

Tapping Into the Business Acumen Brain

Trust : Q & A With Experts- Cook

AAA Collaboration with MCO's- Fully delegated Case Management and Pay-for-performance

Waiver Service Coordination

- ❖ Plans are required to contract for waiver service coordination with the AAAs as an option for individuals **over the age of 60** who are on the MyCare Waiver
- ❖ Plans can fully delegate the function of care coordination or choose to delegate only certain aspects (waiver services). Both models exist today in MyCare Ohio.
- ❖ We prefer full delegation, but payment must be adequate.
- ❖ Sservice-creep can be a problem.

❖ Pay for Performance (P4P)

- ❖ It is essential to negotiate an acceptable base Per-Member/Per Month rate (PMPM).
- ❖ We were able to negotiate a P4P band (on top of our base PMPM) to share incentive payments received by the Health Plan.
- ❖ You **MUST** be confident of your ability to perform and understand that there is **RISK** that must be assumed.

❖ Pay for Performance Incentives

Advantages and Benefits

- ❖ ***Strategically aligning pay systems*** with the accomplishment of high-priority work activities that produce financial and other value-added benefits.
- ❖ ***Reinforcing a culture*** in which people are committed to the organization's measurable level of production and effectiveness, and which emphasizes the achievement of concrete financial and value-added results.
- ❖ ***Directing and focusing employee work activities*** and performance toward established organizational goals and priorities.
- ❖ ***Motivating employees*** to achieve high levels of performance through financial rewards while enhancing coordination, communication, and collaboration among employees in the achievement of desired organizational results.
- ❖ ***Enhancing differentiation and accountability.*** Systems which utilize explicit performance metrics and incentives demonstrate concrete performance. As such, individuals that do not perform are easily identifiable as not achieving desired results and corrective action may be taken. Such feedback leads to a self correcting system.

❖ Data availability and integrity

- ❖ Your primary source of data will be from the Health Plan.
- ❖ Not all Health Plans will share data once submitted (even if it is your data).
- ❖ It is imperative that you seek to gain access to your data.
- ❖ ***DON'T ASSUME THAT THE DATA FROM THE HEALTH PLAN IS ACCURATE.***

❖ Data availability and integrity

- ❖ DHAC worked directly with the Health Plan data team for several months to ensure that all data and reports were consistent and accurate.
- ❖ Built into the agreement was a rollout timeline that did not allow implementation of P4P variables until both parties agreed to their accuracy.
- ❖ Until such time, a higher PMPM remained in place.

❖ Measurement and Reporting

- ❖ You must have the ability to analyze data; therefore, you ***must have appropriate analytical software and staff capabilities.***

Negotiating Considerations

- ❖ Establish LTSS Value Proposition
- ❖ Establish Mutually Accepted Contract Standards Up Front
- ❖ Understand your true All-in-Costs
- ❖ An acceptable base Per-Member/Per Month rate (PMPM)
- ❖ Pay for Performance (P4P)
- ❖ Data availability and integrity
- ❖ Measurement and Reporting
- ❖ Inflation Escalators
- ❖ Cash Flow