

## COPE Health Solutions

is a national leader in supporting health care payers and providers in their drive to value-based payments and care models

Today's health care market is shifting to a value-based, outcome-focused environment where providers and insurers must work closer together, often including non-traditional providers, to ensure effective, efficient care delivery. Does your network provide access to the right care and the right resources? Do you know which organizations you should partner with to reduce out-of-network utilization? Is the established clinical governance effective?

At COPE Health Solutions, our multidisciplinary team of industry and clinical experts help clients assess and optimize their provider networks to improve financial and clinical performance and meet the needs of all members today.

## ATTRIBUTES OF A HIGH-PERFORMING NETWORK

COPE Health Solutions tailors strategies to fit organizational needs that are proven to help health systems create optimal networks to meet patient and member needs.

### Population Health Management

- Infrastructure for population health data analytics
- Reporting capabilities to monitor success
- Ability to track high-risk, high-cost patients

### High-Quality Care

- Effective incentive measures for providers to improve the quality of care
- Use of evidence-based best practices
- Dashboard platform to monitor success

### Value-Based Arrangements

- Emphasis on value over volume
- Risk-based Managed Care Organization (MCO) contracts
- Vision for transition to full-risk environment

### Integrated Provider Network

- Adequate number of providers
- Collaborative platform (e.g., physician group, ACO or IPA)
- Robust referral strategies
- Coordinated care model to connect providers to patients

## OUR APPROACH TO NETWORK DEVELOPMENT

COPE Health Solutions offers a comprehensive, customized approach to network development, built on targeting common issues with proven strategies to help clients reach their goals.



### Improvement Opportunities

- Network gap assessment
- Provider recruitment
- ACO or IPA build
- Renegotiation of payer contracts
- Population health data analytics
- Provider performance incentives
- Coordinated care models
- Integration of community services



### Achievable Outcomes

- Build brand loyalty
- Reduce total cost of care
- Improve quality scores
- Reduce utilization and medical spend
- Optimize provider network