information for the network and clinical managers; provider relations reps
- Understand the health plan network application process
- A copy of their facility/organization provider network application form
- Familiarity with provider and member web portal address and key features available
- Familiarity with their network/provider manual
- Knowledge about level of care/medical necessity and facility/organization site visit guidelines and checklists



# Step 3: Payer relationship development

---

Use the information you have gathered to:

- Identify who you want talk to. And who else?
- Find a way to talk with their team to identify problems and concerns
- Find an internal champion at the MCO



# Step 3: Payer relationship development

---

- Innovate. Be creative - conduct pilots and share what you learn
- Peer and/or family support models
- Keep them informed about you
- Track your outcomes, share your data, talk about your accomplishments
- Demonstrate how you already collaborate – how are you part of a greater care continuum



# Step 4: Developing services with the payer value proposition in mind

---

- Services that provide solutions. Offer a variety of alternative payment models
- Clinical effectiveness
- Process efficiency
- Reduced ED and inpatient utilization
- HEDIS and other national measures

# Ask for help

---

You can ask the MCO to help with some of these processes

- Benchmark your performance against the others in their network in your service area
- Identify care gaps and geo-mapping needs
- Identify other providers who may want to collaborate with you



# Managing challenges

---

- Invest in working your claims
- Make sure you are directing the problem to the right insurance company
- Speak in code
- Know the processes for the company before you ask about them (understand their PA process, etc.)
- Be ready to wait but expect updates



# Take home wisdom

---

- Be flexible where you can be
- Be inflexible when it comes to the core tenets that allow you to deliver on your promises
- Be strategic, persistent and patient
- Be open to taking on risk and
- Know how much risk you can take







# Session Evaluation

---

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

Suzanne Daub, LCSW

[sdaub@healthmanagement.com](mailto:sdaub@healthmanagement.com)

Jessica Beal, Psy.D.

[Jessica.Beal@passporthealthplan.com](mailto:Jessica.Beal@passporthealthplan.com)