

Financial Sustainability Post-Covid: Maximizing Revenue From Fee-for-Service and Value-based Payment Contracts and Other Arrangements

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1. What steps should I take today to improve quality and risk score to impact revenue for next year?

Providers should start working with payers today to identify the members with HEDIS care gaps and help proactively reach out to them to close gaps using virtual resources such as e-visits. Providers should also identify patients who need in-person visits such as for mammograms, vaccines, etc. based on the data in the electronic health record (EHR). Other steps include training office staff to document patient preferences for e-visits or in-person office visits and helping them access care in the setting they prefer. Schedule proactive calls with payers to ask about quality performance concessions that can be made for the challenges created by Covid-19. Focus on coding with both a go-forward and retrospective approach, leveraging claims and EHR data to identify opportunities to improve both coding and quality care gap closure.

2. How do I stay up-to-date on relief funding availability for my organization and when to apply for the funding?

Numerous resources are available to stay up-to-date on the availability of emergency funding opportunities.

Many trade organizations provide push alerts to their members. Some website resources include:

- CMS - Sign up for alerts: https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_610
- CMS - Partner Toolkit website: <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>
- HHS' website on the CARES Act: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>

COPE Health Solutions stays up-to-date on all opportunities and is available to help organizations identify funding opportunities and can assist with the application process. If you would like to speak to one of our relief funding experts, please reach out to info@copehealthsolutions.com.

3. How do we take on risk and move toward value-based payment (VBP) arrangements when we live in a lot of uncertainty and need to focus on financial recovery?

Making the move to risk during uncertain times can be a big decision for an organization but planning and following market trends will be important to protect from future disasters. We recommend starting with gainshare or upside risk first to help your organization build the 'muscles' and institutional

knowledge around risk. Finding a health plan partner to pilot with can also be a key strategy to help your organization learn how to perform well in a VBP environment.

Dipping a toe in the water with primary care capitation is an easy way to start in addition to shared savings or gainshare on the remainder of the risk pool. The Medicare Direct Contracting model allows for fairly low barriers to entry for PCP capitation and provides a good roadmap for potential contract negotiations with other payers.

4. Can you provide an example on how to incorporate telehealth into contracting in the future, knowing that not all patients are willing or able to access technology to participate and receive telehealth services?

It will be important to evaluate your population to determine their likelihood of using telehealth services and categorize them into three groups: technologically savvy, comfortable with technology, and not capable or willing to use technology. A targeted VBP strategy can be established based on this information. For example, you may want to contract at risk for the technology savvy group, and then down the road develop a shared risk contract for the comfortable with technology group while keeping fee-for-service (FFS) for those who are not capable or willing to use technology.

5. How do we work more closely with payers, government, the community, etc. on extraordinary emergency plans to be more prepared in the future?

Developing an advocacy plan is important, as is ensuring members of your leadership team regularly meet with key officials within the government, trade associations, local community and other key stakeholders. This can be undertaken through phone calls, face time technologies and participation in webinars/seminars and other mechanisms to ensure your organization's voice is heard. These actions can inform organizational planning efforts for the future. As for payers, start a conversation with your key payers right away to discuss things like improving access, virtual care, digital health reimbursement policies, coverage for emergencies and payment arrangements.

6. What is different from recovery now and recovery from disasters or epidemics in the past two or three decades?

Several differences are present, including:

- This pandemic is worldwide rather than regional or local
- It overtook the world as an invisible army without a shot being fired
- Hot spots developed in densely populated areas
- Transmission of the virus was undetected until it had been transmitted across the globe
- Its behavior and characteristics were novel
- No governments or societies in the world were prepared for a pandemic of its scope
- The pandemic's lasting effects and cyclic transmission placed economies in disarray and people in fear
- Covid-19 forced all stakeholders to alter policies, change/close businesses, adopt behavioral limitations on people and seek alternative ways of performing essential services

- The pandemic does not have a definitive end point like an earthquake, fire, hurricane, tornado, major industrial accident, traffic pile-up or similar events (rather, it is like terrorism because underlying causes are not extinguished naturally or by intervention)
- The magnitude of Covid-19 far exceeds typical viruses such as most flu viruses
- It demands personal sacrifices not seen in the U.S. since the 1918 Spanish flu pandemic-

The combination of Covid-19, social justice pressures, political polarization and economic insecurity has created a perfect storm for instability and chaos. Recovery in this environment is unprecedented during our lifetimes, and thoughtful leadership is necessary to avoid direct breakdowns or indirect/unintended consequences.

Recovery within health care involves the following steps:

- Staying the course while the pandemic remains a threat
- Evaluating rule and regulation waivers and exemptions for permanent adoption
- Taking steps to restore financial stability to providers
- Adopting policies and practices that proved efficacious and efficient during the crisis
- Changing expectations and payment policies to capitalize on technologies that effectively substituted for traditional ways of delivering health care
- Educating providers, payers, government and the public to create the next normal for financing and delivering health care

Financial and economic recovery from Covid-19 carries new risks. Failure of providers to prepare their facilities, equipment, services and workforce to handle demands of a pandemic-like event or major disaster will create significant liability risks. Supply chain channels must be redesigned to avoid dependence on foreign suppliers and provide flexibility for domestic companies to produce essential products and supplies. Long-standing deficiencies in behavioral health services must be addressed.

Providers have a unique opportunity to partner with others to utilize technological advancements, routine technologies such as smart phones, experiences of the public to adapt to new ways of thinking and acting, and their own learnings. By integrating the crash courses involuntarily imposed on all stakeholders during the pandemic, providers can improve health care delivery and overall health status of their communities.

Such an opportunity has not been put on our plate for a century.