Provider Network Development

How to Establish and Sustain an Innovative Medicaid Provider Network

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Session Overview

Provider Relations mission

How to **develop a new Provider Network**

**Key success measures and challenges** in the Medicaid space

What is the difference between **a network that meets filing requirements** (adequate network) and **marketable network**

Importance of successful and relevant **Provider data management**

**Incentive arrangements** to explore with Providers

**Ongoing network management** through strong Provider Relations
A strong and successful Provider Relations (PR) department starts with a **clearly defined and executable mission**
PR departments are the primary face to face liaison between the healthcare plan and the Provider community.
PR departments should strive to:

Build and maintain strong relationships with Providers

Provide excellent customer service to ensure retention and satisfaction

This can be achieved by:

- Prompt follow up
- Routine and targeted education visits
- Detailed orientation and onboarding of new providers
- Strong and consistently updated reference materials
- Continual education and awareness of policies, procedures and initiatives
How to Develop a Provider Network

Dependent on two scenarios

1. Mature, existing market
2. New, expansion market
How to Develop a Provider Network (cont’d)

How you approach the growth and sustainability of the network will depend on how it is defined.

1. Mature, existing market
   Dependent on retaining Providers and sustaining strong relationships and communication

2. New, expansion market
   Dependent on requirements, recruiting, outreach and analytics
How to Develop a Provider Network (cont’d)

1. Mature, existing market

- Market Outreach
- ‘Feet on the Ground’
- Utilize multiple research points to determine community needs
- Provider reimbursement desired reimbursement rates
- Establish strong territories
- Continued outreach to increase network sustainability
How to Develop a Provider Network (cont’d)

2. New, expansion market

- Full Understanding of Adequacy Requirement
  - Time
  - Distance

- Smart Recruiting
  - High Importance of data and analytics
  - Database of all providers

- Model Providers
  - Determine most adequate or attractive coverage
  - 80% adequacy

- Parsing, Standardizing and Geocoding
  - Most attractive network of providers for area
  - State, Metro, Region, County
2 New, expansion market

- **Employee Innovative Models**
  - Analyze referral data
  - Determine path the most members

- **Build a Health Ecosystem**
  - Network with access to most members/patients
  - Determine “must haves”

- **Establish Best Method of Outreach**
  - Hands on vs. Mail
  - Gain access to right contact(s)
  - Nurture relationship
Success translates into a network that includes the right blend of physicians, specialists and health systems/hospitals that are easily accessible by members.
Key Success Measures

AND

Challenges

IN MEDICAID SPACE
Key Success Measures and Challenges in Medicaid Space

Set benchmarks for quality

- Inquiries answered within 48 hours
- Annual Servicing Agreements
- Timely payment of claims
- Manage Provider changes promptly
- Prompt follow up on complaints
Key Success Measures and Challenges in Medicaid Space

Success Measures

Conduct Annual Provider Surveys
- Measure satisfaction
- Analyze root causes of dissatisfaction
- Actions to improve satisfaction

Conduct Annual Member Surveys
- Measure satisfaction
- Identify results with negative impacts
- Analyze root causes of dissatisfaction
- Share with Providers
- Identify trends for outreach and training
Key Success Measures and Challenges in Medicaid Space

Challenges

Reimbursement Rates
- #1 challenge
- Providers set expectation based on commercial rates

Beliefs / Misconceptions
- Generalization on Medicaid population
- Need more care, no shows, less attention to prevention, prescription shopping, ER usage

Overcoming Challenges
- Altruistic nature of provider wins out
- Accept and treat Medicaid patients because it’s “right”
WHAT IS THE DIFFERENCE BETWEEN A
Filing Requirements (Adequate) Network
AND
Marketable Network
What is the Difference Between a Filing Requirements (Adequate) Network and a Marketable Network

- Establish a Provider network that meets filing requirements and is an adequate network only gets you what you need but doesn’t position you for success

**Adequate Network**
- Has minimum number of required Providers to treat the Medicaid population’s needs
- Specific area coverage

**Marketable Network**
- Multiple specialties
- Right mix of specialties
- Appropriate quantity of Providers to support and provide quality care
- Geographical location determines specialties and access
What is the Difference Between a **Filing Requirements (Adequate) Network** and a **Marketable Network**

- Set goals for what coverage you want in a specified areas
  - e.g. 80% of Providers in a specific county
- Identify the referral network to build the appropriate healthcare ecosystem
  - Which Providers are the most connected
- Setting goals and analyzing data sets you up to have the largest pool of Providers to serve the largest pool of Medicaid beneficiaries
IMPORTANCE OF
Successful Provider Data Management
Importance of Successful Provider Data Management

- Your Provider network is only as good as the data you collect and how you use it.
- Data is critical to determine what Providers you need and in what areas.
- Maintaining and managing data is essential.
- Use data to build provider coverage maps; identify gaps and drive network development.
- Enable an easy transition from Provider credentialing to servicing with good information.
Value-based reimbursement methodologies

TO EXPLORE WITH PROVIDERS
Value-Based Reimbursement Methodologies to Explore with Providers

Pay-for-Performance (P4P) Programs

- Recognizes and rewards high quality, efficient healthcare
- Improves the delivery of healthcare and member experience
- Increases physician satisfaction and incentivizes quality care
- Practices with large member bases can earn additional income while improving quality outcomes
- Programs focusing on PCPs can incentivize practices becoming a Patient Centered Medical Home (PCMH)
Value-Based Reimbursement Methodologies to Explore with Providers

Gateway Health utilizes two successful Pay-for-Performance (P4P) programs

• Gateway to Practice Transformation (GPT®)
  — This innovative primary care practice program supports practice transition to become a PCMH
  — Program takes into account the illness burden, or risk score of each PCP’s panel of members and reimburses them accordingly

• Gateway to Practitioner Excellence (GPE)
  — Program rewards physicians that are committed to providing high quality, accessible, efficient healthcare
  — Positively impact the health and wellness of Gateway members
  — Incentivizes high volume practices
ONGOING NETWORK MANAGEMENT THROUGH

Strong Provider Relations
Building and maintaining relationships is critical to Provider satisfaction

- This is accomplished through a multi-tiered approach which includes:
  - Ongoing Network Management Through Strong Provider Relations
  - Face to Face Contact
  - Ongoing Education
  - Surveys and Follow up
  - Introduction and Orientation Visits
  - Annual Visits to Providers
  - Strong Reference Materials
  - Ongoing Communication and Updates
  - Timely Payment
An engaged Provider is a satisfied Provider who serves Medicaid members with high quality, cost-efficient and accessible healthcare that affects quality outcomes.
THANK YOU FOR YOUR TIME

Any Questions?
Appendix 1: Gateway’s Reach PA

121 Hospitals 1,701 Primary Care Physicians 6,522 Specialists