FROM MISSION TO FRUITION: DEVELOPING YOUR RELATIONSHIPS WITH PAYERS

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Are they buying what you’re selling?

- An inside look at what Health Plans need from Community Based Organizations
Making the most of a partnership…

- Help each organizations fulfill their mission
- Reach performance, regulatory and quality goals
- Learn about each other - find out where the strengths and gaps lie
Today’s Speakers

- Lee Schulz, President & CEO of IndependenceFirst in Milwaukee, Wisconsin
- Carrie Hobbs Guiden, Executive Director of The Arc Tennessee in Nashville, TN
Lee Schulz, President & CEO
IndependenceFirst

- One of 8 independent living centers in Wisconsin
- $32 million budget
- 105 in-house employees and 1600 Personal Care Workers
- 16 additional services on contract or fee for services.
- 4 county service area - centered around city and suburbs of Milwaukee
The services that we currently offer *or could* to MCOs include:

- Personal Care Services
- Benefit Counseling
- Assistive Technology Loan and Demonstration Center (which include in house assessments)
- DME Equipment Re-use Sales, Computer Recycling and Training
- Youth Leadership Program.
Why work with Managed Care Organizations?

- Provide a necessary community service that you excel at
- You can charge a fee to be profitable
- Need the financial backing of a MCO – could not afford to do on your own
Why should they work with you?

- Fill a gap in services that the MCO has no history or expertise in providing
- Your organization **knows** and is **known** in the community
- Shares risks with your organization
- Less expensive than doing by MCO
Strategy selected depends on who approaches who and why:

- State requirement
- Lack of community resources
- Solid reputation
- Capacity
Our experience...

- Contracted with approximately 6 MCOs over the last 15 years
  - We brought our community reputation
  - Proven service
  - Willingness to share risk
There can be challenges...

- Legal contracting – complicated – potentially intimidating
- Cash flow during contract glitches (electronic or paper billing)
- MCO staff turnover and the implications
- Capacity and cost of new technology
- Possible mission creeps
- Insurance and liability
But also opportunities…

- Potential for a strong partner (MCO) has resources the non-profit or CIL may not.
- Access to lobbyists.
- Ability to create a network of multiple organizations.
- Size and resources to impact local, state, and national regulations and funding.
Carrie Hobbs Guiden, Executive Director
Who we are and what we do

■ The Arc Tennessee is a statewide non-profit advocacy organization for people with intellectual and developmental disabilities (I/DD) and their families

■ Primary services include:
  ■ Individual advocacy for children and adults
  ■ Systems advocacy across government departments
  ■ Public policy advocacy at the state and federal levels
  ■ Public awareness activities and training for self-advocates, families and the community-at-large on issues related to I/DD
Overview of our journey

- The Tennessee healthcare landscape is unique
- Why we became interested in contracting with MCOs
- How we acquired the knowledge to pursue the contracts
- How we engaged with the MCOs
- Learning to be flexible and shift gears
- Challenges we faced
- Opportunities in the future
Healthcare and LTSS landscape in Tennessee

- TennCare (our state Medicaid agency) operates as an 1115 waiver
- Health care through TennCare has been under managed care since 1994
- Behavioral health was added in 2007 and LTSS for aging and physical disabilities in 2010
- LTSS for I/DD added in 2016 through the new Employment and Community First (ECF) CHOICES Program
Why we became interested in contracting with MCOs

- Potential source of new revenue -> sustainability
- Opportunity to pioneer a new business model
- Support local chapters of The Arc and other small providers to develop new business opportunities -> sustainability
- Coincidentally had the opportunity to apply for a technical assistance grant through ACL to learn how to contract with MCOs and other health providers through the creation of networks
What we learned through our participation in the ACL grant

- Speak the language of the MCO – it’s “benefits package” and “benefits” instead of “services”
- Understand how the MCO operates and how they make their money
- Know the true cost of the benefit you propose to provide so you can negotiate appropriately
- Get in front of the right people
- Focus on your area(s) of expertise – typically the “social services” aspect of the work
Our Idea

- Create a “provider network” where The Arc Tennessee would be the primary contractor with the MCOs but we would have a network of local CBOs to provide the direct services

Anticipated Benefits

- Ease in contracting for the MCO and CBOs
- Efficiency in referrals and coordination
- Consolidation of administrative activities
We first met with TennCare, since they held the contracts with the MCOs and we already had a relationship with them

Shared our idea of creating a “provider network” of local CBOs to provide direct services

General support for the idea – they provided us with the contact info of the “right people” in the MCOs to pitch our idea
Developing Relationships – Step 2

- Created a one page overview of The Arc TN and a one page overview of our network concept
- Scheduled meetings with each individual MCO (BlueCare, Amerigroup, UHC)
- Some MCOs more receptive than others – had to “meet them where they were”
- Shared our network concept using the new Employment and Community First (ECF) CHOICES program as the backdrop for discussion
- Focused on the benefits to the MCO
MCOs were concerned with getting the new ECF CHOICES program off the ground. Unable to dedicate time to figure out how to make a community network “work”

The Arc TN changed direction and focused on becoming an individual contractor for certain benefits offered under the new program

Drafted and submitted a detailed proposal to each MCO and TennCare of the services we wanted to contract for and why we were the most qualified

Met with the MCOs again and focused on our qualifications for the specific benefits we addressed in the proposal
Challenges

■ Putting our network project “on hold” to meet the immediate needs of the MCOs and TennCare
■ Completing the process to become Medicaid providers
■ Credentialing with the MCOs
■ Keeping up with 3 separate MCO contracts, requirements, processes, etc.
■ Being part of a new program that is experiencing the “growing pains” that come with any new program
Opportunities

- Getting the support of TennCare helped The Arc TN be recognized as a valuable stakeholder in the new ECF CHOICES roll out
- Starting conversations with the MCOs early on opened doors for The Arc TN
- The Arc TN has been included in the ongoing development and improvements to the ECF CHOICES program
- Being involved with the MCOs through ECF CHOICES may make it easier for other MCO doors to be opened in the future
Thank You!

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