

What Health Plans Need to Know about You

Community based-organizations (CBOs) that serve people with disabilities are increasingly contracting with payers or providers of health services for services that impact Social Determinants of Health (SDoH).¹ SDoH include the environmental, economic, and social conditions in which people are born, grow, live, work, and age. Social conditions that impact health include things such as access to food, health care, and social interactions.

In the HCBS Business Acumen Center report, *“Essential Roles of Disability Community-Based Organizations in an Integrated Care Program”* we described how CBOs and payers and providers of health services can work together. In this paper, we will follow guidance shared in the *HCBS Business Acumen Center’s Disability Network Business Strategies Roadmap*² as we describe how CBOs can prepare for meetings with health plans, hospitals and other integrated care entities. For greater detail on how to walk through the business development process, visit hcsbusinessacumen.org.

Background

In a changing delivery system, CBOs must market themselves in new ways and in some cases carve out new roles for themselves. The advent of managed long term services and supports (MLTSS) offers an opportunity for disability organizations to reinvent themselves and set new expectations based on customer needs and desires. At the same time, CBOs may be especially well-suited to provide key support services; drawing on their core competencies, their visibility within their communities, and their historical strengths. The potential to work with other integrated models – including Accountable Care Organizations (ACOs) and hospital systems also presents new opportunities. To work effectively with newly designed service or payment systems, CBOs must evaluate new business opportunities while simultaneously reconciling their mission with the goals of the state and health care system as a whole.

Social Determinants of Health include¹:

- Income level
- Educational opportunities
- Occupation, employment status, and workplace safety
- Gender inequity
- Racial segregation
- Food insecurity and inaccessibility of nutritious food choices
- Access to housing and utility services
- Early childhood experiences and development
- Social support and community inclusivity
- Crime rates and exposure to violent behavior
- Availability of transportation
- Neighborhood conditions and physical environment
- Access to safe drinking water, clean air, and toxin-free environments
- Recreational and leisure opportunities

¹ <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312>

² <http://www.hcsbusinessacumen.org/toolkit.html>

Pivoting to meet the needs of various payers can be daunting, and the approach and interest of the wide-range of disability CBOs will vary. One thing is clear however, the health care sector is eager for solutions and willing to work with knowledgeable LTSS partners. Disability CBOs who are willing to be nimble and move quickly to carve out their own niche in this environment will have the greatest chance for success in securing new business relationships with payers and providers of healthcare services.

Step 1: Prepare

To be prepared means to be ready. Health plans, hospitals, and other integrated entities manage a lot of health-related services. As such, they have many providers and distributors seeking their attention. Each wants to sell them something or work with them in one way or another. A traditional, medical-only, health plan for example, manages a provider network. A provider network is a list of the doctors, other health care providers, and hospitals that a plan contracts with to provide medical care to its members. These providers are called “network providers” or “in-network providers.”³ A provider that hasn’t contracted with the plan is called an “out-of-network provider.” In states that use Managed Long Term Services and Supports (MLTSS), CBOs can be a part of the health plan’s network. States use MLTSS as a strategy to expand home and community-based services (HCBS), promote community inclusion, ensure quality, and increase efficiency⁴. Health plans that are responsible for both medical and HCBS services see the utilization of social supports as a means to impact their members’ SDoH, thus improving quality, satisfaction and costs.

If you are planning to meet with a health plan, hospital, or other integrated entity, you will want to maximize your time with them and improve the chance that you will be seen as a valuable partner. To prepare, ensure that you understand their needs and can offer a solution that adds value to their organization. Examples of value may be an improvement in outcomes, improved access or a financial return on investment.

To understand their needs, do your research. Conduct an environmental scan of the forces that impact your business. This includes the federal, state and local government, your competitors and potential collaborators and payers, the demographics and economy of your communities and your technology/system requirements and capabilities. The information gathered in these areas will allow you to conduct a strengths, weaknesses, opportunities, and threats (SWOT) analysis of your organization. A clear understanding of your organization’s abilities and limitations, combined with insight into the needs of potential payers can be used to develop strategies for how you can best work with targeted payers, such as health plans. **Step 1: Prepare** of the Disability Network Business Strategies Roadmap⁵ further outlines ways in which your organization can prepare for strategic planning.

³ <https://marketplace.cms.gov/outreach-and-education/what-you-should-know-provider-networks.pdf>

⁴ <https://www.medicaid.gov/medicaid/managed-care/managed-long-term-services-and-supports/index.html>

⁵ <http://www.hcbsbusinessacumen.org/toolkit.html>

Step 2: Plan

The findings from your SWOT analysis will help you identify key opportunities for your business along with activities or methods that you must pursue in order to advance your potential for success. Analyze all of the information you collected so that you can appropriately prioritize your work into the areas that will provide the greatest return on investment (ROI). Organize your strategies so that you can accomplish the work and manage the process so that you have a system in place that will keep your goals on track. All of this work will help your organization be as strong as it can be while creating a clear path for the future.

Step 2: Plan of the Disability Network Business Strategies Roadmap⁶ discusses how you can develop your strategic plan.

Step 3: Stabilize

Many disability CBOs report challenges with day-to-day operations. Workforce issues are increasingly becoming a barrier to resourcing services. Many CBOs are focusing a significant amount of time on human resource issues, business processes and financial management. Depending on the severity of instability in your organization, you will want to either first stabilize your current operations or do so while simultaneously seeking new business. The more prepared your organization is in its current state, the more prepared it will be to take on new business. **Step 3: Stabilize** of the Disability Network Business Strategies Roadmap⁷ discusses how you can focus efforts to stabilize your business.

Step 4: Grow and Develop

Once you are ready to expand your services to a new clientele or payer, you can use all of the information you have gathered, the planning that you have done and the stabilization of your organization to your advantage. You now have a better understanding of your value as an organization and can use that to describe your value to the potential payer.

A value proposition is how you describe how your product or service solves a potential payer's problem or improves an outcome for them, quantifies that value, and differentiates your organization from others that may offer similar services. You want your value proposition to be articulate and compelling. Consider the following:

What is important to the potential payer?

- Do they need to fill a gap in their network?
- Do they need a more cost-effective solution or provider?
- Are they looking to increase outcomes in a certain area?
- Are they required to contract with any willing provider?

⁶ <http://www.hcbsbusinessacumen.org/toolkit.html>

⁷ <http://www.hcbsbusinessacumen.org/toolkit.html>

How can my organization fulfill their needs?

- Can I offer my services at a lower price point?
- Can I guarantee better outcomes than my competitors?
- Can I be available when the payer needs me?
- Can I cover the territory or serve the populations the payer needs help with?

Connect the payer's challenges, needs and desired outcomes with your known strategies or solutions. A well-thought out and clear value proposition can fill knowledge gaps, eliminate bias or correct misperceptions payers may have. As we have stated, the growing awareness and need to impact SDoH can act as a bridge to connect CBOs to payers of health services. The Centers for Medicare and Medicaid Services (CMS) is increasingly creating structures and policy changes that allow payers to pay for SDoH. Work with your business partners and potential payers to understand the issues they monitor and explore how your services can improve their performance rates and overall costs. The HCBS Business Acumen report, "Essential Roles of Disability Community-Based Organizations in an Integrated Care Program," provides specific examples of ways that MCOs can work with disability CBOs.

Connect Services to Outcomes

Once you identify the value your organization brings to potential payers, you will want to quantify, or prove, that value. Use both quantitative and qualitative information about the impact of your programs to illustrate the success of your programs to potential payers and providers. Qualitative information may include facts about the current experience of the individuals you serve; their goals and desired outcomes; and how your services support the goals and outcomes of the organization you want to work with.

Quantitative information such as data about the utilization of health, behavioral and supportive services and how your services impact that utilization is important for payers of health services to see and understand. Payers may be interested in how your services reduce utilization of some services such as emergency room visits, increase utilization such as improved medication adherence rates or help a person remain stable in their community. As the provider of service, you will need to identify how you can capture, analyze and share that information.

Identify ways that your organization can use data to improve your services as well. If health payers were to share data with you, how could your organization better serve the person? Explore these concepts with payers as a way to develop solutions that positively impact the consumer, your organization and the payer.

Identify how the services you provide can impact a potential payer's needs or desired outcomes and the data you need to demonstrate your effectiveness, where that data may be found and how it is tracked.

The use of quantitative data is important in a competitive environment; however, it only tells a part of the story. Qualitative data can be used to add context to what is seen in facts and figures. Leverage your knowledge of current experiences in the field to help managed care organizations (MCOs) understand how your work impacts outcomes. As the provider of services, you must tell the story and help those you work with understand what you are doing and how it impacts the delivery of care.

Keep in mind that a value proposition must be customized to each potential payer. While there may be similarities, each payer will have unique needs and concerns. With this in hand, you will want to make your pitch to the right people in a way that will catch their attention.

Connect with the Right People

Relationships are a primary avenue that CBOs can use to market their services. Leverage your professional network to spread the word about your organization and your value proposition. Consider every person you meet from the payer side as one of the “right” people. Everyone has a role to play. MCOs have clinical departments, provider relations and contract departments, administration and so forth. Each will be concerned with a different aspect of your organization. Clinical staff will be concerned about how well your services meet the needs of the people they serve; provider relations staff will be concerned about how well you are able to meet the terms of the contract; and administration staff will be concerned about how the services you provide fit into the overall goals of the organization. Each function is important and each person at the MCO can introduce you to another person in another role. Do not underestimate the importance of the relationships at all levels of the organization.

Ultimately, find the person who makes decisions regarding whether or not they will contract with you. To find the decision makers at the organization you seek to work with, ask questions such as:

- Who makes decisions regarding contracting?
- Who handles business development for your organization?
- Who controls the budget?

Share your Value Proposition

The information you relay in your very first meetings should be succinct. Outline your organization’s mission, the services you provide, the value of the services to the payer, and the prospect to build a mutually beneficial partnership in an ‘elevator pitch’ style. An elevator pitch is a short “sales pitch” that quickly and simply states your value proposition. Practice your pitch in both written and verbal communication with potential partners to increase your comfort level and the effectiveness of the message.

Organize your Thoughts

Create an agenda for yourself so that you are well-versed in the information you want to share and the outcomes you want to see from the meeting.

- Organization:
 - What type of organization are we meeting with?
 - Who at the organization will we be meeting with? What is their title and area of

- responsibility? What decision making authority do they have?
 - What are the key issues they care about?
- Service Potential:
 - What are the target populations?
 - What are their needs?
 - How does our organization meet the needs of the individuals?
 - How does our organization meet the needs of the payer?
- Competitors:
 - Who are our main competitors?
 - In what ways are they stronger than us? What is their advantage?
 - In what ways are we stronger than them? What is our advantage?

The primary objective of the initial in-person meeting with the potential partner is to determine if a future relationship can be cultivated. Agenda items to address during this meeting include:

- The reason for the business relationship;
- Proposed outcomes;
- Perceived advantages;
- Cost of working together;
- The value of your CBO; and
- Roles and responsibilities.

When it comes time to present your information to the potential new payer, be prepared. Show that you understand them, their role, their organization and who they serve.

Be concise – Communicate necessary information but avoid unnecessary length. The longer your message, the greater the odds you will lose your audience.

Be clear – Be clear and communicate information about your organization and what you are asking for. Do not force your potential payer to guess or assume what your intentions are.

Answer the question “why me?” – Find a way to address the “why should I be interested?” question for your potential payer to help them understand what sets your opportunity (and organization) apart from the rest.

Leave an action item – Close with an actionable request (i.e. “let me know what your availability looks like in the next few weeks”). Close strong!

Follow-up – Following up every so often increases the odds that you will ultimately catch someone at a good time. If an email message is sent, follow-up with a phone call.

Step 4: Grow and Develop of the Disability Network Business Strategies Roadmap⁸ further describes how to develop a value proposition. It also provides information on how to understand your payers and partners and reimbursement methodologies as well as how to price your services, market and network and execute an agreement.

Step 5: Monitor, Evaluate, and Respond

Finally, once you have implemented any new strategies or secured a new contract, you will want to monitor your progress and commitments, evaluate your performance and make adjustments as necessary along the way. **Step 5: Monitor, Evaluate, and Respond** of the Disability Network Business Strategies Roadmap⁹ discusses measurement, finances, compliance and quality and continuous quality improvement. All of which can help you stay on track.

Conclusion

Preparing to meet with a health plan, hospital or other integrated care entity begins long before the contact is made, relationship developed or meeting scheduled. It begins with a solid understanding of the environment your organization works within, how your strengths can be used to capitalize on any opportunities in that environment and what you need to do to address any weaknesses or threats. A stable organization not only provides you confidence in your ability to take on new business, but increases your market power as trust and reliance on your services grow. An outward eye and savvy business acumen will move your organization forward, but consistent evaluation and response will keep you on the right path.

The HCBS Business Acumen Center ([hcbsbusinessacumen.org](http://www.hcbsbusinessacumen.org)) is devoted to providing resources to disability-focused CBOs to facilitate successful business practices. The Disability Network Business Strategies Roadmap is a five-step guide to CBOs from gathering information, through strategic planning, to implementation, to monitoring. To learn more visit: <http://www.hcbsbusinessacumen.org/toolkit.html>.

HCBS Business Acumen Center's Disability Network Business Strategies Roadmap

A five-part toolkit focused on business acumen skills that can help CBOs sustain and grow their businesses.

Step 1: Prepare

Step 2: Plan

Step 3: Stabilize

Step 4: Grow and Develop

Step 5: Monitor, Evaluate, and Respond

www.hcbsbusinessacumen.org/toolkit

⁸ <http://www.hcbsbusinessacumen.org/toolkit.html>

⁹ <http://www.hcbsbusinessacumen.org/toolkit.html>

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