Partnership to Align Social Care

A National Learning & Action Network

Coffee and Contracts summary What to expect from negotiations April 9, 2024

Speakers

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Topic: What to expect from negotiations

This session focused on the contract negotiation process from a Community Care Hub (CCH) perspective. Nikki, the Executive Director at Western New York Integrated Care Collaborative (WNYICC) discussed her goals and process when engaged in negotiation.

What does the negotiation phase look like between a CCH and a payer?

• This phase is exciting because it means the CCH has a partner at the table. During negotiations, the aim is to create a contract that is a win for the CCH, the Community Based Organizations (CBOs), the health plan, and most importantly the member receiving services.

Who typically does the negotiation?

• Typically, Nikki will take the lead on the negotiations for the CCH. Once they agree on the services, the health plan will send the contract to be reviewed by their actuaries and legal team, who are often not in the room during the actual negotiations.

How do you make sure that the right people are at the table during the negotiations?

Identifying a point of contact and champion at the health plan is important. This individual will
be there through the pilot period and remain available to discuss new programming as the
partnership evolves.

What are you discussing during the negotiation process?

• The first step is to decide on the services the CCH will provide. Then, once the health plan selects their desired services, the partners will begin to work through payment (including minimal referral volume) and referral structures, metrics, data sharing, escalation process, and claims processes. Often, negotiation conversations involve informing the health plan about how to work with CBOs to understand their workflows and operations.

How do you think about business opportunities during the negotiation period?

• The CCH approaches negotiations transparently by conducting a break-even analysis and openly discussing costs with the health plan. A transparent mindset helps keep trust in their

partnership and negotiation process running smoothly. It is important to really listen to the health care partner to learn their pain points so you may address them.

Is there room for workflow adjustment and flexibility when negotiating contracts?

- In initial contracts, the CCH and health plans undertook a 6-month pilot program involving a
 weekly joint operating committee meeting to discuss workflows, strengths, challenges, and
 metrics. Based on these meetings, the partners would adjust their processes to facilitate
 achieving program goals.
- If partnerships are not running smoothly, there are often opportunities to walk away from an agreement. In the past, Nikki's team has terminated contracts when (after first discussing the issues with the partner) they did not receive adequate referrals, encountered poor communication from the plan, and felt that the HIPAA security standards were unclear.

What did you wish you knew when you were doing your first contract?

- Medicare Advantage plans can include an Enhanced Fee above the CMS Fee Schedule. WNYICC
 now uses this enhanced fee to cover the CCH administrative fees so that the bulk of the rest of
 the rate can be paid to our CBO partners after the data system and billing fees.
- Health plans often don't know about all the opportunities to contract with CBOs. Nikki and her team became the experts in informing health plans about program billing opportunities and other benefits of CBO/CCH partnership.
- Access to data about the patient population, services, and health plan is necessary to feel prepared and ready for questions that arise during the negotiation process.
- Include a standing meeting in the contract.
- Include health plan will provide claims data to the CCH in the contact. This is vital for showing your Return on Investment.