

# Management Services Organizations (MSOs) and Centralized Services Procurement and Implementation

As risk continues to shift from health plans to providers as part of managed care value-based contracting arrangements, many of the functions and services traditionally owned by health plans are now more appropriately owned and operated by health systems, IPAs and ACOs. A management services organization (MSO) can be a gateway for providers to apply a population health lens to their practice with a focus on quality and outcomes, ultimately enabling the practice to better control overall the total cost of care. With the right MSO capabilities and partners, providers can impact their practices by reducing administrative burden, helping physicians maintain a high level of autonomy and allowing patients to experience higher level of care as well as reducing cost. How can an MSO help your organization transition to value-based payment and succeed in population health management? Has your organization considered building the skills and competencies needed to develop your own MSO functions? Or, is your current MSO providing industry leading capabilities?

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

## KEY COMPONENTS OF AN MSO:

We identify the best suitable and most effective MSO configuration for an organization that is looking to centralize their administrative and management functions and leverage resources efficiently to allow providers the time to focus on providing quality care to patients. MSOs provide a variety of services providers can select meet their unique goals. MSO vendors offer a range of services and capabilities with varying levels of performance. Services typically provided by an MSO include the following:



### Network Development Services and Capabilities

- a. Provider Network Adequacy and Selection
- b. Network and Contract Management



### Internal Operations Services and Capabilities

- a. Financial Management
- b. Quality Improvement / Performance Improvement
- c. IT Infrastructure and Analytics/Data Management
- d. Claims Adjudication and Management
- e. Legal, Regulatory, and Compliance



### Member and Provider Facing Services and Capabilities

- a. Member/Providers Services
- b. Member Enrollment
- c. Provider Relations



### Population Health Management Services and Capabilities

- a. Care Management
- b. Utilization Management/Utilization Review
- c. Disease Management
- d. Population Health Data Analytics and Reporting

## OUR APPROACH TO MSOs:



COPE Health Solutions works in collaboration with both MSO vendors and providers looking to build and/or buy MSO services. We help

assess the capabilities of current services offered and operations, and recommend solutions to optimize performance, align with market drivers, and achieve both short and long-term goals. The industry-leading experts at COPE Health Solutions also assist providers to establish their own MSO entities to help best control and manage risk.

- Leverage a standard, yet customizable evaluation tool to enable benchmarking of MSO services, pricing and capabilities against industry leading MSOs
- Conduct a comprehensive, detailed analysis to assess organization's market need, existing infrastructure (including IT), re-deployable resources, current vendor contracts and organizational readiness
- Provide actionable recommendations and strategic planning to help your organization prioritize investments in MSO services and capabilities, including build/buy decisions
- Develop operational plan and implementation support for any recommended initiatives or procurement processes necessary to optimize MSO services and capabilities

---

For more information on MSOs, please contact us at [info@copehealthsolutions.com](mailto:info@copehealthsolutions.com) or (213) 259-0245.