Agenda

• Introductions
• Draft plan for all-day training sessions
• Infrastructure Development for HCBS: Options for Providers
• Your Members’ Needs
  – What’s been done already?
  – Where are the greatest needs (need most depth of coverage at training)?
  – What don’t they need?
Introductions

• Meggan Schilkie
• Barbara Leadholm
• Josh Rubin
• Melissa Corrado
• Other firm Subject Matter Experts (SMEs) to be called on as needed.
Draft Content Areas for Trainings

• Review Goals and Structure of Training
• Review Proposed Topic Areas
• Assess within Topic Areas, Depth and Amount of Time Dedicated to Areas
• Evaluate Gaps and Add
• Let us know if there’s anything here your members don’t need
Goals and Structure of Trainings

- Universe of providers to be included
- Roles within organizations appropriate to attend
- Goals
- Regional variations?
Proposed Training Session Outline

1. Managed Care Basics
2. Model of Care
   a) Service Crosswalk
   b) Paradigm Shift Program to Service
3. Agency Essentials
4. Operations and Infrastructure
   a) Revenue Cycle Management
   b) Infrastructure
   c) Options for Infrastructure Development
5. Planning for Change
   a) Assessing and Building on what has been done to date
   b) Action Planning
   c) Ongoing Support/Next Steps
6. Backdrop
1. Managed Care Basics

• Cornerstones of Managed Care
  – Utilization Review and Management
  – Medical Necessity Criteria
  – Authorization
  – MCO Priorities (direct input from MCOs)

• Managed Care Payment Constructs and Contracts
  – Capitation (full and partial)
  – Diagnosis-Related Groups

• Managed Care Terminology

• Eligibility and Enrollment Workflows

• Analytics
2a. Model of Care: Service Crosswalk

• How Medicaid Managed Care BH Services Do and Don’t Crosswalk to Existing Services/Reimbursements
• Service Planning
• Orientation to goals and outcomes
2b. Fundamental Paradigm Shift

• Current: Cost Based Budget

• Eligibility/Who you are serving
  – Understanding your population in a different way
  – Analytics

• Future:
  – Delivery of Services
  – Unit Cost
  – Marginal Revenue
  – Loss Ratios
  – Risk
  – Value-Based Payment
3. Agency Essentials

- Organizational Assessment
- Data Monitoring and Reporting
- Agency Value Proposition
- Contingency Reserves
4a. Operational Needs
Revenue Cycle Management

• Registration
• Coding
• Billing
• Charge Capture
• Bundling and Clean Claim Submission
• Remittance
• Follow-up and Appeals
• Payment /Payor Analyses
4b. Infrastructure Needs

- Contracting
  - Legal
  - Financial
  - Strategic Implications
- Credentialing
- Data and Reporting and Technology
- Quality Assurance and Improvement
- Financial Analysis Capacity
- Corporate Compliance
- Strategic Planning
# Infrastructure Budget

**Personal Services**
- Billing Manager
- Contracting/Credentialing Manager
- Database Administrator
- Data Analyst
- Quality Improvement Director
- Financial Analyst
- Compliance Officer
- Fringe

**Other than Personal Services**
- Billing System
- EHR
- Space/Equipment

**TOTAL**

**Billing needed to support (@ 15%)**
4c. Options for Infrastructure Development

• Build v. Buy Considerations
  – Control
  – Economies of Scale/Marginal Cost
  – Specialization Needs
  – Long-term Financial Sustainability

• Options for outsourcing
  – Which services?
  – What vendor?
Options for Building

• Strategic Partnership
• Back-office Collaboration
• Merger
• Establish New Collaborative Entity
Merger Considerations

• Values
• Culture
• Cost
• Due diligence
• Synergies
• Integration
• Workforce
• Risk

• Control
• Antitrust
• Timeline
• Cost
• Identity
• Horizontal v vertical integration
• Governance
Collaboration Models

• Independent Practice Association (IPA)
  – Network of independent physicians or practices integrated clinically and/or financially

• Provider Sponsored Organization (PSO)
  – Cooperative venture of a group of providers

• Physician Practice Management Company (PPMC)
  – Purchases the tangible assets of the provider and provides all of the personnel and assets necessary to operate the agency in exchange for a management fee

• Group Practice Without Walls (GPWW)
  – Created when a number of small organizations come together under a single tax ID
Management Services Organization (MSO)

- Provides Non-clinical Services for Individual Providers
- Economies of Scale and Cost Efficiencies

Range of Non-Healthcare Functions

- Administrative/operational
  - Financial
    - coding
    - billing
    - collections
  - Personnel
  - Education/training
  - Data collection and management
  - Quality management
  - Utilization management
- Facilities management
- Equipment
- IT
- Marketing
- Compliance
- Credentialing
- Purchasing
- MCO negotiation and contracting
- Strategic planning assistance
Key Collaborative Considerations

- Time
- Money
- Control/Individual Organizational Identity
- Legal Complexities
- Start-Up Capital
- Governance
- Critical Mass to Achieve Economies of Scale
5. Planning for Change: Building on Previous Work

Training
- MMC and Quality Measures and QARR
- HIPAA, Privacy & Security
- Compliance
- Clinic billing and documentation
- Data Management and Analysis
- Applying Meaningful Use
- Evidence-Based Practices

Planning
- MCTAC Readiness Assessment
- Kick Off Forums
- Health IT (various)
- Pilots
- Integration Project Planning (DSRIP, SAMHSA)
6. Backdrop: Current Initiatives that Impact NYS BH providers

- Health and Recovery Plans
- Health Homes/Children’s Health Homes
- Delivery System Reform Incentive Payments
- Balancing Incentive Program
- State Innovation Model
- Primary and Behavioral Health Care Integration
- Care Management for All
- Managed Long Term Care
- Fully Integrated Dual Advantage
- Money Follows the Person
Discussion: Your Members’ Needs

Identify

• Strengths on which to build
• Provider Readiness and Limitations/Gaps
• What they do and don’t know about the people they are currently serving
• Are they thinking about growth strategies?
• Role for trade associations going forward?
• Foundational Assessment pre-training webinar utility?